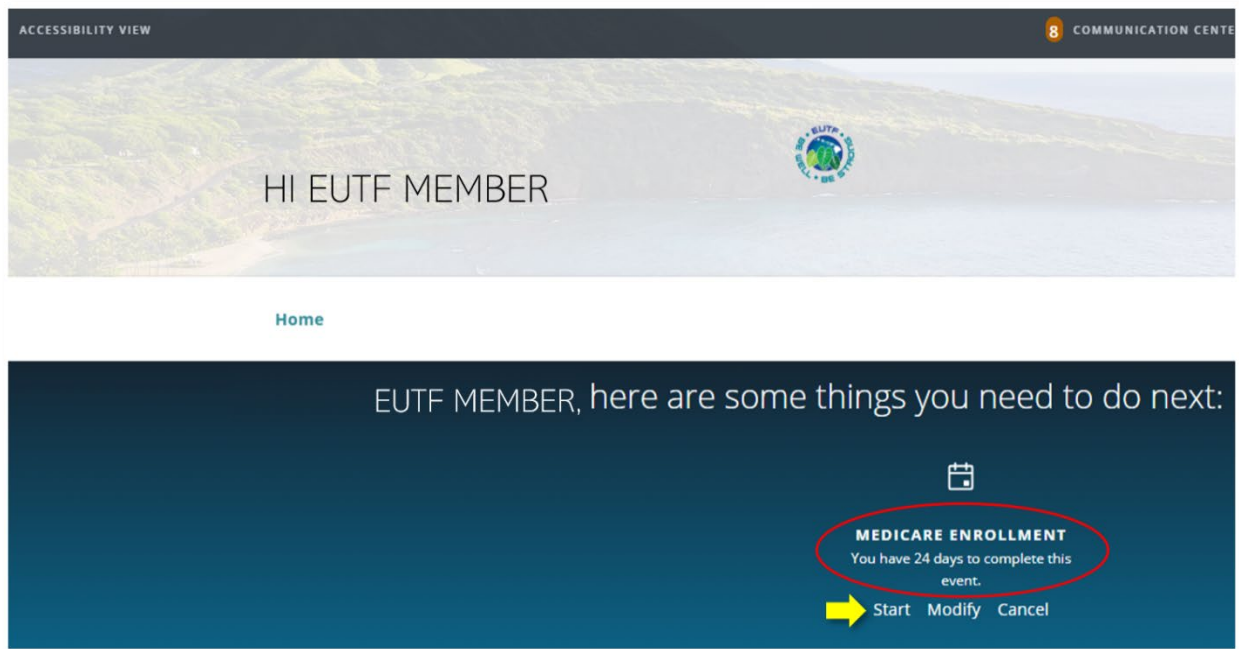


# Member Self-Service Portal Enrollment

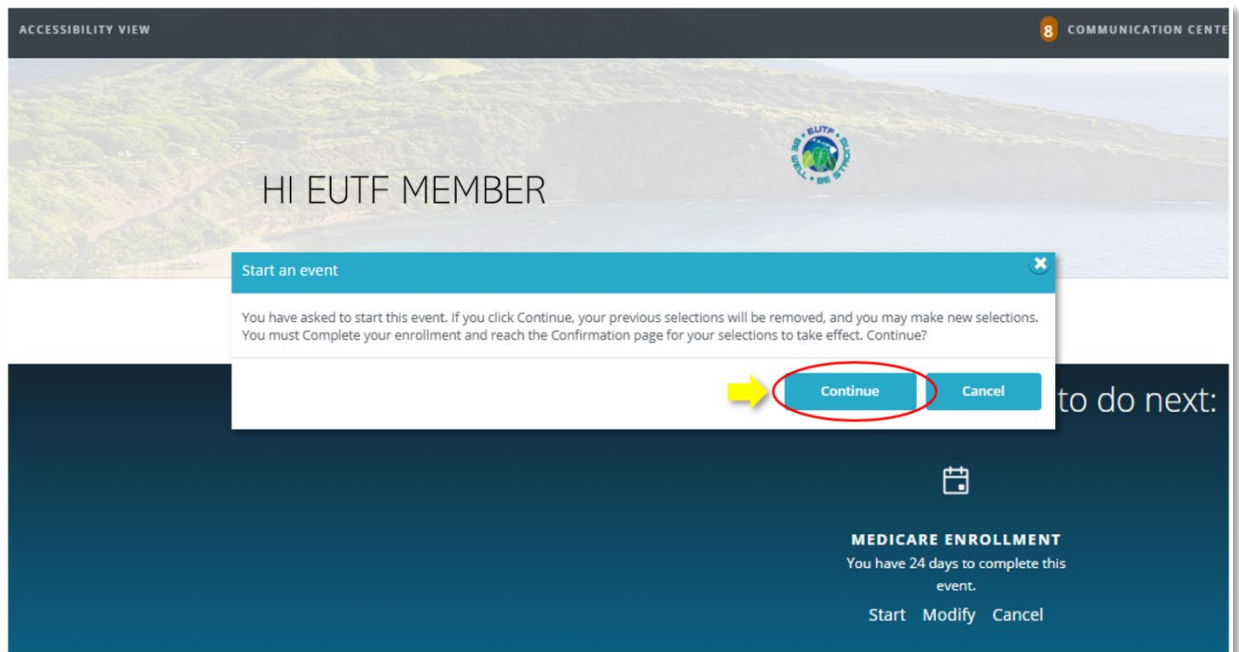
## Medicare Part B Enrollment for Retirees

