



Swiss Re

Corporate Solutions

THIRD PARTY CLAIMS ADMINISTRATOR QUESTIONNAIRE

1. Company Name

Street Address

City

State

Zip

Telephone

Web Address

EIN / FED ID #

2. Location of Sub-Offices and Telephones:

Location

Phone Number

Ext.

Ext.

Ext.

3. How long has your organization been operating as claim payor?

4. Person to Contact for:

Company Relations Name

Email

Premium Name

Email

Claims Name

Email

Administration Name

Email

5. Has any insurance company or self-insured group withdrawn your organization's authority to pay claims?

Yes

No

If yes, please provide details.

6. Bank Reference:

Name of Bank

Contact/Title

Telephone No

7. Will you accept electronic payment of claims?

Yes

No

8. Can you pay premiums electronically rather than by check?

Yes

No

9. Have any legal actions or Ins. Dept. complaints been brought against your organization or any of the principals, during the past three (3) years?

Yes No

If yes, please attach details.

10. Do you administer groups located in LIST STATES REQUIRING LICENSE CONFIRMATION? Yes No

If yes, please provide a copy of license for each state.

Please attach the following additional information to this completed questionnaire:

Sample of plan document format currently used

Copy of your W9 Form

Copies of Entity Producer Licenses if any

Copies of Individual Producer Licenses if any

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE INFORMATION IS CORRECT. I ALSO UNDERSTAND THAT AS A MATTER OF PROCEDURE, A ROUTINE INQUIRY MAY BE MADE BY THE COMPANY OF ANY OR ALL OF THE INDIVIDUALS AND FIRMS NOTED AS REFERENCES IN THIS QUESTIONNAIRE.

Signed:

Title:

Date: