

UC-275  
(Rev. 11/00)

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

**REQUEST FOR WITHDRAWAL OF CLAIM**

Section 383-32, Hawaii Revised Statutes, states that “claims for benefits shall be made in accordance with such regulations as the Department of Labor and Industrial Relations may prescribe.”

§12-5-89(a), Administrative Rules, provides in part that “a claimant may withdraw an application for a determination of insured status at any time prior to the time at which a valid claim is established by the department. If a valid claim is established, the claim may be withdrawn if benefit credit has not been claimed or benefits have not been paid, unless otherwise prohibited by federal law. Such a request shall be in writing.”

Being fully advised of the above law and regulation, I request to withdraw my application for determination of insured status.

Print name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>For Office Use Only</i>	
Local Office:	BYB:
Monetary established <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of monetary:
Request for withdrawal: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Reason for disapproval: <input type="checkbox"/> Benefits already paid. <input type="checkbox"/> No benefits paid, but appeal pending. <input type="checkbox"/> _____	
UI representative:	Date:
Approved by (supervisor):	Date:

**UNEMPLOYMENT INSURANCE DIVISION**  
Local Claims Office Information

**Oahu**

**Oahu Claims Office**

830 Punchbowl St., Rm 110  
Honolulu, HI 96813-5080  
Ph: (808) 586-8970, Fax: (808) 586-8980  
Email: [dlir.ui.oahu@hawaii.gov](mailto:dlir.ui.oahu@hawaii.gov)

**Waipahu Satellite Office**

94-275 Mokuola St., Rm. 301  
Waipahu, HI 96797-3369  
Ph: (808) 586-8970, Fax: (808) 586-8980  
Email: [dlir.ui.oahu@hawaii.gov](mailto:dlir.ui.oahu@hawaii.gov)

**Liabile Interstate Unit**

830 Punchbowl St., Rm 110  
Honolulu, HI 96813-5080  
Ph: (808) 586-8960, Fax: (808) 586-8980  
Email: [dlir.ui.oahu@hawaii.gov](mailto:dlir.ui.oahu@hawaii.gov)

**Hawaii**

**Hilo Claims Office**

1990 Kinoole St., Rm 101  
Hilo, HI 96720-5293  
Ph: (808) 974-4086, Fax: (808) 974-4085  
Email: [dlir.ui.hilo@hawaii.gov](mailto:dlir.ui.hilo@hawaii.gov)

**Kona Claims Office**

81-990 Halekii St., Rm 2090  
PO Box 167, Kealahou, HI 96750-0167  
Ph: (808) 322-4822, Fax: (808) 322-4828  
Email: [dlir.ui.kona@hawaii.gov](mailto:dlir.ui.kona@hawaii.gov)

**Maui**

**Maui Claims Office**

54 South High St., Rm. 201  
Wailuku, HI 96793-2198  
Ph: (808) 984-8400, Fax: (808) 984-8444  
Email: [dlir.ui.maui@hawaii.gov](mailto:dlir.ui.maui@hawaii.gov)

**Kauai**

**Kauai Claims Office**

4370 Kukui Grove St., Ste 3-214  
Lihue, HI 96766  
Ph: (808) 274-3043, Fax: (808) 274-3046  
Email: [dlir.ui.kauai@hawaii.gov](mailto:dlir.ui.kauai@hawaii.gov)

---

**Employment Security Appeals Referees' Office**

830 Punchbowl St., Room 429  
Honolulu, HI 96813-5080  
Ph: (808) 586-8930, Fax: (808) 586-8944  
E-mail: [dlir.esaro@hawaii.gov](mailto:dlir.esaro@hawaii.gov)