



Turning Age 65?

Medicare Part B Enrollment

For EUTF Retirees

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What is Medicare?

Medicare is a federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (ESRD or permanent kidney failure requiring dialysis or kidney transplant).



AGE 65



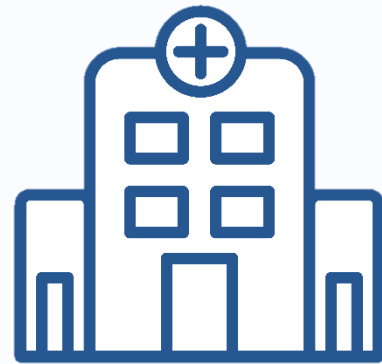
DISABILITY



ESRD



Medicare Benefits Have Four Parts:



MEDICARE PART A
HOSPITAL



MEDICARE PART B
MEDICAL



MEDICARE PART C
MEDICARE ADVANTAGE



MEDICARE PART D
PRESCRIPTION DRUG



EUTF Mandatory Medicare Part B Enrollment

Retirees Eligible for Medicare Part B

- ⚠ Must enroll in Medicare Part B, when they become eligible in order to continue enrollment in the EUTF retiree medical and/or prescription drug plan.

Covered dependents eligible for Medicare Part B

- ⚠ Must also enroll in Medicare Part B, regardless of whether they are retired or actively employed, if enrolled in the EUTF retiree medical and/or prescription drug plan.

You must provide the EUTF proof of your Medicare Part B enrollment within 60 days of becoming eligible for Medicare Part B if you are enrolled in EUTF retiree medical and/or prescription drug plan. Failure to provide proof within 60 days shall result in the cancellation of you and/or your dependent's medical and/or prescription drug plan effective the first of the month you become Medicare Part B eligible.



How Do I Enroll in Medicare Part B?

Contact the Social Security Administration to enroll in Medicare Part B. You can enroll:



In-Person
Visit Social Security Office



Call SSA
1-800-772-1213



Online
SSA.gov



By Mail

If you are receiving Social Security benefits (which becomes possible from age 62) you will automatically be enrolled in Medicare Part A and B when you turn 65. If you're not collecting Social Security, you must take the initiative to enroll in Medicare.



Medicare Part B Enrollment For EUTF Retirees Turning Age 65

Contact the Social Security Administration three months prior to your 65th birthday to initiate enrollment into Medicare Part B by way of Medicare's seven-month Initial Enrollment Period (IEP).

INITIAL ENROLLMENT PERIOD (IEP)



The three months before the month you turn 65*

The month you turn 65**

The three months after the month you turn 65**

*Coverage begins the first day of the month you turn 65, or the first of the prior month if born on the 1st of the month.


**Coverage will be delayed



Medicare Part B Enrollment For EUTF Retirees Turning Age 65

Once you have contacted Social Security and completed your Medicare Part B enrollment, you will need to notify EUTF and submit proof of enrollment into Medicare Part B.

EUTF will send our **Mandatory Medicare Part B Enrollment Notice** to retirees and their eligible spouse/partner three months prior to their 65th birthday as a reminder to enroll in Medicare Part B. This notice provides instructions on how to notify the EUTF on Medicare Part B enrollment and required document submission through the EUTF Member Self-service portal. Retirees can follow the instructions under the **“Here’s what you need to do”** heading on the notice.

 **HAWAII EMPLOYER-UNION
HEALTH BENEFITS TRUST FUND**

201 Merchant Street, Suite 1700
Honolulu, HI 96813
Oahu 1(808) 586-7390
Toll Free 1(800) 255-0089
<https://eutf.hawaii.gov>

Notification Date: May 02, 2025

Reply Deadline: August 30, 2025

HB Number: [REDACTED]

Subject: Action Required- Mandatory Medicare Part B Enrollment Notice

Dear [REDACTED]

This notice is to inform you that Medicare eligible retirees and their Medicare eligible dependents must enroll in Medicare Part B effective the first of the month in which they become eligible.

Our records indicate that you are eligible to enroll in Medicare Part B effective July 01, 2025. To enroll in Medicare, please call the Social Security Administration at 1-800-772-1213 or visit www.ssa.gov. Once your enrollment is complete, please following instructions below.

Here's What You Need to Do:

1. Go to <https://eutfbenefits.hawaii.gov> by August 30, 2025. Your user ID for this website is your Health Benefits (HB) Number listed above. Your password is your date of birth in MMDDYYYY format + last 3 digits of SSN.
2. On the home page, in the blue banner, you will see the "Medicare Enrollment" event. Click "Start" and complete all the steps of the enrollment process.
3. After completing all the enrollment steps, go to the "Complete your Enrollment" page, scroll to the bottom and click on the box marked "I agree to Terms and Conditions" then click on "Complete Enrollment".
4. Once your enrollment is submitted, you must upload the required documents by August 30, 2025. On the home page, select "Upload Your Requirement Documents".

