

Common Qualifying Events – Additions

| Qualifying Event | Required Documents and Submission Deadline | Effective Date | Changes Allowed? |
|---|---|---|--|
| Adoption | EC-1/EC-1H form within 45 days of adoption or placement for adoption date. Adoption decree or placement for adoption documents, Social Security number, and birth certificate submitted within 45 days from the adoption date. | Employee can choose: The Event Date, first day of the pay period following the Event Date, or first day of the 2nd pay period following the Event Date. | No plan changes allowed if already enrolled. May enroll in plans if not already enrolled or may add dependents to current plans if already enrolled. |
| Birth | EC-1/EC-1H form within 180 days of birth date. Birth certificate and Social Security number must be submitted with enrollment. Hospital certificate is acceptable as temporary supporting document while awaiting birth certificate . | Employee can choose: The Event Date, first day of the pay period following the Event Date, or first day of the 2nd pay period following the Event Date. | No plan changes allowed if already enrolled. May enroll in plans if not already enrolled or may add dependents to current plans if already enrolled. |
| Civil Union | EC-1/EC-1H form within 45 days of civil union. Civil Union Certificate, Affidavit of Dependency, and Social Security number submitted within 45 days from the civil union date. Birth certificate, student certification (a letter from the school registrar's office or certificate from the National Student Clearinghouse, if applicable) and Social Security number if adding any dependent children within 45 days from the civil union marriage date. | Employee can choose: The Event Date, first day of the pay period following the Event Date, or first day of the 2nd pay period following the Event Date. | No plan changes allowed if already enrolled. May enroll in plans if not already enrolled or may add dependents to current plans if already enrolled. |
| Court Order (aka Qualified Medical Child Support Order-QMCSO) (to cover eligible dependent) | EUTF receives the order directly from the Child Support Enforcement Agency (CSEA). No EC-1/EC-1H is required if employee is already enrolled in plans. If not enrolled, employee has 45 days from the Event Date to submit EC-1/EC-1H form. If enrollment is not completed within 45 days, employee and child(ren) will be added to the lowest-cost PPO plan. | Event Date | Plan changes allowed if required by court order. May enroll in plans if not already enrolled or may add dependents to current plans if already enrolled. |
| Domestic Partnership | EC-1/EC-1H form within 45 days of notarized signature. Notarized Declaration of Domestic Partnership, Affidavit of Dependency & Acknowledgement , and two sets of documents showing proof of shared residency submitted within 45 days from the domestic partnership notary date. Documents available at eutf.hawaii.gov . Applicable supporting document and Social Security number if adding any dependent children within 45 days from the domestic partnership date. | Employee can choose: The Event Date (notary date), first day of the pay period following the Event Date, or first day of the 2nd pay period following the Event Date. | No plan changes allowed if already enrolled. May enroll in plans if not already enrolled or may add dependents to current plans if already enrolled. |

