



## 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 \_\_\_\_\_

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](http://www.sircon.com/indiana) or by paper submission.
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.

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### 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:

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Signature of Applicant

Title

Date

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Printed Name

Initial application registration or renewal registration can be completed electronically at [www.sircon.com/indiana](http://www.sircon.com/indiana) or by mailing materials to:

Attn: DMPO Coordinator  
Indiana Department of Insurance  
311 W. Washington St., Suite 300  
Indianapolis, IN 46204-2787