



PACIFIC GUARDIAN LIFE

Temporary Disability Insurance Application

Email or fax a copy of the completed form to:

Pacific Guardian Life Insurance Company, Ltd.

1440 Kapiolani Blvd., Suite 1700 • Honolulu, HI 96814

Fax Number: (808) 942-1284 • Email: tdiadmin@pacificguardian.com

Full / Legal Name of Business: _____

dba: _____

Type of Entity: Corporation LLC LLP Partnership Sole Proprietor Other _____

If LLC: Single Member Multi-Member

Name(s) of Owner(s) or President with 50% of more ownership: _____

Would you like to purchase TDI-like Owner or Sole Proprietor coverage for those excluded? Yes No

List Name(s) of Owner(s) to be covered: _____

The Billing information provided will be used to register the account(s) on Pacific Guardian Life's TDI billing portal for the initial invoice and all invoices moving forward.

Nature of Business: _____

Telephone: _____

Name of Company Contact: _____

Email: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Name and billing address of CPA/PA (for billing purposes, if different from above address):

Name: _____ Telephone: _____

Billing Address: _____ Email: _____

Hawaii Unemployment Insurance Number (DOL Number): _____

Federal Identification Number: _____

Effective Date: _____

Statutory TDI Only - Number of Employees

Male	Female	Total	Premium rate quoted Employer per \$100 of covered payroll	\$ _____

Total taxable wages per month of covered employees: _____

(Maximum covered wages per employee per month: \$5,201.30 for 2022)

Are all employees to be covered by this policy? Yes No

Percentage of premium paid by employer: _____%

Optional TDI Riders: (Not available to sole proprietors)

Employer paid: TDI Extension (TDI-Ext.) \$0.10 per \$100 covered payroll

Group Life (GL) \$0.10 per \$100 covered payroll*

*GL rate is based on a plan of one (1) multiplied by the employee's maximum TDI benefit, and is not available to all industries or age groups. Certain restrictions apply.

Pacific Guardian Life reserves the right to establish new premium rates as provided in the policy.

Authorized Signature

Title

Date

Agency

Agent

Code