Licensing Section 700 West State Street 3 rd Floor	Idaho Department of Insurance	CREAT SEAL
P.O. Box 83720 Boise, ID 83720	Application for Registration as an	
Phone (208) 334-4250	Administrator	ELLE
Fax # (208) 334-4398 website: www.doi.idaho.gov	Administrator	S. A. A.
email: <u>doi.tpa@doi.idaho.gov</u>		TE & OL

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 Reg	gistration TPA Lie	cense #		
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	1	State of Domicile		
List all entities (regardless of where the entity is domicile full name and address of each entity, and date your firm			s that cover Id	aho Residents. Please include the	
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 [name of company] 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 [name of company] 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)	