

Member Self-Service Portal Enrollment – Newly Eligible Student Unmarried Dependent age 19 through 23 Becomes a Full-time Student Enrollment into Dental and Vision Plans only

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
\$33.00
YOUR TOTAL PER-PAY COST

\$0.00
YOUR PRE-TAX PER-PAY DEDUCTIONS

\$33.00
YOUR POST-TAX PER-PAY DEDUCTIONS

LIFE EVENTS

[View details](#)

Benefit	Coverage Options	Coverage Details
Medical	EUTP-HMO-Kaiser Standard Medical (Including Rx w/ Chiro)	Self
Prescription Drug	No Coverage	No Coverage
Dental	EUTP-Dental	Self
Vision	EUTP-Vision	Self
Life Insurance	EUTP Life Insurance	\$35,370

[View Benefits Selections](#) [Quick Actions](#)

2. Click [Start>](#) in the Newly Eligible Student row.

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>
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>

3. Enter event date (the first day of the semester/quarter) then click **Continue**.

The screenshot shows the 'Enroll & Make Changes' page. A modal titled 'Newly Eligible Student' is open on the right. It contains the text: 'The time limit within which you may make your changes as a result of Newly Eligible Student is 45 days of the event date.' Below this is a section 'ENTER THE EVENT DATE*' with three input fields: '12', '01', and '2023'. A yellow arrow points from the 'Continue' button in the modal to the 'Continue' button in the main page's 'UPDATE YOUR COVERAGE' section.

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 your changes within a certain time period.

EVENTS

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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
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 'Newly Eligible Student' is open on the right. It contains the text: 'The time limit within which you may make your changes as a result of Newly Eligible Student is 45 days of the event date.' Below this is a section 'ENTER THE EVENT DATE*' with three input fields: '12', '01', and '2023'. Below the date fields, there are three radio button options for selecting the start date of coverage and premium contributions. A yellow arrow points from the 'Continue' button in the modal to the 'Continue' button in the main page's 'UPDATE YOUR COVERAGE' section.

