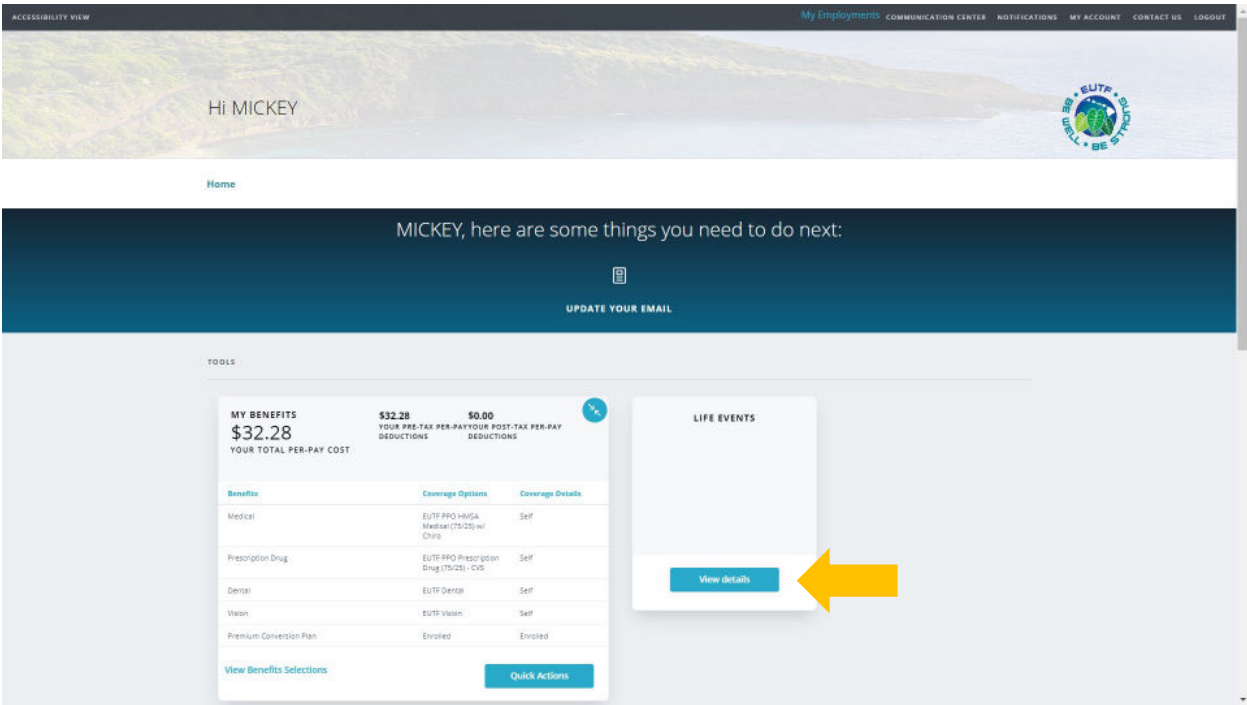
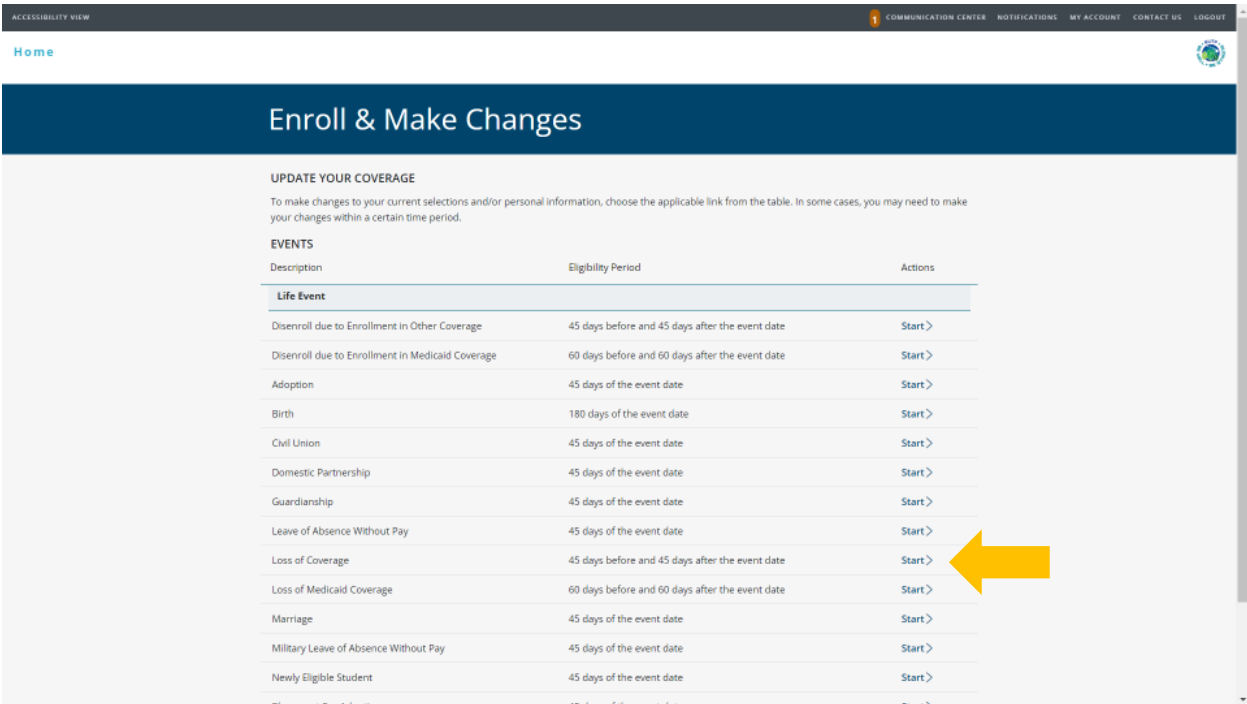


