



THIRD PARTY ADMINISTRATOR QUESTIONNAIRE

1. Name of TPA (hereafter, "you") _____
2. Address of your principal office _____
3. Do you have any other locations? Yes No
 If "yes", what are their addresses and the functions they perform: _____

4. Are you a Sole Proprietorship? Partnership? Corporation?
 Names of all general and limited partners: _____
 Names of all stockholders if not publicly traded: _____
5. When did you commence operation as a TPA? _____
6. a) Has your firm done business under different name(s)? Yes No If "yes", what name(s)? _____
 b) Have any of your principals or senior managers done business under different names? Yes No If "yes",
 under what name(s)? _____
 c) Has any other firm been merged or combined with your firm? Yes No If "yes", what firm(s)? _____
7. Has any principal or any of our employees ever been arrested for or convicted of any felony or misdemeanor or received probation or a suspended sentence following a conviction or after entering a plea of guilty or of no contest to a charge of committing a felony or misdemeanor (Do not include minor traffic offenses.)? Yes No If "yes", please explain.

8. a) Give names, titles and experience of your senior management. _____

 b) Give names, titles and experience of your senior claims staff. _____

9. a) How many full-time claims employees? _____
 b) How many part-time claims employees? _____
 c) How many full-time employees with non-claim duties? _____
 d) How many part-time employees with non-claim duties? _____
10. What is the average length of claims examining experience per claims examiner? _____
11. Will additional staff be needed to process claims if this application is approved? Yes No If "yes", how many? ____
 For what duties? _____
12. a) Do you process claims: manually? by computer system?
 b) Does your computer system:
 computer benefits maintain experience print checks other (please specify) _____
 c) Give name, title and experience of person responsible for complete operation of your computer system _____
 d) Describe your hardware and computer system (e.g., types, language, capacity, in-house, time-share, etc.). _____
13. a) What has been your average claim turnaround time in a working days during the last 12 months? _____

b) What percentage of claims is processed within 15 calendar days? _____
 c) How do you measure these turnaround and processing times? _____

14. a) What cost containment practices do you use? _____
 b) What reference material do you use to determine reasonable and customary fees? _____

15. a) How do you investigate coordination of benefits? _____
 b) What is the approximate savings you have made (percentage of claim dollars) by applying coordination of benefits provisions? _____

16. Do you use an independent auditing firm to audit hospital claims? Yes No If "yes", what firm? _____
 May we contact? Yes No

17. Do you currently process claims for any other insurers? Yes No If "yes", complete the following:

Insurer	Lines of Coverage	Claim Authority Level	Number of Participating Employees	Average Number of Claims, Monthly, Past 12 Months
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

18. Are your accounting records computerized? Yes No If "yes", how long have you been using current system? _____
 Is your premium report to carrier prepared manually or computerized? _____
 Are you contemplating or in the process of changing computer systems? Yes No If "yes", please submit timetable of conversion. _____

19. Has any insurer ever given notice of:
 a) termination of your administrator's agreement? Yes No
 b) has any current or previous insurer withdrawn its claim paying authority? Yes No If "yes", to any questions, please explain:

20. Please give the following information about insurers for whom you currently administer or for whom you have administered premium or claims:

Name of Insurer	Dates of Administration	Person to Contact	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. a) How is an insured person's eligibility assigned and maintained? _____
 b) How are late entrants handled and identified? _____
 c) How do you process premium received after termination of a grace period? _____

22. How are premium statements prepared? _____

23. a) Concerning your current business with all insurers, what percentage of the participating employers pay full premium

On or before due date?	_____%
1 – 10 days late	_____%
11 – 20 days late	_____%
21 – 30 days late	_____%
31+ days late	_____%

b) How do you handle claims of employees of participating employers who do not pay within 30 days, for expenses incurred after the due date of the premium? _____

24. Types of business which you do:

- insurance agency
- reinsurance intermediary
- contract administration other than self-insured
- self-insured administration
- pension administration
- other (please explain) _____

25. How do you handle Plan Documents, Plan Description and other legal matters relating to ERISA matters and claim disputes? _____

26. Do you have outside financial audits? Yes No If "yes"

a) Date of last audit? _____

b) Performed by what firm? _____

c) Will you supply us with last three (3) audit reports, if requested? Yes No

d) Are you willing to supply us with future copies of financial statements? Yes No

If "no", are you willing to be audited by and independent CPA firm? Yes No

27. Do you have outside claims audits? Yes No If "yes"

a) Date of last audit? _____

b) Performed by what firm? _____

28. Are you willing to permit us to conduct a claims, underwriting and financial audit as a part of our approval of this application? Yes No

29. Do you have errors and omissions insurance? Yes No

If "yes", please attach a copy of your current policy.

If "no", are you willing to obtain one? Yes No

30. Do you have a fidelity bond? Yes No

If "yes", please attach a copy of your current bond and names of employees covered by the bond.

If "no", are you willing to obtain one? Yes No

31. Are you now engaged in litigation or has any litigation been concluded within the past 12 months:

a) with any insurer? Yes No

b) with any insured person? Yes No

c) with any participating employer? Yes No

If "yes" to any of the above, please explain: _____

May we contact your legal counsel: Yes No

I hereby certify that to the best of my knowledge and belief, the above information is complete and correct. I hereby authorize any individual or firm to disclose to **Perico Life Insurance Company** any information in his, her or its possession concerning the ability of the undersigned to perform its duties as a third party administrator.

Administrator: _____

By: _____

Date: _____

Title: _____