

**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% or more ownership: _____

Note: Owners with at least 50% or more ownership are excluded from statutory TDI coverage.Would you like to purchase an optional, 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 Employee Identification Number: _____

Policy Effective Date: _____

Statutory TDI Only - Number of Employees

Male	Female	Total	Premium rate quoted Employer per \$100 of covered payroll	\$ _____
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Total taxable wages per month of covered employees: _____

(Maximum covered wages per employee per month: \$6,247.45 for 2025)

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 _____

Agency _____

Title _____

Agent _____

Date _____

Code _____