

## **Application to do Business as a Multiple Employer Welfare Arrangement (MEWA)**

1. \_\_\_\_\_, hereby makes application for a Certificate of Authority as a Multiple Employer Welfare Arrangement licensed to do business in Texas.
2. In compliance with Sec. 846.052, Texas Insurance Code, the following required documents are submitted:
  - A. Name Application (FIN300);
  - B. Application for Initial/Temporary Certificate of Authority (FIN375);
  - C. Certified copy of the Articles of Incorporation and all amendments;
  - D. Statement regarding name and addresses of the association or group of employees sponsoring the MEWA, members of the board of trustees or directors of the MEWA or if not an association, the MEWA must have at least five employers and will provide similar benefits for not less than 200 separate participating employees.
  - E. Certified copy of the Bylaws and any Trust Agreements between the association and the arrangement;
  - F. Employee Welfare Benefit Plan documents, Summary Plan Document and any agreements or trusts;
  - G. Current financial statements of the MEWA;
  - H. Proof of fidelity bond.
  - I. Business Plan.
  - J. Initial actuarial opinion.
  - K. Annual reports in compliance with 29 U.S.C. §§1023 and 1024;
  - L. Documentation that the MEWA possess a written commitment, binder, or policy for stop-loss insurance;

M. An attestation from an attorney opining the MEWA is in compliance with all federal laws, state laws and complies with the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq);

N. Officer and Directors or Trustees Page (FIN376) and Biographical Affidavit forms (UCAA Form 11) on all Officers, Directors and Trustees; and

O. Service of Process form.

3. For a MEWA that offers or seeks to offer a comprehensive health benefit plan under Insurance Code Sec. 846.0035, the MEWA must provide all the applicable information as required in 28 Texas Administrative Code Sec. 7.1917, including a statement signed and dated by an authorized officer or trustee.

4. Name of Entity \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_

Point of Contact \_\_\_\_\_

Association \_\_\_\_\_ Group of Employers \_\_\_\_\_

5. Association Seal, if any.

6. I know of no reason under the provisions of the Texas Insurance Code why the above-named entity is not entitled to a Certificate of Authority.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Officer or Trustee

\_\_\_\_\_  
Printed Name

Subscribed and sworn to before me, by the said \_\_\_\_\_  
(Name and Title)

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, to certify which witness by hand and seal of office.

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Printed or Stamped Name

My Commission expires \_\_\_\_\_, 20\_\_\_\_.