

# ORIEN

RISK ANALYSTS

## APPLICATION FOR APPROVAL AS A THIRD PARTY ADMINISTRATOR (TPA) AND PLAN SUPERVISOR

Administrator: \_\_\_\_\_

Address: \_\_\_\_\_

Other Offices: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ ( ) Corporation ( ) Partnership ( ) Proprietorship

Number of Employees: \_\_\_\_\_

Number of Claims Personnel: \_\_\_\_\_ Attach summary of work history of Claim Supervisory Personnel

Names of Principals:

Partners or Officers:

Title

_____	_____
_____	_____
_____	_____
_____	_____

Person Responsible For:

Underwriting: \_\_\_\_\_

Premium: \_\_\_\_\_

Claims: \_\_\_\_\_

Administration: \_\_\_\_\_

Date organized: \_\_\_\_\_

Number of years administrating claims: \_\_\_\_\_

Insurance Companies with whom you currently have approved TPA Status:	Date Approved	Approximate Number of Stop-Loss Cases with Each
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Insurance Company and Bank References:**

\_\_\_\_\_  
Company Person Tel. ( )

\_\_\_\_\_  
Company Person Tel. ( )

\_\_\_\_\_  
Bank Person Tel. ( )

**A. Are you presently providing administration on:**

- 1. Fully self-insured cases ( ) Yes ( ) No
- 2. Partially self-insured cases ( ) Yes ( ) No

**B. Details on cases you are presently administering:**

	<u>Number Cases</u>	<u>Number Covered EE's</u>
1. Fully Insured	_____	_____
2. Other partially self-insured cases	_____	_____
3. Fully self-insured cases	_____	_____
4. MET, Associations or Unions	_____	_____

**C. Describe Claim Processing System:**

- 1. Is system Manual? \_\_\_\_\_ Computerized? \_\_\_\_\_
- 2. If computerized, does it compute the claim or accept data from worksheet calculated manually?  
\_\_\_\_\_
- 3. Can you provide a listing of contract year claims paid by covered participant showing name, date incurred, date paid, check or draft number and total amount? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4. As each claim is handled, do you establish an "incurred date"? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5. What is your definition of incurred date? \_\_\_\_\_
- 6. What is your average claim turn around time? \_\_\_\_\_ days.
- 7. What is your definition of paid? \_\_\_\_\_
- 8. Average number of claims processed per processor per day.
- 9. Describe the payment authority levels for the claims staff and describe the criteria for internal audits.  
\_\_\_\_\_  
\_\_\_\_\_
- 10. What percent of R & C do you reimburse at\_\_\_\_\_.

- D. Please attach a sample claim listing and check register illustrating your claim reporting procedures. Also furnish a copy of your claim worksheet and E.O.B.
- E. Please attach sample copy of the Plan Document and S.P.D. format you are currently using, or plan to use for self-insured cases.
- F. How is new group business developed? ( ) Brokers ( ) Salaried Reps. ( ) Principals
- G. Your firm's gross annual income profile: Marketing \_\_\_\_% Administration \_\_\_\_%
- H. What type of fee structure is your firm using? (Flat per claim charge, flat per employee charge, percent of claims paid, etc.) \_\_\_\_\_

I. How are fees disclosed to client? (Please attach sample of disclosure form)

\_\_\_\_\_

J. Please provide the following for three (3) existing client references:

Name of Firm	Person to Contact	Telephone No.	Number of Lives
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

K. Please provide the average number of cases which you feel you will have the opportunity to quote in the next twelve (12) months:

L. Single Employer 25/250 lives \_\_\_\_\_ + 250 lives \_\_\_\_\_  
 MET or Associations \_\_\_\_\_ No. Lives per case \_\_\_\_\_  
 Unions \_\_\_\_\_ No. Lives per case \_\_\_\_\_

M. Have any of the principals in your firm or any of your employees ever been accused or convicted of mishandling or misappropriating any company funds. ( ) Yes ( ) No.

If "Yes" please give details \_\_\_\_\_  
 \_\_\_\_\_

N. Has any insurance company withdrawn their claims paying authority or TPA approval? ( ) Yes ( ) No

If "Yes" please give details \_\_\_\_\_  
 \_\_\_\_\_

O. Are you audited annually by an outside independent auditor? ( ) Yes ( ) No

If "Yes" name of firm, person to contact and telephone number \_\_\_\_\_  
 \_\_\_\_\_

P. Are you in a state that requires Administrators to be licensed? ( ) Yes ( ) No

Q. Please provide copies of your current State License (s) for either your firm or any individuals, if the state requires same.

R. Have you ever had underwriting authority for Stop Loss insurance ( ) Yes ( ) No

S. Do you currently have or intend to have underwriting authority for Stop Loss insurance? ( ) Yes ( ) No

If "Yes" please explain \_\_\_\_\_  
\_\_\_\_\_

T. Do you carry a fiduciary liability or E & O policy? ( ) Yes ( ) No

If "Yes" please provide:

Name of Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Limit of Liability \_\_\_\_\_

Term \_\_\_\_\_

U. Do you carry a fidelity bond? ( ) Yes ( ) No

If "Yes" please provide:

Name of Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Limit of Liability \_\_\_\_\_

Term \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE INFORMATION IS CORRECT. I ALSO UNDERSTAND THAT AS A MATTER OF PROCEDURE, A ROUTINE INQUIRY MAY BE MADE BY THE COMPANY OF ANY OR ALL OF THE INDIVIDUALS AND FIRMS NOTED ABOVE AS REFERENCES IN ORDER TO ASCERTAIN APPROVING ME AS A QUALIFIED THIRD PARTY ADMINISTRATOR.

Date \_\_\_\_\_

Administrator \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

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