

Member Self-Service Portal Enrollment - Disenroll due to Enrollment in Other Coverage

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

COMMUNICATION CENTER NOTIFICATIONS MY ACCOUNT CONTACT US LOGOUT

Hi DONALD

Home

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

UPDATE YOUR EMAIL

TOOLS

MY BENEFITS
\$93.39
YOUR TOTAL PER-PAY COST

\$0.00
YOUR PRE-TAX PER-PAY DEDUCTIONS

\$93.39
YOUR POST-TAX PER-PAY DEDUCTIONS

Benefit	Coverage Options	Coverage Details
Medical	EUTP-MMO-Kaiser Standard Medical (Including Rx w/ Chrg)	Family
Prescription Drug	No Coverage	No Coverage
Dental	EUTP-Dental	Two Party
Vision	EUTP-Vision	Two Party
Life Insurance	EUTP-Life Insurance	\$25,770

[View Benefits Selections](#)

[Quick Actions](#)

LIFE EVENTS

[View details](#)

2. Click [Start>](#) in the Disenroll due to Enrollment in Other Coverage 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
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>
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>
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>
Relocation of Residence Without Pay	45 days of the event date	Start>

3. Review Acquisition of Coverage window and select **Cancel** or **Continue** to proceed.

The screenshot shows the 'Enroll & Make Changes' page. A modal titled 'Acquisition of Coverage' is open, displaying instructions: 'The event date is one day prior to the start of your non-EUTF plans. Example: If your non-EUTF plan begins on 11/1, you must enter the event date as 10/31. The purpose of this event is to terminate enrollment in the EUTF medical, drug, dental and/or vision plans for you and/or your dependents who have enrolled in non-EUTF benefit plans within the last 45 days. If you are terminating coverage because you've recently enrolled in Medicaid, please use the 'Acquisition of Medicaid Coverage' event.' The modal has 'Cancel' and 'Continue' buttons. In the background, a table lists various life events and their eligibility periods.

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 >
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 >
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 >
Marriage of Absence Without Pay	45 days of the event date	Start >

4. Enter event date as one day prior to the start of your non-EUTF plans, then click **Continue**.
E.g., Non-EUTF plan start date is 12/1/2023, event date entered should be 11/30/2023

The screenshot shows the 'Enroll & Make Changes' page. The 'Disenroll due to Enrollment in Other Coverage' event is selected. A yellow arrow points to the 'Continue' button. A date picker is open, showing the date 11/30/2023. The date picker has a title 'Disenroll due to Enrollment in Other Coverage' and a subtitle 'The time limit within which you may make your changes as a result of Disenroll due to Enrollment in Other Coverage is 45 days before and 45 days after the event date.' The date picker has a field for 'ENTER THE EVENT DATE*' with a calendar icon. The date 11/30/2023 is entered. The date picker has 'Continue' and 'Cancel' buttons.

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 >
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Dependent is No Longer a Full-time Student	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 >
Marriage of Absence Without Pay	45 days of the event date	Start >

5. Review **medical** plan enrollment. If you (the employee) are staying enrolled in the EUTF medical plan and only dependents are being removed, deselect the check box next to the dependent's name(s) that you're disenrolling. If you and your dependents are enrolled in a non-EUTF medical plan, you may disenroll from the EUTF medical plan or enroll in the EUTF Supplemental HMA plan by clicking the Select button under "Supplemental HMA" or "No Coverage". The cost listed for each plan is per pay period. After you make your selection, click **Next**.

Home

Health Plans Life Insurance Complete your Enrollment

Disenroll due to Enrollment in Other Coverage - December 1, 2023

Health Plans

Medical Prescription Drug Dental Vision

Important information

- Medical**
I acknowledge that I have read, understood, and agree to the Kaiser Foundation Health Plan arbitration agreement. I, on behalf of myself, my heirs, relatives, and enrolled dependents, agree to binding arbitration and give up our constitutional rights to a jury trial for any claims against Kaiser and its health care providers for alleged violation of any duty arising out of or related to membership in delivery of services or items. By clicking submit I understand this action serves as my electronic signature of agreement. Complete copy of the Arbitration Agreement is available [HERE](#)