# Member Self-Service Portal Enrollment – Loss of Coverage

- 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.



- 2. Click **Start>** in the Loss of Coverage row.



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

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>
Death of Dependent	730 days of the event date	<a href="#">Start &gt;</a>
Dependent is No Longer a Full-time Student	45 days of the event date	<a href="#">Start &gt;</a>
Divorce (Including Civil Union)		<a href="#">Start &gt;</a>
Guardianship		<a href="#">Start &gt;</a>
Leave of Absence Without Pay		<a href="#">Start &gt;</a>
Legal Separation		<a href="#">Start &gt;</a>
Loss of Coverage		<a href="#">Start &gt;</a>
Loss of Medicaid Coverage		<a href="#">Start &gt;</a>
Military Leave of Absence		<a href="#">Start &gt;</a>
Newly Eligible Student		<a href="#">Start &gt;</a>
Placement For Adoption	45 days of the event date	<a href="#">Start &gt;</a>
Retirement ERS/BMC Eligibility	60 days before and 60 days after the event date	<a href="#">Start &gt;</a>

Loss of Coverage

The event date is the first day following the last day of coverage of your non-EUTF plans. Example: Your non-EUTF coverage ends on 10/31, you must enter the event date as 11/1. The purpose of this event is to enroll in the EUTF medical, dental and/or vision plans for you and/or your dependents who have lost non-EUTF coverage within the last 45 days. **If you want to enroll in benefits due to loss of Medicaid (including CHIP), please use the 'Loss of Medicaid Coverage' event.**

[Cancel](#)[Continue](#)

4. Enter event date (the first day following the last day of coverage from your non-EUTF plans) then click **Continue**.

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>
Death of Dependent	730 days of the event date	<a href="#">Start &gt;</a>
Dependent is No Longer a Full-time Student	45 days of the event date	<a href="#">Start &gt;</a>
Divorce (Including Civil Union Partner)	730 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>
Legal Separation	730 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>
Military Leave of Absence Without Pay	45 days of the event date	<a href="#">Start &gt;</a>

Loss of Coverage

The time limit within which you may make your changes as a result of Loss of Coverage is 45 days before and 45 days after the event date.

ENTER THE EVENT DATE\*

12

01

2023

[Continue](#)[Cancel](#)

- Click **+Add Family Member** and only enter eligible dependents that have lost coverage and 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.