If you do not enroll in Medicare and submit the required documents above by August 30, 2025, your medical and/or prescription coverage will be terminated retroactive to your Medicare eligibility date.

ACTION REQUIRED: Reimbursement of Medicare Part B Premiums

The EUTF will reimburse your and/or Medicare eligible spouse/partner's monthly Medicare Part B premium (less any penalty). You are required to submit proof of enrollment in Medicare Part B upon completion of your Medicare Enrollment event. Once completed and approved by the EUTF, follow the steps below:

1. Log in to the Hawaii Employer-Union Health Benefits Trust Fund member website at <https://eutfbenefits.hawaii.gov>
2. On the "Home Page", select "View details" under Life Events on the right-hand side of the page. Select "Start" on event "Member or Spouse Medicare Part B Reimbursement and complete all the steps.



Medicare Part B Premium Reimbursement

Reimbursement Eligibility for Retirees: Quarterly Medicare Part B premium reimbursement is available for the following individuals.

- **Retirees hired prior to July 1, 2023** and their spouses or partner who are enrolled in Medicare Part B and are paying Medicare Part B premiums, including income-related monthly adjusted amount (IRMAA), are eligible for Medicare Part B premium reimbursements, excluding penalties.
- **Retirees hired on or after July 1, 2023** who are enrolled in Medicare Part B and are paying Medicare Part B premiums are eligible for Medicare Part B premium reimbursements, excluding penalties and IRMAA. Spouses or partner are not eligible for reimbursements of their Medicare Part B premium.
- **Individuals Ineligible for Reimbursement:** There will be no reimbursement for beneficiaries who do not pay a Medicare Part B premium (e.g. Enrolled in the Medicare Savings Program, Medicaid) or dependent children.



Medicare Part B Monthly Premium Rates for 2026

Medicare Beneficiary Yearly Income in 2024			
File individual tax return	File joint tax return	Medicare Part B Premium	Medicare Part B Premium Payment Type
Less than or equal to \$109,000	Less than or equal to \$218,000	\$202.90	Standard
Greater than \$109,000 and less than or equal to \$137,000	Greater than \$218,000 and less than or equal to \$274,000	\$284.10	Income Related Monthly Adjustment Amount (IRMAA)
Greater than \$137,000 and less than or equal to \$171,000	Greater than \$274,000 and less than or equal to \$342,000	\$405.80	
Greater than \$171,000 and less than or equal to \$205,000	Greater than \$342,000 and less than or equal to \$410,000	\$527.50	
Greater than \$205,000 and less than \$500,000	Greater than \$410,000 and less than \$750,000	\$649.20	
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$689.90	



Medicare Part B Premium Reimbursement

Retirees must submit:

- Proof of enrollment in Medicare Part B
- Direct Deposit Agreement Form for Medicare Part B Reimbursement
- Proof of payment to the Social Security Administration or Centers for Medicare & Medicaid Services

Reimbursement will be effective the later of :

- Effective date of Medicare Part B coverage
- 1st day of the month EUTF receives proof of enrollment in Medicare Part B, a valid direct deposit agreement form. In addition, proof of payment to the Social Security Administration or Centers for Medicare and Medicaid Services is required to begin Medicare Part B reimbursements

EUTF does not reimburse penalties or Medicare Part D premiums.



Direct Deposit Agreement Form for Medicare Part B Reimbursement

- Available on our website at eutf.hawaii.gov
- Premiums are reimbursed quarterly and are direct deposited into the retiree's account
- Complete Direct Deposit Agreement form
 - Checking account – Submit voided check
 - Savings account – Form must be signed by your bank

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND (EUTF)
Direct Deposit Agreement Form for Medicare Part B Premium Reimbursement

✓ I request reimbursement for my Medicare Part B Premium. A copy of my Medicare card and a copy of the letter from the Social Security Administration or Centers for Medicare & Medicaid Services showing the Medicare Part B Premium I pay are attached (for initial requests only). I understand that reimbursement of Medicare Part B Premiums will not begin until the EUTF receives a copy of the letter from the Social Security Administration or Centers for Medicare & Medicaid Services showing the Medicare Part B Premium I pay.

✓ I certify that my Medicare Part B premiums are not paid by any other entity, e.g. the Medicare Savings Program or Medicaid. Should my Part B premiums be paid by another entity in the future, I will notify the EUTF within 30 days of being notified by the other entity.

✓ If my enrollment in Medicare Part B stops I will notify the EUTF within 30 days. I understand that disenrollment from Medicare Part B means I will no longer be eligible for Part B premium reimbursement, as well as medical and prescription drug coverage.