Medical

Select who is covered

- ☒ DONALD DUCK
Wife
- ☐ Daisy Duck
Former Spouse
- ☒ Dillon Duck
Child

EUTF HMO Kaiser Standard Medical (Including Rx) w/ Chiro

Recalculate to see updated costs

Supplemental HMA

Recalculate to see updated costs

Select

No Coverage

Recalculate to see updated costs

Select

Compare Plan

Previous **Recalculate** **Next**

IMPORTANT: The Disenroll Due to Enrollment in Other Coverage event only permits you to disenroll from EUTF benefit plans that you've acquired coverage from elsewhere. For example, you may disenroll from EUTF medical and prescription drug coverage if you've acquired medical and prescription drug coverage through another plan. You may not disenroll from EUTF vision and/or dental coverage if you did not acquire dental and/or vision coverage through another plan. Proof of enrollment in other coverage will be required upon completion of the enrollment steps and your request will be fully or partially rejected if not valid or incomplete.

6. The prescription drug plan is bundled with the medical plan. Kaiser Permanente prescription drug coverage is included in the medical plan cost. No action is needed on this screen. Click **Next** to continue.

7. Review **dental** plan enrollment. Remove check box next to dependent's name(s) that you're disenrolling or click the Select button under "No Coverage" to disenroll everyone from the plan. After you make your selection, click **Next**.

Disenroll due to Enrollment in Other Coverage - December 1, 2023

Health Plans

Medical Prescription Drug **Dental** Vision

Dental

Select who is covered

- ☒ DONALD DUCK Myself
- ☐ Daisy Duck Former Spouse
- ☒ Dillon Duck Child

EUTF Dental ☒

\$14.32 per pay

No Coverage ☐

\$0.00 per pay

Select

[Back to top](#)

[Previous](#) Cost per pay period: **\$15.89** Employer cost per pay period: **\$25.88** [See all benefits and costs](#) **Next**

8. Review **vision** plan enrollment. Remove check box next to dependent's name(s) that you're disenrolling or click the Select button under "No Coverage" to disenroll everyone from the plan. After you make your selection, click **Next**.

Disenroll due to Enrollment in Other Coverage - December 1, 2023

Health Plans

Medical Prescription Drug Dental **Vision**

Vision

Select who is covered

- ☒ DONALD DUCK Myself
- ☐ Daisy Duck Former Spouse
- ☒ Dillon Duck Child

EUTF Vision ☒

\$1.57 per pay

No Coverage ☐

\$0.00 per pay

Select

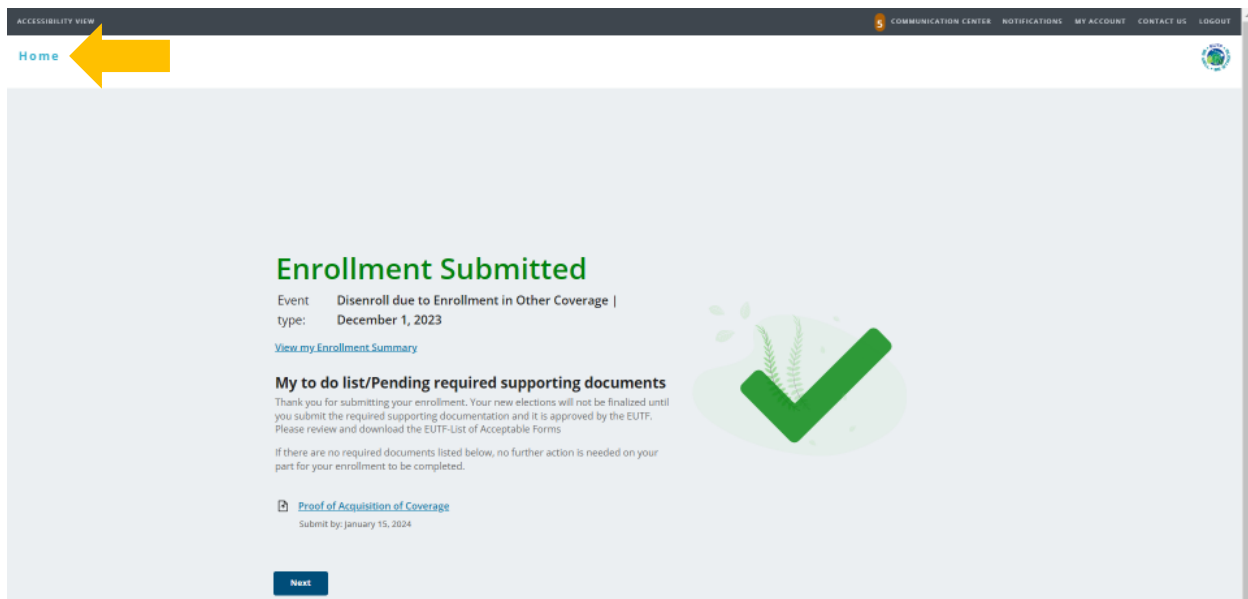
[Back to top](#)

[Previous](#) Cost per pay period: **\$1.57** Employer cost per pay period: **\$4.40** [See all benefits and costs](#) **Next**

9. 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**.