Enroll & Make Changes

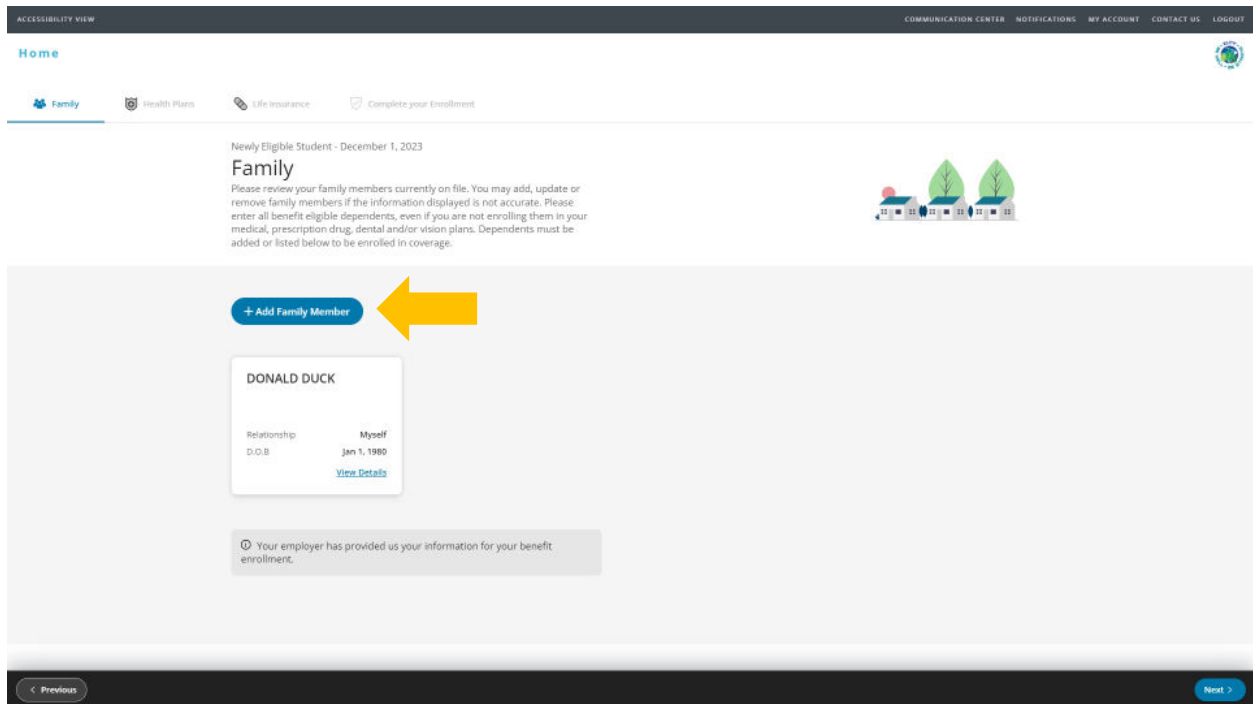
UPDATE YOUR COVERAGE

To make changes to your current selections and/or personal information, choose the applicable link from the table. In some cases, you may need your changes within a certain time period.

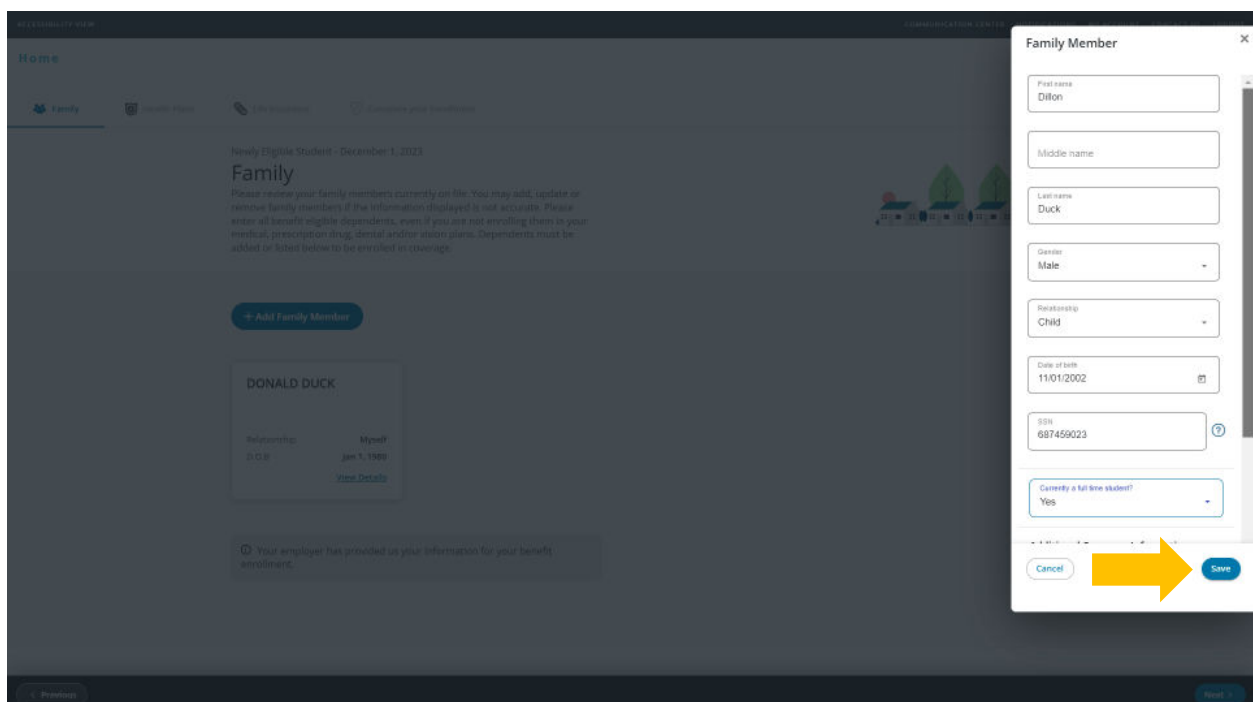
EVENTS

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Life Event		
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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

- Click **+Add Family Member** and enter newly eligible student you wish to enroll in your dental and/or vision plans. Dependent must be added or listed to be enrolled in coverage.



- Complete newly eligible student's information. 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.



