

# Department of Labor & Industrial Relations

## Newly Liable Employer What New Employers Need to Know



Linda Uesato, Unemployment Insurance Administrator

[www.hawaii.gov/labor](http://www.hawaii.gov/labor)



DEPARTMENT OF LABOR &  
INDUSTRIAL RELATIONS

# Aloha and Welcome!



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- The following presentation answers the most common questions new employers may have.
- For more detailed explanation:
  - View the [Handbook for Employers](#)
  - [Contact our office](#)
  - Visit our website at: <http://hawaii.gov/labor/ui>
- Throughout this presentation, click on text in [green](#) or any form to link to our website for more information.

# What is Unemployment Insurance (UI)?



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- Unemployment Insurance provides temporary and partial replacement of lost wages to qualified workers who become jobless through no fault of their own.
- Allows jobless individuals to continue spending for basic necessities
- Stimulates businesses and helps to stabilize the local economy.

# Who pays for UI?



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- Employers fund 100% of the UI program by paying federal and state payroll taxes.
- No deduction can be made from any employee's wages to pay unemployment taxes.

# When does a business become liable for UI?



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An individual or organization, which has, or plans to have, one or more workers performing services for it, must register within twenty (20) days after services are performed.

- Complete Form BB-1, Basic Business Application
  - Register [online](http://hbe.ehawaii.gov) at Hawaii Business Express:  
<http://hbe.ehawaii.gov>
  - [Click here for paper Form BB-1](#)

# Example of Form BB-1



FORM BB-1 (Rev. 2007)	STATE OF HAWAII <b>BASIC BUSINESS APPLICATION</b>	This Space For Office Use Only <span style="font-size: 1.2em; font-weight: bold;">02</span>																										
<b>TYPE OR PRINT LEGIBLY</b>																												
1. Type of application (Check the appropriate box(es) that best describes your purpose in filing this application) <input type="checkbox"/> General Excise <input type="checkbox"/> Use Tax Only <input type="checkbox"/> Seller's Collection <input type="checkbox"/> Liquor <input type="checkbox"/> Transient Accommodations <input type="checkbox"/> Employer's Withholding <input type="checkbox"/> GE One-Time Event <input type="checkbox"/> Rental Motor Vehicle & Tour Vehicle <input type="checkbox"/> Liquid Fuel Distributor <input type="checkbox"/> Cigarette and Tobacco (Non-Retail) <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Liquid Fuel Retail Dealer <input type="checkbox"/> Retail Tobacco Permit		Identification number W _____ UI Registration Number _____																										
2. Taxpayer's/Employer's Name (Individuals, enter Last, First, Middle Initial)		3. Doing business as (DBA) name _____																										
4. FEIN _____	5. Type of ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Federal Agency <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Single-Member LLC																											
6. Date Business Began in Hawaii (MM/DD/YYYY)	7. Date of Organization (MM/DD/YYYY)	8. State of Organization																										
9. Accounting period, check only one <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year ending (MM/DD) /		10. Accounting method, check only one <input type="checkbox"/> Cash <input type="checkbox"/> Accrual																										
11. NAICS (See Instructions) and business activity _____																												
12. Mailing address    C/O _____ Street address or P.O. Box _____ City _____ State _____ Postal/Zip Code + 4 _____																												
13. Physical location of business in Hawaii    Street address _____ City _____ State _____ Zip Code + 4 _____																												
14. If no physical business location in Hawaii, provide the name, address, and telephone number of the individual performing services in Hawaii _____																												
15. Phone Number    Business _____ Residential _____ Fax _____ E-mail address _____																												
16. For GE One-Time Event applicants ONLY: Name of the Event (See Instructions) _____																												
17. Does all or part of this business qualify for a disability exemption? (See Instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No																												
18. Name of Parent Corporation _____		19. Parent Corp.'s FEIN _____																										
20. Parent Corporation's Mailing Address _____																												
21. List all sole proprietors, partners, members, or corporate officers (See Instructions) ATTACH A SEPARATE SHEET OF PAPER IF MORE SPACE IS REQUIRED.																												
22. (a) Did you acquire an existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) If yes, was <input type="checkbox"/> all or <input type="checkbox"/> part of the business acquired? (c) When was it acquired? _____ (MM/DD/YYYY) (d) Previous owner's/business' name, dba, address, Hawaii Tax I.D. No., and UI Account No. (If you answered 'No' to (a) enter N/A)	23. No. of establishments or branches in Hawaii _____	24. Date employment began in Hawaii _____ / _____ / _____	25. No. of employees on date employment began _____	26. Date first wages paid in Hawaii _____ / _____ / _____																								
27. If no employees, when do you anticipate hiring employees? _____ / _____ / _____																												
28. How many Retail Tobacco Permits are you applying for? _____ Attach a list of (1) the name and address of each retail location you are obtaining a permit for, and (2) for those retail locations that are vehicles, include the Vehicle Identification Number (VIN) of each vehicle. <b>Have you ever been cited for either a tobacco and/or liquor violation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																												
29. Attach a list, by island, of the address(es) of your rental real property, noting TA, if transient accommodations, and/or the address(es) of your rental motor vehicle or tour vehicle (RVST) and your Liquid Fuel Retail Dealer's Permit (Fuel) business locations, noting the location as either RVST, or Fuel																												
30. (a) How many TA units are you registering for? <input type="checkbox"/> 1-5 units <input type="checkbox"/> 6 or more units (b) Date TA activity began in Hawaii _____ / _____ / _____		33. Enter the amount from line i. of the registration fee worksheet on the back of the form here and on the Total Payment line for Form VP-1, Tax Payment Voucher. Attach Form VP-1 to this form.    \$ _____																										
31. Date RVST activity began in Hawaii _____ / _____ / _____		34. Enter the amount from line o. of the registration fee worksheet on the back of the form here and on the Total Payment line for Form VP-2, Miscellaneous Fee Payment Voucher. Attach Form VP-2 to this form.    \$ _____																										
32. Filing period, Check 1 box for each tax type applicable <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <th style="text-align: left;">Tax Type</th> <th style="text-align: center;">Mo</th> <th style="text-align: center;">Qtr</th> <th style="text-align: center;">Semi</th> </tr> <tr> <td>a) GE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b) GE One-Time Event</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c) TA</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d) RVST</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e) WH</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Tax Type	Mo	Qtr	Semi	a) GE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) GE One-Time Event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) TA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) RVST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) WH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>35. TOTAL REGISTRATION FEE DUE</b> Add lines 33 and 34. Attach a check or money order made payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U. S. Bank .....    \$ <span style="border: 2px solid black; padding: 2px;">_____</span>		
Tax Type	Mo	Qtr	Semi																									
a) GE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
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d) RVST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
e) WH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
CERTIFICATION: The above statements are hereby certified to be correct to the best of the knowledge and belief of the undersigned who is duly authorized to sign this application.																												
Mail the completed application to: HAWAII DEPARTMENT OF TAXATION P.O. Box 1425 Honolulu, HI 96806-1425																												
Signature of Owner, Partner or Member, Officer, or Agent _____ Print Name _____ Title _____ Date _____																												
				FORM BB-1 <span style="font-size: 1.2em; font-weight: bold;">02</span>																								

# What about Non-Profit Organizations?



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- Non-profit organizations (NPO) may elect to make reimbursable payments in lieu of quarterly taxes.
- Must file an application **and** meet certain qualifications. [Contact Employer Services Section for more information.](#)
- If approved, reimbursable employers pay 100% of all *benefits charged* to the NPO.

# How are contribution rates determined?



- The balance of the UI Trust fund determines which of 8 tax schedules is in effect for each calendar year.
- The healthier the UI Trust fund, the lower the tax schedule.
- Each employer is assigned a unique tax rate depending on the financial condition of the UI trust fund, the employer's reserves and the employer's payroll.
- Rates can vary from .0% to 5.4%.

# How are contribution rates determined? (continued)



- New or newly liable employers are assigned a new employer rate. (1.7% for 2009)
- After about 2 years, new employers are eligible to be experience rated provided all reports (Form UC-B6) have been filed.
- Rates are determined in March of each year and a notice is mailed.
- [Click here for more rate information.](#)

# Example of Contribution Rate Notice



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STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
UNEMPLOYMENT INSURANCE DIVISION

ALOHA LLC	ACCOUNT NUMBER	0001234567
1234 MAHALO ST	FEIN	20-1234567
HONOLULU HI 96803	DATE MAILED	03/17/09
	DATE COMPILED	03/13/09
	LIABLE DATE	01/01/09

CONTRIBUTION RATE NOTICE  
FOR CALENDAR YEAR 2009

YOUR CONTRIBUTION RATE FOR AND EMPLOYMENT AND TRAINING ASSESSMENT RATE FOR CALENDAR YEAR 2009 ARE LISTED BELOW

CONTRIBUTION RATE 0.0% E&T ASSESSMENT RATE 0.00%

THE TABULATION SHOWS ANNUAL TAXABLE PAYROLL AND CONTRIBUTION DATE REPORTED ON YOUR QUARTERLY CONTRIBUTION REPORTS FOR 2006, 2007, AND 2008, AND BENEFITS CHARGED TO YOUR ACCOUNT FOR 2008

RESERVE	12/31/07	9756.40	ANNUAL TAXABLE PAYROLL	
CONTRIBUTION	+	449.73	2006	84754.11
<u>2008 BENEFITS CHARGED</u>		<u>000.00</u>	2007	85287.90
RESERVE	12/31/08	10206.13	2008	74956.12
			ANNUAL AVG	81666.04

RESERVE RATIO (RESERVE 12/31/08 / AVERAGE ANNUAL PAYROLL) = .1250

CONTRIBUTION RATE SCHEDULE IN EFFECT: A

IF YOU DISAGREE WITH THE RATES ASSIGNED TO YOUR ACCOUNT, THE LAW PROVIDES YOU WITH A RIGHT TO APPEAL. PLEASE SUBMIT YOUR REQUEST FOR REVIEW AND REDETERMINATION IN WRITING, SETTING FORTH YOUR REASON, WITHIN 15 DAYS FROM THE DATE OF MAILING OF THIS NOTICE.

