**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. 11:23-1.1 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 the application in a three-ring hard cover binder that identifies the submission on the front and spine of the binder to the:

New Jersey Department of Banking and Insurance
Office of Solvency Regulation
Attn: Third Party Billing Service Certification

Regular Mail:
P.O. Box 325
Trenton, NJ 08625-0325

Over-Night Service:
20 West State St.
Trenton, NJ 08608-1206

Complete the application cover sheet and provide responses to **all** of the items on the Checklist with supporting documentation ("N/A" is not an acceptable answer to any item on the checklist. If No or None, so state.). Number each response and document according to the Checklist 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.

CHECKLIST OF ITEMS REQUIRED
THIRD PARTY BILLING SERVICE APPLICATION

1. The completed Application Cover Sheet (form enclosed).

2. 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. (i.e. Articles of Incorporation, Certificate of Formation, etc.)

3. A copy of the executed bylaws, operating agreement, rules and regulations, or other document relating to the operation of the applicant's internal affairs;

4. 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.

5. A fully completed and notarized Biographical Affidavit for each of those persons identified in response to number four (4) above (form enclosed).

6. 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.

7. If the applicant accepts monies from benefits payers on behalf of clients, the applicant shall include a copy of the applicant's most recent financial statements audited by an independent certified public accountant.

8. 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.

9. If the applicant is not domiciled in New Jersey and accepts monies from benefits payers on behalf of clients, the application shall be accompanied by a power of attorney, duly executed by the applicant appointing the Commissioner and his successors in of-

fice 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).

10. 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.

11. 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. This contract shall be in compliance with N.J.A.C. 11:23-5.6

12. A description of the applicant's proposed method of marketing its services.

13. A statement setting forth the means by which the applicant is to be compensated.

14. A description of the quality assurance procedures established by the applicant.

15. A description of the procedures for prompt submission of claims.

**State of New Jersey**
**Department of Banking and Insurance**
**Third Party Billing Service (TPBS)**
**APPLICATION COVER SHEET**

1. Type of Application: Certification

2. Name of Applicant _____

3. Physical Address of Applicant

4. Mailing Address

5. Web Site Address _____

6. Organizational Information

| | | |
|---|---|---|
| ☐ Individual | ☐ Corporation | ☐ Trust |
| ☐ Sole Proprietor | ☐ Partnership | ☐ Other |

7. Provide a brief description of the services that the applicant will be providing and who it intends to provide those services for:

8. City and State of Incorporation (as applicable) City _____ State _____

9. Federal Employer Identification number or _____ - _____

   Social Security Number _____ - _____ - _____

10. Contact Person _____

11. Phone Number ( ) _____

12. Toll Free Number ( ) _____

13. Fax Number ( ) _____

14. E-Mail Address _____

15. Resident Status ☐ Resident of New Jersey

☐ Non-Resident of New Jersey

**Certification**

I _____ certify that I am authorized to file this certification on
(Name and Title)

behalf of the applicant, the information set forth in the enclosed application and herein is true to the best of my knowledge, belief and information, and that the Commissioner of Banking and Insurance may rely on the information set forth in the application and herein in determining whether to grant a certification pursuant to N.J.S.A. 17B:27B-1 et seq.

I further certify that _____ is familiar and will comply
(Name and Title)

with the requirements set forth in N.J.S.A. 17B:27B-1 et seq. and N.J.A.C. 11:23-1 et seq. and all other applicable law.

_____ _____
Signature of Officer or Director Full Legal Name ( Type or Print )

_____ _____
Title Date

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 _____

# BIOGRAPHICAL AFFIDAVIT

(Print or Type)

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

Business Phone: _____

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.) N/A IS NOT AN ACCEPTABLE ANSWER IF ANSWER IS 'NO' OR 'NONE', SO STATE.

1. Affiant's Full Name (First, Middle, Last. Initials not acceptable).

   _____

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

   Other names used at any time. _____

   _____

3. Affiant's business address if different from above.

   _____

4. Affiant's current residence address:

5. Present or proposed position with applicant. _____

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

   <u>College.</u>

   <u>Graduate Studies.</u>

   _____

_____

Other.

7. List of memberships in professional societies and associations.

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

| DATE | EMPLOYER and ADDRESS | TITLE |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

9. 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._____

10. 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).
    _____

11. 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 regula-

tory authority, or has any such license held by you ever been suspended or revoked? _____ If yes, give details. _____

12. Have you ever been adjudged a bankrupt?_____ If yes, give details. _____

13. 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._____

***

Dated and signed this ____ day of _____ 20___ 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 be 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)

My Commission Expires _____

Seal

## Appointment of Attorney for the State of New Jersey

KNOW ALL MEN BY THESE PRESENTS: That the _____ (the "COMPANY") of the _____ of _____ in the _____ of _____, desiring to do business in the State of New Jersey in conformity with the laws thereof, hereby, constitutes and appoints the Commissioner of Banking and Insurance of New Jersey, and his or her successor in office, to be its true and lawful Attorney, upon whom all original process in any action or legal proceeding against said COMPANY may be served. And the said COMPANY hereby stipulates and agrees that any original process against it, which is served upon said Attorney, shall be of the same legal force and validity as if served upon said COMPANY, and that the authority of said Attorney shall continue in force irrevocable so long as any liability of said COMPANY remains outstanding in New Jersey.

IN WITNESS WHEREOF, the said COMPANY has caused these presents to be subscribed by its President, and attested by its Secretary, and its corporate seal to be hereunto affixed, this _____ day of _____ 20_____.

(Corporate Seal--if applicable)

_____
President (or authorized representative)

_____
(Print or Type Name)

Attest:

_____
Secretary (or authorized representative)

_____
(Print or Type Name)