### STEP ONE – PROVIDE THE MBI NUMBER

1. Once you've registered and logged into the Member Self-Service Portal, you'll be directed to the home page. Click [Start](#) under the **Medicare Enrollment** event.



2. Under the "Start an event" pop up box click [Continue](#).



3. **Family Step:** Please confirm your dependents and click **Next** to continue. Please note that the system shows dependents who are eligible and no longer eligible.

ACCESSIBILITY VIEW

COMMUNICATION CENTER NOTIFICATIONS MY ACCOUNT CONTACT US LOGOUT

Home

Family Health Plans Life Insurance Complete your Enrollment

Medicare Enrollment - July 1, 2025

**Family**

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. Click the + Add Family Member button to enter eligible dependents. Do not add dependents if you do not plan to enroll them in coverage at this time.

+ Add Family Member

EUTF MEMBER	EUTF MEMBER SPOUSE	EUTF MEMBER DEP 1	EUTF MEMBER DEP 2
Myself Jul 27, 1960 <a href="#">View Details</a>	Spouse Jul 31, 1966 <a href="#">View Details</a>	Child Sep 23, 1991 <a href="#">View Details</a>	Child Nov 9, 1993 <a href="#">View Details</a>

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

Previous Next

4. **Medicare Beneficiary Identifiers (MBI):** In the MBI box below, enter the MBI number located on your Medicare card or Medicare card of the applicable Medicare eligible family member, then click **Save**.

ACCESSIBILITY VIEW

COMMUNICATION CENTER NOTIFICATIONS MY ACCOUNT CONTACT US LOGOUT

Home

Family Health Plans Life Insurance Complete your Enrollment

Medicare Enrollment - July 1, 2025

**Health Plans**

Medical Prescription Drug Dental Vision

ⓘ Error

- Retiree Medicare Medical

We must have the Medicare Beneficiary Identifier (MBI) numbers on file for all Medicare eligible persons. Please be sure that you enter MBI numbers for all Medicare eligible family members prior to submitting your enrollment.

[Add Medicare Beneficiary Identifier \(MBI\) numbers](#)

ⓘ Warning

- Retiree Medicare Medical

To be reimbursed for your Medicare premiums you will need to enroll in the Medicare Part B Reimbursement for yourself and/or your spouse.

Retiree Non-Medicare Medical

Compare Plans

Rates displayed are the full monthly cost of the plan and does not include employer contributions. Applicable employer contributions will be reflected in the Complete Your Enrollment

Scroll down

Cancel Save

Previous Next

## STEP TWO – MAKING ENROLLMENT CHANGES (OPTIONAL)

5. **Health Plans:** This step will allow you to make enrollment changes.

Medicare Enrollment - July 1, 2025  
Health Plans

Medical Prescription Drug Dental Vision

✓ MBI Details Successfully Saved X

**Warning**  
• Retiree Medicare Medical  
To be reimbursed for your Medicare premiums you will need to enroll in the Medicare Part B Reimbursement for yourself and/or your spouse.

