STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Financial Affairs Section / Analytical Unit
Third Party Administrator Licensing
500 James Robertson Parkway, 7th Floor
Nashville, Tennessee 37243
(615) 741-1670

WORKERS COMPENSATION
THIRD PARTY ADMINISTRATORS (“TPA”)
LICENSING PACKET
Pursuant to Tenn. Code Ann. § 50-6 and Tenn. Comp. R. & Regs. 0780-1-81

ALL APPLICATIONS SHOULD BE MAILED TO THE FOLLOWING ADDRESS:

Tennessee Department of Commerce and Insurance
TPA Licensing/Admission Analyst
500 James Robertson Parkway, 7th Floor
Nashville, Tennessee 37243

Questions? Call 615-741-1670
Workers’ Compensation – Third Party Administrators (“TPA”)
Licensing Packet for Employers and/or Pools that Self-Insure

Tenn. Comp. R. & Regs. 0780-1-81 – Administration of Self Insurance Workers’ Compensation Programs by Single Employers or Pools

- 0780-1-81-.01 Purpose and Scope
- 0780-1-81-.02 Definitions
- 0780-1-81-.03 Written Agreement Necessary
- 0780-1-81-.04 Payment to Third Party Administrator
- 0780-1-81-.05 Maintenance of Information
- 0780-1-81-.06 Responsibility of Employer or Pool
- 0780-1-81-.07 Collection of Monies and Payment of Claims
- 0780-1-81-.08 Disclosure of Charges and Fees
- 0780-1-81-.09 Certificate of Authority
- 0780-1-81-.10 Ground for Denial, Suspension, or Revocation of Certificate of Authority

WORKER’S COMPENSATION–THIRD PARTY ADMINISTRATORS (TPA)
REQUIREMENTS FOR FILING A NEW LICENSE APPLICATION:

The application shall include the following information and documents:

1. Administrator Application Form (last page of this licensing packet)
   o Must include the contact person’s name, email address and phone number.
   o Must bear ORIGINAL SIGNATURE(s) and NOTARIZATION.
   o Must Bear the street address of the applicant; a post office box is not acceptable.

2. Basic Organizational Documents of the Applicant
   o Including, but not limited to, articles of incorporation, articles of association, partnership agreement, trade name certificate, pool agreement, shareholder agreement and other applicable documents and all amendments to such documents.
   o Must be certified by the Secretary of State, in the state of domicile.
   o Must bear the original certification (not a photocopy).
   o Must be in the name of the applicant
   o If applicant is a partnership, the articles of partnership or partnership agreement may be substituted.

3. Documents Regulating the Internal Affairs of the Applicant
   o Including, but not limited to, bylaws, rules, and regulations

4. Proof of Fidelity Bond (ACORD-type form)
   o Must meet all requirements for acceptable bonds (see page 5 for bond requirements)

5. Biographical Affidavits
   o Required for all individuals who are responsible for the conduct of affairs of the applicant including, but not limited to, all members of the board of directors, board of trustees, executive committee or other governing board or committee, the officers in the case of a corporation or the partners or members in the case of a partnership, association or limited liability company, any shareholders or member holding directly or indirectly ten percent (10%) or more of the voting stock, voting securities or voting interest of the
applicant, and any other person who exercises control or influence over the affairs of the applicant.

- Must be on National Association of Insurance Commissioners (“NAIC”) approved biographical affidavit form located at [http://www.naic.org/industry_ucaa.htm, “NAIC Biographical Affidavit” links].
- Must be completed in their entirety.
- Must bear ORIGINAL SIGNATURE(s) and NOTARIZATION.

