



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
THIRD PARTY ADMINISTRATOR (TPA) AFFIDAVIT

P.O. BOX 690
 JEFFERSON CITY, MO 65102-0690
 InsuranceSolvency@insurance.mo.gov

INSTRUCTIONS: This form is due on March 1 of each calendar year and must be filed by all Missouri domestic Life, P&C, and Health insurance companies, pursuant to section 376.1084, RSMo.

COMPANY NAME	NAIC NUMBER
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I acknowledge on behalf of the above-named insurance company that it is the sole responsibility of the insurance company to provide for competent administration of its programs, as described in section 376.1084.2 RSMo.
 Yes

Does the above-named insurance company have one or more contracts with TPAs? Yes No*
 *If no, check N/A for the remaining questions.

Do the TPAs submit information in a timely fashion to the insurance company as described in section 376.1090, RSMo?
 Yes No N/A

Do the TPAs administer benefits for more than 100 certificate holders on behalf of the insurance company? Yes No N/A

Has the insurer conducted semi-annual reviews of each such TPA, of which at least one was an on-site review? Yes No* N/A
 *If no, provide an explanation.

Did the results of the on-site reviews reveal any deficiencies in the administration of said programs? Yes* No N/A
 *If yes, provide details.

Do the TPAs maintain and make available to the insurer complete books and records as described in section 376.1082, RSMo?
 Yes No* N/A
 *If no, provide an explanation.

Do the TPAs provide written notice, approved by the insurer, to covered individuals as described in section 376.1088.1, RSMo?
 Yes No* N/A
 *If no, provide an explanation.

Do the TPAs provide written notice, approved by the insurer, to covered individuals as described in section 376.1088.1, RSMo?
 Yes No* N/A
 *If no, provide an explanation.

PRINTED NAME

MUST BE SIGNED IN PRESENCE OF NOTARY NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	SIGNATURE	TITLE (PRINT OR TYPE)	
	STATE OF	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)			