

DISCOUNT HEALTH CARE PROGRAM OPERATOR BIOGRAPHICAL CERTIFICATE

All individuals completing this form should read the General Information starting on page 3.

This form must be completed by the following individuals associated with a discount health care program operator. Please check the box or boxes that describe the individual who is completing this form. For the purposes of this question, an applicant must submit biographical information during registration or when there are additional individuals who are: individuals responsible for conducting the program operator’s affairs, a member of the board of directors, board of trustees, executive committee, or other governing board or committee, an officer of the program operator, any contracted management company personnel, or any person owning or having the right to acquire 10 percent or more of the voting securities of the program operator.

- Individual responsible for conducting the discount health care card program operator’s affairs;
- Member of the board of directors
- Member of the board of trustees
- Member of the executive committee
- Member of other governing board or committee, please specify: _____
- Officer of the program operator, please specify title: _____
- Contracted management company personnel. Please specify title: _____
Please specify name of management company: _____
- A person who owns or has the right to acquire 10% or more of the voting securities of the program operator. Please specify the percent of voting securities you own or have the right to acquire _____

Part I—Biographical Information

Applicant Information: Please read carefully and provide all requested information.

1 Name of Discount Health Care Card Program Operator:

PRINT FULL LEGAL NAME

2 Individual’s Detail Information: This application cannot be processed without this information.

FULL LEGAL NAME

TITLE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

3 Individual’s Mailing Address:

STREET, PHYSICAL LOCATION, ROUTE OR P.O. BOX

CITY

STATE

ZIP CODE

4 Contact Information:

TELEPHONE NUMBER (###) ###-####

FAX NUMBER (###) ###-####

EMAIL ADDRESS

Part II—Screening Questions

If you have any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided. If you answer "Yes" to any of the below questions, please attach copies of documentation and separate pages providing the details including names, contact information, dates, locations, dispositions, or any other pertinent information.

- 1** Excluding traffic violations and first offense DWI:
- Do you currently have any pending misdemeanor or felony charges (by indictment, information, or any other instrument) filed against you in Texas, in any other state or by the federal government?
 No Yes
 - Have you ever been **convicted of any misdemeanor or felony offense** in Texas, in any other state or by the federal government?
 No Yes
 - Have you ever had **adjudication deferred on any misdemeanor or felony charge or offense** in Texas, in any other state or by the federal government?
 No Yes
 - Have you ever **served any period of probation** for any misdemeanor or felony offense in Texas, in any other state or by the federal government?
 No Yes

If you answered "Yes" to any of questions **1a–d**, you must submit original **certified** copies of the charging document, indictment, information, or any other charging document, judgment of conviction, and/or deferred adjudication order, probation order, order terminating probation, community supervision and/or parole certificate for each and every crime or offense. If the court states they no longer have the records, please have the court provide us with a letter on their letterhead stating that fact. If you were arrested only and not prosecuted, please provide a records search from the appropriate jurisdiction indicating a final disposition. You must submit a statement describing the circumstances leading to the offense(s). You must include your age at the time(s) of the offense(s). You may provide letters of recommendations from any persons in contact with you that are aware of your criminal past.

- 2** Have you or has any corporation, partnership, association or firm in which you were a director, officer, shareholder, manager, member or partner, ever been the subject of an administrative or legal action filed by Texas or any other insurance department, or financial regulatory agency, or of an action filed on behalf of Texas or any other state or by the federal government based on alleged violations of state or federal insurance, securities or financial regulatory laws that you have not previously reported to the Texas Department of Insurance?
 No Yes

If you answer "Yes", a registration will not be issued until full details of the administrative or legal action are provided.

- 3** Are you indebted to any discount health care program member, policyholder, insurance or reinsurance company, insurance agency, general agent, managing general agency, premium finance company or court appointed liquidator for membership refunds, premiums collected, or commissions retained, or have any claims or judgments been filed against you for membership refunds, retaining premiums or commissions?
 No Yes

If you answer "Yes", a registration will not be issued until full details of the indebtedness are provided.

- 4** Have you ever had a discount health care program contract cancelled for cause (e.g., misrepresentation, misappropriation, etc.)?
 No Yes

If you answer "Yes", a registration will not be issued until full details are provided.

- 5** Fingerprint Receipt: Have you attached your fingerprint receipt? Refer to page 3 and 4.
 No Yes

If you answer "No", explain why your fingerprint receipt is not attached to this form.

Part III–Certification:

Dated and signed this _____ day of _____ 20 _____ at _____

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

I understand that fingerprints provided with this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.

SIGNATURE OF INDIVIDUAL

State of _____

County of _____

Personally appeared before me the above named _____, personally known to me, who, being duly sworn, deposes and says that he or she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his or her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 20 _____.

(NOTARY SEAL)

NOTARY PUBLIC

My commission expires _____
MM/DD/YYYY

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.

Part IV–General Information:

Fingerprints: Everyone that uses the electronic fingerprint process must provide a copy of a fingerprint receipt from IdentoGo by MorphoTrust USA evidencing the individual has had his or her fingerprints electronically submitted to the Texas Department of Public Safety.

The fingerprint receipt is waived if one of the following applies:

- 1 The individual holds an active TDI license or registration and has already submitted fingerprints to TDI with another license application or registration application or;
- 2 The individual is a nonresident and meets this requirement by one of the following.
 - a. The individual is associated with a discount health care operator which is registered in good standing in another state and the individual was fingerprinted for registering that discount health care program operator in that other state, or;
 - b. The individual provides with this application criminal history records obtained from the individual’s resident state’s law enforcement agency or;
- 3 The individual, or the Discount Health Care Program Operator with which you are associated, is renewing an unexpired license, certification, registration, or authorization.)

Click here for detailed information about fee requirements and about [Fingerprint Requirements and Instructions](#)
Fingerprints provided for a Biographical Form shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.

TDI cannot complete processing an application for registration or renewal of registration as a discount health care program operator until it receives a criminal history report from DPS and FBI for the individual whose biographical information is being requested under this form in accordance with the Texas Insurance Code §7001.005(a)(2) and §7001.008.

This form should be used when **additional** individuals become associated with a **discount health care program operator**.

Mail this application, along with any fees and required attachments:

Via **USPS** send to:

MC: CO-AAL
Agent and Adjuster Licensing
Texas Department of Insurance
PO Box 12030
Austin, TX 78711-2030

Via **UPS and Fedex** send to:

MC: CO-AAL
Agent and Adjuster Licensing Texas
Department of Insurance 1601
Congress Avenue, Suite 6.900
Austin, Texas 78701-1407