

AXIS® PRO MPL SOLUTIONS

THIRD PARTY ADMINISTRATORS/REVIEW BOARDS SUPPLEMENT

1. Name of the **Applicant's** firm: _____
2. Does the **Applicant** provide TPA services for:
- | | | |
|----------------------------------|------------------------------|-----------------------------|
| Accident & Health? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Property & Casualty? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Workers' Compensation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pension and/or Retirement Plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
3. Please provide a breakdown of the percentage of the **Applicant's** total services:
- | | | | |
|---|--------|---------------------|--------|
| Benefit Administration | _____% | Actuarial Services | _____% |
| Claims Administration | _____% | Marketing of Plans | _____% |
| Investment Management of Plan Funds | _____% | Benefit Plan Design | _____% |
| Placement of Reinsurance/Stop-Loss Coverage | _____% | Utilization Review | _____% |
| Administration of COBRA Benefits | _____% | Other – specify: | _____% |
| Other – specify: | _____% | Other – specify: | _____% |
| TOTAL | | 100% | |
4. Provide the number of:
- Accounts the **Applicant** provides services for: _____
- Plans the **Applicant** administers: _____
- Participants in the plans the **Applicant** administers: _____
5. How many of the **Applicant's** employees are:
- | | | | |
|---------------------------|--------|---------------------------------|--------|
| Actuaries | _____% | Claims Administration Personnel | _____% |
| Data Processing Personnel | _____% | Certified Public Accountants | _____% |
| Lawyers | _____% | Financial Planners | _____% |
| Investment Managers | _____% | Insurance Agents/Brokers | _____% |
| Licensed Physicians | _____% | Nurses | _____% |
6. Does the **Applicant** provide any services to other Third Party Administrators? Yes No
If yes, what services?
(Please provide a copy of agreement for services provided.)
7. Is the **Applicant** ever responsible for issuance of checks for payment of claims/benefits? Yes No
If yes, provide the amount of the **Applicant's** draft authority: \$_____
8. Does the **Applicant** maintain fidelity insurance on its operation? Yes No
If yes, provide the limit carried: \$_____
9. a. Does the **Applicant** perform services as a fiduciary, as defined under ERISA? Yes No
b. If so, does the **Applicant** have written procedures in force to ensure plans administered by the **Applicant** comply with ERISA?
 Yes No
10. Does the **Applicant** manage or provide any services for any Preferred Provider Organization, Health Maintenance Organization or other managed care program? Yes No
If yes, provide complete details of services the **Applicant** performs and provide a copy of standard contracts between the **Applicant** and the managed care organization(s).
11. a. Are all independent contracted medical personnel verified to have valid and active medical licenses? Yes No
b. Does the **Applicant** require them to show proof of malpractice insurance maintained? Yes No
c. What is the minimum limit of malpractice insurance the **Applicant** requires them to maintain? \$_____
12. Are the **Applicant's** utilization review services accredited by the Utilization Review Accreditation Commission? Yes No
13. Are the **Applicant's** services audited by the **Applicant's** insurance company or self-insured clients? Yes No
If yes, how often?
Please provide a sample copy of a recent audit report.

14. Do the **Applicant's** clients sign-off or approve in writing the materials the **Applicant** distributes? Yes No

If no, advise why not:

THIS THIRD PARTY ADMINISTRATORS/REVIEW BOARDS SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE AXIS® PRO MPL SOLUTIONS APPLICATION OR PART OF ANOTHER COMPANY'S APPLICATION, IF ACCEPTED BY THE COMPANY.

REPRESENTATIONS:

By signing this supplement, the Applicant agrees that:

1. The statements and answers given in this supplement and any attachments to it are accurate and complete;
2. The statements and answers the **Applicant** furnishes to the **Company** are representations the **Applicant** makes to the **Company** on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the **Company** to provide a proposal for insurance;
4. Any policy the **Company** issues will be issued in reliance upon those representations;
5. The **Applicant** will report to the **Company** immediately, in writing, any material change in the **Applicant's** operations, condition or answers provided in this supplement that occur or are discovered between the date of this supplement and the effective date of any policy, if issued; and
6. The **Company** reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the **Company** has offered.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NAME (PLEASE TYPE OR PRINT)

NAME (SIGNATURE OF AUTHORIZED REPRESENTATIVE)

TITLE

DATE

TO BE COMPLETED BY PRODUCER(S) ONLY:

RETAIL PRODUCER: Producer Name: City, State: Telephone No.:		WHOLESALE PRODUCER: Producer Name: City, State: Telephone No.:	
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BROKER/AGENT SIGNATURE (NEW HAMPSHIRE): _____

NOTICE TO ARKANSAS APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS:

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS:

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS:

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS:

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO RHODE ISLAND APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

SURPLUS LINES NOTICE FOR RHODE ISLAND APPLICANTS:

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

SURPLUS LINES NOTICE FOR SOUTH CAROLINA APPLICANTS:

THIS COMPANY HAS BEEN APPROVED BY THE DIRECTOR OR HIS DESIGNEE OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO WRITE BUSINESS IN THIS STATE AS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT AFFORDED GUARANTY FUND PROTECTION.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.