IF YOU HAVE ANY QUESTIONS REGARDING THE RATE COMPUTATION, PLEASE CONTACT THE APPROPRIATE OFFICE WHERE YOUR ACCOUNT IS MAINTAINED.

MAINLAND AND OAHU EMPLOYERS: EMPLOYER SERVICES,  
P.O. BOX 700, HONOLULU, HI 96809-0700 TEL (808) 586-8915  
HAWAII EMPLOYERS: 1990 KINOOLE ST, HILO, HI 96720 TEL (808) 974-4086  
MAUI EMPLOYERS: 54 SOUTH HIGH ST, ROOM 201, WAILUKU, HI 96793-2198 TEL (808) 984-8410  
KAUAI EMPLOYERS: 3100 KUHIO HWY ROOM C-12, LIHUE, HI 96766-1153 TEL (808) 274-3025

# Do all employers have to file reports?



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- All active employers are required to submit Form UC-B6, Quarterly Wage, Contribution and Employment and Training Assessment Report. Including:
  - Contributory employers with a 0.00% tax rate
  - Non-Profit Organizations
  - Employers with “no payroll” or zero wages
- Failure to file Form UC-B6 for any quarter will result in the maximum rate of 5.4% being assessed.
- Substitute forms or photocopies are prohibited.

# When are UC-B6 reports due?



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Due on or before the last day of the month following the end of the calendar quarter:

## Calendar Quarter:

Jan, Feb, Mar (1st quarter)

Apr, May, Jun (2nd quarter)

Jul, Aug, Sep (3rd quarter)

Oct, Nov, Dec (4th quarter)

## Due No Later Than:

April 30

July 31

October 31

January 31

Report wages in the quarter **actually paid**, rather than for the pay period they represent.

# Example of Form UC-B6



DEPARTMENT OF LABOR &  
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STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
UNEMPLOYMENT INSURANCE DIVISION  
**QUARTERLY WAGE, CONTRIBUTION AND  
EMPLOYMENT AND TRAINING ASSESSMENT REPORT**

Attachment 3

TAX OFFICE RECEIVED DATE

DO NOT WRITE IN THIS SPACE

TRAINING 2006  
1 ELM ST  
HONOLULU , HI. 96815

FEIN 991234567  
ACCOUNT # 0000123456  
For Quarter Ending 033106 Delinquent After 043006  
3) TOTAL QTR WAGES PAID

1) EMPLOYEE'S SSN# 2) EMPLOYEE'S NAME (LAST, FIRST)

**INTERNET FILERS:**  
To complete the filing process, go to <https://hui.ehawaii.gov> to file your Quarterly Wage Report, Quarterly Contribution and E&T Assessment Report and pay your contributions online.

\*\* Number of Employee : 3 \*\*

**SAMPLE**

0000123456 06/1  
Contribution Rate 2.40 % E&T Rate .01 %

1st Month	2nd Month	3rd Month		
3	3	3	6) TOTAL WAGES PAID THIS QUARTER	27084 .36
			7) EXCESS WAGES	34000 .00
			8) NET TAXABLE WAGES	27084 .36
			9) CONTRIBUTIONS DUE	.0240 650 .02
			10) E&T ASSESSMENT DUE	.0001 2 .71
			11) AMOUNT DUE	652 .73
			12) OVERPAYMENT	.00
			13) ADJUSTED CONTRIBUTIONS DUE	652 .73
			14) PENALTY AND INTEREST	.00
			15) TOTAL PAYMENT DUE	652 .73
			16) TOTAL REMITTANCE	652 .73

I CERTIFY THAT THE INFORMATION ON THIS REPORT IS TRUE AND CORRECT.

SIGNED BY: \_\_\_\_\_  
PRINT NAME: JOE SMITH  
TITLE: PRESIDENT  
TELEPHONE NUMBER: 808-123-4567  
DATE: 9/1/06

FORM UC-B6 (REV. 12/03) ICSD QWM

# How can reports be filed?



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- Online via HUI Express

- Download QWRS software
  - Computes total/excess/taxable wages
  - Computes contributions due
  - Fast, secure, easy

<https://hui.ehawaii.gov>

- Paper Form UC-B6

- Form UC-B6 is mailed in March for the entire year (All 4 quarters)
- Mail UC-B6 with payment
- Newly registered employers will receive UC-B6's in the new employer packet.

