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**Third Party Administrator Supplemental Application**

All questions MUST be completed in full.  
If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: \_\_\_\_\_  
\_\_\_\_\_

2. Please give approximate percentages of all operations engaged in: (totaling 100%)

- Administration of Health and Welfare Plans..... \_\_\_\_\_%
- Single Employer Plans..... \_\_\_\_\_%
- Multi-Employer Plans (METs)..... \_\_\_\_\_%
- Multi-Employer Welfare Arrangements (MEWAs)..... \_\_\_\_\_%
- Taft-Hartley Plans..... \_\_\_\_\_%
- Public/Government Plans..... \_\_\_\_\_%
- Partially Self-Funded/Minimum Premium Plans... \_\_\_\_\_%
- Administration of Pension and/or Profit Sharing Plans..... \_\_\_\_\_%
- Computer Services
- Electronic data processing/collection..... \_\_\_\_\_%
- Electronic data consulting..... \_\_\_\_\_%
- Software design development or customization... \_\_\_\_\_%
- The design development or customization of  
    computer software sold or provided to third party  
    outside the normal operations of the applicant  
    as a TPA..... \_\_\_\_\_%
- Insurance Related Services
- Acting as an insurance agent or broker..... \_\_\_\_\_%
- Acting as an advisor/consultant..... \_\_\_\_\_%
- Premium collection and billing..... \_\_\_\_\_%
- Hold any underwriting authority/policy issuance... \_\_\_\_\_%
- Providing Cost Containment Services
- Utilization Review..... \_\_\_\_\_%
- Case Management..... \_\_\_\_\_%
- Continued Stay Review..... \_\_\_\_\_%
- Discharge Planning..... \_\_\_\_\_%
- D.R.G. Review..... \_\_\_\_\_%
- Managed Care..... \_\_\_\_\_%
- PPO Discounts..... \_\_\_\_\_%
- Second Surgical Opinion..... \_\_\_\_\_%
- Actuarial Services..... \_\_\_\_\_%
- Other (please specify)..... \_\_\_\_\_%

**Total** \_\_\_\_\_ **100** %

3. a) Number of plans administered: \_\_\_\_\_  
b) Number of accounts: \_\_\_\_\_  
c) Number of participants in plans administered: \_\_\_\_\_  
d) Total annual contributions to the plans administered by the firm: \_\_\_\_\_  
e) Total annual benefit payments issued in the administration of all plans: \_\_\_\_\_

4. Does the Applicant firm, its partners, directors, officers or employees act as trustee for the Employee Benefit Plans clients or non-clients?  Yes  No

If "Yes", please provide details:

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5. a) Name and address of law firm(s) acting as counsel to the Applicant and nature of services provided:

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b) Names and addresses of all firms providing accounting services to the Applicant and the nature of services provided:

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6. Does the Applicant have a fidelity bond?  Yes  No

If "No," do your clients list you as an additional insured under their Fidelity coverage?

Yes  No

7. Does the Applicant firm provide professional services to any benefit plan in which it retains ownership interest and/or is a partner, director, officer or trustee?  Yes  No

If "Yes," please provide complete details: \_\_\_\_\_

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8. a) Describe measures the firm has instituted to assure that the various client plans comply with ERISA:

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b) To what extent does the Applicant firm or its clients make use of outside attorneys, accountants, actuaries, CPAs or others, in order to comply with ERISA?

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9. Please outline below the Applicant firm's standards of practice (procedural protocols):

a) In complying with individual plan administration guidelines?

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b) In determining denial of benefits?

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c) What percentage of inquiries are referred to a physician? \_\_\_\_\_%

d) What percentage of claims are denied? \_\_\_\_\_%

e) What percentage of denials are appealed? \_\_\_\_\_%

f) What is the protocol for denying benefits or coverage?

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g) How are claimants informed of denial of benefits?

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h) What is the appeal process for denial of claims?

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i) What is the average error rate for the Applicant's claims handlers? \_\_\_\_\_

j) Please provide a completed copy of the Applicant's standards of practice, if available.

**IT IS WARRANTED THAT THE PARTICULARS AND STATEMENTS CONTAINED IN THE APPLICATION FOR THE PROPOSED POLICY AND ANY MATERIALS SUBMITTED HERewith (WHICH SHALL BE RETAINED ON FILES BY UNDERWRITERS AND WHICH SHALL BE DEEMED ATTACHED HERETO, AS IF PHYSICALLY ATTACHED HERETO), ARE THE BASIS FOR THE PROPOSED POLICY AND ARE TO BE CONSIDERED AS INCORPORATED INTO AND CONSTITUTING A PART OF THE PROPOSED POLICY**

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Print Name of Insured, Owner, Partner or Principal

Title

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Signature

Date