

## 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.

ACCESSIBILITY VIEW

My Employment COMMUNICATION CENTER NOTIFICATIONS MY ACCOUNT CONTACT US LOGOUT

Hi MICKEY

Home

MICKEY, here are some things you need to do next:

UPDATE YOUR EMAIL

TOOLS

**MY BENEFITS**  
\$32.28  
YOUR TOTAL PER-PAY COST

**\$32.28**  
YOUR PRE-TAX PER-PAY DEDUCTIONS

**\$0.00**  
YOUR POST-TAX PER-PAY DEDUCTIONS

Benefits	Coverage Options	Coverage Details
Medical	EUTP PPO HMO Medical (75/25) w/ CHO	Self
Prescription Drug	EUTP PPO Prescription Drug (75/25) - CVS	Self
Dental	EUTP Dental	Self
Vision	EUTP Vision	Self
Premium Conversion Plan	Enrolled	Enrolled

[View Benefits Selections](#)

[Quick Actions](#)

**LIFE EVENTS**

[View details](#)

2. Click [Start>](#) in the Birth row.

ACCESSIBILITY VIEW

COMMUNICATION CENTER NOTIFICATIONS MY ACCOUNT CONTACT US LOGOUT

Home

## Enroll & Make Changes

**UPDATE YOUR COVERAGE**

To make changes to your 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.

**EVENTS**

Description	Eligibility Period	Actions
<b>Life Event</b>		
Disenroll due to Enrollment in Other Coverage	45 days before and 45 days after the event date	<a href="#">Start&gt;</a>
Disenroll due to Enrollment in Medicaid Coverage	60 days before and 60 days after the event date	<a href="#">Start&gt;</a>
Adoption	45 days of the event date	<a href="#">Start&gt;</a>
Birth	180 days of the event date	<a href="#">Start&gt;</a>
Civil Union	45 days of the event date	<a href="#">Start&gt;</a>
Domestic Partnership	45 days of the event date	<a href="#">Start&gt;</a>
Guardianship	45 days of the event date	<a href="#">Start&gt;</a>
Leave of Absence Without Pay	45 days of the event date	<a href="#">Start&gt;</a>
Loss of Coverage	45 days before and 45 days after the event date	<a href="#">Start&gt;</a>
Loss of Medicaid Coverage	60 days before and 60 days after the event date	<a href="#">Start&gt;</a>
Marriage	45 days of the event date	<a href="#">Start&gt;</a>
Military Leave of Absence Without Pay	45 days of the event date	<a href="#">Start&gt;</a>
Newly Eligible Student	45 days of the event date	<a href="#">Start&gt;</a>
Reinstatement of Coverage	45 days of the event date	<a href="#">Start&gt;</a>

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

The screenshot shows the 'Enroll & Make Changes' page. A modal titled 'Birth' is open on the right. The modal contains the text: 'The time limit within which you may make your changes as a result of Birth is 180 days of the event date.' Below this is a section 'ENTER THE EVENT DATE\*' with three input fields: '12', '05', and '2023'. At the bottom of the modal are two buttons: 'Continue' (highlighted with a yellow arrow) and 'Cancel'.

Description	Eligibility Period	Action
<b>Life Event</b>		
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
Death of Dependent	730 days of the event date	Start
Dependent is No Longer a Full-time Student	45 days of the event date	Start
Divorce (Including Civil Union Partner)	730 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
Legal Separation	730 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
Military Leave of Absence Without Pay	45 days of the event date	Start

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

The screenshot shows the 'Enroll & Make Changes' page. A modal titled 'Birth' is open on the right. The modal contains the text: 'The time limit within which you may make your changes as a result of Birth is 180 days of the event date.' Below this is a section 'ENTER THE EVENT DATE\*' with three input fields: '12', '05', and '2023'. Below the date fields is a section with three radio button options: 'December 5, 2023' (selected), 'December 16, 2023', and 'January 1, 2024'. At the bottom of the modal are two buttons: 'Continue' (highlighted with a yellow arrow) and 'Cancel'.

Description	Eligibility Period	Action
<b>Life Event</b>		
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
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Death of Dependent	730 days of the event date	Start
Dependent is No Longer a Full-time Student	45 days of the event date	Start
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Guardianship	45 days of the event date	Start
Leave of Absence Without Pay	45 days of the event date	Start
Legal Separation	730 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
Military Leave of Absence Without Pay	45 days of the event date	Start

- 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.

