

**University of Hawai'i
Part-time and Temporary
Medical and Prescription Drug Plans
Acknowledgement**

Calendar Year: _____

I have been offered the opportunity to enroll in the medical and prescription drug plans for part-time and temporary employees (e.g. casual hires, 89-day non-civil service, employees at less than 50% FTE or appointment period less than 90 days, or student employees).

I have read the Part-time and Temporary Medical and Prescription Drug Plans Memo regarding medical and prescription drug plans offered to State and County employees who are not eligible to enroll in EUTF's medical/prescription drug plans.

I understand participation in the Part-Time and Temporary Employees Medical and Prescription Drug Plans is voluntary, and if I wish to enroll, I will enroll directly with HMSA or Kaiser. Any questions relating to enrollment, coverage, payments and benefits will be directed to HMSA and/or Kaiser. HMSA and Kaiser contact information is available on the Part-Time and Temporary Employees Medical and Prescription Drug Plans Memo.

Receipt acknowledged:

Signature: _____ Date: _____

Name (print): _____

HR Representative or designee: I have provided the Part-time and Temporary Medical and Prescription Drug Plans Memo to employee on:

Date: _____ HR Rep or designee (print name) _____

Re-acknowledgement

Employee's signature: _____ Date: _____

HR Representative or designee: I have provided the Part-time and Temporary Medical and Prescription Drug Plans Memo to employee on:

Date: _____ HR Rep or designee (print name) _____

Employee's signature: _____ Date: _____

HR Representative or designee: I have provided the Part-time and Temporary Medical and Prescription Drug Plans Memo to employee on:

Date: _____ HR Rep or designee (print name) _____

Employee's signature: _____ Date: _____

HR Representative or designee: I have provided the Part-time and Temporary Medical and Prescription Drug Plans Memo to employee on:

Date: _____ HR Rep or designee (print name) _____