

## Events that Allow You to Change Your Elections – Additions

Qualifying Event	Required Documents and Submission Deadline	Effective Date (Pay periods occur on the 1st and 16th)
<b>Adoption</b>	EC-2/EC-2H form within <b>45</b> days of adoption date. <b>Adoption decree or placement for adoption</b> documents and <b>birth certificate</b> submitted within 45 days from the adoption date Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	Retiree 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
<b>Birth</b>	EC-2/EC-2H form within <b>180</b> days of birth date. <b>Birth certificate &amp; Social Security number (SSN) or Taxpayer Identification Number (TIN) must be submitted with EC-2/EC-2H form.</b> Hospital certificate is acceptable as a temporary supporting document while awaiting birth certificate. Enrollment may be rejected if the SSN or TIN is missing for the person for whom enrollment is being requested.	Retiree 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
<b>Civil Union</b>	EC-2/EC-2H form within <b>45</b> days of civil union. <b>Civil Union Certificate and Affidavit of Dependency</b> submitted within <b>45</b> days from the civil union date Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	Retiree 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
<b>Domestic Partnership</b>	EC-2/EC-2H form within <b>45</b> days of notarized signature. <b>Notarized Declaration of Domestic Partnership, Affidavit of Dependency &amp; Acknowledgement, and two sets of documents proving cohabitation</b> submitted within <b>45</b> days from the domestic partnership date; documents available at <a href="http://eutf.hawaii.gov">eutf.hawaii.gov</a> Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	Retiree 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
<b>Enrollment in Medicare Part B</b> (Retiree wishes to change from current medical and prescription drug plan to another Medicare plan option)	EC-2/EC-2H form within <b>60</b> days of the Medicare Part B effective date. <b>Proof of enrollment</b> in Medicare Part B (i.e., copy of MBI card) submitted within 60 days from the Medicare Part B effective date. Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	Medicare Part B effective date or the first of the month following EUTF's receipt of the EC-2/EC-2H, whichever is later
<b>Geographic Relocation</b> (Kaiser members who move outside the Kaiser service area)	EC-2/EC-2H form within <b>45</b> days of Relocation date Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.	Non-Medicare – The first day of the pay period following the relocation Medicare – The first of the month after the later of the relocation and notification dates

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<p><b>Loss of Coverage</b> (Retiree and/or dependent loses health coverage and wishes to enroll in EUTF or HSTA VB plans)</p>	<p>EC-2/EC-2H form within <b>45</b> days of loss of coverage.  <b>Letter from previous employer or carrier</b> detailing type of coverages lost (i.e., medical, drug, dental, vision), date of loss of coverage, names of any covered dependents, <b>marriage certificate</b>, and <b>birth certificate</b> for dependent children submitted within <b>45</b> days from loss of coverage date                      Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.</p>	<p>The first day following the day non-EUTF coverage was lost</p>
<p><b>Marriage</b></p>	<p>EC-2/EC-2H form within <b>45</b> days of marriage.  <b>Marriage certificate</b> (and <b>birth certificate</b> if adding dependent children) submitted within <b>45</b> days from the marriage date                      Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.</p>	<p>Retiree 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</p>
<p><b>Newly Eligible Student Dependent</b> (Unmarried dependent age 19 thru 23 becomes a full-time student)</p>	<p>EC-2/EC-2H form within <b>45</b> days from school start date.  <b>Student certification:</b> a letter from an accredited school on school letterhead with registrar’s signature confirming full-time status or letter from National Student Clearinghouse submitted within <b>45</b> days of becoming a full-time student; transcripts and class schedules are not accepted                      Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.</p>	<p>Retiree 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</p>
<p><b>Reinstatement into Medical and/or Prescription Drug Plans</b> (Due to failure to provide proof of enrollment in Medicare Part B)</p>	<p><b>Proof of Medicare Part B enrollment</b>, which must include MBI number and effective date (e.g., MBI card or SSA letter)                      Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.</p>	<p>The later of the effective date of the Medicare Part B coverage or the medical and/or prescription drug coverage enrollment date</p>
<p><b>Retirement</b></p>	<p>EC-2/EC-2H form within <b>60</b> days of retirement date.                      If Medicare eligible, copy of <b>Medicare Part B card</b>, <b>Direct Deposit Agreement form</b>, and <b>Letter from Social Security</b> showing annual Part B premium submitted within <b>60</b> days from the date of retirement.  <b>ERS Retirement Estimate Letter</b>  <b>ERS pension deduction form or ACH deduction form</b> if paying for all or a portion of your health benefit premium submitted within 60 days from the date of retirement                      Enrollment may be rejected if the Social Security Number or Tax Identification Number is missing for the person for whom enrollment is being requested.</p>	<p>Retirement date</p>