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 dependents, even if you are not enrolling them in your medical, prescription drug, dental and/or vision plans. Dependents must be added or listed below to be enrolled in coverage.

**+ Add Family Member**

**MICKEY MOUSE**

Relationship	Myself
D.O.B	Nov 18, 1980

[View Details](#)

① Your employer has provided us your information for your benefit enrollment.

[Previous](#) [Next](#)

- 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 is provided. Click **Save** to continue.

**Family Member**

First name: Mile

Middle name:

Last name: Mouse

Gender: Female

Relationship: Child

Date of birth: 12/05/2023

SSN: 456903456

**Additional Coverage Information**

Are you currently covered under any other health and/or dental plan(s) (such as your spouse's employer's plan)?

[Cancel](#) [Save](#)

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

ACCESSIBILITY VIEW

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Home

Family Health Plans Life Insurance Complete your Enrollment

Birth - December 5, 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 dependents, even if you are not enrolling them in your medical, prescription drug, dental and/or vision plans. Dependents must be added or listed below to be enrolled in coverage.

+ Add Family Member

**MICKEY MOUSE**  
Relationship: Myself  
D.O.B: Nov 18, 1980  
[View Details](#)

**Millie Mouse**  
Relationship: Child  
D.O.B: Dec 5, 2023  
[View Details](#)

🔔 Your employer has provided us your information for your benefit enrollment.

< Previous Next >

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.

ACCESSIBILITY VIEW

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Family Health Plans Life Insurance Complete your Enrollment

Marriage - December 16, 2023

### Health Plans

Medical Prescription Drug Dental Vision Premium Conversion Plan

**Medical**

Select who is covered

☒ MICKEY MOUSE  
Myself

☒ Millie Mouse  
Child

**EUTF PPO HMSA  
Medical (75/25) w/  
Chiro**  
**\$47.69**  
per pay

Back to top

< Previous Cost per pay period: \$66.95 Employer cost per pay period: \$544.56 See all benefits and costs Next >

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.

Accessibility View

COMMUNICATION CENTER NOTIFICATIONS MY ACCOUNT CONTACT US LOGOUT

Home

Family Health Plans Life Insurance Complete your Enrollment

Marriage - December 16, 2023

Health Plans

Medical Prescription Drug Dental Vision Premium Conversion Plan

Prescription Drug

Prescription Drug

\$11.26  
per pay

EUTF PPO Prescription Drug (75/25) - CVS Option

Two Party Category

Review Dependents

Back to top

Cost per pay period: \$66.95

Employer cost per pay period: \$544.56

See all benefits and costs

Previous Next

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.

Accessibility View

COMMUNICATION CENTER NOTIFICATIONS MY ACCOUNT CONTACT US LOGOUT

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Family Health Plans Life Insurance Complete your Enrollment

Marriage - December 16, 2023

Health Plans

Medical Prescription Drug Dental Vision Premium Conversion Plan

Dental

Select who is covered

☒ MICKEY MOUSE  
Myself

☒ Millie Mouse  
Child

EUTF Dental

Recalculate to see updated costs

Back to top

Previous Recalculate Next

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.

Accessibility View | COMMUNICATION CENTER | NOTIFICATIONS | MY ACCOUNT | CONTACT US | LOGOUT

Home

Family | **Health Plans** | Life Insurance | Complete your Enrollment

Marriage - December 16, 2023

### Health Plans

Medical | Prescription Drug | Dental | **Vision** | Premium Conversion Plan

Vision

Select who is covered

- ☒ MICKEY MOUSE Myself
- ☒ Minnie Mouse Child

EUTF Vision

Recalculate to see updated costs

Back to top

Recalculate

Next >

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**.

Accessibility View | COMMUNICATION CENTER | NOTIFICATIONS | MY ACCOUNT | CONTACT US | LOGOUT

Home

Family | **Health Plans** | Life Insurance | Complete your Enrollment

Marriage - December 16, 2023

### Health Plans

Medical | Prescription Drug | Dental | **Vision** | Premium Conversion Plan

Vision

Select who is covered

- ☒ MICKEY MOUSE Myself
- ☒ Minnie Mouse Spouse

\$1.57 per pay

Back to top

Previous

Cost per pay period: \$74.84

Employer cost per pay period: \$556.38

See all benefits and costs

Next >

Notification

The system recalculated the costs based on the choices you just made. If you are satisfied with the choices and the updated costs, proceed to the next step. Otherwise, revise your choices and click Recalculate.