Retiree Name:	SSN or EUTF ID Number:
Retiree Mailing Address:	Phone:

SECTION A – Deposit Authorization
Hawaii law (Act 039, SLH2006) requires all individuals who become eligible for Medicare Part B reimbursements on or after July 1, 2006 to designate a financial institution account into which the State of Hawaii EUTF shall be authorized to deposit their quarterly Medicare Part B reimbursements.

By signing in Section D, I/We hereby authorize the State of Hawaii EUTF to automatically and directly deposit my Medicare Part B premium reimbursements to my/our account at the financial institution named below:

SECTION B – Account Information (see your financial institution for help in completing this section)

Name of Account Holder (s):			
Name of Financial Institution:			
Routing Number:	Account Number:	<input type="checkbox"/> Checking*	<input type="checkbox"/> Savings
Financial Institution Certification (required for Savings, optional for Checking):			
Name of Agent:	Signature:	Date:	

*PLEASE ATTACH A VOIDED CHECK AND RETURN THIS FORM TO THE EUTF

SECTION C – Agreements of All Account Holders
By signing in Section D, the Account Holder(s):

- Certify all information is accurate and authorize the EUTF to make withdrawals from my/our account in the event the EUTF benefits have been deposited to the account in error, e.g., overpayments.
- Consent to the disclosure by the Financial Institution to the EUTF of any information that the EUTF requests to effectuate, administer, or enforce the transactions authorized in Sections A and C.
- Agree not to hold the EUTF responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me/us or by Financial Institution or due to an error on the part of Financial Institution in depositing funds to the account

SECTION D – Signatures of All Account Holders

Authorized Signature (Primary):	Date:
Authorized Signature:	Date:

Rev. 11/2018



Medicare Part B Premium Proof of Payment

- Submit a copy of the Social Security Administration (SSA) letter or billing invoice indicating your Medicare Part B premium amount
- Medicare retirees and/or dependents that pay a higher income-related monthly adjusted premium must submit a copy of their SSA letter to the EUTF each year

Social Security Administration

RECEIVED
EUTF
STATE OF HAWAII
2012 APR 18 P 2:38

007835 1 AT 0.365 0047 LTR IM1 507 1 117
JOHN A DOE
201 MERCHANT STREET, SUITE 1520
HONOLULU, HI 96813

Date: November 23, 2011
Claim Number: 123-45-6789-A

Your Social Security benefits will increase by 3.6 percent in 2012 because of a rise in the cost of living. The Social Security Act requires some people to pay higher premiums for their Medicare Part B (Medical Insurance) and their prescription drug coverage based on their income. Because of your income, your premiums will be increased. The information in this notice about your premium is for 2012 only.

If you currently do not have Medicare Part B or prescription drug coverage and enroll in 2012, those premiums will also be increased based on your income.

How Much Social Security Will I Get?

• Your new 2012 monthly benefit amount before deductions is:	\$1,575.70
• Your 2012 monthly deduction for the Medicare Part B Premium is:	\$259.70
- \$99.90 for the standard Medicare premium, plus	
- \$159.80 for the income-related monthly adjustment amount based on your 2010 income tax return	
• Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 25, 2012 is:	\$1,316.00

C See Next Page



Medicare Part B Monthly Premium Payment Types

Types of Medicare Part B Premium Payment and required documents to submit to the EUTF annually for Reimbursement

- **Standard Monthly Premium Payment:** If you are paying the Standard Monthly Premium for Medicare Part B this year, you are not required to submit any additional documentation in order to receive reimbursement for paying the Standard Monthly Premium. You do not have to do anything.
- **Non-Standard Monthly Premium Payment:** If you are paying less than the Standard Monthly Premium, you must submit a copy of your Social Security Administration (SSA) letter indicating your Medicare Part B premium to receive the correct reimbursement.
- **Income-Related Monthly Adjustment Amount:** If you are paying a Medicare Part B premium that is greater than the standard amount, you must provide EUTF with a copy of your SSA letter or Centers for Medicare and Medicaid Services (CMS) invoice indicating the higher Medicare Part B premium to receive the correct Reimbursement. You have up to two (2) years to submit a copy of your SSA letter or CMS invoice to receive proper Reimbursement.