**Important information**  
• Retiree Medicare Medical  
We must have the Medicare Beneficiary Identifier (MBI) numbers on file for all Medicare eligible persons. Please be sure that you enter MBI numbers for all Medicare eligible family members, prior to submitting your enrollment.  
[View Medicare Beneficiary Identifier \(MBI\) numbers](#)

Retiree Non-Medicare Medical [Compare Plans](#)

Rates displayed are the full monthly cost of the plan and does not include employer contributions. Applicable employer contributions will be reflected in the Complete Your Enrollment Step.

Select who is covered

- ☐ EUTF MEMBER
- ☒ EUTF SPOUSE
- ☐ EUTF DEP 01
- ☐ EUTF DEP 02

Plan Name	Cost	Action
EUTF HMO Kaiser Medical (Including Rx)	\$0.00 Per Pay Period	<a href="#">Select</a>
EUTF PPO HMSA Medical (90/10)	\$0.00 Per Pay Period	<a href="#">Select</a>
No Coverage	\$0.00 Per Pay Period	<a href="#">Select</a>

Select who is covered to see plan options available for that member. Double-check to make sure all your dependents are selected to continue their enrollment. Select **Next** to continue.

Retiree Medicare Medical ⓘ [Compare Plans](#)

Rates displayed are the full monthly cost of the plan and does not include employer contributions. Applicable employer contributions will be reflected in the Complete Your Enrollment Step.

Select who is covered

- ☒ EUTF MEMBER
- ☐ EUTF SPOUSE
- ☐ EUTF DEP 01
- ☐ EUTF DEP 02

Plan Name	Cost	Action
EUTF HMO Kaiser Medical (Including Rx)	\$481.24 Per Pay Period	<a href="#">Select</a>
EUTF PPO HMSA Medical (90/10)	\$558.34 Per Pay Period	<a href="#">Select</a>
EUTF Humana Medicare Advantage Medical	\$53.72 Per Pay Period	<a href="#">Select</a>
No Coverage	\$0.00 Per Pay Period	<a href="#">Select</a>

[Back to top](#)

[Previous](#) Cost per pay period: \$0.00 Employer cost per pay period: \$1,149.18 [Next >](#)

[See all benefits and costs](#)

6. **Enrollment Summary:** In addition to uploading the Medicare MBI, please review and make edits to any changes made to your health plan enrollment and review list of dependents. If the information is correct, read and mark “I agree to the terms and conditions” and click **Complete Enrollment** at the bottom.

**Complete Enrollment**

Below is a summary of your benefit selections. Take a moment to review your choices before completing your enrollment.

Employees should contact their employer or check the EUTF website at [eutf.hawaii.gov](http://eutf.hawaii.gov) for updated information regarding their premiums and contributions.

**Important information**

- Retiree Medicare Medical: We must have the Medicare Beneficiary Identifier (MBI) numbers on file for all Medicare eligible persons. Please be sure that you enter MBI numbers for all Medicare eligible family members prior to submitting your enrollment.

[View Medicare Beneficiary Identifier \(MBI\) numbers](#)

**Family Members**

Below is a summary of the dependents you have on file.

EUTF MEMBER	EUTF SPOUSE	EUTF DEPENDENT 01	EUTF DEPENDENT 02
<b>Myself</b> Jul 27, 1960	<b>Spouse</b> Jul 21, 1966	<b>Child</b> Sep 23, 1991	<b>Child</b> Nov 9, 1993
Coverage: Retiree Dental, Retiree Non-Medicare Prescription Drug, Retiree Non-Medicare Medical, Retiree Vision	Coverage: Retiree Dental, Retiree Non-Medicare Prescription Drug, Retiree Non-Medicare Medical, Retiree Vision	Coverage: No Coverage	Coverage: No Coverage
<a href="#">View Details</a>	<a href="#">View Details</a>	<a href="#">View Details</a>	<a href="#">View Details</a>

**Your coverage**

All benefits are effective as of July 1, 2025 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved.

**Health Plans**

Health Plan	Coverage Options	Employer Cost Per Pay Period
Retiree Non-Medicare Medical	EUTF PPD HMOA Medical (80/10)	
<a href="#">Edit</a>	Coverage Details: Spouse Only	
Retiree Medicare Medical	EUTF PPD HMOA Medical (80/10)	\$558.34
<a href="#">Edit</a>	Coverage Details: Self	
Retiree Non-Medicare Prescription Drug	EUTF PPD Prescription Drug	\$488.44
<a href="#">Edit</a>	Coverage Details: Two Party	

**Cost Summary**

Cost summary	Per Pay Period
Your pre-tax deductions:	\$0.00
Your post-tax deductions:	\$0.00
Your total cost:	\$0.00
Total employer cost:	\$1,143.18

**Notes**

- We must have the Medicare Beneficiary Identifier (MBI) numbers on file for all Medicare eligible persons. Please be sure that you enter MBI numbers for all Medicare eligible family members, prior to submitting your enrollment.