Home

Family Health Plans Life Insurance Complete your Enrollment

Loss of Coverage - December 1, 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**

Name	Relationship	Date of Birth	Action
MICKEY MOUSE	Myself	Nov 18, 1980	<a href="#">View Details</a>
Molly Mouse	Child	Jan 1, 2016	<a href="#">View Details</a>

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.

Home

Family Health Plans Life Insurance Complete your Enrollment

Loss of Coverage - December 1, 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**

Name	Relationship	Date of Birth	Action
MICKEY MOUSE	Myself	Nov 18, 1980	<a href="#">View Details</a>

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

**Family Member**

First name: Molly

Middle name:

Last name: Mouse

Gender: Female

Relationship: Child

Date of birth: 01/14/2016

SSN: 078034567

**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

COMMUNICATION CENTER NOTIFICATIONS MY ACCOUNT CONTACT US LOGOUT

Home

Family Health Plans Life Insurance Complete your Enrollment

Loss of Coverage - December 1, 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](#)

**Molly Mouse**  
Relationship: Child  
D.O.B: Jan 14, 2016  
[View Details](#)

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

< Previous Next >

8. Review health plans. Select dependents to enroll under your **medical** plan. Ensure boxes are checked next to the name of each dependent you're enrolling. The cost listed for each plan is per pay period. Click **Next** to continue.

ACCESSIBILITY VIEW

COMMUNICATION CENTER NOTIFICATIONS MY ACCOUNT CONTACT US LOGOUT

Home

Family Health Plans Life Insurance Complete your Enrollment

Loss of Coverage - December 1, 2023

### Health Plans

Medical Prescription Drug Dental Vision Premium Conversion Plan

**Medical**

Select who is covered

- ☒ MICKEY MOUSE Myself
- ☒ Molly Mouse Child

**EUTF PPO HMSA Medical (75/25) w/ Chiro**  
Recalculate to see updated costs

Back to top

< Previous Recalculate Next >

**IMPORTANT:** The Loss of Coverage event only permits you to enroll in benefit plans that terminated under your previous coverage. For example, you may enroll in medical and prescription drug coverage if your previous medical and prescription drug coverage was terminated. You may not enroll in vision and/or dental coverage if you did not lose dental and/or vision coverage. Proof of Loss of Coverage will be required upon completion of the enrollment steps and your request will be fully or partially rejected if not valid or incomplete.

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.

The screenshot shows the 'Health Plans' enrollment interface. At the top, there's a navigation bar with 'Home' and links for 'Family', 'Health Plans', 'Life Insurance', and 'Complete your Enrollment'. Below this, a header indicates 'Loss of Coverage - December 1, 2023'. The main section is titled 'Health Plans' and features tabs for 'Medical', 'Prescription Drug', 'Dental', 'Vision', and 'Premium Conversion Plan'. The 'Prescription Drug' tab is selected. A card displays the plan details: 'Prescription Drug', '\$11.26 per pay', 'EUTF PPO Prescription Drug (75/25) - CVS Option', and 'Two Party Category'. A 'Review Dependents' button is at the bottom of the card. To the right is a 'Back to top' button. At the bottom, a dark bar shows 'Cost per pay period: \$74.84' and 'Employer cost per pay period: \$556.38', with a 'See all benefits and costs' link. Navigation buttons include '< Previous', 'Next >', and a large yellow arrow pointing to the 'Next >' button.

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

The screenshot shows the 'Dental' enrollment interface. The 'Dental' tab is selected in the navigation bar. A 'Select who is covered' section lists two dependents: 'MICKEY MOUSE Myself' (checked) and 'Molly Mouse Child' (checked). A 'Recalculate' button is below the list. To the right, a card shows 'EUTF Dental' with a checkmark and a note to 'Recalculate to see updated costs'. A 'Back to top' button is at the bottom. The bottom dark bar includes '< Previous', 'Recalculate', and 'Next >' buttons, with a large yellow arrow pointing to the 'Next >' button.

11. Select dependents to enroll under your **vision** plan. Ensure boxes are checked next to the name of each dependent you're enrolling. Click **Next** to continue.

The screenshot shows the 'Health Plans' enrollment page with the 'Vision' tab selected. Under 'Select who is covered', the checkboxes for 'MICKEY MOUSE Myself' and 'Molly Mouse Child' are both checked. A yellow arrow points to the 'Next >' button at the bottom right. Other buttons visible include '< Previous', '< Recalculate', and 'Back to top'.

