Member Self-Service Portal Enrollment - Birth

1. Once you've registered and logged into the Member Self-Service Portal, you'll be directed to the home page. Click View Detail under Life Events.

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	Vision	EUTF Vision	Self			
	Premium Conversion Plan	Enrolled	Enrolled			
	View Benefits Selections		Quick Actions			

2. Click **Start>** in the Birth row.

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	Enroll & Make Chang	es					
	UPDATE YOUR COVERAGE To make changes up our current selections and/or personal information, choose the applicable link from the table. In some cases, you may need to make your changes within a certain time period.						
	Description	Eligibility Period	Actions				
	Life Event						
	Disenroll due to Enrollment in Other Coverage	45 days before and 45 days after the event date	Start >				
	Disenroll due to Enrollment in Medicaid Coverage	60 days before and 60 days after the event date	Start >				
	Adoption	45 days of the event date	Start >				
	Birth	180 days of the event date	Start>				
	Civil Union	45 days of the event date	Start >				
	Domestic Partnership	45 days of the event date	Start >				
	Guardianship	45 days of the event date	Start >				
	Leave of Absence Without Pay	45 days of the event date	Start >				
	Loss of Coverage	45 days before and 45 days after the event date	Start >				
	Loss of Medicaid Coverage	60 days before and 60 days after the event date	Start >				
	Marriage	45 days of the event date	Start >				
	Military Leave of Absence Without Pay	45 days of the event date	Start >				
	Newly Eligible Student	45 days of the event date	Start >				
	Discoverst Fax Adaption	45 days of the super date	Front \				-

3. Enter birth date of newborn child then click Continue.

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	Death of Dependent	730 days of the event date	Start)
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	Leave of Absence Without Pay	45 days of the event date	Start)
	Legal Separation	730 days of the event date	Start)
		45 days before and 45 days after the event date	Start)
			Start 2
	Military Leave of Absence Without Pay	45 days of the event date	StartD

4. Select coverage and premium deduction start date then click Continue.

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		60 days before and 60 days after the event date Sta	Coverage and premium contributions start hat day of the second pay period		
		45 days of the event date Sta	roiowng event aste.		
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	Leave of Absence Wahout Pay	45 days of the event date Sta	Cn		
	Legal Separation	730 days of the event date Sta	ca.		
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			(D)		
	Military Leave of Absence Wahout Pay	45 days of the event date Sta	(m		
	BALLY PLANTER MADE	MEDICAL MARKET INC.			

5. Click +Add Family Member and only enter eligible dependents you wish to enroll in your medical, prescription drug, dental and/or vision plans. Dependents must be added or listed to be enrolled in coverage.

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	Marriage - December 16, 2023 Family Please review your family members currently on file. You may add, update or remove family members if the information displayed is not accurate. Please enter all benefit eligible dependences, even if you are not errolling them in your medical, prescription drug, deminal and/or vision plans. Dependents must be added or listed below to be enrolled in coverage.		
	Add Tamily Member MCKEY MOUSE Relationship Myself D.0.8 New 18, 1980 View British		
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6. Complete information for each dependent you wish to enroll. A Social Security Number (SSN) is required to add a dependent. Providing a false SSN may result in the removal of your dependent from coverage until a valid SSN if provided. Click Save to continue.

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4 (m)		Pirat Anna Mitlie	
	Birth - December 5, 2003. Family Philade review your family members correctly on file. You may aid, update or menuse family members of the Information displayed to the accusate. Please where us the specific eligible objectments, upwar 19 you prior the ending family them is syour menticul, prescription may densite and ending aircs. Dependents must be address is the file for the specific eligible objectment in a system.	Middle hame	
		Female	· • .
		Reintensko Child	•
	MICKEY MOUSE	Data artiste 12/06/2023	
		\$5N 456503456	0
		Additional Coverage Informatic Are you currently covered under health and/or dental plants (such snouser, employer, plant) cance	any other as your

7. Once you have entered information for all dependents you wish to enroll, click Next in the bottom right corner.

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		Birth - December 5, 2023 : Family Please review your family members cur remove family members if the informat entre all benefit eligible dependents, e medical, prescription drug, dental and/ added or listed below to be enrolled in	rently on file. You may add, update or tion displayed is not accurate. Please en if you are not errolling them in your or vision plans. Dependents must be coverage.	
		+ Add Family Member MICKEY MOUSE	Millie Mouse	
		Relationship Myself D.O.S Nov 18, 1980 <u>View Petalis</u>	Belationship Child D.O.B Dec 5, 2023 View Details	
		Φ Your employer has provided us year notiment.	our information for your benefit	
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8. Review health plans. Select dependents you wish to cover under your **medical** plan. Ensure boxes are checked next to the name of each dependent you wish to cover. The cost listed for each plan is per pay period. Click **Next** to continue.

