



**State of New Jersey
Department of Banking and Insurance
Third Party Billing Services (TPBS)
APPLICATION FOR CERTIFICATION FORM**

Instructions

The information required by this Application is based upon the Third Party Administrator Act, **N.J.S.A. 17B:27B-1 et seq.**, and **N.J.A.C. 11:QQ-1.1 et seq.** Additional information may also be required by the Commissioner of Banking and Insurance as deemed necessary in the course of reviewing the information submitted.

Submit **two (2) copies** of the application in three-ring hard cover binders that identify the submission on the front and spine of the binder to the:

New Jersey Department of Banking and Insurance
Office of Life and Health
Attn: Third Party Billing Service Certification
20 West State Street
P.O. Box 325
Trenton, NJ 08625-0325

Complete the application cover sheet and provide responses to all items with supporting documentation. Number each response and document according to the item number to which it is intended to respond. Number each page within the section in the upper right hand section and corner in consecutive order.

1. A copy of the applicant's basic organizational documents, which shall include the trust agreement or other documents governing the operation of the applicant that are applicable to the applicant's form of business organization.
2. A copy of the executed bylaws, rules and regulations, or other documents relating to the operation of the applicant's internal affairs;
3. A list of the names, addresses and official positions of the persons responsible for the conduct of the affairs of the applicant, including, but not limited to, if applicable:
 - a) the members of the board of directors, executive committee or other governing board or committee;
 - b) the principal officers or partners;
 - c) shareholders owning or having the right to acquire 10% or more of the voting securities of the corporation or partnership interest of a partnership or equity interest, in the case of another form of business organization.
4. A fully completed and notarized Biographical Affidavit for each of those persons identified in response number three (3) above (form enclosed or NAIC form).
5. A statement of any criminal convictions or civil, enforcement or regulatory action, including actions relating to professional licenses taken or pending against any of the persons who are responsible for the conduct of the affairs of the applicant or the applicant's affiliates, and the resolution of those actions and proceedings. If a license, certificate or other authority to operate has been refused, suspended or revoked by any jurisdiction, the applicant shall provide a copy of any orders, proceedings and determinations related thereto.
6. If the applicant accepts monies from benefits payers on behalf of clients, the application shall include a copy of the applicant's most recent financial statements audited by an independent certified public accountant.
7. If the applicant accepts monies from benefits payers on behalf of clients, evidence of establishment of a separate account for each benefits payer client or jointly in the names of the client and third party billing service, that will not be commingled with any other funds of the third party billing service or other clients of the third party billing service.
8. A copy of the applicant's business plan, including information on staffing levels and the activities undertaken or to be undertaken in this State. The plan shall include a statement of the third party billing service's capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing and record keeping.
9. A list of the applicant's clients and a copy of the standard contract or contracts used by the applicant in the course of business.

10. If the applicant accepts monies from benefits payers on behalf of clients, the application shall be accompanied by a power of attorney, duly executed by the applicant, if not domiciled in this State, appointing the Commissioner and his successors in office as the true and lawful attorney of the applicant in and for this State upon whom all lawful process in any legal action or proceeding against the organization on a cause of action arising in this State may be served (form enclosed).
11. A description of the applicant's proposed method of marketing its services.
12. A statement setting forth the means by which the applicant is to be compensated.
13. A description of the quality assurance procedures established by the applicant.
14. A description of the procedures for prompt submission of claims.
15. A copy of the standard contract or contracts used by the applicant in contracting with providers.

BIOGRAPHICAL AFFIDAVIT

(Print or Type)

Full Name and Address of Applicant (Do not use Group Names). _____

In connection with the above-named applicant, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS 'NO' OR 'NONE', SO STATE.

1. Affiant's Full Name (Initials not acceptable).

2. Have you ever had your name changed? _____ If yes, give the reason for the change. _____

a) Other names used at any time.

3. Affiant's Social Security Number*.

4. Date and place of birth.

* this item may be submitted on a separate form to maintain confidentiality

5. Affiant's business address.

Business telephone.

6. List your residences for the last ten (10) years starting with your current address, giving*:

DATE	ADDRESS	CITY and STATE
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Education: dates, names, locations and degrees.

a) College.

b) Graduate Studies.

c) Others.

8. List of memberships in professional societies and associations.

9. Present or proposed position with the applicant.

* this item may be submitted on a separate form to maintain confidentiality

10. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past twenty (20) years, giving:

DATE	EMPLOYER and ADDRESS	TITLE

11. Present employer may be contacted. Yes No
Former employers may be contacted. Yes No

12. Have you ever been in a position that required a fidelity bond? If any claims were made on the bond, give details.

a) Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details.

13. List any professional, occupational and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issued, issuer of license, date terminated, reasons for termination). _____

14. _____

14. During the last ten (10) years, have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? If yes, give details.

15. List any insurers, prepaid dental plans, health service corporations or health maintenance organizations, in which you control directly or indirectly or own legally

or beneficially 10% or more of the outstanding stock (in voting power).

If any of the stock is pledged or hypothecated in any way, give details.

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant-organized delivery system or its affiliates? _____. If any of the shares or stock are pledged or hypothecated in any way, give details. _____

17. Have you ever been adjudged a bankrupt?

18. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or *nolo contendere* to an information or indictment, charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been a subject of any disciplinary proceedings of any federal or state regulatory agency? _____ If yes, give details.

a) Has any company been so charged, allegedly as a result of any action or conduct on your part? _____ If yes, give details.

19. Have you ever been an officer, director, trustee, investment committee member, key employee or controlling stockholder of any insurer, prepaid dental plans, health

service corporations or health maintenance organizations, which, while you occupied such a position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?

20. Has the certificate of authority or license to do business of any insurer, prepaid dental plans, health service corporations or health maintenance organizations, of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? _____ If yes, give details.

Dated and signed this _____ day of _____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ of _____ 20____.

(Notary Public)

Seal

My Commission Expires _____