

Licensing Section
 700 West State Street 3rd Floor
 P.O. Box 83720
 Boise, ID 83720
 Phone (208) 334-4250
 Fax # (208) 334-4398
www.doi.idaho.gov

Idaho Department of Insurance

Application for Registration as an Administrator



Application for registration as an Administrator for firms that administer self-funded plans that are not regulated by Title 41, Idaho Code [see Idaho Code §41-910]

Initial Registration Renewal Registration

Type of Entity: Corporation Partnership Association LLC Other

Legal Name of Applicant		Federal Tax Identification Number		
Contact Person Name and Title		Phone	Email	
Business Address (Do not use PO Box)		City	State	Zip
Mailing Address (If different from business address)		City	State	Zip
Business Phone	Fax	State of Domicile		
Attach a listing of all entities for which your firm provides administrative services in the State of Idaho. Please include the full name and address of each entity, and date your firm initiated administrative services.				
NAME OF ENTITY		ADDRESS OF ENTITY		DATE SERVICES INITIATED
List all states in which each plan is doing business or covers individuals:				

Confirmation of registration will be mailed within 30 days of receipt of completed registration form.
 Registration expires on December 31 biennially and re-registration using this for is required. No fees required.

Registrant Attestation and Certification

I certify that, under penalty of perjury, I am the person named herein and know the contents thereof, and that all of the information submitted in this application is true and complete. I attest that I have the authority and capacity to execute this certification on behalf of the registrant. I am aware that submitting false information or omitting pertinent or material information in connection with this registration is grounds for denial of registration.

I certify further that _____ is not administering or planning to administer self-funded plans and other entities regulated under Title 41 of the Idaho Code. If _____ is planning to administer or will administer self-funded plans, appropriate TPA license will be secured.

Name of registrant: _____

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title

(Must be signed by at least two (2) officers of the registrant)