7. 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

Newly Eligible Student - 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

DONALD DUCK
Relationship: **Myself**
D.O.B: **Jan 1, 1980**
[View Details](#)

Dillon Duck
Relationship: **Child**
D.O.B: **Nov 1, 2002**
[View Details](#)

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

< Previous Next >

8. Review health plans. The Newly Eligible Student event applies to dental and vision plan enrollment only. Dependent children can be enrolled in medical and prescription drug plans until age 26, regardless of whether they are a full-time student or not. 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

Newly Eligible Student - December 1, 2023

Health Plans

Medical Prescription Drug Dental Vision

① 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 ①

Select who is covered

☒ DONALD DUCK
Myself

☐ Dillon Duck
Child

EUTF HMO Kaiser Standard Medical (Including Rx) w/ Chiro
\$25.00
per pay

Scroll down

Cost per pay period: \$33.00 Employer cost per pay period: \$239.05

< Previous See all benefits and costs Next >

9. Prescription drug coverage is bundled with medical plans. Click **Next** to continue.

The screenshot shows the 'Health Plans' enrollment page for a 'Newly Eligible Student - December 1, 2023'. The 'Prescription Drug' tab is selected. A light blue box contains 'Important information' stating that Kaiser Non-Medicare and Medicare medical plans include Prescription Drugs, and that the user cannot enroll in the EUTF PPO Prescription Drug Plan. Below this, the 'Prescription Drug' section shows a cost of '\$0 per pay' with 'No Coverage Option' and 'No Coverage Category'. A 'Scroll down' button is present. At the bottom, a dark blue bar contains a '< Previous' button, the cost per pay period of '\$33.00', the employer cost per pay period of '\$239.05', a link to 'See all benefits and costs', and a 'Next >' button which is highlighted by a large yellow arrow.

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

The screenshot shows the 'Health Plans' enrollment page for a 'Newly Eligible Student - December 1, 2023'. The 'Dental' tab is selected. A 'Select who is covered' box lists 'DONALD DUCK Myself' and 'Dillon Duck Child', both with checked boxes. A large yellow arrow points to the 'Dillon Duck Child' entry. To the right, the 'EUTF Dental' plan is shown with a blue checkmark and a 'Recalculate to see updated costs' button. A 'Back to top' button is at the bottom. The bottom dark blue bar contains a '< Previous' button, a '< Recalculate' button, and a 'Next >' button which is highlighted by a large yellow arrow.

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

The screenshot shows the 'Health Plans' section with the 'Vision' tab selected. Under 'Select who is covered', there are two checkboxes: 'DONALD DUCK Myself' and 'Dillon Duck Child'. Both are checked. A yellow arrow points to the 'Dillon Duck Child' checkbox. To the right, the 'EUTF Vision' plan is selected, indicated by a blue checkmark. Below the plan name, it says 'Recalculate to see updated costs'. At the bottom right, a yellow arrow points to the 'Next >' button. Other buttons at the bottom 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 is similar to the previous one but includes a 'Notification' pop-up window. The notification text reads: '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. In the background, the cost 'EUTF Vision' is now '\$1.57 per pay'. At the bottom, the 'Cost per pay period' is '\$40.89' and the 'Employer cost per pay period' is '\$250.87'. A yellow arrow points to the 'Next >' button. Other buttons at the bottom include '< Previous', 'See all benefits and costs', and 'Back to top'.

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 '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 the cost per pay period as \$74.84 and the employer cost per pay period as \$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.

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 then click [Next](#).

The screenshot shows the 'Life Insurance' section of a web application. The 'Life Insurance' tab is selected. A text box displays the cost per pay period as \$0 and the employer cost per pay period as \$250.87. A dropdown menu is set to 'EUTF Life Insurance'. At the bottom, a summary bar shows the cost per pay period as \$40.89 and the employer cost per pay period as \$250.87. A large yellow arrow points to the 'Next >' button.

Home

Family Health Plans Life Insurance Complete your Enrollment

Newly Eligible Student - December 1, 2023

Life Insurance

Life Insurance

\$0
per pay

Option
EUTF Life Insurance

\$33,770
Amount

Back to top

< Previous

Cost per pay period: \$40.89

Employer cost per pay period: \$250.87

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**.

