



Society of Professional Benefit Administrators

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2014 State Requirements for Third Party Administrators

Please fill out this questionnaire and send via email to Elizabeth@spbatpa.org. You can also go online at www.spbatpa.org and fill out the survey online.

Contact

Name: _____

Department: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Fax: _____

Email: _____

State Code or Statute Citation: _____

1. Fees: _____
2. Bond Requirement? _____ Yes _____ No
3. Fidelity or Surety Bond? _____
4. Does your state establish a minimum function performed by the TPA that will require licensure, i.e. paying claims, handle money, etc. Please elaborate. _____

 Please list other specific requirements for TPAs to receive a license in your state: * _____

 Are there specific financial requirements for a TPA to receive a license in your state?*
5. Minimum Net Worth requirement? Does your state have a statute that requires a minimum net worth to maintain or renew their license? Please explain:

6. Do you have a Minimum Stop-Loss Requirement in the State? *Yes _____ No _____
 Does your state have a statute that requires a minimum level of stop-loss coverage for self-funded plans? Please explain:

7. Does your State require all in state and non-resident TPAs to maintain a license?

8. Does your State require TPAs that serve as Prescription Benefit Managers to become licensed in your state? Please specify statute, etc:

9. Please provide any additional information related to TPA License requirements that you would like new TPAs doing business in your state to know. _____

Form completed by:

Name: _____

Title: _____

Contact Information: _____

Date submitted: _____

* Please attach or email a copy of your State Statute.