



Department of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Tynesia Dorsey, Interim Director

Business Entity Third Party Administrators (TPA) License Renewal/Continuation

Licensing Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2665 | 614-387-0087 (Fax) | insurance.ohio.gov

Check appropriate boxes for license requested:

(Please Print or Type)

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

Demographic Information

① Business Entity's Name		② FEIN	
③ Ohio License Number		④ National Producer Number (NPN)	
⑤ Is the business entity affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No			
⑥ Business Address		⑦ City	⑧ State
		⑨ Zip or Foreign Country	
⑩ Phone Number (include extension)	⑪ Fax Number	⑫ Business E-Mail Address	⑬ Business Web Site Address
⑭ Mailing Address		⑮ P.O. Box	⑯ City
		⑰ State	⑱ Zip or Foreign Country

Designated/Responsible Licensed Producer

⑲ Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules, and regulations of this state:

Name _____	SSN _____	NPN _____	_____
Name _____	SSN _____	NPN _____	_____
Name _____	SSN _____	NPN _____	_____
Name _____	SSN _____	NPN _____	_____

Background Questions

- ⑳
- 1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company been convicted of, or is currently charged with, committing a **MISDEMEANOR** or had a judgment withheld or deferred for 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. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company been convicted of, or is currently charged with, committing a **FELONY** or had a judgment withheld or deferred for 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
- 1c. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company been convicted of, or is currently charged with 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.

Background Questions (continued)

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration, which has not been previously reported to this state? Yes No
- “Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation 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. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.
- If “Yes”, you must attach to this application:
- a written statement identifying the type of license; identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
 - a copy of the Notice of Hearing or other document that states the charges and allegations, and
 - a copy of the official document which demonstrates the resolution of the charges or any final judgment.
3. 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.
4. 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.
5. 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
6. 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.
- Records reflect all administered transactions? Yes No
 - Detailed preparation or journalizing and posting of books and records are maintained? Yes No
 - Records are maintained throughout the term of the administration agreement? Yes No
 - All disbursement records contain the information required by R.C. 3959.15 (E)-(H)? Yes No
 - 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
 - Return premiums or contributions are paid to insurer or plan sponsors within 30 days of receipt? Yes No
7. 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 the names and contact information for each one on a separate document.
8. 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.
9. What type(s) of claims will the TPA administer or plan to administer within the next year in this state?
(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 | |
10. 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.
11. 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

Applicant’s Signature: _____

Background Questions (continued)

- 12. 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
- 13. 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. Yes No
- 14. Is the TPA operating as a Pharmacy Benefit Manager (PBM)? Yes No

Applicant’s Certification and Attestation

21 On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

- 1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
- 2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be its 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 the business entity.
- 3. The business entity or limited liability company grants 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. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either (a) does not have a current child-support obligation, or (b) has a child-support obligation and is currently in compliance with that obligation.
- 5. I authorize the jurisdictions 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/registration.
- 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).

Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company who has authority to act on behalf of the business entity:

Signature	Date
Type or Print Name	Social Security Number
Title	
Address	
City	State
	Zip

Application Attachments

22 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 \$300.00;
- 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.); and
- 4. If necessary, any required supporting details or documents.

Requirements for Licensure

- 23**
 - 1. All business entity TPA applicants must be registered with the Ohio Secretary of State.
 - 2. Non-Resident TPA applicants must be registered with the home state Secretary of State.