

TPA Annual Report Checklist

- | Check | # | Required Filings |
|--------------------------|----|---|
| <input type="checkbox"/> | 1. | A filing fee of \$100 paid to the <i>Treasurer, State of Connecticut</i> . |
| <input type="checkbox"/> | 2. | Information contained in the Annual Report must be verified by at least two officers of the TPA. |
| <input type="checkbox"/> | 3. | Evidence of the required surety bond <u>or</u> audited financial statements for two most recent years. ***An additional bond is required for those TPA's administering governmental or church plans. |
| <input type="checkbox"/> | 4. | Complete names and addresses of all insurers or other persons with which the TPA had written agreements during the preceding year. |
| <input type="checkbox"/> | 5. | Current Certificate of Good Standing (domiciliary State). |
| <input type="checkbox"/> | 6. | Explanation as to whether any sanctions or administrative proceedings have been taken against the company in this state, or any other state. |
| <input type="checkbox"/> | 7. | Explanation as to whether any Officer/Director has been convicted of any crime. |
| <input type="checkbox"/> | 8. | TPA license must be renewed online at www.nipr.com prior to Sept 31 st . |

** Questions can be sent to: cid.tpa@ct.gov or visit www.ct.gov/cid "Third Party Administrator" for on-line instructions.

Third Party Administrator **Annual Report Form**

Pursuant to Section 38a-720I of the Connecticut General Statutes each third-party administrator ("TPA") licensed under Section 38a-720a of the Connecticut General Statutes shall file an annual report for the preceding calendar year with the Commissioner, on or before July first of each year.

Business or DBA Name of TPA:

Connecticut Insurance Department License Number:

Address:

Telephone:

Email:

QUESTIONS:

Has the company been a party/subject to any market conduct violations, administrative actions, lawsuits, fines or penalties in Connecticut or any other state? Yes_____ No_____

If yes, please attach a detailed explanation, as well as all relevant documents including court orders, stipulations/final orders or market conduct final examination reports.

Has any company Officer or Director been convicted of any crime within the past year, or is currently on probation? Yes_____ No_____

"Crime" does not include minor traffic violations or drunk driving offenses.

If yes, please attach a detailed explanation, as well as all relevant documents including court orders and/or charging documents.

The following documents **MUST** be attached with this report or it will be rejected as *“incomplete”*:

1. A filing fee paid to *“Treasurer State of Connecticut”*
2. Evidence of the required surety bond **or** audited financial statements for two most recent years.
3. Complete names and addresses of all insurers or other persons with which the TPA had written agreements during the preceding year.
4. Current Certificate of Good Standing (domiciliary State)
5. Any documents relevant to sanctions or lawsuits if applicable.

Any TPA administering Governmental or Church Plans:

TPA's that are administering Governmental or Church plans must also include proof of a surety bond in the greater of the following amounts: (1) One hundred thousand dollars; or (2) ten per cent of the aggregate total amount of self-funded coverage under governmental plans or church plans handled in this state and all additional states in which the third-party administrator is authorized to conduct business.

ATTESTATION: 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 on this form is true and complete. I attest that I have the authority and capacity to execute this certification on behalf of the company. I am aware that submitting false information or omitting pertinent or material information in connection with this report is grounds for denial of company certification or license renewal.

NOTE: Signatures of two authorized Company Officers are required.

Printed Name of Company Officer/Director:

Signature of Company Officer/Director:

_____ Date: _____

Printed Name of Company Officer/Director:

Signature of Company Officer/Director:

_____ Date: _____

Additional Instructions:

Please submit this completed report along with the required documentation and \$100.00 check made payable to "*Treasurer, State of Connecticut*" to the following address:

Connecticut Insurance Department
TPA licensing
P.O Box 816
Hartford CT 06142

Please note; the TPA license *renewal* form is separate and not related to this annual report which is due on July 1st annually. License renewals should be completed online through NIPR at the time of license renewal which is September 31st annually.

Questions may be emailed to: cid.tpa@ct.gov