

THIRD PARTY ADMINISTRATOR CHANGE FORM

AN ADJUSTER OR THIRD PARTY ADMINISTRATOR HAS CHANGED

Please complete all that apply:

The following claims are assumed by the new TPA: Past Present Future

List other information needed to identify claims assumed:

Effective Date:

Contact Person

Phone Number:

E-Mail:

Please check one:

The Primary Adjuster for the Insurer has changed

Insurer's Name:

FEIN:

Previous Adjuster:

New Adjuster:

FEIN:

New Adjuster City/State:

Phone Number:

E-Mail:

The Employer's Primary Adjuster (Exception Adjuster) has changed

Employer's Name:

FEIN:

Insurer's Name(s): (list all)

FEIN:

(Use another page if necessary)

Previous Adjuster:

New Adjuster:

FEIN:

New Adjuster City/State:

Phone Number:

E-mail:

Date:

Signed: _____

Printed Name & Title:

Please PRINT and Sign.

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If you have numerous changes, an alternative format may be accepted. Contact us for details.