

**Administrative Services Agreement  
Checklist/Transmittal Form**

09/14/2016

Checklist completed by \_\_\_\_\_ (Ext. \_\_\_\_\_)

Relius Account No. \_\_\_\_\_

If unavailable, contact \_\_\_\_\_ (Ext. \_\_\_\_\_)

Type of Firm:  TPA  Other \_\_\_\_\_

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Fax No. ( \_\_\_\_\_ ) \_\_\_\_\_

Shipping Address:  Check if new address

Postal Address: (if different)  Check if new address

Firm \_\_\_\_\_

Firm \_\_\_\_\_

Address (no P.O. Box) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

County \_\_\_\_\_

Employer Name \_\_\_\_\_

**Email Address (Required)** \_\_\_\_\_

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**DOCUMENT TYPE**

Administrative Services Agreement \$125  
(available 8.5" x 11" only) [TPAASA]

**1. DOCUMENT FORMAT**

- f.  Standard (letter size, single spaced, ragged margin)
- g.  Right justified margins

**FONT OPTIONS** (Please choose from available font/sizes below)

(Default: Arial font)

- h.  10 pt. Arial
- i.  10.5 pt. Times

**TURN-AROUND** (following the date of receipt until mailing)

Type	Business Days	Add
<input type="checkbox"/> Normal	10	\$ 0
<input type="checkbox"/> Rush	5* [TPARUS]	\$125
<input type="checkbox"/> Express**	2-3* [TPAEXP]	\$195

**Note:** Additional turn-around time may be required for special language modification and checklist entries requiring telephone contact. Special Language will be charged at \$150 minimum plus \$75 for each half hour that exceeds one hour. Relius Consulting will be charged at the current Relius rate.

**DELIVERY Documents are provided in PDF via Email unless otherwise indicated.**

- Hardcopy of Documents [TPAHDC] \$50  
(Fed-Ex Ground delivery used unless otherwise indicated.)
- Overnight [PROPTG] \$10

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[OTCProcessing.reljax@fisglobal.com](mailto:OTCProcessing.reljax@fisglobal.com)

**Contact us:**

(800) 326-7235, ext 6

**EMPLOYER INFORMATION**

**1. Employer Information**

- a. \_\_\_\_\_  
(Name)
- b. \_\_\_\_\_  
(Street)
- c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_  
(City) (State) (Zip)

**2. Company subject to the laws of a.** \_\_\_\_\_  
(enter the 2-letter state abbreviation; e.g., DC = District of Columbia; FL = Florida)

**3. Group Entity**

- a.  Corporation
- b.  Subchapter S Corporation
- c.  Partnership
- d.  Trust

**Trustee Names:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**4. Employer referred to as:**

- a.  Employer
- b.  Trust
- c.  Plan Sponsor
- d.  Other \_\_\_\_\_

**TPA INFORMATION**

**5. TPA Information**

- a. \_\_\_\_\_  
(Name)
- b. \_\_\_\_\_  
(Street)
- c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_  
(City) (State) (Zip)

**6. TPA subject to the laws of a.** \_\_\_\_\_  
(enter the 2-letter state abbreviation; e.g., DC = District of Columbia; FL = Florida)

**7. TPA referred to as:**

- a.  TPA
- b.  Claims Administrator
- c.  Claims Supervisor
- d.  Other \_\_\_\_\_

**PLAN ADMINISTRATION INFORMATION**

**8. This Agreement starts a.** \_\_\_\_\_  
(month) (day) (year)

**9. This Agreement ends a.** \_\_\_\_\_  
(month) (day) (year)

**10. This Agreement is subject to the laws of a.** \_\_\_\_\_  
(enter the 2-letter state abbreviation; e.g., DC = District of Columbia; FL = Florida)

**11. Is this Plan an ERISA Plan?**

- a.  No
- b.  Yes

**12. Is this Plan a MEWA?**

- a.  No
- b.  Yes

**13. Is the Plan subject to COBRA?**

- a.  No
- b.  Yes

**14. Will an arbitration clause be included?**

- a.  No (skip to 16)
- b.  Yes

**15. Is the arbitration binding?**

- a.  No
- b.  Yes

**16. Are Dependents covered?**

- a.  No
- b.  Yes

**17. Who maintains the eligibility records?**

- a.  Employer
- b.  TPA

**18. How often is eligibility information given to the TPA?**

- (select one)
- a.  Weekly
  - b.  Every two weeks
  - c.  Monthly
  - d.  Other \_\_\_\_\_

**19. Would you like an appendix of charges included?**

- a.  No (do not answer any dollar amount questions)
- b.  Yes

**20. Enrollment meetings and materials**

(answer all that apply)

- a.  Employer administers all enrollment meetings and creates materials
- b.  TPA present at on-site enrollment meetings
- c.  TPA administers initial meeting
- d.  TPA administers initial and annual meetings with a \$\_\_\_\_\_ annual fee per ...
  - 1.  covered Employee
  - 2.  Plan Participant
- e.  TPA creates enrollment forms, with a fee of \$\_\_\_\_\_ for creating forms
- f.  TPA administers initial and annual meetings for no extra fee

