



**ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1 COMMERCE WAY, SUITE 104
LITTLE ROCK, AR 72202
PHONE: 501-371-2750
FAX: 501-683-2604**

**INSTRUCTIONS FOR THIRD PARTY ADMINISTRATOR
APPLICATION FOR REGISTRATION**

1. Applicant must complete the Third Party Administrator Application for Registration, Form AID-LI-TPA, and submit it to the Arkansas Department with a check the amount of \$100.00 The check must be made payable to the **“The State Insurance Department Trust Fund.”**
2. A \$25,000 Surety Bond, executed by an authorized admitted insurer using the bond form, Form AID-LI-TPABOND, must be attached to the Application for Registration.

Note: Any applicant operating only pursuant to an administrative services agreement, who does not collect, receive or remit funds on behalf of the Plan(s), is exempt from the bond requirement. Any applicant performing services only on behalf of single employer self-funded plans or collectively bargained plans, is exempt from the bond requirement.

3. As changes occur, you are required to provide the department with an update of the list of self insured plans and trusts for which you act as administrator. You must have a Registration Form completed and attached to your notification to the Department. (The attached form may be duplicated.) Any change in other information listed on your application should be promptly reported to the Department.
4. The individual completing the Application on behalf of the third party administrator must sign the Application.
5. Renewal of your Certificate of Registration will be due annually on or before January 1, of each year. The Renewal Registration of the Plans will be required with the Renewal Application.
6. All service agreements between the third party administrator and the listed plans must be filed with this registration.
7. All third party administrators are responsible for assuring that the plans they administer are themselves duly registered.



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THIRD PARTY ADMINISTRATOR
APPLICATION FOR REGISTRATION

- 1. TPA NAME:
2. TPA FEDERAL TAX ID #:
3. MAILING ADDRESS:
4. PHYSICAL ADDRESS:
5. NAME OF CONTACT PERSON
6. PHONE NUMBER OF CONTACT PERSON:
7. FAX NUMBER OF TPA:
8. TPA IS A:
9. DOES THE TPA USE AN AGENT FOR SERVICE:

IF YES, PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF AGENT FOR SERVICE:

NAME PHONE NUMBER
ADDRESS:

- 10. BOND INFORMATION (IF BOND IS REQUIRED OF TPA)
BOND NUMBER DATE BOND ISSUED
NAME OF ISSUING COMPANY

11. LIST ALL EMPLOYEE WELFARE BENEFIT PLANS FOR WHICH YOU ACT AS THIRD PARTY ADMINISTRATOR. ATTACH A LIST OF ANY ADDITIONAL PLANS AS NECESSARY. TYPES OF PLANS THAT MUST BE LISTED ARE:

- SELF-FUNDED SINGLE EMPLOYER PLANS,
COLLECTIVELY BARGAINED WELFARE BENEFIT PLANS (TAFT-HARTLEY TRUST),
MULTIPLE EMPLOYER TRUSTS,
FULLY INSURED MULTIPLE EMPLOYER WELFARE ASSOCIATIONS, AND
NOT-FULLY INSURED WELFARE ASSOCIATIONS.

ALL OF THE ABOVE PLANS MUST HAVE A FORM AID-LI-SELF (1-05) COMPLETED AND SENT TO THE ARKANSAS INSURANCE DEPARTMENT.

Table with 4 columns: Name of Employer, Federal Tax ID Number, Type of Plan, Do you process funds? (Yes or No)

