

Employers ID No. _____

Application for Initial Certificate of Authority (MEWA)

Mailing Address

Month

Day

Year

TO THE COMMISSIONER OF INSURANCE OF THE STATE OF TEXAS:

On behalf of _____
Full Company Name

Whose home office is located at _____
Street Address

In _____, _____, _____
City State Zip Code

We hereby apply for a temporary or initial Certificate of Authority authorizing said company to act as a Multiple Employer Welfare

Arrangement in the State of Texas for a period of twelve (12) months. We know of no reason under the provisions of the Texas Insurance Code why the above named Company is not entitled to such a Certificate of Authority

(Association Seal)

Trustee or President*

Type or Print Name

Trustee of Secretary*

Type or Print Name

**Must be signed by the Trustees or President and Secretary*