



STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
1135 M Street, Suite 300
Lincoln, Nebraska 68508
(402) 471-2201
<http://www.doi.ne.gov>

Applicant Name: _____

State of Domicile: _____

Home Office Address: _____

Contact Name: _____ Phone: _____

Federal ID Number: _____

Date Commenced Business: _____

Fees: Application Fee is \$1000. Checks made payable to the Nebraska Department of Insurance.

Multiple Employer Welfare Arrangement Application for Certificate of Registration

Pursuant to Neb. Rev. Stat. §44-7601 - §44-7617, The Multiple Employer Welfare Arrangement Act, the Nebraska Department of Insurance requires the applicant to submit a filing fee and the documents listed below in duplicate, to the Department to obtain approval for registration as a multiple employer welfare arrangement.

- _____ 1. \$1000 filing fee.
- _____ 2. Articles of incorporation, association or other organizational documents.
- _____ 3. Bylaws.
- _____ 4. Materials and or documents describing the rights and obligation of employers participating in the multiple employer welfare association.
- _____ 5. Trust Agreement.

- _____ 6. Unaudited financial statement which contains attestation by the Board of Trustees.
- _____ 7. Actuarial statement that includes:
 - _____ a) A statement that rates charged and reserves are sufficient to pay both (a) incurred claims, and (b) incurred but not reported claims, and (c) associated expenses for the health benefit plan.
 - _____ b) Confirmation that the required stop loss insurance policy is in force.
- _____ 8. Financial Statement
 - _____ a) balance sheet
 - _____ b) income statement
 - _____ c) statement of cash flow
 - _____ d) Form 5500
 - _____ e) Form M-1
- _____ 9. Health benefit plan
 - _____ a) Summary plan description
 - _____ b) Proposed advertising materials used in the solicitation employers which will participate in the health benefit plan.
- _____ 10. All contracts and other instruments proposed to be made offered or sold by the multiple employer welfare arrangement to employers participating in the MEWA's health benefit plan.
- _____ 11. The contract with the third party administrator which administers the plan, if any.
- _____ 12. Stop loss insurance policy
 - _____ a) Binder or stop loss insurance policy by an insurer licensed in Nebraska.
 - _____ b) Policy provides coverage in excess of the MEWA's retention of

125% of the MEWA's expected health claims costs as determined or an aggregate basis.

_____ c) Policy contains a provision that insurer may not terminate coverage unless the MEWA and the Director of Insurance receive a 30 day notice of termination prior to the effective date of termination.

_____ 13. Multiple Employer Welfare Association information which includes the following:

_____ a) A statement that the MEWA is established and maintained by an association of employers.

_____ b) Evidence that the MEWA has been in existence and engaged in substantive activity for its members other than sponsorship of a health benefit plan for more than three years.

_____ c) A statement that the MEWA is composed of two or more members all of which are in the same trade or industry.

_____ d) List of employers and employees who participate or will participate in the health benefit plan offered by the MEWA.

_____ e) A statement that the MEWA has applications for participation from two or more members who are employers and which has an aggregate of 200 or more participating employees.

_____ 14. Board of Trustees

_____ a) Evidence to support that the Board of Trustees is composed of owners, partners, officers, directors, or employees of one or more of participating employers.

_____ b) Evidence to support a statement that no member of the Board of Trustees is an owner, officer or employee, or a partner in, or contract administrator, or other service provider to the health benefit plan or of any third party administrator of the MEWA.

_____ c) A statement that no member of the Board of Trustees has been convicted of any felony or a Class I, II or III misdemeanor.

_____ d) Documents containing provisions that the Board of Trustees shall be:

_____ i) A fiduciary of the trust.

_____ ii) The plan administrator for all operations of the health benefit plan.

- _____ iii) Responsible for implementing and carrying out rules of operation and financial control of the health benefit plan based on an annual plan of operation adequate to carry out terms of the health benefit plan, and to meet all requirements of the MEWA Act.
- _____ iv) Authorized to assess the participating employers an amount necessary to remedy any deficiency if the assets of the MEWA and stop-loss insurance policy issued to the MEWA are at any time insufficient to pay claims made against a health benefit plan, or to discharge liabilities and obligations relating to the claims of the health benefit plan.
- _____ v) Authorized to assess the participating employers an amount necessary to remedy any deficiency or meet obligations relating claims of the to the health benefit plan.
- _____ 15. A statement that participating employers who voluntarily terminate participation in the MEWA or who are involuntarily terminated by the MEWA remain liable for all contractual obligations entered into with the MEWA on or before the date of termination.
- _____ 16. Disclosures to be given to participating employers and employees who apply for coverage:
 - _____ a) Documents which demonstrate that the health benefit plan provided by the MEWA is not:
 - _____ i) Insurance.
 - _____ ii) Subject to state laws and requirements that apply to health insurance offered by a licensed insurer.
 - _____ iii) Covered by the Nebraska Life and Health Insurance Guaranty Association.
 - _____ b) The disclosures are in ten-point or greater type.
 - _____ c) A statement that the MEWA is authorized under state law to assess participating employers for claims under the health benefit plan if the MEWA is unable to pay such claims.

The foregoing is a true and accurate representation of this entity. I agree to notify the Nebraska Department of Insurance of any changes pertaining to the above required information within thirty (30) days.

Date

Signature

Title