

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

**TEMPORARY DISABILITY INSURANCE  
ANNUAL REPORT INSTRUCTIONS**

Whoever has the responsibility for providing benefits under a plan is charged with filing the annual report for that plan. Reporting responsibilities are summarized as follows:

- For an insured employer, the insurance carrier files. The insurance carriers are obligated to file annual reports for their insured employers although it is the individual insured employer's obligation to provide the payroll and other reporting information on items C.1. through C.6. to the insurance carrier promptly upon request.
- For a self-insured employer, the employer files.
- For an employer who is a member of an insured association, the insurance carrier files.
- For an employer who is a member of a self-insured association, the association files.
- Collective Bargaining Plan
  - For a plan insured through an insurance carrier by means of an approved TDI policy or rider, the insurance carrier files for each signatory employer.
  - For a plan paid directly by the employer in accordance with the Collective Bargaining Agreement, the employer files.

The filer must collect statistics for covered Hawaii employees and complete the Annual Report for Temporary Disability Insurance (Form TDI-21) according to the following instructions and definitions.

**General Guidelines:**

- File a separate report for each employer and for each TDI plan. (A plan means any disability benefits program reviewed and accepted by the Disability Compensation Division.)
- Follow all instructions when completing your filing.
- Data must be typed or written clearly and legibly.
- Keep data for each field within the field box.
- Provide only requested data in each field box. Do not include comments or clarifiers within the field box. If you need to note a comment, please make notes or comments outside of the field box.
- Provide data in the proper format as specified in the instructions.
- Be sure that the data you provide is correct and complete.
- Do not leave any numeric fields blank. If the field does not apply or you do not have any data to report, enter the number zero.
- Contact the Disability Compensation Division, Plans Acceptance Branch (PAB) at (808) 586-9192 if you need clarification on the instructions. You may also call for the main PAB line for verification of a Department of Labor number (DOL#).

**INSTRUCTIONS:**

- A. EMPLOYER INFORMATION.** (Complete this section if the information has not been pre-filled for you or is different from what has been prefilled.)

DOL Account No. Enter the 10-digit account number assigned by the Unemployment Insurance Division.

Name of Employer. Enter employer's name as registered with the Unemployment Insurance Division.

DBA (Doing Business As) Name. Enter the DBA ("doing business as") name as registered with the Unemployment Insurance Division, if applicable. Otherwise, leave space blank.

Street Address. Enter employer's complete address, including zip code. This address will be used for all TDI related correspondence.

- B. TDI PLAN IDENTIFICATION.** Enter the proper code (1, 2, 3 or 4) in the box. An explanation of the plan types follow:

- **Plan 1, Insured Plan, Statutory.** An insurance policy that an employer has procured from an authorized insurance carrier to provide statutory TDI benefits to employees.
- **Plan 2, Self-Insured Plan.** A plan by which an employer provides TDI benefits directly to employees without involving an insurance carrier.
- **Plan 3, Collective Bargaining Plan.** A plan which an employer has negotiated with its employees under a collective bargaining agreement providing sick leave or non-occupational disability benefits.
- **Plan 4, Insured Plan, Better Than Statutory.** An insurance policy that an employer has procured from an authorized insurance carrier to provide TDI benefits in excess of statutory requirements to employees.

- C. TDI REPORT INFORMATION.** The numbered items below correspond to the numbered items under Section C of the Form TDI-21. These fields are numeric and must be reported as whole numbers unless otherwise noted. Refer to itemized instructions regarding rounding.

1. **Number of covered male employees on the payroll for the pay period which includes the twelfth day of each month.** The "number of covered male employees" means the total number of different male persons shown on the payroll. Report total for each month, as taken from records for the payroll period that includes the 12<sup>th</sup> day of the month. Count all classes of employees eligible to receive TDI benefits. Maintain a separate count by plan for each month.

**C. TDI REPORT INFORMATION.** (Continued)

2. **Number of covered female employees on the payroll for the pay period which includes the twelfth day of each month.** The instructions in item 1 above apply to this item, except that this item pertains to **female** employees.
3. **Amount of total wages paid in the year to all covered employees.** (*Report this amount rounded off to the nearest dollar.*) “Total wages” means the cash value of all remuneration to covered employees for services. Include wages, board, lodging or any form of payment received by an employee, as well as commissions, bonuses and tips or gratuities which are customary and expected in a particular type of employment and are reported to the employer for payroll tax deduction purposes. Where a cash value for non-cash remuneration has been agreed upon in a contract of hire, report that amount as its cash value.
4. **Amount of taxable wages paid in the year to all covered employees.** (*Report this amount rounded off to the nearest dollar.*) The “amount of taxable wages” means the dollar sum of each employee’s weekly total wages up to and including a specified maximum wage base. Compute separately for each employee and for each week in the calendar year. In December of each year, the maximum taxable wage for the following year will be posted online at <http://labor.hawaii.gov/dcd/forms/guidelines>.)
5. **Amount of employer contributions paid in the year, if applicable.** (*Report this amount rounded off to the nearest dollar.*) “Employer contributions” means the total dollar amounts paid by an employer as its share of the cost of providing TDI benefits. **For insured employers**, such contributions consist of the total premiums paid to an insurance carrier less the amount deducted, charged, or withheld from employees’ wages. **For self-insured employers and for employers providing TDI benefits through collective bargaining agreements**, contributions include any expenses of the employer directly allocable to the cost of administering and providing benefits. If no allocation was made, report the estimated cost in whole dollars.
6. **Amount of employee contributions withheld in the year from all covered employees, if applicable.** (*Report this amount rounded off to the nearest dollar.*) “Employee contributions” are the total dollar amounts withheld, deducted, or charged against employees’ wages for TDI benefits. Employers may withhold up to 50% of the premium costs but not more than 0.5% of the eligible employees’ weekly taxable wages up to the maximum set annually by the Division. (Refer to **Maximum Weekly Wage Base and Maximum Weekly Benefit Amount** at <http://labor.hawaii.gov/dcd/forms/guidelines> for more information.)  
  