Life Insurance
Life Insurance

Coverage Options
EUTF Life Insurance

Employer Cost Per Pay Period
\$2.06

Coverage Details
\$33,770

[Edit](#)

Cost Summary

Cost summary:	Per-pay amount
Your pre-tax deductions:	\$0.00
Your post-tax deductions:	\$40.89
Your total cost:	\$40.89
Total employer cost:	\$250.87

Notes

- 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](#)
- Kaiser Non-Medicare and Medicare medical plans include Prescription Drugs. You cannot enroll in the EUTF PPO Prescription Drug Plan.

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 not 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 45 days of the Newly Eligible Student 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.

ACCESSIBILITY VIEW

COMMUNICATION CENTER NOTIFICATIONS MY ACCOUNT CONTACT US LOGOUT

[Home](#)

Enrollment Submitted

Event type: Newly Eligible Student | 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.

- [Birth Certificate \(Dillon Duck\)](#)
Submit by: January 15, 2024
- [Student Verification \(Dillon Duck\)](#)
Submit by: January 15, 2024

[Next](#)

Uploading Required Supporting Documents

The Newly Eligible Student Event requires you to upload a student verification letter from the school's registrar office or the National Student Clearinghouse confirming full-time student status. See acceptable examples on the last page of this guide.

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

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

UPLOAD YOUR REQUIRED DOCUMENTS

TOOLS

MY BENEFITS
\$33.00
YOUR TOTAL PER-PAY COST

	\$0.00 YOUR PRE-TAX PER-PAY DEDUCTIONS	\$33.00 YOUR POST-TAX PER-PAY DEDUCTIONS
Medical	EUTP-HMO Kaiser Standard Inetral (including Ro w/ Chire)	Self
Prescription Drug	No Coverage	No Coverage
Dental	EUTP Dental	Self
Vision	EUTP Vision	Self
Life Insurance	EUTP Life Insurance	\$33,770

