



Two Wisconsin Circle, Suite 670
Chevy Chase, MD 20815

PLEASE CAREFULLY READ & COMPLETE THIS MEMBERSHIP APPLICATION

SPBA is the association of Third Party Administration (TPA) employee benefit firms which provide a comprehensive array of services to client plans & sponsoring employers on an ongoing basis.

SPBA welcomes all TPAs whose business will be enhanced by the services SPBA provides. SPBA recognizes that the term TPA is widely applied to very different sorts of functions. SPBA wants TPAs to be in the association(s) most useful to their type of work, so SPBA attempts to be candid in helping firms achieve that goal.

SPBA Membership is designed for TPA firms that provide on-going comprehensive-service for client employee benefit plans & employers, predominately using self-funding and often regulated by ERISA. SPBA's services are geared to the federal regulatory compliance requirements in these areas. Because of great differences in state-by-state licensing or regulation, determination of what constitutes being in the TPA business is necessarily based on available facts and circumstances.

Dues are payable in full on January 1, at the beginning of the SPBA fiscal year. **Dues are pro-rated for new members who join during the year.** At the discretion of SPBA, new members approved after September 1st, may be billed for the prorated portion of their current year *plus* the entire following year. **Do not send any money with the application.** However, newly-approved members who do not forward dues within 30 days of notification of approval will immediately forfeit membership and services.

***Note 1:** All SPBA meetings & services are designed for members only. There is no non-TPA attendance at SPBA meetings except for leading Stop-Loss and Service Technology Partners with whom information and knowledge is shared.*

***Note 2:** The person shown as "Primary Contact" (the first name on the application) need not be the CEO of the firm. However, it should be a person senior enough to respond promptly to dues billings, emergency notices, and occasional member surveys. **MOST IMPORTANTLY, the "Primary Contact" should be the person most closely involved with SPBA and most responsive.** All listed contacts must be direct employees of the TPA (no outside attorneys, consultants, brokers, etc.) All addresses must be in the name of the member TPA firm.*

Note 3: TPAs are organized in different formats. Some have all operations under one corporate name. Others provide services, but have a separate corporation for claims, marketing, UR, PPO, managed care, etc. Therefore, for the sake of uniformity and fairness to clients who use SPBA statistics to select a TPA, "size" & finances are deemed to include all income/revenue (gross, pre-tax) generated related to employee benefits in any way.

Finally, please remember that SPBA is designed to be your most profitable business investment each year, and we are proud that about 98% of eligible members renew membership each year. We want you to make & save far more money because of SPBA than you pay in dues. Our goal is to make you look brilliant to your clients. **Please make the most of what SPBA membership provides you.**

SPBA Membership Application

Please write/print/type very clearly

1. NAME & TITLE OF "PRIMARY CONTACT" + FIRM NAME & ADDRESS + TELEPHONE, FAX & E-MAIL
(The "Primary Contact" should be the most responsive person to SPBA to receive dues billings, renewals, surveys, etc. Other "Contacts" who receive all regular mailings, should be listed on page 4 of this application). PLEASE PRINT CLEARLY

Name _____

Title _____

Firm _____

Address _____

Phone (_____) _____ (best general number for reaching the firm, including by potential clients)

Fax (_____) _____ (only for official SPBA direct use with you)

Your E-mail : _____ (for official internal use, not sold or published)

Your website : _____

2. IDENTIFIABLE BRANCH OFFICE(S) OF THE FIRM IN THE FOLLOWING CITIES: (where the TPA would be listed in the phone book with its own listing. Please do not include the city listed in #1)

3. HOW MANY PEOPLE RELATED TO THE FIRM PERFORM TPA DUTIES ALL OR MOST OF THE TIME? _____
THIS IS ABOUT _____% OF THE STAFF. WHAT DO THE REST

DO? _____

4. YEAR THIS FIRM BEGAN PROVIDING TPA SERVICES TO 2 OR MORE UNRELATED CLIENTS: _____

5. NAMES & DESCRIPTION OF ANY FIRMS CONNECTED/AFFILIATED WITH THIS TPA: (*such as who owns whom, sharing of staff, offices, etc.*) NOTE: Please describe any connection/affiliation. (Descriptions such as: insurer, Blue, Agent/Broker, Bank, Investors, Hospital, etc.)

