



2020 HAWAII TEMPORARY PROFESSIONAL BENEFITS GUIDE

Effective January 1 – December 31, 2020



When it comes to health care and other benefits, we know that one size *does not* fit all. That’s why we offer our diverse workforce a wide range of choices and flexibility so you can select the benefits that best fit you and your family’s health care needs.

Choosing benefits is one of the most important decisions you’ll make all year. We encourage you to take the time to understand your options and use the many tools and resources available to you.

While our medical, dental and vision plan options have some similarities, it’s important to understand the differences. Use this guide to:

- Review your benefit choices
- Understand how the plans work
- Become aware of the tools and resources available with each plan
- Select the benefits that are best for you and your family

Then make sure to enroll by the deadline.

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HIGHLIGHTS OF 2020 CHANGES

Robert Half made the following changes to benefits for 2020.

PAYROLL DEDUCTIONS

If you enroll for employee-only medical coverage, you will now pay a portion of the cost of coverage. In compliance with the Hawaii Prepaid Health Care Law, Robert Half will deduct the monthly contribution amount or 1.5 percent of your regular earnings, whichever is lower. Paycheck deductions will begin with the first paycheck in January 2020.

COSTS FOR COVERAGE

Kaiser and HMSA costs will increase, but most of the voluntary plan costs will not change. (For auto and home insurance, and pet insurance, your individual rates may increase during the year.)

Rates are available through the Mercer Marketplace 365, except MetLife Auto and Home Insurance and Nationwide Pet Insurance. You must contact those vendors separately (available through the Mercer Marketplace 365).

WHO'S ELIGIBLE

Review the chart below to find out which benefits are available to you.

| Plan | As a candidate, you're eligible ... | Your dependents are eligible for coverage if they are ... |
|---|---|--|
| <ul style="list-style-type: none"> ▪ Kaiser Hawaii Gold Be Fit ▪ HMSA CompMed | Once you have worked 20 hours or more for four consecutive weeks at a qualifying wage | <ul style="list-style-type: none"> ▪ Your spouse/domestic partner¹ ▪ Your children up to age 26² |
| All voluntary benefits | As of your first paycheck | <ul style="list-style-type: none"> ▪ Your spouse/domestic partner¹ ▪ Your children up to age 26² |

¹ To qualify for benefits coverage, domestic partners must have entered into a legally recognized civil union or be registered with a state or local government domestic partnership registry. In the absence of a civil union or registration, domestic partners must satisfy the criteria set forth in Robert Half's Domestic Partner Benefits Guidelines. Any requirements for proof of relationship or waiting periods are applied similarly to domestic partners and spouses. COBRA-like continuation coverage is available to domestic partners and their children to the same degree and in the same manner as COBRA coverage is available to spouses and their children.




² If your child is mentally or physically disabled, coverage may continue beyond age 26, once proof of the ongoing disability is provided. Children may include natural children, adopted children, stepchildren and children for whom you are the legal guardian, as well as children of qualifying domestic partners.



Enrollment Tip

To be covered, your dependents must be enrolled in the same plans you choose for yourself.

HOW TO ENROLL OR MAKE CHANGES

| ONLINE  | PHONE  | MOBILE  |
|---|--|---|
| Visit the Mercer Marketplace 365 at mercermarketplace.com/roberthalf . | Call 1.855.879.6739 <ul style="list-style-type: none"> ▪ Monday – Friday: 1 a.m. – 3 p.m. HST <p>(Note: After the time change on November 3, available hours will start and end one hour later.)</p> | Download the Mercer Marketplace 365 app from your app store. (company ID: ROBhaf) |

WHEN TO ENROLL

WHEN YOU FIRST BECOME ELIGIBLE

Robert Half complies with the Hawaii Prepaid Health Care Act. Hawaii employees become eligible for medical coverage once they work 20 hours or more for four consecutive weeks. Coverage will begin the first of the month after becoming eligible. (This is your “eligibility date.”) You must make your elections within 30 days of becoming eligible.

