

MONTANA THIRD PARTY ADMINISTRATOR PROFILE

**(Complete this form if you are a new Montana TPA/Adjuster or
have changes to contact information)**

Name of Third Party Administrator (TPA):

Third Party Administrator FEIN:

Address:

City:

State:

Zip Code:

Contact Name:

Telephone Number:

Email:

Effective Date:

If applicable, please complete all that apply below:

The above named TPA has assumed the following claims: Past Present Future

List other information needed to identify claims assumed:

Effective Date:

Contact Person:

Insurer's Name:

FEIN:

Previous TPA:

Date:

Signed: _____

Printed Name & Title:

Please PRINT and Sign.

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