



Application for Discount Medical Program Organization

Check appropriate box for application requested.

- ☐ Initial Application – Fee \$500.00
☐ Renewal Application – Fee \$250.00
DMPO License Number _____

Indiana Department of Insurance

For Dept. use only:

Date Fee
Processed _____

Date Registration
Processed _____

INSTRUCTIONS:

1. All Discount Medical Program Organization licenses must be renewed annually. Initial applications and renewal registration can be completed electronically at www.sircon.com/indiana.
2. Discount Medical Program Organizations must be authorized to transact business in Indiana.
3. **Initial Application:** Submit application, DMPO checklist, Marketing Forms checklist, initial fees, and supporting documentation.
4. **Renewal Application:** Submit application, renewal fee, updated list of program providers (with addresses and contact information) and proof of surety bond renewal. Review the checklist and submit documentation for any changes since last renewal.
5. Notify the Department of Insurance at least 30 days prior to a change in DMPO's name, address, principal business address, or mailing address.
6. DMPO Annual Report shall be submitted to Department of Insurance not later than three (3) months after the end of the fiscal year.
7. Any change resulting in a **new tax EIN#** is considered an initial application.

Corporate Demographics

Name of Discount Medical Program Organization

Date of fiscal year

D/B/A Name

FIN/EIN Number

Address (If P.O. Box address, also include street address)

City

State

Zip Code

Telephone Number

Toll Free Number

Fax Number

Name of Contact Person

Telephone number

E-mail Address

Certification

This company, through its duly authorized officer, hereby applies for the registration authorizing it to operate as a discount medical program organization in the State of Indiana, and does hereby swear that all responses, information, exhibits and documentary evidence submitted in support of this application are true and correct.

Renewal Application Certification: (check one box)

- ☐ I certify that there have been no changes to any application information and documentation submitted during the last year; or
- ☐ I certify that there have been changes to the previously submitted application information and documentation and have attached the revised documentation.
- ☐ **New Application Certification**

Certified by:

Signature of Applicant

Title

Date

Printed Name