DURING OPEN ENROLLMENT

Open Enrollment is your annual opportunity to enroll for benefits or make changes to your existing benefits. Generally, benefits you elect during Open Enrollment will be effective January 1 through December 31 of the following year unless you experience a qualified life event that permits you to change your coverage or makes you ineligible for coverage. Open Enrollment takes place once per year, typically in late October or early November.

Remember, if you want to waive medical coverage, either as a newly eligible employee or during Open Enrollment, you must:

1. Go to mercermarketplace.com/roberthalf or call the Mercer Marketplace 365 at **1.855.879.6739** to waive coverage.
2. Complete the 2020 State of Hawaii Form HC-5. This form is available on the State of Hawaii Department of Labor & Industrial Relations website (labor.hawaii.gov). The form is also included in the back of this guide.
3. Return the completed 2020 Form HC-5 via fax (**1.925.394.5110**) or email (HRsolutions@roberthalf.com) by November 30, 2019.

If you don't complete all the waiver steps above, you'll be automatically enrolled in employee-only coverage under the Kaiser Hawaii Gold Be Fit Plan effective January 1, 2020.



Enrollment Tip

If you get married or have a baby, be sure to make changes to your coverage within 30 days.

DURING THE YEAR DUE TO A QUALIFYING LIFE EVENT OR STATUS CHANGE

If you experience a status change that affects your eligibility for benefits or an IRS-qualified life event during the year, you may enroll for coverage in new plans and make changes to existing coverage within 30 days of the event. Contact the Mercer Marketplace 365 through mercermarketplace.com/roberthalf or call **1.855.879.6739** to start the process.

Qualifying Life Events

Examples of qualified life events, per IRS guidelines, include but are not limited to:

- Marriage, divorce or legal separation
- Birth or adoption
- Loss of dependent coverage
- Death of your spouse or one of your children
- Change in work status for you or your spouse/domestic partner

Your benefit elections or changes must be consistent with the event. For example, if you get married or have a child, you can add your new dependent to your current medical plan coverage, but you can't select a new medical plan. Documentation of the event may be required. Changes you make generally will be effective on the first day of the month following a qualified life event, except for:

- The birth of a baby or adoption: Coverage begins on the date of birth or the date the child is put in custody for adoption.
- Removing dependents from coverage: Coverage ends for your dropped dependent on the last day of the month.
- Death, divorce, legal separation, or termination of a domestic partnership: Coverage ends the day after the event date.

For most voluntary benefits, you can only make changes to your coverage during Open Enrollment. However, for auto, home and pet insurance, you can make changes at any time during the year.

If you experience a status change (or work less than 20 hours per week for over four weeks), this may affect your eligibility for the medical plan.

Important Legal Notices

Robert Half is required to provide legal notices to you, such as:

- Important Notice to Employees from Robert Half about Creditable Prescription Drug Coverage and Medicare
- HIPAA Special Enrollment Notice
- Women's Health and Cancer Rights Act Notice
- Newborns' and Mothers' Health Protection Act Notice
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) Notice
- Robert Half HIPAA Privacy Notice
- Exchange Notice

Notices are posted on the Mercer Marketplace 365 website at mercermarketplace.com/roberthalf.

WHEN COVERAGE BEGINS

Your coverage will be effective on your eligibility date, provided you enroll by the enrollment deadline. Coverage will continue through December 31, 2020, unless you experience a status change or life event that makes you ineligible for coverage.

In order to remain eligible for medical coverage, you must continue to work at least 20 hours per week. If you have four consecutive weeks working less than 20 hours, your coverage will end on the last day of that month. You can become eligible again by working just one week at 20 hours or more.

If you're eligible for coverage but take no action, you'll automatically be enrolled in employee-only coverage under the Kaiser Hawaii Gold Be Fit Plan.



Enrollment Tip

Robert Half's benefits program offers choices for medical coverage and voluntary benefits through the Mercer Marketplace 365. You have the freedom to choose the benefits that best meet your needs.

WHEN COVERAGE ENDS

If your employment ends, or if you terminate coverage due to a qualified life event, your medical coverage ends on the last day of the month. Identity protection, legal coverage and auto and home insurance also end on the last day of the month.

Supplemental medical insurance options, universal life insurance and pet insurance end on the termination date.