6. **Written Administrative Services Agreement with Employer and/or Pool**
   - Must be executed by the TPA and Employer and/or Pool.
   - Must Contain the provisions of Tenn. Comp. R. & Regs. 0780-1-81-.03 through 0780-1-81-.08. Compliance with each of these ruled must be clearly denoted by the applicant within the written agreement (annotations within the document). If any of these rules do not apply to the applicant, the applicant must include a written statement explaining why the rule does not apply. The rules may be incorporated by reference in your service agreement(s) by amending them to state that the parties agree to abide and be bound by all rules as described in Tenn. Comp. R. & Regs. 0780-1-81, Tenn. Code Ann. §§ 50-6-405(b), 50-6-405(c) and 50-6-405(h) and any amendments thereto. In addition to stating:

   The employer or pool shall own the records generated by the third party administrator pertaining to the employer or pool, however the third party administrator shall retain the right to continuing access to books and records necessary to permit the third party administrator to fulfill all of its contractual obligations to the employer or pools. Nothing in this paragraph shall restrict the ability of the third party administrator to make copies of documents in their possession after the termination of their agreement with the employer or pool.

   This must appear in every service agreement or every item must be addressed.

7. **Two (2) years of Audited Financial Statements for the most recent fiscal years.**
   - If audited statements are not available, we will accept attested statements for the previous two most recent year’s financial reports, with the stipulation that the organization will provide an audited financial statement going forward. If we do not receive the audited financial statement within six (6) months after your fiscal year, the license will be cancelled. The acceptance of attested statements for existing applicants and new applicants that apply is for one year. The applicant will provide an audited financial statement every year in addition to other required documents to maintain a Workers’ Compensation TPA license in this state.
   - If the applicant includes financial statements or reports, certified by an officer.
     - If attested, the attestation must include an original signature and refer to the financial statements by date (i.e., “balance sheet and income statement for the period ending December 31, 2016…”). These financial statements must be prepared in accordance with Generally Accepted Accounting Principles (“GAAP”), for any completed years, and for any month during the current year for which such financial statements have been completed.
     - An audited financial/annual report prepared on a consolidated basis shall include a columnar consolidating or combining worksheet that shall be filed with the report and include the following:
       - Amounts shown on the consolidated audited financial report shall be shown on the worksheet;
       - Amounts for each entity shall be stated separately; and
       - Explanations of consolidating and eliminating entries shall be included.
     - The applicant shall also include such other information as the
commissioner may require in order to determine the current financial condition of the applicant.

8. Statement of Business Plan
   o A statement must be prepared including information on staffing levels and activities proposed in this state and nationwide.
   o The plan shall provide details setting forth the applicant’s capability for providing a sufficient number of experienced and qualified personnel in the areas of claims adjustment, claims processing, record keeping and underwriting recommendations.

Pursuant to Tenn. Comp. R. & Regs. 0780-1-81-.09 (6) “A certificate of authority or license issued under this chapter shall remain valid, unless surrendered, suspended or revoked by the commissioner, for a period of one (1) year.”

IMPORTANT: NO RENEWAL REMINDER NOTICES WILL BE SENT

It is the applicant’s responsibility to submit a complete and acceptable renewal application four (4) weeks prior to the expiration date. The renewal application must be received and approved by this department PRIOR to the expiration date. There will be no exceptions or extensions given to submit the renewal application.

WORKERS’ COMPENSATION–THIRD PARTY ADMINISTRATOR (TPA)
REQUIREMENTS FOR FILING A LICENSE RENEWAL

The renewal application shall include:

1. Letter of intent to renew with contact person, email address and phone number.

2. Financial Statements
   o Must show a positive net worth.
   o The commissioner reserves the right to only consider assets that would be admitted by the NAIC’s Accounting Practices and Procedures Manual when evaluating an applicant’s financial statements.
   o Audited Financial Statements must be audited by a qualified Certified Public Accountant (“CPA”).
   o All audits must be in the exact name of the applicant, or if consolidated statements, must state separately the amounts of the applicant.

