

# Maui Wildfires Compensation Program (MWCP) Registration Form

## A. Information and Instructions

### Read Before Completing this Form.

This Registration Form is for individuals seeking to file a claim with the Maui Wildfire Compensation Program (the “Program”). This Program is established to compensate eligible death and serious physical injury claims that occurred as a direct result of the wildfires that ignited on August 8, 2023, on the island of Maui (the “Maui Wildfires”).

**The deadline to register is June 15, 2024.**

### Eligibility Requirements

To be eligible for compensation under the Program, applicants must meet the eligibility requirements set forth in the Program Protocol. Only the following claims are eligible to participate in the Program:

1. **Individual Death Claims** – Claims by Personal Representatives of individuals who died as a direct result of the Maui Wildfires.
2. **Serious Physical Injury Claims** – Claims by individuals (or Legal Representatives of individuals) who suffered serious physical injuries as a direct result of the Maui Wildfires that required:
  - a. Overnight hospitalization of one or more nights on or before August 11, 2023;  
OR
  - b. Emergency outpatient medical treatment on or before August 11, 2023.

No other claims or other allegations of damage (including, but not limited to, claims for property damage, business losses, or injuries other than those described above) are eligible to participate in this Program.

### Instructions

**If you are represented by an attorney in connection with Claim, please work with your attorney to complete and submit this Form on your behalf. The Program will communicate directly with your attorney regarding your claim.**

Please follow the steps below to submit your Form. Please note, this Form is not considered submitted until all steps have been completed.

- 1) Review and confirm you meet the eligibility requirements to participate in this Program;
- 2) Complete the information requested in this Form, in full; and

3) Submit your Form to the Program via one of the below methods.

Once you have provided this information, the Program will determine if you qualify to receive a Claim Form and submit a claim to the Program.

**Methods for submitting your Form**

- Email your completed Form to [info@mauicompensationfund.com](mailto:info@mauicompensationfund.com)
- Mail your completed Form to the MWCP PO Box at:

Maui Wildfires Compensation Program  
A325 - 5104  
200 N Vineyard Blvd  
Honolulu, HI 96817  
United States

\* Response Required

B. Identifying Information				
Victim's Full Legal Name *	First	Middle	Last	
Claimant's Full Legal Name (if different than Victim) *	First	Middle	Last	
Relationship to the Victim *	<input type="checkbox"/> Self <input type="checkbox"/> Personal Representative of a Deceased Individual <input type="checkbox"/> Personal Representative of a Minor <input type="checkbox"/> Personal Representative of a Legally Incapacitated Individual <input type="checkbox"/> Other: _____			
Attorney Name (if applicable) *	First Name		Last Name	
Attorney Law Firm (If applicable) *	Firm Name			
If the Claimant is represented by an attorney, please provide the contact information for the attorney. The program will communicate with the attorney regarding this claim.				
Contact Information *	Phone		<input type="checkbox"/> Work	<input type="checkbox"/> Mobile
	<input type="checkbox"/> Home			
	Email			
Mailing Address *	Street/P.O. Box		Apt./Suite	
	City	State	Zip	Country

C. Claim Category	
Individual Death Claims	
Is this claim for an individual that died as a direct result of the Maui Wildfires? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serious Physical Injury Claims	
Did the individual suffer a serious physical injury as a direct result of the Maui Wildfires? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the individual permanently disabled as a result of the injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the individual require at least one night of hospitalization on or before August 11, 2023?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the individual require emergency outpatient medical treatment on or before August 11, 2023? *	<input type="checkbox"/> Yes <input type="checkbox"/> No