COBRA COVERAGE

If you leave Robert Half or become ineligible for benefits, your current coverage will end. You and/or your covered dependents may elect to continue medical benefits through COBRA. COBRA — the Consolidated Omnibus Budget Reconciliation Act — generally allows you and your dependents to continue your insurance under the group policy for 18 months after you cease to be an active employee. If your dependent(s) loses coverage due to your death or divorce, or because he or she reaches the dependent age limit, his or her coverage may be continued for up to 36 months. Through COBRA, you can elect each benefit and coverage level separately, and your coverage will be identical to what you had in place on your last day of employment or eligibility. However, your cost will be the full premium (both your and Robert Half's portions) plus a 2% administration fee for TRI-AD, our COBRA administrator. Therefore, COBRA costs more than what you have been paying. You may want to visit the federal health insurance marketplace at [healthcare.gov](https://www.healthcare.gov) to compare plans and costs — you might find a more cost-effective option elsewhere. For questions about COBRA coverage, contact TRI-AD at **1.866.268.0142 (Option 4)**.

SURVIVOR HEALTH CARE BENEFITS

Surviving dependents of a deceased employee will receive three months of COBRA medical coverage paid for by Robert Half, as long as the dependents were covered under the Robert Half health plans at the time of the employee's death.

MEDICAL PLAN OPTIONS

Robert Half offers two medical plans for eligible temporary professionals in Hawaii. Both medical plans meet the requirements of the Hawaii Prepaid Health Act.



KAISER HAWAII GOLD BE FIT

With Kaiser Hawaii Gold Be Fit, an HMO through Kaiser, you must use network providers for your care. The plan does not provide benefits for care received from out-of-network providers, except in an emergency. HMO plan participants also need to designate a primary care physician (PCP). Specialist referrals must be coordinated through your PCP.

| When you use an in-network provider... | When you use an out-of-network provider... |
|---|--|
| You'll pay fewer out-of-pocket expenses — you'll benefit from discounted rates. | You'll pay 100%. There are no out-of-network benefits, except for emergencies. |



Enrollment Tip

When choosing a medical plan, use the medical plan comparison tool on the Mercer Marketplace 365 website ([mercermarketplace.com/roberthalf](https://www.mercermarketplace.com/roberthalf)) to help you make the right choice for you and your family. You can compare your health plan choices in addition to estimating your cost for each plan. The cost comparisons will factor in the deductible amount, expected services and contribution amounts.

HMSA COMPMED

With the Hawaii Medical Service Association (HMSA) CompMed Plan, you may choose to use network providers for your care, or you can receive care from out-of-network providers. If you choose network providers and facilities, you'll usually pay less.

| When you use an in-network provider... | When you use an out-of-network provider... |
|---|---|
| You'll pay fewer out-of-pocket expenses — you'll benefit from discounted rates. | You'll pay more out of pocket for services because you won't benefit from discounted rates. |

CONSIDER THE HEALTH INSURANCE MARKETPLACE

In addition to the medical plan options available through Robert Half, you can consider coverage available through the federal health insurance marketplace.

The federal health insurance marketplace offers different levels of medical plan options, each with different levels of contributions.

For more information about the federal health insurance marketplace, you can:

- Go online to [healthcare.gov](https://www.healthcare.gov)
- Call **1.800.318.2596**

Note: To help make coverage purchased through the federal marketplace more affordable, the federal government offers subsidies to some participants. However, if you're eligible for medical coverage through Robert Half, you won't be eligible for a federal subsidy if you enroll for coverage through the federal health insurance marketplace.

