

Domestic Partner Certification Process



Checklist

Step 1: Declaration of Domestic Partnership Form

- ☐ Complete the EUTF Declaration of Domestic Partnership (DP) Form (**page 1**)
- ☐ The Declaration of DP must be notarized by a Notary Public



State of Hawaii Employees Enrolled in the Premium Conversion Plan (PCP) must also complete the PCP Domestic/Civil Union Partnership Acknowledgement Form (**Page 9**). Do NOT submit this form to the EUTF. Submit this form as directed on the form instructions under #3. **DOES NOT APPLY TO COUNTY EMPLOYEES AND RETIREES.**

Step 2: Affidavit of “Dependency” for Tax Purposes

- ☐ Complete the Dependent Status Worksheet to determine if your DP qualifies as a dependent under Section 15.2 of the Revenue Code (**page 7**).
- ☐ **If your DP does NOT qualify as a dependent**, complete **pages 3 - 5** of the Affidavit of “Dependency” for Tax Purposes Form. **STOP HERE. Do NOT have this form notarized.**
- ☐ **If your DP DOES QUALIFY as a dependent**, complete **page 6** of the Affidavit of “Dependency” for Tax Purposes Form and **have it notarized by a Notary Public.**

Step 3: Gather Your Required Proof of Shared Residency Documents

You must submit two sets of documents from the list below to show that you and your DP reside together. Each document must confirm the ***physical address***. You can provide:

- ☐ Two documents from the list where both you and your DP names are on the documents. **(2 documents total); OR**
- ☐ Two documents with your name and address and two documents with your DP’s name and address **(4 documents total); OR**
- ☐ One document from the list where both you and your DP’s names are on the document **AND** one document with you name and address and one document with your DP’s name and address. **(3 documents total).**



Members Who Cannot Receive Mail to Their Physical Address:

If your physical address cannot receive mail, your proof of shared residency documents must match your mailing address.

Documents must be from within the last 12 months (except for the driver's license, State I.D., and automobile registration):



- Paystub or W2
- Rental agreement (can be outside of last 12 months if longer lease term is specified)
- Mortgage statement or real property tax assessment
- Federal tax return (1st page of 1040 that shows name and address)
- Voter registration card
- Statement from a financial institution
- Unexpired driver's license, State I.D., or automobile registration
- Telephone/utility bill
- Homeowner's, renter's, or automobile insurance policy or statement

Step 4: Complete your Enrollment in the EUTF Member Portal

- ☐ Login to the EUTF Member Portal at <https://eutfbenefits.hawaii.gov>. You may reference the Member Self-Service Portal Guide (**pages 11 - 14**) if logging in for the first time.
- ☐ **New Domestic Partner Event or Other Qualifying Event**
 - Go to **Life Events > View Details** and trigger applicable qualifying event. Follow the prompts within the event to complete. Make sure to go through all steps including accepting the terms and conditions on the last page. **IMPORTANT: Your Event Date is the day your Declaration of DP Form was notarized for the New Domestic Partner event.**
- ☐ **New Hire or Open Enrollment Event**
 - The New Hire or Open Enrollment event will appear in the blue banner at the top of the homepage. Select **Start** and follow the prompts within the event to complete. Make sure to go through all steps including accepting the terms and conditions on the last page.

Step 5: Upload all Required Documents from Steps 1 – 3

- ☐ After your event is completed, select **Upload Your Required Documents** in the blue banner of the homepage, then select **Upload Documents**.
- ☐ Upload the **Notarized Declaration of DP** and **Affidavit of Dependency**.
- ☐ Upload your joint or self **Proof of Shared Residence** under the **1st Document**. Upload your joint or DP's **Proof of Shared Residence** under the **2nd Document**. Combine documents as needed depending on if you are submitting 2, 3, or 4 documents total.



The EUTF will review all submitted documents within 10 business days. If submitting for New Hire or Qualifying event, you will be contacted if a form is missing or incomplete. The EUTF will not follow-up for missing or incomplete documents for Open Enrollment. You will receive a Confirmation Notice in the mail once your enrollment is processed.

