

Licensing Section  
 700 West State Street 3<sup>rd</sup> Floor  
 P.O. Box 83720  
 Boise, ID 83720  
 Phone (208) 334-4250  
 Fax # (208) 334-4398  
 website: [www.doi.idaho.gov](http://www.doi.idaho.gov)  
 email: [doi.tpa@doi.idaho.gov](mailto:doi.tpa@doi.idaho.gov)

# Idaho Department of Insurance

## Application for Registration as an Administrator



Application for registration as an Administrator for firms that administer self-funded plans that are not regulated by Title 41, Idaho Code [see Idaho Code §41-910]

**No Fees Required**

Initial Registration                      Renewal Registration                      TPA License # \_\_\_\_\_

Type of Entity:    Corporation            Partnership            Association            LLC            Other

Legal Name of Applicant		Federal Tax Identification Number		
Contact Person Name and Title		Phone	Email	
Business Address (Do not use PO Box)		City	State	Zip
Mailing Address (If different from business address)		City	State	Zip
Business Phone	Fax	State of Domicile		
<b>List all entities (regardless of where the entity is domiciled) for which your firm provides administrative services that cover Idaho Residents. Please include the full name and address of each entity, and date your firm initiated administrative services.</b>				
NAME OF ENTITY	ADDRESS OF ENTITY	DATE SERVICES INITIATED		

Confirmation of registration will be mailed within 30 days of receipt of completed registration form.  
 Registration expires on December 31 biennially and re-registration using this form is required. No fees required.

## Registrant Attestation and Certification

I certify that, under penalty of perjury, I am the person named herein and know the contents thereof, and that all of the information submitted in this application is true and complete. I attest that I have the authority and capacity to execute this certification on behalf of the registrant. I am aware that submitting false information or omitting pertinent or material information in connection with this registration is grounds for denial of registration.

I further certify that \_\_\_\_\_ does not provide administrative services to any **Insured Plans** nor to any **State Regulated Self-Funded Plans** which are regulated under Title 41 of the Idaho Code. If \_\_\_\_\_ intends to provide administrative services to these type of plans, appropriate TPA license will be secured.

Name of registrant: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

(Must be signed by at least two (2) officers of the registrant)

SUBMIT