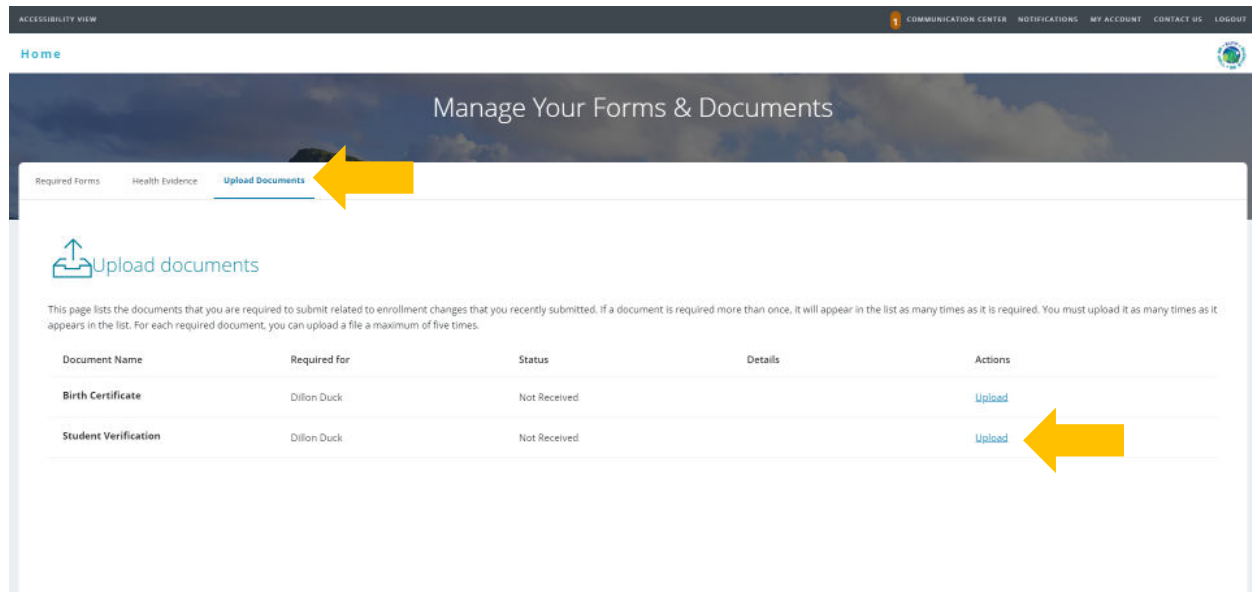
View Benefits Selections

Quick Actions

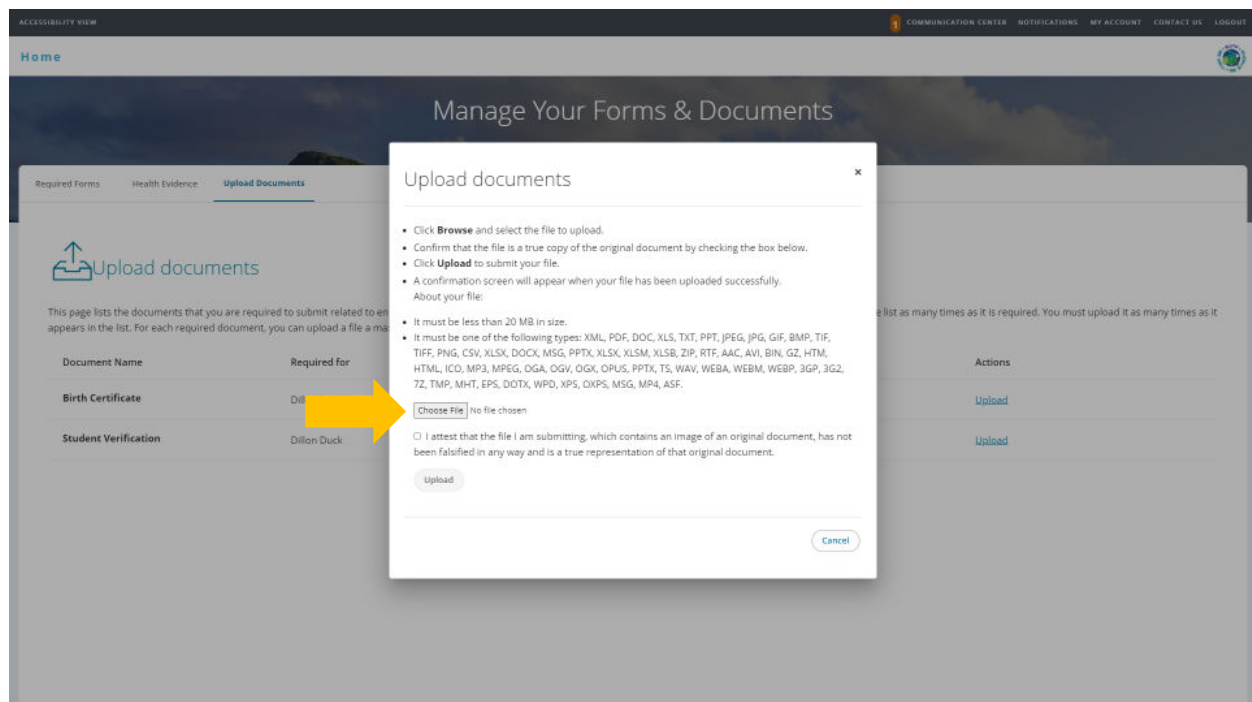
LIFE EVENTS

View details

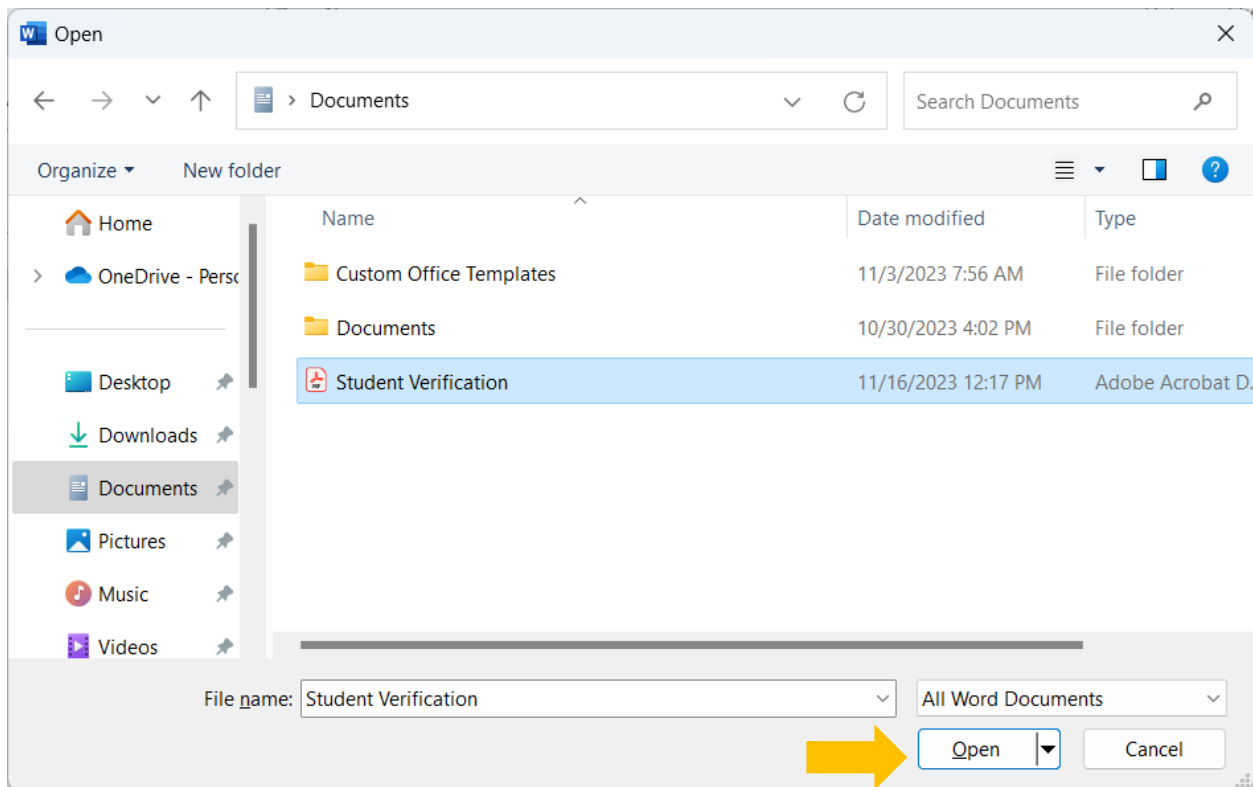
2. The Manage Your Forms and Documents screen opens. Click