|  |
| --- |
| Dear Third Party Administrator: To become an Approved TPA to administer Oklahoma Option (“OK Option”) claims, in addition to completion of this application, we need information regarding several facets of your business. Please answer all questions thoroughly using additional paper if necessary and provide the following additional information:   1. Sample of Standard Service Agreement 2. Organizational chart of all claims personnel involved in the administration of OK Option claims 3. Resumes of all claims personnel handling OK Option claims 4. Sample loss experience reports. Also provide listing and explanation of payment codes on loss experience report 5. Current Errors and Omissions Certificate of Insurance 6. Informational brochures |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** | **General information** (Include all locations) | | | | | | | | | |
| Company name: | |  | | | | | | | |
| Address: |  | | | | | | | | |
|  |  | | | | | | | | |
| Phone #: |  | | | Fax #: | | |  | | |
| List company principals and affiliated companies: | | | |  | | | | | |
|  | | | | | | | | | |
| Location(s) where OK Option claims will be administered: | | | | | |  | | | |
| Length of time in business in Oklahoma: | | |  | | | | | | |
| Length of time administering OK Option claims: | | | | |  | | | | |
| Length of time administering Non-subscriber claims in other jurisdictions: | | | | | | | |  | |
| What types of loss control and risk management services are available to your clients? | | | | | | | | |  |
|  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2)** | **Claims department structure** | | | | | | | | | | | | | | |
| Claims manager: |  | | | | | | | | | | | | | |
| List claims technical staff (includes titles) | | | | | | | | | | | | | | |
| **NAME** | | | | | **TITLE** | | | | | | | | | |
|  | | | | |  | | | | | | | | | |
|  | | | | |  | | | | | | | | | |
|  | | | | |  | | | | | | | | | |
|  | | | | |  | | | | | | | | | |
|  | | | | |  | | | | | | | | | |
|  | | | | |  | | | | | | | | | |
| Number full-time: |  | | | | Number part-time: | | | |  | | | | | |
| Will the same adjuster handle different lines (i.e., work comp, liability, OK Option, etc)?  yes no | | | | | | | | | | | | | | |
| Average pending case load per adjuster: Medical Only: | | | |  | | | Lost time: | | |  | | OK Option: | |  |
| How is the case load split? Alpha: | |  | Jurisdiction: | | | |  | | | | Account: | |  | |
| Please explain diary and supervisory review system: | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Is your staff knowledgeable and trained on OK Option claims? | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | |
| Who will have the authority for decisions on large claims/settlements? | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | |
| Authority levels: |  | | | | | | | | | | | | | |
| When is the Insured to be contacted for settlement authority? | | | | | |  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3)** | **Reserving practices** | | | | | | | | | |
| What is the corporate reserving philosophy? Explain: | | | | |  | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| What reserving method is used? Explain: |  | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Are case reserves limited to the self-insured retention?  yes no | | | | | | | | | |
| Is a reserving worksheet used?  yes (If “yes”, please provide a copy) no (if no, how are reserves calculated?) | | | | | | | | | |
| Who is responsible for establishing case reserves? | | | |  | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| How often are reserves reviewed for accuracy? | | |  | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Does the employer have any control over case reserves? | | | | | | |  | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| What mortality tables are used on permanent total and survivor claims? | | | | | | | |  | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Are case reserves discounted? If so, by what percent? | | | | | |  | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| How are escalating benefits cases reserved? | |  | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4)** | **Management information systems** | | | | | | |
| What type of hardware do you use? |  | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| What type of risk management software do you use? | | | Custom program? |  | Commercial Program? |  |
| Describe claim system tracking capabilities. To what extent can loss experience reports be prepared? Explain: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Management Information Systems Contact Person: | |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5)** | **Loss experience report capabilities** | | | | | |
| How often can reports be generated? |  | | | | |
| Can reports be generated breaking out single year of multi-year term? | | | |  | |
| Can reports be generated breaking out large losses only (i.e., all losses with total incurred of $50,000 or greater? | | | | | |
|  | | | | | |
|  | | | | | |
| **Safety National’s policy requires quarterly loss experience reports concurrent with the policy term until all claims within the policy term are closed.** | | | | | |
| Can this requirement be complied with?  yes  no | | | | | |
| Is computer tape transfer of loss data feasible? | |  | | | |
|  | | | | | |
| Is electronic data interchange of loss data feasible? | | |  | | |
|  | | | | | |
| Do you allow client companies access to your risk management information system? | | | | |  |
|  | | | | | |
| Do you allow excess carriers access to your risk management information system? | | | | |  |
|  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6)** | **Excess reporting** | | | |
| Have you had experience in dealing with OK Option excess carriers?  yes  no | | | |
| Are you currently approved by other excess carriers? Who? | |  | |
|  | | | |
|  | | | |
| Do you have Safety National’s current OK Option Excess Reporting Requirements?  yes  no | | | |
| Describe system used for monitoring and reporting claims to excess carriers. Is this function centralized within your | | | |
| office? |  | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| Who specifically will be responsible for monitoring and reporting claims? (Name of contact) | | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7)** | **Cost containment and other services**  Indicate if this is in-house or related firm. Indicate if you have a contract with a vendor. List firms used for: | | | | | | | | | |
| A. | Medical management: |  | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| B. | Catastrophic injury management: | | | | |  | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| C. | Vocational rehabilitation: | |  | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | D. | Medical bill audit/review: | |  | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  |  | | | | | | | | |
| E. | Application of fee schedule: | | |  | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| F. | Outside adjuster/investigation: | | | |  | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | G. | List primary defense counsel used (must have ERISA plan experience): | | | | | | | |  |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | Are charges for these services (other than legal) covered by your standard service agreement? If not, how is the cost | | | | | | | | | |
| charged? Directly to client? To claim file? | | | | | | |  | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Does standard service agreement call for run-off claims at no additional charge? If the answer is no, who is | | | | | | | | | |
| contractually responsible for run-off and how are charges determined? | | | | | | | |  | |
|  | | | | | | | | | |
|  | | | | | | | | | |

|  |  |
| --- | --- |
| **8)** | **Miscellaneous** |
| Any other comments or things we should consider in the approval process? |
|  |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | Applicant’s Signature: |  |
| Date: |  | Title: |  | | |