Common Qualifying Events – Additions

| Qualifying Event | Required Documents and Submission Deadline | Effective Date | Changes Allowed? |
|--|---|---|--|
| Guardianship (Employee wishes to add child to EUTF plans) | EC-1/EC-1H form within 45 days of guardianship date. Guardianship decree, Social Security number, and birth certificate submitted within 45 days from the guardianship date. | Employee can choose: The Event Date, first day of the pay period following the Event Date, or first day of the 2nd pay period following the Event Date. | No plan changes allowed if already enrolled. May enroll in plans if not already enrolled or may add dependents to current plans if already enrolled. |
| Loss of Coverage (Employee and/or dependent loses health coverage and wishes to enroll in EUTF or HSTA VB plans) | EC-1/EC-1H form within 45 days of loss of coverage. Letter from previous employer or carrier detailing type of coverages lost (i.e., medical, drug, dental, vision), date of loss of coverage, and names of any covered dependents. Applicable supporting document and Social Security number if adding dependent(s) for the first time within 45 days of loss of coverage. If proof document notification date is outside of the initial 45-day enrollment period, the employee will be given 45 days from the notification date to submit EC-1/EC-1H form and required documents. Those losing coverage from a Medicaid plan have 60 days from the Event Date to submit EC-1/EC-1H form and required documents. The effective date of coverage will be the day following the day non-EUTF coverage was lost. | The first day following the day non-EUTF coverage was lost. | No plan changes allowed if already enrolled. May enroll in plans if not already enrolled or may add dependents to current plans if already enrolled. |
| Marriage | EC-1/EC-1H form within 45 days of marriage, along with marriage certificate and Social Security number . Applicable supporting document and Social Security number if adding any dependent children within 45 days from the marriage date. | Employee can choose: The Event Date, first day of the pay period following the Event Date, or first day of the 2nd pay period following the Event Date. | No plan changes allowed if already enrolled. May enroll in plans if not already enrolled or may add dependents to current plans if already enrolled. |
| Newly Eligible Student (Unmarried dependent age 19 through 23 becomes a full-time student) | EC-1/EC-1H form, and a letter from the school's registrar's office or certificate from the National Student Clearinghouse within 45 days from school start date. | Employee can choose: The Event Date, first day of the pay period following the Event Date, or first day of the 2nd pay period following the Event Date. | No plan changes allowed if already enrolled. May enroll in dental and/or vision plans if not already enrolled. |
| Eligible Student – yearly certification on child's birthdate (already enrolled in EUTF plans) (Unmarried dependent age 19 through 23 is a full-time student) | Student certification: A letter from an accredited school on school letterhead with registrar's signature confirming full-time status or certificate from the National Student Clearinghouse within 45* days of student's birthdate. Transcripts are not accepted. No enrollment change request is required. | N/A | No plan changes allowed. |

* If proof of full-time student's status is not received within 15 days of the student's birthdate, his/her coverage (dental and vision for Active Employee dependents) will be terminated effective the end of the pay period during which the birthdate occurs. If EUTF receives proof of full-time student status within 45 days from the student's birthdate, his/her coverage will be reinstated without a break in coverage.

Common Qualifying Events – Additions

| Qualifying Event | Required Documents and Submission Deadline | Effective Date | Changes Allowed? |
|--|---|---|---|
| New Hire/Newly Eligible Employee (New employee wishes to enroll in EUTF plans) | EC-1 form within 45 days from new hire/newly eligible start date. (1) Marriage certificate, Civil Union certificate, or Domestic Partnership forms (see above) if enrolling a spouse/DP; (2) Social Security number ; (3) Birth certificate for dependent children; (4) Student certification from an accredited school on school letterhead with registrar’s signature confirming full-time status or certificate from the National Student Clearinghouse, within 45 days from date of hire if enrolling a dependent age 19 through 23, in dental and/or vision. | Employee can choose: The Event Date, first day of the pay period following the Event Date, or first day of the 2nd pay period following the Event Date. | N/A |
| Retirement | EC-2 form and ERS Retirement Estimate Letter must be submitted within 60 days of retirement date. If Medicare-eligible, a copy of Medicare Part B ID card, Direct Deposit Agreement form , and letter from Social Security indicating Medicare Part B premium paid. If paying all or a portion of your health benefit premium, ERS Pension Deduction Form or ACH Deduction Form . All documents must be submitted within 60 days of retirement date. | Retirement Date | N/A |
| Return From Leave of Absence Without Pay (LWOP) (Applies only to employees who waived their plans while on LWOP or for USERRA or FMLA) | EC-1/EC-1H form within 45 days after returning from an LWOP. | Employee can choose: The Event Date, first day of the pay period following the Event Date, or first day of the 2nd pay period following the Event Date. | Employee must enroll in the same plans (and with the same dependents, if eligible). |

