



Texas Department of Insurance

TPA/Premium Finance Section Mail Code 107-TPA-PF

P. O. Box 149104, Austin, Texas 78714-9104

512-322-3412 or **512-322-3555** telephones • **512-322-4380** fax • www.tdi.state.tx.us

NOTIFICATION OF EXEMPTION FORM (TPA FORM 7)

NAME OF ENTITY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

CONTACT PERSON: _____

PHONE NO: _____

TYPE OF ENTITY:

THIRD PARTY ADMINISTRATOR (THAT ONLY CONDUCTS SELF-FUNDED ERISA BUSINESS)

INSURER ACTING ONLY AS AN ADMINISTRATOR FOR SELF-FUNDED ERISA BUSINESS

HMO ACTING ONLY AS AN ADMINISTRATOR FOR SELF-FUNDED ERISA BUSINESS

TYPE OF FILING:

INITIAL APPLICATION

UPDATE

NUMBER OF SELF-FUNDED ERISA PLANS ADMINISTERED: _____

NUMBER OF TEXAS PARTICIPANTS COVERED BY PLANS: _____

I hereby certify that to the best of my knowledge and belief, all of the information required for the completion of this notification is true and correct.

(Date)

(Authorized Officer)