Print Form

DAVID Y. IGE
GOVERNOR

SHAN S. TSUTSUI
LT. GOVERNOR

CATHERINE P. AWAKUNI COLÓN
DIRECTOR

GORDON I. ITO
INSURANCE COMMISSIONER

STATE OF HAW AI`I
INSURANCE DIVISION
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
P. O. BOX 3614
HONOLULU, HAWAI`I 96811-3614
335 MERCHANT STREET, ROOM 213
HONOLULU, HAWAI`I 96813
PHONE NO: (808) 586-2790
FAX NO: (808) 586-2806
www.cca.hawaii.gov/dcca/ins/

December 10, 2015

TO: **INSURERS AUTHORIZED TO WRITE WORKERS' COMPENSATION INSURANCE IN HAWAII**

SUBJECT: WORKERS' COMPENSATION SPECIAL COMPENSATION FUND

Section 386-152, Hawaii Revised Statutes, requires a levy to finance the Special Compensation Fund when the cash balance of the fund falls below an amount deemed necessary to meet the Fund's current and projected obligations.

The Director of Labor and Industrial Relations who administers the Special Compensation Fund advises that the fund balance was insufficient to meet the required level of funding as of December 31, 2015. For 2016, the levy to be assessed insurers writing Workers' Compensation insurance shall be 3.8% of the 2015 gross premiums.

In accordance with the above, you are to report on the enclosed Form 315, the gross premiums written from Workers' Compensation insurance issued during 2015 and show the amount of levy due and payable. Checks should be made payable to "DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA"), STATE OF HAWAII."

TO BE FILED ON OR BEFORE MARCH 15, 2016

ONLY premiums written are required to file Form 315. IF THE WORKERS' COMPENSATION PREMIUMS ARE $0, THE FORM

NOTE: *The Hawaii Insurance Division does accept ACH Credit payments. Please contact Gale Miyazaki at gmiyazak@dcca.hawaii.gov for more information.*

No staples please

Original	Amended
DO NOT WRITE IN THIS AREA	

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")
INSURANCE DIVISION

ATTN: GALE MIYAZAKI
P. O. Box 3614
Honolulu, HI 96811-3614

OR

ATTN: GALE MIYAZAKI
335 Merchant Street, Room 213
Honolulu, HI 96813

STATEMENT OF PREMIUMS DERIVED FROM WORKERS' COMPENSATION INSURANCE ISSUED DURING 2015 FOR 2016 WORKERS' COMPENSATION SPECIAL COMPENSATION FUND LEVY

NAIC Co Code

Name of Insurer:

Address:

Round all amounts to nearest dollar

1. TOTAL 2015 GROSS PREMIUMS* SUBJECT TO SPECIAL LEVY . . . . .$

{If gross premiums are zero, DO NOT FILE THIS FORM.}

*Workers' Compensation gross premiums written from all risks resident, situated or located within Hawaii, includes all fees, charges, or other consideration charged for the insurance or for its procurement (Section 431:10-218, Hawaii Revised Statutes).

2. AMOUNT DUE AND PAYABLE ON OR BEFORE MARCH 15
(Line 1 times assessment rate of 3.8%) . . . . . $

[Check payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA"), STATE OF HAWAII]

Method of Payment: Check EFT

DECLARATION

I hereby declare under the penalties of perjury and applicable penalties set forth in Chapter 431,
above named insurer and that this statement, to the best of my knowledge and belief, is true, correct,

Name of Officer

Title

Officer Signing Date

WCF