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: employeebenefits@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: 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: $6,500.91 for 2026)

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

Percentage of premium paid by employer: _____%

Optional TDI Riders: (Eligible for employers with 4 - 99 covered employees. 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