STATE OF INDIANA
DEPARTMENT OF INSURANCE
Fee Statement

Year Ending: 20_____

MEWA [ ] School Pool Trust [ ]

Instructions:
1. Complete the Fee Statement
2. For each MEWA or School Pool Trust submit an individual check and Fee Statement. The fee
   Statement and check filing must be submitted with all annual filings.
3. Fee Statement and check must be received:
   a. Within ninety (90) days of the end of the MEWA’s fiscal year
   b. On or before March 1st for the School Pool Trust

Name of the MEWA or School Pool Trust: __________________________________________________

MEWA or School Pool Trust Address: _____________________________________________________

Contact Person: _______________________________________________________________________

Contact Telephone: _________________________ Contact Email: ____________________________

Annual Fees:

MEWA Fee
1. Filing of Annual Financial Statement (Rule 68, 760 IAC 1-68-17(3) $ 50
2. Internal Audit Fee (Rule 68, 760 IAC 1-68-17(2) $100

MEWA Total $ __________

School Pool Trust Fees:
1. Filing of Annual Financial Statement (760 IAC 1-75-15(2) $250
2. Internal Audit Fee (760 IAC 1-75-15(3) $100

School Pool Trust Total $ __________

Please make check payable and mail to:

Indiana Department of Insurance
Admission Coordinator
311 W. Washington St, Ste 300
Indianapolis, IN 46204-2787

Deposit Date: ______________________
Check Number(s): ______________________
Amount Received: ______________________
Deposit Number: ______________________

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