

OPT *ins* is a simple three-step process which facilitates the electronic submission of premium taxes, surplus lines taxes, assessments and other state-specific filings. Fees are transmitted via ACH debit or ACH credit, to assure that your funds will be received by the state in a timely and secure manner. There is no special software to purchase or licensing fees - only a transaction fee of \$10.00 per filing.

Once your paperwork is submitted, the OPT *ins* team will schedule an ACH debit penny test. The penny test entails the debit of one penny. If your bank has added a debit block onto your bank account, you will need our account information to lift the debit block for NAIC transactions. Please contact the OPT *ins* marketing and implementation team at (816) 783-8787 or optinsmktg@naic.org and we will provide the necessary information to lift the debit block.

Once the penny test is a success, we will move onto the next step in the implementation process. If you have any questions, please contact the OPT *ins* marketing and implementation team at (816) 783-8787 or optinsmktg@naic.org.

Instructions for Completing the OPT *ins* Implementation Forms

1. Save this form to your computer
 - a. Click File
 - b. Click Save As
 - c. Enter a name for the file
 - d. Click Save
2. Page two
 - a. Enter the name of the Entity (company or individual) which will be debited
 - b. Enter the name and address of your financial institution
 - c. Enter your routing number, bank account number and name of your bank account
 - d. Insert the electronic signature of the person authorized to sign banking information
 - e. Enter the authorized signer's name and title
 - f. Enter the name, address and phone number of the company
 - g. Enter the date
3. Page three
 - a. Enter the company name at the top
 - b. Enter internal financial contact's information under Treasury/Cash Management/Bank Account Manager Contact, Accounting/Accounts Payable Contact and Regulated Entity Department Contact (this can be the same contact for all)
4. Page four
 - a. Enter the contact information for each person who will need a username and password to access the OPT *ins* application
 - b. On page five of this form, there is a list of definitions for the various OPT *ins* roles, which provide different areas of access to OPT *ins*. Please refer to the definitions and check the box or boxes for the appropriate roles which should be assigned to each OPT *ins* user.
 - c. Users may have all roles, but each role must be assigned to at least one user.
5. Page five
 - a. Please enter the name and email address of a backup contact that can be contacted if there any issues with a Scheduled Filing.
6. Page six
 - a. Enter the Regulated Entity name, Federal Identification Number (FEIN), and OK License number (if applicable).
 - b. Enter the state of domicile.
7. Save and submit the form
 - a. Scroll back to the top and in the top left, click "File" and "Save"
 - b. Click "Submit Form"
 - c. Choose the appropriate email client
 - d. Press OK and Send

INDUSTRY EXHIBIT A

**AUTHORIZATION FOR ELECTRONIC
DEBIT AND CREDIT ENTRIES**

The National Association of Insurance Commissioners ("NAIC") is authorized to initiate debit entries and to initiate, if necessary, credit entries and adjustments for the correction of any debit entries in error from or to the account indicated below of _____(COMPANY) at the financial institution indicated below:

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing & Transit No.: _____

Account No.: _____

Account Name (if applicable): _____

The Company authorizes the above-named Financial Institution to honor such requests from the NAIC and to debit or if applicable, to credit, the same to the account indicated above. The debit entries initiated by the NAIC are for the payments due under *OPTins* Use Agreement.

This authorization shall remain in full force and effect until the above-named Financial Institution as well as the NAIC have received written notice from the Company of termination of authority in such time and manner as to afford the Financial Institution as well as the NAIC a reasonable time to act on said termination. Notwithstanding the foregoing, this authorization shall terminate no later than thirty (30) days after written notice of termination is received by the NAIC.

Signature of Authorizing Party: _____

Name & Title of Authorized Party: _____

Name of Company: _____

Address: _____

Telephone Number: _____

Date: _____

INDUSTRY EXHIBIT B
EFT ENROLLMENT FORM

Company Name

Óæ \ / 0B& ~) cName

Treasury/Cash Management/Bank Account Manager Contact *(Please list your internal financial contact – not the bank contact)*

Name

Phone

Fax

Email

Accounting/Accounts Payable Contact

Name

Phone

Fax

Email

Regulated Entity Department Contact

Name

Phone

Fax

Email



The following information is required, along with EFT Exhibits A & B. Please complete these forms and the EFT Exhibits and email or fax to the OPTins Marketing Team – optinsmktg@naic.org or 816-460-0191.

