



State of New Hampshire

Department of Labor

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Ken Merrifield
Commissioner

Rudolph W. Ogden, III
Deputy Commissioner

NOTICE OF CONTRACT BETWEEN THIRD PARTY ADMINISTRATOR AND SELF-INSURER

ADMINISTRATOR NAME: _____

TRADE NAME (If used): _____

ADDRESS: _____

NAME OF INSURER: _____

ADDRESS: _____

CONTACT NAME: _____

CONTACT TITLE: _____ PHONE _____

CONTACT ADDRESS _____

Under the terms of the attached contract, the administrator will be responsible for: (Check those which apply)

- | | |
|-----------------------------------|-----------------------------------|
| _____ Solicitation of Coverage | _____ Underwriting |
| _____ Collection Charges/Premiums | _____ Claims adjustment |
| _____ Distribution Ad Materials | _____ General Management Services |
| _____ Claims Payment | _____ Other (Explain) |

Effective Date of Contract: _____

Physical location of books and records maintained by the administrator in regard to this agreement: _____

Also include the following items:

- A copy of the contract between the administrator and insurer.
- A copy of the notification which will be sent to policyholders informing them of this arrangement.

Signature of Representative

Signature of Self-Insurer Representative

Printed Name of Administrator Representative

Printed Name of Self-Insurer Representative