OK

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

The screenshot shows the 'Health Plans' section of a web application. The user is on the 'Premium Conversion Plan' tab. The page displays a description of the Premium Conversion Plan (PCP) and a selection box for the plan type, currently set to 'Enrolled'. At the bottom, there are navigation buttons: '< Previous', 'Cost per pay period: \$74.84', 'Employer cost per pay period: \$556.38', and 'Next >'. A large yellow arrow points to the 'Next >' button.

Marriage - December 16, 2023

## Health Plans

Medical Prescription Drug Dental Vision **Premium Conversion Plan**

### 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.hawaii.gov](http://dhrd.hawaii.gov).

Premium Conversion Plan

Option  
Enrolled

Back to top

< Previous Cost per pay period: \$74.84 Employer cost per pay period: \$556.38 [See all benefits and costs](#) Next >

14. Review life insurance enrollment. You may enroll in life insurance if not already enrolled. Click [Next](#) to continue.

The screenshot shows the 'Life Insurance' section of the web application. The user is on the 'Life Insurance' tab. The page displays a description of the Life Insurance plan and a selection box for the plan type, currently set to 'EUTF Life Insurance'. At the bottom, there are navigation buttons: '< Previous', 'Cost per pay period: \$74.84', 'Employer cost per pay period: \$556.38', and 'Next >'. A large yellow arrow points to the 'Next >' button.

Marriage - December 16, 2023

## Life Insurance

### Life Insurance

\$0 per pay

Option  
EUTF Life Insurance

\$33,770 Amount

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< Previous Cost per pay period: \$74.84 Employer cost per pay period: \$556.38 [See all benefits and costs](#) Next >

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 **enrolled**

[Edit](#)

**Life Insurance**

<b>Life Insurance</b> Life Insurance	<b>Coverage Options</b> EUTF Life Insurance	<b>Employer Cost Per Pay Period</b> \$2.06
<a href="#">Edit</a>	<b>Coverage Details</b> \$33,770	

**Cost Summary**

Cost summary:	Per-pay amount
Your pre-tax deductions:	\$74.84
Your post-tax deductions:	\$0.00
Your total cost:	\$74.84
Total employer cost:	\$556.38

**Terms and Conditions**

I am eligible for the coverage requested and declare that the individuals included are also eligible. I understand that the benefit elections made on this application are in effect as long as I continue to meet EUTF's eligibility requirements, or until I elect to change them subject to the provisions of EUTF's plan rules. I understand that if I waive coverage for myself or my dependents that they cannot enroll for benefits in EUTF's plans unless eligible at the next Open Enrollment period or earlier; if there is a mid-year qualifying life event such as a loss of coverage, marriage, birth or adoption. I have read the benefits materials, understand the limitations and qualifications of the EUTF benefits program and agree to abide by the terms and conditions of the benefit plans elected. I authorize my employer or finance officer to make the pre-tax or after-tax deductions, adjustments or cancellations from my salary, wages, or other compensation for the monthly employee contribution in accordance with applicable laws, rules and regulations.

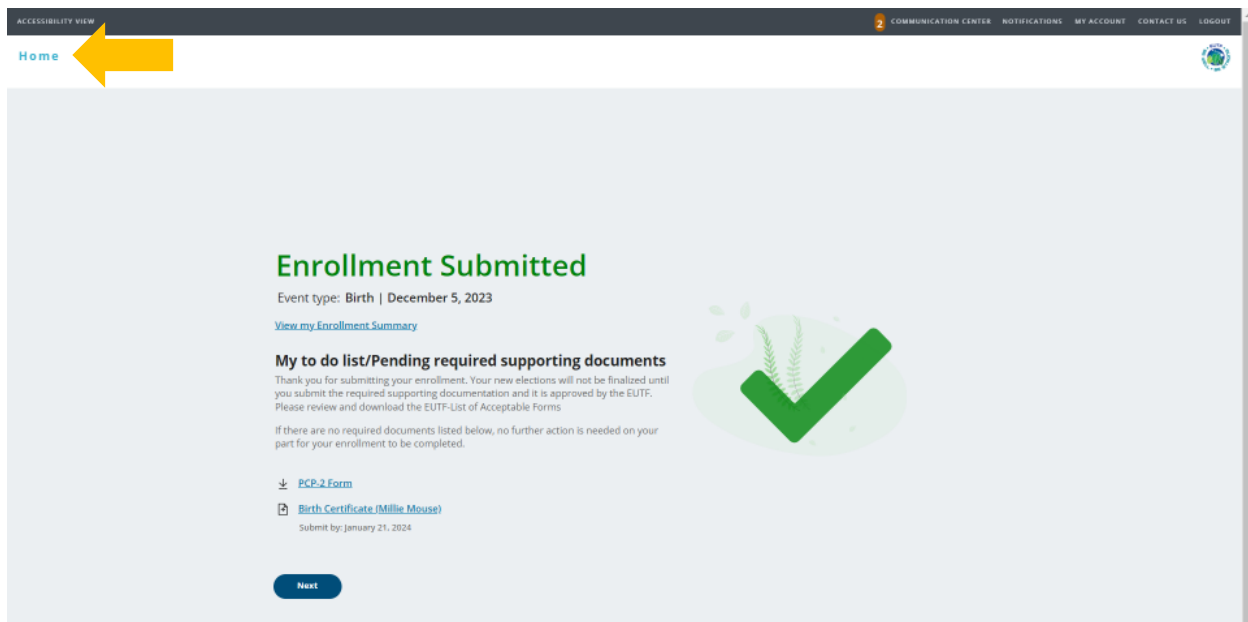
[Read full terms and conditions](#)