**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 my enrollment request may be partially or fully rejected if I do not meet the eligibility requirements of the applicable qualifying event. I understand that my dependent(s) will not be enrolled if I do not provide required documentation within the prescribed enrollment period or they are deemed to be ineligible. I understand that 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 enrollment period and as a result 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.

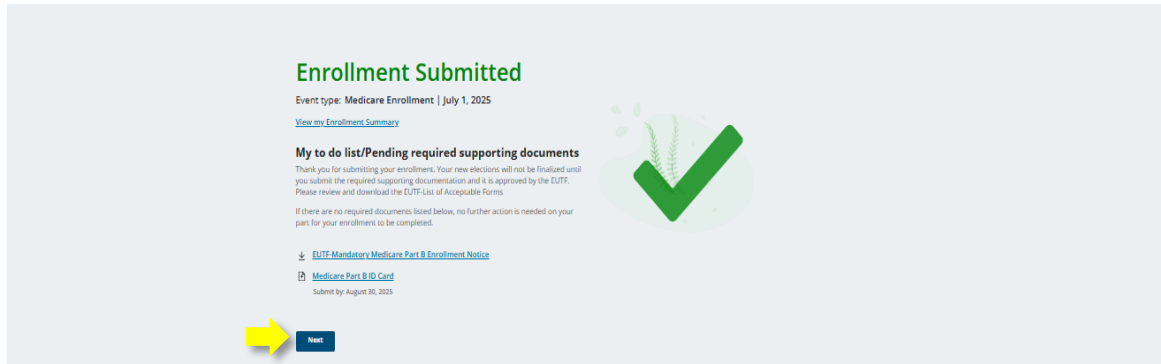
[Read full terms and conditions](#)

☒ I agree to the Terms and Conditions

[Go back and make changes](#)

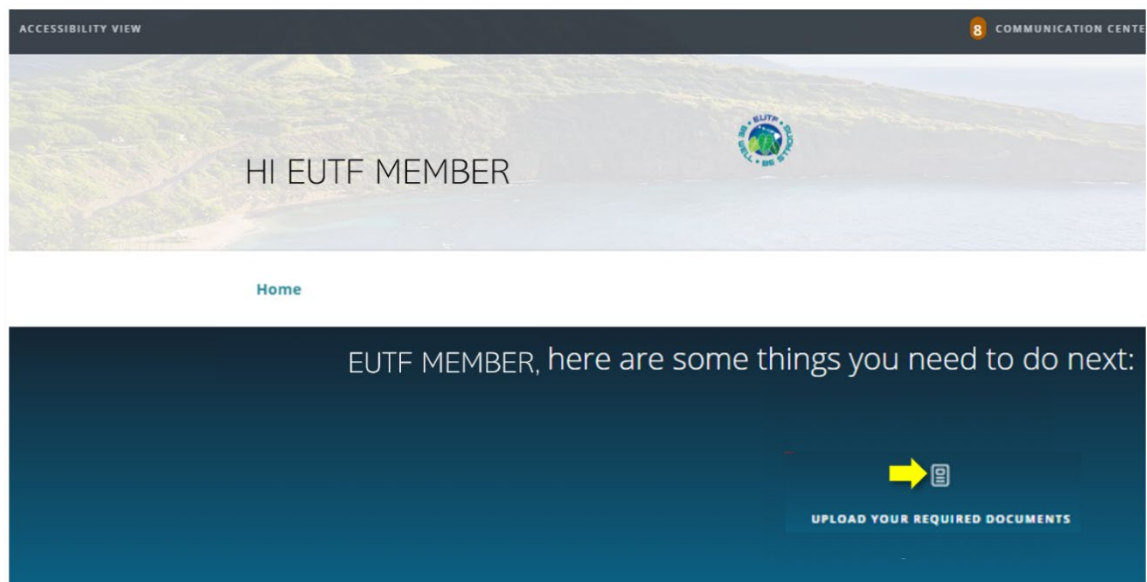
[Complete Enrollment](#)

7. **Close Enrollment Event:** The enrollment has been submitted. Click **Next** to continue.

