



**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:**

# Cases: # Covered EEs:

- 1. Fully Insured
- 2. Other Partially self-insured cases
- 3. Fully self-funded 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:      Marking:                      %                      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
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K. Please provide the average number of cases which you feel you will have the opportunity to quote in the next twelve (12) months:

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

M. Has any insurance company withdrawn their claims paying authority or TPA approval?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

If "Yes", please give details:

N. Are you audited annually by an outside independent auditor?                      Yes                      No

O. Are you in a state that requires Administrators to be licensed?                      Yes                      No