☒ I agree to the Terms and Conditions

[Go back and make changes](#) [Complete Enrollment](#)

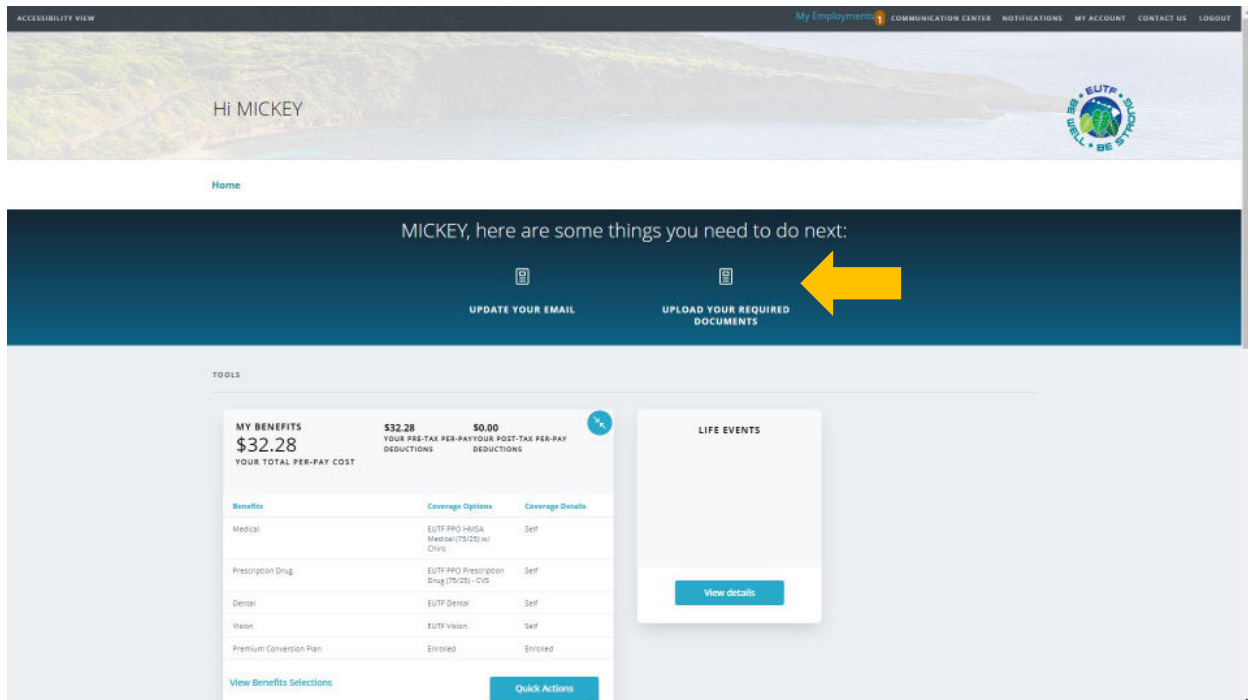
16. Your enrollment request has been submitted. **Required supporting document(s) MUST be submitted within 180 days of the birth effective date and verified by the EUTF in order for your new elections to be finalized. Late supporting documents will not be accepted.** Click **Home** in the top left corner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