STEP 1

EUTF DECLARATION OF DOMESTIC PARTNERSHIP

I. DECLARATION

We, , (employee-beneficiary) and, , (domestic partner), each declare under penalty of perjury, that we have established a domestic relationship effective  (date) and certify every one of the following criteria:

II. STATUS

1. The employee-beneficiary and the domestic partner are currently in and intend to remain in a domestic partnership with each other indefinitely.
2. The employee-beneficiary and the domestic partner have a common residence and intend to reside together indefinitely.
3. The employee-beneficiary and the domestic partner are and agree to be jointly and severally responsible for each other's basic living expenses (such as food, shelter, and medical care) incurred in the domestic partnership.
4. Neither the employee-beneficiary nor the domestic partner is married or a member of another domestic partnership.
5. The employee-beneficiary and the domestic partner are not related by blood in a way that would prevent them from being married to each other in the State of Hawaii.
6. The employee-beneficiary and the domestic partner are both at least 18 years of age and mentally competent to contract.
7. The consent to the domestic partnership by the employee-beneficiary or the domestic partner has not been obtained by force, duress or fraud.
8. The employee-beneficiary and the domestic partner hereby agree to sign and file with the EUTF any and all declarations of domestic partnership and/or verifications of eligibility as the EUTF board may from time to time prescribe.

III. DEPENDENT CHILDREN OF DOMESTIC PARTNER

We understand that dependent children of the domestic partner may be covered by the EUTF's health benefits plans if they meet all of the eligibility requirements for dependent-beneficiary coverage in such plans, e.g., be primarily dependent on the employee-beneficiary and/or domestic partner for support.

IV. CHANGE IN DOMESTIC PARTNERSHIP

1. We understand that we have an obligation to notify the EUTF by filing a Declaration of Termination of Domestic Partnership if there is any change in our domestic partnership status as a result of: (a) any of the certifications in part II of this Declaration ceasing to be true; (b) the death of the domestic partner; or (c) the termination or dissolution of our domestic partnership. We will notify the EUTF as soon as possible of such change. The form for making this notification is available from the EUTF, your department personnel officer, or the Department of Human Resources Development.

2. We understand that coverage of the domestic partner and the domestic partner's dependent children (obtained as a result of completion of this Declaration) will be terminated upon: (a) the EUTF's receipt of a notice of change in our domestic partnership, (b) or upon the EUTF's receipt of any other proper notification requesting termination of such coverage, (c) the EUTF requests information from the employee-beneficiary or the domestic partner to verify that the statements made in this Declaration are correct and such information is not provided as requested; or (d) if the EUTF board concludes that the statements made in this Declaration are not correct.

V. ACKNOWLEDGEMENTS

1. We understand that a civil action may be brought against one or both of us for any losses due to any false statement contained in this Declaration or for failure to notify the EUTF of changed circumstances as required in Section IV above. Recoverable losses may include, but are not limited to, any health benefits paid by the EUTF health benefit plans and the EUTF's attorneys' fees and costs. I, the undersigned employee-beneficiary, further understand that falsification of information in this Declaration, or failure to notify the EUTF, of changed circumstances pursuant to Section IV above, may lead to disciplinary action against me, including discharge from employment.
2. We have voluntarily provided the information in this Declaration for use by the EUTF for the sole purpose of determining our eligibility for certain domestic partner benefits. We understand and agree that the EUTF is not legally required to extend any such benefits. We understand that the information provided in this Declaration will be treated as confidential by the EUTF but will be subject to disclosure; (a) upon the express written authorization of the undersigned employee, (b) upon request of the insurer or plan administrator, (c) if otherwise required by law, or (d) if necessary, to administer the EUTF health benefits plans.
3. We understand that this Declaration may have legal implications relating, for example, to our ownership of property, qualifications required to pay premiums with pretax funds, or to taxability of benefits provided, and that before signing this Declaration we should seek competent legal advice concerning such matters.

We affirm, under penalty of perjury, that the statements in this Declaration are true and correct.

➡ _____

Employee/Retiree Signature

Subscribe and sworn to before me this ➡ _____ day
of ➡ _____, 20 ➡ _____.