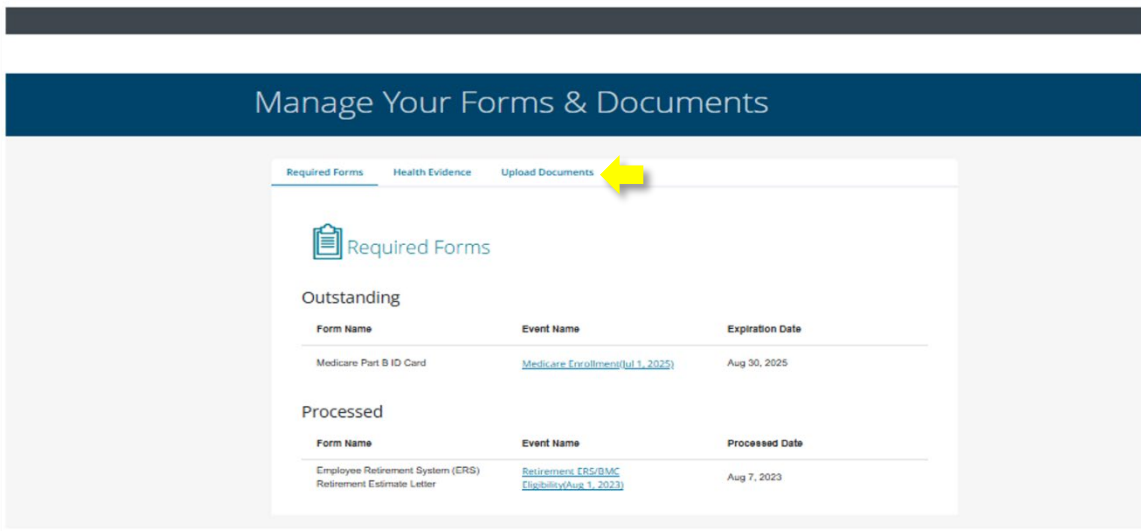


## STEP THREE – UPLOADING SUPPORTING DOCUMENTS

8. Have your required Medicare Part B card(s) for you and/or your dependents available in electronic format to upload. From the homepage, click **Upload Your Required Documents**.



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



### Manage Your Forms & Documents

Required Forms   Health Evidence   **Upload Documents**

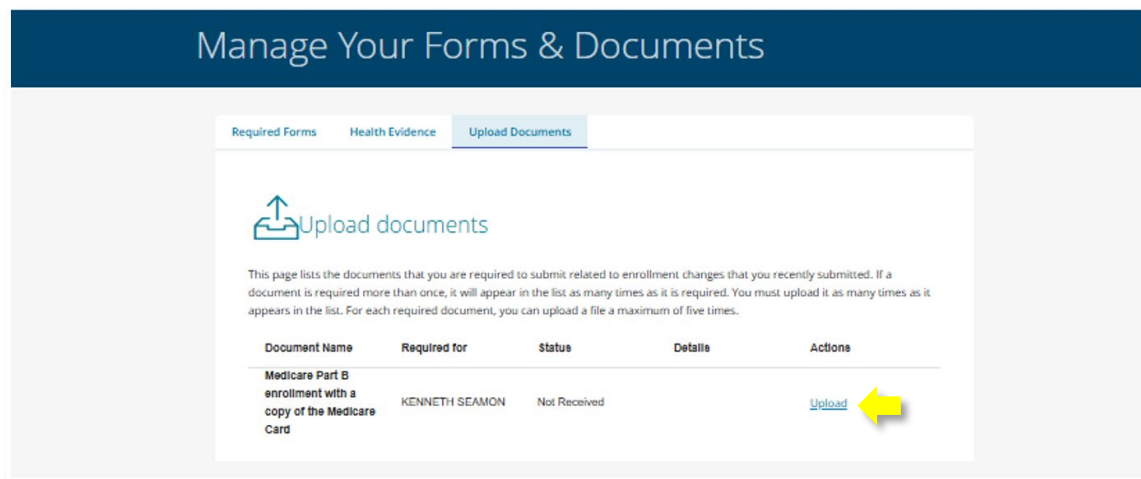
#### Required Forms

Outstanding

Form Name	Event Name	Expiration Date
Medicare Part B ID Card	<a href="#">Medicare Enrollment(Jul 1, 2025)</a>	Aug 30, 2025

