HEALTH MAINTENANCE ORGANIZATION FOR APPROVAL CHECKLIST

NAME OF COMPANY: ________________________________

( ) FOREIGN STATE OF DOMICILE: __________ NAIC: _________

( ) DOMESTIC

DATE RECEIVED

Form H-1 Application for Health Maintenance Certificate of Authority. __________

Form H-2 Admittance Questionnaire. __________

Articles/Certificate of incorporation, certified by home state. __________

By-laws, certified by Secretary of the company. __________

$100, 000 Deposit. __________

( ) Domestic Company - Escrow Agreement __________

( ) Foreign Company – Certificate of Deposit __________

Biographicals. __________

Statement identifying the states where the HMO is authorized to operate; any state where it has pending an application for authorization to operate; any state where it has been cited for a violation of any laws or legislation, and an explanation of any such alleged violation, including status or outcome. __________

Business Plan. __________

Copies of management, agency or administrative contracts. __________

Form 12 – Uniform Consent to Service Process. __________

Form H-4 (Designation of Person to Receive Bulletins, etc. __________
Most recent Annual Statement.

Audited Financial Report, certified by CPA.

Report of Examination within three (3) years; explanation regarding age of the Report if older than (3) years.

Combined Capital and Surplus - $450,000 ($300,000 capital and $150,000 surplus).

$1000 Application Fee; $500 Annual Continuation Fee.
Checks made payable to the Delaware Department of Insurance.