FORM-SI-TPA

OKLAHOMA WORKERS' COMPENSATION COMMISSION

1915 NORTH STILES AVENUE
OKLAHOMA CITY, OKLAHOMA 73105
(405) 522-3222 or In-State Toll Free (855) 291-3612

APPLICATION FOR THIRD-PARTY ADMINISTRATOR PERMIT

Date:_____

The undersigned, a company providing Third-Party Administrative services to Own Risk employers and/or Group Self-Insurance Associations, hereby applies for permission to act as an approved Third-Party Administrator. To enable the Workers' Compensation Commission to determine the applicant's ability to provide these services, said applicant hereby states the following:

1. TPA Name_____

2. Desired effective date (application should be submitted 30 days in advance)_____

3. TPA # (if a renewal applicant)_____

4. Name of Parent Company, if applicable_____

5. Home office address, phone number & e-mail address_____

_____

_____

6. Oklahoma office address, phone number & e-mail address:_____

_____

_____

7. Years in business (nationally)_____

8. Years in business (in Oklahoma)_____

9. A nonrefundable application fee of $1,000, made payable to the Oklahoma Workers' Compensation Commission, must be included with the application.

10. Please include the following items with the application:

    a. Current financial statements, including balance sheet and income statement.

    b. Names of all claims adjusters on staff. Please include a photocopy of the current Oklahoma license for each adjuster.

c. Names and a brief resume of each claims manager, or equivalent supervisory personnel.

d. A description of how service fees are determined.

e. Services performed by the applicant. If services are provided other than claims adjusting, such as safety consulting, marketing or accounting functions, please provide a brief resume of the principal employee(s) providing these services.

f. A description of how client funds are handled for payment of claims.

g. A copy of any independent audits performed on the applicant in the past 3 years.

h. A description of the applicant's policy for setting reserves.

i. A list of all Own Risk employers, Group Self Insurance associations, and other companies the applicant provides services for.

j. A copy of the applicant's Errors and Omissions policy and fidelity bond.

In consideration of the approval of this application, the applicant hereby expressly agrees to comply with all applicable statutes, and with the Rules of the Workers' Compensation Commission.

I declare under penalty of perjury that I have examined this application and all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete.

Signed this _____ day of _____20_____.

_____
Print Name & Title (note: person signing should be authorized to bind the applicant to the agreements contained herein)

_____
Signature

_____
Mailing Address

_____
City, State, ZIP

_____
Telephone

_____
E-mail Address

Administrative Workers' Compensation Act, 85A O.S., §6(A)(1)(a): "Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment … shall be guilty of a felony."

Any person who commits workers'' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.

Send application to:

Insurance Division
Oklahoma Workers' Compensation Commission
1915 N Stiles Avenue
Oklahoma City, OK 73105-4918