6. SIZE: HOW BIG A PLAYER ARE YOU IN THE EMPLOYEE BENEFITS MARKETPLACE (IN TERMS OF REVENUES FROM ALL BENEFITS-RELATED SERVICES)? WHAT IS THE TOTAL GROSS PRE-TAX INCOME/REVENUE OF YOUR TOTAL OPERATION FROM ALL BENEFITS-RELATED SERVICES? Some TPAs have all benefits services under one corporate roof. Others spread the services & income across many affiliated parent & sister companies. Potential clients + SPBA are seeking your best estimate of how much money (gross, pre-tax) comes in related to employee benefits services (but not including client claims dollars that might pass through). **Notes:** This specific amount remains secret. **However, the broad size/dues category of members will be listed in the Directory of TPAs to assist potential clients and other members wishing to find TPAs of a certain size.**

ESTIMATED TOTAL GROSS PRE-TAX EMPLOYEE BENEFITS INCOME/REVENUE:

\$ _____

SPBA reserves the right to see documentation to confirm this amount. If income does not seem logical to support the number of staff & offices shown, explain. For example a firm of 25 people operating on less than \$1 million total review is not logical, when expenses such as personnel, computers, rent, etc. are considered.

7. INDICATE THE TIME PERIOD USED TO CALCULATE THE ANSWER TO #6:

From _____ 20____ To _____ 20_____

8. PERCENT OF THE TOTAL INCOME OF ALL YOUR RELATED FIRMS DERIVED FROM ALL EMPLOYEE BENEFITS SERVICES (HMOs, insurers, hospital, agency/brokerage, UR, PPO, etc.):

_____ %

9. SIZE OF CLIENT PLANS YOUR FIRM GENERALLY PREFERS:

From a minimum of _____ covered participants to a maximum of _____.

10. WHAT IS THE ESTIMATED TOTAL NUMBER OF LIVES (warm bodies) COVERED BY PLANS ADMINISTERED BY YOUR TPA? Count each person only once, not per plan benefit _____

11. YOUR PREFERRED GEOGRAPHIC SERVICE AREA(S) (Check all that apply)

- New England & New York
- Mid-Atlantic
- Southeast ("*the deep South*" and Florida)
- Upper Midwest (*such as MN, IL, MI, ND, SD, NE, IN, OH, IA, WI, etc.*)
- Southern Midwest (*such as AR, MO, KS, OK, KY, etc.*)
- Southwest (*such as AZ, NM, TX, NV, CO, UT*)
- Northwest (*such as WA, MT, OR, AK, ID*)
- Far West & California

12. TYPES OF CLIENTS, SERVICES OFFERED & BENEFITS. PLEASE CHECK ALL THAT APPLY:

- | | | |
|---|---|--|
| <input type="checkbox"/> Taft Hartley plans | <input type="checkbox"/> Defined Contribution Pension (401k | <input type="checkbox"/> Govt.reporting/5500 |
| <input type="checkbox"/> Single Employer plans | <input type="checkbox"/> Defined Benefit Pension | <input type="checkbox"/> Sec. 125/Debit Card admin |
| <input type="checkbox"/> MEWA/Assn. plans | <input type="checkbox"/> Long Term Disability | <input type="checkbox"/> Proprietary PBM |
| <input type="checkbox"/> Government sponsored | <input type="checkbox"/> Utilization Review | <input type="checkbox"/> HIPAA compliance services |
| <input type="checkbox"/> Church/religious employers | <input type="checkbox"/> Separate consulting | <input type="checkbox"/> Dental and/or Vision |
| <input type="checkbox"/> Fully-insured plans | <input type="checkbox"/> Proprietary PPO | <input type="checkbox"/> Workers Comp. |
| <input type="checkbox"/> HSA/HRA/CDHP | <input type="checkbox"/> Wellness | <input type="checkbox"/> Employee Comm. & Ed. |

_____ HR/Personnel services
_____ Predictive Modeling/forecasting

_____ Disease Management
_____ COBRA

_____ TPA Services for P&C
Coverage

OTHERS: _____

13. LIST OTHER BENEFITS ASSOCIATIONS TO WHICH YOU BELONG (to help us avoid conflicting meeting dates):

14. BASED ON YOUR ANSWER TO #6 , PLEASE SELECT THE APPROPRIATE DUES CATEGORY.

The intent is to measure how big a total player the TPA is in the benefits market.)

