



OKLAHOMA INSURANCE DEPARTMENT
STATE OF OKLAHOMA

Check List for Entity or Individual Third Party Administrator License Surrender

- ___ **TPA Surrender Form** – Complete and sign the surrender form
- ___ **Explanation Letter** – A cover letter on company letterhead stating why the TPA is surrendering its license and what happened to any insurer or fund contracts the TPA may have been administering. Please include the name, OK license number, phone number and address of the company taking over any insurer or fund contracts from the surrendering TPA.
- ___ **Most Recent Yearly TPA Annual Report or Wavier** – contact me for the annual report year that will be required.

Mailed all documentation to:

Oklahoma Insurance Department
Financial Division – TPA
3625 NW 56th St, Suite 100
Oklahoma City, OK 73112

Questions may be directed to DeAnn Robinson, Financial Specialist, 405-521-6648 or deann.robinson@oid.ok.gov.

Date: _____

Oklahoma TPA License Surrender Form

Rev. 09/2013

Required

**To: OKLAHOMA INSURANCE DEPARTMENT
ATTN: FINANCIAL DIVISION - TPA
3625 NW 56th St, Suite 100
OKLAHOMA CITY OK 73112**

The official paper license must be surrendered along with written and signed notice requesting cancellation of the license by the licensee. Agency license surrender must be signed by an owner, officer or partner of the agency. In cases where the official paper license is lost or misplaced, please indicate "license lost" or "license misplaced" on the request for license cancellation. In case of death, official notice posted in the newspaper, a program from the funeral, or a copy of the death certificate must accompany the request for license cancellation.

LICENSEE MUST READ THIS STATEMENT:

The Oklahoma license for Third Party Administrator is the legal property of the licensed individual, no matter who paid for the license of the individual, and may not be cancelled or surrendered by anyone other than the licensee. At termination from the agency/company, voluntary leave from the agency/company, or to comply with at any time when the individual requests to have their original paper Oklahoma license, the agency/company must return it to the licensed individual. The licensed individual may continue to hold the license while they search for new employment with another insurance agency/company as long as all other compliance with licensure is maintained.

I have read and understand the above statements, and I Voluntarily Surrender my Oklahoma license without threat or duress from my agency/company.

LICENSEE MUST SIGN HERE TO ACKNOWLEDGE UNDERSTANDING OF THIS STATEMENT

Licensee Name as Shown on the Oklahoma License: **Required, please type or print clearly.**

Licensee Signature and Title if Third Party Administrator Entity Licensee: **Required**

| Check One Required | |
|---------------------------|--|
| <input type="checkbox"/> | I am Voluntarily Surrendering my Oklahoma TPA individual license as it is no longer required per OKLA. STAT. TIT. 36 § 1450(C) |
| <input type="checkbox"/> | I am Voluntarily Surrendering my Oklahoma TPA individual license # _____ |
| <input type="checkbox"/> | I am Voluntarily Surrendering my Oklahoma TPA entity license # _____ |
| <input type="checkbox"/> | I am Retiring and Voluntarily Surrendering my Oklahoma individual TPA license # _____ |
| <input type="checkbox"/> | I have moved out of Oklahoma and I am Voluntarily Surrendering my Oklahoma TPA license # _____ |
| <input type="checkbox"/> | I am selling or closing my business and Voluntarily Surrendering my OK TPA license # _____ |
| <input type="checkbox"/> | I do not wish to renew my Oklahoma individual TPA license # _____ |
| <input type="checkbox"/> | I do not wish to renew my Oklahoma entity TPA license # _____ |
| <input type="checkbox"/> | The TPA business entity changed FEIN and I am Surrendering Oklahoma license # _____ |
| <input type="checkbox"/> | I am advising the Oklahoma Insurance Department of the death of a licensed individual. |

| Check One Required | |
|---------------------------|--|
| <input type="checkbox"/> | My original Oklahoma paper license is attached to this letter. |
| <input type="checkbox"/> | My original Oklahoma paper license has been lost or misplaced. |
| <input type="checkbox"/> | I have included official notice posted in the newspaper, a program from the funeral, or a copy of the death certificate for the Oklahoma licensee. |

Licensee address, city, state, zip, and contact phone number: Please type or print clearly.

Please contact the Oklahoma Insurance Department at 405-521-6648 if you have questions or concerns.