➡ _____

Domestic Partner Signature

➡ _____

Signature of Notary Public

➡ _____

➡ _____

Notary Public - State of Hawaii (Print Name)

**Employee/Retiree & Domestic Partner Physical
Address**

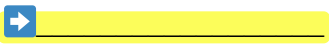
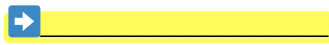
My Commission expires: ➡ _____

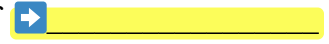
STEP 2

AFFIDAVIT OF DEPENDENCY FOR TAX PURPOSES

Whether or not your Domestic Partner or Civil Union Partner qualifies as a dependent for tax purposes, this form must be submitted to the EUTF before your Domestic Partner or Civil Union Partner or Civil Union Partner can be enrolled. You will sign this form in one of two places, depending on yr Domestic Partner or Civil Union Partner's status. Your Domestic Partner or Civil Union Partner may also be required to sign this form.


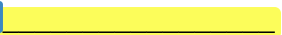

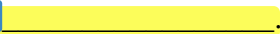
EXPLANATION: Under Section 152 of the Internal Revenue Code, as it pertains to health benefit plans, an individual may qualify as a dependent of an employee for tax purposes if: (a) the employee provides over one-half of the individual's support for the employee's taxable year; (b) the individual has the same principal place of abode as the employee for the entire taxable year; (c) the individual is a member of the employee's household for the entire taxable year; and (d) the individual is citizen or national of the United States or a resident of the United States or a country contiguous to the United States.

We,  the "Employee-Beneficiary") and  (the "Domestic Partner or Civil Union Partner") being duly sworn, under penalty of perjury, say:

1. For the current taxable year of the Employee-Beneficiary, over half of the Domestic Partner's or Civil Union Partner's support is received from the Employee-Beneficiary. [See the attached worksheet to determine whether this requirement is satisfied.]
2. For the current taxable year of the Employee-Beneficiary, the Domestic Partner or Civil Union Partner has as his or her principal place of abode the home of the Employee-Beneficiary.
3. For the current taxable year of the Employee-Beneficiary, the Domestic Partner or Civil Union Partner is a member of the Employee-Beneficiary's household.
4. The Domestic Partner or Civil Union Partner is a citizen of  (Country) (*see explanation below). If your answer is United States, skip to Question 8. If not, continue from question5.



EXPLANATION: Under Section 7701(b) of the Internal Revenue Code, an alien is treated as a "resident" of the United States for tax purposes if such individual is lawfully admitted for permanent residence in the United States or meets the "substantial presence" test. To meet the "substantial presence" test, an individual must generally: (a) be present in the United States for at least 31 days during the current calendar year, and (b) the sum of the number of days on which the individual was present in the United States during the current calendar year and the 2 preceding calendar years (when multiplied by the applicable multipliers) equals or exceeds 183. The applicable multipliers are: 1 for the current year, 1/3 for the 1st preceding year, and 1/6 for the 2nd preceding year. The following individuals are not "residents" of the United States for tax purposes and, thus can never be "dependents" for tax purposes:



- A foreign government-related individual temporarily present in the United States on a diplomatic or consular visa, a full-time employee of an International organization, or a family member of such person.
- A teacher or trainee temporarily present in the United States.
- A student temporarily present in the United States.
- A professional athlete temporarily in the United States to compete in a charitable sports event.


5. The Domestic Partner or Civil Union Partner is currently a "resident" of   (Country).
6. The Domestic Partner or Civil Union Partner is currently lawfully present in the United States under the following type of visa:  .
7. If the type of visa is "permanent resident" skip to Question 8. If not, answer the following questions:

The Domestic Partner or Civil Union Partner meets the "substantial presence" test as the actual number of days the Domestic Partner or Civil Union Partner has been lawfully present in the United States during the current year and the 2 preceding years is:


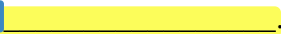
 (Number of days in USA, current year) x 1 = 

 (Number of days in USA, 1st preceding year) x 1/3 = 

 (Number of days in USA, 2nd preceding year) x 1/6 = 

Total of above (must equal or exceed 183) = 

Section 152 (f)(3) of the Internal Revenue Code provides that an individual is not a member of the taxpayer's household if, at any time during the taxable year of the taxpayer, the relationship between such individual and the taxpayer is a violation of local law.





