

Dear Student Health Insurance Office (SHIO):

This memorandum is to confirm that the student listed below is employed with our department and is on (or has applied for) the employer health insurance (through EUTF):

Student: _____
Last Name, First Name

Student UH ID #: _____

Appointment Dates: _____ to _____
Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)

Health Plan selected:

HMSA PPO (90/10 or 80/20 or 75/25)

HMSA HMO

Kaiser HMO (Standard or Comprehensive)

I am aware that SHIO may contact me if there are questions regarding this student.

Sincerely,

Department Contact Person (Signature)

Date

Department Contact Person (Print Name)

Contact Person's email or phone number

University of Hawai'i Department