



Hawaii Employer-Union Health Benefits Trust Fund

## Applying For Your Retiree Health Insurance Benefits

### PRE-RETIREMENT CHECKLIST

Congratulations on your retirement! This checklist includes a list of documents you will need to enroll in your EUTF retiree health and life insurance benefits. Forms may be found on the EUTF website at [eutf.hawaii.gov/eutf-forms](http://eutf.hawaii.gov/eutf-forms). After filing your retirement application with the Employees Retirement System (ERS), please submit the following to the EUTF:

- ☐ ERS Retirement Estimate Letter
- ☐ [EUTF EC-2 Enrollment Form](#) (due within 60 days of retirement date)

If you're Medicare eligible (age 65+ or qualified disabled) you must also submit:

- ☐ Copy of your and/or your dependent's Medicare card (indicating enrollment in Medicare Part B)
- ☐ [Medicare Part B Reimbursement Direct Deposit Agreement Form](#)
- ☐ Social Security Administration letter for you or your dependent indicating the Medicare Part B Premium amount

If you will be paying all or a portion of your health benefit premium and would like your premiums deducted from your ERS pension:

- ☐ [ERS Pension Deduction](#)

Optional forms:

- ☐ [Authorization for Release of Protected Health Information](#)
- ☐ [Securian Financial Group Inc Beneficiary Designation Form](#)

If you have questions regarding claims or benefits, please contact the insurance carriers listed in the EUTF Retiree Reference Guide. If you have questions on eligibility or enrollment, please call our Customer Service Call Center at 586-7390 (Oahu) or toll-free at 1-800-295-0089.

## Instructions

### 1. EUTF EC-2 Enrollment Form

Complete the EUTF [EC-2 Enrollment Form](#) and submit it to the EUTF within 60 days of your retirement date. Do not submit the EC-2 form until you are certain that you are going to retire. If you are currently working prior to your retirement date, your Department Personnel Office will complete an EC-1 form to terminate your active employee plans upon your retirement.

### 2. ERS Retirement Estimate Letter

The ERS Retirement estimate letter is used to determine the maximum amount your employer will contribute towards your retiree health coverage. The letter certifies your employment membership date and length of service to help determine the percentage of the Base Monthly Contribution (BMC) that will be available to cover your retiree health plan premiums. Retiree plan premium amounts may be found in the EUTF Retiree Reference Guide or on our website at [eutf.hawaii.gov](http://eutf.hawaii.gov).

Years of Credited Service (excluding sick leave)	Employer's Contribution Percentage of the Base Monthly Contribution* If Your (ERS) Membership Date was:		
	On or Before 6/30/96	On or Between 7/1/96 – 6/30/01	On or After 7/1/01**
Less than 10 years	50%	0%	0%
10 years less than 15	100%	50%	50%
15 years less than 25	100%	75%	75%
25 years or more	100%	100%	100%
*The Employer's percentage of the BMC for the year determines the maximum employer contribution payable. Any difference between the employer contribution and total premium for plans selected will be paid by the retiree.			
**If your ERS membership date was on or after 7/1/01, the monthly employer sponsored contribution will be applied to the self only BMC.			

### 3. Mandatory Requirement to Enroll in Medicare Part B (age 65+ or qualified disabled):

When you and/or your dependent(s) (spouse, qualified disabled child) become eligible to enroll in Medicare Part B, you must provide a copy of the Medicare card showing enrollment in Medicare Part B in order to be enrolled in the EUTF retiree medical and/or prescription drug plan. If you do not provide proof of Medicare Part B enrollment, you and/or your dependent(s) medical and/or prescription drug plans will be cancelled.

Medicare Part B premium is only reimbursable to the retiree and their eligible spouse/partner, provided you are paying for your Medicare Part B premium and it is not being paid by another entity such as the Medicare Savings Program or Medicaid. Medicare Part B premium reimbursements shall be effective the date the Medicare Part B is effective or the first day of the month that the fund receives appropriate proof of enrollment in Medicare Part B, a valid direct deposit agreement and proof of payment to the Social Security Administration or Centers for Medicare & Medicaid Services, whichever is later.

### 4. EUTF Rules

EUTF rules specify that if both you and your spouse or partner are employees and/or retirees of the State or counties you may enroll in one family/two-party plan or two self-plans.

## Frequently Asked Questions

### **Do I need to be enrolled in EUTF health plans as an active employee in order to qualify for EUTF plans as a retiree?**

No, you do not need to be covered under EUTF active employee plans at the time of retirement to be eligible to enroll in EUTF retiree plans.

### **Who can be covered under my EUTF retiree health plans?**

Those eligible to be enrolled under retiree health plans include a spouse or partner (domestic or civil union), and children by birth, adoption, legal guardianship or foster child. Children may be covered until age 19 for medical, prescription drug, dental and vision plans, and covered until age 24 if they are unmarried, a full-time student and living with the retiree (unless boarding at college or as required under a Qualified Medical Child Support Order). Legal guardianship or foster children will terminate upon the age of 18, regardless of whether the child is a full-time student or not. Coverage can be continued for an unmarried child incapable of self-support due to mental/physical incapacity that existed prior to age 19.

### **If I pass away after I retire, does my spouse (or domestic or civil union partner) get to keep my EUTF retiree health plans?**

Yes, your spouse or partner is eligible to keep health plans through EUTF provided they do not remarry or enter into another domestic or civil union partnership. In addition, depending on the employer contribution percentage that the retiree was enrolled in, your spouse or partner may need to contribute a portion of the retiree health premiums.

### **Does my spouse/partner or qualified disabled child need to enroll in Medicare Part B to be covered under my EUTF retiree health plans?**

Covered dependents eligible for Medicare Part B must enroll in Medicare Part B in order to be covered under the EUTF retiree medical and/or prescription drug plan. Please submit a copy of your dependent's Medicare card (indicating enrollment into Medicare Part B) to the EUTF within 60 days of them becoming eligible.

### **Does my spouse/partner need to enroll in Medicare Part B if they are still actively working?**

Yes, your spouse/partner must be enrolled in Medicare Part B in order to be covered under the EUTF retiree medical and/or prescription drug plan regardless of whether they are retired or actively working.

### **Can I make changes to my plans in the future?**

You can make changes to your EUTF retiree plans if you experience a qualifying life event or during the EUTF retiree open enrollment period. For a list of qualifying events please visit the EUTF website at [eutf.hawaii.gov](http://eutf.hawaii.gov). Open enrollment for retirees usually occurs in October and plan changes become effective January 1st. Please complete the EC-2 Enrollment Form if you wish to make changes during these events.