

ASSOCIATION REQUEST FOR SUSPENSION OF INDEX RATE RESTRICTION AFFIDAVIT

STATE OF _____)
COUNTY OF _____) ss.:

ASSOCIATION STATEMENT:

I, _____, on my oath swear that the following statements
(representative of the association or trust)

are true to the best of my knowledge. I have the authority to represent the association on these matters.

1. _____ is (check one):
(name of association or trust)

- A. an association
B. a trust or a fund established, created or maintained for the benefit of members of one or more associations.

2. (Check one of the following applicable statements):

- The association named in statement 1, has;
A. a minimum of fifty members, as defined in the association bylaws or constitution;
B. been organized and maintained in good faith for purposes other than that of obtaining insurance;
C. been in active existence for at least two years;
D. a constitution and bylaws which provide that the association shall hold regular meetings not less than annually to further the purposes of the members;
E. except for credit unions, collected dues or solicited contributions from members; and
F. provided the members with voting privileges and representation on the governing board and committees.
Each association or associations making up the trust or fund named in statement 1, has or have;
A. a minimum of fifty members, as defined in the association bylaws or constitution;
B. been organized and maintained in good faith for purposes other than that of obtaining insurance;
C. been in active existence for at least two years;
D. a constitution and bylaws which provide that the association or associations shall hold regular meetings not less than annually to further the purposes of the members;
E. except for credit unions, collected dues or solicited contributions from members; and
F. provided the members with voting representation on the governing board and committees.

3. The association, trust or fund, or the trustees of the trust or fund, named in statement 1,
will be the policyholder of the group health policy issued by _____
(insurer/HMO)
with policy number _____.

I represent the association, trust or fund named in statement number 1, in the following capacity:

Signature: _____

Type or print name: _____

Sworn to and subscribed before me this ____ day of _____, _____.

My commission expires: _____

Notary Public

INSURER REQUEST FOR SUSPENSION OF INDEX RATE RESTRICTION AFFIDAVIT

STATE OF _____)
COUNTY OF _____) ss.:

INSURER'S STATEMENT:

I, _____, on my oath swear that all of the following statements are
(officer of the underwriting insurer/HMO)

true to the best of my knowledge:

- 1. Policy number _____ was issued in the name of the association or trust of associations identified in Page 1 of 4 above. The association, trust or fund, or the trustees of the trust or fund, named in Page 1, is the policyholder of the group health policy issued by _____ under form number _____. (insurer name and NAIC #)
2. Certificates of coverage are being offered to small employers as members of the association or trust named above and to all eligible employees and dependents all defined in §379.930.2 RSMo.
3. All participating association member employers, their eligible employees and dependents insured under this group contract are being rated and underwritten as if they are a single employer.
4. All participating association member employers and employees are being offered the same uniform health benefit plans.
5. Eligible employees and dependents as defined in § 379.930.2 RSMo are guaranteed issue of the uniform health benefit plans.
6. With issuance of this policy we are in compliance with all requirements of the Small Employer Health Insurance Availability Act, the requirements of §376.421.1(5)(e) RSMo, and request suspension of § 379.936.1(1) RSMo for the rates relative to this association/trust plan.

Signature: _____

Position/Office with the insurer/HMO: _____

Type or print name: _____

Sworn to and subscribed before me this ____ day of _____, _____.

My commission expires: _____

Notary Public