SUBJECT: REPORTING OF AND ACTION REQUIRED UPON DEATH OF A COMMUNITY COLLEGE EMPLOYEE

A. References:

1. Administrative Procedure A9.780, Reporting of and Actions Required Upon the Death of a University Employee.
2. Section 88-84 HRS, Ordinary Death Benefits.
4. Section 87-4 HRS, State and County Contributions to Health Fund (Life Insurance Policy).

B. Purpose:

To ensure the objectives of Administrative Procedure A9.780, Reporting of and Actions Required Upon the Death of a University Employees, are met.

C. Responsibilities:

1. Senior Vice President, University of Hawai‘i and Chancellor for Community Colleges (hereinafter Chancellor)
   a. To issue procedures for implementing Administrative Procedure A9.780 in the Community Colleges environment.

2. Provost/Director of ETC
   a. Establish campus processes and procedures to ensure the "Checklist of Actions Required to Ensure Timely Receipt of Death Benefits" (Attachment 1) is completed.
   b. Notify by phone, the Community Colleges Human Resources Office (CCHRO) of employee's death and follow up with a memorandum to the Chancellor (Attachment 2 for a BOR employee or copy of Attachment 3 for a Civil Service employee).
c. Phone the University's Payroll Section immediately to notify them of the name of the deceased, the employee's social security number, the date and time of death, and last duty day. Send a copy of either Attachment 2 for a BOR employee or Attachment 3 for a Civil Service employee to UH Payroll.

d. Prepare and submit the following:

1) For a BOR appointee, send the following completed forms directly to the CCHRO:
   a) Letter to Chancellor (Attachment 2) informing the Chancellor of the employee's death
   b) HRIS Payroll Notification Form (PNF)
   c) Health Fund Form N-1
   d) Form G-2, Application for Transfer of Vacation and Sick Leave Credits or payment in lieu of vacation as applicable and appropriate
   e) A copy of the employee's death certificate

2) For a Civil Service employee, send the following completed forms directly to the UH-Office of Human Resources, Civil Service Section (UH-OHR-CS):
   a) A letter (Attachment 3) informing OHR-CS of the employee's death. With this information UH-OHR-CS will complete the Form SF-5
   b) Health Fund Form N-1
   c) Form G-2, as applicable and appropriate
   d) An original employee death certificate
3. Community Colleges Human Resources Office (CCHRO)
   a. Immediately notify the Chancellor of the employee's death
   b. Generate Attachment 4 for Chancellor's signature if employee was a BOR appointee
   c. Audit and transmit PNF, Form N-1 and Form G-2 to appropriate UH offices and agencies
   d. Include the death of Board of Regents employee in the next report of personnel action to the Board of Regents
   e. Prepare a brief statement highlighting the career of the individual and send to the Executive Assistant to the President.

4. Recisions:

   CCCM 2300, dated March 1998.

Joyce S. Tsunoda
Senior Vice President, University of Hawai‘i and Chancellor for Community Colleges

Attachments
UNIVERSITY OF HAWAII
CHECKLIST OF ACTIONS REQUIRED
TO ENSURE TIMELY RECEIPT OF DEATH BENEFITS

Name of Deceased

Department       SS #

Check each item or program in which the deceased was enrolled or participating in and follow up to ensure that all applicable forms have been completed and processed and that all appropriate agencies/companies have been notified.

☐ Medical Plan
    Refer to Part G, back of Form N-1, Hawai‘i Public Employees Health Fund, Notice of Benefits Changes or Terminations Due to Personnel Action.

☐ Dental Plan
    Refer to Part G, back of Form N-1

☐ Life Insurance Plan
    Upon receipt of Form N-1 (a death certificate must be attached), the Health Fund Office will contact the carrier. The carrier will then contact the designated beneficiary.

☐ Employees’ Retirement System
    Call Employees’ Retirement System for information and assistance. Honolulu 586-1680

☐ Employee Organization or Bargaining Unit
    Payroll deduction to ________________________________
    Call ________________________________ for information on benefits.

☐ Credit Union
    Payroll deduction to University Credit Union. Call 983-5500 for information.

☐ Tax-Shelter Annuity (Type in Name of the company.)
    Payroll deduction to ________________________________
    Call local insurance company office for information.
    Phone number ________________________________

☐ Deferred Compensation
    Payroll deduction to Hawai‘i Benefits Incorporated (State of Hawai‘i Deferred Compensation) Phone (808) 523-9102

☐ Social Security
    Call local office for information
TO: Joyce S. Tsunoda  
Senior Vice President, University of Hawai‘i and  
Chancellor for Community Colleges

FROM: Provost

SUBJECT: NOTIFICATION OF DEATH OF BOARD OF REGENTS APPOINTEE

In accordance with CCCM 2300, the death of an employee is being reported to you:

Employee's Name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
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Date of Death: __________________________ Time: __________________________

A completed "Checklist of Actions Required to Ensure Timely Receipt of Death Benefits" is attached (Attachment 1). Questions or inquiries should be directed to the liaison person identified below:

Name: ________________________________

Phone Number: _________________________

c: UH Payroll Office
   CC Human Resources Office
TO: OHR, Civil Service Section
FROM: Provost
SUBJECT: Notification of Death of a CC Employee

In accordance with Administrative Procedure A9.780, the death of the following employee is being reported to you:

1. Name ____________________________ (Last) ____________________________ (First) ____________________________ (MI)
2. Social Security # ____________________________
3. Date of Death: ________________ Time: ________________
4. Work Week Schedule: ____________________________
5. Last Duty Day: ____________________________

Should you require additional information, please feel free to call:

_________________________________________ Name ____________________________ Phone no.

C: UH Payroll Office
CC Human Resources Office
To: Vice President for University Relations
Subject: Notification of Death of a BOR Employee

In accordance with Administrative Procedure A9.780, the death of the following BOR employee is being reported to you:

Name: ____________________________________________________________
       (Last)     (First)     (MI)

Social Security No.: __________________________________________________

Date of Death: ___________________________  Time:_____________

Last Duty Day: ________________________________________________

Should you require additional information, please feel free to call my secretary at ext. 63856 or the following liaison person:

   Name ___________________________  Phone No. __________________

Joyce S. Tsunoda
Senior Vice President, University of Hawai‘i and Chancellor for Community Colleges

c: Provost