



**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 Life and Health  
Attn: Third Party Billing Service Certification  
20 West State Street  
P.O. Box 325  
Trenton, NJ 08625-0325

Complete the application cover sheet and provide responses to **all** items 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 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.
3. A copy of the executed bylaws, rules and regulations, or other documents 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. 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 num-

ber of experienced and qualified personnel in the areas of claims processing and record keeping.

10. 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.
11. 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 office 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).
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.
16. A copy of the standard contract or contracts used by the applicant in contracting with providers.

**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      City      State  
(as applicable)      \_\_\_\_\_      \_\_\_\_\_
9. Federal Employer Identification number or      \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
10. Contact Person \_\_\_\_\_
11. Phone Number      (      ) \_\_\_\_\_
12. Toll Free Number      (      ) \_\_\_\_\_  
\_\_\_\_\_



# BIOGRAPHICAL AFFIDAVIT

(Print or Type)

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

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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 (Initials not acceptable).

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

Other names used at any time. \_\_\_\_\_

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

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4. Affiant's current residence address:

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5. Present or proposed position with applicant. \_\_\_\_\_

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

College.

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Graduate Studies.

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Other.

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7. List of memberships in professional societies and associations.

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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
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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. \_\_\_\_\_

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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). \_\_\_\_\_

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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. \_\_\_\_\_

\_\_\_\_\_

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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 busi-  
ness 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 irrevoca-  
ble 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)