

## CHANCELLOR FOR COMMUNITY COLLEGES MEMO

CCCM #2030 (July 1 1993)

Subject: Delegation of Authority to Provosts for all Health Fund Personnel Transactions

A. References:

1. Administrative Procedures, A9.690 Health Fund Benefits.
2. Memorandum dated April 6, 1990, relating to the Health Fund Open Enrollment Period April 16 through May 16, 1990.
3. Hawaii Administrative Rules, Title 6, Health Fund Benefits.
4. Hawaii Administrative Rules, Title 14, Premium Conversion Plan.

B. Background and Purpose:

By memo dated April 6, 1990, James H. Takushi, Director of Personnel, delegated to the Senior Vice President and Chancellor for Community Colleges (hereinafter Chancellor), authority to process Health Fund transactions for all categories, including executive and managerial personnel. Accordingly, to expedite personnel actions relating to Health Fund benefits, the Chancellor is re delegating the authority to Provost for all categories of employees.

C. Responsibilities and Procedures:

1. Chancellor:
  - a. Through designated staff, provides assistance in the administration of Health Fund benefit programs.
  - b. Acts as a liaison between the Community College campuses and the Health Fund Office on all matters that have system-wide impact.
  - c. Assists campuses in the resolution of problematic situations.
  - d. Supplies campuses with all Health Fund Forms/Brochures as required.
2. Provosts. Director of Employment Training Center, or Designee:
  - a. Initiates, audits, and processes all Health Fund forms for all categories of employees. (See Attachment 1 for sample case scenarios and forms required)

- b. Transmits to the Health Fund original forms/documents by listing each employee alphabetically on the Transmittal Report, Form T-1. (Attachment 2)
- c. For Civil Service employees, forward pink copy (Department copy) to UH Personnel Management Office - Civil Service Sections. For all other employees each campus will maintain the pink copy for recordkeeping.
- d. Corresponds directly with the Health Fund Office to resolve routine discrepancies/errors. (Attachment 3)
- e. Requests for additional supplies of Health Fund Forms through the Chancellor's Office. (Attachment 4)
  - 1. Benefits Plan Booklet and/or New Bulletin
  - 2. Form E-1 - Health Fund Enrollment Application
  - 3. Form N-1 - Notice of Benefits Change or Termination Due to Personnel Action
  - 4. Form N-2 - Notice of Temporary Extension of Health Fund Insurance Coverage
  - 5. Form DC-1 - Changes to Employee's Date on File
  - 6. Form D-1 - Disability Certification for Dependent Children
  - 7. Form F-1 - Foster Child Statement
  - 8. Form RC-1 - Refund Claim Application
  - 9. Form D-66 - Health Benefits Plan Deduction Authorization (non-premium conversion plan)
  - 10. Form D-67 - Premium Conversion Plan (PCP) Benefit Election Change Form
  - 11. DPS/PCP-2- Premium Conversion Plan Election Change Form
  - 12. Form T-1 - Transmittal Report
  - 13. Certificate of Group Life Insurance

14. Premium Conversion Plan Brochure

D. Revisions:

None

Joyce S. Tsunoda, Senior Vice President  
and Chancellor for Community Colleges

Attachments 4

**CASE SCENARIOS AND FORMS TO BE PROCESSED**

**NEW EMPLOYEE**

- E1
- D66 OR D67 (PCP)
- Check (if necessary for first month's premium)

**TRANSFER IN EMPLOYEE**

- E1
- Copy of N1 (from releasing agency/department)
- D66/D67 (if from City & County employment)
- PCP2 (if PCP and from City & County employment)

**SPOUSE LOST COVERAGE, EMPLOYEE NOW WANTS COVERAGE**

- E1
- D66 or D67
- PCP2 (if PCP)
- Letter from spouse's employer; notification of lost benefits
- Check (if necessary for first months's premium)

**ADDITION DUE TO MARRIAGE/BIRTH**

- E1
- D66/D67 (if changing from self-plan)
- PCP2 (if PCP)
- Check (if necessary for first month's premium)

note: if employee already has family plans, only submit the E1.

