



Application for Certificate of Multiple Employer Welfare Arrangement

The undersigned trust hereby applies for a Certificate of Multiple Employer Welfare Arrangement to provide health benefits through a multiple employer welfare arrangement (MEWA) in the state of Oregon, and for that purpose submits the following:

1. Name: _____
2. Statutory home office address: Street: _____
City: _____ State: _____ ZIP: _____ Phone: _____
3. Principal office address: Street: _____
City: _____ State: _____ ZIP: _____ Phone: _____
4. Mailing address: _____
5. Contact person for application: _____ Phone: _____
Email address: _____ Fax: _____
6. Registered office and agent for legal service in the state of Oregon:

(Name of registered agent at registered office — cannot be director of Department of Consumer and Business Services)

(Address of registered office, including street, number, city, and ZIP. Cannot be P.O. Box)

7. a) Copies of articles and bylaws, if applicable. ORS 750.305(1)
b) A copy of the trust agreement of the MEWA. ORS 750.305(2)
8. Kind(s) of business to be transacted: ORS 750.303(2) Health only Health including disablement
9. Evidence that the MEWA meets all the requirements in ORS 750.307, including that it has applications from five or more employers and will provide similar benefits for 200 or more participating employees.
10. A plan of operation that includes the projection of anticipated Oregon premiums for each of the next three years; office staffing; marketing and advertising methods; arrangements made to provide health care benefits; claim-handling procedures; and guidelines for processing time. Include procedures for handling claims in the event of the dissolution of the MEWA. ORS 750.305(5); ORS 750.309(1)
11. Current financial statement of the MEWA on the basis of statutory accounting principles as prescribed in ORS 733. ORS 750.305(3)
12. A copy of the excess loss insurance agreement proposed to satisfy compliance with ORS 750.309(2).

Remit with payment to:
Financial Services section
Oregon Department of Consumer and Business Services
P.O. Box 14610
Salem, OR 97309-0445

FISCAL USE ONLY:

Filing fee: \$2,500 44110/1557

Retaliatory fees: 44110/1558

13. Copies of the plan description, agreements, and other documents or instruments describing the rights and obligations of employers, employees, and beneficiaries with respect to the applicant. Include copies of all contracts, applications, riders, and endorsements or other instruments the applicant proposes to offer its member employers and the proposed printed matter it will use to solicit member employers. Collectively, this material is to include the provisions required by ORS 750.305(1) and (6); ORS 750.321, and ORS 750.323.
14. For new trusts, actuarial analysis of rates to be charged members.
15. For MEWAs currently operating, an opinion of a qualified actuary as proof of adequate reserves according to the requirements of ORS 750.305(8) and 750.315.
16. If the MEWA has contracted with a third-party administrator (which must be licensed under ORS 744), copies of all such contracts and arrangements. The authorized trustee or trustees must certify the copies as being true, correct, and currently in force. ORS 750.309(1)
17. National Association of Insurance Commissioners biographical affidavit for each member of the board of trustees and each officer of the MEWA. Include a narrative describing how the makeup of the board complies with ORS 750.317.
 - 17a. Proof of a bond securing the fidelity of all officers and people appointed to act on behalf of the board who handle the funds of the trusts. ORS 750.305(4); ORS 750.318(3).
18. If applicant is a foreign MEWA under the jurisdiction of a state insurance regulator, provide a certificate of good standing from domiciliary state and a certified copy of the most recent report of examination. If not regulated by state of domicile, so state. ORS 750.311
19. If applicant is a foreign MEWA under the jurisdiction of a state insurance regulator, provide a certificate from the domiciliary supervisory official as to the application and licensing fees and material prohibitions or restrictions (such as seasoning requirement, etc.) that would be imposed upon a like Oregon company in that state. ORS 750.333(1)(a); ORS 731.854
20. An initial security deposit or surety bond is required as a condition for obtaining a certificate of MEWA pursuant to ORS 750.309(4) and (5). Provide the \$250,000 Multiple Employer Welfare Arrangement Bond, form number 3630, or you will be contacted by the division regarding placing securities on deposit.
21. The filing fee of \$2,500 (fees subject to retaliation).

Make check payable to: **Department of Consumer and Business Services**

Date: _____ By: _____

By: _____
 Authorized trustee or trustees

State of: _____ County of: _____

Personally appeared the above named: _____ ,

authorized trustee or trustees, of _____ , the trust in whose name they executed the foregoing instrument, acknowledged that they executed the instrument by the authority and on behalf of the trust; and that the information provided is accurate to the best of their knowledge and belief.

Before me this _____ day of _____ , 20 _____

Notary public: _____

In and for the state of: _____

My commission expires: _____