



CE AUTOMATIC FINE PAYMENT VOUCHER

Dear Licensee:

Please enclose this completed form with payment in full of your automatic fine for continuing education (CE) non-compliance under Texas Insurance Code §4004.055 & 28 Texas Administrative Code §19.810.

Calculating Your Automatic Fine

To determine your Number of Hours Deficient, go to www.sircon.com/texas, and click on "Look up education courses/credit", to view your CE transcript.

For each hour of CE, you failed to complete during a license term, enclose \$50.00; up to a maximum of \$500.00 per each license type held. Please send this form and payment to one of the addresses listed on Page 2 of this form. To determine your automatic fine total:

Number of Hours Deficient x \$50.00 Fine per Hour Deficient x Number of Licenses Held Requiring CE = Automatic Fine Total (Maximum of \$500.00 per License Held Requiring CE)

NOTE: If you believe the fine to be inaccurate due to an error in your transcript or believe you should receive an extension or waiver of your CE requirements, please address these issues (see next page) before issuing a full payment of fines. Fines for reporting periods prior to 6-1-2018, may exceed the \$500.00 per license held limitation)

Your Information

Please complete the following:

Name of Licensee: \_\_\_\_\_

E-mail Address of Licensee: \_\_\_\_\_

License Number: \_\_\_\_\_

Amount of Full Fine Enclosed: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Accounting: USE 462 and CRE100 PLEASE RETURN TO AGENT AND ADJUSTER LICENSING ADMINISTRATIVE OPERATIONS, CONTINUING EDUCATION, MAIL CODE 107-1A

**Mailing Instructions**

Make checks or money orders payable to **"Texas Department of Insurance"**.

Please include this form with any payment.

**Via Regular Mail**

Texas Department of Insurance  
P.O. Box 12200, MC 107-1A  
Austin, Texas 78711

**Via Overnight Mail**

Texas Department of Insurance  
208 E 10th St., MC 107-1A  
Austin, Texas 78701

Please allow 4-6 weeks for processing following receipt by TDI.

**Transcript Errors and Fine Reviews**

To address any errors in your transcript, please send:

- A letter describing the issue; and
- Copies of certificates or other proof of compliance regarding the errors.

For consideration of possible extension or waiver of your requirements, please send per 28 Texas Administrative Code:

- A statement of the exact nature of your illness, medical disability or other extenuating circumstances beyond your control that prevented or will prevent you from completing your requirements, including:
  - The period of time you were affected by the issue;
  - Whether the condition is temporary, permanent or unknown;
  - Whether the issue precluded you from performing the acts of an agent or adjuster; and
  - An estimate of when you will be able to perform the acts of an agent or adjuster;
- Supporting documentation in the form of medical reports from attending physicians or insurance claims regarding your illness or medical disability referenced in your statement (if applicable)
- Supporting documentation regarding circumstances beyond your control referenced in your statement (if applicable)
- A copy of your order to active duty, including expected duration of assignment (if applicable) and
- Any other information or documentation you think will assist the department.

Please submit your information for review by:

- E-mail to [CE@tdi.texas.gov](mailto:CE@tdi.texas.gov), with "CE Appeal" in the subject line; OR
- Mail to the addresses above; OR
- Fax to (512) 490-1054.

Please allow two to three weeks for consideration of your request.