

Third Party Administrator (TPA) Application for Certificate of Authority

❖ This symbol indicates that additional documentation may be required. On each attachment, enter name of TPA and Tax ID number (FEIN) in upper right corner.

Name of Third Party Administrator (TPA) Applicant			TPA Tax ID number (FEIN)		
TPA Mailing Address Line 1 – <i>can be a PO Box</i>			TPA Primary Office Address Line 1 – <i>must be a street address</i>		
Mailing Address Line 2			Primary Office Address Line 2, including floor or suite number		
City	State	ZIP Code	City	State	ZIP Code
TPA Main Telephone number	TPA Main Fax number		Website address (if applicable)		
Name and Title of General Contact Person			Name and Title of Application Contact Person (if other than General Contact Person)		
Email Address of General Contact Person		Telephone number	Email Address of Application Contact Person		Telephone number

<p>TPA State of Domicile</p> <p><input type="checkbox"/> Michigan ❖ If other, attach completed form FIS 0860 Third Party Administrator Consent to Service</p> <p><input type="checkbox"/> Other _____</p> <p>List any trade name under which you currently do or intend to do business in Michigan.</p> <p>_____</p> <p>❖ <i>If a trade name is listed above, attach copy of Assumed Name or dba filing.</i></p>	<p>TPA is organized as the following type of business:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP)</p> <p>❖ As indicated below, attach appropriate documentation; attachments should be copies of documents that were certified by state of domicile.</p> <p>If incorporated, copy of certified Articles of Incorporation</p> <p>If not incorporated, copy of certified Articles of Organization, Partnership Agreement, business license filing, etc.</p>
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Attach a list of each of the following in relation to the TPA applicant:

- ❖ Please attach a list as shown in the format below. List should include all of the following
- ▶ ALL officers of the corporation, partners, or sole proprietor
 - ▶ ALL stockholders of 10% or more
 - ▶ ALL members of the Board of Directors of the corporation including Board of Trustees, Executive Committee, and any other governing body

Notify DIFS of any changes to the list within 30 days of such a change; indicate revisions since the previous notification with an asterisk (*). Attach an FIS 0862 Third Party Administrator Affiliation Statement for each addition to the list. Retain the updated list as it is necessary for completing the TPA annual renewal process.

Name	Title or relationship to the TPA

List should be prepared using your office information system in the format shown above.

❖ Each person and each corporate stockholder of 10% or more must complete an FIS 0862 Third Party Administrator Affiliation Statement. All FIS 0862 forms must be attached to the Application for Certificate of Authority or the application will be considered incomplete.

❖ Attach an organization chart showing management hierarchy. Include all officers on chart. Label positions with title / function and name of person holding the position.



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.
 Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
 Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

1a. Is the TPA a subsidiary of a business entity?

- Yes
- No

1b. Are any of the entities subsidiaries of the TPA?

- Yes
- No



If answer to 1a or 1b is "Yes," attach a chart showing ALL controlling and subsidiary entity relationships. Include name and description of primary business of each entity. For each controlling entity of the TPA (holder of at least 10% of the stock), complete and attach form FIS 0862 Third Party Administrator (TPA) Affiliation Statement.

2. Describe all services to be contracted by the TPA. If a service is to be subcontracted, enter name(s) of subcontractor(s). Attach additional list if necessary.

Will contract for:	Will subcontract for:	Subcontractor name(s)
<input type="checkbox"/> Surgical	<input type="checkbox"/>	
<input type="checkbox"/> Dental	<input type="checkbox"/>	
<input type="checkbox"/> Vision	<input type="checkbox"/>	
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/>	
<input type="checkbox"/> Disability	<input type="checkbox"/>	
<input type="checkbox"/> Long-Term Care	<input type="checkbox"/>	
<input type="checkbox"/> Cafeteria Health Plan	<input type="checkbox"/>	
<input type="checkbox"/> ERISA plans, not self-funded	<input type="checkbox"/>	
<input type="checkbox"/> Stop-Loss	<input type="checkbox"/>	
<input type="checkbox"/> Other (describe)	<input type="checkbox"/>	
<input type="checkbox"/> Other (describe)	<input type="checkbox"/>	
<input type="checkbox"/> Other (describe)	<input type="checkbox"/>	

3. Section 12 of the Michigan TPA Act [MCL 550.912](#), requires the inclusion of a description of the TPA, its services, facilities and personnel. Attach additional sheets as needed.

<p>Verification</p> <p>I verify under oath that I am either an officer, member of the Board of Directors, stockholder, partner, or sole proprietor of this applicant Third Party Administrator. I am authorized and directed to file this application for a Certificate of Authority to operate as a Third Party Administrator. I swear under penalties of perjury that the information above and attached is true, accurate and complete.</p>		<p>Certification of Notary Public</p> <p><i>Official seal (if applicable)</i></p>	
<p>Signer's name and title (<i>typed or printed</i>)</p>		<p>Subscribed and sworn to before me this _____ day of _____, 20_____</p>	
<p>Signature</p>	<p>Date</p>	<p>Signature of Notary</p>	

If your request for authority as a TPA is approved, you will be required by law to report to the Director of the Department of Insurance and Financial Services, any significant change in information given in this application within 30 days of such a change.

PA 218 of 1984 as amended requires submission and verification by Third Party Administrators requesting a Michigan Certificate of Authority. Failure to properly complete this form or properly advise DIFS of changes in information given in this application may result in denial or revocation of Certificate of Authority or other compliance action



APPLICANTS must include ALL documentation as listed on the FIS 0849 Third Party Administrator Application Checklist. Incomplete applications may result in processing delays or may be rejected without further review.

Mail to: Department of Insurance and Financial Services
PO Box 30165
Lansing, MI 48909-7665