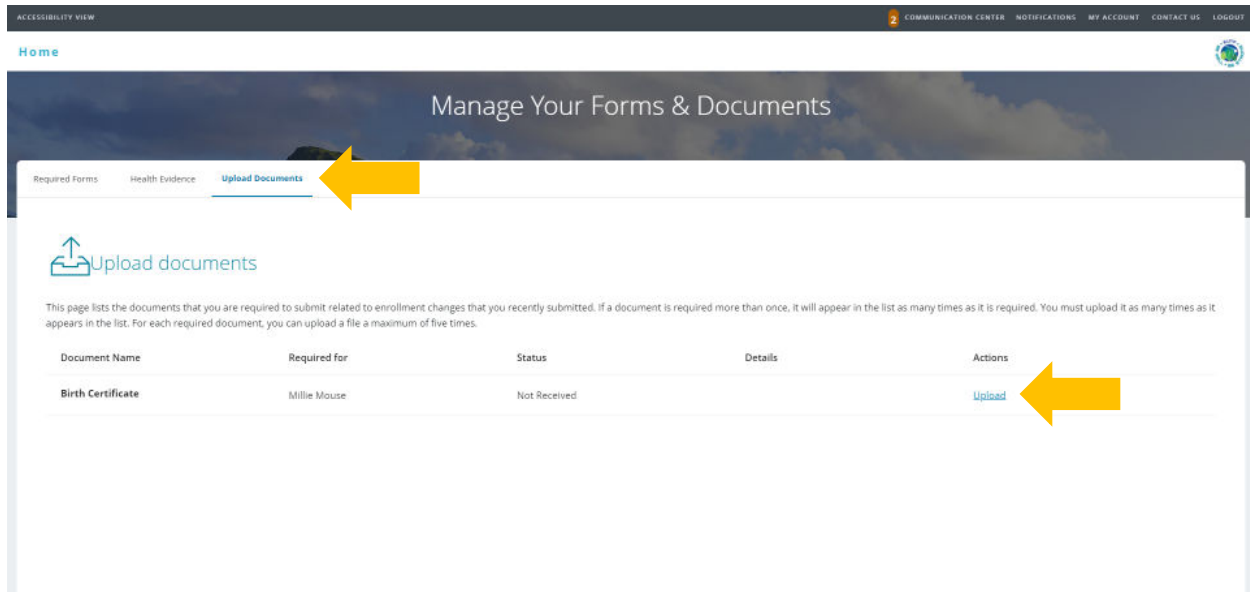


## Uploading Required Supporting Documents

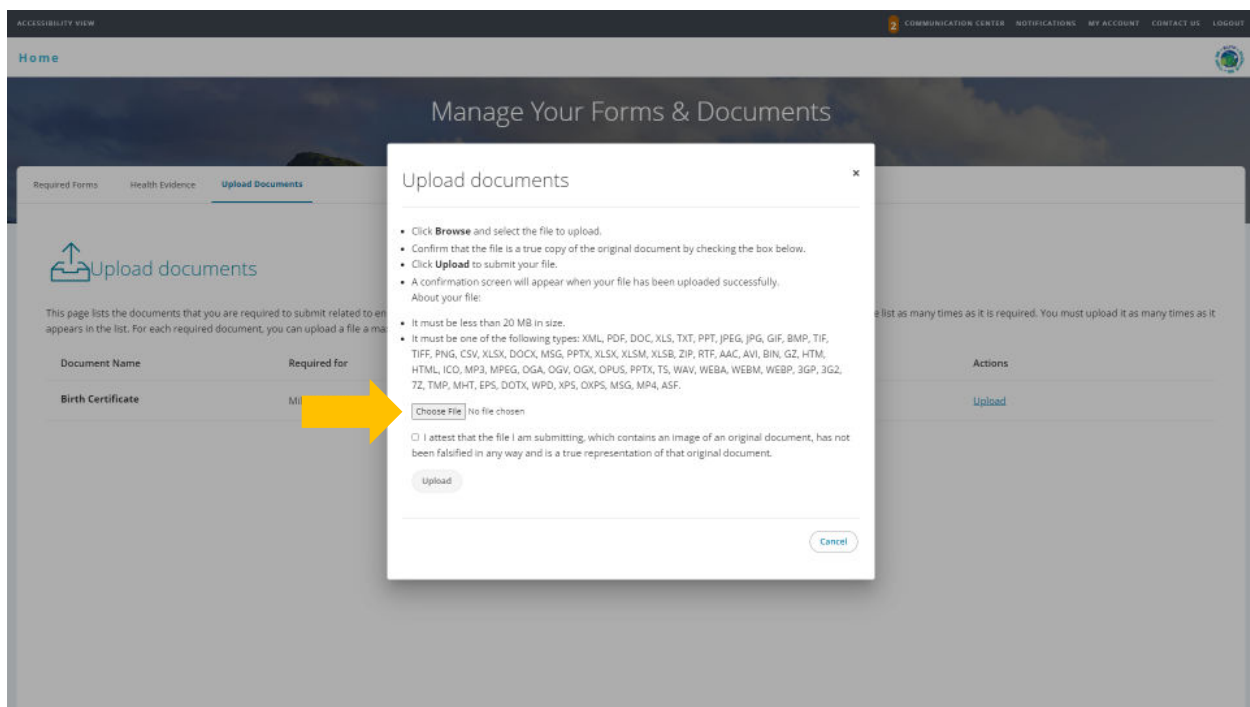
1. Have your required supporting document(s) available in electronic format to upload. From the homepage, click **Upload Your Required Documents**.