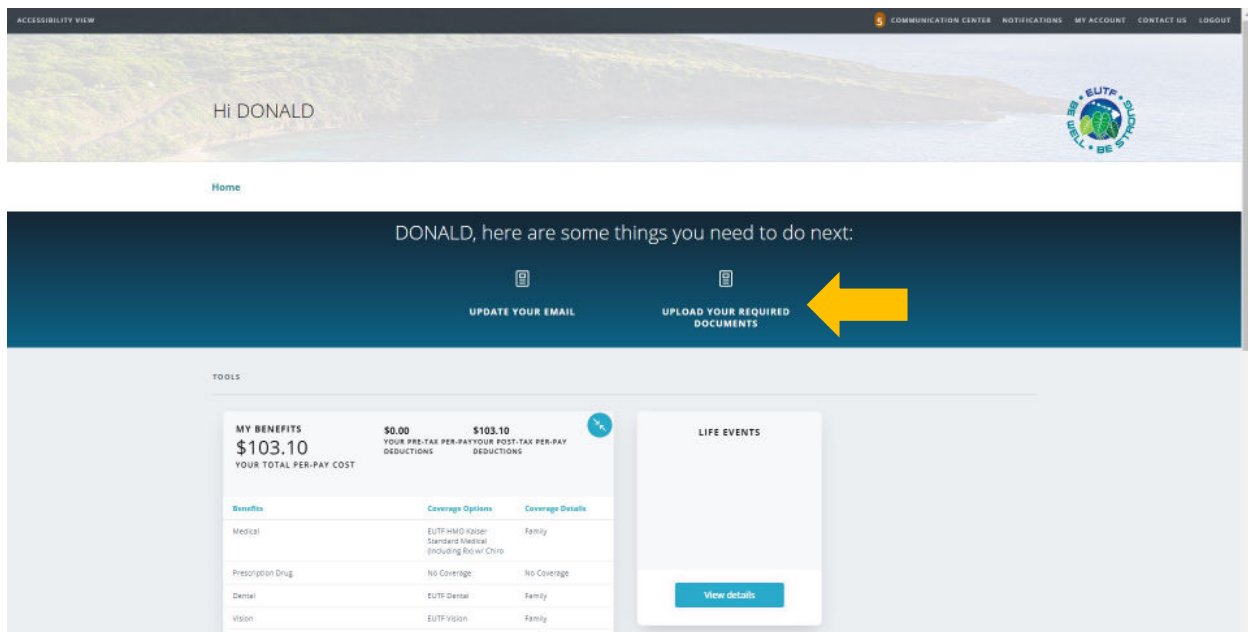
The screenshot shows the 'Health Plans' enrollment interface. At the top, it says 'Disenroll due to Enrollment in Other Coverage - December 1, 2023'. Below this, there are tabs for 'Medical' and 'Prescription D'. The 'Medical' tab is active, showing a 'Vision' section with 'Select who is covered' and a list of family members: DONALD DUCK (Myself), Daisy Duck (Former Spouse), and Dillan Duck (Child). Below the list, there are two cost boxes: one for \$0.84 per pay with a 'Select' button, and another for \$0.00 per pay with a 'Waived' button. A 'Notification' dialog box is overlaid in the center, stating: '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.' An orange arrow points from the 'OK' button in the notification box to the 'Next' button at the bottom right of the screen. The bottom of the screen shows a summary: 'Cost per pay period: \$0.00' and 'Employer cost per pay period: \$2.06', with a 'See all benefits and costs' link. A 'Back to top' button is also visible.

10. For State and County of Maui employees, review premium conversion plan selection then click **Next**. All other employees, skip to step 14.
11. Review life insurance enrollment then click **Next**.
12. 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**.
13. Your enrollment request has been submitted. **Required supporting document(s) MUST be submitted within 90 days of the Disenroll Due to Enrollment in Other Coverage effective date and verified by the EUTF in order for your new elections to be finalized.** Click **Home** in the top left corner to upload required supporting documents.



