## 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.

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	Benefitz	Coverage Options	Coverage Details		
	Medical	EUTF HMO Kalser Standard Medical (Including Rio w/ Chiro	Family		
	Prescription Drug	No Coverage	No Caverage		
	Dentel	EUTE Dantal	Two Party	View details	
	Vision	EUTF vision	Two Party		
	Life Insurance	EUTE URE Insurance	\$53,770		
	View Benefits Selections		Quick Actions		

2. Click **Start>** in the Disenroll due to Enrollment in Other Coverage row.

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	Enroll & Make Chan	ges		
	UPDATE YOUR COVERAGE To make changes to your current selections and/or person your changes within a certain time period. EVENTS	hal information, choose the applicable link from the table. In som	e cases, you may need to make	
	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>	
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3. Review Acquisition of Coverage window and select Cancel or Continue to proceed.

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	UPDATE YOUR COVERU To make changes to your ou your changes within a certa	AGE irrent selections and/or personal ir in time period.	nformation, choose the applicable link from	n the table. In some cases,	.you may need to make		
	Description	Acquisition of Covera	ige	×	Actions		
	Life Event	The event date is one day prior to	o the start of your pap El ITE plans. Example	Example: Kusur per EUTE			
	Disenroll due to Enrollme	plan begins on 11/1, you must en	e event date is one day prior to the start of your non-EUTP plans, example: if your non-EUTP an begins on 11/1, you must enter the event date as 10/31. The purpose of this event is to		Start >		
	Disenroll due to Enrollme	dependents who have enrolled in	n non-EUTF benefit plans within the last 45	days. If you are	Start >		
	Adoption	terminating coverage because 'Acquisition of Medicaid Covera	you've recently enrolled in Medicaid, pl age' event.	ease use the	Start >		
	Birth				Start >		
	Civil Union		G	Continue	Start >		
	Death of Dependent		730 days of the event date		Start >		
	Dependent is No Longer a F	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 P	ау	45 days of the event date		Start >		
	Loss of Coverage		45 days before and 45 days after the e	went date	Start >		
	Loss of Medicaid Coverage		60 days before and 60 days after the e	vent date	Start >		
	Marriage		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

ATCESSION IN TY AND			Сониния	
Home				Disenroll due to Enrollment in
				Other Coverage
	Enroll & Make Chang	es		The time limit within which you may make your changes as a result of Disenroll due to Enrollment in Other Coverage is <b>45 days before</b> and <b>45 days after the event date</b> .
	UPDATE YOUR COVERAGE			ENTER THE EVENT DATE *
	To make changes to your current selections and/or personal in your changes within a certain time period.	formation, choose the applicable link from the table. In some cases,	you may need	11 30 2023
	EVENTS			
	Description	Eligibility Period		Continue
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	Diservoil due to Envolument in Other Coverage	45 days before and 45 days after the event date	Start.)	
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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					۲
Health Plans 🗞 Life Initian	ance 🛛 🖓 Camptote your Envolument				
	Disenvall due to Enrollment in Other ( Health Plans	Coverage - December 1, 2023		Ę	
	Medical Prescription Di	rug Dental Vision			
_	<ul> <li>Important information.</li> <li>Indimensional particulation and give up our mambacritip in delivery of services of texa.</li> <li>Medical O</li> <li>Select who is covered</li> <li>OnaLD DUCK Myset</li> <li>Distribution</li> </ul>	estabol and agree to the Kater Faundation He estabolization ingits to a jury trief for any cleans or items. By cloaing submit i understand this at EUTF HMO Kaiser Standard Medical (Including Rx) w/ Chiro Residualite to see updated costs	the Plan addition agreement. L on behaft against Katore and its beacht care providers i ton serves as my electronic signature of agree Supplemental HMA Realization to see updated cores Gener	of royaetil my heirs: relatives, and enrolled dependents, agree enrolled environ of any adug senting such of or restered to annext. Computer copy of the Arbitration Agreement is available computer Electro No Coverage - Restolution to see updated costs - Sector	а. М
C Previous			(c) 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.

 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.

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	Dental				
	Select who is covered	EUTF Dental	No Coverage		
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< Previous	Cost per j \$15.89	wy period: 🚫 👷	Employer cost per pay period: <b>\$25.88</b> e all benefits and costs		>

 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.

😈 Health Plans	🗞 Life Insurance 🛛 🖉 Complete your Enroll	iment			
	Diservoil due to Enroilment in Health Plans Medical Presc	n Other Coverage - December 1, 2023 ription Drug Dental	Vision	Ċ	
	Vision          Select who is covered         Image: Construction of the second	EUTF Vision \$1.57 per pay	No Coverage     So.00     par pay     cere		
< Previous		Cost per pay period: \$1.57	Employer cost per pay period: \$4.40		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.

	Diserval due to Enrolment in Other Health Plans	Coverage - December 1, 2023			١	
	Medical Prescription of Vision Select who is covered Month DUCK	Notification X 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				
	Viget Deliny Duck Entry Touck Chief		\$0.00 per pay Warned			
( Previous	Cos 90.1	t per pay period: 10	Employer cost per pay period. 92.06 See all benefits and costs		_	(Next 5

- 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.

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		UPDATE	YOUR EMAIL	UPLOAD YOUR REQUIRED		
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	Medical	EUTF HMO Kalser Standard Medical (Including Rid w/ Chiro	Family			
	Prescription Drug	No Coverage	No Coverage			
	Dental	EUTF Dental	Family	View details		
	Vision	EUTF vision	Farity			
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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**.

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Proof of Acquisition of Coverage	DONALD DUCK	Not Received		Upload	
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3. The Upload Document window opens. Click Choose File to upload your document.

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Home		۲
	Manage Your Forms & Documents	
This page lots the documents that you are required to submit related to appears in the list. For each required document, you can upload a file a Document Name Required for Proof of Acquisition of Coverage DONALD DUCK	Cick Browse and select the file to upload.     Cick Browse and select the file to upload     Cick Upload to submit your file.     A confirm that the file is a true copy of the original document by checking the box below.     Cick Upload to submit your file.     A confirmation screen will appear when your file has been uploaded successfully.     About your file.     It must be less than 0.00 MB in size.     It must be one of the following types: XML, PDF, DDC, XLS, TXT, PPT, JPEG, JPG, GIF, BMP, TF,     TTF, FNG, CSY, XLSX, DDCX, MSG, PPDX, XLSX, X	e list as many times as it is required. You must upload it as many times as it Actions Lipited

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.

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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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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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Required Forms Health Evidence Upload	Documents				
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This page lists the documents that you are re-	quired to submit related to enrollment cl	hanges that you recently submitted. If a docum	ent is required more than once, it will appear in the list as	many times as it is required. You must upload it a	is many times as it
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appears in the list. For each required docume					
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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.