



Office of Insurance Regulation
Company Admissions

**APPLICATION FOR REGISTRATION AS A FISCAL INTERMEDIARY
SERVICES ORGANIZATION**

The Office receives applications electronically. Please submit your application at <http://www.floir.com/iportal>, using the i-Apply link to Online Company Admissions.

This package is designed to assist individuals in preparing the application with all the information required by statute and to facilitate expeditious processing of the application by this Office.

PLEASE NOTE: THE COMPLETED CHECK LIST MUST BE SUBMITTED WITH THE APPLICATION PACKAGE.

The completed application package must be submitted to the Office by utilizing the following link:

<http://www.floir.com/iportal>
and select iApply – Online Company Admissions

If this package requires submission of forms and/or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <http://www.floir.com/iportal> and select "Form & Rate Filing Assembly and Submission" to begin the submission of forms and/or rates.

Any questions concerning this application package may be directed to the Application Coordinator at appcoord@floir.com. For iApply only questions, contact the Application Coordinator at iapply@floir.com

In order for a submission to be considered a complete application, all required information must be included in the filing. Filings that do not include all required information will be disapproved or returned.

APPLICATION FOR REGISTRATION AS A FISCAL INTERMEDIARY SERVICES ORGANIZATION

The following requirements pertain to each officer, director, and owners of excess of 5 percent of the common stock of the organization, or other persons responsible for the conduct and affairs of the organization.

(a) Biographical Statement and Affidavit

The Office of Insurance Regulation's forms are enclosed with this package and must be used. Submit the original of each form.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, instead of including the SSN on page 6 of the NAIC form, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also please stamp CONFIDENTIAL at the top and bottom of the separate page.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office. The duties of the Office in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

(b) Background Investigative Report

Provide a background investigative report for each individual as indicated above. Background reports must be submitted by the selected background investigator vendor directly to the Office prior to or contemporaneously with the submission of the application filing. Please refer to form OIR-C1-905 for instructions.

(c) Fingerprint Cards

Fingerprint cards must be completed for each individual as indicated above. The cards will be furnished by the Office upon request. **No cards other than those furnished by the Office will be accepted.** The cards must be completed at a law enforcement agency and returned to this Office for processing. Please refer to form OIR-C1-938 for instructions.

Due to the length of time required by law enforcement agencies to process fingerprint cards, it is suggested that the cards be ordered immediately so they may be submitted before or with the application.

Please place the completed fingerprint cards in this section.

Note: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards and fees as noted above. Please refer to form OIR-C1-938 for instructions.

All questions regarding Fiscal Intermediary Services Organizations and their operation in Florida should be directed to the Life and Health Financial Oversight area at (850) 413-3155. Applications should be mailed to:

Office of Insurance Regulation
Company Admissions
200 East Gaines Street
Tallahassee, Florida 32399-0332

AFTER REVIEW OF ALL DOCUMENTS, YOU WILL RECEIVE A WRITTEN RESPONSE FROM THE OFFICE OF INSURANCE REGULATION WHEN THE FISCAL INTERMEDIARY SERVICES ORGANIZATION IS PROPERLY REGISTERED.

IN ORDER FOR A SUBMISSION TO BE CONSIDERED A COMPLETE APPLICATION, ALL REQUIRED INFORMATION MUST BE INCLUDED IN THE FILING. FILINGS THAT DO NOT INCLUDE ALL REQUIRED INFORMATION WILL BE DISAPPROVED OR RETURNED.

APPLICATION FOR REGISTRATION AS A FISCAL INTERMEDIARY SERVICES ORGANIZATION

(Please type all information.)

1. List the name of the Fiscal Intermediary Services Organization:

2. Indicate the form of organization (i.e. corporation, partnership, etc.)

3. Provide a copy of the organizational chart.

4. Provide the name of the domiciliary state:

5. List any other names under which the Fiscal Intermediary Services Organization is or may be doing business in this state or any other state if different than above.

6. List the complete physical address of the Fiscal Intermediary Services Organization.

7. List the name, title, address and telephone number of each officer/director of the Fiscal Intermediary Services Organization and the key officer or staff person responsible for overseeing operations of the group. (Attach additional pages if necessary.)

APPLICATION FOR REGISTRATION AS A FISCAL INTERMEDIARY SERVICES ORGANIZATION

8. Submit a business plan to include a description of the services to be performed by the Fiscal Intermediary Services Organization (FISO), the entities with which the FISO will be contracting, and the amount of funds estimated to be handled by the FISO.
9. Submit a sample contract that the FISO intends to use if plans are to use another rather than the HMO provider contract.
10. Provide a copy of the executed fidelity bond pursuant to Section 641.316(3), Florida Statutes.

Section 641.316(3), Florida Statutes indicates:

“A fiscal intermediary services organization that is operated for the purpose of acquiring and administering provider contracts with managed care plans for professional health care services, including, but not limited to, medical, surgical, chiropractic, dental, and podiatry care, and which performs fiduciary or fiscal intermediary services shall be required to secure and maintain a fidelity bond in the minimum amount of 10 percent of the funds handled by the intermediary in connection with its fiscal and fiduciary services during the prior year or \$1 million, whichever is less. The minimum bond amount shall be \$50,000. The fidelity bond shall protect the fiscal intermediary from loss caused by the dishonesty of its employees and must remain unimpaired for as long as the intermediary continues in business in the state.”

