

Third-Party Administrator Annual Report Checklist

On or before June 1st of each year, an Administrator must file an annual report covering each of the plans it administers. The annual report must be prepared with information from the “previous calendar year”. **No fee is required for the annual report.**

***Amended 36 O.S. § 1452(B) now allows certain Administrators to file the TPA Annual Report Wavier Application, which is due May 1st of each year. See the frequently asked questions or the wavier application for details.**

Please include:

Third-Party Administrator Annual Report Questionnaire

- Has the first page of the Report Questionnaire been completed (this is very important in determining who the report is for)
- Have all of the questions been answered? (If the question does not apply to the company please explain why, N/A or leaving it blank is not an answer)

Third-Party Annual Report Table (All required by 36 O.S. § 1452(A).)

- Has the report been attested to by the President and Secretary? (Must be two separate individuals.)
- Was the report reviewed by an **independent CPA**?
- Does the report include the following: ****Note: If the company does not maintain one or more of the below listed requirements, please put \$0 in the appropriate column of the report. ****

- Name **and** address of each insurer or trust
- Total premiums collected
- Accumulated year-to-date paid claims
- Total paid claims by the covered unit
(*Note: calculation = total paid claims divided by # of persons/units in plan.)
- Funds not yet disbursed (Statement of fund equity)
- Year-to-date reserve for unpaid claims (reserve status)

***No fee is required for the annual report.**

***Must be original signatures.**

***Faxes and emails are not acceptable and will not be counted as submitted on time.**

***Note: If any of the above columns or questions is left blank, the report and questionnaire will be considered incomplete and returned for the appropriate information.**

OKLAHOMA INSURANCE DEPARTMENT

Submit completed forms to:

Oklahoma Insurance Department
Attn: Financial Division
3625 NW 56th St, Suite 100, Oklahoma City, OK 73112

THIRD-PARTY ADMINISTRATOR
ANNUAL REPORT QUESTIONNAIRE

TPA Annual Reports for the preceding calendar year are required to be filed with the Oklahoma Insurance Department on or before June 1st of each year. This is mandated by 36 O.S. § 1452(A).
If you have any questions, please contact DeAnn Robinson at (405) 521-6648 or by email at deann.robinson@oid.ok.gov

TPA Entity Name: _____

TPA Entity License #: 86 _____

TPA Individual Name (if individual license is applicable): _____

TPA Individual License # _____

(Please list all TPA license numbers issued for Company and individual(s).)

Address: _____

Annual Report Year: _____

Date Completed: ____ / ____ / ____

1. Please indicate whether your organization **collects premiums and/or adjusts, adjudicates, or settles claims** for an insurer or trust in connection with life, health, annuities or employee benefit stop loss plans in this state?

Yes (If yes, go to #3)

No (If no, see #2)

2. If your organization does not **collect premiums and/or adjust, adjudicate, or settle claims** for an insurer or trust in connection with life, health, annuities or employee benefit stop loss plans in this state the organization may be able to file the TPA Annual Report Waiver. See Frequently Asked Questions or Waiver Application for details.

Statutes for Third-Party Administrators are located in Title 36 O.S. §1441-1452.

****Note: TPAs that administer ERISA only plans with no stop loss benefits are eligible to file the TPA Annual Report Waiver. Please do not report ERISA benefits, only the stop loss benefit portion.**

TPA Name: _____

3. Was the annual report table **reviewed** by an Independent Certified Public Accountant as statutorily required by 36 O.S. § 1452(A)? Yes No

4. Please provide the following information regarding the Independent CPA:

a) Please list the firm the CPA is with: _____

b) Please list the name of the CPA: _____

c) Please list the CPA's license number: _____

d) Please list the state the license was issued in: _____

5. Is the column filled in on the table per answers below:

a) Does the TPA collect premium and/or adjust, adjudicate, and settle claims or both? (If not then explain why, N/A or blank is not an answer):

b) Amount of total paid claims by covered unit? (if not explain why, N/A or blank is not an answer):

c) Funds not yet disbursed (funds equity)? (if not explain why, N/A or blank is not an answer):

d) Year-to-date reserve for unpaid claims (reserve status)? (if not explain why, N/A or blank is not an answer):

6. Has the report been subscribed and sworn to by the president and secretary or other proper officers or director of the organization stating that the information contained within the report is true and factual? **(Must be two separate individuals)**

YES NO

7. List the name, telephone number and email of the person to contact regarding this report:

Name: _____

Phone #: _____ Email: _____



**Third-Party Administrator Annual Report For the State of Oklahoma
(Due On or Before June 1st of Each Year Pursuant To Title 36 O.S. § 1452(A))**

Name of TPA: _____ Reporting Period: _____

Full Name and Address of Insurers or Trusts	Total Premiums Collected (\$)	Accumulated Year-To-Date Paid Claims (\$)	Total Paid Claims by Covered Unit (\$)	Funds not Yet Disbursed (Fund Equity) (\$)	Year-To-Date Reserve for Unpaid Claims (Reserve Status)(\$)
Total of this Page:					

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Total of this Page:					

This Report Was Reviewed By: _____ **Date:** _____
Independent CPA Signature

President Signature: _____ **Secretary Signature:** _____
 (must be two separate individuals)

Must be original signatures.