# What is Employment and Training Assessment (E&T)?



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- Administered by the Workforce Development Division
  - Used for training programs to help workers learn new skills or upgrade their skills.
- E&T of .01% of taxable wages is collected by UI.
- Employers with 0% and 5.4% rate are *not* assessed E&T.
- *This assessment is not credited to your UI reserves and cannot be taken as a credit against FUTA.*

# What is included as wages?



- Include all payments for services from whatever source, cash or in-kind payments:
  - bonuses
  - commissions (includes advances against commissions)
  - tips reported by the employee to the employer
  - vacation pay
  - meals and lodging
  - Salaries to corporate officers for their services to the corporation
  - any other payment in addition to or in lieu of money wages

# The following payments are not wages:



- Not included as wages:
  - personal use of auto
  - travel or other business expenses, if legitimate and reasonable
  - sick payments
  - temporary disability payments from a third party
  - severance pay
  - premiums for life insurance in excess of \$50,000
  - sole proprietor's or partner's draw or profit
  - 401K (employer's matching portion)

# Are there any wage limits?



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- Taxes paid only up to the taxable wage base amount for each worker during the calendar year.
  - 2009 wage base is \$13,000 per employee
- An individual employees wages in excess of the annual tax base is *not* taxable.
  - If wage base is \$13,000 per employee, any wages over \$13,000 is *not* taxable.

# Are there any exclusions?



- Certain services are **not** considered to be employment for UI purposes.
  - Wages paid for performing these services are **not** taxed.
  - Do **not** report wages for excluded services to UI.
  - Wages from excluded services cannot be used to qualify for a claim to collect benefits.

# Examples of excluded services:



- Family owned corporations may file for [Form UC-336](#) for exclusion:
  - 2 family members, related by blood/marriage, each own 50% of shares and work in the business.
- Family employment (parent, spouse or children under 21 years of age in the employ of the child's father or mother.
- There are many excluded services. [Click here to view a comprehensive list.](#)

# How are reports amended?



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- Online via HUI Express
  - Make changes on QWRS program and then transmit amended reports and make payment, if any, on HUI Express
- Paper
  - Copy of UC-B6,
  - Use **red** ink to make changes,
  - Annotate “**AMENDED**” on the top of the form,
  - Sign, date, and include your telephone number and
  - Include reason for amendment
- **Do not amend prior quarter wages in the current quarter report.**

# Is there penalty and interest for non-compliance?



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- Penalty is \$10 or ten percent (10%) of delinquent contributions due, whichever is greater.
- Interest is assessed on delinquent contributions **and** penalty remaining unpaid 15 days after the due date.
- Interest is calculated at the rate of two-thirds of one per cent (.00667) per month or fraction of month until paid.

# What is FUTA taxes?



- Employers pay federal unemployment taxes or FUTA taxes as well as state UI taxes.
- If your state UI taxes are paid on a timely basis, you will receive a credit of up to 5.4% on your annual Form 940, Federal Unemployment Tax Return
- Maximum credit will be granted even though the state taxes are paid at a lower rate.
- E&T assessment cannot be taken as a credit against FUTA.

# What is FUTA taxes? (continued)



- FUTA rate of 6.2% on first \$7000 wages
- Credit of 5.4% for timely SUTA payments
- Results in FUTA rate of .8% (6.2% - 5.4%)
- On first \$7,000 paid to each employee, a savings of \$378.00 per employee.

Example:

$$\$7000 \times 6.2\% = \$434.00$$

$$\$7000 \times .8\% (6.2\% - 5.4\%) = \underline{\underline{\$56.00}}$$

$$\text{Savings of } (5.4\% \times \$7000) = \$378.00$$

# How are business changes reported?



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- Report changes on [Form UC-25, “Notification of Changes”](#)
  - no employees; business is ongoing
  - termination of business
  - name change
  - address or telephone number change

# How are changes in business entity reported?



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- Contact UI immediately to determine if a Form BB-1 should be completed for a new UI account number.
  - Examples: sole proprietor to corporation, corporation to LLC

# What is a Successor Employer?



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- Employers who acquire substantially all of a trade, organization, or business may apply for transfer of the predecessor's experience record provided:
  - Form UC-86, “Waiver of Employer’s Experience Record,” must be filed and signed by a predecessor and successor employer; and
  - The successor employer must continue to employ all or nearly all of the predecessor’s employees, and
  - The predecessor has cleared all contributions and reports due to the UI Division.

# How are Limited Liability Companies treated?



- Single member LLC's are treated like Sole Proprietors and multiple member LLC's are treated like partners of a partnership, and therefore wages are **not** reportable for UI.
- If an LLC elects to be treated as a corporation by filing IRS Form 8832, Entity Classification Election, we'll treat it as a corporation. Wages are reportable for UI purposes.

