



RETIREMENT

BENEFIT INFORMATION GUIDE FOR STATE EXECUTIVE BRANCH EMPLOYEES

This GUIDE is intended as a handy checklist of some important forms you need to file when you decide to RETIRE from State government. It does not constitute a complete list or a binding document or contract. It does not supersede laws, rules, collective bargaining agreements, executive orders, policies and procedures, or benefit plan documents pertaining to the benefits covered, and is subject to change.

MAJOR BENEFITS

If You Have the Following Benefits	Forms You Need to Complete/Who To Call	Contact Information
Retirement through the Employees' Retirement System (ERS)	<p><u>Service Retirement Application – Form 18</u> <u>Ordinary (non worked related) or Service Connected (work related) Disability Retirement Application</u>, please contact ERS for information.</p> <p><u>Beneficiary Designation</u> Contributory and Hybrid Plan members must complete the ERS Form 1-A (Designation of Beneficiary) for any active death payments. If you should pass away before the form is filed, your benefits may go to the most recent beneficiary designee on file. If no designation form is on file, benefits will be paid to your surviving spouse, reciprocal beneficiary, or dependent children.</p> <p>For Noncontributory Plan members, no beneficiary form is required as active death benefits are paid to surviving spouse, reciprocal beneficiary, or dependent children.</p>	<p>Call the ERS at 586-1735 for an application and/or to schedule a counseling appointment.</p> <p>Neighbor island members may call the island offices. Hawaii: 974-4076, 974-4077 Kauai: 274-3010, 274-3011 Maui, Molokai/Lanai: 984-8181, 984-8282</p> <p>Visit the ERS website at http://ers.ehawaii.gov for more information.</p>
Health Coverage and/or Life Insurance* through Hawaii Employer-Union Health Benefits Trust Fund (EUTF)	<p><u>To enroll yourself, your spouse/civil union/domestic partner, and/or dependents in the medical, prescription drugs, dental, vision and life insurance plans upon retirement</u>, complete:</p> <ul style="list-style-type: none"> <input type="checkbox"/> EC-2 Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Enrollment Form for Retirees <input type="checkbox"/> ERS Retirement Estimate Letter <input type="checkbox"/> If you and/or your dependent(s) are Medicare eligible when you retire, you must enroll in Medicare Part B to be eligible for the EUTF retiree medical and/or prescription drug plans. Submit a copy of your and/or your dependent's Medicare Part B ID card, Medicare Part B Premium Reimbursement Direct Deposit Agreement and Social Security Administration letter indicating the Medicare Part B premium amount within 60 days from the date of your retirement; otherwise, you and/or your Medicare eligible dependent(s) will be terminated from the retiree medical and/or prescription drug plans retroactively to the effective the date of your retirement. <p>The EUTF can assist you in enrolling in the EUTF retiree health benefits. Please call, visit the EUTF office, or visit the EUTF website for more information pertaining to retirement.</p> <p>{Note: You must pay your share of monthly premiums for the pay period in which you last worked.}</p>	<p>EUTF: 586-7390 1-800-295-0089 (toll-free)</p> <p>201 Merchant Street, Suite 1700, Honolulu, HI 96813</p> <p>Website: www.eutf.hawaii.gov</p> <p>Open 7:45 am to 4:30 pm, Monday through Friday, excluding State holidays. No appointment is necessary and parking is not validated.</p> <p>*Check with EUTF's life insurance carrier (USable Life) to be sure your beneficiary designation is current.</p> <p>USable Life: 538-8920 1-855-207-2021(toll-free)</p> <p>Website: https://www.usablelife.com/portal/eutf</p>
Union Sponsored Benefit Plans, Including Life Insurance	<ul style="list-style-type: none"> <input type="checkbox"/> Call your Union Plan Administrator or union office. 	
State Deferred Compensation Plan-Island Savings Plan (IRC 457)	<p><u>To discuss your distribution options</u>, contact the Prudential local office.</p> <p><u>Deferral of Pay for Unused Vacation:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> To request an early partial payout of your accumulated vacation leave credits or a post separation payout of your accumulated vacation leave credits for a deferral into the Plan, contact your Departmental Human Resources Office about 4 months prior to your retirement date to receive an informational packet. Refer to the packet for processing deadlines. 	<p>Prudential Retirement Representative: 1-888-712-5642</p> <p>Prudential Local Office: 1-888-712-5642, press "2"</p> <p>1100 Alakea Street, Suite 1550, Honolulu, HI 96813</p> <p>Website: http://prudential.com/islandsavings</p>
Tax-Sheltered Annuity Plan (403(b)) (Applicable to DOE & UH Employees Only)	<ul style="list-style-type: none"> <input type="checkbox"/> <u>To cancel your salary authorization</u>, complete the 403(b) Salary Reduction Agreement Form and submit to National Benefit Services, LLC (NBS). Form is available at the website below. DOE employees: www.hawaiidoe403b.com UH employees: http://nbsbenefits.com/uh403b/ 	<p>National Benefit Services, LLC (NBS): 1-800-274-0503 ext. 504 (toll-free)</p> <p>Visit the respective website for more information.</p>
Island Flex (Flexible Spending Accounts)	<ul style="list-style-type: none"> <input type="checkbox"/> Notify Comprehensive Financial Planning, Inc. (CFP) of your retirement plans to cancel your enrollment. 	<p>CFP: 596-7006 or 1-877-550-5552 Website: www.compfinplan.com</p>
Voluntary Payroll Deductions <ul style="list-style-type: none"> • Parking • Pre-Tax Transportation Benefit Pilot Program (PTBP) • Direct Deposits • Union Dues and other Union Payroll Deductions 	<ul style="list-style-type: none"> <input type="checkbox"/> File <i>DAGS Form AMD-PC-001, rev. 11/00</i> with DAGS' Parking Control Branch at least 20 calendar days prior to the cancellation of your parking assignment to avoid any forfeitures. <input type="checkbox"/> See your Departmental Coordinator. File cancellation form at least 35 days prior to first day of the month in which cancellation is to be effective. <input type="checkbox"/> See your Departmental Human Resources Office to cancel your direct deposit to prevent any problems with future pay. <input type="checkbox"/> Call your union office to notify them of your decision to either continue or cancel your membership and/or other services. 	<p>DAGS Parking Control 869-A Punchbowl Street Honolulu, HI 96813 Phone: 586-0343</p>