Common Qualifying Events – Deletions

| Qualifying Event | Required Documents and Submission Deadline | Effective Date | Changes Allowed? |
|--|--|--|--|
| Acquisition of Coverage (Employee or dependent gets coverage from another plan and wishes to cancel EUTF or HSTA VB plans) | EC-1/EC-1H form within 45 days of acquisition of coverage. Letter from carrier or employer detailing type of coverage enrolled in (i.e., medical, drug, dental, vision), effective date of coverage, and names of covered dependents within 45 days from the date of acquisition. | If coverage is gained on the 1st of the month, EUTF coverage ends on the last day of the month preceding. If coverage is gained on the 16th of the month, EUTF coverage ends on the 15th of the month. Otherwise, coverage ends on the first day of the pay period following the acquisition of non-EUTF coverage. | Employee may enroll in the supplemental health benefit plan effective the first day of the pay period following the cancellation of their EUTF coverage. |
| Child is No Longer a Full-time Student* (Employee must terminate dental and vision coverage for a child from age 19 through 23) | EC-1/EC-1H form as soon as the dependent child is no longer a full-time student. | Coverage ends on the first day of the pay period following the school's end date. | No |
| Death of Dependent | EC-1/EC-1H form as soon as reasonably practical. Death certificate or copy of obituary as soon as available. | Coverage ends on the date of the dependent's death or on the first day of the pay period following the dependent's death. | N/A |
| Divorce* (Employee must terminate coverage for former spouse and stepchildren or civil union partner) | EC-1/EC-1H form within 45 days of divorce; however, it will be accepted and processed regardless of when form is received. Submit pages 1 and 2 of divorce decree along with the signature page within 45 days from the date of the divorce. | If submitted within 60 days of the divorce, coverage ends on the first day of the first pay period following the divorce. If submitted 60+ days following the divorce, coverage ends prospectively on the first day of the first pay period following EUTF's receipt of the enrollment change request. | No |
| Legal Separation* (Employee may terminate coverage for spouse and stepchildren) | EC-1/EC-1H form within 45 days of date of legal separation. Court documents establishing legal separation along with the signature page within 45 days from separation date. | If submitted within 60 days, coverage ends on the first day of the first pay period following the legal separation. If submitted 60+ days, coverage ends prospectively on the first day of the first pay period following EUTF's receipt of the enrollment change request. | No |
| Leave of Absence Without Pay Lasting More Than 30 Days (Employee may waive all plans excluding life insurance or continue coverage by paying his/her share of premium) | EC-1/EC-1H form within 45 days from beginning of an LWOP to waive plans. Employer is required to submit L-1. To re-enroll after LWOP, EC-1/EC-1H form must be submitted within 45 days of return from LWOP. | If employee cancels plans, the cancellation is effective the first day of the pay period following the LWOP. | No |

Note: Employers must notify EUTF of an employee's Demographic Change, Bargaining Unit change, or Death.

*If the EUTF is not notified of ineligible dependent(s) within 60 days of their becoming ineligible, the affected dependent(s) coverage will be terminated prospectively, and the employee will be responsible for the employee and employer contributions of premiums for the ineligible dependent(s).

Common Qualifying Events – Deletions

| Qualifying Event | Required Documents and Submission Deadline | Effective Date | Changes Allowed? |
|--|--|---|------------------|
| Nonpayment Termination | N/A | Coverage is cancelled as of the first day following the last period for which full payment was made. Employee can make a full payment of all contributions due within 60 days of the cancellation and have previous coverage reinstated, if coverage has not been cancelled due to nonpayment within 12 months of the date of the notice of cancellation. | N/A |
| Termination of Domestic Partnership* (Employee must terminate coverage for domestic partner and domestic partner's dependents) | N/A | Coverage ends on the first day of the first pay period following the date of termination of the domestic partnership. | No |
| Termination of Employment | Termination Close of Business (COB) must be submitted by the Employer within 30 days of the termination. However, it will be accepted and processed regardless of when the form is received. | Coverage ends the first day of the pay period following the last day of employment. | N/A |

Note: Employers must notify EUTF of an employee's Demographic Change, Bargaining Unit change, or Death.

* If the EUTF is not notified of ineligible dependent(s) within 60 days of their becoming ineligible, the affected dependent(s) coverage will be terminated prospectively, and the employee will be responsible for the employee and employer contributions of premiums for the ineligible dependent(s).