# What are Employees vs. Independent Contractors?



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Employment is defined as any service performed for wages or under any contract of hire, written or oral, express or implied. “Wages” include all remuneration for services from whatever source. Therefore, services performed for wages are considered to employment for UI purpose **UNLESS** all 3 conditions of the ABC test are met.

## ABC Test:

- A. Individual must be free from control or direction, and
- B. Service is outside the usual course of business or performed outside of all the places of business, and
- C. Individual must be customarily engaged in an independently established trade, occupation, profession, or business of the same nature as that involved in the contract of service.

# What are Employees vs. Independent Contractors? (cont.)



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A contract, written or oral, expressed or implied, does **not** necessarily establish “independent contractor” status. And while, the written contract provisions may be considered in a determination, the conditions outlined in the “ABC Test” must also be met in fact.

The possession of a **Hawaii State General Excise License** does not, by itself, make the possessor an independently established business or businessperson.

Any agreement by an individual, which waives his rights to benefits, is void (Section 383-161).

Before excluding workers as independent contractors, [contact the UI Division, Employer Services Section.](#)

[Click here for more information on Independent Contractors.](#)

# What are Record Keeping requirements?



- Required by law to keep accurate work records of their employees.
- The following records must be kept for at least 5 years:
  - Name and social security account number;
  - Type of work performed;
  - Hire date, date separated and reason for separation;
  - Rate of pay, amount of wages paid for each pay period and date paid;
  - Beginning and ending dates of each pay period.



- Audit program
  - Randomly selected or selected based on discrepancies in reporting or liability under the law needs to be determined.



- Display the [Official Labor Law](#) poster at each work place.

## UNEMPLOYMENT INSURANCE LAW NOTICE TO EMPLOYEES

**You have the right to** unemployment benefits if you lose your job or your work hours are substantially reduced through no fault of your own. You may file your claim for Unemployment Insurance Benefits by calling Hawaii Tele-Claim at 643-5555 (from anywhere in Hawaii) or 1-877-215-5793 (toll free outside of Hawaii). TDD relay service is available for hearing impaired customers.

**The Hawaii Tele-Claim hours of operation are:**  
Sunday through Thursday: 6:30 a.m. - 12:00 midnight  
Friday: 6:30 a.m. - 4:30 p.m. (If Friday is a state holiday, then Thursday's hours will be from 6:30 a.m. - 4:30 p.m.)

**Important Information:**

- When you call Hawaii Tele-Claim, you must provide your social security number.
- If you are not a U.S. citizen, you should have your alien registration number available.
- You will need to provide information for all of your employers in the past 18 months, such as the employer's name, address, zip code, phone number, date of employment, and reason for separation. Ex-military servicepersons should have their DD 214 (member 4) available. Former federal employees should have their Standard Form 8, Standard Form 50, or pay stubs available.
- File your claim promptly. Your claim will begin only from the week that you file with the Unemployment Insurance offices.

**Unemployment Insurance Offices:**

Honolulu Claims Office:	586-8970 or 586-8971
Kona Claims Office:	322-4822
Waipahu Claims Office:	675-0030
Hilo Claims Office:	974-4086
Kaneohe Claims Office:	233-3677
Kauai Claims Office:	274-3043
Maui Claims Office:	984-8400
Molokai Claims Office:	553-1750

# Benefit Information for Employers



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- Employers are required by law to file quarterly wage reports and these reports are used to determine whether and in what amount a worker is eligible for UI benefits.
- Notices will be mailed from UI claims offices when an individual who worked for you in the past 18 months files a claim for UI benefits.
- It is critical to respond to these notices on a timely basis and provide accurate wage and separation information.
- Eligibility for UI benefits will be determined based on available information.

# Benefit Information for Employers (continued)



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- Failure to respond to notices regarding an employees separation could affect your experience record, which determines your future tax rates.
- Without all the facts, benefits could be paid when they shouldn't be.
- This reduces the U.I. Trust fund and will result in a higher cost and overall tax increases to all Hawaii employers.
- Therefore, accurate employer records and active employer participation are essential to render correct determinations and in maintaining stable reserves in employer account.



- **UC-BP-35 Request For Separation Information**
  - When a former employee applies for UI benefits, the UI office will request separation information on Form UC-BP-35
  - Return completed form within 5 calendar days from date mailed
  - If not returned on time, a determination will be made based on available information.

# Example of Request for Separation Information UC-BP-35



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L1PCRO1R STATE OF HAWAII, DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS  
UNEMPLOYMENT INSURANCE DIVISION  
REQUEST FOR SEPARATION INFORMATION (UC-BP-35)  
0001234567

HAWAII SAMPLE EMPLOYER  
1700 KALAKAUA AVE APT 12345  
HONOLULU HI 96826-3734

DATE MAILED 07/31/09  
DATE FILED 07/30/09

CLAIMANT ALOHA, LEI H 555-55-5555

A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS HAS BEEN FILED. THE INFORMATION REQUESTED IS NEEDED TO DETERMINE THE CLAIMANT'S ELIGIBILITY FOR BENEFITS.