MEDICAL BENEFITS AT A GLANCE

| Benefits | Kaiser Hawaii Gold Be Fit | HMSA CompMed | |
|--|--|--|---|
| | In-Network | In-Network | Out-of-Network |
| Annual Deductible | Individual: \$200 Family: \$400 | None | None |
| Annual Out-of-Pocket Maximum (medical) | Individual: \$2,200 Family: \$4,400 | Individual: \$2,500 Family: \$7,500 | |
| Lifetime Maximum Benefit | None | None | |
| Preventive Care | No charge | No charge | No charge |
| Physician Office Visit | You pay \$15 copay | You pay \$14 copay | You pay \$14 copay |
| Hospital | | | |
| Inpatient | You pay 10% after deductible | You pay 20% | You pay 20% ¹ |
| Outpatient | You pay 10% after deductible | You pay 20% | You pay 20% ¹ |
| Emergency Room | You pay 20% (no deductible) | You pay \$20 copay and 20% | You pay \$20 copay and 20% ¹ |
| Prescription Drugs | | | |
| Annual Out-of-Pocket Maximum (prescription drugs) | N/A | Individual: \$3,600 Family: \$4,200 | |
| Retail (up to a 30-day supply) | <ul style="list-style-type: none"> ■ Generic Maintenance: You pay \$10 copay ■ Other Generics: You pay \$20 copay ■ Brand: You pay 50% ■ Specialty: You pay 50% (after \$250 individual/\$500 family deductible for specialty drugs) | <ul style="list-style-type: none"> ■ Generic: You pay \$7 copay ■ Preferred Brand:² You pay \$30 copay ■ Non-Preferred Brand:² You pay \$30 copay plus \$45 other brand-name cost sharing ■ Preferred Specialty: You pay \$100 copay ■ Non-Preferred Specialty: You pay \$200 copay | <ul style="list-style-type: none"> ■ Generic: You pay \$7 copay plus 20% ■ Preferred Brand:² You pay \$30 copay plus 20% ■ Non-Preferred Brand:² You pay \$30 copay, plus 20%, plus \$45 other brand-name cost sharing ■ Specialty: Not covered |
| Mail Order (up to a 90-day supply) | <ul style="list-style-type: none"> ■ Generic Maintenance: You pay \$20 copay ■ Other Generics: You pay \$40 copay ■ Brand: You pay 50% ■ Specialty: You pay 50% (after \$250 individual/\$500 family deductible for specialty drugs) | <ul style="list-style-type: none"> ■ Generic: You pay \$11 copay ■ Preferred Brand:¹ You pay \$65 copay ■ Non-Preferred Brand:¹ You pay \$65 copay plus \$135 other brand-name cost sharing ■ Specialty: Not covered | Not covered |



¹ All copays shown are based on eligible charges. An eligible charge is the amount HMSA's participating providers have agreed to accept as payment in full for services rendered. All services received from a non-participating provider will likely result in significantly higher out-of-pocket expenses, since the member is responsible for any difference between HMSA's eligible charge and the non-participating provider's actual charge. Please note: Eligible charges don't include the excise tax or other taxes. You're responsible for all taxes related to your medical coverage.

² When a prescribed brand-name drug has a generic equivalent that is listed on the Hawaii Drug Formulary of Equivalent Drug Products, you'll be responsible for the appropriate copayment, plus the difference in cost between the generic and brand-name drugs. This applies regardless of whether you chose not to use the generic drug or whether it wasn't available at your pharmacy.

USE YOUR HEALTH SUPPORT RESOURCES

In addition to the coverage offered by your medical plan, you may have access to health support tools and resources to help meet your health care needs.

Please consider using these two company-provided resources, *Best Doctors* and *Health Advocate*, to help you and your family manage your health and keep well.

| | |
|---|--|
|  <p>Best Doctors</p> | <p>When you choose a Robert Half medical plan, you'll have access to <i>Best Doctors</i>. This service provides confidential second opinions and diagnostic reviews from some of the country's premier physicians to help you receive the most appropriate care for your situation. They can also help you find the best doctor to treat your particular illness or injury. This benefit is 100 percent confidential and offered at no charge to enrolled employees and dependents. For more information about <i>Best Doctors</i>, call 1.866.904.0910 or go to members.bestdoctors.com.</p> |
|  <p>Health Advocate</p> | <p>You and your eligible family members, including parents and parents-in-law, have access to <i>Health Advocate</i>, a leading national health advocacy and assistance company. You don't need to enroll in a Robert Half medical plan to use <i>Health Advocate</i>.</p> <p><i>Health Advocate</i> provides many important services to help you and your family members resolve health care-related issues, balance your life and work and make healthy lifestyle changes.</p> <p>You have access to personal health advocates who can assist you and your eligible dependents with the following services:</p> <ul style="list-style-type: none"> ▪ Finding a doctor or hospital ▪ Resolving billing and claim issues ▪ Getting a second opinion for a diagnosis and expediting appointments ▪ Understanding conditions, test results, prescriptions and treatment options ▪ Finding eldercare and support services ▪ Understanding Medicare <p>Call <i>Health Advocate</i> at 1.866.695.8622, visit online at healthadvocate.com/roberthalf or send an email to answers@healthadvocate.com.</p> |

