

# Ohio Department of Insurance

John R. Kasich – Governor  
 Mary Taylor – Lt. Governor/Director



## Individual Third Party Administrators (TPA) License Application

(Please Print or Type)

**Check appropriate box for license requested:**

- Resident License  
 Non-Resident License
- Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_

### Demographic Information

① Social Security Number		② If assigned, National Producer Number (NPN)		③ Mobile Phone Number ( )	
④ Last Name JR./SR. etc		⑤ First Name		⑥ Middle Name	
⑦ Date of Birth (M/D/YY)		⑧ Residence/Home Address (Physical Street)		⑨ City	
⑩ State		⑪ Zip or		⑫ Foreign Country	
⑬ Home Phone Number ( )		⑮ Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female		⑯ Are you a Citizen of the United States? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, of which country are you a citizen? _____) (If No, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)	
⑭ Individual Applicant Email Address:		⑰ Business Entity's Name			
⑱ Business Address (Physical Street)		⑲ P.O. Box		⑳ City	
㉑ State		㉒ Zip or		㉓ Foreign Country	
㉔ Business Phone Number (include extension) ( )		㉕ Business Fax Number ( )		㉖ Business E-Mail Address	
㉗ Business Web Site Address		㉘ Applicant's Mailing Address		㉙ P.O. Box	
㉚ City		㉛ State		㉜ Zip or	
㉝ Foreign Country		㉞ a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval.)			

### Agency or Business Entity Affiliations

③⑤ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN	_____	NPN	_____	Name of Agency	_____
FEIN	_____	NPN	_____	Name of Agency	_____
FEIN	_____	NPN	_____	Name of Agency	_____

### Employment History

③⑥ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

	From		To		Position Held
	Month	Year	Month	Year	
Name	-	-	-	-	-
City	-	-	-	-	-
Name	-	-	-	-	-
City	-	-	-	-	-
Name	-	-	-	-	-
City	-	-	-	-	-
Name	-	-	-	-	-
City	-	-	-	-	-

Background Questions

37 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1a. Have you ever been convicted of a MISDEMEANOR, had a judgment withheld or deferred, or are you currently charged with committing a MISDEMEANOR? [ ] Yes [ ] No

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

1b. Have you ever been convicted of a FELONY, had a judgment withheld or deferred, or are you currently charged with committing a FELONY? [ ] Yes [ ] No

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? [ ] N/A [ ] Yes [ ] No

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) [ ] N/A [ ] Yes [ ] No

1c. Have you ever been convicted of a MILITARY OFFENSE, had a judgment withheld or deferred, or are you currently charged with committing a MILITARY OFFENSE? [ ] Yes [ ] No

NOTE: For Questions 1a, 1b, and 1c, "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answered "Yes" to any of the above questions (1a, 1b, or 1c), you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
b) a copy of the charging document, and
c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? [ ] Yes [ ] No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answered "Yes" to question 2, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. [ ] Yes [ ] No

If you answered "Yes" to question 3, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy on a separate sheet.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? [ ] Yes [ ] No

If you answered "Yes" to question 4, identify the jurisdiction(s): \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Background Questions (continued)

- 5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? [ ] Yes [ ] No

If you answered "Yes" to question 5, you must attach to this application:

- a) a written statement summarizing the details of each incident,
b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration, or mediation proceedings, and
c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

- 6. Have you or any business in which you are or were an owner, partner, officer, director, or member or manager of a liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? [ ] Yes [ ] No

If you answered "Yes" to question 6, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) copies of all relevant documents.

- 7. Do you have a child support obligation in arrearage? [ ] Yes [ ] No

If you answered "Yes" to question 7, answer the following questions:

- a) by how many months are you in arrearage?
b) are you currently subject to and in compliance with any repayment agreement?
c) are you the subject of a child support related subpoena/warrant?

Months [ ] Yes [ ] No
[ ] Yes [ ] No

(If "Yes", provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

- 8. Does the TPA hold a fidelity bond or other comparable insurance policy coverage for all employees as required by R.C. 3959.11 and OAC 3901-8-05 (D) (5)? [ ] Yes [ ] No

If Yes, provide a copy of bond or insurance policy coverage. Make sure documentation includes the name of the carrier, policy number and effective dates.