the **Upload Documents** option. The Upload Documents screen displays. To upload the document, click **Upload**.



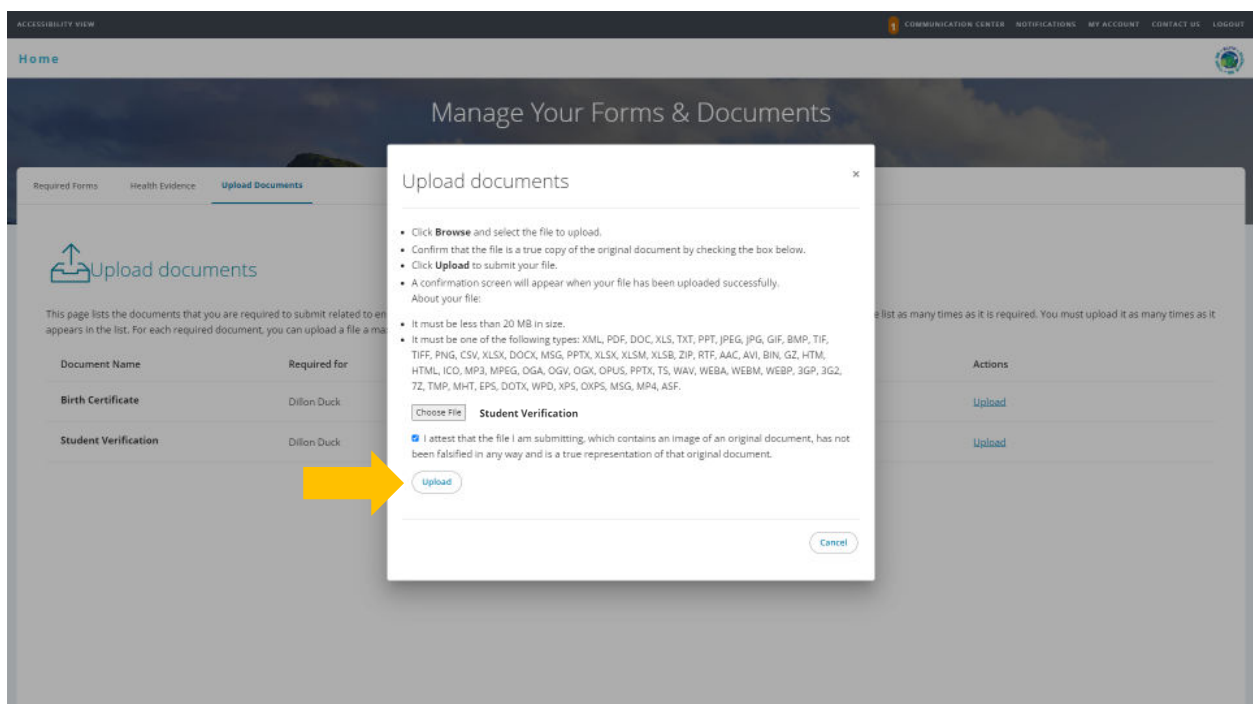
3. The Upload Document window opens. Click **Choose File** to upload your document.