ADDITIONAL VOLUNTARY BENEFITS




You can enroll in these additional voluntary insurance products through the Mercer Marketplace 365. Because these products are offered at competitive group rates, you could save money compared with purchasing them on your own.

SUPPLEMENTAL MEDICAL INSURANCE OPTIONS

Supplemental medical insurance can help protect you from significant or unexpected out-of-pocket expenses incurred when you undergo a procedure or use a service your medical plan doesn't cover. These supplemental options are **not** designed to replace the traditional medical plans.

The following supplemental medical insurance products, provided through Allstate Benefits, are available to you as part of our voluntary benefits offerings. You pay the full cost of these plans through post-tax payroll deductions.

Complete details about these products and their costs are available on the Mercer Marketplace 365 website at mercermarketplace.com/roberthalf.

| | | |
|--|-------------------------------------|--|
|  | Hospital Indemnity Insurance | A hospital indemnity insurance plan provides a cash payment that your medical plan may not cover for expenses incurred during a hospital stay. |
|  | Accident Insurance | Accident insurance provides a cash payment in cases of accidental injuries. You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses, like your mortgage, rent, day care or transportation. |
|  | Critical Illness Insurance | Critical illness insurance helps protect against the financial impact of certain illnesses, such as heart attack, cancer and stroke. For specific covered conditions, you receive a cash payment that you can use for uncovered medical expenses or ongoing living expenses, like your mortgage, rent, day care or transportation. |

Note: The coverage provided is limited benefit supplemental insurance.

- Group Hospital Indemnity Insurance is provided under policy GVSP2, or state variations thereof.
- Group Accident coverage is provided under policy GVAP1, or state variations thereof.
- Group Critical Illness benefits provided under policy GVCIP2, or state variations thereof.






This is a brief overview of the benefits available under the Group Policies issued by American Heritage Life Insurance Company. Details of the insurance, including exclusions, restrictions and other provisions are included in the Certificates of Insurance that will be issued to insured employees. Please contact your Allstate Benefits Representative for costs and details. Allstate Benefits is the marketing name for American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. Please contact your Allstate Benefits Representative for costs and details.



Enrollment Tip

The supplemental medical insurance products are intended to supplement a medical plan. On their own, they do not provide the minimum level of medical coverage needed to meet health care reform individual mandate requirements under the Affordable Care Act. The traditional medical plan options are described on pages 7 and 8.

