

Department of Consumer and Business Services
Division of Financial Regulation – 5

P. O. Box 14480
Salem, OR 97309-0405
Phone: (503) 947-7983

TRANSMITTAL AND STANDARDS

**For Group Health Coverage to be issued to an Association, Union Trust,
Trust Group, Credit Union, or fully insured Multiple Employer Welfare
Arrangement (MEWA).**

SECTION I – TRANSMITTAL

Admitted Insurer Name: _____ NAIC No: _____

Filing entity (if not insurer): _____

Note: If not the insurer, a letter of authorization must be included in the filing.

Contact Person: _____ Title: _____

Mailing Address: _____

Toll-free/Collect Phone #: _____ Fax #: _____

E-mail Address: _____

This is filing is for: (check one)

- Association Credit Union Trust Union Trust
 Fully insured MEWA (750.303(4))

Name and mailing address of the group as it appears on the legal documents:

Name: _____

Address: _____

City: _____ State: ____ ZIP: _____

State of situs for the group: ____

Group Number Assigned by Oregon Insurance Division (if known): _____

Insurers proposing to issue health plans to one or more groups must file each group's qualifications and applicable documents as listed in this form.

List the types of coverage you intend to issue to this group: _____

How many Oregon lives are currently insured through this group? _____

Is the group comprised of individuals, employer groups or both? _____

List form numbers of policies, certificates, application and any other form to be issued to the group:

Form number	Product or form type	Negotiated (Y/N) If no, provide the State Filing number in which the forms were approved in next column (ORS 742.003 and Bulletin 98-3)	SERFF tracking number

Filing instructions: *This checklist must be submitted with your filing. In a cover letter or actuarial memorandum, include explanations as requested in the requirements. (If submitted by paper, include two sets of the entire filing and one large, self-addressed stamped envelope with mailed filings.) An authorized person must sign the certificate of compliance and all relevant filing information must be included.*

Filings must include:

- a.) *An explanation of whether the forms are negotiated (Policy, Certificate and/or riders)*
- b.) *An explanation of the custom benefits and/or administrative options that are not filed due to the filing exemption requirement of negotiated forms. ORS 742.003 (1)(a)*

SECTION II – STANDARDS – COMPLETE THIS SECTION AND SECTIONS V AND VI IF FILING FOR HEALTH COVERAGE TO BE ISSUED TO AN ASSOCIATION

(If filing for a credit union, see OAR 836-050-0280 and skip to Section IV).

ORS 731.098(2)

- 1. Signed copies of the by-laws and constitution are included with this filing.
- 2. The association has been in existence for at least one year (5 years if offering major medical coverage: see Section V).
- 3. The association was organized and maintained primarily for purposes other than obtaining insurance.
- 4. Please provide an explanation of the purpose of the association: _____

- 5. Provide a brief explanation of the member eligibility requirements: _____

- 6. The association is the policyholder.
- 7. Only members, employees, or employees of members are insured.
- 8. Any future changes in the information contained in this filing, including the type of coverage issued, must be filed with the Oregon Insurance Division (ORS 743.524(3)).

SECTION III – STANDARDS – COMPLETE THIS SECTION AND SECTION V IF FILING FOR GROUP HEALTH COVERAGE TO BE ISSUED TO A TRUST

ORS 743.526 and 731.098(3) Note: *Multiple associations, multiple-group mortgage trusts, banks, savings associations, blanket groups and student health do not qualify.*

1. A copy of the trust document is included with the filing.
2. Who established the trust and for what purpose? _____
3. Are there joiner amendments and, if so, who are they for? _____
4. A trust formed by an association or credit union includes only membership of that Group.
5. If formed by an association, please submit required documents as described in ORS 731.098(2) to confirm compliance with this statute.
6. Provide a brief explanation of the member eligibility requirements: _____

7. The policy names the trust as the policyholder.
8. The trust is not under the actual control of the insurer.
9. If two or more employers are members of the trust, they must be in the same or related industry (ORS 731.098(3)). What is that industry? _____
10. Any future changes in the information contained in this filing, including the type of coverage issued, must be filed with the Oregon Insurance Division (ORS 743.526(4)).

SECTION IV - STANDARDS - COMPLETE THIS SECTION AND SECTION V IF FILING FOR GROUP HEALTH COVERAGE TO BE ISSUED TO A CREDIT UNION. (OAR 836-050-0280). ALSO COMPLETE SECTION V IF FILING FOR HEALTH BENEFIT PLAN COVERAGE ISSUED TO A CREDIT UNION.

1. The Credit Union is the policyholder.
2. Only members, employees, or employees of members are insured.
3. A copy of the “Certificate to Establish a Credit Union or Branch” issued by the state of Oregon is included.
4. Any future changes in the information contained in this filing, including the type of coverage issued, must be filed with the Oregon Insurance Division (ORS 743.524(3)).

SECTION V - STANDARDS - COMPLETE THIS SECTION IF FILING FOR HEALTH BENEFIT PLAN COVERAGE TO BE ISSUED TO AN ASSOCIATION, TRUST, FULLY INSURED MEWA (see ORS 750.303(4)), OR CREDIT UNION. SELECT ALL THAT APPLY.

1. The coverage is issued to individuals (non groups) through the association.
2. The coverage is issued to small groups (1-100) through the association.
3. The coverage is issued to large groups (101+) through the association.

SECTION V - CONTINUED -

4. The group qualifies as a bona fide group or association of employers within the meaning of ERISA § 3(5). By checking this box and signing below, you attest that you are an authorized agent of the issuing entity, and are authorized to, and do hereby, warrant and represent on behalf of the issuing entity that:
- (a) The association and its members share the requisite commonality of interest;
 - (b) The employer members of the association exercise the requisite level of control and direction of the activities and operations of the benefit plan;
 - (c) The association satisfies all other requirements necessary for treatment as a single large group under ERISA; and
 - (d) The carrier is not employing rating practices that violate 45 CFR 146.121.
5. Certification that includes a legal analysis by an ERISA attorney that the association is a single large group.
6. A signed letter from a corporate officer of the insurance carrier attesting to the bulleted items in Section V of this transmittal.

Signature

Date

COMPLETION OF THIS SECTION IS REQUIRED FOR ALL FILINGS

SECTION VI – STANDARDS -

Each box must be checked which certifies compliance:

1. A statement is included certifying that all policies, applications, and other forms to be issued to the group are in compliance with Oregon law. Please refer to ORS 742.003. If new policies are filed for this group, the form requirements are included with this transmittal for review and approval. See the form filing requirements under the applicable product on our Web site. *(If an approved policy, application, or form has been modified to accommodate this group and the changes are within the variable brackets previously approved, the forms do not need to be filed.)*
2. Underwriting criteria used by the insurer does not include actual or expected health status of individual enrollees. (ORS 743B.104)
3. Solicitation and participation materials are in compliance with sales practices described under ORS 743.523.

Changes to the information contained in this filing, including the type of coverage issued, must be filed with the Oregon Insurance Division within 30 days.