

Hawaii Employer-Union Health Benefits Trust Fund

Benefits Administration System Access Form

Please email completed form to: eutfemployer@hawaii.gov

Requester Name: _____

Date: _____

Department ID: _____

Department/Division Name: _____

Create New Account			
Name	Email Address	Account Type	
		System Administrator <i>Ability to add/remove staff, assign levels of staff access to information in the portal, reset passwords</i>	Regular User <i>Ability to add participants, view participant information</i>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Disable Account	
Name	Email Address