

Section A: To be completed by DHS and given to public assistance recipient. Do not detach.

CERTIFICATE OF ELIGIBILITY
for Hawaii Motor Vehicle Insurance through the Hawaii Joint Underwriting Plan Bureau

This is to certify that the individuals listed below are

- the sole registered owner(s) of the vehicle to be insured;
- receiving public assistance consisting of direct cash payments through the Department of Human Services or benefits from the Supplemental Security Income Program under the Social Security Administration;
- does not use the motor vehicle for commercial purposes; and
- are eligible for basic motor vehicle insurance coverage at no cost, in accordance with subsection 431:10C-407(b)(2), HRS.

Name	1)	2)
Address		
Public Assistance Start Date (Month/Day/Year)		

Vehicle To Be Insured	Drivers	Driver's Date of Birth	Driver's License Numbers	Driver's License Expiration Date
Year & Make:				
VIN:				
License Plate No.:				
Vehicle Replaces One Now Insured (Yes/No):				

Case No. _____

[(affix unit or district office address stamp)]

Signature of Department Official _____

Name (type or print) _____

Phone _____

Date _____ Time: _____

Section B: To be completed by servicing provider and sent to DHS upon validation of certificate. Do not detach.

NOTICE OF INSURANCE

(servicing provider name and address)

Certificate No. _____

Period of Coverage _____

Section C: To be completed by DHS and sent to servicing provider when recipients are no longer eligible for public assistance benefits or vehicle(s) shown above is no longer approved for motor vehicle insurance coverage at no cost. Do not detach.

NOTICE OF TERMINATION OF BENEFITS/VEHICLE COVERAGE

☐ This is to certify that the above named person is not receiving public assistance benefits as of _____.
(Month/Day/Year)

☐ This is to certify that the vehicle shown above is not approved for motor vehicle insurance coverage at no cost as of _____.
(Month/Day/Year)

Notice of Adverse Action sent _____.
(Month/Day/Year)

Signature of Departmental Official _____

Name (type or print) _____

Phone _____

INSTRUCTIONS FOR PUBLIC ASSISTANCE RECIPIENTS

Under the Hawaii Motor Vehicle Insurance Law, recipients of public assistance benefits consisting of direct cash payments through the Department of Human Services or benefits from the Supplemental Security Income Program under the social security administration are eligible to receive basic motor vehicle insurance coverage at no cost. However, the public assistance recipients must be licensed drivers or unlicensed permanently disabled individuals unable to operate their motor vehicles, provided that the motor vehicle is used strictly for personal purposes, and not for commercial purposes. Recipients eligible under this provision must first exhaust all paid coverage under any motor vehicle insurance policy in force. Eligibility for basic motor vehicle insurance coverage at no cost ends upon termination of public assistance benefits. Recipients are required to notify the insurance company promptly when public assistance benefits terminate.

Not more than one vehicle per eligible household shall be insured unless extra vehicles are approved by the department of human services as being necessary for medical or employment purposes.

HOW TO OBTAIN YOUR POLICY

Within 30 days of your eligibility for insurance, **mail** or present this **Certificate of Eligibility** along with a **photostatic copy** of your **driver's license or your designated driver's license (if you are permanently disabled) and vehicle registration** to one servicing provider of the Hawaii Joint Underwriting Plan. The servicing provider will verify your eligibility for insurance at no cost and then validate this certificate. The validated certificate will be mailed back to you and will serve as your policy.

If you desire optional benefits, uninsured motorist, underinsured motorist or physical damage coverages such as collision and comprehensive, contact an insurance agent to assist you in obtaining these coverages upon payment of the appropriate premium.

IMPORTANT NOTICE TO RECIPIENT

I, the undersigned, acknowledge:

- ☐ I do not have any paid motor vehicle insurance coverage in force as of this date.
- ☐ I have paid motor vehicle insurance coverage in force as of this date and my present policy expires on _____.

Notice of Insurance

This certificate when properly validated by a servicing provider of the Hawaii Joint Underwriting Plan will provide coverage as required by the Hawaii Motor Vehicle Insurance Law: \$20,000 per person with an aggregate limit of \$40,000 per accident Bodily Injury Liability, \$10,000 per accident Property Damage Liability and \$10,000 per person Personal Injury Protection Benefits as prescribed in section 431:10C-103.5, Hawaii Revised Statutes, at no cost.

Notice of Termination

These coverages will expire 30 days after the date of termination of public assistance benefits. I am required to notify the insurance company promptly when my public assistance benefits terminate. Pursuant to section 431:10C-109, Hawaii Revised Statutes, I am required to return the motor vehicle insurance identification card to the insurance company.

Signature of Applicant

Home Phone Number

Date

Signature of Co-applicant

Home Phone Number

Date

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.