

**PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS
THIRD PARTY ADMINISTRATORS SUPPLEMENT**

Instructions:

- A. Please answer ALL the questions. If more space is required to answer a question, continue on applicant's letterhead.
- B. This supplement must be signed and dated by a principal, partner, or officer of the prospective insured's organization and will be attached to the policy, should one be issued.

1. Give approximate percentage of revenues derived from ALL operations:

OPERATIONS	% OF RECEIPTS
Health and Welfare Plan Administration	
Single Employer Plans	_____ %
Multiemployer benefit plans (Taft-Hartley Trusts)	_____ %
Multiemployer Employer Welfare Arrangements (MEWA's)	_____ %
Multiple Employer Trusts (MET's)	_____ %
Health Maintenance Organizations (HMO's)	_____ %
Preferred Provider Organization (PPO's)	_____ %
Other: _____	_____ %
Pension Plan Administration	_____ %
Profit Sharing Plan Administration	_____ %
Insurance Related Services:	
Lines of business: _____	

Claims administration	_____ %
Acting as insurance agent/broker	_____ %
Acting as advisor/consultant	_____ %
Premium collection/billing	_____ %
Underwriting/Policy issuance	_____ %
Providing Actuarial Services	_____ %
Providing Cost Containment Services	
Utilization Review	_____ %
Case Management	_____ %
Continued Stay Review	_____ %
Discharge Planning	_____ %
D.R.G. Review	_____ %
Managed Care	_____ %
PPO Discounts	_____ %
Second Surgical Opinion	_____ %
Providing Cost Management Services	_____ %
Providing Employee Wellness or other health-related program literature or correspondence	_____ %
Acting as an Administrator for Credentialing services (verification of a health care provider's credentials)	_____ %
Employee Assistance Programs	_____ %
Acting as a Notary Public	_____ %
Computer Services	
Electronic data processing/collection	_____ %
Electronic data consulting	_____ %
Software design, development or customization	_____ %
Other: _____	_____ %
TOTAL	_____ 100% _____

2. Number of Plan Sponsors: _____
 Number of Participants for Plans Administered by the Applicant: _____

Total Annual Contributions to the Plans Administered by the Applicant: _____
Total Annual Benefit Payments issued in the Administration of all such plans _____

3. What is the average length of claims examining experience in years per claims examiner? _____
4. If your operation contains controls to guard against the following, please indicate:
____ Overpayments ____ Underpayments ____ Late payments
____ Payments from incorrect plan ____ Payments to ineligible ____ Unfair/Unjust enrichment
____ Improper refusal of benefits ____ Failure to follow payment guidelines or procedures
5. Does your computer system print checks? ____ Yes ____ No
6. What is the average claims turnaround time in working days during the last twelve months? _____
7. What percentage of claims are processed within fifteen calendar days? _____
8. Does the applicant have authority to make decisions about coverage or benefits entitlement? ____ Yes ____ No
9. How do you determine denial of claims/benefits? _____

10. What percentage of claims/benefits were denied in the past twelve months? _____
11. What is the appeal process for denied claims/benefits? _____

12. What percentage of denials were appealed in the past twelve months? _____

THIS THIRD PARTY ADMINISTRATORS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION. THIS SUPPLEMENT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.

Name: _____ Title: _____
(Please Print)

Date: _____ Signature: _____