

### THIRD PARTY ADMINISTRATOR EXEMPTION FILING FORM

Alaska Statute (AS) 21.27.630 requires that a person who acts as, or represents to be, a Third-Party Administrator (TPA) in this state or relative to a subject resident, located, or to be performed in this state, is registered in this state.

"Third-Party Administrator" means a person who, for residents of this state, or for residents or another jurisdiction from a place of business in this state, performs administrative functions including claims administration and payment, marketing administrative functions, premium accounting, premium billing, coverage verification, underwriting authority, and certificate issuance in connection with **life insurance, annuities, health insurance, or a provision of coverage for the cost of medical care.** (AS 21.90.900).

A. For insured plans, a person may qualify for exemption under AS 21.27.650, if the applicant:

- represents only a foreign insurer; and
- is registered/licensed as a TPA by its home state; and
- is licensed as a resident, and its home state is accredited by the National Association of Insurance Commissioners (NAIC); and
- is from a state that has enacted provisions substantially similar to those contained in Alaska law.

B. If a person acts as a TPA for an insurer within the insurer's holding company system, the person may qualify for exemption under AS 21.27.630(f), which states:

A person who performs management services for an admitted insurer is not required to be registered as a third-party administrator if the person's compensation is not based on the volume of premium written and the person

- (1) Is wholly-owned subsidiary of the admitted insurer;
- (2) wholly owns the admitted insurer;
- (3) is a wholly-owned subsidiary of the insurance holding company that owns or controls the admitted insurer;
- (4) is a United States manager of the United States branch of an alien admitted insurer; or
- (5) is the manager of a group, association, pool, or organization of admitted insurers that does joint underwriting if it is subject to examination by the authorized insurance regulator in the state in which the person's principal place of business is located.

C. For self-insured plans, AS 21.27.630(a) and (i) states:

(a) A person may not act as or represent to be a Third-Party Administrator in this state or relative to a subject resident, located, or to be performed in this state, unless registered under this chapter or in another jurisdiction under AS 21.27.650. A person may not act as or represent to be a Third-Party Administrator representing an insurer domiciled in this state regarding a risk located outside this state unless registered by this state under the provisions of this chapter.

(i) A person who only provides services to bona fide employee benefit plans that are established by an employer or an employee organization, or both, for which the insurance laws of this state are preempted under the Employee Retirement Income Security Act of 1974 (ERISA), is not required to be additionally registered as a Third-Party Administrator if the person certifies to the director on or before February 1 of each year of its exempt status.

D. If the person is an Alaska admitted insurer, a person qualifies for exemption from the TPA registration requirement under AS 21.27.630(k).

#### FILING REQUIREMENTS

It is statutorily-required for a person to file for exemption with our office. (AS 21.27.650(a)(2))

##### TO CLAIM EXEMPTION UNDER A. ABOVE

- √ TPA EXEMPTION FILING FORM
- √ CERTIFICATE OF LICENSE STATUS that identifies that the applicant is licensed/registered as a TPA in their home state; or if certification is not available from the home state, a letter from the insurance regulator that indicates that the applicant has been granted authority to transact business as a TPA indicating the statutory authority.

##### TO CLAIM EXEMPTION UNDER B. ABOVE

- √ TPA EXEMPTION FILING FORM.
- √ Provide a notarized statement indicating that their compensation is not based on the volume of premium written, and a copy of the most recently filed Form B filed with the insurance department of the related insurer's domestic state. Form B is a requirement of the Holding Company Act, which is a part of statute in all states.

##### TO CLAIM EXEMPTION UNDER C. ABOVE

- √ TPA EXEMPTION FILING FORM
- √ In order to claim exemption under AS 21.27.630(i), you must submit a copy of the letter from the United States Secretary of Labor exempting your plan. If this cannot be provided, you must submit a notarized statement indicating you are claiming exemption from registration as a TPA based on the Employee Retirement Income Security Act of 1974 (ERISA).

##### TO CLAIM EXEMPTION UNDER D. ABOVE

- √ TPA EXEMPTION FILING FORM

<b>1</b>	<b>APPLICANT NAME</b> _____				
<b>2</b>	<b>DBA/TRADE NAME (if applicable)</b> _____				
<b>3</b>	<b>TYPE OF BUSINESS</b> Check the legal business type, license class(es) and line(s) of authority for which you are applying. Check the last column if you have been previously licensed in Alaska:  <b>Legal Business Type</b> <b>C</b> – Corporation <b>P</b> – Partnership <b>S</b> – Sole Proprietorship <b>LLC</b> – Limited Liability Corporation <b>LLP</b> – Limited Liability Partnership				
	Legal Business Type		Incorporation/Formation Date		FEIN
	C	P	S	LLC	LLP
			(month)____(day)____(year)_____		State of Domicile
					Country of Domicile
<b>4</b>	<b>DESIGNATED RESPONSIBLE PERSON (COMPLIANCE OFFICER)</b>				
	Last Name		First Name		SSN
<b>5</b>	<b>ADDRESSES</b>				
	Business Physical Address		City		State
					Zip or Foreign Country
	Mailing Address		P.O. Box		State
					Zip or Foreign Country
<b>6</b>	<b>BUSINESS NUMBERS</b>				
	Phone # _____		Fax # _____		E-mail Address _____
<b>7</b>	<b>FOR INSURED PLANS ONLY</b>				
	Provide the name and NAIC co-code number of all insurers you represent as a TPA in this state. If the insurer is domiciled in a state not accredited with the National Association of Insurance Commissioners (NAIC), a copy of the executed contract must be provided.				
	Name		NAIC Co-Code #		
<b>8</b>	<b>FOR SELF-INSURED PLANS ONLY</b>				
	I certify that _____ performs claims administration, premium accounting, or premium billing for residents of this state for only bona fide employee benefit plans that are established by an employer or an employee organization, or both, for which the insurance laws of this state are preempted under ERISA.				
	Plan Names			Location	
<b>9</b>	<b>KEY EMPLOYEES</b>				
	Identify the key personnel who supervise or have responsibility over personnel performing TPA administrative functions. A listing may be attached.				

## BACKGROUND INFORMATION

Please read the following very carefully and answer every question:

1. Have you, the business, or any owner, partner, officer, or director ever been convicted of, or currently charged with committing a crime, whether or not adjudication was withheld? Yes  No

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction that involves dishonesty or breach of trust, have you applied for a waiver as required by 18 U.S.C. 1033? N/A  Yes  No

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A  Yes  No

**If you answer yes, you must attach to this application:**

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the firm or any owner, partner, officer, or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes  No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

**If you answer yes, you must attach to this application:**

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or the firm or any owner, partner, officer, or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes  No

**If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.**

4. Has the firm or any owner, partner, officer, or director ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation, or breach of fiduciary duty? Yes  No

**If you answer yes, you must attach to this application:**

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

5. Has the firm or any owner, partner, officer, or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes  No

**If you answer yes, you must attach to this application:**

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

**CERTIFICATION AND ATTESTATION**

I hereby certify under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Director of Insurance to be its agent for service of process regarding all insurance matters and agree that service upon the Alaska Director of Insurance is of the same legal force and validity as personal service upon me.
3. I grant permission to the Director of Insurance for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. I authorize the State of Alaska to give any information it may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Alaska and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I am familiar with the Alaska insurance laws and regulations.

**Must be signed by the Compliance Officer.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Printed Name