



VOLUNTARY SURRENDER OF IDAHO THIRD PARTY ADMINISTRATOR (TPA) LICENSE APPLICATION

(COMPANY NAME) _____ is seeking to surrender and withdraw its authority to transact business in the Sate of Idaho and cancel its Idaho Third Party Administrator License for the following reason(s): _____

Please provide explanation, which includes how the existing Idaho Residents covered were transferred or alternate coverage has been arranged for, including the date of the transfer and the ID TPA transferred to. (Note: Documentation may be requested) _____

Requested Effective: _____ Idaho TPA License #: _____

Please provide an email for conformation of surrender: _____

Applicant Officer's Certification and Attestation

The officer (listed below) of the Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its content, and that all the information, including any attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant is applying to withdraw or surrender its license.
3. I acknowledge that I am the President/Vice President/Secretary of the Applicant, am authorized to execute and are executing this document on behalf of the Applicant.
4. I hereby certify, under penalty of perjury, that the above referenced TPA is not covering any Idaho Residents or performing any duties as listed in Idaho Code § 41-901.
5. I hereby certify under penalty of perjury under the laws of the applicable jurisdiction that all the forgoing is true and correct, executed at _____.

Officer Signature

Date

Officer Full Legal Name

Officer Title

STATE OF: _____

COUNTY OF: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____.

Notary Public
My Commission Expires _____