OTHER PLANS

| Voluntary Benefit | Description |
|--|---|
|  <p>Universal Life Insurance (Allstate Benefits)</p> | <p>Universal life insurance is designed to last your lifetime as long as you pay your premiums. Upon your death, your beneficiaries receive a lump-sum payment known as the death benefit, which can be used to help cover expenses or support their future needs. Unlike term life insurance policies, universal life insurance can accumulate fund value over time. Coverage may expire if either no premiums are paid following the initial premium or subsequent premiums are insufficient to continue coverage.</p> <p><i>Group Universal Life Insurance benefits are provided under policy form GUL22, or state variations thereof. This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.</i></p> |
|  <p>Identity Protection (InfoArmor®)</p> | <p>PrivacyArmor® from InfoArmor is a proactive fraud detection and prevention plan that includes full-service remediation for state-of-the-art identity protection. You'll also have access to an annual credit report,* monthly credit scores and monitoring of your TransUnion credit file.</p> <p>InfoArmor offers PrivacyAdvocates® who are certified and trained in identity restoration. If suspicious activity is detected, a PrivacyAdvocate® can act as a dedicated case manager to resolve the issue.</p> <p><i>* Under federal law, you're entitled to a free copy of your credit report annually from all three credit reporting agencies. To order, visit annualcreditreport.com or call 1.877.322.8228.</i></p> |
|  <p>Legal Benefits (Hyatt Legal, MetLaw)</p> | <p>Hyatt Legal (MetLaw) offers you access to attorneys for common legal matters, such as will preparation, estate planning, elder care matters, identity theft and more. You, your spouse and your dependents can select an attorney from our nationwide network of more than 15,000 experienced attorneys for advice and consultation, to draft or review documents or to provide representation in court, if necessary. You also have the ability to use an attorney outside of the legal plan network and get reimbursed for covered services according to a set fee schedule.</p> <p>A client service representative can help you locate a network attorney in your area. Through the member website, you'll also have access to an attorney locator to find attorneys on your own, self-help legal documents to complete simple legal matters and a Law Firm E-Panel that you can submit questions to. Visit info.legalplans.com to find out more.</p> |
|  <p>Auto and Home Insurance (MetLife)</p> | <p>Compared with purchasing auto and home insurance on your own, purchasing group auto and home insurance through the Mercer Marketplace 365 could provide you with savings of up to 15 percent. MetLife gives you access to a variety of personal insurance policies, including home,* landlord's rental dwelling, condo, mobile home, renters, recreational vehicle, boat and personal excess liability.</p> <p><i>* Home insurance is not part of the benefit offering from MetLife Auto and Home in Massachusetts and Florida.</i></p> |
|  <p>Pet Insurance (Nationwide)</p> | <p>If you're a pet owner, you know how quickly animals become part of your family and how important it is to offer them the care and love they need. With affordable coverage from Nationwide®, you can continue providing the best care possible. Call 1.800.540.2016 or go to petinsurance.com for a free quote.</p> |

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Discount Perks

Through PerkSpot, you'll have 24/7 access to exclusive prices, discounts and offers from hundreds of local and national merchants, such as health clubs, movie theaters, restaurants, retailers and all major cell phone providers. Offers are updated frequently.

Using PerkSpot is free. Once you enroll, you can sign up to receive email alerts for discounts and savings of up to 40 percent.

CONTACT INFORMATION

If you have questions or need information about your Robert Half benefits, contact the Mercer Marketplace 365 at **1.855.879.6739**. Benefit counselors are available Monday – Friday, 1 a.m. – 3 p.m. HST. (Note: After the time change on November 3, available hours will start and end one hour later.)

| Plan | Carrier/ Vendor | Group Numbers | Telephone | Website |
|------------------------------|----------------------|--|----------------|--|
| Medical/Prescription | HMSA | 24453-1-0 | 1.808.948.6111 | hmsa.com |
| | Kaiser | 50011 | 1.877.580.6125 | kp.org/mercermarketplace |
| Best Doctors | Best Doctors | N/A | 1.866.904.0910 | members.bestdoctors.com |
| Health Advocate | Health Advocate | Account ID: Robert Half International | 1.866.695.8622 | healthadvocate.com/members |
| Accident Insurance | Allstate Benefits | V6971 (weekly), V7944 (bi-weekly) and V7945 (semi-monthly) | 1.800.521.3535 | allstatevoluntary.com/mercermarketplace |
| Critical Illness Insurance | Allstate Benefits | V6971 (weekly), V7944 (bi-weekly) and V7945 (semi-monthly) | 1.800.521.3535 | allstatevoluntary.com/mercermarketplace |
| Hospital Indemnity Insurance | Allstate Benefits | 92490 | 1.800.521.3535 | allstatevoluntary.com/mercermarketplace |
| Universal Life Insurance | Allstate Benefits | V6971 (weekly), V7944 (bi-weekly) and V7945 (semi-monthly) | 1.800.521.3535 | allstatevoluntary.com/mercermarketplace |
| Identity Theft Protection | InfoArmor | 793 | 1.800.789.2720 | www.myprivacyarmor.com/marketplace365/ |
| Auto and Home Insurance | MetLife | 9874394 | 1.800.438.6388 | metlife.com/group-auto/mpe |
| Group Legal | Hyatt Legal (MetLaw) | 609/0976 | 1.800.438.6388 | info.legalplans.com |
| Pet Insurance | Nationwide | 4201 | 1.800.540.2016 | petbenefitsportal.com |
| Discount Mall | PerkSpot | N/A | 1.866.606.6057 | roberthalf.perkspot.com |

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No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying and recording, for any purpose without the express written permission of Robert Half.

