



**Individual Third Party Administrators (TPA)
 License Renewal/Continuation**

(Please Print or Type)

Check appropriate box for license requested:

- Resident **OH** License #: _____
- Non-Resident **OH** License #: _____
- Identify Home State: _____
 - Identify Home State License #: _____

Demographic Information

① National Producer Number (NPN)		② Date of Birth	
③ Last Name JR./SR. etc		④ First Name	
⑤ Residence/Home Address (Physical Street)	⑥ City	⑦ State	⑧ Zip or Foreign Country
⑨ Individual Applicants Email Address			
⑩ Business Entity's Name			
⑪ Business Address (Physical Street)	⑫ P.O. Box	⑬ City	⑭ State
⑮ Zip or Foreign Country			
⑯ Business Phone Number (include extension) ()	⑰ Business Fax Number ()	⑱ Business E-Mail Address	⑲ Business Web Site Address
⑳ Mailing Address	㉑ P.O. Box	㉒ City	㉓ State
㉔ Zip or Foreign Country			

Agency or Business Entity Affiliations

㉕ 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	_____

Background Questions

㉖ **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** which has not been previously reported to this insurance department? 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** which has not been previously reported to this insurance department? 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

Background Questions (Continued)

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 which has not been previously reported to this insurance department? [] 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, which has not been previously reported to this insurance department? [] Yes [] No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, 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. Do you have a child support obligation in arrearage, which has not been previously reported to this insurance department? [] Yes [] No

If you answered "Yes" to question 3, answer the following:

- a) by how many months are you in arrearage? _____ Months
b) are you currently subject to and in compliance with any repayment agreement? [] Yes [] No
c) are you the subject of a child support related subpoena/warrant? [] Yes [] No

4. 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.

5. 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.

6. 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

7. Will the TPA's records continue to 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? [] Yes [] No
b) Detailed preparation or journalizing and posting of books and records are maintained? [] Yes [] No
c) Records are maintained throughout the term of the administration agreement? [] Yes [] No
d) All disbursement records contain the information required by R.C. 3959.15 (E)-(H)? [] Yes [] No
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? [] Yes [] No
f) Return premiums or contributions are paid to insurer or plan sponsors within 30 days of receipt? [] Yes [] No

8. Since the last application or renewal 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.

9. Since the last application or renewal has the TPA been licensed as a Managing General Agent? [] Yes [] No

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

Applicant's Name _____

Background Questions (Continued)

10. What type(s) of claims will the TPA administer or plan to administer within the next year in this state? Yes No
(Must check at least one option – Select all appropriate options that apply)
- | | |
|--|--|
| <input type="checkbox"/> Traditional self-insured employee benefit plans | <input type="checkbox"/> Government self-insured employee benefit plans |
| <input type="checkbox"/> Preferred Provider Org. (PPO) | <input type="checkbox"/> Fully insured employee benefit plans |
| <input type="checkbox"/> Prescription drug claims | <input type="checkbox"/> Provider billing processing |
| <input type="checkbox"/> Life insurance claims | <input type="checkbox"/> Medical/Managed care |
| <input type="checkbox"/> Disability insurance claims | <input type="checkbox"/> Other, attach description on a separate document. |
| <input type="checkbox"/> Dental claims | |
11. How does the TPA handle plan sponsor and insurer funds?
(Must check at least one option – Select all appropriate options that apply)
- | |
|---|
| <input type="checkbox"/> Accounts are owned by the insurance company |
| <input type="checkbox"/> Plan sponsor owns accounts/TPA has check writing ability |
| <input type="checkbox"/> TPA has a separate fiduciary account(s) for plan sponsor & insurer funds |
| <input type="checkbox"/> OTHER: Attach a letter of explanation. |
12. 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
13. 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
14. Have there been any changes of officers, directors, partners, members or trustees, or any change of shareholders or other owners or members holding 5% or more ownership in the TPA or change of business address that has not been previously reported to the Department as required by OAC 3901-8-05(D)(5)? Yes No
 If “Yes”, include the Department’s document for business entity changes.
15. Are you a member or veteran of the armed forces, or the spouse or surviving spouse of a service member or veteran? Yes No
16. Is the TPA operating as a Pharmacy Benefit Manager (PBM)? Yes No

Applicant’s Certification and Attestation**27) The Producer must read the following very carefully:**

- 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.
- 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.
- 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.
- 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.
- 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.
- I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- 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 Producer Signature_____
Date_____
Full Legal Name (Printed or Typed)**Application Attachments****28) The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.**

- Non-refundable fee (check or money order) made payable to the “State of Ohio Treasurer” in the amount of \$300.00;
- 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.)
- 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.); and
- If necessary, any required supporting details or documents.