



OLD REPUBLIC INSURANCE COMPANY

OLD REPUBLIC INSURANCE COMPANY MISCELLANEOUS PROFESSIONAL LIABILITY

This Supplement should be submitted to:

Chicago Underwriting Group, Inc.
191 N. Wacker Drive
Chicago, IL 60606
(312) 750-8800

THIRD PARTY BENEFIT PLAN ADMINISTRATORS/CONSULTANTS SUPPLEMENT

1. Name of Applicant: _____

2. Indicate the percentage of revenues derived from:

Providing consulting services	____%
Providing actuarial services	____%
Administration of health and welfare plans	
Single employer plans	____%
Multiemployer benefit plans (Taft-Hartley Trusts)	____%
Multi employer welfare arrangements (MEWAs)	____%
Administration of pension plans	____%
Design, development or customization of computer software sold or provided to third parties outside the normal operations of the Applicant as a TPA	____%
Other (specify):	____%
Total must equal:	<u>100%</u>

3. Number of plan sponsors _____
4. Number of participants in the plans administered by the Applicant _____
5. Total annual contributions to the plans administered by the Applicant _____
6. Total annual benefit payments issued in the Applicant's administration of all such plans _____
7. Number of plan sponsors added and deleted in the past year _____
8. What percentage of all plans are:

a) Self-funded with stop-loss	____%
b) Self-funded with no stop-loss	____%
c) Fully insured	____%
9. List of carriers that stop-loss coverages are placed with:

10. Does the Applicant, its partners, directors, officers or employees act as trustee for the Employee Benefit Plans clients or non-clients? Yes No

11. Name and address of law firm(s) acting as counsel to the Applicant and nature of services provided:

12. Name and address of accounting firm(s) providing services to the Applicant and nature of services provided:

13. Does the Applicant have a fidelity bond? Yes No
If No, do the Applicant's clients list the Applicant as an additional insured under their fidelity coverage? Yes No

14. Outline below the Applicant's standards of practice (procedural protocols):

- a) Are there written guidelines for the administration of each plan, including procedures for the denial of benefits Yes No
- b) What percentage of claims are denied? _____%
- c) What percentage of denials are appealed? _____%
- d) What is the average error rate of your claim handlers? _____%

15. Which of the following are functions of the Applicant's Electronic Data Processing system? Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Calculation of co-payments | <input type="checkbox"/> Calculation of deductibles |
| <input type="checkbox"/> Claim eligibility | <input type="checkbox"/> Confidentiality safeguards |
| <input type="checkbox"/> Enrollment information | <input type="checkbox"/> Monitoring of duplicate claims |
| <input type="checkbox"/> Management reports | <input type="checkbox"/> Claim appeals tracking |
| <input type="checkbox"/> Adjustors accuracy | <input type="checkbox"/> Check registers (weekly & monthly) |
| <input type="checkbox"/> Analysis of large claims | <input type="checkbox"/> Payment registers and analysis |
| <input type="checkbox"/> Call backs due to claim handling problems | <input type="checkbox"/> Monthly aggregation reports to carrier (by claim or agg & spec) |
| <input type="checkbox"/> Claim payments by plan year | <input type="checkbox"/> Claim analysis summaries by year |
| <input type="checkbox"/> Telephone tracking system | <input type="checkbox"/> Time and material analysis |
| <input type="checkbox"/> Total calls received | <input type="checkbox"/> Cost containment results |
| <input type="checkbox"/> Notices to stop-loss carrier | <input type="checkbox"/> Expense analysis |
| <input type="checkbox"/> Turnaround time | <input type="checkbox"/> Analysis of loss causes |

16. The Applicant's system contains checks and balances to guard against which of the following? Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Overpayments | <input type="checkbox"/> Underpayments |
| <input type="checkbox"/> Late payments | <input type="checkbox"/> Payments from incorrect plan |
| <input type="checkbox"/> Payments to ineligibles | <input type="checkbox"/> Unfair/unjust enrichment |
| <input type="checkbox"/> Improper refusal of benefits | |
| <input type="checkbox"/> Failure to follow payment guidelines or procedures | |

17. How often does the Applicant conduct internal audits?

18. Describe the situations internal audit guidelines are designed to reveal:

19. What is the average turnaround time for benefits claim processing?

This year: ___ days

Last year: ___ days

It is understood and agreed that this supplemental application shall become part of the Application for the policy.

THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR PARTNER.

Signature: _____ Date: _____

Name and Title (Please Print): _____