

APPLICATION FOR CERTIFICATE OF AUTHORITY THIRD PARTY ADMINISTRATOR

1. **Name of Applicant:** _____

2. **Federal I.D. Number:** _____

3. **Principal Business Address:** _____
Street Address

City State Zip Code

4. **Mailing Address:** _____
Street Address

City State Zip Code

5. **State of Domicile:** _____

a. **Date of Incorporation:** _____ / _____ / _____
Month Day Year

6. **Name of Contact Person:** _____

a. **E-Mail Address:** _____

b. **Telephone Number:** _____

7. Has applicant, or any of its officers, directors, designated employees, or controlling person, or any partnership or corporation with which they are, or were formerly associated during their connection therewith, ever:

a) Been discharged by or had a contract terminated for cause by an insurer or employer?

Yes No

b) Been refused an insurance agent, broker, consultant, or TPA license, had an existing one suspended or revoked by the Insurance Department, or by any state or governmental agency or authority?

Yes No

c) Excluding minor traffic violations, been convicted of any crime?

Yes No

d) Has the applicant or any of its officers, directors, designated employees or controlling person ever been adjudged a bankrupt or have a bankruptcy pending?

Yes No

e) Has any person in the TPA ever been convicted of mishandling or misappropriating any insurance carrier or client funds?

Yes No

f) Within the last ten years, has any insurance company or client withdrawn its claims paying authority approval of the TPA?

Yes No

g) Have any legal actions by plan sponsors or insurance companies been brought against the TPA or any of the principals during the past three (3) years?

Yes No

h) Are there any pending Insurance Department complaints, and/or were there any during the last year?

Yes No

8. If any answers to questions a – h above are “Yes”, attach explanation.

9. The following items must be submitted with the application:

- a) All basic organization documents of the applicant, including any articles of incorporation, articles of association, partnership agreement, trade name certificate, trust agreement, shareholder agreement, and other applicable documents and all amendments to such documents
- b) The by-laws, rules, regulations, or similar documents regulating the internal affairs of the applicant
- c) The names, addresses, official positions, professional qualifications, and biographical affidavit of the individuals who are responsible for the conduct of affairs of the applicant including all members of the board of directors, board of trustees, executive committee, or other governing board or committee, the principal officers in the case of a corporation or the partners or members in the case of a partnership or association, shareholders holding directly or indirectly ten percent or more of the voting securities of the applicant and any other person who exercises control or influence over the affairs of the applicant.
- d) Annual financial statements or reports for the two most recent years which prove that the applicant is solvent, and such other information the Director may require
- e) A statement describing the business plan including information on staffing levels and activities proposed in this state and nationwide. The business plan shall provide details setting forth the applicant's capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing, record keeping, and underwriting
- f) If the applicant will be managing the solicitation of new or renewal business, proof that it employs or has contracted with an agent licensed in this state for solicitation and taking applications. Any applicant which intends to directly solicit insurance contracts or to otherwise act as an insurance agent shall provide proof that it has a license as an insurance agent in this state
- g) A statement of the duties of the TPA is intending to perform on behalf of the insurer and the lines, classes, or types of insurance the TPA will be administering. For each plan and carriers (insurance companies), include with the above description of duties, the number of plans serviced in each category:
 - Fully Insured
 - Partially self-insured
 - Fully self-insured
 - Multiple Employer Welfare Arrangements
 - Full insured
 - Self-funded
 - Taft Hartley Plans
 - Cafeteria (Section 125) Plans

h) Identify the federally insured or state-insured financial institution where you maintain your fiduciary account and include:

_____ Name

_____ Address

_____ Contact person/Title

_____ Account Balance

i) After reviewing the documents submitted, additional information may be required.

The director may refuse to issue a certificate of authority as a third-party administrator if the director determines that the applicant or any individual responsible for the conduct of affairs of the applicant is not competent, trustworthy, financially responsible, or of good personal and business reputation or has had an insurance license or certificate of authority or a third party administrator license or certificate of authority denied or revoked for cause by any state.

_____ Signature of President

_____ Date

_____ Signature of Secretary

_____ Date

State of _____

County of _____

Subscribed to in my presence and duly sworn this _____ day of _____, 20 _____

My commission expires

Notary Public