



Instructions for Employees' Retirement System (ERS) Pension Deduction Authorization Agreement

All portions of the Employees' Retirement System (ERS) Pension Deduction Authorization Agreement must be completed, except where optional, for the form to be valid. In addition, if there is any alteration of this form, a new form must be completed.

If you retire on or after **October 1, 2020** and are responsible to pay for a portion of your monthly health benefits premium, you are required to enroll in a recurring electronic premium deduction option (**Act 62, SLH2020**). Please refer to [EUTF Administrative Rule 4.14](#) for details.

Notice to New Retirees:

If you submitted your ERS Pension Deduction Authorization Agreement prior to your retirement date, the earliest your health benefit premium deduction will begin will be the second month following your retirement date or your first pension payment, whichever is later. Please pay your health benefit premium payments by check or by other [payment options](#) until your deduction begins.

Notice to New and Current Retirees:

You will receive a confirmation notice by mail after the EUTF processes your ERS Pension Deduction Authorization Agreement form. The effective date of the pension deduction is specified on the confirmation notice. Any health benefit premium payments prior to the effective date of the deduction must be paid by check or by other [payment options](#).

NOTE: Health benefit premium deduction from your pension is NOT available to retirees receiving a pension on a semi-monthly basis and surviving spouses receiving a pension.

Retiree Information Section

This section is required. Fill in required information.

Section A – Authorization

This section contains the agreement of the Hawaii Employer-Union Health Benefits Trust Fund (EUTF).

Section B – Signature of Retiree

By signing the ERS Pension Deduction Authorization Agreement, the signer certifies the information is accurate and confirms that they understand and agree to the authorization in Section A.

If you are representing the retiree, please ensure that you have all authorizing document(s) attached to the ERS Pension Deduction Authorization Agreement.

If you have any questions, please contact the EUTF at (808) 586-7390 or toll free at 800-295-0089. You can also visit our website at eutf.hawaii.gov.

Mail completed forms to:

EUTF
201 Merchant Street, Suite 1700
Honolulu, HI 96813

ERS Pension Deduction Authorization Agreement Form

I request automatic deduction from my ERS Pension for EUTF Health Benefit Premiums.

I am currently receiving ERS Pension payments (Y or N) _____

Retirement Date: _____ (if not currently receiving an ERS pension)

Retiree Information *[Please Print]*

Retiree Name: _____

Last 4 digits of SSN or EUTF ID Number: _____

Mailing Address: _____

Home Phone Number: _____ Mobile Phone Number: _____

E-mail Address: _____

SECTION A – Authorization

By signing in Section B, I hereby:

- Certify that I am capable and authorized to attest to the following;
- Certify that all information is accurate, and I authorize the EUTF to make payment of my EUTF health benefit premiums by deductions, adjustments or cancellations from my ERS Pension. This authorization will remain in full force until the EUTF receives written notification from me of its termination in such time and in such manner as to afford the EUTF and the ERS a reasonable opportunity to act on it.
- Consent to the disclosure by the ERS to the EUTF of any information that the EUTF requests to effectuate, administer, or enforce the transactions authorized in this EUTF ERS Pension Deduction Authorization Agreement form.
- Consent to the disclosure by the EUTF to the ERS of any information that the ERS requests to effectuate, administer, or enforce the transactions authorized in this EUTF ERS Pension Deduction Authorization Agreement form.
- Agree not to hold the EUTF, nor the ERS, responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me, the EUTF, or the ERS, or due to an error on the part of the EUTF or ERS in deducting funds from the ERS Pension.
- Understand that any existing Automated Clearing House (ACH) withdrawal agreement for EUTF health benefit premiums will be replaced with this EUTF ERS Pension Deduction Authorization Agreement form. The EUTF will, to the extent possible, coordinate termination of the electronic deductions from my bank account with the start of the ERS pension deduction so any break in payments will be limited.
- Understand that EUTF may terminate this EUTF ERS Pension Deduction Authorization Agreement form for any reason.

SECTION B – Signature of Retiree

Retiree Signature:	Date:
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