



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 Email Address(es) 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:

Policy 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: \$5,957.38 for 2024)

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
- TDI-60 (60% to \$1,500) \$0.05 per \$100 covered payroll (\$10,833.33 max covered payroll per month)
- TDI-65 (65% to \$2,500) \$0.10 per \$100 covered payroll (\$16,666.67 max covered payroll per month)

Authorized Signature

Title

Date

Agency

Agent

Code