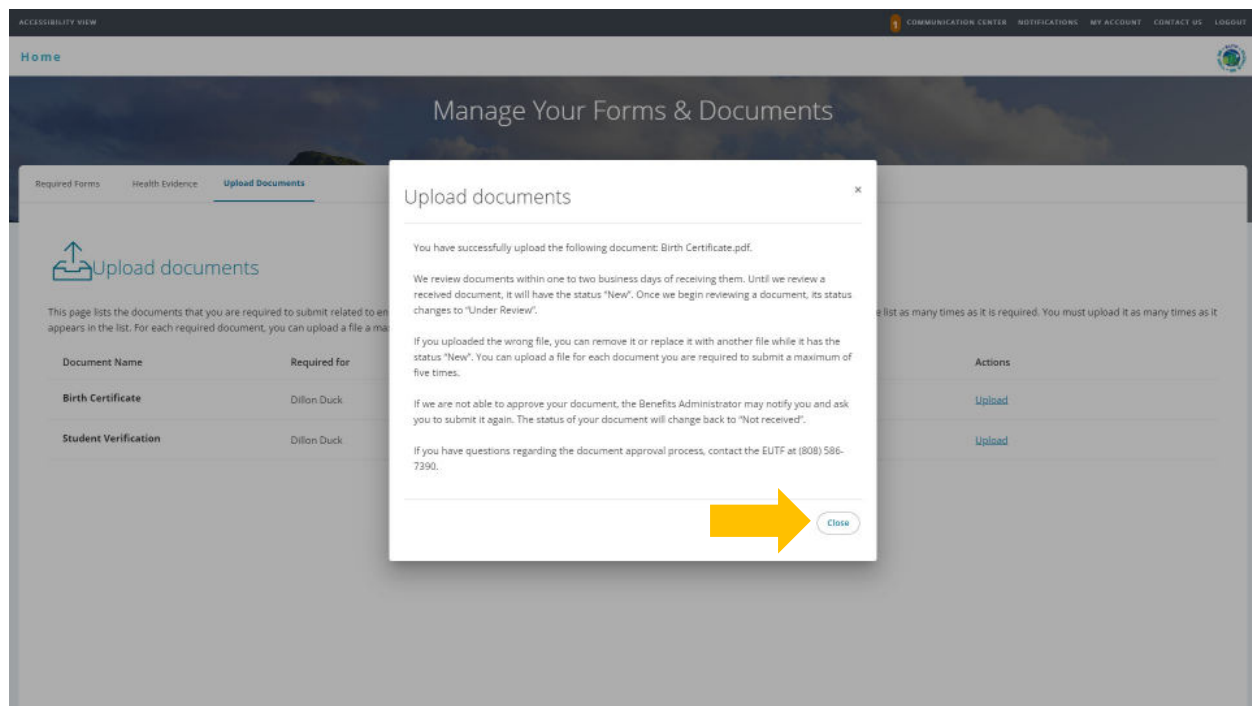
4. Locate student verification file. Files cannot be password protected as EUTF will be unable to open the file. Password protected files will be rejected. Click **Open** to continue.