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**.

This screenshot shows the same 'Health Plans' page, but with a 'Notification' pop-up window. The notification states: '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.' A yellow arrow points to the 'OK' button on the notification. Below the notification, the cost '\$1.57 per pay' is displayed. At the bottom of the page, the 'Cost per pay period' is \$74.84 and the 'Employer cost per pay period' is \$556.38. A yellow arrow points to the 'Next >' button at the bottom right.

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 portal. The 'Premium Conversion Plan' tab is selected. A text box explains that the Premium Conversion Plan (PCP) is a voluntary benefit plan administered by the Department of Human Resources Development (DHRD). Below this, a dropdown menu is set to 'Enrolled'. At the bottom, a summary bar shows a cost per pay period of \$74.84 and an employer cost per pay period of \$556.38. A large yellow arrow points to the 'Next >' button.

Home

Family Health Plans Life Insurance Complete your Enrollment

Loss of Coverage - December 1, 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

Cost per pay period: \$74.84

Employer cost per pay period: \$556.38

See all benefits and costs

Previous Next >

1. 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 portal. A text box displays '\$0 per pay' and a dropdown menu is set to 'EUTF Life Insurance'. Below this, the amount '\$33,770' is shown. At the bottom, a summary bar shows a cost per pay period of \$74.84 and an employer cost per pay period of \$556.38. A large yellow arrow points to the 'Next >' button.

Home

Family Health Plans Life Insurance Complete your Enrollment

Loss of Coverage - December 1, 2023

Life Insurance

Life Insurance

\$0 per pay

Option

EUTF Life Insurance

\$33,770 Amount

Back to top

Cost per pay period: \$74.84

Employer cost per pay period: \$556.38

See all benefits and costs

Previous Next >

2. 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 I may 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 benefit 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](#)

3. Your enrollment request has been submitted. **Required supporting document(s) MUST be submitted within 45 days of the Loss of Coverage 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.

[Home](#)

## Enrollment Submitted

Event type: Loss of Coverage | December 1, 2023

[View my Enrollment Summary](#)

### My to do list/Pending required supporting documents

Thank you for submitting your enrollment. Your new elections will not be finalized until you submit the required supporting documentation and it is approved by the EUTF. Please review and download the EUTF-List of Acceptable Forms

If there are no required documents listed below, no further action is needed on your part for your enrollment to be completed.

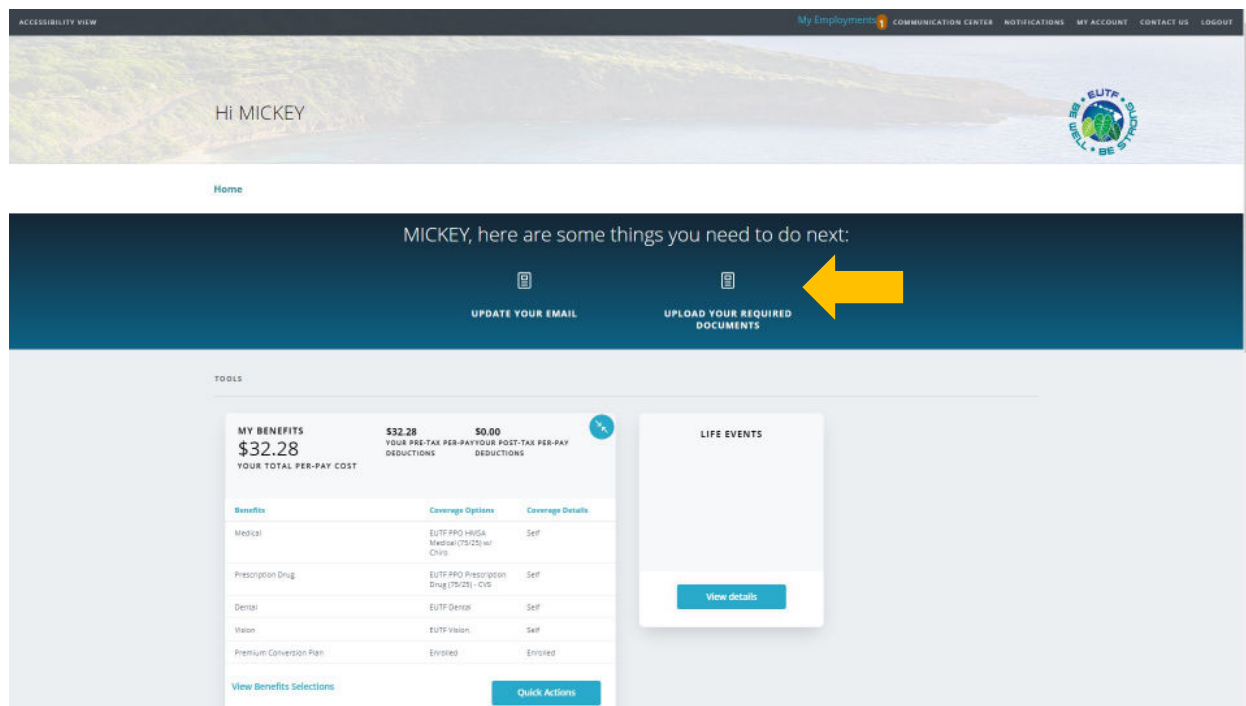
- ↓ [PCP-2 Form](#)
- 📎 [Proof of Loss of Coverage](#)  
Submit by: January 15, 2024
- 📎 [Birth Certificate \(Molly Mouse\)](#)  
Submit by: January 15, 2024