## Events that Allow You to Change Your Elections – Deletions

Qualifying Event	Required Documents and Submission Deadline	Effective Date (Pay periods occur on the 1st and 16th)
<b>Disenroll Due to Enrollment in Other Coverage</b> (Retiree or dependent gets coverage from another plan and wishes to cancel EUTF or HSTA VB plans)	EC-2/EC-2H form within <b>45</b> days of acquisition of coverage. <b>Letter from carrier or employer</b> detailing type of coverages enrolled in (i.e., medical, drug, dental, vision), effective date of coverage, and names of covered dependents submitted within <b>45</b> days from the date of acquisition	End of pay period in which retiree acquires coverage from a non-EUTF plan, except when the retiree acquires coverage from the non-EUTF plan on the 1st or 16th of the month, in which case coverage ends at the end of the prior pay period
<b>Death</b>	EC-2/EC-2H form as soon as reasonably practical. <b>Death certificate or copy of obituary</b> submitted as soon as available	Date of death or last day of pay period in which death occurs for dependents
<b>Divorce</b> (Retiree must terminate coverage for former spouse)	EC-2/EC-2H form within <b>45</b> days of divorce. <b>Pages 1 and 2 of divorce decree along with the signature page</b> submitted within <b>45</b> days from the date of the divorce	First day of the pay period following the divorce
<b>Failure to Enroll in Medicare Part B</b> (Retirees and their dependents who are eligible to enroll in Medicare Part B must enroll to be covered under EUTF and HSTA VB medical and prescription drug plans)	None	The date retiree or Medicare-eligible dependent first became eligible for Medicare Part B Retiree and/or dependent can be re-enrolled by submitting a copy of their Medicare card
<b>Failure to Pay</b> (Retiree owes a shortage, but does not pay shortage by due date. Enrollment will be cancelled)	None	If enrollment is cancelled, retiree may only re-enroll during the next plan year (open enrollment or special enrollment event) or if full payment is made of all contributions due within sixty (60) days from the date of the notice of cancellation and has not been cancelled for non-payment within twelve (12) months of the date of notice of cancellation
<b>Ineligible Student</b> (Dependent child no longer a full-time student)	EC-2/EC-2H form as soon as the dependent child is no longer enrolled as a full-time student	First day of the pay period following the date the child was no longer enrolled as a full-time student
<b>Legal Separation</b> (Retiree must terminate coverage for former spouse)	EC-2/EC-2H form within <b>45</b> days of date of legal separation <b>Court documents</b> establishing legal separation submitted within <b>45</b> days from separation date	First day of the pay period following the legal separation
<b>Return to Work</b> (Retiree returns to State or County employment)	<b>Contact the Employees' Retirement System of the State of Hawaii (ERS) and EUTF</b> to inform them you will be returning to work. Retiree can enroll in Active Employee plans	The event date is the date the retiree returns to work. The employee will then be treated like any New Hire and have the same 3 (three) options to choose as their effective date
<b>Surviving Spouse/Partner Remarries or Enters Into Another Partnership</b> (Surviving spouse or partner will be cancelled from EUTF or HSTA VB plans)	EC-2/EC-2H form within <b>45</b> days of marriage or new domestic partnership	The first day of the pay period following the marriage or new partnership