

DISCOUNT MEDICAL CARD PROGRAM ORGANIZATION

Refer to IC 27-17 for all requirements

Complete the entire checklist for a new application or only those sections changed since the last renewal.

Fill in "Located" column with section and page number supporting the requirement.

Company Name _____

Date _____

STATUTE/REGULATION	REQUIREMENTS	LOCATED
Application Form	Complete application in its entirety. Include explanation for any "no" answers.	N/A
IC 27-17-2-1(1)	Entity must be authorized to transact business in Indiana. Attach copy of Certificate of Authorization from Indiana Secretary of State.	
Fee IC 27-17-2-3	\$500.00 Initial application \$250.00 renewal application	NA
Legal Documents		
Documents IC 27-17-2-2(b)(2)(A) & (B)	Submit copy of articles of incorporation or other organizing documents certified by state of domicile and copy of bylaws signed by Secretary of the company with official company seal.	
Governing Board IC 27-17-2-2(b)(2)(C)	Submit information on key governing personnel and officers including biographical affidavit.	
Operations IC 27-17-2-2(b)(2)(D)	Submit statement describing entity, facility and personnel, and description of discount services.	
Contractual Agreement IC 27-17-2-2(b)(2)(F)	Submit copy of contract between DMPO and key individuals.	
Contract IC 27-27-2-2(b)(2)(G)	Submit copy of contract between DMPO and individuals responsible for program administration.	
Service of Process IC 27-17-2-2(b)(2)(L)	Provide name and address of agent for service of process.	
Marketing		
Program Providers IC 27-17-2-2(b)(2)(E)	Provide list of Indiana Program Providers to include address and contact number.	
Marketing Plan IC 27-17-2-2(b)(2)(H)	Submit description of marketing methods and distribution system.	
DMPO Certification of Marketing Materials IC 27-17-12-1	Submit statement certifying DMPO reviews and approves all marketing materials used by marketers.	
Marketers Agreement IC 27-17-12-2(1)	Submit statement certifying marketers have signed a written agreement with the DMPO before beginning marketing activities.	
Toll Free Access # IC 27-17-2-2(b)(2)(I)	Provide toll free number available for cardholder use at least 40 hours per week.	
Cancellation Policy IC 27-17-2-2(b)(2)(J) IC 27-17-8	Submit copy of cancellation and refund policy for providers and cardholders.	
Complaint Procedure IC 27-17-2-2(b)(2)(K)	Submit copy of complaint procedures for providers and cardholders.	
Marketing Materials IC 27-17-6	Submit separate Marketing Forms checklist. All advertisements, marketing materials, brochures, and discount cards shall be approved by IDOI before use.	
Financial Requirements IC 27-17-9		
Surety Bond IC 27-17-9-2 & 3	Submit proof of Surety Bond equal to at least \$35,000 or provide cash deposit to IDOI.	
Annual Financial Report IC 27-17-2-2(b)(2)(M)	Submit copy of most recent annual financial report certified by an officer.	
Annual Report Form IC 27-17-7-1	Annual Report Form is to be filed with the IDOI not later than 3 months after the end of DMPO fiscal year.	