

**INDIVIDUAL APPLICATION FOR EMPLOYEE
BENEFIT PLAN ADMINISTRATOR LICENSE**



State of Wisconsin
Office of the Commissioner of Insurance
Agent Licensing Section
P.O. Box 7872
Madison, WI 53707-7872
(608) 266-8699
E-mail: ociagentlicensing@wisconsin.gov
Web Address: oci.wi.gov/agentlic.htm

Ref: Ch. 633 and ss. 601.72 and 601.73, Wis. Stat.
Ch. Ins 8, Subch. II, Wis. Adm. Code

Check appropriate box for license requested.

- New Application
 Renewal Application

INSTRUCTIONS: This application together with the \$100.00 nonrefundable fee is required for new or renewal license and must be completed and resubmitted by August 1 of each year. Refusal to provide this information will result in denial of license. Personally identifiable information on this form will be matched with information from other states and law enforcement agencies.

Last Name and Suffix (Sr., Jr.)		First Name	Middle Name	Date of Birth (Mo./Day/Yr.)	Social Security Number	
Residence/Home Address						
City			State	Zip Code		
Mailing Address				PO Box		
City			State	Zip Code		
List any other assumed, fictitious, alias, or trade name under which you are doing business or intend to do business						
Business Address						
City			State	Zip Code		
Home Telephone Number	Business Telephone Number	Applicant E-mail Address		Business E-mail Address		
Are you a citizen of the US? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, of which country are you a citizen? _____ If no, proof of eligibility to work in the US is required.						
Employment History						
Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full- and part-time work, self-employment, military service, unemployment and full-time education.						
		From		To		Position Held
		Month	Year	Month	Year	
Name:						
City:	State:	Foreign Country:				
Name:						
City:	State:	Foreign Country:				
Name:						
City:	State:	Foreign Country:				
Name:						
City:	State:	Foreign Country:				

Background Questions

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

- 1a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? Yes No

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

- 1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? Yes No

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A Yes No

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A Yes No

- 1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? Yes No

NOTE: For Questions 1a., 1b. and 1c., “**Convicted**” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes No

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. “Involved” also means having a license or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer or director, or member or manager of a limited liability company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes No

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction for any delinquent tax obligation that is not the subject of a repayment agreement? Yes No

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

Background Questions (continued)

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes No

If you answer Yes:

- a) by how many months are you in arrearage? _____
- b) are you currently subject to and in compliance with any repayment agreement? Yes No
- c) are you the subject of a child support-related subpoena/warrant? Yes No

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

PERFORMANCE BOND REQUIREMENTS

- A. If this is an initial application, file a bond meeting the requirements of s. Ins 8.28, Wis. Adm. Code (sample bond attached as APPENDIX I). If this is a renewal application and the projected amount under B.2. or C.2. has increased since your last application, file proof that the bond continues to meet the amount required.
- B. If the administrator collects premiums or employee contributions, or commingles in a fiduciary account funds belonging to more than one employee benefit plan, the bond shall be in the greater of the following amounts:
1. \$25,000; or
 2. 10% of the total amount of projected premiums, charges, and claim funds (excluding worker's compensation and warranty plan business) on behalf of Wisconsin residents for your next fiscal year, but not to exceed \$500,000.
\$ _____ X 10% = \$ _____
- C. If the administrator does not collect premiums or employee contributions, and maintains a separate fiduciary account for each employee benefit plan administered, the bond shall be in the greater of the following amounts:
1. \$15,000; or
 2. 5% of the total amount of projected claim funds (excluding worker's compensation and warranty plan business) on behalf of Wisconsin residents for your next fiscal year, but not to exceed \$250,000.
\$ _____ X 5% = \$ _____
- D. Also, state amount of premiums, charges, and claim funds handled for Wisconsin residents for your most recently completed fiscal year:
\$ _____

FINANCIAL STATEMENT

Submit financial statement for the administrator's most recently completed fiscal year, prepared on a generally accepted accounting basis including: assets, liabilities, and net worth; the results of operations; and the changes in net worth for the fiscal year on the accrual basis. Include a statement as to whether the administrator collects premiums or employee contributions, and whether the administrator maintains a separate fiduciary account for each plan administered.

Applicant's Certification and Attestation

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the commissioner is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child-support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request I will furnish the jurisdiction(s) to which I am applying certified copies of any documents attached to this application or requested by the jurisdictions.

Month/Day/Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

APPENDIX I
(Sample)

Bond No. _____

STATE OF WISCONSIN
OFFICE OF THE COMMISSIONER OF INSURANCE
EMPLOYEE BENEFIT PLAN ADMINISTRATOR BOND

I/we _____ (name of administrator) _____ of the City of _____, County of _____, State of _____, an employee benefit plan administrator, as principal, and _____ (name of surety) _____ an insurer authorized to transact surety business in Wisconsin, as surety, are held and firmly bound to the Wisconsin Commissioner of Insurance in the sum of _____ (\$ insert amount of bond) _____ for the payment of which I/we bind myself/ourselves, and my/our heirs, executors, administrators, successors, and assignees, jointly and severally. This bond is payable to any Wisconsin resident who is the beneficiary of an employee benefit plan administered by the principal and to any such plan on behalf of the Wisconsin residents who are plan beneficiaries in the event of injury caused by a failure of the principal to fulfill the conditions of this bond, but in no event shall the surety's aggregate obligation exceed _____ (\$ insert amount of bond) _____.

The principal is now, or is applying to become, licensed under s. 633.14, Wis. Stat., as an employee benefit plan administrator and is obligated as a licensee to faithfully perform the responsibilities specified under ch. 633, Wis. Stat., and ch. Ins 8, subch. II, Wis. Adm. Code.

If the principal, while this bond is in force and effect, makes a full accounting and due payment to the persons entitled to the funds coming into its possession as an incident to employee benefit plan administrator activities, and complies with all the provisions of ch. 633, Wis. Stat., and any applicable administrative rules promulgated by the Wisconsin Commissioner of Insurance, then the obligation of the surety shall be null and void; otherwise the surety's obligation remains in full force and effect.

This bond is effective _____ (insert date) _____ and is continuous. It may be terminated by the surety, upon giving sixty (60) days' advance written notice of its intention to terminate to the Commissioner of Insurance, Madison, Wisconsin.

Dated at _____ (city) _____, _____ (state) _____, this _____ day of _____, 19 _____.

Surety

(Signature of Principal) - Last four digits of SSN

Signature of Company Officer

Signature of Attorney-in-Fact
