

Third Party Administrator Jurat Page for Annual Filing

Due July 1 every year. Third party administrators (TPA) must submit this form and the items in the filing checklist on page 2.

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			
Annual Filing Contact Person Name (TPA or non-TPA employee)				Annual Filing Contact Person Title			
Annual Filing Contact Person Email Address				Annual Filing Contact Person Phone Number			

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

Does the TPA contract or subcontract to directly process medical claims? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the TPA subcontract the processing of medical claims to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of subcontractor(s) (if applicable):
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.



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.
 Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