3. Proof of Fidelity Bond (ACORD-type form)
   o Must meet all requirements for acceptable bonds (see page 5 for bond requirements)

4. Client list of all Tennessee Workers Compensation self-insured entities that the TPA company is administering for in the State of Tennessee

5. Any and All Amendments to the Previous Workers’ Compensation TPA Filings
   o Any ownership change, new address, management or director changes must be disclosed at this time.
   o Original NAIC biographical affidavits as described above are required for any new officer/director.
Workers Compensation–Third Party Administrator License (TPA)

Fidelity Bond Requirements

Tenn. Rule and Reg. 0780-1-81-.09(3) states that a fidelity bond, fidelity insurance coverage or crime insurance coverage for an amount of $250,000 is required to be obtained by the licensee. The Department of Insurance has the following policies and procedures concerning bonds:

1. Bonds must be on a Certificate of Liability (ACORD) form.
2. Bonds must be in the name of the TPA, not a parent company, unless specific documentation is provided that the TPA is covered under the parent’s bond.
3. Bonds must be written by a Tennessee Licensed Insurance Company.
4. Bonds must specify a specific beginning date and ending date. The notation “until canceled” is not acceptable.
5. The bond limit amount needs to be on the form; the limit must be for a minimum of $250,000.
6. The bond deductible amount needs to be on the form; the deductible cannot exceed 10% of the TPA’s net worth (shareholder equity) as determined by the Department of Insurance.
7. The Department of Commerce and Insurance should be listed as “certificate holder” on the ACORD form in order to be notified of a bond cancellation.

The address should be on the binder form as follows:

TPA Licensing / Financial Affairs Section
Tennessee Division of Commerce and Insurance
500 James Robertson Parkway, 7th Floor
Nashville, Tennessee 37243

8. Bonds must be of a Fidelity Bond//Fidelity Insurance or Crime Insurance type. All other bond types are unacceptable.
9. Acceptable proof of the bond meeting all of these terms is required upon yearly renewal and is subject to verification at any time.
10. Bonds expiring during the duration of a TPA’s term of licensure must be kept in force (renewed) or replaced with a comparable bond. Evidence of bond coverage must be kept current with the State of Tennessee Department of Commerce and Insurance to remain in compliance.
LICENS APPLICATION FOR A THIRD PARTY ADMINISTRATOR ("TPA")
OF SELF INSURANCE WORKERS’ COMPENSATION PROGRAMS
BY SINGLE EMPLOYERS OR POOLS

On behalf of ____________________________ , a
(Name of Person, Company, Corporation, Partnership, Association or other Legal Entity)
__________________________________________________ With its principal office located at:
(Individual, Corporation, Partnership or Association)

__________________________ __________________________
(Street Address) (City) (State) (ZIP)

and Tennessee Office of:________________________
(Street Address) (City) (State) (Zip)

I hereby apply for a TPA License authorizing and empowering the above entity to act as a TPA pursuant to Tenn. Comp. R. & Regs. 0781-1-81 (2005)

<table>
<thead>
<tr>
<th>Contact Person Information</th>
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<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>E-Mail Address:</td>
</tr>
</tbody>
</table>

FURTHERMORE, I hereby certify that:
1. The applicant has a current written agreement between the TPA and any single employer or pool in which the applicant performs TPA services. Such written agreement shall be retained as part of the official records of both the single employer or pool and the TPA for the duration of the agreement and five(5) years thereafter;
2. The written agreement shall contain provisions including the requirements of Tenn. Comp. R. & Regs. 0780-1-81-.03 through 0780-1-81-.08;
3. The TPA agrees to abide by all requirements of Tenn. Code Ann. sections and Tenn. Comp. R. & Regs. 0781-1-81;
4. The applicant has not had a previous application for any license denied for cause within the past five (5) years;
5. The applicant has not had any professional, vocational or business license denied, suspended, revoked or restricted by any public authority in this or any other state, nor has such license been subjected to a monetary fine by any public authority or been withdrawn or surrendered to avoid disciplinary action;
6. The applicant has not had any judgment rendered against it in any court of any jurisdiction of the United States for its activities relating to the transaction of business as an administrator;
7. The applicant has not been declared insolvent or discharged from bankruptcy within the past five (5) years;
8. None of its officers and directors have been convicted in a criminal proceeding (excluding minor traffic violations) within the past ten (10) years;
9. The applicant has not had an employer or pool terminate a TPA services agreement for any financial reason other than non-production;
10. The applicant agrees to provide a client list upon application and upon subsequent renewals.

__________________________________________
(Signature) (Title)

Subscribed and sworn before me, this _______ day
of __________________________, 20__

(Seal required)

(Notary Public)

My commission expires _______ of __________________________, 20__