

“EMPLOYER’S PREMIUM STATEMENT” COMPLETION INSTRUCTIONS

Reporting Period

The reporting period is from 1/1/2024-1/1/2025. All information to be provided on the Employer’s Premium Statement pertains to this reporting period.

Section A

Enter the number of male and female employees as of the 12th of each month for this reporting period.

Section B

1. Total Wages:

Enter the total gross wages of all employees to be covered under your Temporary Disability Plan.

PLEASE DO NOT INCLUDE THE WAGES FOR OWNERS WITH AT LEAST 50% OWNERSHIP OF THE COMPANY.

2. Total Amount of Covered Wages

Enter the total gross ‘covered’ wages of all covered employees up to, but not exceeding, the maximum taxable wage per person which are:

Weekly	Monthly	Quarterly	Annually
\$1,374.78	\$5,957.38	\$17,872.14	\$71,488.56

PLEASE DO NOT INCLUDE THE WAGES FOR OWNERS WITH AT LEAST 50% OWNERSHIP OF THE COMPANY.

Example: If employee A’s annual gross wage is \$75,000.00, his/her covered wage is \$71,488.56 as that is the maximum allowable annual limit. If employee B’s annual gross wage is \$70,000.00, his/her maximum covered wage is \$70,000.00 as that is below the maximum annual limit. The total covered wages for both employees to be entered in Line 2 is \$141,488.56 (\$71,488.56 + \$70,000.00).

3. 2024 Premium

Enter your 2024 premium here. The premium for 2024 is calculated by multiplying the covered wage by the rate.

If the amount is less than the minimum annual premium of \$120.00, then the premium due will be \$120.00 per year or \$10.00 per month.

4. 2024 Estimated Premium Already Paid

The amount listed here is what you paid earlier this year.

5. Available Credit

The amount listed here is the available credit on your account, if any.

6. Subtotal

Subtract lines 4 and 5 from line 3. This amount is the credit or balance due for **2024**.

7. 2025 Estimated Premium

This amount is based upon the prior year and should be the same as line 3. However,

- If your policy became effective after January 2024, then the amount due is calculated by estimating your annual payroll from January 1 through December 31, 2024, multiplied by the rate (for rate, see line 2 of your premium statement), but cannot be not less than the **minimum annual premium** of \$120.00 or \$10.00 per month.
- If you are reporting for the complete year of 2024 and line 7 is less than line 3, please provide a brief explanation as to why (e.g., business closing, downsizing, etc.) in the box below.

8. Total Premium Due

Add lines 6 and 7 for the total amount due for 2024 premium and 2025 estimated premium.

Keep a copy of this completed premium statement for your records. Please make a check for the **Total Premium Due** (see line 8) payable to Pacific Guardian Life and include your group and account numbers along with the name of the account in the memo portion of your check. Send check along with your completed statement to:

PACIFIC GUARDIAN LIFE BOX 47839
P.O. BOX 1300
HONOLULU, HI 96807-1300

TO KEEP YOUR POLICY ACTIVE, all information on this premium statement must be completed and payment must be received by Pacific Guardian Life.

If you have any questions about the reporting requirements or if you would like to request a voluntary account review, please email TDIAUDIT@PACIFICGUARDIAN.COM.