



2020 Annual Report

Due: July 01, 2021

Be advised if filing electronically, the Department **WILL NOT** accept or open **secured** emails for security purposes

Required Filing Checklist

1.	2020 Annual Report Checklist
2.	Background Information Sheet
3.	List of Insurers/Self-Funded Plans (include number of Idaho Residents for each)
4.	2020 Audited Financial Statement (if consolidated provide the required worksheets)
5.	Non-Resident TPA's provide copy of current TPA license from your Designated Home State
6.	Officer's Verification Form
7.	Copy of Current Bond if required

Company Name: _____

dba Name (if applicable): _____

TPA License # _____

FEIN # _____

Business Address:
Mailing Address:

Business Phone: _____ Business Email: _____

Business website: _____

Contact Person: _____ Title: _____

Contact Phone: _____ Contact Email: _____

Late or incomplete reports will accrue a \$25.00 per day penalty until a completed Annual Report is received.

Submissions:

Email: doi.tpa@doi.idaho.gov
Subject: Annual Report / Company Name
DO NOT send by Secured email

Click on SUBMIT below when
complete all pages are complete



Mail:
Idaho Department of Insurance
PO Box 83720 or 700 W State St 3rd Fl
Boise, ID 83720-0043

Remember to attach all your documents to the e-mail.

Background Information

Please read and answer the following questions:

YES NO

1. Has there been any administrative action taken against the administrator in another jurisdiction or by another governmental agency within the last year?

If yes, please provide the following:

- a. a copy of the order,
- b. consent order or
- c. other relevant legal documents

2. Has any owner, partner, officer or director been involved in an administrative proceeding regarding any professional or occupational license within the last year?

If yes, please provide the following:

- a. a written statement identifying the type of license and explaining the circumstances of each incident,
- b. a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c. a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has there been a change of officers within the last year?

If yes, please provide the following:

- a. a list of the new officers and their position

4. Does the administrator administer or will administer self-funded health plans subject to regulation under chapter 40 or 41, title 41, Idaho Code? See list of currently registered Self-Funded Plans subject to regulation under these codes <https://doi.idaho.gov/licensing/search> If yes, list anticipated types of Self-Funded Plans (i.e.: MEWA, PEO, Governmental Entity). Privately owned single employer groups do not apply.

Anticipated Plan Types: _____

Please note Bond requirement regarding the administration of Self-Funded Health Plans regulated under chapter 40 or 41, title 41, Idaho Code below:

Per Idaho Code 41-911(8) *An administrator licensed or applying for a home state license that administers or will administer self-funded health plans subject to regulation under chapter 40 or 41, [title 41](#), Idaho Code, shall maintain a surety bond in a form prescribed by the director for the use and benefit of the director to be held in trust for the benefit and protection of covered persons and any insurer or self-funded plan against loss by reason of acts of fraud or dishonesty. The bond shall be in the greater of the following amounts:*

- (a) *One hundred thousand dollars (\$100,000); or*
- (b) *An amount equal to the greater of ten percent (10%) of the contributions collected by the administrator from self-funded plans subject to regulation under chapters 40 and 41, [title 41](#), Idaho Code, or ten percent (10%) of the benefits paid by such self-funded plans administered during the preceding calendar year. If the administrator did not administer any self-funded plans subject to regulation under chapter 40 or 41, [title 41](#), Idaho Code, during the preceding calendar year, the bond shall be in an amount equal to ten percent (10%) of the contributions projected to be received by the administrator from such self-funded plans during the next calendar year.*

List of Insurer and Self-Funded Plans

On a separate attachment, please include the following information

List of insurer and self-funded plans the administrator had agreements with during the preceding fiscal year.

Include:

Insurers:

Insurance Company Name
NAIC #
Address
City, State, Zip Code
Contact Telephone Number
Number of **Idaho** residents covered by plan

Self-funded:

Employer and/or Trust Name
Address
City, State, Zip Code
Contact Telephone Number
Number of **Idaho** residents covered by plan

Officers' Verification

The report must be verified by at least two (2) officers of the administrator.

Annual Report for the calendar year ending: _____

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement is in full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above and of its income and deductions therefrom for the period ended and have been completed in accordance with the Generally Accepted Accounting Principles according to the best of their information, knowledge and belief, respectively.

The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that all of the information submitted in this reporting and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the applicant to civil or criminal penalties.

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title