



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

WC-3A CARRIER'S BENEFIT ADJUSTMENT REPORT
NOTE: DO NOT COMPLETE THE SHADED BLOCKS

| |
|---------------|
| CASE NUMBER |
| DATE RECEIVED |

| CLAIMANT - SECTION 1 | | | | | |
|--|-----------------------|------------------------|--------------------------|-----------------------------|----------|
| CLAIMANT NAME - LAST | | | FIRST | M.I. | SUFFIX |
| IDENTIFICATION TYPE SSN PASSPORT | IDENTIFICATION NUMBER | DATE OF INJURY/ILLNESS | WEEKLY COMPENSATION RATE | | |
| ADDRESS | | | CITY | STATE | ZIP CODE |
| EMAIL ADDRESS | | | | PHONE NUMBER () - | |

| EMPLOYER - SECTION 2 | | | | | |
|---------------------------|--|-----------------------------|---------------|-------|----------|
| REGISTERED EMPLOYER | | | DBA | | |
| ADDRESS | | | CITY | STATE | ZIP CODE |
| EMPLOYER POINT OF CONTACT | | PHONE NUMBER () - | EMAIL ADDRESS | | |

| INSURANCE CARRIER - SECTION 3 | | | | | |
|-------------------------------|---------------|--|-----------------------------|---------------------|----------|
| NAME OF WC INSURANCE CARRIER | | | CARRIER ID | CARRIER CASE NUMBER | |
| ADJUSTER NAME | EMAIL ADDRESS | | PHONE NUMBER () - | ADJUSTER ID NUMBER | |
| ADDRESS | | | CITY | STATE | ZIP CODE |

| | | | | | |
|--|--|--|--|--|--|
| REQUESTING SPECIAL COMPENSATION FUND FOR BENEFIT ADJUSTMENT REIMBURSEMENT OF | | | | | |
| CARRIER'S COMMENTS | | | | | |

| SIGNATURE - SECTION 4 | | | | | |
|--|--|--|-----------------------------|---------------|--|
| I hereby certify the accuracy of all the above statements. | | | | | |
| PRINT NAME | | | PHONE NUMBER () - | EMAIL ADDRESS | |
| SIGNATURE | | | | DATE | |

| NOTICE TO CARRIER - SECTION 5 | | | | | |
|--|--|--|--|--|--|
| **The claim for reimbursement shall be submitted to the Department of Labor and Industrial Relations (DLIR), Honolulu Office, annually by January 31 of the subsequent calendar year. Reimbursement requests received after January 31 may be paid by the DLIR upon showing of good cause for the late filing. | | | | | |



| | |
|---------------------|---|
| ENGLISH | This document contains important information. If you need language assistance at no cost to you, please contact us by telephone or in person immediately. |
| ILOKANO | Daytoy nga dokumento ket addaan ti importante nga impormasyon. No masapul mo ti mangipatarus nga libre, pangngaasim ta awagan na kami ti telepono wenno umay na kami kitaen nga daras. |
| TAGALOG | Ang dokumentong ito ay naglalaman ng importanteng impormasyon. Kung nangangailangan kayo ng libreng tulong para maintindihan ito, mangyaring makipag-ugnay sa amin sa pamamagitan ng telepono o makipagkita kagaad sa amin. |
| CHINESE SIMPLIFIED | 此文件有重要信息。如果您需要免费的语言协助服务，请您立刻给我们打电话或来我们办公室请求帮助。 |
| CHINESE TRADITIONAL | 此文件有重要信息。如果您需要免費的語言協助服務，請您立刻給我們打電話或來我們辦公室請求幫助。 |
| SPANISH | Este documento contiene información importante. Si necesita los servicios de un intérprete sin costo alguno para usted, por favor llame de inmediato por teléfono o contacte con alguna persona de nuestra oficina. |
| JAPANESE | この書類には重要な情報が含まれています。無償で日本語の支援を受けたい場合は、早急に電話あるいは直接窓口にて申込を行ってください。 |
| CHUUKESSE | Mei auchea met masowan ei taropwe. Ika pwe ke mochen aninis ren noumw chon chiaku esap kamo, kose mochen kokori kich won tengwa ika fen pusin chuto rech. |
| MARSHALLESE | Ilo pepa in ewor melele ko aorok. Ne kwoj aikuj jiban na ukok ilo ejjelok wonen, jujuk im kokkeitaak kem ilo talboon ak ilo wobij e ien eo emakaaj tata. |
| KOREAN | 이 문서는 중요한 정보가 포함되어 있습니다. 무료로 언어 도움이 필요하시면, 바로 전화 하시거나 오셔서 상담하십시오. |
| VIETNAMESE | Tài liệu này bao gồm các thông tin quan trọng. Nếu bạn cần hỗ trợ ngôn ngữ miễn phí, xin vui lòng đến gặp trực tiếp chúng tôi hoặc liên lạc qua điện thoại ngay lập tức. |