



Montana Department of
LABOR & INDUSTRY
Employment Standards Division

Third Party Administrator Profile

(Complete this form if you are a new Montana Third Party Administrator / Adjuster or have changes to existing contact information)

TPA Name:					
FEIN:					
Contact:					
Address:					
City:		State:		Zip:	
Phone:		Email:			
Please check all that apply					
Past	Present	Future	Effective Date:		
Insurer Name:					
FEIN:					
Contact:					
Previous TPA:					
New Adjuster:				FEIN:	
City:		State:		Zip:	
Phone:		Email:			

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

Signature: _____