



SUMMARY OF ADMINISTRATIVE PROCEDURES FOR SMALL BUSINESS PLANS

1. ELIGIBILITY

- A. You must be a full-time Hawaii resident, remain actively at work full-time in the occupation described in your application earning at least 86.67 times the current minimum hourly wage per month, and have sufficient income generation to support full-time actively at work status.
- B. We may ask you periodically to verify continuing eligibility (including dependent eligibility, if applicable) by providing supporting documents.
- C. If the subscriber is on medical disability leave (e.g., Temporary Disability Insurance) or prevented by illness from working, coverage can be provided by the plan for the period that the subscriber is hospitalized or disabled from working and regular premium payments are made. This continued coverage will not exceed three months following the month in which the subscriber was hospitalized or disabled from working.

2. ENROLLING DEPENDENTS

- A. An Enrollment Application is always required before coverage can be effective. Please complete the Enrollment Application listing each eligible dependent being enrolled and mail or fax it to:

HMAA
Attn: Underwriting Department
737 Bishop Street, Suite 1200
Honolulu, Hawaii 96813
Fax: (808) 535-8363

- B. Applications for the addition of eligible dependents must be received no later than the 10th day of the month in which the individual becomes eligible for coverage, unless a qualifying event has occurred. It must also be signed and dated by the subscriber and spouse, if applicable, verifying that the information is correct within 60 days of the coverage effective date. Please fill out the form **completely** and **legibly** to avoid delays in processing.

For all qualifying events, applications must be submitted **within 30 days of the event.**

Qualifying events include, but are not limited to, the following:

- Newborn child – If the dependent is a newborn, an application must be submitted within 30 days from the date of birth, even if the subscriber already has family coverage. Proof of birth is required and must accompany the completed application. The newborn's Social Security number is not required for enrollment purposes
- Marriage – must be enrolled within 30 days of marriage, and proof of marriage must accompany the completed application
- Adoption – proof of adoption must accompany the completed application
- Involuntary loss of coverage from another health plan – HIPAA (Health Insurance Portability & Accountability Act) certificate from the prior carrier is required

3. TERMINATIONS

- A. All terminations must be submitted in writing on or before the last day of the month in which eligibility ends. Please use the *Cancellation and Change of Status/Contact Information Form*. **HMAA cannot accept retroactive terminations.**

Written notice must be accompanied with your signature.

- B. Termination criteria include:

- For Subscriber - Upon retirement, reduction of income/hours, not maintaining full-time Hawaii residency, entrance to full-time military status, or upon reaching the age of 65.
- For Spouse - Upon the Subscriber's termination of coverage or upon the dissolution of the marriage.
- For Children - Upon the Subscriber's termination of coverage, upon reaching age 26.

4. PREMIUM PAYMENT

- A. Your full premium payment must be received no later than the 1st day of the month in which coverage is expected. If we do not receive your full premium payment, you will receive a notice of our intent to cancel your policy. Because this is a prepaid plan, claims incurred during months with unpaid premiums will be denied. Notification of termination will also be sent to the State of Hawaii. Any requests for further coverage will be treated as a new policy application.
- B. **Do not adjust your statement balance.** HMAA will make all billing adjustments, which will appear on the following month's statement.
- C. A fee of \$50.00 will be charged to your account for any check returned for insufficient funds.
- D. Please make checks payable to **HMAA**. Mail payment, along with the payment stub from your bill, to:

**HMAA
P.O. Box 29790
Honolulu, Hawaii 96820-2190**

Forms may be obtained from our Website at www.hmaa.com.

If you have any questions or need assistance, please feel free to call our Customer Service Center:

Telephone: **(808) 941-4622**
Toll-Free: **(888) 941-4622**
E-mail: **CustomerService@hmaa.com**

**For more detailed information regarding administrative procedures,
please refer to your Group Service Agreement.**

Thank you for being a member of HMAA!