8. Our state of permanent residence is  .
9. We understand that if the Domestic Partner or Civil Union Partner is not a "dependent" of the Employee-Beneficiary, we may incur various tax liabilities in connection with obtaining health care coverage for the Domestic Partner or Civil Union Partner. We therefore agree to notify the Hawaii Employer-Union Health Benefits Trust Fund (EUTF) within 10 days if there is any change in the Domestic Partner's or Civil Union Partner's status as a "dependent" of the Employee-Beneficiary. In addition, we shall indemnify and hold the EUTF harmless for any taxes, tax related penalties, or interest imposed upon the EUTF as a result of providing Domestic Partner or Civil Union Partner coverage to us, including any taxes, tax related penalties, or interest imposed as a result of our taking the position the Domestic Partner or Civil Union Partner is a "dependent" of the Employee-Beneficiary for tax purposes.
10. We agree that each of us is jointly and individually responsible for reimbursement of benefits and expenses, including interest, attorney's fees, and collection costs as a result of any false or misleading statement contained in this affidavit and related applications and submissions to the EUTF.

NOT A QUALIFIED DEPENDENT

Print your name, sign, and date below. Return form to your personnel office (or directly to the EUTF if enrolled in a retiree plan)

I have read this document and have determined that my Domestic Partner or Civil Union Partner is not qualified as a dependent under section 152 of the Internal Revenue Code as described above.

Name (Print):  

Signature   Date  



STOP HERE

QUALIFIED DEPENDENT - CONTINUE TO NEXT PAGE



This section to be completed in the presence of a Notary.

Each of us affirms under penalty of perjury under the laws of the State of Hawaii that we are the respective undersigned signatories, the statements in this affidavit are true to the best of our knowledge, and this affidavit and related application instruments are the free act and deed of each of us.

→

Employee/Retiree Signature

→

Domestic Signature

→

Print Name

→

Print Name

→

→

Employee/Retiree Physical Address.

→

→

Domestic Partner Physical Address.

Subscribe and sworn to before me this → day
of →, 20 →.

Subscribe and sworn to before me this → day
of →, 20 →.

→

Signature of Notary Public

→

Signature of Notary Public

→

Notary Public - State of Hawaii (Print Name)

→

Notary Public - State of Hawaii (Print Name)

My Commission expires: →

My Commission expires: →

STEP 2

WORKSHEET TO DETERMINE DEPENDENT STATUS



Worksheet modeled after the Internal Revenue Service worksheet in Publication 17. You can use this worksheet to determine whether your domestic partner or civil union partner qualifies as a dependent under Section 152 of the Revenue Code (in general, your domestic partner must receive more than half of his or her support from you).

Funds Belonging to your Domestic Partner or Civil Union Partner	
1. Total funds belonging to your Domestic Partner or Civil Union Partner, including income received and amounts borrowed during the year, plus the amount in savings and other accounts at the beginning of the year.	\$
2. Amount of income used for support	\$
3. Amount of income used for other purposes	\$
4. Amount in savings and other accounts at the end of the year.	\$
(The total of lines 2, 3, and 4 should equal line 1)	\$
Expenses for Entire Household (Where You and Your Domestic Partner or Civil Union Partner Lived)	
5. Lodging (complete either a or b)	\$
a. Rent paid	\$
b. If not rented, show fair rental value of home. If your Domestic Partner or Civil Union Partner owned the home, include this amount on line 19.	\$
6. Food	\$
7. Utilities (heat, light, water, etc., not included on line 5a or 5b)	\$
8. Repairs (not included in 5a or 5b)	\$
9. Other (i.e., furniture). Do not include expenses of maintaining home (i.e., mortgage interest, real estate taxes, and insurance).	\$
10. Total household expenses (add lines 5 through 9)	\$

11. Total number of persons who lived in household	\$
Expenses for Your Domestic Partner or Civil Union Partner	
12. Each person's part of the household expenses (line 10 divided by line 11)	\$
13. Clothing	\$
14. Education	\$
15. Medical and Dental	\$
16. Travel and recreation	\$
17. Other (please specify)	\$
18. Total cost of support for the year (Add lines 12 through 17)	\$
Did You Provide More Than Half?	
19. Amount your Domestic Partner or Civil Union Partner provided for his/her own support (Line 2, plus line 5b if your Domestic Partner or Civil Union Partner owned the home)	\$
20. Amount that others added to your Domestic Partner's or Civil Union Partner's support. Include amounts provided by state, local, and other welfare societies or agencies. Do not include any amounts included on line 1)	\$
22. 50% of line 18	\$
<p>Is line 21 more than line 22?</p> <p>Yes. Your Domestic Partner or Civil Union Partner qualifies as a dependent under Section 152 of the IRC. You are able to deduct your Domestic Partner's or Civil Union Partner's portion of health plan premium contributions on a pre-tax basis.</p> <p>No. Your Domestic Partner or Civil Union Partner does not qualify as a dependent. Your Domestic Partner's or Civil Union Partner's portion of health plan premium contributions must be deducted on an after-tax basis.</p>	



