

DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
UNEMPLOYMENT INSURANCE DIVISION
830 Punchbowl Street, Room 437 - 96813 ● PO Box 700 - 96809
HONOLULU, HI 96813

WAIVER OF EMPLOYER'S EXPERIENCE RECORD

The Department of Labor and Industrial Relations is hereby notified that the undersigned successor employing unit has succeeded to or acquired the organization, trade or business, or substantially all the assets thereof of the undersigned predecessor employing unit, an employer subject to the Hawaii Employment Security Law, and the ____ day of _____, 19____ is the last day prior to acquisition by the successor employing unit.

In accordance with the provisions of Section 383-66(5) of the Hawaii Revised Statutes the said predecessor employing unit hereby relinquishes all rights to his prior experience record with respect to his separate account, contribution payment and benefit chargeability experience, annual payrolls, and other data for the purpose of obtaining a reduced rate of contributions and requests the Department of Labor and Industrial Relations to permit such experience record to inure to the benefit of said successor employing unit. Said successor employing unit hereby requests that such experience record inure to his benefit.

Executed this _____ day of _____, 19_____.

(Firm or Trade Name of Predecessor)

By: _____

(Title)

(Firm or Trade Name of Successor)

By: _____

(Title)

Information to be completed by predecessor employer:

Reports: Have all contribution reports up to termination been filed? Yes___ No___

Date most recent contribution report was filed:

Date Quarterly Wage Reports were filed:

Contributions: Have all contributions due been paid? Yes___ No___

Date most recent contributions were paid:

INSTRUCTIONS: This waiver must be signed by (1) the individual, if he is the employer, (2) a duly authorized officer, if the employer is a corporation, (3) a duly authorized member of a partnership, if the employer is a partnership, or (4) a duly authorized person, if the employer is an unincorporated association. The waiver may be signed by an agent in the name of the employer if an acceptable power of attorney is file with the UI Division.

In order to assume the rate of the predecessor immediately upon acquisition of the business, (1) employer newly subject to the law must file this form within sixty (60) days after the date of acquisition, and (2) predecessor must have filed all reports and paid all contributions (including penalty and interest) within sixty (60) days after the transfer of the business.

If successor employer fails to file this form with the Division within sixty days after the transfer of business, her may file the form by March 1st of the following year at which time, if predecessor employer has cleared all reports and contributions due, the experience records of the predecessor and successor employers will be combined to determine the rate for the successor employer for the new calendar year.

New employing units succeeding to two or more predecessor employers simultaneously are treated differently and the law should be referred to in these instances.

For use of Unemployment Insurance Division Only

Date Waiver Filed: _____

Date Transferred: _____

Predecessor Record: _____

Rate Transferred: _____

Approved by: _____

Title: _____