This document is a Summary of Material Modification, as required by ERISA. Together this guide, benefit descriptions, contracts and summary plan descriptions comprise the official Plan document, which legally governs the administration of each benefit plan.

Robert Half reserves the right to terminate, suspend, withdraw or modify the benefits described in this document, in whole or in part, at any time. No statement in this or any other document, and no oral representation, should be construed as a waiver of this right.

General Benefits Questions?

Contact the Mercer Marketplace 365:



1.855.879.6739



mercermarketplace.com/roberthalf



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION
 Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813
FORM HC-5 EMPLOYEE NOTIFICATION TO EMPLOYER FOR CALENDAR YEAR 2020

Use this form if the employee works at least 20 hours per week and:

- Works for 2 or more employers** or
- Claims an exemption or waiver from health care coverage or
- Terminates an exemption or
- Changes principal and/or secondary employer designation**

THIS SECTION IS FOR THE EMPLOYER TO COMPLETE.

Employer name Robert Half International DOL account number 1016130
 Address 737 Bishop St. Ste 2550 Honolulu, Hawaii Phone no. 808-531-8056

See employee's selection below and take appropriate action. **Give a copy of this completed form to the employee.** Keep this completed, signed form on file for 2 years. **The employee's selection below is applicable only within calendar year 2020.** If the employee will be renewing the selection after 2020, have the employee complete the form for the appropriate year.

FOR THE EMPLOYEE TO COMPLETE:

Do **not** use this form if:

- You work for only 1 employer and that employer provides you with health care coverage or
- You work less than 20 hours per week for your employer

In accordance with the provisions of the Hawaii Prepaid Health Care Act (Chapter 393, Hawaii Revised Statutes), this is to notify my employer that: (Check appropriate box.)

| | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Of the two or more concurrent employers that I work for (at least 20 hours a week), you have been selected as the principal** employer and are required to provide me health care coverage (Section 393-6). **The principal employer is the employer who pays the employee the most wages. However, if the employee works for 1 employer at least 35 hours per week and that employer does not pay the employee the most wages, the employee chooses the principal employer. |
| <input type="checkbox"/> | 2. Of the two or more concurrent employers that I work for (at least 20 hours a week), you have been selected as the secondary** employer and are therefore relieved of the responsibility to provide me health care coverage until you are otherwise notified (Section 393-16). |
| <input type="checkbox"/> | 3. I am exempt from health care coverage because I am: (Check appropriate box.) (Sections 393-17 and 393-22) <input type="checkbox"/> a. covered by a Federally established health insurance or prepaid health care plan, such as Medicare, Medicaid or medical care benefits provided for military dependents and military retirees and their dependents. <input type="checkbox"/> b. covered as a dependent (e.g. spouse, child, etc.) under a qualified health care plan. <input type="checkbox"/> c. a recipient of public assistance or covered by a State-legislated health care plan governing medical assistance (e.g. MedQuest). <input type="checkbox"/> d. a follower of a religious group who depends upon prayer or other spiritual means for healing. |
| <input type="checkbox"/> | 4. I waive coverage from my employer's health care plan because I have obtained the plan named _____ from the health care plan contractor named _____. I understand this waiver is binding for the 2020 calendar year. I submitted a copy of my plan to my employer to forward to the Department of Labor and Industrial Relations with this form. (Section 393-21). |
| <input type="checkbox"/> | 5. The coverage exemption/waiver previously indicated in items 2, 3 or 4 is no longer applicable; you are therefore required to provide me health care coverage (Section 393-18). Requested effective date of coverage: _____. |

Print employee name EE ID# Employee signature _____
 Address _____ Phone no. _____ Date _____

Keep a copy of your completed, signed form for yourself. **RETURN COMPLETED FORM TO EMPLOYER.**

Call (808) 586-9188 with any questions about this form.

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