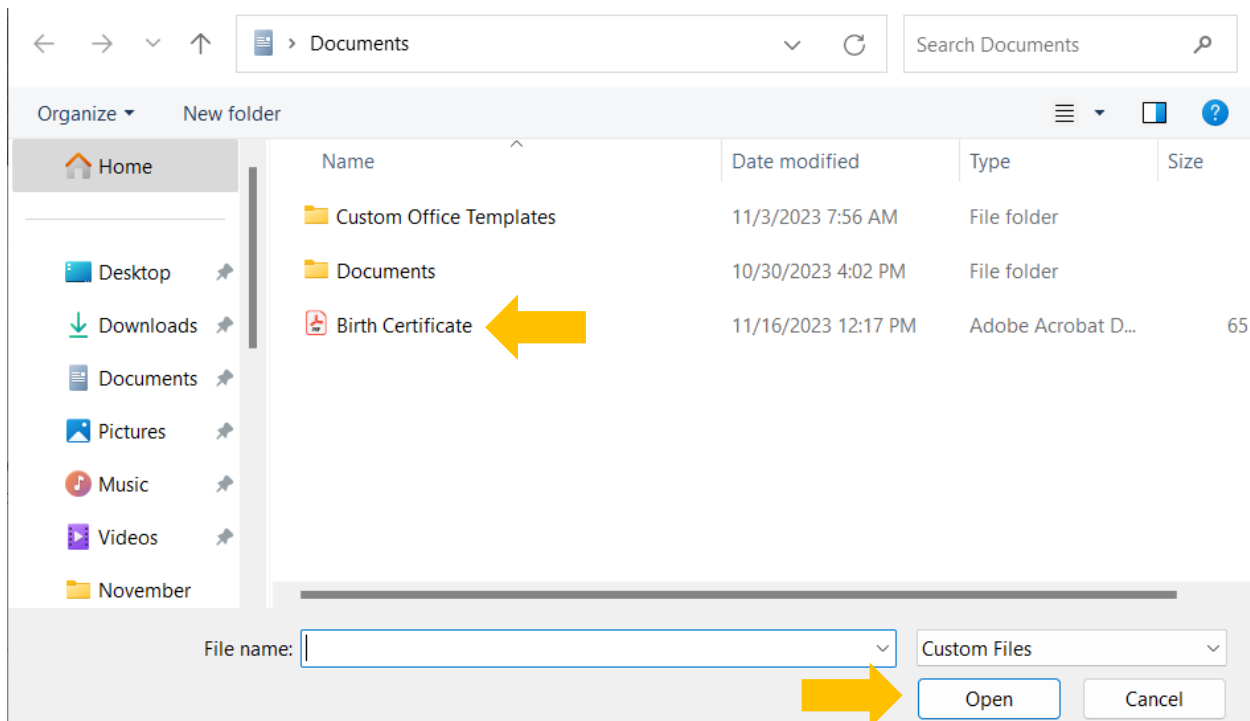
2. The Manage Your Forms and Documents screen opens. Click the **Upload Documents** option. The Upload Documents screen displays. To upload the document, click **Upload**.



