EPIC | EMPLOYERS' PROTECTIVE INSURANCE COMPANY, INC.

**EMPLOYERS' PROTECTIVE INSURANCE COMPANY**
P.O. Box 859, Honolulu, HI 96808

**APPLICATION FOR:**
**HAWAII TEMPORARY DISABILITY INSURANCE POLICY**

Full Legal Name of Proposed Policyholder:

If doing business under a different name, provide "dba" (doing business as) name:

Type of Entity: _____ If LLC: ☐ Corporation ☐ Single Member ☐ Multi-Member
(Corporation, LLC, Partnership, Sole Proprietor, LLP, Other)

List any subsidiaries to be included:

Nature of Business:

Address: Street City State Zip

Contact Name and Billing Address:

Telephone: _____

Fax: _____

Email Address: _____

Hawaii Unemployment Insurance Number (DOL Number):

Federal Identification Number:

Effective Policy Date:

All employees defined by the Hawaii Temporary Disability Insurance Law are eligible. Are all eligible employees to be covered by this policy? ☐ Yes ☐ No

If no, Classes Excluded: ☐None ☐Union ☐Hourly ☐Non-Management ☐Other Excluded Class _____

Number of Eligible Employees for which application is made: _____Male _____Female

Total taxable wages per month of covered employees: $ _____
(Maximum weekly wage base and maximum weekly benefit amount: $1,441.72 for 2025)

Employer premium rate quoted per $100 of covered payroll: $ _____

*The insurance company reserves the right to establish new premium rates.*

Percentage of Premium Paid by Employer: _____%
(Must be at least 50%)

[Plan: ☑ Hawaii Temporary Disability Insurance]

The Group's Authorized Representative agrees that to the best of his or her knowledge and belief, the information provided in this Application is true and accurate; that any Policy issued will be on the basis of this information and the Application will form a part of the Policy; that any misrepresentation may result in rescission; enrollment information must be submitted before the Insurance Company ("We") can act on the Application and that the Policy will not become effective before We approve the Application. The Policy, Certificate, and other documents related to this Application may be transmitted electronically.

Group's Authorized Representative Name (Print): _____ Title: _____

Group's Authorized Representative Signature: _____ Date: _____

Agent / Broker Name (Print): _____ Agent / Broker Code: _____

Agent / Broker Signature: _____ Date: _____