****If the EUTF reimburses you an amount which is more than what you are paying, you will be subject to collection of the overpayment, and it may affect future reimbursements.****



Enrollment into EUTF Medicare Part C and Part D Plans

- EUTF Medicare Part C and Part D plan options requiring Medicare enrollment include:
 - EUTF Kaiser Senior Advantage plan
 - Humana Group Medicare Advantage PPO Plan
 - EUTF SilverScript Medicare Part D Prescription Drug Plan
- Medicare requires that you are enrolled in only one Medicare Advantage Plan (Part C) or Medicare Part D Plan. If in the future you enroll in a non-EUTF Medicare Advantage or Medicare Part D plan, you may be disenrolled from EUTF's Kaiser Senior Advantage Plan, Humana Group Medicare Advantage plan and/or SilverScript Medicare Part D prescription drug plan.
- EUTF Medicare plan enrollment may take approximately 45 days for Medicare approval.
- For EUTF SilverScript prescription drug plan enrollees, members will receive a temporary CVS prescription drug card upon initial enrollment to use until approval is finalized. A SilverScript prescription drug card will be issued to replace the CVS prescription drug card following Medicare approval.

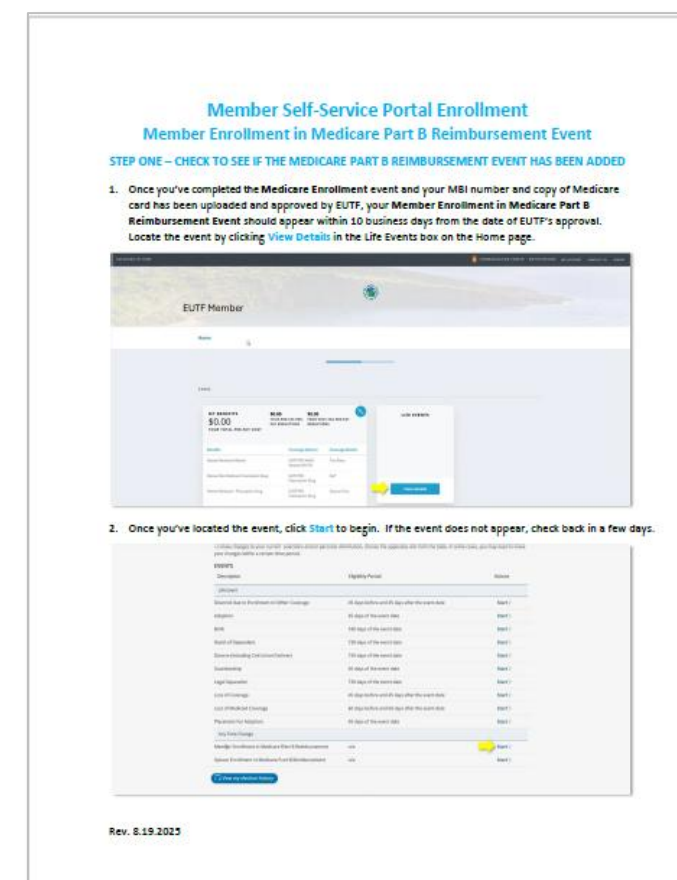


Notification Online Via EUTF Member Portal

Additional handouts are available to help retirees complete Medicare Part B enrollment through the Member Self-service portal. These handouts can be found on our website at eutf.hawaii.gov under the Learning Center tab, retirees' section.



Member Self-Service Portal Instructions (for first-time users)



Medicare Part B Enrollment Event



Uploading Required Documents Through the Member Self-service Portal

Please upload a copy of your and/or your dependent's Medicare card through the Member Self-service portal. Please keep in mind that files cannot be password protected as EUTF will be unable to open the file. Password protected files will be rejected



Copy of your and/or your dependent's Medicare card (indicating enrollment in Medicare Part B)





Submission of Medicare Part B Reimbursement Documents

For retirees and eligibly spouse/partner who have complete Medicare Part B enrollment notification through the Member Self-service portal, please submit the following Medicare Part B reimbursement documents by mail or hand deliver to the EUTF address below within 60 days from the effective date of Medicare Part B.



Medicare Part B Reimbursement Direct Deposit Agreement Form

(and voided check if designating a checking account)



Social Security Administration letter for you and/or your dependent

indicating the Medicare Part B Premium amount

EUTF

201 Merchant Street, Suite 1700

Honolulu, HI 96813-2121

The image shows two sample documents. The left document is a 'HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND (EUTF) Direct Deposit Agreement Form for Medicare Part B Premium Reimbursement'. It contains checkboxes for requesting reimbursement, certifying Medicare Part B enrollment, and a section for account information. The right document is a 'Social Security Administration' letter, dated November 23, 2011, addressed to JONAS A. BOE. It details a 3.6% increase in Social Security benefits for 2012 and provides a breakdown of Medicare Part B premiums and deductions, resulting in a net benefit of \$1,316.00.

Item	Amount
Your new 2012 monthly benefit amount before deductions is:	\$1,575.70
Your 2012 monthly deduction for the Medicare Part B Premium is:	\$259.70
- \$99.90 for the standard Medicare premium, plus	
- \$159.80 for the income-related monthly adjustment amount based on your 2010 income tax return	
Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 25, 2012 is:	\$1,316.00



Mahalo