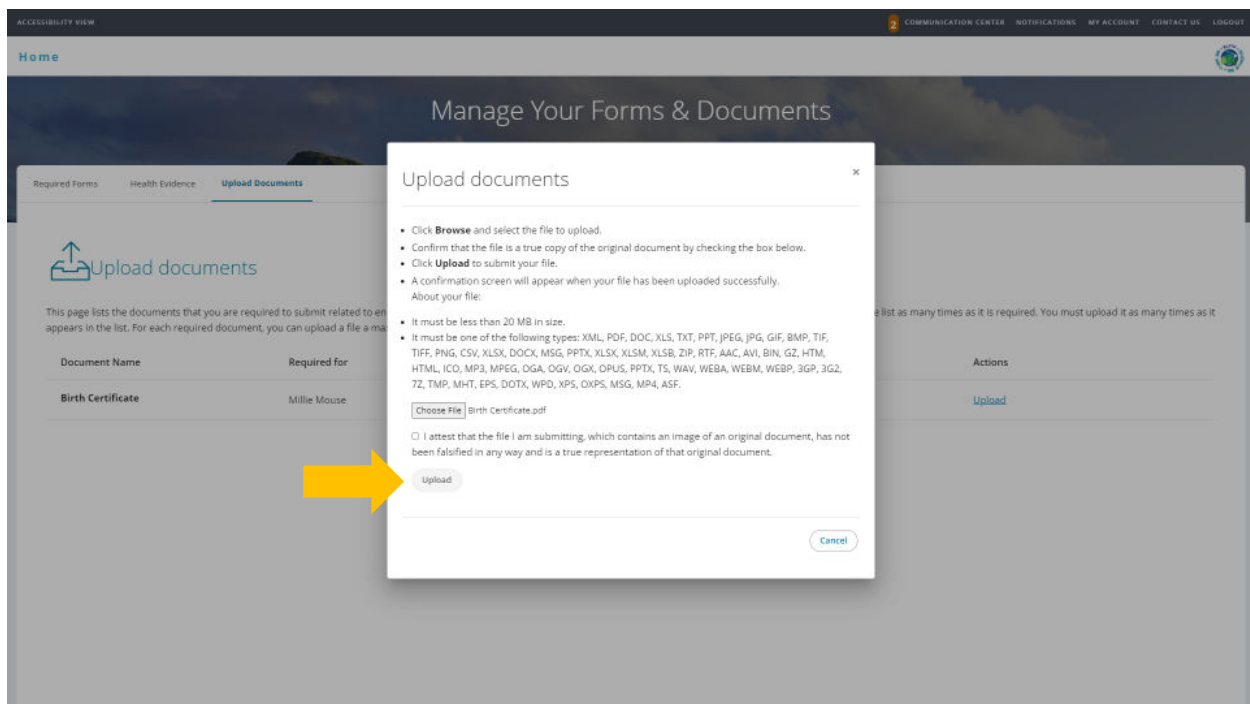
3. The Upload Document window opens. Click **Choose File** to upload your document.



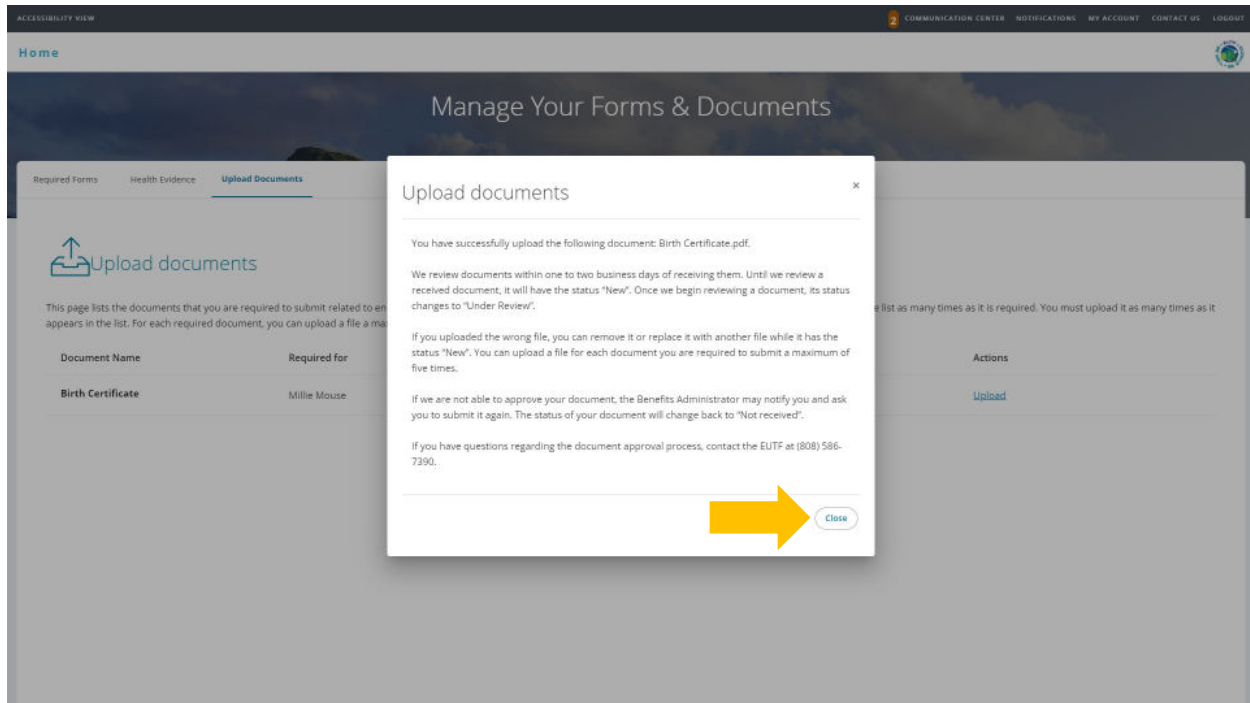
4. Locate and select birth certificate file. Files cannot be password protected as EUTF will be unable to open the file. Password protected files will be rejected. Click **Open** to continue.



