



THIRD PARTY ADMINISTRATORS SUPPLEMENTAL APPLICATION

- 1) Applicant's Name:
- 2) Does the applicant provide services to related entities?
If yes, provide details on a separate attachment. Yes No
- 3) Breakdown of services you are engaged in:
- | | | |
|--|--|------|
| Actuarial | | % |
| Administration of Health and Welfare Plans: | | |
| Single Employer Plans | | % |
| Multiple Employer Plans (Taft-Hartley Trusts) | | % |
| Multiple Employer Welfare Arrangements (MEWAs) | | % |
| Multiple Employer Trusts (METS) | | % |
| Employee Assistance Programs | | |
| Administrator | | % |
| Provider | | % |
| Utilization Review | | % |
| Insurance Related Services | | |
| Insurance Agent/Broker | | % |
| Insurance Advisor/Consultant | | % |
| Premium Collection & Billing | | % |
| Underwriting/MGA | | % |
| Cost Containment | | % |
| Case Management | | % |
| Providing Employee Wellness/Health Literature | | % |
| Administrator of Verification/Credentialing for Healthcare Providers | | % |
| Notary Public | | % |
| Administrator for Money Manager | | % |
| Computer Services (outside the normal operation of applicant as a TPA) | | % |
| Other: | | % |
| Other: | | % |
| Total = | | 100% |
- 4) Number of plans administered:
- 5) Number of participants for plans administered:
- 6) Total contributions to the plans administered by applicant:
- 7) Number of plans added or deleted in the past year:

- 8) What percent of all plans you administer are:
- | | | | |
|---|--|--|---|
| Self Funded with Stop Loss Insurance | | | % |
| Self Funded with no Stop Loss Insurance | | | % |
| Fully Insured | | | % |
- 9) List carriers that Stop Loss coverage is placed with:
- 10) Does the applicant or its partners, officers, directors or employees act as a trustee for any client or non-clients? Yes No
If yes, provide details on a separate attachment.
- 11) If applicant administers any self funded multiple employee trusts (METS) or multiple employer welfare arrangements (MEWAS), provide details on a separate attachment.
- 12) Total dollar amount of:
- | | | | |
|----------------------------|----|--|--|
| Claims Paid Last Year: | \$ | | |
| Largest Claim Draft Limit: | \$ | | |
- 13) Are actuarial certifications reviewed by a member of the Society of Actuaries or American Academy of Actuaries? Yes No
- 14) Does applicant provide professional services to any benefit plan in which they retain ownership, interest and/or is a partner, director, officer, or trustee? Yes No
If yes, provide details on a separate attachment.
- 15) Please complete our Insurance Agents/Brokers application if you provide these services to clients and are applying for this insurance.
- 16) Does applicant have Directors & Officers Liability insurance in force? Yes No
Limits of Liability: _____ Carrier: _____
- 17) Does the applicant have a Fidelity Bond? Yes No
Amount of Insurance: _____ Carrier: _____
- 18) Does the applicant have ERISA Fiduciary Liability insurance in force? Yes No
Limits of Liability: _____ Carrier: _____
- 19) Describe how applicant screens and qualifies plan sponsors:
- 20) Procedures/Protocols:
- | | | | |
|--|--|-----|----|
| a. What percentage of claims are denied? | | | % |
| b. What is the average error rate of your claims handlers? | | | |
| c. How often do you perform internal audits? | | | |
| d. What percentage of the time do you use written contracts? | | | % |
| e. What percentage do you subcontract work to others? | | | % |
| f. Your systems were Y2K compliant on what date: | | | |
| Any Y2K problems? | | Yes | No |
| If yes, attach details. | | | |

PLEASE INCLUDE LIST OF YOUR 5 LARGEST CLIENTS IN THE PAST 3 YEARS:

Include: (1) Client Name (2) the nature of the services provided (type of plan) (3) Number of lives/participants (4) the revenues obtained for those services provided.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.