State of Hawai'i
PREMIUM CONVERSION PLAN
Domestic/Civil Union Partnership Acknowledgment Form
(County employees, please contact your Department Personnel Office for guidance)

Instructions:

1. After reviewing the Flow Chart on the back of this form, complete Part A or Part B.
2. Submit the original of this form to your Human Resources Office (HRO) designee.
3. Send a copy of this form along with:
EUTF's Declaration of Domestic/Civil Union Partnership; and
EUTF's Affidavit of "Dependency" for Tax Purposes; to
DHRD/Employee Assistance Office, 235 S. Beretania St. # 1004, Honolulu, HI 96813

For your domestic/civil union partner to be eligible to participate in the Premium Conversion Plan ("PCP"), your domestic/civil union partner must meet the IRS definition of "tax dependent" as a "qualifying relative." To determine if your domestic/civil union partner meets the definition of a "qualifying relative", see the Flow Chart on the back of this form.

PART A:

My domestic/civil union partner **does not meet** the IRS requirements to be claimed as a "qualified dependent" under Section 152 of the Internal Revenue Code ("IRC") and are covered under my health plan. I choose to enroll myself in the Premium Conversion Plan ("PCP") and understand my Health Plan premium contributions will be deducted from my paycheck on a pre-tax basis. My domestic/civil union partner are covered under my health plan with after-tax monies as indicated below (check appropriate box):

- ☐ **Two-Party Plan (with no children)-** I choose to enroll in the PCP with my premium contributions paid using *pre-tax* payroll deducted monies to the extent permitted. I understand the difference between the Self and 2-party premium contribution amounts will be paid with *after-tax* payroll monies.
- ☐ **Family Plan (with D/CU child(ren))-** I choose to enroll in the PCP with my premium contributions paid using *pre-tax* payroll monies to the extent permitted. I understand the difference between the Self and Family (D/CU partner plus child(ren)) premium contribution amounts will be paid with *after-tax* payroll monies.
- ☐ **Family Plan (with my eligible child)-** I choose to enroll in the PCP and know that only the amount equivalent to the 2-party Health Plan premium contributions can be paid using *pre-tax* payroll deducted monies to the extent permitted. I understand the difference between the 2-party and Family premium contribution amounts will be paid with *after-tax* payroll monies.
- ☐ **Family Plan (with my eligible children)-** I choose to enroll in the PCP and know that the amount equivalent to the Family Health Plan premium contributions will be paid using *pre-tax* payroll deducted monies to the extent permitted. My D/CU partner/dependent(s) may be added to my Family Plan under the terms of the family health plan coverage. *

*Should any of my eligible dependents become ineligible for health coverage and I no longer qualify to have the entire family plan premium deducted on a pre-tax basis, my domestic/civil union partner's contribution amounts will be paid with after-tax payroll monies as stated in the first three options. A new PCP-DP/CU form must be submitted for any changes in plans.

PART B:

- ☐ My domestic/civil union partner **does meet** the IRS requirement to be claimed as a "qualified dependent", as defined under Section 152 of the Internal Revenue Code ("IRC") and is covered under my health plan. I choose to enroll in the PCP so that the full amount of my **2-party or Family** Health Plan premium contributions can be paid using *pre-tax* payroll deducted monies to the extent permitted.

I also understand that **each** of the following requirements below must also be met for my domestic/civil union partner and/or my domestic/civil union partner's child(ren) to be considered a "qualified dependent" under Section 152 of the IRC:

