



APPLICATION FOR REGISTRATION OF MULTIPLE EMPLOYER WELFARE ARRANGEMENT (MEWA) IC 27-1-34-1

Note: "Multiple Employer Welfare Arrangement" means an entity other than a duly admitted insurer that establishes an employer benefit plan for the purpose of offering or providing accident and sickness or death benefits to the employees of at least two (2) employers, including self-employed individuals and their dependents

The following documents must be submitted with this application (Please tab according to the list below)		√ Check
TAB #		
1.	Sec. 2 (b) (10) & Sec. 17 – Application – Form 100M and Application fee of \$350	
2.	Sec 2.(b)(1) – Copies of all articles, bylaws, trusts, or other documents describing the rights and obligations of employers, employees and beneficiaries.	
3.	Sec. 2 (b) (2) - Current Financial Statements	
4.	Sec. 2 (b) (2) - A projection of the assets, liabilities, income and expenses of the MEWA for the next twelve (12) months.	
5.	Sec. 2 (b) (3) - Certified Copy of fidelity bond covering each person responsible for servicing the MEWA in amount equal to: (A) the greater of ten percent (10%) of the premiums and contributions received by the MEWA; or (B) ten percent (10%) of the benefits paid; during the preceding calendar year, with a minimum of ten thousand (\$10,000) and a maximum of five hundred thousand (\$500,000).	
6.	Sec. 2 (b) (4) - Business Plan for the MEWA including the proposed marketing and sales plan, and personnel.	
7.	Sec. 2 (b) (5) - An opinion from a qualified actuary satisfactory to the commissioner showing that the MEWA will be operated in accordance with sound actuarial principles.	
8.	Sec. 2 (b) (6) - A certification by the applicant that the MEWA is in compliance with all applicable provisions of the Employee Retirement Income Security Act (ERISA) of 1974 or that the applicant is exempt from ERISA including the basis for the asserted exemption.	
9.	Sec. 2 (b) (7) - Copies of the plan documents and agreements with service providers.	
10.	Sec. 2 (b) (8) -A Statement of the costs of coverage to be charged, including an itemization of amounts for administrative operations, reserves and other expenses associated with the operation of the MEWA.	
11.	Sec. 2 (b) (9) -Names and addresses of the following:	
	A. The association or group of employers sponsoring the MEWA	
	B. The members of the board of trustees or directors, as applicable with the MEWA.	
	C. If not an association, at least two (2) employers.	
12.	Sec. 2 (d) (7) - Identity of insurer to provide stop loss coverage and declaration page.	
13.	Sec. 2 (d) (9) -Description of plan handling claims routinely and in event of insolvency.	
14.	Sec. 9 (b) (6) -A listing of current applicants or if already operating a listing of participating employers as well as the number of employees for each employer.	
15.	NAIC Biographical Affidavits for the MEWA Board of trustees or directors. <i>Form 11 at the NAIC website (www.NAIC.ORG/UCAA/FORMS/FORMS.HTM)</i>	
16.	A copy of the participation agreement and application.	
17.	MEWA organizational Requirements Checklist – Form M200	
18.	A signed MEWA Coverage Affidavit – Form M400	
19.	A completed MEWA Coverage Requirements Checklist – Form M300	



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Full name of MEWA		FEIN#	
MEWA Statutory Home Address (street, city, state, ZIP code)			
MEWA Mailing Address (street, city, state, ZIP code)			
MEWA Service of Process (Company, street, city, state, ZIP code)			
MEWA Telephone		MEWA Email	
MEWA Contact & Title	Telephone	Email	
Application Contact	Telephone	Email	

Pursuant to 760 IAC 1-68, please complete the following questions:

- A. **Sec. 2 (d) (1)** Are the employers in the MEWA members of an association or group of two (2) or more businesses in the same trade or industry? Yes No
 If Yes, list trade or industry: _____
- B. **Sec. 2 (d) (1) (A)** If an association, is the association engaged in substantial activity for its members other than sponsorship of an employee welfare benefit plan? Yes No
 If No, please explain: _____
- C. **Sec. 2 (d) (1) (B)** If an association, has the association been in existence for a period of not less than two (2) years prior to engaging in any activities relating to the provision of the employee health benefits to it members? Yes No
 If an association, provide the name of the association: _____
- D. **Sec. 2 (d) (3)** Is the MEWA a not-for-profit organization? Yes No
- E. **Sec. 2 (d) (12)** Name of qualified financial institution to be used: _____
- F. **Sec. 8 (a)** Does the MEWA have a contract with a third party administrator? Yes No
 If answer is yes, list or attach the name of the third party administrator(s): _____
- G. **Sec. 8 (b)** Are any of the trustees an owner, officer, or employee of the administrator? Yes No
- H. **Sec. 10** Is the MEWA's trust balance \$500,000 or greater? Yes No

I certify that the above statements are true

Chairman of the Board Signature

Date

Printed Signature

Title