[Next](#)



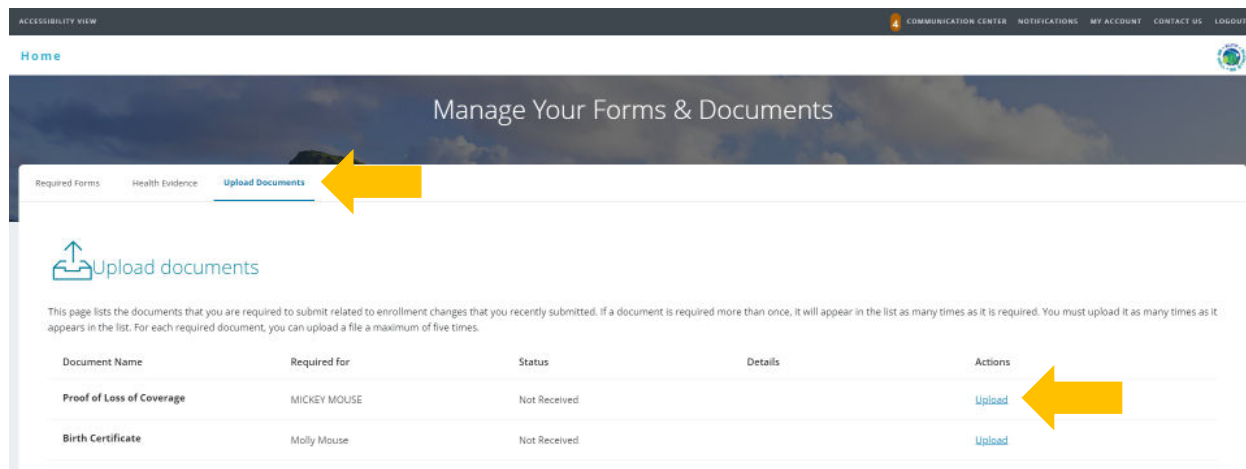
## Uploading Required Supporting Documents

