



Montana Department of
LABOR & INDUSTRY
 Employment Standards Division

Third Party Administrator Change Form
 (Adjuster or third-party administrator has changed)

The following claims are assumed by the new TPA			
Past	Present	Future	Effective Date: <input type="text"/>
Please select one			
Primary Adjuster for the Insurer has changed			
Insurer Name:		FEIN:	
<input type="text"/>		<input type="text"/>	
Previous Adjuster:	<input type="text"/>		
New Adjuster:	FEIN:		
<input type="text"/>	<input type="text"/>		
City:	State:	Zip:	
Phone:	Email:		
<input type="text"/>	<input type="text"/>		
Employer's Primary Adjuster (Exception Adjuster) has changed			
Employer's Name:		FEIN:	
<input type="text"/>		<input type="text"/>	
Insurer's Name(s):		FEIN:	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Previous Adjuster:			
New Adjuster:		FEIN:	
<input type="text"/>		<input type="text"/>	
City:	State:	Zip:	
Phone:	Email:		
<input type="text"/>	<input type="text"/>		

Please return form to the Employment Standards Division, Data Management
 @ DLIERDDMSysAccess@mt.gov

Signature: _____