**DELETION DUE TO DIVORCE/DEATH/LAST CHILD REACHES AGE 19**

- E1
- Divorce Decree
- D66/D67 (if changing plan)
- PCP2 (if PCP)
- RC1 (if changing plan and refund due)

note: if employee already has self plans, only submit the E1 and divorce decree.

**CHANGING PLANS TO SELF/LAST CHILD REACHED AGE 19**

- E1
- D66 OR D67
- PCP2 (if PCP)
- RC1 (if necessary, refund claim form)

**CANCELLATIONS**

- E1
- D66 OR D67
- PCP2 (IF PCP)

**LEAVE WITHOUT PAY**

- N1

**TRANSFER OUT EMPLOYEE**

- N1
- D66 or D67 (if to City & County Employment)

**RETIREMENT**

- N1
- D66 or D67

**SEPARATIONS/TERMINATIONS**

- N2
- D66 or D67

**CHANGING BENEFICIARIES**

- E1

**CHANGING ADDRESS**

- DC1 (or E1, if changing additional information)

DATE: \_\_\_\_\_

TO: HEALTH FUND - ENROLLMENT SECTION

FROM: \_\_\_\_\_ Telephone: \_\_\_\_\_  
University of Hawaii,  
\_\_\_\_\_ Community College

SUBJECT: Employees Being Denied/Claims Rejecting/No Carrier Cards

EMPLOYEE: \_\_\_\_\_

SSN: \_\_\_\_\_

KAISER/HMSA/HMO

Family

Self

PRESCRIPTION DRUG

Family

Self

VSP

Family

Self

HDS DENTAL

Self

Self & Spouse

Children's

\_\_\_\_\_ The above employee has had their claim rejected by insurance carrier. Please verify with carrier that this employ~e is covered.

\_\_\_\_\_ The above employee's dependent has had their claim rejected by insurance carrier. Please verify with carrier that this employee's dependent date of birth \_/ \_/\_, is covered.

\_\_\_\_\_ The above employee has not received their HMSA/Kaiser/HDS card as of yet. Please verify with carrier that this employee is covered and issue a card.

\_\_\_\_\_ The above employee has retired, but since returned to work on an emergency hire/casual appointment basis. When their paycheck was generated, a deduction/reduction was taken. Please make correction and refund; attached is a Refund Claim form.

UNIVERSITY OF HAWAII - COMMUNITY COLLEGES  
HUMAN RESOURCES OFFICE

<u>QUANTITY</u>	<u>DESCRIPTION OF FORMS</u>
___	BENEFITS PLAN BOOKLET
___	NEWS BULLETIN
___	FORM E1 - HEALTH FUND ENROLLMENT APPLICATION
___	FORM N1 - NOTICE OF BENEFITS CHANGE OR TERMINATION DUE TO PERSONNEL ACTION
___	FORM N2 - NOTICE OF TEMPORARY EXTENSION OF HEALTH INSURANCE COVERAGE
___	FORM DC1 - CHANGE TO EMPLOYEE'S DATE ON FILE
___	FORM D1- DISABILITY CERTIFICATION FOR DEPENDENT CHILDREN
___	FORM F1 - FOSTER CHILD STATEMENT
___	FORM RC1 - FUND CLAIM APPLICATION
___	FORM D66 - HEALTH BENEFITS PLAN DEDUCTION AUTHORIZATION
___	FORM D67 - PREMIUM CONVERSION PLAN BENEFIT ELECTION FORM
___	DPS/PCP2- PREMIUM CONVERSION PLAN ELECTION CHANGE FORM
___	FORM T1 - TRANSMITTAL REPORT
___	CERTIFICATE OF GROUP LIFE INSURANCE
___	PREMIUM CONVERSION PLAN - BROCHURE

SEND FORMS TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

