

Health & Life Division
 420 SW 9th Street
 Topeka, KS 66612
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 Fax # 785-296-2537
www.ksinsurance.org



Kansas Department of Insurance

Application for Registration as an Administrator

Application for registration as an Administrator for firms that administer self-funded plans that are not regulated by Article 38, Kansas Statute Annotated (see K.S.A. 40-3810 as amended by 2017 Senate Bill 22)

Initial Registration Renewal Registration

Type of Entity: Corporation Partnership Association LLC Other

Legal Name of Applicant		Federal Tax Identification Number
Contact Person Name and Title	Phone	E-Mail Address
Business Address (Do not use PO Box)		City / State / Zip Code
Mailing Address (if different from Business Address)		City / State / Zip Code
Business Phone	Fax Number	State of Domicile

Attach a list of all entities for which your firm provides administrative services in the State of Kansas. Please include the full name and address of each entity, and date your firm initiated administrative services.

NAME OF ENTITY	ADDRESS OF ENTITY	DATE SERVICES INITIATED

List all states in which each plan is doing business or covers individuals.

Confirmation of registration will be mailed within 30 days of receipt of completed registration form.
 Registration expires December 31st annually and re-registration using this form is required. No fees required.
 03/2017

Registrant Attestation and Certification

I certify that, under penalty of perjury, I am the person named herein and know the contents thereof, and that all of the information submitted in this application is true and complete. I attest that I have the authority and capacity to execute this certification on behalf of the registrant. I am aware that submitting false information or omitting pertinent or material connection with this registration is grounds for denial of registration.

I further certify that _____ is not administering or planning to administer self-funded plans and other entities regulated under Article 38 of the Kansas Statutes Annotated. If _____ is planning to administer or will administer self-funded plans, an appropriate TPA license will be secured.

Name of registrant _____

Signature Date

Printed Name Title

Signature Date

Printed Name Title

(Must be signed by at least two (2) officers of the registrant)