State of Idaho
DEPARTMENT OF INSURANCE
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
FAX # (208)334-4398

For DOI use only

APPLICATION FOR A HOME STATE THIRD PARTY ADMINSTRATOR LICENSE

This form is for entities wishing to apply for a Home State Third Party Administrator license in Idaho. Applications are valid for 90 days. If required documentation is NOT received by the Department, within the 90 days, the application will be deemed incomplete, the fee will not be refunded. You will be required to reapply with the application fee when all documents are gathered.

Instructions:

1. Assemble the application packet. It must contain the documents listed below.
2. Issue a check or money order for the non-refundable application fee of $300 made payable to the Idaho Department of Insurance.
3. Mail the completed application packet and payment to:

The Idaho Department of Insurance
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043

Required Filing Checklist

- __ **1.** Application-Home State TPA
- __ **2.** $300 Application / Filing Fee [i]
- __ **3.** All basic organizational documents [ii]
  - __ a. Certified Articles of Incorporation
  - __ b. Certified Bylaws, Rules, Regulations
  - __ c. Entity(s) organizational Chart
  - __ d. Articles of Association
  - __ e. Partnership Agreement
  - __ f. Trade Name Certificate
  - __ g. Trust Agreement
  - __ h. Shareholder Agreement
- __ **4.** List of Officers
  - __ a. Officers Organizational Chart
  - __ b. NAIC Biographical Affidavit
- __ **5.** Original Letter of Certification or Certificate of Good Standing [iii]
- __ **6.** Certificate of Existence issued by the Idaho Secretary of State [iv]
- __ **7.** Two of the most recent calendar years' Audited Annual Financial Statements (if consolidated include a columnar consolidating or combing worksheet) [v]
- __ **8.** Detailed Business Plan in the State of Idaho [vi]
- __ **9.** Letter of good standing from Financial Institution [vii]
- __ **10.** List of Insurers

i. Filing Fee must accompany the application. Checks should be made out to Idaho Department of Insurance

ii A. Articles of Incorporation must be accompanied by original certification by the proper supervisory official of the Company's state of incorporation.
B. Amended Bylaws are required to have an original certification by the corporate secretary with the company's seal or notarized.

iii Must be issued by the Secretary of State or Department of Insurance where the company is incorporated.

iv Issued by the Idaho Secretary of State

v "Audited annual financial statements or reports for the two (2) most recent fiscal years that prove that the applicant has a positive net worth. If the applicant has been in existence for less than two (2) fiscal years, the uniform application shall include financial statements or reports, certified by an officer of the applicant and prepared in accordance with GAAP, for any completed fiscal years and for any month during the current fiscal year for which such financial statements or reports have been completed. An audited annual financial report prepared on a consolidated basis shall include a columnar consolidating or combining worksheet that shall be filed with the report…"

vi "A statement describing the business plan, including information on staffing levels and activities, proposed in this state and nationwide.
The plan shall provide details setting forth the applicant's capability for providing a sufficient number of experienced and qualified
personnel in the areas of claims processing, recordkeeping and underwriting"

vii Letter should be addressed to the Department of Insurance and includes the accounts the company has with the bank, the purpose of the accounts, and that the accounts are in good standing.

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APPLICATION FOR A HOME STATE THIRD PARTY ADMINSTRATOR LICENSE

Application Contact Information

The following individual (company employee or paid consultant) is the authorized representative of the Applicant for this application.

Name:_____ Title:_____

Company:_____

Email:_____ Telephone:_____

Company Contact Information

The following individual is a company employee and is an authorized representative of the Company. (If same as above, fill in "Same")

Name:_____ Title:_____

Company:_____

Email:_____ Telephone:_____

Will the applicant be or plan to administer self-funded health plans?

☐ **YES**

☐ **NO**

§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.

Application for A Home State Third Party Administrator

Applicant Name	FEIN	Incorporation Date
DBA/Trade Name (if applicable)	State of Incorporation	Country of Domicile
Business Address	City / State / Zip Code	
Mailing Address	City / State / Zip Code	
Phone Number	E-Mail Address	

Owners, Partners, Officers and Directors

Identify sole proprietor or all owners, partners, officers and directors of the applicant (List only those owners with 10% or more ownership)

Name	Title	SSN	% of Ownership
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Background Information

Yes____ No____ 1. Has the applicant or any owner, partner, officer or director ever been convicted of, or is the applicant or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendre, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

a. a written statement explaining the circumstances of each incident,
b. a copy of the charging document, and
c. a copy of the official document which demonstrates the resolution of the charges or any final judgment.

Yes____ No____ 2. Has the applicant or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

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.

Yes____ No____ 3. Has any demand been made or judgment rendered against the applicant or any owner, partner, officer or director for overdue monies by an insurer, insured, producer, or anyone else or have you ever been subject to a bankruptcy proceeding?

If you answer yes,

a. submit a statement summarizing the details of the indebtedness and arrangements for repayment.

Yes____ No____ 4. Has the applicant or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

If you answer yes, identify the jurisdiction(s):_____

Yes____ No____ 5. Is the applicant or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

If you answer yes, you must attach to this application:

a. a written statement summarizing the details of each incident,
b. a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
c. a copy of the official document which demonstrates the resolution of the charges or any final judgment.

Yes____ No____ 6. Has the applicant or any owner, partner, officer or director ever had a contract or any other business relationship terminated for any alleged misconduct?

If you answer yes, you must attach to this application:

a. a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b. copies of all relevant documents.

Yes____
No____

Will the applicant administer to self-funded health plans that are subject to registration and regulation by the Idaho Department of Insurance, pursuant to chapters 40 and 41 of title 41, Idaho Code?

Self-Funded Plans that are subject to regulation under Title 41 are either:

1) Any single employer or multiple employer or any postsecondary educational institution that provides a fully or partially self-funded health benefit plan for beneficiaries residing in this state to the extent that state regulation of such plan is not preempted by the employee retirement income security act of 1974, as amended (I.C. § 41-4001 (2))

2) Self-Funded plans established by public agencies pursuant to a joint powers agreement in accordance with chapter 23, title 67, Idaho Code, for provision of health care services benefits to employees of public agencies in connection with or as an alternative to insurance and other prepayment plans. (I.C. § 41-4101)

Note: Any administrator that is retained by a regulated self-funded plan may be required to be licensed and bonded pursuant to the following:

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 for the use and benefit of the director to be held in trust for the benefit and protection of covered persons and the insurer or insurers against loss by reason of acts of fraud or dishonesty. The bond shall be in the greater of the following amounts:

i. One hundred thousand dollars ($100,000); or

ii. An amount equal to the greater of ten percent (10%) of the contributions collected by the administrator from self-funded plans subject to regulations 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.

Applicant Certification and Attestation

The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application 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.
2. Where required by law, the applicant hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the applicant.
3. The applicant grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the applicant either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

Must be signed by an officer, director, principal or partner of the Applicant

_____ _____

Signature Date

_____ _____

Printed Name Title

_____

Address

_____

City/State/Zip Code