

THIRD PARTY ADMINISTRATOR DISCLOSURE STATEMENT

COMPLETION OF THIS FORM IS A CONDITION PRECEDENT TO CONSIDERATION OF YOUR PROPOSAL

All information must be promptly updated to reflect changes of circumstances.

Date: _____

Name of TPA: _____

Address: _____

Name of Contact Person: _____

Title of Contact Person: _____

Phone Number: () _____ Fax Number: () _____

E-mail Address: _____

I. STATEMENT OF AUTHORITY

I, _____, am the _____ of
(Name of Authorized Agent) (Title of Authorized Agent)

_____. I am authorized to bind _____ to the terms
(Legal Name of TPA) (Legal Name of TPA)

and conditions set forth in the TPA's Disclosure Statement, the RFP and to acknowledgement of the information contained in the Proposal.

II. STATEMENT OF CONTACT/RELATIONSHIP

TPA shall provide a brief narrative of the communication(s), written and/or oral, whereby the TPA first became informed of the Bureau’s interest in acquiring the services of a TPA. *Provide additional sheets if necessary.*

III. DISCLOSURE

A. Has any New York State agency, authority or public entity terminated a contract with the TPA due to the intentional provision of false or incomplete information?

(Please check one) Yes No

If yes, provide details.

B. The following person(s) or organization(s) have been retained or designated by or on behalf of the TPA to communicate with the Bureau (attempt to influence the Bureau) (“Designee”).

If at the time of the completion of this Disclosure Statement any requested information regarding a Designee is unknown, the remaining information must be provided herein and the unknown information must be provided when it becomes available.

For Organizations:

Name: _____

Address: _____

Contact Person: _____

Title of Contact Person: _____

Phone Number: () _____ Fax Number: () _____

E-mail Address: _____

For Individuals:

Name: _____

Address: _____

Phone Number: () _____ Fax Number: () _____

E-mail Address: _____

Name of Business (if applicable) _____

Place of Principal Employment: _____

Occupation: _____

IV. STATEMENT OF OWNERSHIP

TPA shall list:

- Name(s) and title of the TPA's director(s), officer(s), senior manager(s) and/or partner(s).
- Name(s) of any company or companies in which the TPA has a financial interest of ten percent (10%) or more. "Financial Interest" shall mean an ownership interest, beneficial interest and/or an interest permitting direct or indirect control of an asset.
- Name(s) of any person(s) or entity(ies) having a Financial Interest of five percent (5%) or more in the TPA.
- Name(s) of any affiliated companies.

Provide additional sheets if necessary.

V. BUSINESS PRACTICES

The TPA shall provide an Equal Employment Opportunity Policy Statement demonstrating that it is an equal opportunity employer and complies with all relevant Federal, State and Municipal Equal Employment Opportunity and Non-Discrimination Laws, Regulations and Executive Orders.

VI. CERTIFICATION OF AFFILIATION/PRIOR RELATIONSHIP

- A. The TPA has neither been offered nor received any benefit, nor conferred or offered to confer, either directly or indirectly, any benefit whatsoever on any Bureau employee or person otherwise associated with the Bureau in connection with this project;
- B. No affiliations exist between owners, officers, administrators and/or employees of the TPA and employees of the Bureau or employees of the New York State Insurance Department, which affiliation is or may appear to be a conflict of interest; and
- C. The TPA represents that it has not in the past been engaged, nor does it have any Financial Interest in any organization engaged by the Bureau, where such engagement would conflict in any manner or degree with this project.

I hereby certify that the information above is complete, true and accurate.

Signature of Authorized Agent

Date

Print Name of Authorized Agent

Title

Sworn to before me this
____ day of _____ 2007

NOTARY PUBLIC

[CORPORATE SEAL]