

**OKLAHOMA WORKERS' COMPENSATION COMMISSION**  
1915 NORTH STILES AVENUE  
OKLAHOMA CITY, OK 73105  
(405) 522-3222 or In-State Toll Free (855) 291-3612

**APPLICATION FOR THIRD PARTY ADMINISTRATOR PERMIT**

Date \_\_\_\_\_

The undersigned, a company providing Third-Party Administrative Services to Own Risk employers and/or Group Self-Insurance Associations, hereby applies for permission to act as an approved Third-Party Administrator. To enable the Workers' Compensation Commission to determine the applicant's ability to provide these services, said applicant hereby states the following:

1. TPA Name \_\_\_\_\_
2. Desired effective date (application should be submitted 30 days in advance) \_\_\_\_\_
3. TPA # (if a renewal applicant) \_\_\_\_\_
4. Name of Parent Company, if applicable \_\_\_\_\_
5. Primary contact for TPA (*Whom we should contact for additional information about this application*)

\_\_\_\_\_

Name

Title

\_\_\_\_\_

Email address

Telephone Number

6. Home office address, phone number & e-mail address \_\_\_\_\_  
\_\_\_\_\_

7. Oklahoma office address, phone number & e-mail address \_\_\_\_\_  
\_\_\_\_\_

8. Years in business: Nationally \_\_\_\_\_ In Oklahoma \_\_\_\_\_

9. Please include the following items with the application:
  - a. A nonrefundable \$1,000 application fee, payable to the Oklahoma Workers' Compensation Commission.
  - b. Audited financial statements for the most recent fiscal year, including a balance sheet, statement of income, statement of cash flows, and notes.
  - c. A list of all claims adjusters on staff. Please include the OK license number for each adjuster; it is not necessary to submit copies of each license.
  - d. A list of all claims managers or equivalent supervisory personnel. Please include a brief resume for each manager.
  - e. A description of how service fees are determined.
  - f. Services performed by the applicant. If services are provided other than claims adjusting, such as safety consulting, marketing or accounting functions, please provide a brief resume of the principal employee(s) providing these services.
  - g. A description of how client funds are handled for payment of claims.