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

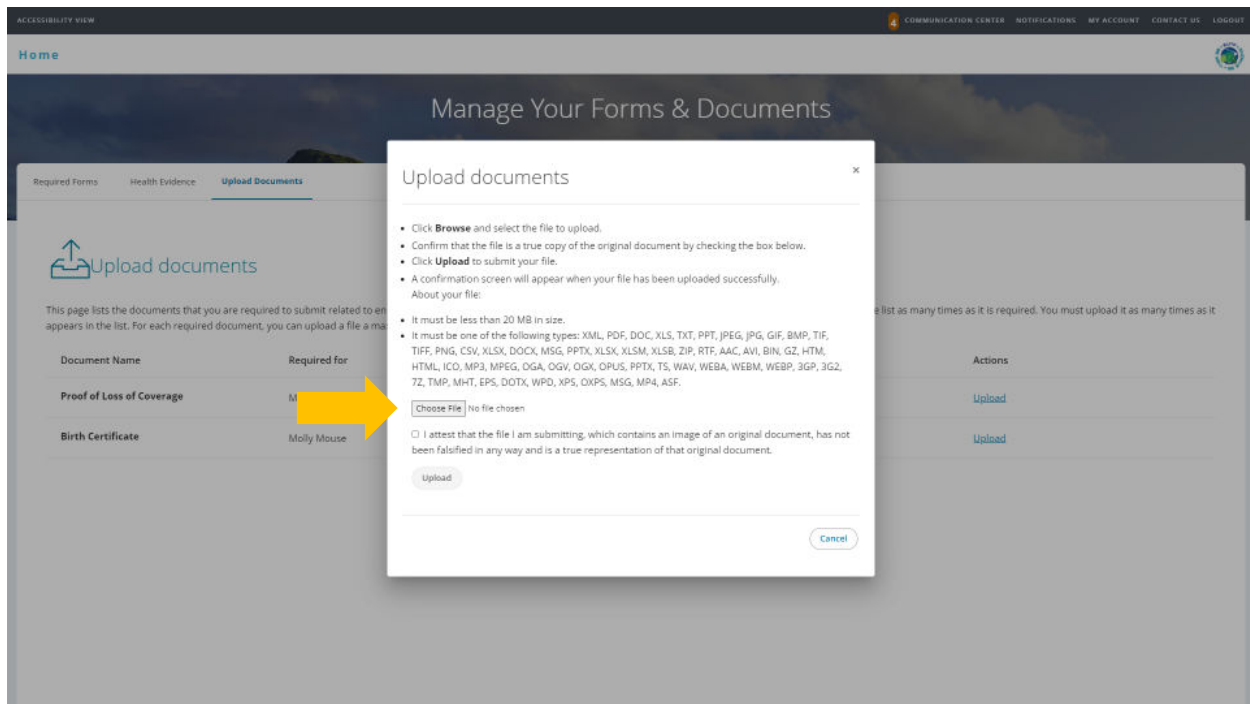


**IMPORTANT:** Your Loss of Coverage document(s) must include your name (or dependent(s) name if applicable), the types of coverage lost (e.g. medical/prescription drug, dental, vision), and the effective date. Your request will be fully or partially rejected if not valid or incomplete.

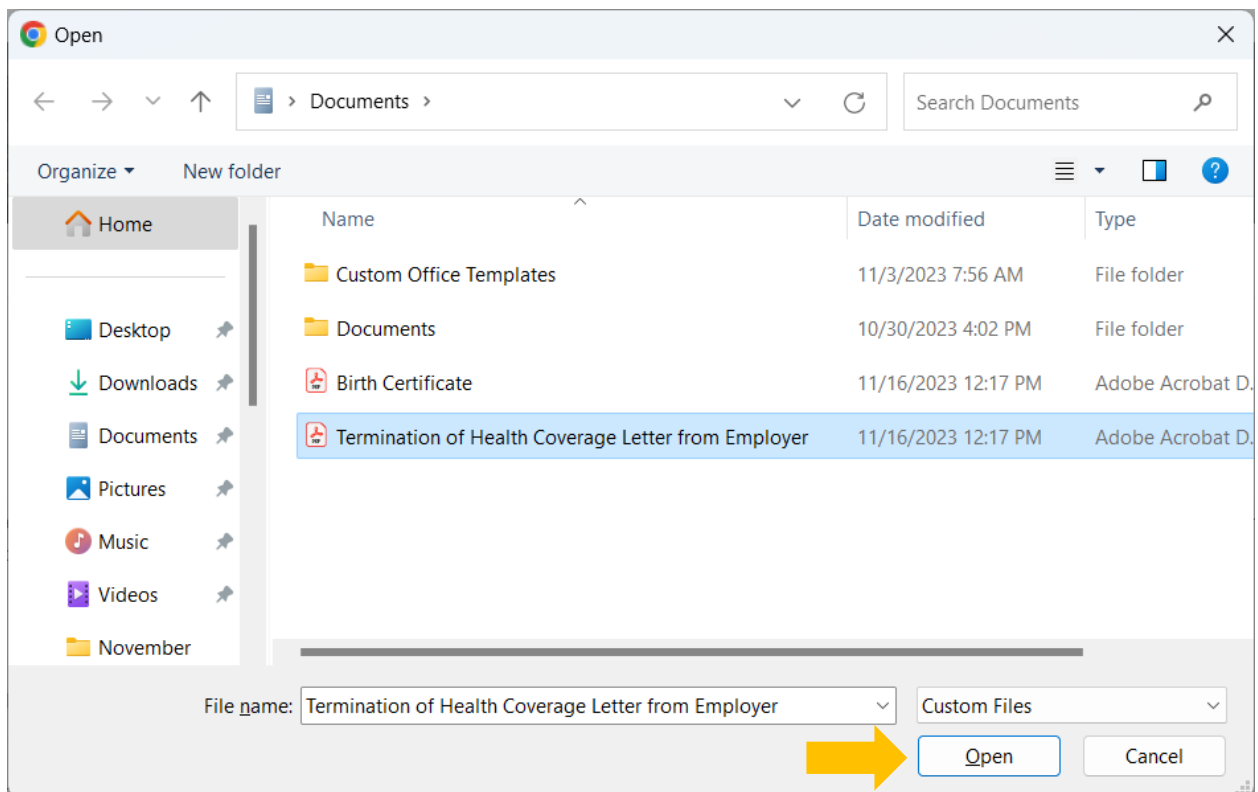
2. The Manage Your Forms and Documents screen opens. Click the [Upload Documents](#) option. The Upload Documents screen displays. To upload the document, click [Upload](#).