The fidelity bond should include: the name of both the insurer and the insured; a description of the bond; and the amount and term of the bond. In addition, the Office of Insurance Regulation should be included as an additional insured for purposes of notification of termination. This notification should provide the Office of Insurance Regulation at least 30 days advance written notification of the termination.

11. Provide a copy of the executed surety bond on the Office of Insurance Regulation approved bond form pursuant to Section 641.316(4), Florida Statutes.

Section 641.316(4), Florida Statutes indicates:

“A fiscal intermediary services organization...shall secure and maintain a surety bond on file with the Office of Insurance Regulation, naming the intermediary as principal. The bond must be obtained from a company authorized to write surety insurance in the state, and the Office of Insurance Regulation shall be obligee on behalf of itself and third parties. The penal sum of the bond may not be less than 5 percent of the funds handled by the intermediary in connection with its fiscal and fiduciary services during the prior year or \$250,000, whichever is less. The minimum bond amount must be \$10,000. The condition of the bond must be that the intermediary shall register with the Office of Insurance Regulation and shall not misappropriate funds within its control or custody as a fiscal intermediary or fiduciary. The aggregate liability of the surety for any and all breaches of the conditions of the bond may not exceed the penal sum of the bond. The bond must be continuous in form, must be renewed annually by the surety upon its giving 30 days' written notice of termination to the Office of Insurance Regulation.”

APPLICATION FOR REGISTRATION AS A FISCAL INTERMEDIARY SERVICES ORGANIZATION

The surety bond should include: the name of both the insurer and the insured; a description of the bond; and the amount and term of the bond. In addition, the Office of Insurance Regulation should be included as an additional insured for purposes of notification of termination. This notification should provide the Office of Insurance Regulation at least 30 days advance written notification of the termination.

We do hereby swear and affirm that the aforementioned statements and information are true and correct.

President or Chief Executive Officer

Secretary

Sworn before me this ____ day of _____, 20____.

NOTARY PUBLIC

State of:

My Commission Expires:

APPLICATION FOR REGISTRATION AS A FISCAL INTERMEDIARY SERVICES ORGANIZATION

**State of Florida
Office of Insurance Regulation
200 E. Gaines Street
Tallahassee, Florida 32399-0319**

FISCAL INTERMEDIARY SURETY BOND

Bond # _____

KNOW ALL MEN BY THESE PRESENTS,
that _____, fiscal intermediary services organization,
which place of business is _____, Florida as
Principal, and _____ as Surety are held and
firmly bound unto THE OFFICE OF INSURANCE REGULATION, as Obligee, or its successors
in office, in the penal sum of _____ Thousand dollars (\$) [not less
than \$ 10,000.00], in the lawful money of the United States of America, for payment of which
well and truly to be made, we bind ourselves, and our and each of our heirs, executors,
administrators, successors and assigns jointly and severally, firmly by these presents:

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT the Principal, the above bounden
_____ shall faithfully comply with and conduct business in
accordance with the provisions of the fiscal intermediary services law, Section 641.316(4)
Florida Statutes, and abide by all applicable rules and regulations of the OFFICE OF
INSURANCE REGULATION as promulgated by the DIRECTOR OF OFFICE OF INSURANCE
REGULATION. However, nothing in this bond shall be construed to require the surety to
provide coverage or otherwise indemnify the Obligee for any violations of any applicable
statutes, rules or regulations except as specifically provided below.

This bond shall be in favor of the OFFICE OF INSURANCE REGULATION as the obligee, shall
be registered with the OFFICE OF INSURANCE REGULATION and shall specifically authorize
recovery by the OFFICE OF INSURANCE REGULATION of the damages sustained in case the
principal or its officers, agents, or employees misappropriate funds within its control or custody
as a fiscal intermediary or fiduciary.

THE SURETY BOND SHALL PROVIDE coverage to the OFFICE OF INSURANCE
REGULATION only against loss caused by the dishonesty of the fiscal intermediary or its
officers, employees and agents and must remain in force for as long as the fiscal intermediary
does business in this state.

APPLICATION FOR REGISTRATION AS A FISCAL INTERMEDIARY SERVICES ORGANIZATION

FISCAL INTERMEDIARY SURETY BOND

IT IS MUTUALLY AGREED AND UNDERSTOOD BETWEEN ALL PARTIES HERETO, that if the Surety shall so elect, this bond may be canceled and discontinued by giving thirty (30) days notice in writing to the Principal and filed with THE OFFICE OF INSURANCE REGULATION, or its successors in office, by United States Registered Mail and this Bond shall be deemed canceled at the expiration of the thirty (30) days from the receipt of said notice, the surety remaining liable for all obligations covered by this bond, which may have accrued by default of the Principal prior to the effective date of the cancellation.

IN WITNESS WHEREOF the said Principal has caused these presents to be executed by affixing thereto his or her signature, and the said surety has caused presents to be executed by the signature of its attorney in fact and its corporate seal to be affixed hereto attested by its attorney in fact this _____ day of _____, 20____. This bond shall become effective on the _____ day of _____, 20____, and remain in force until canceled.

Principal

Surety (Name of Insurance Company)

Witness to Principal

Attorney in Fact (signature)