Processed

Form Name	Event Name	Processed Date
Employee Retirement System (ERS) Retirement Estimate Letter	<a href="#">Retirement ERS/DWC Disability(Aug 1, 2023)</a>	Aug 7, 2023



### Manage Your Forms & Documents

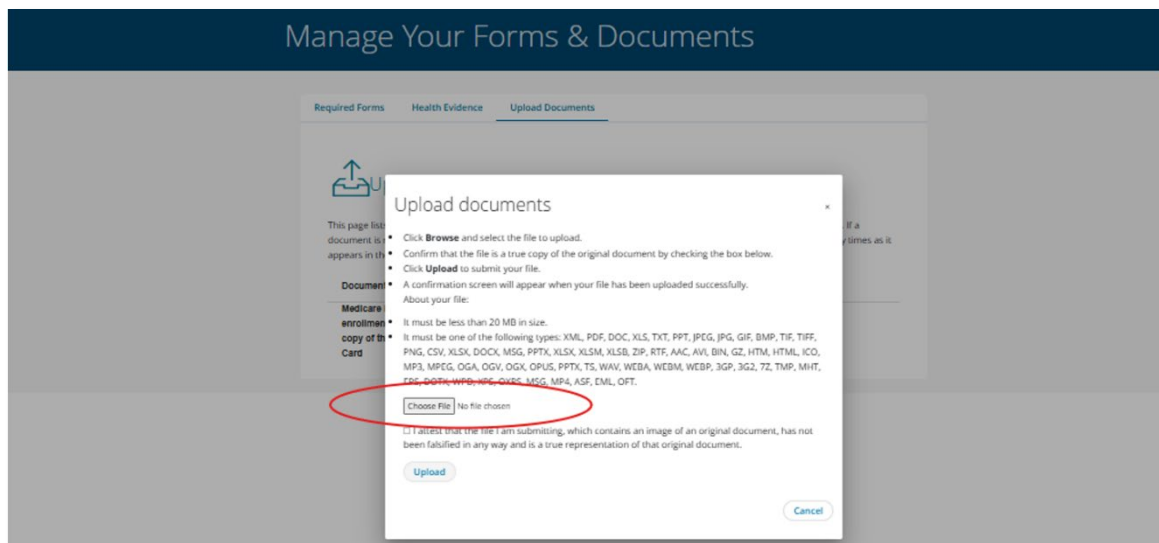
Required Forms   Health Evidence   **Upload Documents**

#### Upload documents

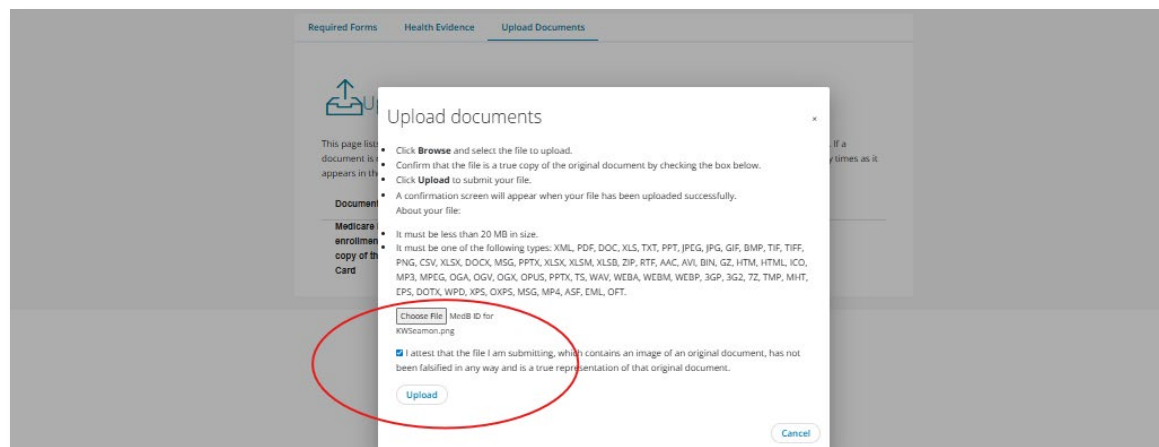
This page lists the documents that you are required to submit related to enrollment changes that you recently submitted. If a document is required more than once, it will appear in the list as many times as it is required. You must upload it as many times as it appears in the list. For each required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

Document Name	Required for	Status	Details	Actions
Medicare Part B enrollment with a copy of the Medicare Card	KENNETH SEAMON	Not Received		<a href="#">Upload</a>