<u>Check 1</u>	<u>Gross Administrative Revenue</u>	<u>Annual Dues</u>
_____	Under \$1/2 Million	\$2,400.00
_____	\$1/2 - \$1 Million	\$3,800.00
_____	Over \$1 to \$2 Million	\$4,400.00
_____	Over \$2 to \$4 Million	\$4,900.00
_____	Over \$4 to \$6 Million	\$4,900.00
_____	Over \$6 to \$8 Million	\$5,700.00
_____	Over \$8 to \$10 Million	\$5,700.00
_____	Over \$10 to \$12 Million	\$6,700.00
_____	Over \$12 to \$15 Million	\$6,700.00
_____	Over \$15 to \$20 Million	\$6,700.00
_____	Over \$20 to \$25 Million	\$8,900.00
_____	Over \$25 to \$30 Million	\$8,900.00
_____	Over \$30 to \$35 Million	\$8,900.00
_____	Over \$35 to \$40 Million	\$8,900.00
_____	Over \$40 to \$45 Million	\$10,900.00
_____	Over \$45 to \$50 Million	\$10,900.00
_____	Over \$50 to \$60 Million	\$10,900.00
_____	Over \$60 to \$70 Million	\$10,900.00
_____	Over \$70 to \$80 Million	\$10,900.00
_____	Over \$80 to \$90 Million	\$11,500.00
_____	Over \$90 to \$100 Million	\$11,500.00
_____	Over \$100 Million	\$11,500.00

16. SPBA "CONTACTS"

Member firms are provided multiple "contacts" because the information, meetings, and mailings are geared to all functions & levels of the firm. Most firms have found it useful to spread the "contacts" among staff in Senior Management + Operations + Claims + Marketing + Government Compliance. For your legal protection, only named "Contacts" may call SPBA for technical & government assistance and member services, and only named contacts receive UPDATES directly...which often contain warnings & tips of immediate importance to various departments of your firm. (Any of your staff may attend SPBA meetings, and are encouraged to do so for the efficiency & expertise they derive.)

ALL LISTED CONTACTS MUST BE CERTIFIED ACTUAL EMPLOYEES OF THE TPA. No outside advisors, investors, attorneys, brokers etc. are allowed as "contacts" or to attend SPBA meetings. SPBA is very candid. Keep it in the family.

1. "Primary Contact" (We assume this will be the person from question #1, unless otherwise designated) This person should be the most "responsive" to SPBA to receive membership renewal forms, surveys, etc.

Please give the address & phone if different for any of the other contacts listed below. PRINT CLEARLY

2. _____ Email _____

3. _____ Email _____

4. _____ Email _____

5. _____ Email _____

6. _____ Email _____

7. _____ Email _____

8. _____ Email _____

9. _____ Email _____

10. _____ Email _____

11. _____ Email _____

12. _____ Email _____

17. HOW DID YOU HEAR ABOUT SPBA? _____

18. WHAT DO YOU WANT MOST FROM MEMBERSHIP IN SPBA? _____

19. I attest that the information provided is accurate, and I agree to document the information upon request:

Signed: _____

Date: _____

DO NOT SEND CHECK NOW. PLEASE WAIT TO BE BILLED FOR THE PRO-RATED DUES AMOUNT, WHICH MUST BE RECEIVED WITHIN 30 DAYS OF MEMBERSHIP APPROVAL AND NOTIFICATION, otherwise membership is rescinded and the public announcement annulled.

**** NOTE:** Dues and other payments to the Society of Professional Benefit Administrators (SPBA) are usually deductible as normal business expenses of the member firm, but under no circumstances are they deductible as charitable contributions. An estimated 10% of dues are attributable to the IRS interpretation of non-deductible "lobbying" because of SPBA's close work with agencies & Congress to get answers for you.