

Third Party Administrator Annual Report Checklist

“On or before June 1 of each year, all licensed administrators shall file an annual report for the previous calendar year. The report shall have been reviewed by a certified public accountant who shall be independent of the administrator. The report shall be subscribed and sworn to by the president and attested to by the secretary or other proper officers substantiating that the information contained in the report is true and factual concerning each of the plans they administer...” Title 36 O.S. § 1452.

No fee is required for the annual report.

Please include:

Third-Party Administrator Annual Report Questionnaire

- Does the first page reflect the name and address of the TPA entity?
- If applicable, does the first page also reflect the individual licensee?
- Have all of the questions been answered?

Third-Party Annual Report Table

- Does the report reflect the name of the TPA entity?
- Has the report been completed? (Please do not leave any column blank)
(If the company did not conduct business in Oklahoma, please put zeros in the totals section. Please have this attested to by the President and Secretary)
- Has the report been attested to by the President and Secretary? **Title 36 O.S. § 1452**
(Two separate proper officers must sign report)
- Has the report been reviewed by an **Independent CPA**? **Title 36 O.S. § 1452**

Does the report include the following? (all required by Title 36 O.S. § 1452):

****Note: If the company does not maintain one or more of the below listed requirements, please put N/A in the appropriate column. ****

- Name and address of each fund/plan/insurer
- Total Premiums Collected
- Fund Equity (Funds not yet disbursed)
- Accumulated year-to-date paid claims
- Paid claims by the covered unit
(*Note: Calculation = total paid claims divided by # of persons/units in plan.)
- Year-to-date reserve status.

***Note:** Please use the attached forms.

Title 36 O.S. § 1452, states the report must include “the name and address of each fund and a statement of fund equity, paid claims by the covered unit, the accumulated year-to-date paid claims, and the year-to-date reserve status.” Please see O.A.C. 368:25-3-12(f) regarding total premiums collected.

**** If any columns or questions are left blank, the report and questionnaire will be returned for appropriate information. Annual Reports will be deemed non-compliant unless received on or prior to June 1st in a completed state covering the previous calendar year. Non-compliance with 36 O.S. § 1452 carries a maximum fine of One Thousand Dollars (\$1,000.00) for each occurrence, or both censure, suspension, or revocation and civil penalty.**

OKLAHOMA INSURANCE DEPARTMENT

Submit completed forms to:

Oklahoma Insurance Department
Attn: DeAnn Robinson
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.

If you have any questions, please contact me at (405) 521-6648 or by email at deann.robinson@oid.ok.gov

TPA Entity Name: _____

TPA Entity License # _____

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

TPA Individual License # _____

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

Address: _____

List the date this questionnaire was completed: ____ / ____ / ____

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

- 1. Please indicate whether your organization collects premiums for an insurer or trust in connection with life, health or annuities or employee benefit stop loss in this state?
() Yes () No
2. Please indicate whether your organization adjusts or settles claims for an insurer or trust in connection with life, health or annuities or employee benefit stop loss in this state?
() Yes () No
3. Does the organization have a written agreement with an insurer? () Yes () No

**Note: There are no exemptions from filing the TPA annual report. However, if the entity conducts business in connection with ERISA plans, please do not include ERISA plan information on the annual report. Otherwise, all information applies.

TPA Name: _____

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

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

Name of Accounting Firm the CPA is with: _____

CPA's Certificate/License number: _____

State which issued the CPA's License: _____

Does the CPA also hold a permit to practice public accounting? Yes No

5. Does the report include:

a. The name and address of each fund administered? Yes No
(if "no," explain):

b. A statement of fund equity? Yes No
(if "no," explain):

c. Amount of claims paid per covered unit? Yes No
(if "no," explain):

d. Accumulated year-to-date paid claims? Yes No
(if "no," explain):

e. Year-to-date reserve status? Yes No
(if "no," explain):

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

Yes No

7. List the name, telephone number and email of the person who completed this questionnaire:

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)

Reporting for the Period of: _____ TPA Name: _____

Full Name and Address of Fund / Plan / Insurer	Total Premium Collected	Total 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:					

Full Name and Address of Fund / Plan / Insurer	Total Premium Collected	Total 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:					
Total of All Pages:					

TPA:
President Signature: _____ **Print Name:** _____ **Date:** _____
Secretary Signature: _____ **Print Name:** _____ **Date:** _____
CPA:
Report Reviewed By: _____ **Print Name:** _____ **Date:** _____
Independent CPA Signature