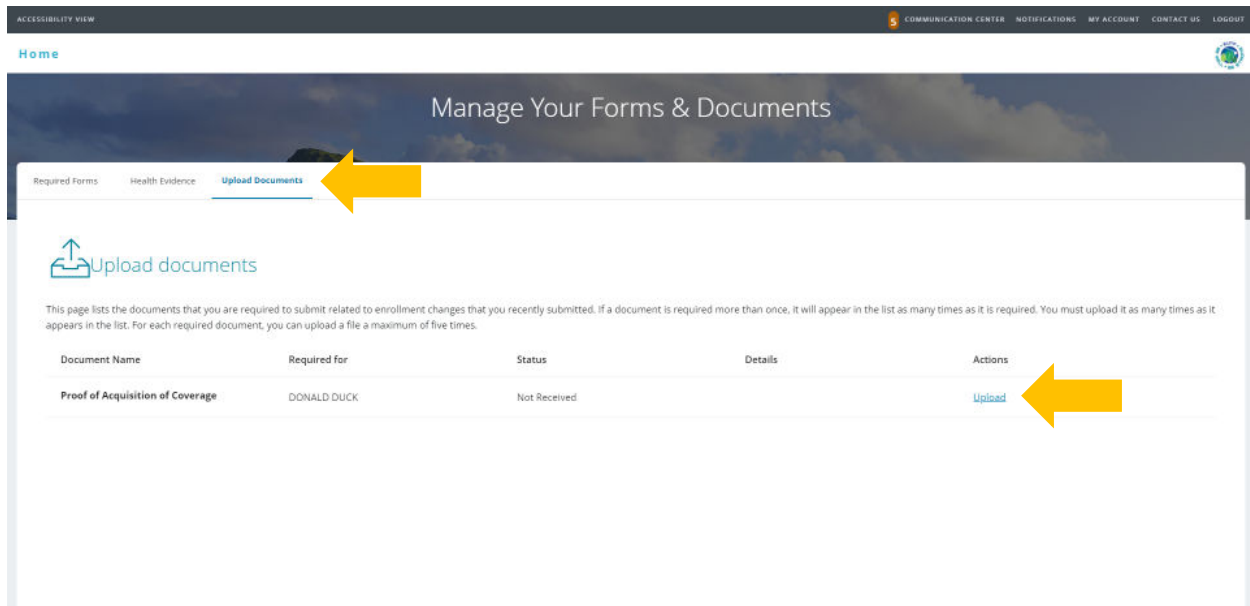
Uploading Required Supporting Documents

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

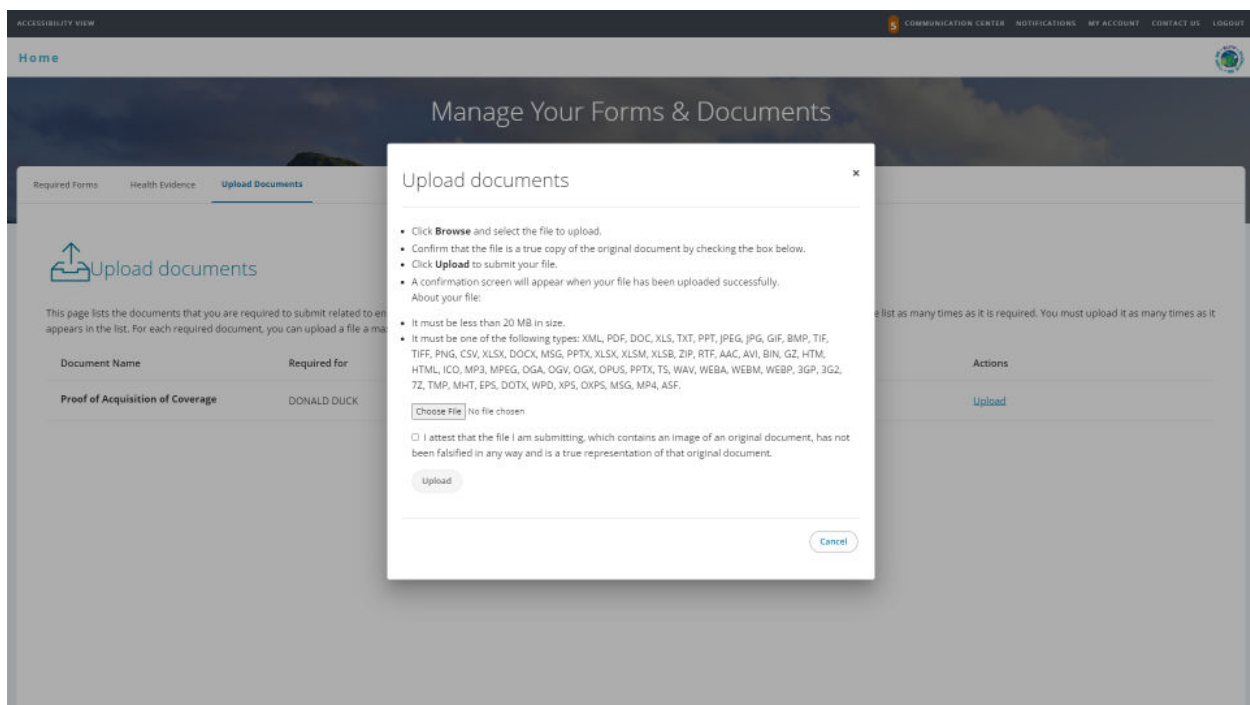


IMPORTANT: Your proof of acquisition of coverage document(s) must include your name (or dependent(s) name if applicable), the types of coverage gained (e.g. medical/prescription