

COVER-PROSM APPLICATION
THIRD PARTY ADMINISTRATOR SUPPLEMENT

1. Full name of the Applicant Firm:
2. Please indicate the percentage of the Applicant's gross annual revenue from the last fiscal period involving:

OPERATIONS

Health and Welfare Plan Administration

Single employer plans:	%
Multiple employer benefit plans (Taft-Hartley trusts):	%
Multiple Employer Welfare Arrangement (MEWA):	%
Multiple Employer Trusts (MET's):	%
Health Maintenance Organizations (HMO's):	%
Preferred Provider Organization (PPO's):	%
Cafeteria Plan:	%
Other:(specify)	%

Pension Plan Administration:

%

Profit Sharing Administration:

%

Insurance Related Services

Lines of business:

Claims administration:	%
Acting as an insurance agent / broker:	%
Acting as an insurance advisor / consultant:	%
Premium collection / billing:	%
Underwriting / policy issuance:	%

Actuarial Services:

%

Cost Containment Services

Utilization review:	%
Case management:	%
Continued stay review:	%
Discharge planning:	%
D.R.G. review:	%
Managed Care:	%
PPO Discounts:	%
Second Surgical Opinion:	%

Cost Management Services:

%

Employee Wellness or other health-related program

Literature or correspondence:	%
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Administrator for credentialing services

Verification of a health care provider's credentials:	%
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Employee Assistance Programs:

%

Notary Public:

%

Computer Services:

Electronic data processing / collection:	%
Electronic data consulting:	%
Software design, development or customization:	%

Other: (specify) %

Other: (specify) %

Other: (specify) %

TOTAL MUST EQUAL 100 %

3. Number of plan sponsors:

a. Number of participants for plans administered by the Applicant:

b. Total annual contributions to the plans administered by the Applicant: \$

c. Total annual benefit payments issued in the administration of all such plans: \$

4. What is the average length of claims examining experience, in years, per claims examiner?

5. Does the Applicant's operation contains controls to guard against the following: (check all that apply)

- Overpayments Underpayments Late payments Payments from incorrect plan
- Payments to ineligible Unfair / Unjust enrichment Improper refusal of benefits
- Failure to follow payment guidelines or procedures

6. Does the Applicant's computer system print checks? Yes No

7. What is the average claim turnaround time, in working days, during the last twelve (12) months?

8. What percent of claims are processed within fifteen (15) calendar days? %

9. Does the Applicant have authority to make decisions about coverage or benefits entitlement? Yes No

10. How does the Applicant determine denial of claim benefits?

11. What percent of claims / benefits were denied in the past twelve (12) months? %

12. What is the appeal process for denied claims / benefits?

13. What percent of denials were appealed in the past twelve (12) months?

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-Prosm application and is subject to the same conditions as stated on the application.

Name (Please Print)

Title **(Must be Principal, Partner or Officer)**

Signature

Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date