

Third Party Administrator Application for Certificate of Authority

Enter all information for the third party administrator (TPA) applicant. Submit the application with all required forms and documents listed on the [application filing checklist](#). Incomplete applications may result in processing delays or rejection.

Third Party Administrator Name			Tax ID number (FEIN)		
Business Address Line 1		Business Address Line 2	City	State	Zip Code
Mailing Address Line 1 (<input type="checkbox"/> same as business address)		Mailing Address Line 2	City	State	Zip Code
General TPA Phone Number	Fax Number		General TPA Email Address		
TPA Contact Person Name (must be a TPA employee)			TPA Contact Person Title		
TPA Contact Person Email Address			TPA Contact Person Phone Number		
Application Contact Person Name (TPA or non-TPA employee)			Application Contact Person Title		
Application Contact Person Email Address			Application Contact Person Phone Number		

TPA Claims Processing: List all medical claims processing activity. If additional space is needed, provide the response in an attachment. Note: If processing pharmacy claims, a [pharmacy benefit manager \(PBM\) license is also required](#).

<p>Will the TPA contract or subcontract to directly process medical claims? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List all types of medical claims processing (surgical, dental, vision, pharmacy, disability, long-term care, cafeteria plan, non-self-funded ERISA plans, stop-loss, etc.) that the TPA will contract or subcontract.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>
<p>Will the TPA subcontract the processing of any medical claims to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List all types of medical claims processing (surgical, dental, vision, pharmacy, disability, long-term care, cafeteria plan, non-self-funded ERISA plans, stop-loss, etc.) that the TPA will subcontract to another entity and the name of the entity.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>



Michigan Department of Insurance and Financial Services

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TPA Personnel and Facilities: Answer completely. If additional space is needed, provide the response in an attachment.

Briefly describe the TPA's claims processing personnel. If they are not directly employed by the TPA, provide the employment agreement.

Briefly describe the TPA's physical and digital facilities, including operations, security and privacy measures to protect customer information, efforts to avoid service interruptions and safeguard records and data, and plans to deal with service disruptions and lost data.

TPA Background: Answer completely. If additional space is needed, provide the response in an attachment.

Has the TPA ever been named or involved as a party in an administrative proceeding regarding any insurance or other license, registration, etc. If yes, provide a written statement describing each instance. Additionally, attach the document that states the charges and allegations and the document that demonstrates resolution of the charges and any final judgement.

Certification (must be completed by an officer or director of the third party administrator)

I swear under penalty of perjury that the information in this application and attached is true, accurate, and complete.

Name (type or print)

Signature (original or electronic only)

Date

This form is authorized by the Michigan Third Party Administrator Act ([1984 PA 218; MCL 550.901 et seq.](#)). Failure to submit this form as required, misrepresentations, or omissions may result in a denial of an application and other penalties.

Mail the complete application filing and fee to:

**DIFS Insurance Licensing
PO Box 30165
Lansing, MI 48909-7665**