

MEWA Quarterly Report Checklist

MEWA Name: _____

Statutory Address: _____

Mailing Address: _____

Telephone Number: _____ Fax: _____

Contact Person: _____

Contact Email: _____ Phone: _____

Contact Address: _____

Quarterly Submission for: 1st - March 31st _____ 2nd - June 30th _____
3rd - September 30th _____ 4th - December 31st _____

Requirements

(Please number or tab each item accordingly)

	1. Calculation to confirm compliance with 760 Indiana Administrative Code (IAC) 1-68-2(d)(8)
	2. A balance sheet and income statement
	3. A signed Attestation Statement from an officer of the MEWA
	4. A list of any employers who have obtained coverage with the MEWA during the previous quarter and the number of their covered employees.

IDOI Use Only

Date Received: _____

All items received: **YES** **NO**

Filing Complete: **YES** **NO**

Comments:

Approved By: _____

Date: _____