

SUPPLEMENTAL APPLICATION – THIRD PARTY ADMINISTRATORS

1. Name of applicant or insured: _____
2. Does the applicant provide services to the following types of clients? If “Yes” to any of a through e below, please provide the percentage of total services provided.

a. Health and welfare plan consulting _____% Yes No

i.	Single employer plans		ix.	Group life insurance	
ii.	Multi-employer plans		x.	AD&D	
iii.	Multi-employer trusts (METs)		xi.	Dental/vision plans	
iv.	Multi-employer welfare arrangements (MEWAs)		xii.	STD and LTD plans	
v.	HMOs		xiii.	Corporate plans	
vi.	PPOs		xiv.	Taft-Hartley plans	
vii.	Cafeteria plans		xv.	Public/government plans	
viii.	Employee assistance programs		xvi.	Association plans	
			Total		

- b. Pension and/or profit sharing _____% Yes No
- c. Defined contribution plan _____% Yes No
- d. Profit sharing plan _____% Yes No
- e. Other _____% Yes No

If Other, describe: _____

3. Please provide the percentage of the applicant’s fees derived from the following services, total must equal 100%:

Services	Services	%
Administration of health plans	Sale of financial products	
Administration of pension plans	Describe	
Administration of self-insured workers’ compensation	Financial consulting or planning	
Administration self-insured programs	Human resources consulting	
Specify coverage: _	Accountant/CPA services	
Placement of stop loss or reinsurance products	Claims administration services	
Placement of L/A&H insurance to fund plans administered by applicant	Insurance agent/broker services	
Placement of L/A&H insurance other than above	Premium collection/billing services	
Placement of P&C insurance	Underwriting/policy issuance	
Loss control services (describe on separate attachment)	Administrator for credentialing services	
Consulting services (describe on separate attachment)	Electronic data processing collection	
Actuarial services	Other	
Utilization review	Total	100%

4. Does the applicant have any certifications, designations or credentials relating to the benefits consulting industry? Yes No

5. Does the applicant or any of its principals or employees retain ownership interest in and/or act as a partner, director, officer or trustee for any clients or any plans? Yes No

If "Yes," provide complete details:

6. Describe the procedures utilized by the applicant to ensure that the plans administered comply with ERISA.

7. Are actuarial certifications reviewed by a member of the Society of Actuaries or American Academy of Actuaries? Yes No

If "Yes," please explain the services provided:

8. Provide the number of actuaries on staff: _____
Of that number, provide number of enrolled actuaries on staff: _____
If none, does the applicant subcontract all actuarial services to a third-party? Yes No

SIGNATURE IN FULL: _____ DATE: _____

PRINT NAME: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED

Agency Name and Address: _____

Person Submitting Application: _____

Telephone Number: _____ Email: _____