



STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DISABILITY COMPENSATION DIVISION

Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813

**INSTRUCTION SHEET FOR FORM TDI-15  
TDI SELF-INSURER'S PLAN CERTIFICATION AND AGREEMENT**

**Instructions**

Please refer to Forms TDI-13 and TDI-14 for more information before filling out the TDI-15 TDI SELF-INSURER'S PLAN CERTIFICATION AND AGREEMENT FORM.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

**Please remember to sign and date the form before submitting it.**

**Delivery Information**

**Delivery by U.S. Mail**

Department of Labor and Industrial Relations, Disability Compensation Division  
P.O. Box 3769, Honolulu, Hawaii 96812-3769

**Delivery In-Person**

Department of Labor and Industrial Relations, Disability Compensation Division  
Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813



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**FORM TDI-15**  
**TDI SELF-INSURER'S PLAN CERTIFICATION AND AGREEMENT**

Employer Name		DOL No. - -
Address		
Telephone No. ( )	Fax No. ( )	

**I. PLAN CERTIFICATION**

Approval is requested of this firm's self-insured Temporary Disability Insurance (TDI) Plan effective _____		
A. This plan includes the following provisions:		
1. a. All employees are covered at all times. <b>Number covered in Hawaii</b> _____		
b. <b>Excluded</b> class of employees (if applicable):	Class	No. in Class
_____ Covered by another plan _____	_____ Not covered by any other plan.	
2. Coverage extends for two weeks beyond termination of employment unless the terminated employee is covered under the new employer's TDI plan.		
3. Coverage includes disabilities resulting from sickness, pregnancy, termination of pregnancy or accident other than a work injury.		
4. Employees will be paid according to the following benefit schedule:		
a. Weekly benefits will be paid at _____% of weekly wages (at least 58%).		
b. Benefits will commence on the _____ day of disability (not more than 8).		
c. Benefits will continue for at least _____ weeks during the benefit year.		
5. Employee contributions <b>will be</b> _____ <b>will not be</b> _____ deducted from employee's wages. If deductions are made, they will not exceed the lesser of 50% of the administrative cost or .005 of taxable wages.		
B. Security for payment of benefits is assured as follows:		
1. _____ The firm's latest audited financial statement (or current annual report) to show satisfactory proof of financial solvency and ability to pay employees TDI benefits is attached for Department of Labor and Industrial Relations' (DLIR) review and approval.		
2. _____ There are valid reasons for not releasing the firm's financial statement. We will obtain:		
_____ a. A surety bond in the amount required.		
_____ b. Authorized securities in the amount required.		

Auxiliary aids and services are available upon request. Please call: (808) 586-9188; TTY (808) 586-8847; and for neighbor islands, TTY 1-888-569-6859. A request for reasonable accommodation(s) should be made no later than ten working days prior to the needed accommodation(s).

It is the policy of the Department of Labor and Industrial Relations that no person shall, on the basis of race, color, sex, marital status, religion, creed, ethnic origin, national origin, age, disability, ancestry, arrest/court record, sexual orientation, and National Guard participation, be subjected to discrimination, excluded from participation in, or denied the benefits of the Department's services, programs, activities, or employment.

Visit our Website at [www.hawaii.gov/labor](http://www.hawaii.gov/labor) for ALL interactive and downloadable forms.

# FORM TDI-15 TDI SELF-INSURER'S PLAN CERTIFICATION AND AGREEMENT

Page 2 of 2

## II. AGREEMENT

This firm agrees to abide by the following stipulations:

- A. The self-insured plan will remain in effect until:
  - 1. A notice to terminate is filed with and approved by the DLIR.
  - 2. Revoked by the DLIR for noncompliance with the TDI Law, related administrative rules, or the self-insured plan.
- B. Any changes to the self-insured plan will be filed with and approved by the DLIR before being adopted.
- C. The firm will authorize the DLIR Director in the event of neglect or refusal of the self-insurer to pay any obligation, including benefits, fines, expenses and assessments, to sell without notice all or any part of the deposited securities or require the surety to pay forthwith to the Director the penal sum of the bond.
- D. The firm will permit the DLIR Director or his authorized representative access to the premises for the purposes of audits and investigations in the enforcement of the TDI law.
- E. The firm will submit their most recent audited financial statement **annually** to enable a review of their financial ability to continue TDI self-insurance.
- F. The firm will pay all obligations, including benefits, fines, expenses, and assessments imposed pursuant to the statute.
- G. All provisions of the TDI law and related administrative rules will be complied with.

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### THIS SECTION MUST BE COMPLETED TO EFFECT APPROVAL OF THE PLAN.

TDI claims will be paid not later than 10 days after the filing of required proof of disability and in the following manner:		
___ 1. We have a salary continuation plan paid through our regular payroll system (Attached are our procedures for claims processing.)		
Contact	Telephone No. (        )	Fax No. (        )
Address		
___ 2. Our TDI claims will be administered by an independent claims adjustor <b>located in Hawaii</b> in compliance with §392-42.5 HRS.		
Contact	Telephone No. (        )	Fax No. (        )
Address		

\*\*\*\*\*

I understand that failure to abide by any provision of the agreement may result in revocation of the plan or in appropriate fines or penalties or any other action imposed by the DLIR provided by Chapter 392 HRS or its related administrative rules, as amended.

Employer or Authorized Representative (Print Name/Title)
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Signature	Date
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FOR OFFICE USE ONLY	
DLIR Authorized Representative Signature/Title	Date

Visit our Website at [www.hawaii.gov/labor](http://www.hawaii.gov/labor) for ALL interactive and downloadable forms.