

Ohio Department of Insurance

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



Business Entity 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 Business Entity's Name		② Incorporation/Formation Date (MM/DD/YY)		③ FEIN	
④ If assigned, National Producer Number (NPN)			⑤ If applicable, FINRA Firm Central Registration Depository (CRD)		
⑥ List and other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.				⑦ State of Domicile	⑧ Country of Domicile
⑨ Is the business entity affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No					
⑩ Business Address (Physical Street)		⑪ City	⑫ State	⑬ Zip or Foreign Country	
⑭ Phone Number (include extension) ()	⑮ Fax Number ()	⑯ Business E-Mail Address		⑰ Business Web Site Address	
⑱ Mailing Address		⑲ P.O. Box	⑳ City	㉑ State	㉒ Zip or Foreign County

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
_____	_____	_____

Owners, Partners, Officers and Directors

⑳ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company.

Name	SSN/FEIN	Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	% of Ownership Interest	_____
Title			

Name	SSN/FEIN	Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	% of Ownership Interest	_____
Title			

Name	SSN/FEIN	Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	% of Ownership Interest	_____
Title			

Name	SSN/FEIN	Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	% of Ownership Interest	_____
Title			

Background Information

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

- 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, ever been convicted of a **MISDEMEANOR**, had a judgment withheld or differed, or is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company 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. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a **FELONY**, had a judgment withheld or differed, or is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company currently charged with committing a **FELONY**? You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court). Yes No

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, ever been convicted of a **MILITARY OFFENSE**, had a judgment withheld or differed, or is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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 having been given probation, a suspended sentence or a fine.

If "**Yes**", you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and 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. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a 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, sanction 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 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) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) 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 the business entity or any 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 "**Yes**", submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer, director, or member or manager of a limited liability company, ever 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 "**Yes**", identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes No

If "**Yes**", 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, arbitrations, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer, director, or member or manager of a limited 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 "**Yes**", 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.

Applicant's FEIN _____

Background Information (continued)

7. In response to a "Yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A Yes No
- If "Yes", will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? N/A Yes No
- Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.
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? 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
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 the 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)*
- | | |
|--|--|
| <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 | |
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

Applicant's FEIN _____

Background Information (continued)

18. Is the TPA operating as a Pharmacy Benefit Manager (PBM)?

 Yes No**Applicant's Certification and Attestation**

26) 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 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/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

27) 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.

Requirements for Licensure

28) The Applicant must read the following very carefully:

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.