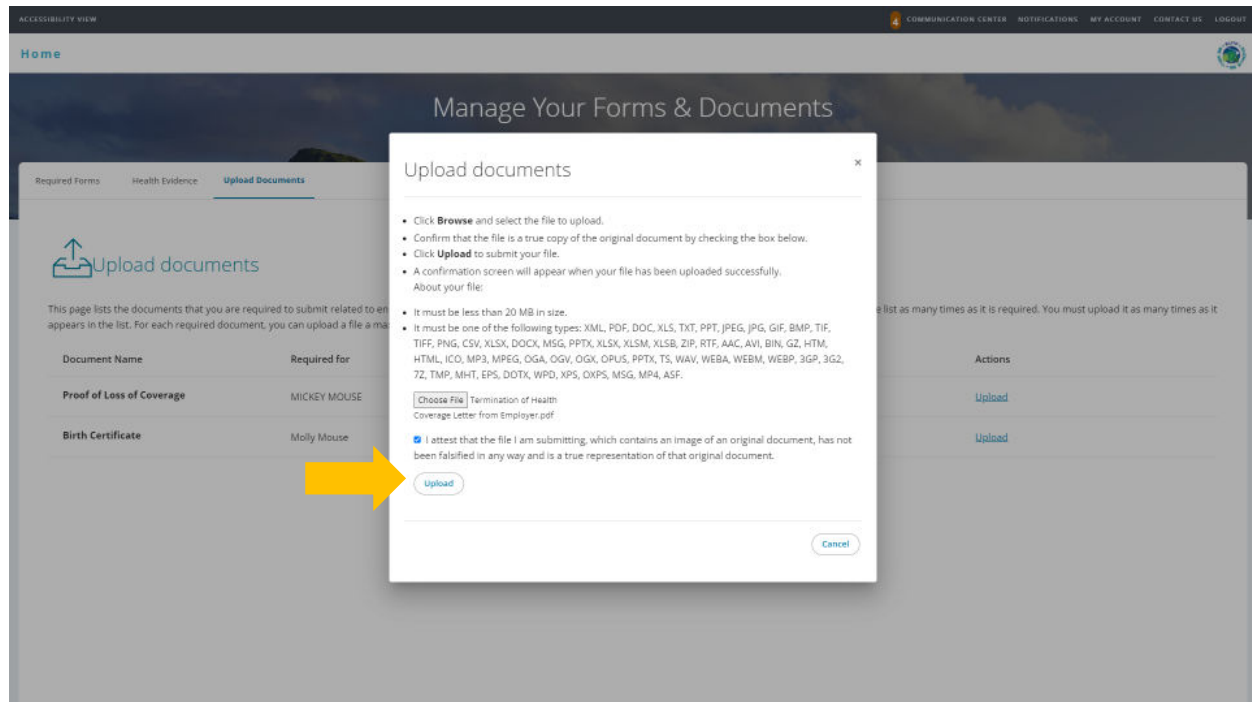
3. The Upload Document window opens. Click **Choose File** to upload your document.



