



Process for applying for and renewing a Delaware Fully Insured Association/Multiple Employer Welfare Arrangements (MEWA) License

Background

Delaware [Regulation 1405](#) governs the operation of Fully Insured Association/Multiple Employer Welfare Arrangements in Delaware.

No association or MEWA or intermediary of an association or MEWA may offer either a fully insured employee welfare benefit plan or solicit any resident of this state to make application or effectuate coverage under an association plan or MEWA in Delaware unless:

- The association or MEWA is duly licensed with the Department. An association or MEWA seeking to offer a fully-insured health benefit plan shall make application for a license to the Department and shall not offer such plans in this State until it is licensed;
- The association's or MEWA's application for licensure is approved by the Department; and
- The plan intermediary has ascertained that the MEWA represented has complied with this Section.

See 18 DE Admin. Code § 1405-4.1.1.

Any association or MEWA that provides coverage in this state for medical, surgical, chiropractic, physical therapy, speech pathology, audiology, professional mental health, dental, hospital, or optometric expense, whether such coverage is by direct payment, reimbursement, or otherwise, shall be presumed to be subject to the jurisdiction of the Department unless the association or MEWA shows that while providing such services it is exempt from State jurisdiction as a result of federal preemption. *See 18 DE Admin. Code § 1405-5.1.*

Note that an association or MEWA may show that it is subject to federal jurisdiction by providing to the Commissioner the appropriate certificate of license issued by the federal agency which permits or qualifies it to provide those services for which it is licensed or certified. For the avoidance of doubt, an M-1 filing with the U.S. Department of Labor shall not, in and of itself, be sufficient to overcome the presumption of the Department's jurisdiction as set forth in Regulation 1405.

To apply for a license to either offer a fully insured employee welfare benefit plan or solicit any resident of this state to make application or effectuate coverage under an association plan or MEWA in Delaware:

1. Download the [license application form](#)
2. Provide all of the information requested on the form. For new applicants, disregard the first two columns of the form. Use the first two columns to update information submitted between initial application and annual renewal.

3. Submit the application and the supporting documents electronically to the Department at BERG@deleware.gov.
4. Mail a check to cover the application fee of \$1000, made payable to the Delaware Department of Insurance.

ANNUAL FILINGS are due on the first anniversary of licensure and on July 1 every year thereafter. To make the annual filing:

1. Download the MEWA renewal form
2. Provide all of the information requested on the form. Use the first two columns to update information submitted between annual renewals.
3. Submit the application and the supporting documents electronically to the Department at BERG@deleware.gov.
4. Mail a check to cover the license renewal fee of \$150, made payable to the Delaware Department of Insurance.

Upon receipt of a properly made out check in the proper amount, the Department will conduct a completeness review, and will notify the applicant in writing of any deficiencies found during the completeness review within 30 business days of receipt.

An applicant must address any deficiencies in its application within 15 business days of notice thereof. Upon written request from the applicant and for good cause shown, the Commissioner may extend this 15-business day timeframe to correct any deficiencies in the application or renewal for an additional 30 business days. The Department will notify the applicant in writing of its response to any such request.

If the Commissioner rejects a complete initial licensure application, or a subsequent annual registration application filed pursuant to this Section, the Department shall advise the applicant in writing that the application is denied and shall specify the reason for denial. The applicant may make written demand upon the Commissioner within 15 business days for a hearing before the Commissioner to determine the reasonableness of the Commissioner's action. The hearing shall be held pursuant to 18 *Del. C.* §323.

FORMS:

[MEWA Application](#)

[MEWA Renewal](#)

REFERENCES: [18 Del. Admin. C § 1405](#)

For more information, please contact (302)674-7330 or BERG@delaware.gov