drug, dental, vision), and the effective date. Your request will be fully or partially rejected if not valid or incomplete.

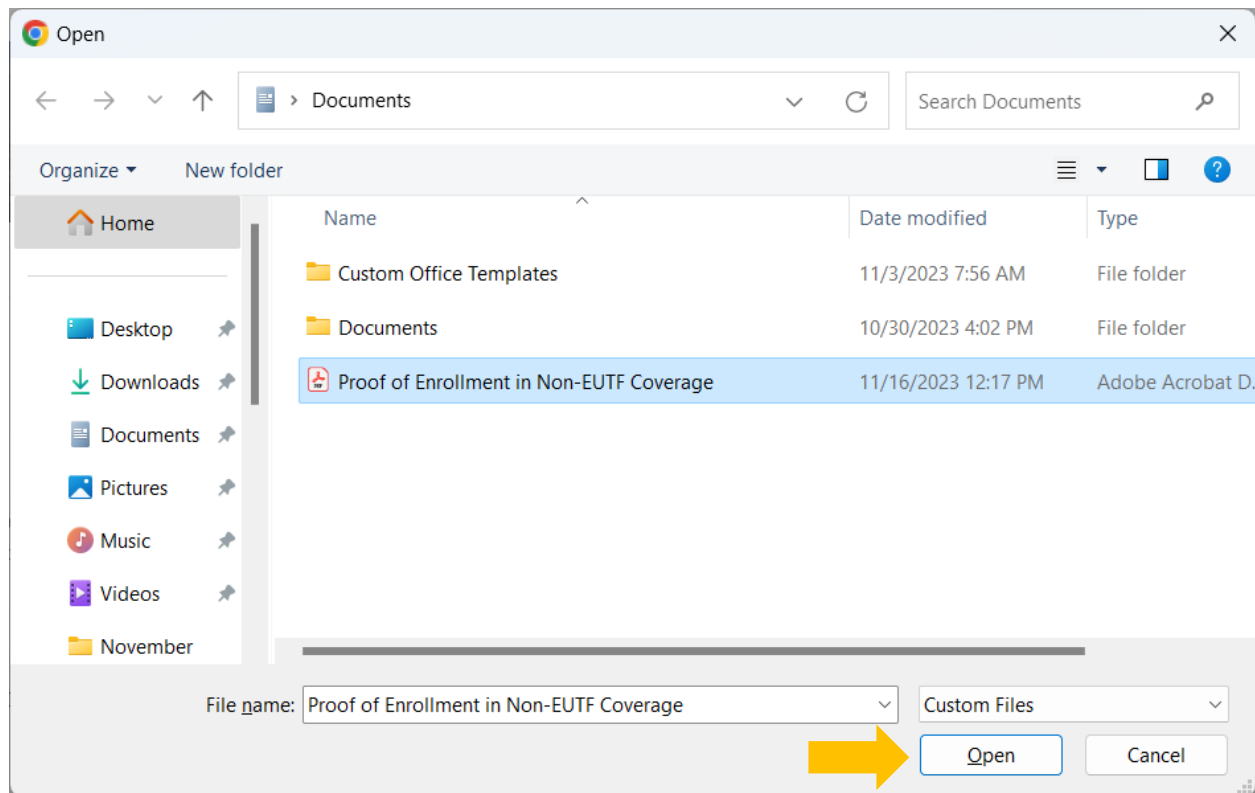
2. The Manage Your Forms and Documents screen opens. Click the **Upload Documents** option. The Upload Documents screen displays. To upload the document, click **Upload**.