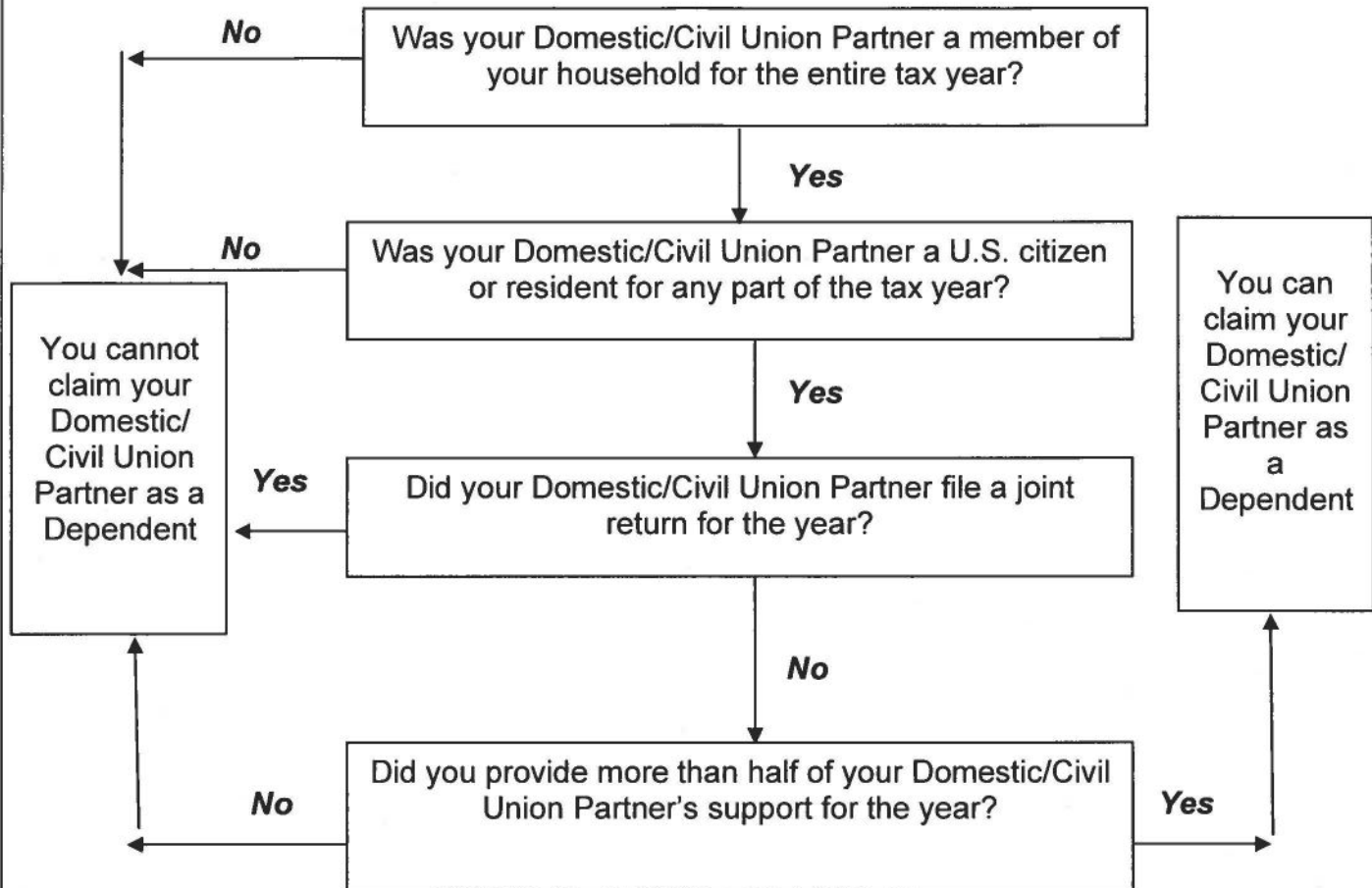
1. My domestic/civil union partner and/or my domestic/civil union partner's child(ren) and I must live together for the full taxable year from January 1 through December 31, except for temporary absences for reasons such as vacation, military service, or education.
2. My domestic/civil union partner and/or my domestic/civil union partner's child(ren) must be a citizen or resident of the United States.
3. My domestic/civil union partner and/or my domestic/civil union partner's child(ren) must receive more than half of their support from me. {Note: The rules for determining support are complicated and are more involved than just determining who the "primary breadwinner" is. To help you determine whether you provide more than half of your domestic/civil union partner's support, an IRC worksheet is attached for your reference.}
4. My domestic/civil union partner and/or my domestic/civil union partner's child(ren) cannot be claimed as a dependent of any other taxpayer.

Print Name:	Department:	Contact information:
Employee Signature:	Date:	

Can You Claim Your Domestic/Civil Union Partner as a Qualified Dependent?

