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;

   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 in compliance with Sec. 846.153(a)(2) and subject to Section 846.157(b);

   K.   Annual reports in compliance with 29 U.S.C. §§1023 and 1024;

   L.   Certification that MEWA is in compliance with the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq); and

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

3. Name of Entity _____

    Address _____

    City _____ State _____ Zip _____

    Telephone No. _____

    Point of Contact _____

    Association _____   Group of Employers _____

4. 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_____.