

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Insurance
550 West Seventh Avenue, Suite 1560
Anchorage, Alaska 99501-3567

Original Amendment

**APPLICATION FOR MULTIPLE EMPLOYER WELFARE ARRANGEMENT
CERTIFICATE OF AUTHORITY**

Application is hereby made to the Director of Insurance for a Certificate of Authority for a Multiple Employer Welfare Arrangement to transact the business of insurance in the State of Alaska.

1. Name of applicant: _____
If amending to change the name, indicate former name _____
2. Home Office Address: _____
Mailing Address: _____
Telephone: _____ Fax: _____ E-mail Address: _____
Premium Tax Statement Address: _____
Telephone: _____ Fax: _____ E-mail Address: _____
Rate/Form Filing Address: _____
Telephone: _____ Fax: _____ E-mail Address: _____
3. State of Domicile: _____ Date _____
4. Federal Identification Number: _____
5. Date of Last Amendment of Charter: _____; Bylaws: _____; or
Subscribers Agreement: _____.
6. Is this a non-profit organization? Yes _____ No _____
7. a) Name, address and its trade, profession or industry?

b) If there are no employer members currently domiciled in Alaska or no employers whose principal place of business is in the state of Alaska, are you soliciting a business who is in the State of Alaska? Yes _____ No _____
8. Have you contracted with a third-party administrator licensed under AS 21.27 to service the health benefit service plan? Yes _____ No _____
If yes, name: _____ License No.: _____
9. a) How many employees will the arrangement provide allowable benefits for? _____
b) How many employees will be participating in the arrangement? _____

10. Is participation in the arrangement solicited from the general public? Yes _____ No _____
11. Does the arrangement employ or independently contract with a licensed insurance producer to enroll employers in the arrangement? Yes _____ No _____
12. Is the arrangement organized or maintained solely as a conduit for the collection of premiums and the forwarding of premiums to an insurance company (except for life insurance provided under the contracts covered by this arrangement)? Yes _____ No _____

The following statement must be signed by an officer of the applicant before a Notary Public as verification of the information submitted:

The undersigned Insurer hereby applies for a Certificate of Authority under the applicable statutes. To the best of his/her knowledge, the information is true and correct and the arrangement is in compliance with:

- (A) Alaska Statute 21.85.020;
- (B) 29 USC 1001-1461 (Employee Retirement Income Security Act of 1974) or a statement has been supplied of any requirements with which the arrangement is not in compliance with a statement of proposed corrective action; and
- (C) Alaska Statute 21.85.050

The undersigned insurer further certifies that it has corporate powers to transact insurance and has complied with and will comply with all present and future laws of the State of Alaska regarding regulation of such insurance by the state. The undersigned accepts the Constitution of the State of Alaska and believes that the applicant fully complies with all of the requirements and has done all matters and things necessary to entitle it to receive such Certificate of Authority.

The undersigned, being first duly sworn, deposes and says that he/she is a senior officer having personal knowledge of the application and the information provided therein of _____; that he/she has read the said application and knows the information is true to the best of his/her knowledge.

Dated _____

(Full and exact name of insurer)

(Officers Signature)

(Printed Name)

(Position)

State of _____)

County of _____) (not applicable in Alaska)

On this _____ day of _____ before me appeared _____,
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person
whose name is subscribed to the within instrument and acknowledged to me that he/she
executed the same in his/her authorized capacity, and that by his/her signature on the
instrument, the insurer on behalf of which the person acted, executed this instrument.

WITNESS my hand and official seal.

[NOTARY SEAL]

Signature _____
(Signature of Notary Public)

My Commission Expires: _____

**Multiple Employers Welfare Arrangement
Application for Certificate of Authority
(AS 21.85.030 and AS 21.85.040)**

Please complete and submit the following forms, fees or required reports:

1. NAIC Uniform Service of Process (Form 12). This is available on the NAIC website at: www.naic.org/ucca/.
2. Form 08-252- Retaliatory form - plus any retaliatory fee, deposits or any other requirements of the state of domicile. This form is available on the division website at: www.commerce.state.ak.us/insurance/companylicensing.htm. This is not applicable if the MEWA is domiciled in Alaska.
3. a) Copy of arrangement's most recent financial statement in compliance with AS 21.85.080. The financial statement must be on the forms prescribed by the director. b) The financial statement must be accompanied by an actuarial opinion that meets the requirements of AS 21.85.080(a)(12). c) An audit for the prior two years must be supplied if the payments to the arrangement for the prior year exceeded \$2,000,000.
4. Pro forma financial statements if the arrangement has been in existence for less than one year.
5. Written plan of operation.
6. Biographical sketches of officers and directors on forms prescribed by the NAIC. This must include the Supplemental Information and Authority for Release of Information forms. This must be provided for all persons acting in a fiduciary capacity.
7. A copy of all articles, bylaws, agreements, trusts, or other documents or instruments describing the rights and obligations of the employers, employees, and beneficiaries of the arrangement.
8. Non-refundable filing fee of \$2,000.
9. A copy of each summary plan description of the arrangement required to be filed with the U.S. Department of Labor, including any amendments to each plan description.
10. Base contribution rates for participation under the arrangement for the first year of operation.
11. Evidence of coverage or a letter of intent to participate executed by at least two employers providing allowable benefits to at least 75 employees.
12. Proof of issuance of a fidelity bond as required by the U. S. Department of Labor under 29 U.S.C. 1001-1461 (Employee Retirement Income Security Act of 1974) with notice of cancellation or non-renewal to the Alaska Division of Insurance.
13. A copy of any stop-loss insurance policies maintained or proposed to be maintained along with attachment points.
14. Evidence of a trust deposit of \$200,000 through the Director of Insurance. Forms are available upon request from the division. This does not need to be provided when the application is submitted but must be provided prior to issuance of the Certificate of Authority.