

Check which applies:
CoR Applicant:___
Annual Renewal:___

Commonwealth of Kentucky • Department of Insurance •
Mayo-Underwood Building 500 Mero Street 2SE11 Frankfort, KY 40601
•P.O. Box 517• Frankfort, KY 40602-0517•
502-564-6082•FAX 502-564-4604

**APPLICATION FOR A CERTIFICATE OF REGISTRATION
OF MULTIPLE EMPLOYER WELFARE ARRANGEMENT
(MEWA)**

1. (a) Name of Applicant:_____ (b) FEIN #:_____

2. Address of principal office:_____

- City:_____ State:_____ ZIP:_____

- Contact Person: _____

- Phone:_____ Ext.:_____ FAX:_____

- E-Mail Address:_____

3. Address to which official communications should be mailed (if different from above):

4. Name of custodian and addresses where books and records are maintained:

5. Please respond to the following questions regarding this applicant:
 - a) Is the applicant an eligible entity as defined in 29 USC §1002(40)?
() Yes () No

 - b) Please provide the date the entity began marketing a health insurance plan to members: _____

 - c) Is the entity insurer controlled?
() Yes () No

Check which applies:
CoR Applicant:___
Annual Renewal:___

Commonwealth of Kentucky • Department of Insurance •
Mayo-Underwood Building 500 Mero Street 2SE11 Frankfort, KY 40601
•P.O. Box 517• Frankfort, KY 40602-0517•
502-564-6082•FAX 502-564-4604

- d) Does membership consist principally of employers?
() Yes () No
- e) Are the entity's health insurance related issues decided by a board or committee of whom the majority is represented with employer members?
() Yes () No
- f) Are the entity's health insurance decisions recorded in written minutes or other written documentation?
() Yes () No

6. Date and place of organization: _____

7. Date fiscal year ends: _____

8. Name and address of agent of service of process: _____

9. Names of insurers and policy numbers for bonds covering fiduciaries:

| <u>Insurer Name</u> | <u>Policy Number</u> |
|---------------------|----------------------|
| | |
| | |
| | |
| | |

10. Is the group composed of governmental entities?
(check one) () Yes () No

Check which applies:
CoR Applicant:___
Annual Renewal:___

Commonwealth of Kentucky • Department of Insurance •
Mayo-Underwood Building 500 Mero Street 2SE11 Frankfort, KY 40601
•P.O. Box 517• Frankfort, KY 40602-0517•
502-564-6082•FAX 502-564-4604

11. If question 10 was answered “yes,” describe the governmental entities involved (attach additional pages if necessary):

12. Will the group have an administrator or agent? (check one): () Yes () No

13. If question 12 was answered “yes,” give the name and address of the administrator or agent and attach any contracts with an agent or administrator to this application:

14. State whether any member of the board of directors/trustees has any direct or indirect interest in an administrator or service company and describe such interest. (Attach additional sheets if necessary)

Check which applies:
CoR Applicant:___
Annual Renewal:___

Commonwealth of Kentucky • Department of Insurance •
Mayo-Underwood Building 500 Mero Street 2SE11 Frankfort, KY 40601
•P.O. Box 517• Frankfort, KY 40602-0517•
502-564-6082•FAX 502-564-4604

15. Attach the following information, in accordance with Section 3 of 806 KAR 11:020:
 - a. A copy of any trust document used by the MEWA
 - b. A copy of any health benefits or life benefit plan documents
 - c. A copy of the most recent Form 5500 and M-1 filing made to the United States Department of Labor
 - d. A copy of any audits conducted with respect to the MEWA
 - e. A copy of any stop-loss, excess, or reinsurance policies held by the MEWA
Please note: If holding a stop-loss policy, please attach the AM Best rating of the insurer issuing the stop loss policy
 - f. A copy of any audits conducted
 - g. The names and mailing addresses of all group members. If not known, provide a description of the group to be solicited for membership.
 - h. A list of the names, addresses, official positions, and biographical information of all officers and trustees of the MEWA.
 - i. A copy of any marketing materials and rate manuals
16. Please provide an affidavit from each member of the board of directors attesting to the veracity of the information contained in the application.
17. Please attach Form 800, Kentucky Designation of Person to Receive Legal Process available on the Department's website, <http://insurance.ky.gov>
18. In consideration of the approval of this application the applicant hereby expressly agrees, before approval or disapproval of this application, to:
 - a. File with the Department of Insurance any other information requested by the Department, pursuant to 806 KAR 11:020.
 - b. Immediately notify the Department in writing of any change in any information filed herein and immediately give the Department the correction.
 - c. File with the Department of Insurance the annual renewal application no later than March 1 of each year, as set forth in Section 5 of 806 KAR 11:020.

Check which applies:
CoR Applicant:___
Annual Renewal:___

Commonwealth of Kentucky • Department of Insurance •
Mayo-Underwood Building 500 Mero Street 2SE11 Frankfort, KY 40601
•P.O. Box 517• Frankfort, KY 40602-0517•
502-564-6082•FAX 502-564-4604

(MEWA's Name)

by signing this registration, agrees to comply with all applicable provisions of Kentucky law, including, but not limited to KRS 304.17A-600 through 304.17A-633.

Officer's Signature: _____

Officer's Name: _____

Officer's Title: _____

Officer's Phone Number: _____

Officer's Fax Number: _____

Date: _____

***Enclose a check made payable to Kentucky State Treasurer in the amount of \$500 as the non-refundable application filing fee. Mail the application with check to the Department of Insurance, Financial Standards and Examination Division, P. O. Box 517, Frankfort, KY 40602-0517.**