

## DISCOUNT MEDICAL PLAN ORGANIZATION LICENSE REQUIREMENTS

The license fee is \$500.00. The application and payment may be submitted electronically at:

[www.nipr.com](http://www.nipr.com)

If the application cannot be processed through NIPR, please complete the NAIC Uniform Application located at the link below and submit with a check to the Department.

<http://www.nipr.com/documents/busapp.pdf>

**Required Attachments** (*Attachments may be faxed to 302-736-7906 or emailed to [licensing@state.de.us](mailto:licensing@state.de.us)*)

1. \$50,000 Surety Bond required.
2. Copy of the organization documents of the applicant, such as the articles of incorporation, including all amendments.
3. Copy of Applicants bylaws or other enabling documents that establish organizational structure.
4. Biographical Data Affidavit. Click [here](#) for the affidavit form.
5. Copy of the form of any contract made or arrangement to be made between the applicant and the individual's responsible for conducting the applicant's affairs.
6. Description of the proposed methods of marketing, use of marketers, use of internet, sales by telephone and the use of salespersons to market the discount medical plan benefits.
7. Copy of the form of any contract made or to be made between the applicant and any person, corporation, partnership or other entity for the performance on the applicant's behalf of any function, including marketing, administration, enrollment, investment management and subcontracting for the provision of medical or ancillary services to members. Submission of all advertising, marketing materials, marketing scripts, and brochures are required.
8. Statement describing the applicant, its facilities and personnel and the medical or ancillary services for which a discount will be made available under the discount medical plan.
9. Copy of the form of all contracts made or to be made between the applicant and any providers or provider networks (provider agreement) regarding the provision of medical or ancillary services to members.
10. Description of the member complaint procedures. Names and mailing address of the licensed discount plan or other entity where the members may inquire about the plan, send cancellation notices and file complaints.
11. Applicant must file a list of all prospective member fees & charges associated with the discount medical plan. All Forms used by the applicant must be filed with the DOI.
12. Website address – up-to-date listing of the names and addresses of each provider.
13. Name and address of the applicant's DE statutory agent for Service of Process. If not domiciled in DE, a power of attorney appointing the Commissioner as the true and lawful attorney of the applicant in and for this state upon whom all process in any legal action or proceeding against the discount medical plan organization on a cause of action arising in this state may be served.

A copy of Title 18 Chapter 76 may be found at: <http://www.delcode.delaware.gov/title18/c076/index.shtml>

Please email all questions to [licensing@state.de.us](mailto:licensing@state.de.us)