TYPE OF WORK PERFORMED? \_\_\_\_\_

DATE STARTED \_\_\_\_\_ LAST DATE WORK \_\_\_\_\_ DATE SEPARATED \_\_\_\_\_

FOR REQUALIFICATION PURPOSES, DID CLAIMANT EARN AT \$ 2725 IN GROSS WAGES DURING THE DATES OF EMPLOYMENT REPORTED ABOVE? \_\_\_ YES \_\_\_ NO  
IF NO, SPECIFY AMOUNT: \$ \_\_\_\_\_

REASON FOR SEPARATION: PLEASE MARK AN 'X' NEXT TO APPROPRIATE REASON FOR SEPARATION (\*INDICATES REASON FOR SEPARATION GIVEN BY CLAIMANT)

1. \_\_\_\_\_ LAID OFF DUE TO LACK OF WORK
2. \_\_\_\_\_ VOLUNTARY QUIT (EXPLAIN BELOW)
3. \_\_\_\_\_ DISCHARGED OR SUSPENDED FROM WORK (EXPLAIN BELOW)
4. \_\_\_\_\_ DIRECTLY INVOLVED IN STRIKE, LOCKOUT OR OTHER LABOR DISPUTE
5. \_\_\_\_\_ WORK AVAILABLE BUT HONORING PICKET LINE
6. \_\_\_\_\_ NO WORK AVAILABLE BECAUSE OF STRIKE
7. \_\_\_\_\_ VOLUNTARY RETIREMENT
8. \_\_\_\_\_ OTHER (EXPLAIN BELOW)
9. \_\_\_\_\_ STILL ON PAYROLL \_\_\_\_\_ HIRED FULL-TIME \_\_\_\_\_ HIRED PART-TIME
10. \_\_\_\_\_ SEPARATED DUE TO A MAJOR DISASTER (EXPLAIN BELOW)

EXPLANATION \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

EMPLOYER REP. (PRINT NAME) \_\_\_\_\_ DATE \_\_\_\_\_  
TITLE (PRINT) \_\_\_\_\_ PHONE \_\_\_\_\_

.....  
IMPORTANT: RETURN THIS COMPLETED FORM WITHIN 5 CALENDAR DAYS FROM THE DATE MAILED. IF NOT RETURNED ON TIME, A DETERMINATION WILL BE MADE BASED ON AVAILABLE INFORMATION. ALSO, A \$10 PENALTY AND ANY OVERPAID BENEFITS AS A RESULT OF EMPLOYER NON-COMPLIANCE MAY BE CHARGED TO THE EMPLOYER.

MAIL COMPLETED FORM TO: HONOLULU CLAIMS OFFICE  
830 PUNCHBOWL ST RM 110  
PO BOX 4090  
HONOLULU HI 96812-4090  
TELEPHONE (808) 586-8971  
FAX NO. (808) 586-8980

FOR OFFICE USE  
SEP LO  
IC/AC IC



- [Notice of Unemployment Insurance Decision](#)
  - When a determination is made on a separation issue, employers are notified on the “Notice of Unemployment Decision”
  - If you disagree with the decision, you have ten (10) calendar days from the date of mailing to file an appeal.
  - The [Employment Security Appeals Referees’ Office](#) may extend the period to thirty (30) day calendar days for good cause.

# Example of Notice of UI Decision



DEPARTMENT OF LABOR &  
INDUSTRIAL RELATIONS

STATE OF HAWAII  
UNEMPLOYMENT INSURANCE DIVISION  
NOTICE OF UNEMPLOYMENT INSURANCE DECISION

DECISION DATE: 08/07/09

JOHN A ALOHA  
2500 10TH AVE  
HONOLULU, HI 96813

SSAN: 555-55-5555  
ISSUE NO: 1  
ISSUE TYPE: MC  
CLAIM TYPE: PGM:  
DETERMINATION CODE: ALLOW

383-30(2): No disqualification.

Section 383-30(2) Hawaii Revised Statutes provides that an individual shall be disqualified for Benefits if the individual has been discharged for misconduct connected with work. The disqualification is until the individual has subsequent to the week in which the discharge occurred, been paid wages in covered employment equal to not less than five times the individual's weekly benefit amount as determined under section 383-22(b).

You were employed by HONOLULU ZYX COMPANY as a sales person from February 19, 2008 to July 8, 2009. You were discharged as you did not meet the employer's standards of performance for the position you held.

An individual's inability to perform work as expected does not show a willful disregard of the employer's interests. You were discharged for reasons other than misconduct connected with work.