**21. Turnaround time for initial decision as to completeness of claim:**

- a. \_\_\_\_\_ working days

**22. Turnaround time for follow-up requests:**

- a. \_\_\_\_\_ working days intervals

**23. The TPA .....**

..... prepares draft of Plan Document/Summary Plan Description

- a.  No
- b.  Yes  
(select one)
  - 1.  Fee of \$\_\_\_\_\_ charged
  - 2.  Included in set-up fee
  - 3.  At cost to TPA

..... prepares amendments

- x.  No
- y.  Yes  
(select one)
  - 1.  Fee of \$\_\_\_\_\_ per hour charged
  - 2.  Included in set-up fee

..... supervises booklet printing

- c.  No (Automatically chosen if 19a selected)
- d.  Yes, and charges a fee of \$\_\_\_\_\_ per booklet
- e.  Yes, and charges a fee of \$\_\_\_\_\_ per hour

..... charges for time spent in outside audit

- f.  No
- g.  Yes

..... fills out 5500 forms

- h.  No (Automatically chosen if 19a selected)
- i.  Yes, and charges \$\_\_\_\_\_ annual fee for preparation

..... does COBRA administration

- j.  No (Automatically chosen if 19a selected)
- k.  Yes, and charges \$\_\_\_\_\_ per covered qualified beneficiary per month

..... procures excess loss bids

- l.  No
- m.  Yes

(answer all that apply)

- 1.  \$\_\_\_\_\_ minimum specific level
- 2.  Incurred/paid limit
  - a.  12/12
  - b.  15/12
  - c.  12/15
  - d.  Other \_\_\_\_\_
- 3.  Charges acquisition commission
  - a.  No, included in set-up fee
  - b.  Yes, \$\_\_\_\_\_

..... performs precertification

- n.  No (Automatically chosen if 19a selected)
- o.  Yes, and charges \$\_\_\_\_\_ per month per ...
  - 1.  covered Employee
  - 2.  Plan Participant

..... sets up second opinion appointments/referrals

- p.  No (Automatically chosen if 19a selected)
- q.  Yes, and charges \$\_\_\_\_\_ per month per ...
  - 1.  covered Employee
  - 2.  Plan Participant

..... audits hospital bills

- r.  No (Automatically chosen if 19a selected)
- s.  Yes, bills above \$\_\_\_\_\_ charging:
  - 1.  \$\_\_\_\_\_ per audit
  - 2.  \_\_\_\_\_% of savings

..... pays broker fees

- t.  No (Automatically chosen if 19a selected)
- u.  Yes, in the amount of \$\_\_\_\_\_ per month per covered Employee

..... maintains Physician networks

- v.  No (Automatically chosen if 19a selected)
- w.  Yes, and charges \$\_\_\_\_\_ per month per ...
  - 1.  covered Employee
  - 2.  Plan Participant

**24. .... performs specialty (gatekeeper) referrals**

- e.  No (Automatically chosen if 19a selected)
- f.  Yes, and charges \$\_\_\_\_\_ per month per ...
  - 1.  covered Employee
  - 2.  Plan Participant

..... offers consulting services

- a.  No (Automatically chosen if 19a selected)
- b.  Yes, at \$\_\_\_\_\_ per hour

..... researches special claims history

- (e.g., Medicare secondary payments)
- c.  No (Automatically chosen if 19a selected)
- d.  Yes, at a rate of \$\_\_\_\_\_ per hour

- ..... generates Certificates of Coverage
- g.  No (Automatically chosen if 19a selected)
  - h.  Yes, and charges \$\_\_\_\_\_ per month per ...
    - 1.  covered Employee
    - 2.  Plan Participant

**25. The Employer .....**

..... gives notification of Plan revisions to TPA within  
a. \_\_\_\_\_ working days

- ..... funds the Claims Payment Account every:
- b.  month
  - c.  two weeks
  - d.  week
  - e.  working day
  - f.  Other \_\_\_\_\_

- ..... maintains a Minimum Funding Balance
- g.  No (Automatically chosen if 19a selected)
  - h.  Yes, and \$\_\_\_\_\_ is the amount of such balance

**26. Other TPA Charges to Employer**

a. What is the initial set-up fee? \$\_\_\_\_\_

- There is a maintenance fee of:
- b.  \$\_\_\_\_\_ per month per ...
    - 1.  covered Employee
    - 2.  Plan Participant
  - c.  \$\_\_\_\_\_ per year
  - d.  Run-in claims \_\_\_\_\_% of total claims paid

Record storage and forwarding  
(answer all that apply)

- e.  \$\_\_\_\_\_ annual fee
- f.  \$\_\_\_\_\_ final fee for forwarding records to Employer
- g.  \$\_\_\_\_\_ final fee for magnetic tapes to Employer

Termination/Conversion -- Processes IBNR

- h.  No (Automatically chosen if 19a selected)
- i.  Yes, and charges:  
(select one)
  - 1.  \$\_\_\_\_\_ one-time fee
  - 2.  \_\_\_\_\_% per claim

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SIGNED \_\_\_\_\_  
(Required)