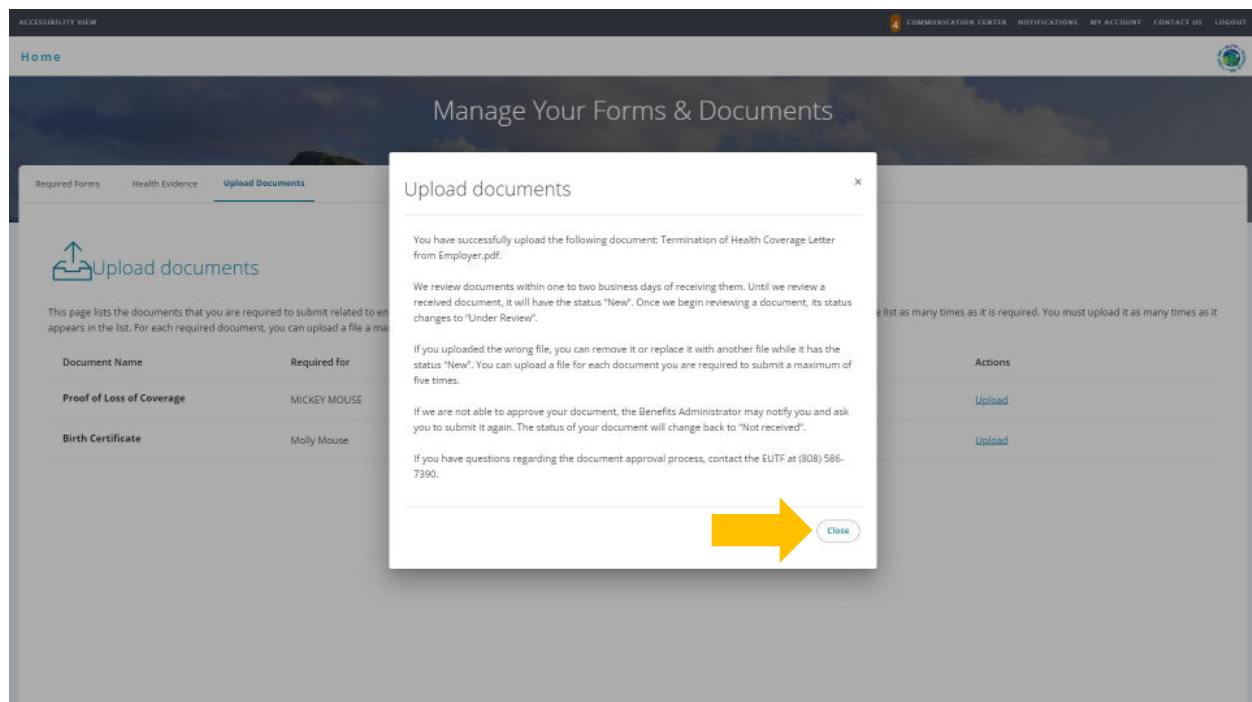
4. Locate proof of loss of coverage file and click **Open**.



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. (Repeat steps 2 - 6 if additional required documents are listed.)

Manage Your Forms & Documents

Required Forms Health Evidence **Upload Documents**

Upload documents

This page lists the documents that you are required to submit related to enrollment changes that you recently submitted. If a document is required more than once, it will appear in the list as many times as it is required. You must upload it as many times as it appears in the list. For each required document, you can upload a file a maximum of five times.

Document Name	Required for	Status	Details	Actions
Birth Certificate	Molly Mouse	Not Received		<a href="#">Upload</a>
Proof of Loss of Coverage	MICKEY MOUSE	New	<a href="#">Added on Dec 7, 2023</a>	<a href="#">Replace</a>   <a href="#">View</a>

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>