

Third Party Administrator (TPA) Application for Certificate of Authority

❖ This symbol indicates that additional documentation may be required. On each attachment, enter name of TPA and Tax ID number (FEIN) in upper right corner.

Name of Third Party Administrator (TPA) Applicant				TPA Tax ID number (FEIN)			
TPA Mailing Address Line 1 (a PO Box is allowed)			TPA Primary Office Address Line 1 (must be a street address)				
Mailing Address Line 2			Primary Office Address Line 2, including floor or suite number				
City	State	ZIP Code	City	State	ZIP Code		
TPA Main Telephone number	TPA Main Fax number		Website address (if applicable)				
Name and Title of General Contact Person			Name and Title of Application Contact Person (if not General Contact Person)				
Email Address of General Contact Person		Telephone number	Email Address of Application Contact Person			Telephone number	

<p>TPA State of Domicile</p> <p><input type="checkbox"/> Michigan</p> <p><input type="checkbox"/> Other _____</p> <p>List any trade name under which you currently do or intend to do business in Michigan.</p> <p>_____</p> <p>❖ <i>If a trade name is listed above, attach copy of assumed name or dba filing.</i></p>	<p>TPA is organized as the following type of business:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP)</p> <p>As indicated below, attach appropriate documentation; attachments should be copies of documents that were certified by state of domicile.</p> <p>❖</p> <ul style="list-style-type: none"> • If incorporated, copy of certified Articles of Incorporation. • If not incorporated, copy of certified Articles of Organization, Partnership Agreement, business license filing, etc.
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TPA Officers, Directors, and Owners	
❖	<p>Attach a list of the current officers, directors, and owners of the TPA and include the name, title, and effective date for each entry. Please provide the list in alphabetical order by last name, if possible.</p> <p><input type="checkbox"/> Officers (all officers of the corporation, partnership, sole proprietorship, LLC)</p> <p><input type="checkbox"/> Directors (all members of the board of directors including board of trustees, executive committee, and any other governing body)</p> <p><input type="checkbox"/> Owner/Stockholder of 10% or more (including individuals, entities, immediate parent company, and ultimate controlling party)</p>
❖	<p>Each individual and each owner of 10% or more (individual or entity) must complete an FIS 0862 Third Party Administrator Affiliation Statement. All FIS 0862 forms must be attached to the Application for Certificate of Authority or the application will be considered incomplete.</p>
❖	<p>Attach an organization chart showing management hierarchy. Include all officers on chart. Label positions with title / function and name of person holding the position.</p>



Michigan Department of Insurance and Financial Services

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Is the TPA a subsidiary of a business entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any entities subsidiaries of the TPA? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Describe all services to be contracted by the TPA. If a service is to be subcontracted, enter name(s) of subcontractor(s). Attach additional list if necessary.

Will contract for:	Will subcontract for:	Subcontractor name(s)
<input type="checkbox"/> Surgical	<input type="checkbox"/>	
<input type="checkbox"/> Dental	<input type="checkbox"/>	
<input type="checkbox"/> Vision	<input type="checkbox"/>	
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/>	
<input type="checkbox"/> Disability	<input type="checkbox"/>	
<input type="checkbox"/> Long-Term Care	<input type="checkbox"/>	
<input type="checkbox"/> Cafeteria Health Plan	<input type="checkbox"/>	
<input type="checkbox"/> ERISA plans, not self-funded	<input type="checkbox"/>	
<input type="checkbox"/> Stop-Loss	<input type="checkbox"/>	
<input type="checkbox"/> Other:	<input type="checkbox"/>	
<input type="checkbox"/> Other:	<input type="checkbox"/>	
<input type="checkbox"/> Other:	<input type="checkbox"/>	

TPA Services, Facilities, and Personnel	
❖	<p>Attach a document with a description of the TPA, its services, facilities and personnel.</p> <ul style="list-style-type: none"> Briefly describe the TPA and its services. Briefly describe the medical claims processing experience of officers, managers, and staff who process claims. If the TPA is new, explain the criteria to be used in the hiring process for claims processing staff. Briefly describe the facilities, including square footage and if owned or leased. If the facilities are not directly owned or leased, include a copy of a signed agreement providing legal authority for the TPA to utilize the facilities.

Verification	
I verify under oath that I am either an officer, member of the Board of Directors, stockholder, partner, or sole proprietor of this applicant Third Party Administrator. I am authorized and directed to file this application for a Certificate of Authority to operate as a Third Party Administrator. I swear under penalties of perjury that the information above and attached is true, accurate and complete.	
Signer's name and title (type or print)	
Signature (digital/original signature only)	Date signed

If your request for authority as a TPA is approved, you must report any significant change in information provided in this application within 30 days of such a change. PA 218 of 1984 as amended requires submission and verification by Third Party Administrators requesting a Michigan Certificate of Authority. Failure to properly complete this form or properly advise DIFS of changes in information given in this application may result in denial or revocation of Certificate of Authority or other compliance action.

APPLICANTS must include ALL documentation as listed on the FIS 0849 Third Party Administrator Application Checklist. Incomplete applications may result in processing delays or may be rejected without further review.	Department of Insurance and Financial Services Mail to: PO Box 30165 Lansing, MI 48909-7665
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