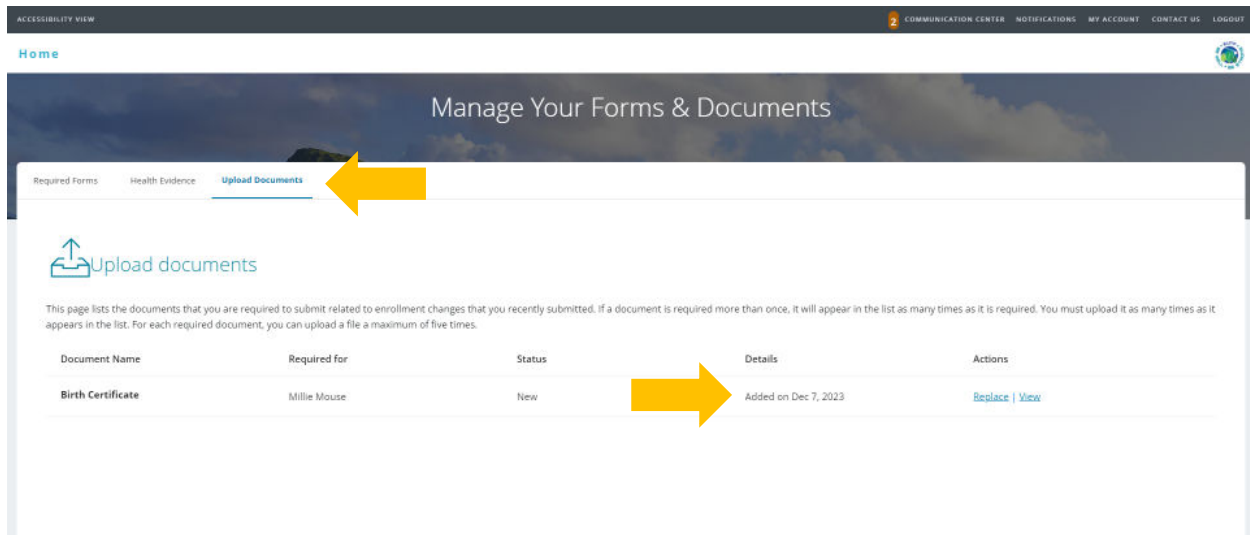
5. The selected file's name displays on the **Upload documents** window. Read and click the Attest checkbox then click **Upload** to complete the process.



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.



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	<ul style="list-style-type: none"> <li>▪ Marriage or Civil Union Certificate</li> <li>▪ Domestic Partnership – Notarized Declaration of Domestic Partnership, Affidavit of Dependency &amp; Acknowledgement, and two sets of documents showing proof of shared residency (forms available at <a href="http://eutf.hawaii.gov">eutf.hawaii.gov</a>)</li> </ul>
Adding a Dependent Child	<ul style="list-style-type: none"> <li>▪ Birth Certificate</li> <li>▪ Guardianship Decree (if legal guardian)</li> <li>▪ Adoption Decree (if child is placed for adoption or adopted)</li> </ul>
Dependent Children Ages 19 through 23 (Full-Time Students Enrolling in Dental and Vision)	<ul style="list-style-type: none"> <li>▪ 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).</li> </ul>