



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

NOTICE TO EMPLOYEES

YOUR EMPLOYER IS REQUIRED TO PROVIDE YOU WITH WORKERS' COMPENSATION (WC), TEMPORARY DISABILITY INSURANCE (TDI), AND PREPAID HEALTH CARE (PHC) COVERAGE. TO UNDERSTAND YOUR BENEFIT RIGHTS UNDER THESE PROGRAMS, READ THIS NOTICE CAREFULLY. CONTACT THE DISABILITY COMPENSATION DIVISION OFFICE LISTED BELOW FOR FURTHER INFORMATION.

WORKERS' COMPENSATION

You should claim benefits under this program if you suffer a work-connected injury. Report the date, time and circumstances of your injury immediately to your employer or supervisor. Give name of insurer to your doctor so that he will know where to send the report of industrial injury. If your employer does not file a report of injury, you may file a written claim with the workers' compensation office.

You are entitled to free choice of physician; all required medical, surgical and hospital services and supplies including drugs; weekly benefits from the fourth day of disability to replace wage loss, representing 66 2/3% of your average weekly wage but not more than the maximum weekly benefit amount annually set by the workers' compensation office; additional benefits if injury results in permanent disability or disfigurement; vocational rehabilitation; funeral and burial expenses if work injury results in death; additional weekly benefits to surviving spouse and other dependents; and concurrent temporary total disability benefits if employed with two covered employers at time of injury.

If your workers' compensation benefits are disputed and you are not paid, you may file a temporary disability insurance claim with your employer's temporary disability insurance carrier. The temporary disability insurance carrier will pay you temporary disability insurance benefits if you are eligible, but the carrier will have lien rights to your workers' compensation benefits.

You do not pay for premium cost; your employer pays entire amount.

TEMPORARY DISABILITY INSURANCE

You should claim under this program within 90 days from disability date if you suffer a disabling nonwork-related injury, illness or pregnancy. Your employer or insurance carrier should furnish you with a TDI-45 claim form or some other authorized claim form.

To be eligible, your disability must be properly certified and you must have been performing regular service in employment not longer than 2 weeks prior to the onset of your disability. You must have been in covered employment with any Hawaii employer for at least 14 weeks with remuneration of 20 or more hours in each week and earned wages of at least \$400 during the 52 weeks immediately preceding the first day of your disability.

After a 7-consecutive-day waiting period, you are entitled to 58% of your average weekly wage not exceeding the maximum weekly benefit amount set annually by the Temporary Disability Insurance office, for a maximum of 26 weeks during a benefit year if your employer has a statutory plan. If your employer has an approved other-than-statutory plan, ask your employer for details on benefit amount, waiting period and benefit duration.

You may be required by your employer to share in the premium cost. Your share cannot be more than one-half of the cost nor more than .5% of your weekly wages. Your employer pays the remaining portion exceeding the prescribed limitation. If you are ineligible for benefits (see second paragraph above), your employer cannot deduct any contributions from you to share in the premium cost.

PREPAID HEALTH CARE

You should claim benefits under this program if a nonwork-connected injury or illness requires medical care. Give to your doctor or hospital the name of your employer's health care contractor and the plan ID number listed below.

Tape second page here to complete 11" X 17" Form

After 4 consecutive weeks of employment of a least 20 hours each week, you may be entitled to enrollment in your employer's health care plan which should provide: hospital, surgical, medical, diagnostic and maternity benefits.

If you are required to share in the premium cost, your share cannot be more than 1.5% of your monthly wages or one-half the premium cost (whichever is less). Your employer pays the balance.

APPEAL RIGHTS

If you disagree with any decision rendered on your claim for benefits under the workers' compensation, temporary disability insurance or health care programs, you may file an appeal with the Disability Compensation Division.

EMPLOYER CERTIFICATION

In compliance with the Hawaii State Workers' Compensation, Temporary Disability Insurance and Prepaid Health Care Laws, the undersigned certifies that he has provided the following coverage for his employees (check blocks):

WORKERS' COMPENSATION

Insured plan _____
(Name of Insurance Carrier)

Self-Insured plan
Effective date of coverage _____

TEMPORARY DISABILITY INSURANCE

Insured plan _____
(Name of Insurance Carrier)

Self-Insured plan
*Class of employees covered _____

Effective date of coverage _____

PREPAID HEALTH CARE

HC Contractor plan _____
(Name of Health Care Contractor)

Approved self-insured plan _____
(Name of Plan Administrator)

Plan name _____ *Classes of employees covered _____ Effective Date _____

* If more than one plan, indicate whether coverage is for salaried, hourly, bargaining unit, non-bargaining unit, etc. employees.

EMPLOYER NAME	AUTHORIZED SIGNATURE	TITLE	DATE
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DISABILITY COMPENSATION OFFICES

Oahu:
P.O. Box 3769
830 Punchbowl Street, Room 209
Honolulu, Hawaii 96812-3769
Phone: (808) 86-9188 (TDI/PHC)
(808)586-9161 (WC)

Hawaii:
State Office Building
75 Aupuni Street, #108
Hilo, Hawaii 96720
Phone (808) 974-6464

West Hawaii:
P.O. Box 49
Kealahou, Hawaii 96750
Phone: (808) 322-4808

Maui:
State Office Building
2264 Aupuni Street, #2
Wailuku, Hawaii 96793
Phone: (808) 243-5322

Kauai:
State Office Building
3060 Eiwa Street, #202
Lihue, Hawaii 96766
Phone: (808) 274-3351

THIS FORM MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OF BUSINESS

State Form DC-50 Rev. 8/02 Reproduced by LISH as a member service 9/03.

www.viphawaii.com/lish