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9. The prescription drug plan is bundled with the medical plan and will depend on the medical plan you select. Kaiser Permanente prescription drug coverage is included in the medical plan cost. No action is needed on this screen. Click Next to continue.

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10. Select dependents you wish to cover under your **dental** plan. Ensure boxes are checked next to the name of each dependent you wish to cover. Click **Next** to continue.

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11. Select dependents you wish to cover under your vision plan. Ensure boxes are checked next to the name of each dependent you wish to cover. Click Next to continue.

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12. To review the cost at the bottom of the screen, click OK. Then to proceed, click Next. If you want to modify your enrollment selection, click Previous.

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13. For State and County of Maui employees, review premium conversion plan selection then click Next. All other employees, skip to step 14.

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	Premium Conversion Plan Premium Conversion Plan (PCP) is a voluntary benefit plan, administered by the Department of Human Resources Development (DHRD) that allows employees to purchase their health benefit plans on a pretax basis and is offered pursuant to Section 125 of the Internal Revenue Code. For more information, go to the DHRD website at dhrd hawail.gov. Premium Conversion Plan Outers	
C Provinues	Errolled • Cost per pay period: 574.84 5556.38 Cost at benefits and costs	Rect

14. Review life insurance enrollment. You may enroll in life insurance if not already enrolled. Click Next to continue.

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15. Review enrollment changes, cost summary and terms and conditions. If you agree to the terms and conditions, check the box next to "I agree to the terms and conditions" and then click Complete Enrollment.

Premium Conversion Plan	Furomea		
Life Insurance			
Life Insurance Ufe Insurance	Coverage Options EUTF Life Insurance Coverage Details \$33,770	Employer Cost Per Hay Period \$2.06	
Cost Summary			
Cost summary: Your pre-tax deductions:		Per-pay amount 574.84	
Your post-tax deductions:		\$0.00	
Your total cost:		\$74.84	
Total employer cost:		5556.38	
Len algible for the coverage requested and deduce that theil algible for requirements, or well alext to charge them subject plans unless global at the next Open Northener speed or a literations and qualifications of the BJTE henefits programs an deductions, adjustments are carrelations from my adary, wag means and sub-terminal accountilitions	nthrobasis included are also eligible. I understand that the barwfirs to the provide induced and the landscale of the second to the provide state of the second se	elections made on this application are in effect as long as I continue to meet EUFFs conseque for myself or my dependents that Nthey across series for barrefus in UFFs energy, morting, intro obspicor. There are not be harder, more particular, understand the elected Lautorize my employer or forance officer to make the pre-tax or after tax in accordance with applicable lever, rules and regulators.	
I agree to the Terms and Conditions			
Go back and make changes		Complete Enrollment	

16. Your enrollment request has been submitted. Required supporting document(s) MUST be submitted within 180 days of the birth effective date and verified by the EUTF in order for your new elections to be finalized. Late supporting documents will not be accepted. Click Home in the top left corner to upload required supporting documents.



Uploading Required Supporting Documents

1. Have your required supporting document(s) available in electronic format to upload. From the homepage, click Upload Your Required Documents.

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2. The Manage Your Forms and Documents screen opens. Click the Upload Documents option. The Upload Documents screen displays. To upload the document, click Upload.

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Birth Certificate	Millie Mouse	Not Received	Details	Upload	

3. The Upload Document window opens. Click Choose File to upload your document.

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Required Forms Mealth Evidence Upload Documents It is page lass the documents that you are required to submit related to era appears in the list. For each required document, you can upload a file area Document Name Required for Birth Certificate Mit	Manage Your Forms & Documents // //	e Bist as many times as it is required. You must upload it as many times as it Actions Upload

4. Locate and select birth certificate file. Files cannot be password protected as EUTF will be unable to open the file. Password protected files will be rejected. Click **Open** to continue.

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5. The selected file's name displays on the **Upload documents** window. Read and click the Attest checkbox then click **Upload** to complete the process.

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Required Forms Health Evidence Upload Documents	Upload documents *	
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6. The Upload documents window confirms your successful upload. Click the Close button.



7. The Upload documents window displays the added document in the Details column.

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8. Once you have submitted all required supporting documentation and it is approved by the EUTF, you will receive confirmation of enrollment.

Required Supporting Documents

Enrollment Type	Required Documents		
Self	No documents required		
Adding a Spouse/Partner	 Marriage or Civil Union Certificate Domestic Partnership – Notarized Declaration of Domestic Partnership, Affidavit of Dependency & Acknowledgement, and two sets of documents showing proof of shared residency (forms available at eutf.hawaii.gov) 		
Adding a Dependent Child	 Birth Certificate Guardianship Decree (if legal guardian) Adoption Decree (if child is placed for adoption or adopted) 		
Dependent Children Ages 19 through 23 (Full-Time Students Enrolling in Dental and Vision)	 Student Certification from accredited school on school letterhead with registrar's signature confirming full-time status or certificate from the National Student Clearinghouse (Transcripts and class schedule are not accepted). 		