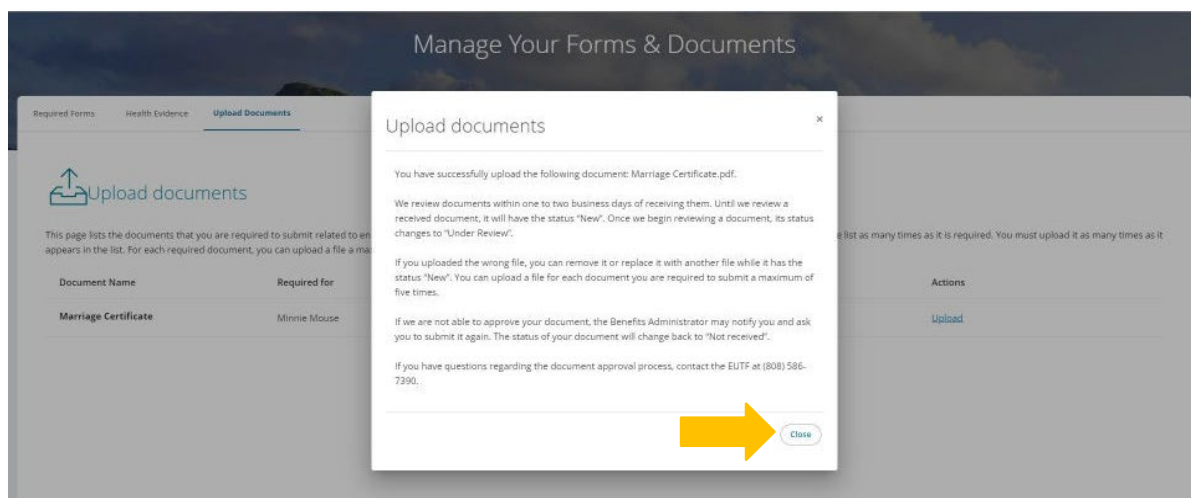
10. The Upload documents window opens. Click **Choose File** to upload your document.



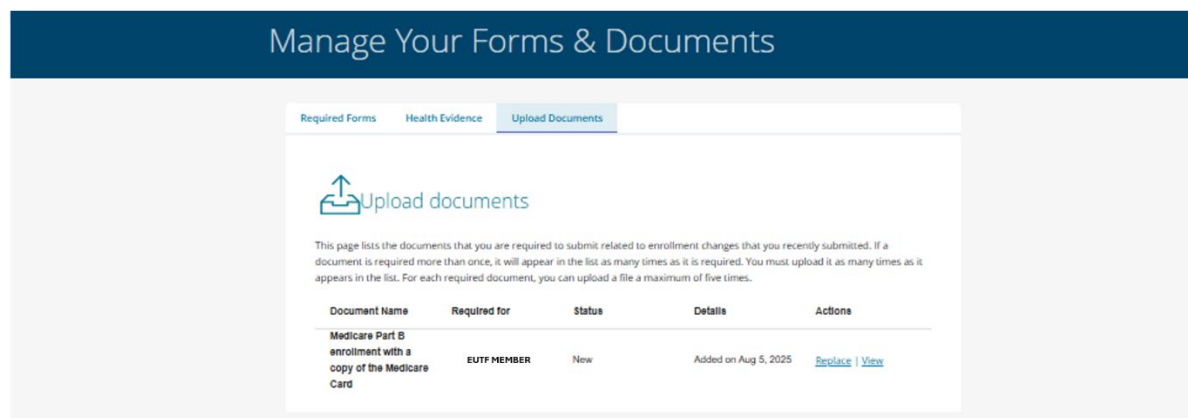
11. The selected file's name displays on the **Upload documents** window. Read and click the Attest checkbox then click **Upload** to complete the process. Files cannot be password protected as EUTF will be unable to open the file. Password protected files will be rejected.



12. The **Upload documents** window confirms your successful upload. Click the **Close** button.



13. The Upload documents window displays the added document in the Details column.



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

## Required Supporting Documents For Medicare Part B Enrollment Event For Retirees

Enrollment Type	Required Documents
Retiree Turning Age 65	<ul style="list-style-type: none"> <li>Copy of your and/or your dependent's Medicare card</li> </ul>
Retiree Spouse or Partner Turning Age 65	
Retiree Medicare Eligible Dependent	