



State of Kansas
Department of Insurance

Kansas Home State TPA Checklist

Applicant
Company Name: _____ FEIN: _____

√ #	Required Filing Checklist
<input type="checkbox"/> 1	Kansas Home State Checklist
<input type="checkbox"/> 2	Home State TPA Application
<input type="checkbox"/> 3	\$100 Application/Filing Fee ⁱ
<input type="checkbox"/> 4	All basic organizational documentsⁱⁱ <ul style="list-style-type: none">a Certified Articles of Incorporationb Certified Bylaws, Rules, Regulationsc Entity(s) Organizational Chartd Articles of Associatione Partnership Agreementf Trade Name Certificateg Trust Agreementh Shareholder Agreement
<input type="checkbox"/> 5	List of Officers <ul style="list-style-type: none">a Officers Organizational Chartb NAIC Biographical Affidavit
<input type="checkbox"/> 6	Original Letter of Certification or Certificate of Good Standingⁱⁱⁱ
<input type="checkbox"/> 7	Certificate of Existence issued by the Kansas Secretary of State ^{iv}
<input type="checkbox"/> 8	Two (2) most recent fiscal years' Audited Financial Statements^v
<input type="checkbox"/> 9	Detailed Business Plan in the State of Kansas ^{vi}
<input type="checkbox"/> 10	Letter of good standing from Financial Institution^{vii}
<input type="checkbox"/> 11	List of Insurers

Notes

- i. Filing Fee must accompany the application. Checks should be made out to: Kansas Insurance Department.
- ii. A. Articles of Incorporation must be accompanied by original certification by the proper supervisory official of the Company's state of incorporation.
B. Amended Bylaws are required to have an original certification by the corporate secretary with the company's seal or notarized.
- iii. Must be issued by the Secretary of State or Department of Insurance where the company is incorporated.
- iv. Issued by the Kansas Secretary of State.
- v. 2017 Senate Bill 22, Section 2(b)(4): "Audited financial statements or reports for the two most recent fiscal years that demonstrate that the applicant has a positive net worth. If the applicant has been in existence for less than two fiscal years, the uniform application shall include financial statements or reports, certified by at least two officers, owners or directors of the applicant and prepared in accordance with GAAP, for any completed fiscal years and for any month during the current fiscal year for which such financial statements or reports have been completed. An audited annual financial report prepared on a consolidated basis shall include a columnar consolidating or combining worksheet that shall be filed with the report..."
- vi. 2017 Senate Bill 22, Section 2(b)(6): "A statement describing the business plan, including information on staffing levels and activities, proposed in this state and nationwide. The plan shall provide details setting forth the applicant's capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing, record keeping and underwriting."
- vii. Letter should be addressed to the Kansas Insurance Department and includes the accounts the company has with the bank, the purpose of the accounts, and that the accounts are in good standing.

Application Contact Information

The following individual (company employee or paid consultant) is the authorized representative of the Applicant for this application.

Name: _____ **Title:** _____

Company: _____

E-Mail: _____ **Telephone:** _____

Company Contact Information

The following individual is a company employee and is an authorized representative of the Company. (If same as above, fill in "Same")

Name: _____ **Title:** _____

Company: _____

E-Mail: _____ **Telephone:** _____

YES NO

Will the applicant be, or planning to be, administering self-funded plans?

2017 Senate Bill 22, Section 2(h): "An administrator licensed or applying for a home state license that administers or will administer governmental or church self-insured plans in this state or any other state shall maintain a surety bond for the use and benefit of the commissioner to be held in trust for the benefit and protection of covered persons and any payor or self-funded plan against loss by reason of acts of fraud or dishonesty. The bond shall be in the greater of the following amounts:

- i. \$100,000; or
- ii. An amount equal to 10% of the aggregate total amount of self-funded coverage under church plans or governmental plans handled in this state and all additional states in which the administrator is authorized to do business."

Home State Third Party Administrator License Application

Applicant Name	FEIN	Incorporation Date
DBA/Trade Name (if applicable)	State of Incorporation	Country of Domicile
Statutory Home Office Address		City / State / Zip Code
Phone Number	Fax Number	E-Mail Address
Administrative/Business Address		City / State / Zip Code
Phone Number	Fax Number	E-Mail Address
Mailing Address		City / State / Zip Code
Phone Number	Fax Number	City / State / Zip Code

Owners, Partners, Officers and Directors
 Identify sole proprietor or all owners, partners and directors of the applicant
 (List only those owners with 10% or more ownership)

Name	Title	SSN	% of Ownership
1. _____	_____	_____	_____ %
2. _____	_____	_____	_____ %
3. _____	_____	_____	_____ %
4. _____	_____	_____	_____ %
5. _____	_____	_____	_____ %
6. _____	_____	_____	_____ %
7. _____	_____	_____	_____ %
8. _____	_____	_____	_____ %
9. _____	_____	_____	_____ %
10. _____	_____	_____	_____ %
11. _____	_____	_____	_____ %

Background Information

Please read and answer the following questions:

YES NO

1. Has the applicant or any owner, partner, officer or director ever been convicted of, or is the applicant or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?

“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 answer yes, you must attach to this application:

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

2. Has the applicant or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?

“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 the applicant or any owner, partner, officer or director for overdue monies by an insurer, insured, producer or anyone else or have you ever been subject to a bankruptcy proceeding?

If you answer yes,

- a. submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the applicant or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

If you answer yes, identify the jurisdiction(s): _____

5. Is the applicant or any owner, partner, officer or director a party to, or 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?

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

6. Has the applicant or any owner, partner, officer or director ever had a contract or any other business relationship terminated for any alleged misconduct?

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 administrator license, and
- b. copies of all relevant documents.

Applicant Certification and Attestation

The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that:

1. All of the information submitted in the 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 and the applicant to civil or criminal penalties as determined by a court of law.
2. Where required by law, the applicant hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of that jurisdiction is of the same legal force and validity as personal service upon the applicant.
3. The applicant grants permission to the Commissioner, Director or Superintendent of Insurance in each jurisdiction for which this applicant is made to verify any information supplied with any federal, state, or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the applicant either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdiction to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdiction to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

Must be signed by an officer, director, principal or partner of the Applicant

Signature

Date

Printed Name

Title

Address

City / State / Zip Code

List of Insurers

Name of Insurer _____

FEIN _____ NAIC # _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____ Phone _____

Name of Insurer _____

FEIN _____ NAIC # _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____ Phone _____

Name of Insurer _____

FEIN _____ NAIC # _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____ Phone _____

Name of Insurer _____

FEIN _____ NAIC # _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____ Phone _____

Name of Insurer _____

FEIN _____ NAIC # _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____ Phone _____

Send all documents and check to:

Health and Life Division
Kansas Insurance Department
420 SW 9th Street
Topeka, KS 66612

Applicant Questions Contact:

Chris Hollenbeck
Health & Life Division
(785) 296-3878
chollenbeck@ksinsurance.org