

Third Party Administrator (TPA) Affiliation Statement

Name of Third Party Administrator (TPA) Applicant	TPA Tax ID number (FEIN) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table>																		

Check each box below that describes your relationship to the TPA applicant. Enter all requested information. Each of the persons or entities shown below is required to complete this Third Party Administrator (TPA) Affiliation Statement. Corporate stockholders enter primary mailing and business addresses for the corporation.

<input type="checkbox"/> Officer or Director of the TPA <input type="checkbox"/> Individual Stockholder of 10% or more of the stock of the TPA <input type="checkbox"/> Corporate Stockholder of 10% or more of the stock of the TPA	OR	<p style="text-align: center;"><i>If affiliated party is a Corporate Stockholder, complete this section:</i></p>																																										
Your Name and Title as it relates to the TPA applicant		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 5px;">Name of Corporation</td> <td style="width:30%; padding: 5px;">State of Incorporation</td> </tr> <tr> <td style="padding: 5px;">Your Social Security Number <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table> </td> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 5px;">Corporation Tax ID Number (FEIN) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table> </td> <td style="width:20%; padding: 5px;"> Percentage of ownership of TPA applicant % </td> </tr> </table> </td> </tr> </table>	Name of Corporation	State of Incorporation	Your Social Security Number <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table>																			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 5px;">Corporation Tax ID Number (FEIN) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table> </td> <td style="width:20%; padding: 5px;"> Percentage of ownership of TPA applicant % </td> </tr> </table>	Corporation Tax ID Number (FEIN) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table>																			Percentage of ownership of TPA applicant %
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MAILING ADDRESS			BUSINESS ADDRESS; check box if same as mailing address <input type="checkbox"/>		
Street Address	Suite No.	Street Address	Suite No.		
City	State	ZIP Code	City	State	ZIP Code
Telephone Number	Email Address	Business Telephone Number	Ext.	Business Email Address	

Please answer all questions completely. If you are completing this form on behalf of a corporate stockholder or other business entity, answer on behalf of the corporation, not on behalf of you as an individual. If additional space is needed, please clearly identify each response by question number and attach the continuation(s) to this statement. Enter your name and Social Security Number or parent company's name and FEIN in the upper right corner of each attachment. Attachments become part of this verified statement.

1. What is your present association with the TPA applicant? <i>Please describe your responsibilities, the degree and nature of involvement in the affairs of the TPA, and the length of time of your present association.</i>
2. In what other capacities have you been associated with the TPA applicant?
3. Are you or have you ever been associated with any other TPA? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details and time frames of each association.</i>
4. Will your association with the TPA applicant be your primary professional or business activity? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, what is your primary occupation or business activity?</i>

5. Complete the table below, listing all insurance licenses ever applied for or held OR check if none were ever applied for or held.

Type of License	Licensing State	License Number	Date License Began	Date License Ended

6. Have you or the TPA's corporate stockholder (if applicable) ever been refused an insurance license, or has any action ever been taken against such license held by you? Yes No *If yes, please identify the type of license, licensing state, license number and an explanation of the action taken.*

7. Have you or the TPA's corporate stockholder (if applicable) ever been convicted of any felony or misdemeanor other than minor traffic violations? Yes No *If yes, please explain. Include dates and final disposition.*

8. Have you or the TPA's corporate stockholder (if applicable) ever been subjected to any credit or financial proceeding necessitating court intervention? Yes No *If yes, please explain. Attach a copy of the complaint, final court judgment or order, or other disposition.*

CERTIFICATION

I swear under penalties of perjury that the information above and attached is true, accurate and complete.

Signer's name and title (*typed or printed*)

Signature

Date

Certification of Notary Public

Official seal (if applicable)

Subscribed and sworn to before me this

_____ day of _____, 20_____

Signature of Notary

PA 218 of 1956 amended requires submission of this information by each and every person or entity described on the first page of this form. Failure to complete or submit this form, misrepresentation, false statement, omission of material fact or fraud in, or in connection with, this statement may result in disciplinary action against any license or Certificate of Authority issued by or pending before the Director of the Department of Insurance and Financial Services.

When submitting the FIS 0862 with the FIS 0861 TPA Application form, send to:

Department of Insurance and Financial Services
 PO Box 30165
 Lansing, MI 48909-7665

When submitting the FIS 0862 to update affiliate information, send to:

Department of Insurance and Financial Services
 PO Box 30220
 Lansing, MI 48909-7720