



Request for Third Party Administrator (TPA) Exemption of Licensure

An administrator is not required to hold a license as an administrator in this state under certain conditions. An exemption must be requested by completing this form and submitting it to this Department. No fee is charged for the registration of an exempted administrator. The Department will notify the applicant if the request for an exemption is approved. This exemption must be renewed no later than March 1st of every year after the initial application.

Administrator Name: _____

Name of Contact: _____ Title: _____

Address: _____ Business Phone: _____

_____ Email: _____

FEIN: _____

The above-named administrator hereby requests an exemption from licensure because we meet the following requirement(s): (check all that apply)

_____ An employer on behalf of its employees or the employees of one or more subsidiaries or affiliated corporations of an employer.

_____ A union on behalf of its members.

_____ An insurer which is either licensed in this State or acting as an insurer with respect to a policy lawfully issued and delivered by it pursuant to the laws of a state in which the insurer was authorized to do insurance business, or a health maintenance organization licensed in this State.

_____ A life or health agent or broker licensed in this State whose activities are limited exclusively to the sale of insurance.

_____ A creditor on behalf of its debtors with respect to insurance covering a debt between the creditor and its debtors.

_____ A trust, its trustees, agents, and employees acting thereunder, established in conformity with 29 U.S.C. 186.

_____ A trust exempt from taxation under Section 501(a) of the Internal Revenue Code, its trustees, and employees acting thereunder, or a custodian, its agents and employees acting pursuant to a custodian account which meets the requirements of Section 401(f) of the Internal Revenue Code.

_____ A bank, credit union, or other financial institution which is subject to supervision or examination by federal or state banking authorities.

_____ A credit card issuing company which advances for and collects premiums or charges from its credit card holders who have authorized it to do so if the company does not adjust or settle claims



_____ A person who adjusts or settles claims in the normal course of his practice or employment as an attorney at law and who does not collect charges or premiums in connection with life or health insurance coverage or annuities.

_____ The South Carolina Life and Accident and Health Insurance Guaranty Association and any person who adjusts or settles claims as its employee or agent.

NOTARIZATION

STATE of _____

COUNTY of _____

BEFORE ME, the undersigned authority, personally appeared _____ who being duly sworn, stated that all information contained in the attached application for exemption of licensure is, to the best of his/her knowledge, true, complete, and correct.

(Witness Signature)

(Authorized Representative Signature)

(Printed Name)

(Printed Name)

Sworn to and subscribed before me this _____ day of _____ in the year _____.

(Notary Public Signature)

(Notary Public Printed Name)

SCDOI Official Use Only:	
Date Received: _____	
Final Decision: _____	
Reviewer Name: _____	Reviewer Signature: _____