NDOI
Nebraska Department of Insurance

Discount Medical Plan Organization (DMPO) Renewal Form

For the renewal period May 1, 2020 to April 30, 2021

Name of Discount Medical Plan Organization: _____

DMPO's Principal Office Address: _____

Nebraska Company Code: _ _ _ _ _ _ FEIN: _ _ - _ _ _ _ _ _ _

$300 renewal fee made payable to the Nebraska Department of Insurance

Submit this renewal form to the Nebraska Department of Insurance **no later than March 1, 2020**. The renewal form must include the $300 renewal fee and must be certified as true and complete by a corporate officer, partner, owner, or other duly authorized member of the DMPO. If the response to any question below is "yes", please provide details and attach the required explanation or documentation to this form.

Number of DMPO members in Nebraska?		
Has the DMPO received any complaints from members or providers in the past year? If yes, please provide a complaint log stating each complainant's name, date and nature of complaint, and resolution including the basis for any denial of benefits. The complaint log should be signed by the DMPO's compliance officer.	Yes	No
Has there been any change to the list of names and address of the persons responsible for the conduct of the DMPO's affairs (to include a compliance officer) including disclosures of the extent and nature of any contracts or arrangements with such persons and the DMPO, including any conflicts of interest, since the DMPO last provided this information?	Yes	No
Have any of the persons responsible for conduct of the DMPO's affairs, including all corporate officers, been charged with or convicted of a crime? "Crime" includes a misdemeanor, felony or military offense. If yes, provide a certified copy of the charging document and any resolution of the charges, with a written explanation of the circumstances.	Yes	No
Have the DMPO and/or affiliates had an application for registration or licensure denied or a certificate of registration or license revoked, suspended, or terminated?	Yes	No
Has the DMPO and/or persons responsible for conduct of the DMPO been sued by any entity in any jurisdiction in the past five years, or has the DMPO and/or affiliates been investigated for or found in violation of any statute or regulation?	Yes	No
Was the DMPO at any time unable to fully pay when due any debts or other obligations?	Yes	No
Has the listing of health care providers currently under contract changed?	Yes	No

I hereby certify that the information contained in this annual report and attachments is true and complete.

_____ _____ _____

Name and Title E-mail Address Date

_____ Signature