- 9. Does the TPA carry any type of professional liability and/or E&O insurance for TPA activities as required by ERISA? [ ] Yes [ ] No

If Yes, provide proof of coverage or bond. Make sure documentation includes the name of the carrier, policy number and effective dates.

- 10. Do you understand that any required bond, insurance policy, professional liability and E&O insurance policy must be maintained for the duration of the licensure period? [ ] Yes [ ] No

- 11. Will the TPA's records be maintained in accordance with the requirements of OAC 3901-8-05 (L) and (M)? If the answer to any of the questions below is No, then attach a letter stating how those records are maintained

- a) Records reflect all administered transactions?
b) Detailed preparation or journalizing and posting of books and records are maintained?
c) Records are maintained throughout the term of the administration agreement?
d) All disbursement records contain the information required by R.C. 3959.15 (E)-(H)?
e) Annual reports are required to be filed with insurers and plan sponsors within 90 days of the end of each fiscal year of the plan?
f) Return premiums or contributions are paid to insurer or plan sponsors within 30 days of receipt?

[ ] Yes [ ] No

- 12. Have any Excess Insurers (Stop-Loss Carriers) or Managing General Underwriters approved the TPA to administer claims for plans using their stop-loss products? [ ] Yes [ ] No

If Yes, provide names and contact information for each one on a separate document.

- 13. Has the TPA ever been licensed as a Managing General Agent? [ ] Yes [ ] No

If Yes, provide a name of the States and license status on a separate document.

- 14. What type(s) of claims will the TPA administer in this state?

(Must check at least one option - Select all appropriate options that apply)

- [ ] Traditional self-Insured employee benefit plans
[ ] Preferred Provider Org. (PPO)
[ ] Prescription drug claims
[ ] Life Insurance claims
[ ] Disability insurance claims
[ ] Dental claims
[ ] Government self-insured employee benefit plans
[ ] Fully insured employee benefit plans
[ ] Provider billing processing
[ ] Medical/Managed care
[ ] Other, attach description on a separate document.

Applicant's Name \_\_\_\_\_

**Background Questions (continued)**

15. How does the TPA handle plan sponsor and insurer funds?

*(Must check at least one option – Select all appropriate options that apply)*

- Accounts are owned by the insurance company
- Plan sponsor owns accounts/TPA has check writing ability
- TPA has a separate fiduciary account(s) for plan sponsor & insurer funds
- OTHER: Attach a letter of explanation.

16. Does the applicant understand that the TPA and its officers shall be responsible for the supervision of the actions of any and all personnel and subcontractors who adjust or settle claims on behalf of the applicant according to OAC 3901-8-05 (E)(3)?  Yes  No

17. Does the applicant understand that the TPA may not commingle among its personal assets, or draw against for its own purposes, any monies or contributions of a plan sponsor or plan participant according to OAC 3901-8-05 (H)(1)?  Yes  No

18. Are you a member or veteran of the armed forces, or the spouse or surviving spouse of a service member or veteran?  Yes  No

19. Is the TPA operating as a Pharmacy Benefit Manager (PBM)?  Yes  No

**Applicant’s Certification and Attestation**

**68** The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, (a) I have no child-support obligation, (b) I have a child-support obligation and I am currently in compliance with that obligation, or (c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident license applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

**Application Attachments**

**69** The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.

1. Non-refundable fee (check or money order) made payable to the “State of Ohio Treasurer” in the amount of \$200.00;
2. Provide proof of fidelity bond or other comparable insurance policy coverage for all employees as required by R.C. 3959.11 and OAC 3901-8-05 (D)(5). (Documentation must include the name of the carrier, policy number and effective dates.);
3. Provide proof of professional liability insurance coverage and/or E&O insurance as required by ERISA. (Documentation must include the name of the carrier, policy number and effective dates.);
4. If necessary, any required supporting details or documents.