

Multiple Employer Welfare Arrangement (MEWA) Officers, Directors or Trustees Page

 (Name of MEWA) (Address)

Complete all items and each column for **CURRENT OFFICERS, DIRECTORS and/or TRUSTEES** of the Company as listed below.

A. OFFICERS **(List Full Name)	*SOCIAL SECURITY NUMBER	TITLE	DATE APPOINTED OR ELECTED
		President	
		Secretary	
		Treasurer	

B. DIRECTORS or TRUSTEES **(List Full Name)	*SOCIAL SECURITY NUMBER	TITLE (Indicate which)	DATE APPOINTED OR ELECTED
		Director OR Trustee	
		Director OR Trustee	
		Director OR Trustee	
		Director OR Trustee	
		Director OR Trustee	
		Director OR Trustee	
		Director OR Trustee	
		Director OR Trustee	
		Director OR Trustee	
		Director OR Trustee	

Use separate page for additional space.

STATE OF _____

COUNTY OF _____

On this day personally appeared _____ President or Trustee, _____ Secretary or Trustee, _____ Treasurer or Trustee, of _____ being persons known to me, and who each after being duly sworn stated on his oath that the statements and representations contained in this form are true and correct.

 President or Trustee Secretary or Trustee Treasurer or Trustee

Subscribed and sworn to be the said affiants on the _____ day of _____, 20

(SEAL)

 Notary Public in and for _____
 County, State of _____

* Disclosure of your social security number is required by Texas Family Code § 231.302. It will be maintained as part of your license file. If you do not have a social security number, you must file a sworn affidavit stating your name and the fact that you do not have a social security number and why no social security number is held.

** Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous year.

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.