

Certificate of Issuance, Cancellation, Reinstatement or Amendment of
Temporary Disability Insurance (TDI)

From: The Lincoln National Life Insurance Co. To: Director of Labor & Industrial Relations
Jeremiah Knutson Disability Compensation Division
8801 Indian Hills Drive PO Box 3769
Omaha, NE 68114 Honolulu, HI 96812-3769

Employer's Dept of Labor (DOL) account number 000-778-5283
Employer's Registered name PTSI MANAGED SERVICES INC
Employer's trade name or dba (optional) _____
Policy number (optional) GS2-890-LF0105-HI
Class(es) of employees covered All Employees
Class(es) of employees excluded, if any _____

Please process the single action noted below.

This certifies that as of the effective date 01/01/2023 **this company will:**

1. provide statutory coverage as required by the Hawaii TDI Law to employees of the employer named above.
2. provide coverage as required by the Hawaii TDI Law to employees of the employer named above. The TDI benefit provided is described below.

Weekly benefit _____ % of average weekly wage
Day benefits begin for accident _____ sickness _____
Maximum benefit period _____ weeks per benefit year

3. cancel the policy for the following reason. _____
4. reinstate the policy with no break in coverage. _____
5. amend the following information on the policy. _____

Authorized representative signature Jeremiah Knutson Digitally signed by Jeremiah Knutson
Date: 2022.12.29 11:41:09 -06'00'
Date 12/29/2022

Contact person name Jeremiah Knutson
Contact phone number (800) 423-2765

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