



**Department of Consumer & Business Services**

**Insurance Division — 3**

P.O. Box 14480, Salem, OR 97309-0405

Phone: 503-947-7981, Fax: 503-378-4351

350 Winter St. NE, Salem, Oregon

insurance.oregon.gov

**Remit with payment to:**

Fiscal Services Section

Oregon Department of Consumer

& Business Services

P.O. Box 14610

Salem, OR 97309-0445

**Third-Party  
Administrator  
Application**

Corporation     Partnership     Sole proprietor     Other

FEIN: \_\_\_\_\_ Fee: \$45

Business name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Principal place of business: \_\_\_\_\_

Street address: \_\_\_\_\_ Business phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

1. Has the applicant ever had a license to act in any occupational or professional capacity refused, revoked, or suspended in Oregon or any other state? .....  Yes     No

Has the applicant ever been the subject of a complaint to a professional licensing board or agency in this or any other state? .....  Yes     No

If the answer to either question is yes, applicant must provide name and address of the licensing board or agency, the date of the complaint or the action taken against the license, and a description of the nature of the complaint or the reason for the action taken against the license. With regard to a complaint, a description of the licensing board's or agency's disposition of the complaint is required.

\_\_\_\_\_  
\_\_\_\_\_

2. Has the applicant ever filed for bankruptcy or been adjudged a bankrupt? .....  Yes     No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

3. Attach a list of all states and provinces of Canada in which the applicant currently holds a license or certificate of authority to transact business as a third-party administrator or has held such a license or certificate within 10 years of the date of the application.



**FISCAL USE ONLY: 44410/1575**

**Include the following information with your application:**

- A. The names, addresses, official positions, and professional qualifications of the individuals who are responsible for the conduct of the administrator.

Include all members of the board of directors, board of trustees, executive committee, or other governing board or committee; corporation's principal officers or partnership or association's partners or members; shareholders holding directly or indirectly 10 percent or more of the voting securities of the administrator; and any other person who exercises control or influence over the affairs of the administrator.

- B. Biographical information for each owner, partner, director, and officer of the applicant, on the Biographical Affidavit form designed by the National Association of Insurance Commissioners (NAIC).
- C.\* All basic organizational documents of the applicant, including articles of incorporation, articles of association, partnership agreements, trade name certificates, trust agreements, shareholder agreements, and all amendments to such documents.
- D.\* The bylaws, rules, and regulations or similar documents regulating the internal affairs of the applicant.
- E. Annual stand-alone financial statements or reports for the past two years and the most current quarterly stand-alone financial statement.

Provide the name and telephone number of a contact person who is knowledgeable about the preparation of the reports or financial statements being filed:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- F. A statement describing the business plan, including information on staffing levels and activities proposed in this state and nationwide. The plan must provide details setting forth the applicant's ability to provide a sufficient number of experienced and qualified personnel in the areas of claims processing, record-keeping, and underwriting.
- G. Evidence that the applicant has a fiduciary account established in a federally or state-insured financial institution. The evidence may be a bank statement or a letter from the bank verifying the existence of a bank account.  
  
An applicant who is an agent licensed under ORS Chapter 744 need not comply with this subsection if the applicant is in compliance with ORS 744.083 with respect to the premiums, charges, and return premium referred to in ORS 744.730.
- H. Evidence of current errors-and-omissions insurance in the amount of \$500,000 for claims made or per occurrence. The insurance must cover errors, omissions, and violations of fiduciary responsibility by the third-party administrator, its employees, or both. The evidence must include policy language indicating that third-party administrator activities are covered.
- I. If the applicant will be managing the solicitation of new or renewal business, file proof that the applicant employs or has contracted with an agent licensed by the director for solicitation and taking of applications. Any applicant who intends to directly solicit insurance contracts or to otherwise act as an insurance agent must provide proof that he or she has a license as an insurance agent in this state.

\* *If the applicant for a nonresident TPA license holds a license or certificate of authority to transact business as a TPA in another state with a third-party-administrator statute similar to Oregon's, the applicant is not required to submit the information required in C and D.*

Under ORS 731.992(1), the penalty for providing false or misleading information is up to one year in jail or a fine of up to \$10,000.

I \_\_\_\_\_, swear that I am the person named in and who signed the foregoing application, that I know the contents thereof, and that each of the statements and answers made is true and complete to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature of owner or officer: \_\_\_\_\_

**Appointment of insurance commissioner for legal service by TPA  
(To be completed by nonresident applicants only.)**

I \_\_\_\_\_, of \_\_\_\_\_

being of full age, residing in the State of \_\_\_\_\_ do hereby designate and appoint the insurance commissioner of the State of Oregon as our lawful attorney in fact, upon whom all legal process and summons against the firm or corporation may be served in any action, suit, or proceeding in any of the courts of justice of the State of Oregon or any of the United States courts therein, necessary to give said courts complete jurisdiction of the said firm or corporation. I further stipulate and agree that any legal process or summons served upon the insurance commissioner for the State of Oregon shall be taken and held in said courts to be valid and binding upon the firm or corporation and that this appointment shall continue in force so long as any liability of the firm or corporation remains outstanding in the State of Oregon.

In witness whereof, I have set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature (officer or owner): \_\_\_\_\_

**Important notice about your license**

Effective July 1, 2007, the Insurance Division will no longer issue printed initial, renewal, or replacement licenses. All license information for active licensees will be available on our website. To view your license status or to print a copy, go to <http://www.insurance.oregon.gov/producer/agent.html> and select the appropriate search page.

## Oregon TPA license requirements

Please review Oregon's insurance statutes and rules for a complete understanding of our third-party administrator (TPA) laws and exemptions. Oregon laws (ORS 744.700 through 744.740) and Insurance Division administrative rules (OAR 836-075-0000 through 836-075-0070) related to third-party administrators are available on our website: [www.insurance.oregon.gov](http://www.insurance.oregon.gov). Click on *Laws, Rules & Bulletins*.

In general, individuals or firms are subject to licensure as TPA if they perform *any* of the following duties. This list is illustrative only; other, similar duties may also require licensure.

- Maintains accounting or administrative records to determine the insurance status of each individual insured.
- Prepares premium statements or collects premiums from insured members or participating employers and remits such premiums to the insurer.
- Verifies or determines eligibility for coverage and forwards such information to the insurer to enable claims processing.
- Administers COBRA, state continuation, or conversion rights by tracking participants, collecting premium, etc.
- Collects *any* fee for the performance of administrative duties rendered to an MEWA or association plan.

If you qualify as a TPA, complete and return the TPA application (Form 440-2292) with supporting documents. The fee for a TPA license is \$45.

If you believe you qualify for an exemption from licensure, send us a letter explaining how and why your activities qualify you for an exemption.

A TPA license is issued for two years, expiring on the last day of the month in which it was issued. A TPA must file an annual report for the preceding calendar year on or before March 1 each year. Note the annual report requirements in ORS 744.738 and OAR 836-075-0040.

Contact a licensing coordinator in the Agent Licensing Unit, 503-947-7981, if you have questions regarding licensing of a TPA.