



STATE OF MISSOURI
 DEPARTMENT OF COMMERCE AND INSURANCE
**APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A MULTIPLE
 EMPLOYER SELF-INSURED HEALTH PLAN (MEWA)**

P.O. BOX 690
 JEFFERSON CITY, MO 65102-0690

INSTRUCTIONS

This application is to be completed by all Multiple Employer Self-Insured Health Plans who wish to transact business in the State of Missouri.

SECTION A Indicate by check mark the appropriate type of application (and if applicable, the calendar year requested).

SECTION B Complete all identifying data as indicated.

SECTION C The following documents **MUST** be submitted, with this application form, when applying for approval.

SECTION D Instructions for renewing Certificate of Authority.

SECTION E After all previous sections have been completed, the authorized company official must sign in space provided.

SECTION A – TYPE OF APPLICATION

NEW AMENDED RENEWAL TO TRANSACT BUSINESS IN THE STATE OF MISSOURI DURING
 THE YEAR _____

SECTION B – IDENTIFYING DATA

NAME (FULL NAME OF MEWA)

HOME ADDRESS	STREET	CITY	STATE	ZIP & 4
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MAILING ADDRESS	STREET	P.O. BOX	CITY	STATE	ZIP & 4
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SECTION C – APPLYING FOR APPROVAL

1. Copy of MEWA's Bylaws.
2. Schedule of MEWA's Benefits.
3. Copies of any Management, Administration and Trust Agreements.
4. Copy of aggregate excess stop-loss coverage **AND** individual excess stop loss coverage.
5. Biographical Affidavits and Third Party Verifications for each Trustee of the MEWA.
6. Copy of Fidelity Bond(s), in the minimum amount of \$150,000 for each Trustee of the MEWA.
7. Application fee of \$160.00.
8. Most current Audited Financial Report.
9. Service of Process Form (only applicable if the MEWA is not incorporated in Missouri).
10. Signed agreement between MEWA and each Employer.

SECTION D – INSTRUCTIONS FOR RENEWING CERTIFICATE OF AUTHORITY

The following documents must be submitted, along with this application form, by March 1, for the renewal of the MEWA's Certificate of Authority:

1. Renewal fee shall be equal to 2% of the Missouri claims paid by the MEWA for the preceding Calendar year.
2. Documents Listed on the Multiple Employer Self-Insured Health Plan Checklist available on the Department's website with an indicated due date of March 1.
<https://insurance.mo.gov/industry/forms/index.php#annual>

SECTION E - AUTHORIZED OFFICER SIGNATURE

TYPE NAME OF AUTHORIZED OFFICER		SIGNATURE OF AUTHORIZED OFFICER	
TITLE		DATE	