**The amount entered in C.6. must be equal to or less than the amount entered in C.5.** Report a zero dollar amount for employers who do not deduct or withhold for TDI benefits from employees’ wages.
7. **Amount of benefits paid in the year to male employees.** (*Report this amount rounded off to the nearest dollar.*) The “amount of benefits” means the total dollar amounts paid to male employees in a calendar year resulting from claims filed for TDI benefits. This amount includes benefits paid to male employees resulting from appeal decisions.

**C. TDI REPORT INFORMATION.** (Continued)

8. **Number of different male employees paid disability benefits during the year.** This means the “number of different male employees” who received monetary benefits resulting from the filing of TDI benefit claims. Do not count the same male employees more than once during the calendar year regardless of the number of separate periods of disability for which benefits were paid.
9. **Number of weeks for which benefits were paid to male employees.** (*Report this amount rounded off to the nearest 10<sup>th</sup> of a week.*) The “number of weeks” means the total number of workweeks lost for which benefits were paid. A workweek is a benefit week. Count the total number of benefit weeks in a calendar year for all male employees. Round off to the nearest 10<sup>th</sup> of a week and report as the “number of weeks.” Follow the example below.

Example: An employer has three employees.

**Step #1.** Compute the total number of benefit weeks.

<u>Employee</u>	<u>No. of Benefit Days*</u>	<u># Days Per Workweek**</u>		<u># Benefit Weeks</u>
A	7 divided by	5	equals	1.400
B	3 divided by	3	equals	1.000
C	5 divided by	6	equals	<u>.833</u>
Total Benefit Weeks				3.233

Definitions:

- \* Benefit Days: The number of workdays for which TDI benefits were paid.
- \*\* Days Per Workweek: The number of days making up an employee’s workweek at the time of disability.

**Step #2.** Round the number of benefit weeks to the nearest 10<sup>th</sup> of a week.

3.233 total benefit weeks is rounded off to 3.2 benefit weeks

10. **Number of separate periods of disability for which benefits were paid to male employees.** The “number of separate periods” means the total number of distinct and separate periods of disability for which TDI benefits were paid to male employees. An employee may have more than one spell of disability in a calendar year. In such a case, count each spell separately with the following exception:

Consecutive periods of disability due to the same or related cause and separated by an interval of not more than two weeks shall be considered to be a single period of disability and therefore counted only once in the number of spells reported. If an employee’s spell of disability overlaps calendar years, count once for each calendar year.

**C. TDI REPORT INFORMATION.** (Continued)

11. **Total number of claims denied to male employees.** This means the total count of all claims denied to male employees. If a male employee is denied more than one claim in the calendar year, count each claim as a separate claim in determining the total number of claims denied.
12. **Amount of benefits paid in the year to female employees.** (*Report this amount rounded off to the nearest dollar.*) Same instructions as item 7, except that item 12 pertains to **female** employees.
13. **Number of different female employees paid disability benefits in the year.** Same instructions as item 8, except that item 13 pertains to **female** employees.
14. **Number of weeks for which benefits were paid to female employees.** (*Report this amount rounded off to the nearest 10<sup>th</sup> of a week.*) Same instructions as item 9, except that item 14 pertains to **female** employees.
15. **Number of separate periods of disability for which benefits were paid to female employees.** Same instructions as item 10, except that item 15 pertains to **female** employees.
16. **Total number of claims denied to female employees.** Same instructions as item 11, except that item 16 pertains to **female** employees.
17. **Amounts of subrogated payments received during year.** (*Report this amount rounded off to the nearest dollar.*) This means the total amount of subrogated payments received by the insurer resulting from liens against amounts payable as benefits for disability under (a) the Workers' Compensation Law, (b) any applicable employer's disability law, or (c) subrogation rights against third parties in the event such benefits duplicate TDI benefits already paid by the carrier.

**D. REPORTING AGENCY IDENTIFICATION.** Enter the name and address of the person or entity responsible for filing the annual report and the applicable TDI Reporting No. as noted below:

- Insurance Carriers: Enter your assigned 4-digit number.
- Self-Insured Employers: Enter 0000 (four zeroes).
- Collective Bargaining Plans: Enter 9999.

**E. ASSOCIATION OR UNION IDENTIFICATION.** This section is to be completed by the reporting agency where a third party, in addition to the reporting agency, is involved. For example, when an employer insures with an insurance carrier through its association of employers, the insurance carrier is the reporting agency, and the association is the third party. The reporting agency should obtain the TDI reporting number from the association or union acting as the third party and enter this number in the space provided. If a union provides benefits through an association, use the union reporting number. An employer providing benefits directly to its employees in accordance with a negotiated agreement should include union identification under this section.

**F. AUTHORIZED SIGNATURE.** This section is to be completed by the reporting agency.