

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION
P.O. BOX 3769
HONOLULU, HAWAII 96812
PHONE: (808) 586-9165
FAX: (808) 586-9219

NOTICE OF INSURANCE INSTRUCTIONS

FILING DEADLINES:

NOTICE OF INSURANCE – File with DCD within 10 days of effective date of the policy.

NOTICE OF CANCELLATION – Filed with DCD at least 10 days prior to cancellation date.

ACCURACY OF INFORMATION:

Please insure the accuracy of all information, including the Department of Labor (DOL) number and employer's name as registered with the Employer Services Section, Unemployment Insurance Division.

POLICY COVERING MULTIPLE EMPLOYERS:

If the policy is written to a parent company, please list the parent company's name and DOL number.

FILING INSTRUCTIONS FOR CANCELLATIONS:

File in duplicate.

Cancellation of a POLICY covering multiple employers requires individual cancellation notice for each employer having its own DOL number. Cancellation of an EMPLOYER from a policy covering multiple employers requires an ENDORSEMENT to delete that employer.

BE SURE TO DATE AND SIGN THE FORMS.