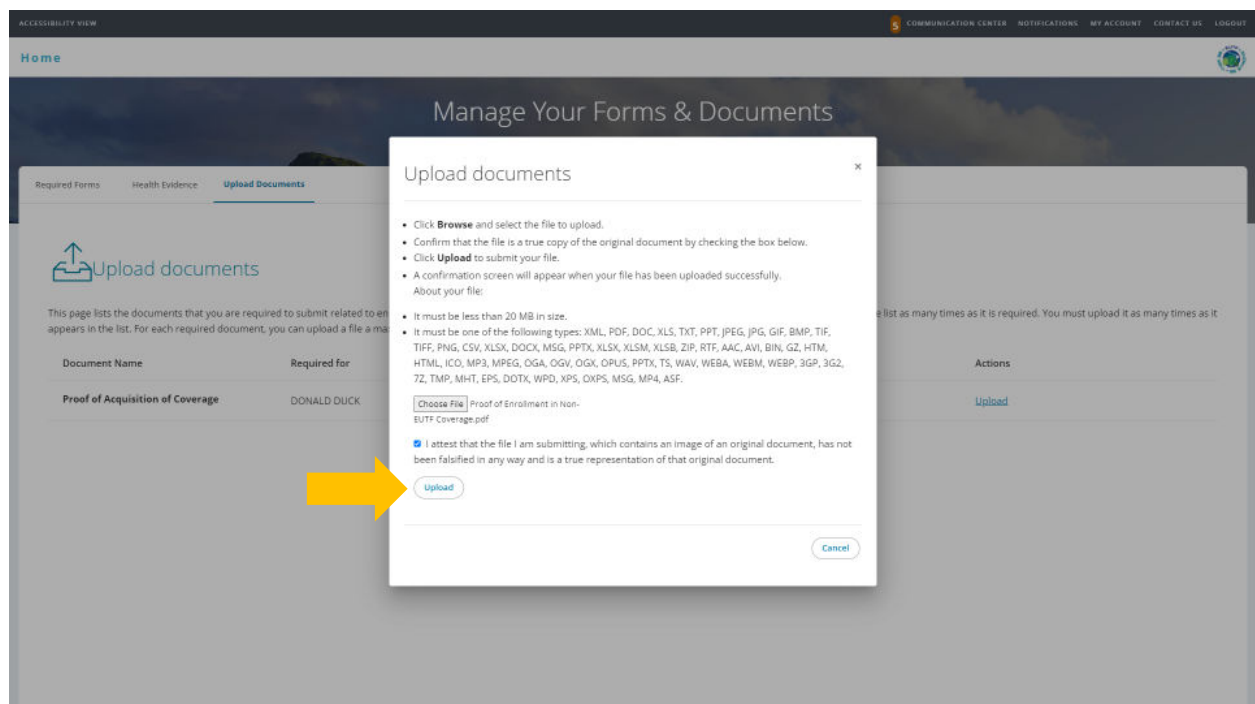
3. The Upload Document window opens. Click **Choose File** to upload your document.