CONTACTS/USERS: Please provide the following information for each person who will be submitting filings. Refer to Page 2 for Explanation of Roles. Please place a checkmark in the field next to the required role(s).

Name	Phone #	Address, City, State	Email Address
OPTins Roles (Can have multiple roles. See page 2 for explanation of roles.)	<input type="checkbox"/> Industry Filer (Create Drafts Only)	<input type="checkbox"/> Schedule/Submit Filings	<input type="checkbox"/> Filing Entity Administrator
	<input type="checkbox"/> EFT Report	<input type="checkbox"/> User Admin Request	<input type="checkbox"/> Read Only
Name	Phone #	Address, City, State	Email Address
OPTins Roles (Can have multiple roles. See page 2 for explanation of roles.)	<input type="checkbox"/> Industry Filer (Create Drafts Only)	<input type="checkbox"/> Schedule/Submit Filings	<input type="checkbox"/> Filing Entity Administrator
	<input type="checkbox"/> EFT Report	<input type="checkbox"/> User Admin Request	<input type="checkbox"/> Read Only
Name	Phone #	Address, City, State	Email Address
OPTins Roles (Can have multiple roles. See page 2 for explanation of roles.)	<input type="checkbox"/> Industry Filer (Create Drafts Only)	<input type="checkbox"/> Schedule/Submit Filings	<input type="checkbox"/> Filing Entity Administrator
	<input type="checkbox"/> EFT Report	<input type="checkbox"/> User Admin Request	<input type="checkbox"/> Read Only
Name	Phone #	Address, City, State	Email Address
OPTins Roles (Can have multiple roles. See page 2 for explanation of roles.)	<input type="checkbox"/> Industry Filer (Create Drafts Only)	<input type="checkbox"/> Schedule/Submit Filings	<input type="checkbox"/> Filing Entity Administrator
	<input type="checkbox"/> EFT Report	<input type="checkbox"/> User Admin Request	<input type="checkbox"/> Read Only



OPTins REGISTRATION FORM

EXPLANATION OF ROLES

User Role	Explanation
Industry Filer	This user can create a filing and save the filing as a Draft for the Schedule/Submit Filings user to submit at a later date. They can also edit Draft filings. This user will not have access to EFT or be able to submit a filing.
Schedule / Submit Filings	This user can create a filing and save the filing as a Draft, but they also have the ability to Schedule a filing to be submitted at a later date or Submit a filing on the date created. This user has access to EFT.
Filing Entity Administrator	This role can be combined with either the 'Industry Filer' or 'Schedule / Submit Filings' roles. This role allows the user to make changes and additions to all Filing Entities (Business Entities / Companies).
EFT Report	This role allows users to run the EFT Report in OPTins. The EFT report can be used to reconcile OPTins transactions versus your bank statement. This role must be combined with another role.
User Admin Request	This role allows user to make all user admin requests in OPTins, including adding new users, deactivating users, and changing User Roles. This role can be held in conjunction with other roles or held alone.



OPTins REGISTRATION FORM

REGULATED ENTITY / COMPANY INFORMATION

List the Company, Agency, or other Regulated Entity for which you submit Oklahoma state-specific filings. Please complete **all applicable fields**.
****State of Domicile is a required field.**

Regulated Entity Name	Federal Identification Number (FEIN)	State of Domicile	OK License Number

Backup Email Contact: As an added layer of protection, the system will generate an email message to the user who created the filing, as well as a Backup Contact in the event a Scheduled Filing is unsuccessful. The Backup Contact doesn't necessarily have to be an OPTins user, but would have a vested interest in whether a Scheduled Filing was unsuccessful.

Name	Email Address