



# Employer Benefit Underwriters, Inc.

100 La Costa Lane, Suite 120, Daytona Beach, FL 32114

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## TPA ATTACHMENT CHECKLIST

Date: \_\_\_\_\_  
 TPA Name: \_\_\_\_\_  
 TPA Contact: \_\_\_\_\_  
 Case Name(s): \_\_\_\_\_

### PLEASE PROVIDE THE FOLLOWING ATTACHMENTS:

- TPA Questionnaire
- Copy of TPA License for each applicable state
- Certificate of Insurance for Errors and Omissions Policy, Professional Liability Policy and/or Bond now in effect (declaration pages are sufficient)
- Marketing Proposal and / or Brochure
- Bios or Resumes of Officers, Directors, Owners and Key Personnel
- Service Agreement (sample of standard agreement used)
- Samples of Administrative Services Reports for Stop Loss reporting
- Samples of Aggregate Claims Reports available to insurers and/or reinsurers
- Sample Plan Document
- Sample Billing
- Disclosure Form
- Preferred PPO and Managed Care Vendors
- Evidence of Good Health Form
- W-9 Form

### IF ANY OF THESE ITEMS CANNOT BE PROVIDED, PLEASE EXPLAIN:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Required by Employer Benefit Underwriters, Inc. for Carrier Approval:

- TPA Questionnaire must be completed and dated within 2 years of submitting
- TPA Questionnaire Attachment Checklist must be completed, signed and dated regardless of the date an approved TPA Questionnaire being submitted

I certify that the information on this application is accurate to the best of my knowledge and belief. I also understand that a routine inquiry may be made of any or all of the individuals and firms noted herein as references.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Title: \_\_\_\_\_