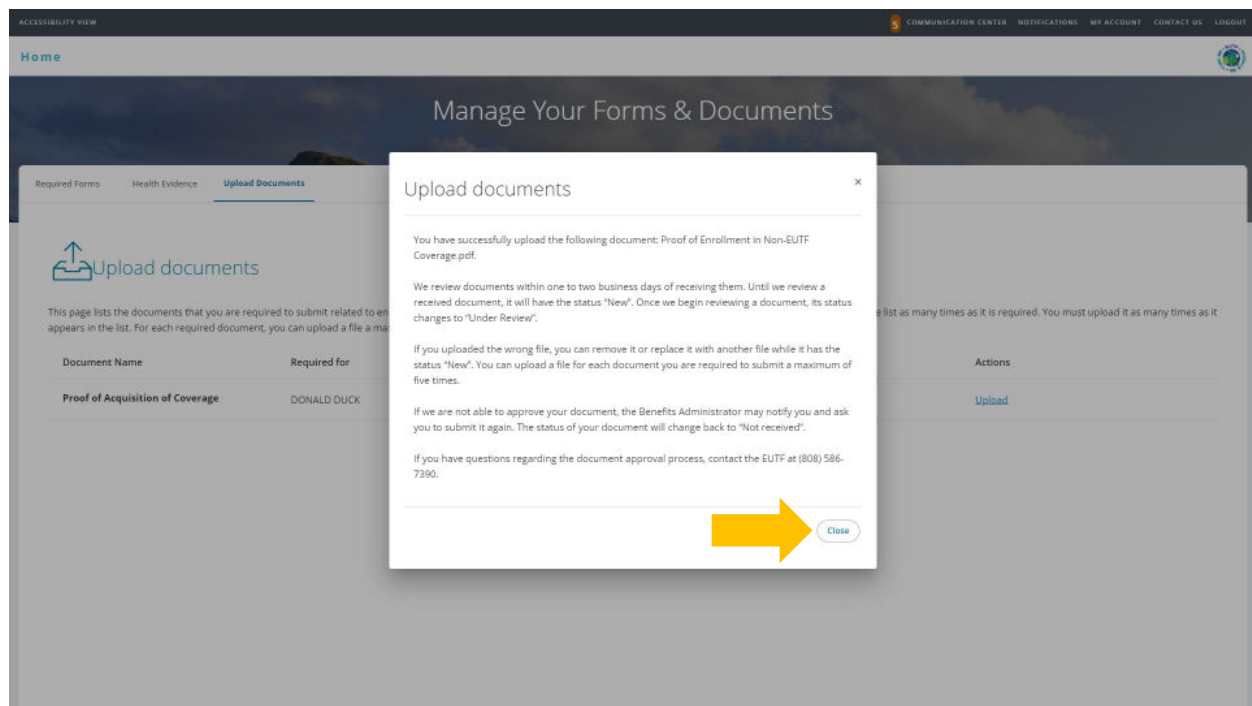
4. Locate your proof of acquisition of coverage. Files cannot be password protected as EUTF will be unable to open the file. Password protected files will be rejected. Click **Open** to continue.



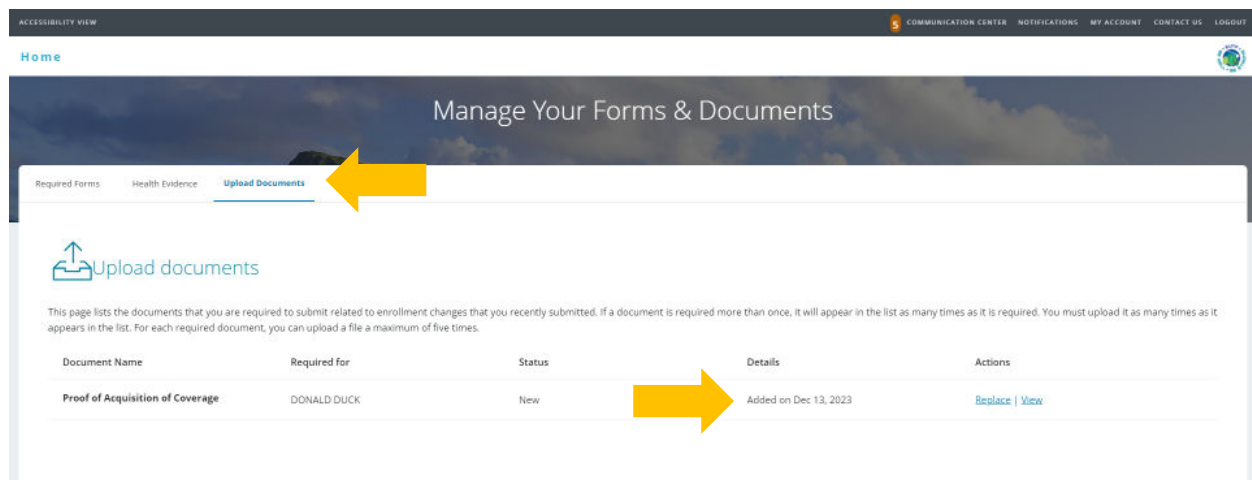
5. The selected file's name displays on the **Upload documents** window. Read and click the Attest checkbox then click **Upload** to complete the process.



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.