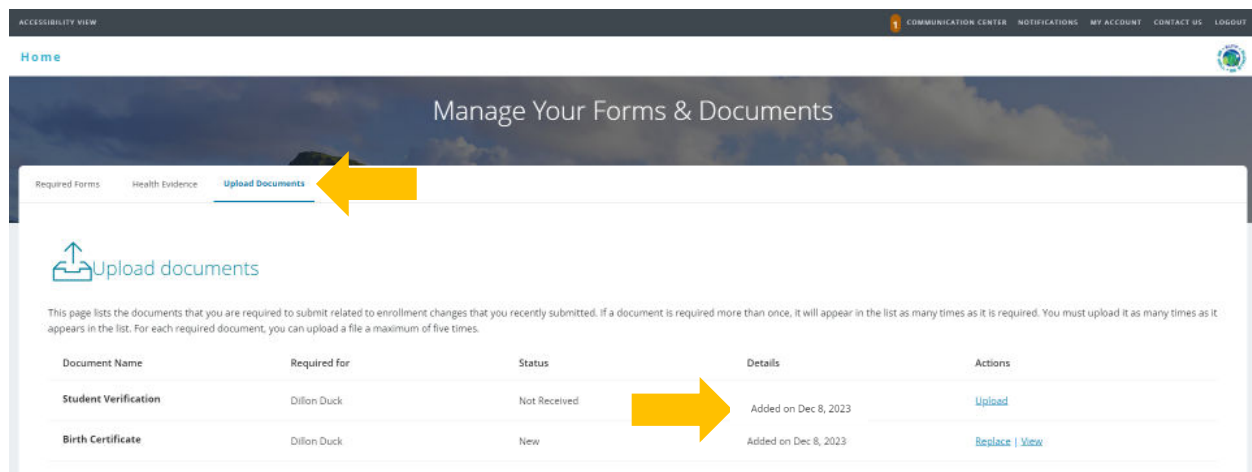
5. The selected file's name displays on the **Upload documents** window. Read and click the Attest checkbox then click **Upload** to complete the process.



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



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

Examples of Acceptable Required Documents:

<p align="center">UNIVERSITY OF HAWAII AT MANOA</p> <p align="center">Office of the Registrar 2600 Campus Road, Rm 010, Honolulu, HI 96822 Telephone (808) 956-8010, Facsimile (808) 956-7830 Federal School Code = 001610-00</p>
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September 12, 2022

TO WHOM IT MAY CONCERN:

Name of Student:

For loan verification: Social Security #

This is to certify that the information provided below for the above named student is an accurate account from our files.

The student is currently attending the University of Hawaii at Manoa. Dates of semester:

Fall 2022 (August 22, 2022 to December 16, 2022)

Full time

National Student Clearinghouse ®
2300 Dulles Station Blvd., Suite 300, Herndon, Virginia 20171
PH (703) 742-4200 FX (703) 742-4239
www.studentclearinghouse.org
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<p>IMPORTANT: If you are forwarding this certificate to a 3rd party, we advise that you print your policy, account or other identifying information on each page.</p> <p>Policy/Account Holder Name _____</p> <p>Policy/Account/Group or Other ID # _____</p>

Current Enrollment Verification Certificate

Transaction ID#: 032825719

Date/Time Notified: 06/21/2017 17:48 EST

The National Student Clearinghouse as Authorized Certifying Agent for

CALIFORNIA STATE UNIVERSITY - LONG BEACH

verifies the enrollment below for

RELIABLE - VERIFICATION

The student's current anticipated graduation date is 05/21/2022.

This document should not be used for loan deferment verification purposes. Those verifications are handled by lenders using online access to the Clearinghouse. Refer lenders with questions to service@studentclearinghouse.org.

Term Start Date	Term End Date	Enrollment Status	Status Effective Date	Date Certified by School
05/30/2017	08/18/2017	Less Than Half Time	05/27/2017	06/12/2017
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Required Supporting Documents

Enrollment Type	Required Documents
Self	No documents required
Adding a Dependent Child	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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).