Claims Examiner: J.Smith Decision Mailed 08/07/09

Appeal Rights: If you disagree with this decision, you may file a written request for reconsideration or appeal for review by the department. Your request must be filed in-person at or mailed to the HONOLULU CLAIMS OFFICE, 830 PUNCHBOWL ST RM 110, PO BOX 4090, and HONOLULU HI 96812-4090 or to the EMPLOYMENT SECURITY APPEALS REFEREE'S OFFICE (ESARO), 830 PUNCHBOWL ST RM 429, and HONOLULU HI 96813 with a copy of the contested decision. Appeals must be filed in-person or postmarked within 10 calendar days after the mailing date of this decision, except that the deadline may be extended to 30 days by the ESARO for good cause. Refer to the "Information on Unemployment Benefits Handbook" or "Handbook for Employers on Unemployment Insurance" for additional information about filing an appeal or how you may contact your local claims office for further assistance.

Notice to Claimant: If you file an appeal, continue to file your weekly or bi-weekly claims as instructed. Follow the instructions by Hawaii Tele-Claims or report to your local office if (1) You get a job and become unemployed again; (2) You are still unemployed at the end of the disqualification period; or (3) You believe that the reason for denying you benefits no longer applies.

HONOLULU XYZ COMPANY  
1000 YOUNG ST  
HONOLULU, HI 96826



- Employer Notice of Unemployment Insurance Benefits
  - Notice shows the claimant's name, beginning date of benefit year, weekly benefit amount, maximum benefits payable, the percentage of benefits that will be charged or not charged to the employer's reserve account and the reason for charging or non-charging.
  - Lists charge vs. non-charge codes
  - If you disagree with the decision, you have ten (10) calendar days from the date of mailing to file an appeal.
  - This may be the only notice that you are being charged for benefits.

# Example of Employer Notice of UI Benefits



DEPARTMENT OF LABOR &  
INDUSTRIAL RELATIONS

UNEMPLOYMENT INSURANCE DIVISION  
EMPLOYERS NOTICE OF UNEMPLOYMENT INSURANCE BENEFITS

HAWAII EFG COMPANY 0001234567

DATE 06/26/09

90 KING ST  
HONOLULU HI 96819-1850

A MONETARY DETERMINATION(S) HAS BEEN MADE FOR THE INDIVIDUAL(S) LISTED. IF BENEFITS ARE PAID, YOUR ACCOUNT WILL BE EITHER NOT CHARGED OR CHARGED ACCORDING TO THE CODE AND PERCENTAGE SHOWN. (SEE EXPLANATION OF CODES BELOW.)

SSAN	NAME	WBA	MBA	BEGINS	ENDS	CODE	PCT	ISL
55-55-5555	JORDAN, WATER	545	14170	05/24/09	05/23/10	B	88.273	1

WBA - WEEKLY BENEFIT AMOUNT  
CODE - CHARGE/NON-CHARGE CODE  
ISL - ISLAND WHERE CLAIM IS ON FILE

MBA - MAXIMUM BENEFIT ENTITLEMENT  
PCT - PERCENT OF CHARGE/NON-CHARGE

NON-CHARGE CODES

3 - QUIT W/OUT GOOD CAUSE  
5 - DISCHARGED FOR MISCONDUCT  
7 - QUIT, PERSONAL GOOD CAUSE  
9 - PART-TIME TO THE SAME EXTENT  
E - EXTENDED BENEFITS  
L WAGES COMBINED  
M - SEPARATION - MAJOR DISASTER  
\* - RE-USE WAGES

CHARGE CODES

4 - QUIT, ATTRIBUTABLE TO EMPLOYER  
6 - DISCHARGED NO MISCONDUCT  
8 - PARTIAL, CONTINUED ATTACHMENT  
A - REIMBURSABLE EMPLOYER  
B - LACK OF WORK  
C - FEDERAL MILITARY EMPLOYER  
D - FEDERAL CIVILIAN EMPLOYER  
G - SEPARATION FROM EMPLOYMENT

APPEAL RIGHTS: IF YOU DISAGREE WITH THIS DETERMINATION YOU MAY REQUEST A RECONSIDERATION OR APPEAL IN WRITING WITHIN 10 CALENDAR DAYS FROM THE MAILING DATE OF THIS NOTICE. THE REFEREE MAY EXTEND THE PERIOD TO 30 CALENDAR DAYS FOR GOOD CAUSE.

IMPORTANT: A DETERMINATION OF ENTITLEMENT IS MADE EACH WEEK THAT BENEFITS ARE CLAIMED. QUESTIONS ON THE CLAIMANT'S ELIGIBILITY SHOULD BE REPORTED TO THE CLAIMS OFFICE IMMEDIATELY.