Flow Chart based on Internal Revenue Service Publication 17 Information on Qualified Dependents

Start Here



If you are eligible to enroll your Domestic/Civil Union Partner in your Health Plan and wish to participate in the PCP, and your Domestic/Civil Union Partner **meets** the IRS requirements to be claimed as your dependent, you have the option to:

- 1) Enroll in the PCP so that the full amount of your health plan premium contribution is paid using pre-tax payroll deducted monies; or
- 2) Enroll in the PCP so that only the amount equivalent to the Self premium contributions will be paid using pre-tax payroll deducted monies and the difference between the Self and 2-party or Family premium contribution amounts will be paid with after-tax payroll monies.

If your Domestic/Civil Union Partner **does not meet** the IRS requirements and cannot be claimed as your "qualified dependent", your only option to enroll in the PCP is Option #2 above.

Introducing the EUTF Member Self-Service Portal



Access the new portal at eutfbenefits.hawaii.gov

The EUTF Member self-service portal is your one-stop resource for all benefits-related information. Go to eutfbenefits.hawaii.gov, where you can:

- Find benefit plan descriptions
- Review enrollment materials
- Update your dependent(s)
- Compare plan features and costs
- Enroll in or change your benefits

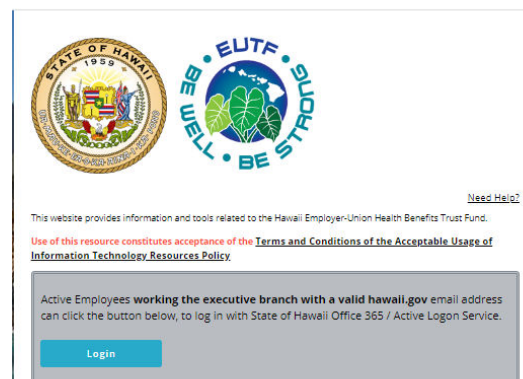
Register for the First Time

You only have to perform the registration process once. When you register, you'll be provided your login credentials that you'll need to access the portal in the future. Login credentials are your EUTF Health Benefits (HB) Number and Password.

1. To start, click the Register link in the bottom right of the EUTF Welcome screen.
2. Answer the questions to continue:
last four digits of your Social Security number, date of birth, and mailing zip code.
3. Click the I'm not a robot checkbox and, if required, complete the picture recognition challenge.
4. Click Continue.
5. Enter and confirm a password then click Continue.
6. If all steps are completed without error, your successful registration is confirmed.
7. Click Show HB Number. The HB Number will serve as your login name credential.
8. Click Continue.
9. Set up a Two-Step Verification for secure logins. Enter a personal email address in the empty field and click Verify button.
10. An email will be sent to your personal email mailbox with a code to for you to enter on the Enter verification code screen. After code is entered, click Verify button.
11. Once the Two-Step Verification Set Up is successful, you will see the green Verified button next your personal email address. Next, click on the Save button.
12. The Two-Step Verification Set Up is now in use. Click Continue button.
13. Answer challenge questions then click Continue.
14. When you see a confirmation of the challenge questions, click Continue.
15. Disclaimer will appear for you to read. Click I Accept then Continue.
16. Disclaimer acceptance will appear. When you click Continue, you'll be taken to the Member Benefits Home Screen.

Single Sign On Capabilities for Active Employees with a State of Hawaii Microsoft Office Account

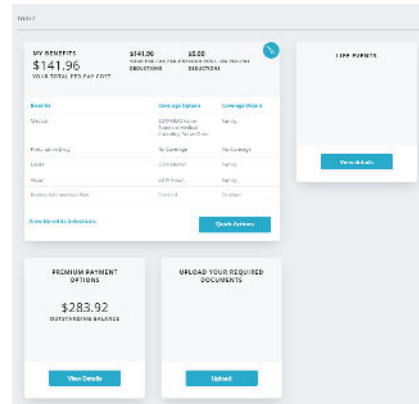
1. Click on the Single Sign On blue Login button in the gray box for State of Hawaii Active Employees with a Microsoft Office 365 account.
2. Enter your State of Hawaii Employee Email Address and Password (same as Hawaii Information Portal (HiPay). (If you are already logged in to your State of Hawaii Office 365 account then you may not be asked to re-enter your Email Address and Password.)
3. If your criteria is accepted, your registration is confirmed.
4. Disclaimer will appear for you to read. Click I Accept then Continue.
5. Disclaimer acceptance will appear. When you click Continue, you'll be taken to the Member Benefits Home Screen.



