

DAVID Y. IGE
GOVERNOR

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DIRECTOR

SHAN S. TSUTSUI
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INSURANCE COMMISSIONER



STATE OF HAWAII
INSURANCE DIVISION

DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
P. O. BOX 3614
HONOLULU, HAWAII 96811-3614
335 MERCHANT STREET, ROOM 213
HONOLULU, HAWAII 96813
PHONE NO: (808) 586-2790
FAX NO: (808) 586-2806
www.hawaii.gov/dcca/areas/ins

December 7, 2016

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, 2016. For 2017, the levy to be assessed insurers writing Workers' Compensation insurance shall be 3.8% of the 2016 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 2016 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, 2017

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 gmiyazaki@dcca.hawaii.gov for more information.

No staples please

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

Original Amended
DO NOT WRITE IN THIS AREA

STATEMENT OF PREMIUMS DERIVED FROM WORKERS' COMPENSATION
INSURANCE ISSUED DURING 2016 FOR 2017 WORKERS' COMPENSATION
SPECIAL COMPENSATION FUND LEVY

DUE MARCH 15, 2017

NAIC Co Code
Name of Insurer:
Address:

Round all amounts to nearest dollar

1. TOTAL 2016 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, 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 of Insurer

Title

Officer Signing Date

FOR E-FILERS ONLY
By checking this box, you are acknowledging that you are a legally authorized representative of the Company and have the legal authority to e-file the Workers' Compensation Assessment Form and to sign for the officer indicated in the declaration section above.