TO: All Departmental Personnel Officers

FROM: Davis K. Yogi, Director and Chief Negotiator
       Department of Human Resources Development

SUBJECT: Maintenance of Hawaii Public Employees Health Fund Bargaining Unit Information

As we enter into negotiations with the various bargaining units regarding the newly established employer-union trust for health fund benefits, it is essential that all departments focus on the accuracy of the bargaining unit information for enrolling employees. We understand that the Hawaii Public Employee Health Fund (HPEHF) is in the midst of developing an electronic data processing system that will replace its current manual system for the reporting of employee enrollment and bargaining unit information.

Consequently, the HPEHF is unable to allocate its information technology resources to work with our staff to develop the programs and data transfer protocols that would have enabled the electronic transfer of the required data from our HRMS. Therefore, we ask that you pay extra attention to the timely processing and accuracy of the information when completing the following HPEHF forms.

- **Form DC-1, Notice to Health Fund – Changes to Employee’s Data on File**
  Use this form to report changes to an employee’s personal information and if the change to the bargaining unit designation does not affect the employee’s current benefits.
  (Example: An employee’s bargaining unit designation changes from BU 13 to BU 03. This bargaining unit designation change only changes the employee’s bargaining unit from BU 13 to BU 03 and does not affect the employee’s current health plan or benefits.)

- **Form E-1, Hawaii Public Employees Health Fund – Enrollment Application**
  Use this form to report changes to an employee’s health plan or plan benefits and if the change to the bargaining unit designation affects the employee’s current benefits.
  (Example: An employee’s bargaining unit designation changes from BU 01 to BU 03. This bargaining unit designation change changes the exclusive representative from the UPW to the HGEA and will require changes to the employee’s health plan and benefits.)

Any questions you may have regarding the use of these forms to report any other employment changes, health plan or benefit changes can be directed to the HPEHF Enrollment staff at 586-2121.

c: Office of Collective Bargaining
   HPEHF/Bert Nishihara