Find Information about Your Benefits on the Member Benefits Home Screen

The Home Screen displays Tools, where you can access your current benefits. You can also view, print, and make changes. This screenshot shows the following tools: My Benefits, Life Events, Premium Payment Options, and Upload Your Required Documents.

1. Click the double-arrow icon on the top right of My Benefits. This will expand the My Benefits Tool.
2. You'll see your Total Benefits Cost, Pre-Tax Deductions, and Post-Tax Deductions per pay period.
3. Below the Tools section, you'll see a section called Plan Details and Information. This is where you can find benefits information, required plan notices, and other resources.

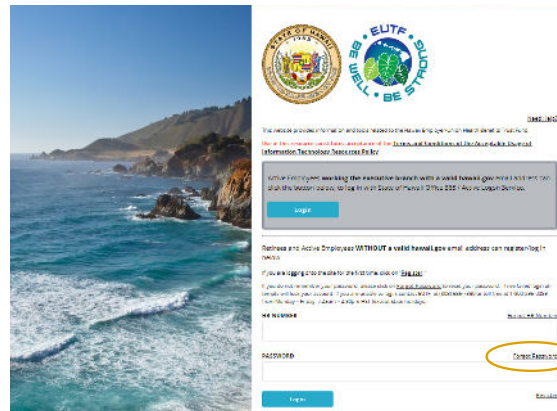


The screenshot shows the 'My Benefits' tool expanded on the home screen. It displays a table with columns for 'Benefits', 'Coverage Options', and 'Coverage Status'. The table lists various benefits like Medical, Dental, Vision, and Life Insurance. Below the table, there are sections for 'Premium Payment Options' showing a total of \$283.92 and 'Upload Your Required Documents'.

What Happens If You Forget Your Password

1. Click Forgot Password under the login window.
2. Answer three security challenge questions you selected during registration.
3. Reset your password.

Active Employees with the State of Hawaii must contact their IT department's Office 365 administrator if they forget their SSO password.



The screenshot shows the login page with the 'Forgot Password' link highlighted in a red circle. The page includes the State of Hawaii logo and a login form with fields for username and password.

Use Quick Actions to Enroll or Make Changes to Your Benefits

- Click Quick Actions on the right side of the Home Screen.
- Click Enroll or Make Changes from the drop-down menu.
- On the Enroll or Make Changes screen, you'll see a listing of Life Events. (Do **NOT** use the Acquisition of Coverage event in the portal. Please submit an EC-1/EC-1H enrollment form with required supporting documents for this event.)

Important!

- If you need to upload documentation, you can do this through the portal by clicking on Quick Actions then click on Upload Documents. The system will walk you through each step.
- Your elections aren't saved until you see the Enrollment Submitted screen and receive an email or text confirmation.

Communication Preferences and Security

The tool bar at the top right of the homepage is where you can access documents and correspondence from the EUTF, elect to go paperless or change your password.

1. To go paperless, go to **My Account** and click on **My Communication Preferences**.
2. In the dropdown box under **Communications Delivery**, select **Email** and click **Save Changes**.
3. Under **Email Collection**, enter your email preference and click **Save Changes**.

My Account



Details

[Security](#)**My Communication Preferences**[Privacy Settings](#)

My Communication Preferences

Go Paperless!

By electing electronic delivery (email) as your communication preference, you will **NOT** receive printed mail communication moving forward. Please allow 2-3 business days for your change to take effect.

By electing electronic delivery, you agree to the following:

I am opting out of printed, postal mail delivery of transactional, educational, and legal notices ("documents") relating to my and my dependent's benefits, and further agree that I have carefully read the information below, fully understand it, and agree to the terms and conditions as outlined herein. Direct communication preferences with benefit providers (e.g. Kaiser, etc.) will not be affected by this electronic opt-out election.

Electronic Delivery

I understand that a notification notice, with a link, will be delivered to my designated email address, and that I must log on to my account to access the documents. The viewable and printable documents will be retained on my account.

I understand that my consent to electronic delivery is effective until such time that I revoke it. I understand that electronic delivery may be discontinued in whole or in part at any time.

COMMUNICATIONS DELIVERY

Email

[Save Changes](#)