

TDI Hawaii Questionnaire

<b>1. Employer Name</b>	
<b>2. Hawaii Location Address</b>	
<b>3. Billing Address &amp; Contact Name</b>	
<b>4. Federal Tax ID # &amp; Hawaii Unemployment Ins #</b>	
<b>5. Hawaii Department of Labor Number</b>	
<b>6. Nature of Business</b>	
<b>7. # of Hawaii Male &amp; Female Employees</b>	Males (    )    Females (    )
<b>8. Employee Contributions</b>	Yes (    )    No (    )
<b>9. Requested Effective Date</b>	
<b>10. Average Employee Annual Salary</b>	
<b>11. For Policyholders that are an LLC, or LLP, please indicate if coverage for Partners is desired.</b>	Yes (    )    No (    ) <i>If yes, we will need Name, D/O/B &amp; Social Security # for All Partners, Proprietors to be covered.</i>
<b>12. Names of any Subsidiaries or Participating Firms (if any)</b> <i>(Indicate Full Legal Name, FED ID #, HI UI # and # of Employees for Each Subsidiary)</i>	

***For Groups with 50+ lives, please attach the last 3 years premium, claim, and rate history.***

Once completed please email to: Fitz Blackman at [fblackman@rwarnerinc.com](mailto:fblackman@rwarnerinc.com)

Any questions, please contact a Member of the Statutory Disability Team:

*Fitz Blackman, Anthony B. Cortese or Mark D.*

*Wintjen*

*Reuben Warner Associates*

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