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 HONOLUL, HAWAI'I 96811-3614 335 MERCHANT STREET, ROOM 213 HONOLUL, HAWAI'I 96813 PHONE NO: (808) 586-2790 FAX NO: (808) 586-2806 www.cca.hawai.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 insurers reporting workers' compensation gross premiums written are required to file Form 315. IF THE WORKERS' COMPENSATION PREMIUMS ARE \$0, THE FORM IS NOT REQUIRED.

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

No staples please		1	
STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")	C Original	C Amended	
INSURANCE DIVISION	DO NOT WRITE IN THIS AREA		
ATTN: GALE MIYAZAKI ATTN: GALE MIYAZAKI			
P. O. Box 3614 OR 335 Merchant Street, Room 213			
Honolulu, HI 96811-3614 Honolulu, HI 96813			
STATEMENT OF PREMIUMS DERIVED FROM WORKERS' COMPENSATION INSURANCE ISSUED DURING 2015 FOR 2016 WORKERS' COMPENSATION SPECIAL COMPENSATION FUND LEVY			
DUE MARCH 15, 2016			
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: C Check			
DECLARATION			
I hereby declare under the penalties of perjury and applicable penalties set forth in			
Chapter 431, HRS, that I have the authority to sign this statement on behalf of the			
above named insurer and that this statement, to the best of my knowledge and belief, is true, correct, and complete and made in good faith, for the taxable year stated.			
Name of Officer Signature	of Officer or	Ingurer	
	Signature of Officer or Insurer		
Title Off	Officer Signing Date		