OAHU (ISL 1)  
P.O. BOX 4278  
HONOLULU, HI 96812-4278  
PH: 586-8951

MAUI (ISL 2)  
54 SOUTH HIGH ST. RM 201  
WAILUKU, HI 96793  
PH: 984-8400

HAWAII (ISL 3)  
1990 KINOOLE ST. SUITE 101  
HILO, HI 96720-5293  
PH: 974-4086

KAUAI (ISL 4)  
3100 KUHIO HWY. RM C-12  
LIHUE, HI 96766  
PH: 274-3043

MOLOKAI (ISL 5)  
P.O. BOX 1858  
KAUNAKAKAI, HI 96748  
PH: 553-1750



- **Form UC-BP-52(a) of Weekly Report Of Low Earnings**
  - Employer to verify weekly earnings from part-time workers and report if all available work was accepted.
  - Necessary to prevent improper paid and overpaid weeks.
  - Complete weekly, immediately after week ends so that claimant can receive their benefits.
  - Mail claims office or return to claimant to file themselves.
  - In not submitted in a timely manner, payment of benefits will be make based on available information.

# Example of Weekly Report Of Low Earnings



DEPARTMENT OF LABOR &  
INDUSTRIAL RELATIONS

I, \_\_\_\_\_ am claiming benefits for the week beginning 

MO	DAY	YR
----	-----	----

 TO 

MO	DAY	YR
----	-----	----

CLAIMANT'S NAME (LAST, FIRST, MIDDLE)  
**TO EMPLOYER:** See reverse of form for instructions.

1. In the 7 day period indicated above: TOTAL HOURS \_\_\_\_\_ GROSS WAGES \_\_\_\_\_  
a. RATE OF PAY \_\_\_\_\_ WORKED \_\_\_\_\_ EARNED \_\_\_\_\_  
b. Did the individual accept all work offered? YES  NO  If no, date did not accept all work: \_\_\_\_\_

Reason all work was not accepted: \_\_\_\_\_

2. What was the last day worked prior to the week for which benefits are being claimed? 

MO	DAY	YR
----	-----	----

  
Reason for nonwork: NO WORK  QUIT  DISCHARGE  OTHER  EXPLAIN: \_\_\_\_\_

3. Was the individual TERMINATED? if so, what was the LAST DAY OF WORK? 

MO	DAY	YR
----	-----	----

  
Reason for separation? NO WORK  QUIT  DISCHARGE  OTHER  EXPLAIN: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION IS CORRECT

EMPLOYER/REPRESENTATIVE \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**SAMPLE**

LC-BP-52(a) (ICSD #2644) (REV. 3/91)

## WEEKLY REPORT OF LOW EARNINGS

Department of Labor and Industrial Relations  
Unemployment Insurance Division

### TO EMPLOYER

The individual has claimed unemployment insurance benefits for the week indicated on the reverse of this form and has indicated that he/she is employed by you. To determine the individual's eligibility for benefits during the week, please provide the information requested on the form. Please mail this form within 5 working days after the end of the weekly pay period for which this report is required.

### IMPORTANT NOTICE TO THE EMPLOYEE

Information on this form must be provided as indicated, by the employer. DO NOT complete any items on this form UNLESS specifically authorized by your employer and the form is reviewed by the employer before it is signed by the employer. Falsification of any information of this form may result in a fine of \$10,000 and/or up to five years imprisonment

PLEASE COMPLETE OTHER SIDE OF THIS CARD  
AND MAIL TO:



- Review all notices carefully. An appeal may be filed if there is a disagreement on a notice of determination.
- Submit Form UC-AP-1, Notice of Appeal or a letter within the appeal filing deadline on the notice.
- The appeal must be filed in a timely manner.
- The [Employment Security Appeals Referees Office](#) will conduct the hearing

# Example of Notice of Appeal UC-AP-1



DEPARTMENT OF LABOR &  
INDUSTRIAL RELATIONS

UC-AP-1  
(Rev. 8/19/2)

State of Hawaii  
Department of Labor and Industrial Relations  
**UNEMPLOYMENT INSURANCE DIVISION**

APPLICATION FOR RECONSIDERATION  
or  
NOTICE OF APPEAL

Claimant's Name	SSA #	Program/Type	Br & LO
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EXPLANATION: Appeal means that the Appeals Office (which is independent from the UI Division) will review the original determination. Reconsideration Only means that personnel of the UI Division will review the original determination. Reconsideration and Appeal means that personnel of the UI Division will review the original determination. If it cannot be redetermined, the application for Reconsideration and Appeal will be treated as an appeal.

I apply for (check the appropriate block based on explanation above)  Appeal  Reconsideration Only  
 Reconsideration and Appeal from the determination of the UI Division for the following reason:

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Name of Employer

Claimant's Signature and Date

Address

Address

City / State / Zip Code

City / State / Zip Code

Phone

Phone

**Need More Information?**



**DEPARTMENT OF LABOR &  
INDUSTRIAL RELATIONS**

## Employer Services Section

### Oahu & Out-of-State Employers

808-586-8913

### Hawaii

974-4095

### Maui

984-8410

### Kauai

274-3025

<http://hawaii.gov/labor/ui>