



## Multiple Employer Welfare Arrangements (MEWA) Annual Filing for Licensure and Annual Filing Update

Only use this form for an **annual filing** and for an update to the annual filing made pursuant to 18 DE Admin. Code § 1405-4.3 (which requires that if, subsequent to an annual filing, changes occur so that the information contained in the filing is no longer accurate, the MEWA, association, or intermediary that made the filing shall, within fifteen days of the date the change is effective, file the changes with the Department), when the update is made within the annual filing year.

Annual filings are due on the first anniversary of licensure and on July 1 every year thereafter.

Please complete all fields to avoid delay in processing. Attach additional pages as needed.

This is an annual Filing

This is an update to an Annual Filing

(place an "X" beside the information that is being updated and the date on which the information changed)

**Information updated with this submission? If yes, place "X" here.**  
**Date on which information changed**

   \_\_/\_\_/\_\_    1. Name of Association or MEWA: \_\_\_\_\_

2. Names and business addresses of all principals, officers, directors, and trustees of the Association or MEWA:

   \_\_/\_\_/\_\_    a. \_\_\_\_\_

   \_\_/\_\_/\_\_    b. \_\_\_\_\_

   \_\_/\_\_/\_\_    c. \_\_\_\_\_

   \_\_/\_\_/\_\_    d. \_\_\_\_\_

   \_\_/\_\_/\_\_    e. \_\_\_\_\_

3. Names and addresses of the employer members:

   \_\_/\_\_/\_\_    a. \_\_\_\_\_

   \_\_/\_\_/\_\_    b. \_\_\_\_\_

   \_\_/\_\_/\_\_    c. \_\_\_\_\_

   \_\_/\_\_/\_\_    d. \_\_\_\_\_

   \_\_/\_\_/\_\_    e. \_\_\_\_\_

4. Names and addresses of trustees or other persons responsible for the MEWA's or the Association's operation:

- \_/\_/\_/\_\_\_\_           a. \_\_\_\_\_
- \_/\_/\_/\_\_\_\_           b. \_\_\_\_\_
- \_/\_/\_/\_\_\_\_           c. \_\_\_\_\_
- \_/\_/\_/\_\_\_\_           d. \_\_\_\_\_
- \_/\_/\_/\_\_\_\_           e. \_\_\_\_\_

5. List the contact information for where communications are to be received for the Company:

- \_/\_/\_/\_\_\_\_           a. Mailing address: \_\_\_\_\_
- \_/\_/\_/\_\_\_\_           b. Email address: \_\_\_\_\_
- \_/\_/\_/\_\_\_\_           c. Telephone number: \_\_\_\_\_

6. Set forth the eligibility requirements for membership in the Association or MEWA (add additional pages if more space is needed):

- \_/\_/\_/\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are fees charged for membership in the Association or MEWA;  
YES  or NO .

- \_/\_/\_/\_\_\_\_  
If yes, please provide details of the fee structure, including amounts charged:  
\_\_\_\_\_

8. Are the Association or MEWA's benefits or coverage fully insured;  
YES  or NO

- \_/\_/\_/\_\_\_\_  
If no, please provide explanation:  
\_\_\_\_\_

9. List the name of the insurer that insures the Association or MEWA:

- \_/\_/\_/\_\_\_\_  
\_\_\_\_\_

10. Does the Association or MEWA meet all of the following requirements of a “bona fide association” set forth in [18 Del. C. § 3506\(a\)](#)?

- /  /                      a. Has been actively in existence for at least 5 years YES  or NO
- /  /                      b. Has been formed and maintained in good faith for purposes other than obtaining insurance and does not condition membership on the purchase of association-sponsored insurance YES  or NO
- /  /                      c. Does not condition membership in the association on any health status-related factor relating to an individual (including an employee of an employer or a dependent of an employee) and clearly so states in all membership and application materials YES  or NO
- /  /                      d. Makes health insurance coverage offered through the association available to all members regardless of any health status-related factor relating to such members (or individuals eligible for coverage through a member) and clearly so states in all marketing and application materials YES  or NO
- /  /                      e. Does not make health insurance coverage offered through the association available other than in connection with a member of the association and clearly so states in all marketing and application materials YES  or NO
- /  /                      f. Provides and annually updates information necessary for the Commissioner to determine whether or not an association meets the definition of a bona fide association before qualifying as a bona fide association for the purposes of this chapter. YES  or NO

If no, please provide an explanation:

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11. Is the insurance policy offered by the Association or MEWA in compliance with the following requirements as set forth in [18 Del. C. § 3506\(b\)](#)?

- \_/\_/\_
- a. The policy may insure members of such association or associations, employees thereof or employees of members or 1 or more of the preceding or all of any class or classes thereof for the benefit of persons other than the employer YES  or NO
- \_/\_/\_
- b. The premium for the policy shall be paid from funds contributed by the association or associations or by the employer members, or by both, or from funds contributed by the covered persons or from both the covered persons and the association, associations or employer members. YES  or NO
- \_/\_/\_
- c. A policy on which no part of the premium is to be derived from funds contributed by the covered persons specifically for their insurance must insure all eligible persons, except those who reject such coverage in writing. YES  or NO

If no, please provide an explanation:

\_\_\_\_\_

12. Describe the Association or MEWA's membership requirements:

   \_/\_/\_

\_\_\_\_\_

13. List the names, addresses, and qualifications of persons who will solicit, negotiate, procure, or effect applications for coverage with the association or MEWA:

   \_/\_/\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Qualifications \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Qualifications \_\_\_\_\_

- \_\_\_/\_\_\_/\_\_\_ 14. List the names and addresses of all administrators and organizations, including third party administrators or intermediaries, responsible for the operation of the Association or MEWA that complies with the following:
- \_\_\_/\_\_\_/\_\_\_
- The Association or MEWA contact shall be the person responsible for filing all applicable forms and changes in information with the Department:
 

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Role: TPA , Intermediary , Other . If other, please specify: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Role: TPA , Intermediary , Other . If other, please specify: \_\_\_\_\_
- \_\_\_/\_\_\_/\_\_\_
- The regulatory contact shall be the person responsible for receiving notice of laws regulations, bulletins, and the like that may affect the plan. **Complete and attach [Form D2](#).**

Name: \_\_\_\_\_

Address: \_\_\_\_\_
- \_\_\_/\_\_\_/\_\_\_ 15. Does the insurer offering the health benefit plan to the association or a MEWA shall guarantee acceptance of all persons within the association or MEWA and their dependents as required by [18 DE Admin. Code § 7.5](#)? YES  or NO
- \_\_\_/\_\_\_/\_\_\_ 16. Does the health benefit plan provide all of the benefits listed in [18 DE Admin. Code § 8.0](#)? YES  or NO
- \_\_\_/\_\_\_/\_\_\_ 17. Does the health benefit plan meet all of the membership requirements of [18 DE Admin. Code § 9.0](#)? YES  or NO
- \_\_\_/\_\_\_/\_\_\_ 18. Does the health benefit plan comply with the notice requirements of [18 DE Admin. Code § 10.0](#)? YES  or NO
- \_\_\_/\_\_\_/\_\_\_ 19. Does the health benefit plan comply with the enrollment requirements in [18 DE Admin. Code § 11.0](#) and [18 Del. C. § 3571J](#)? YES  or NO

- \_\_/\_\_/\_\_
20. Attach a copy of each of the following documents:
- a. Any policy or contract describing the benefits offered by the Association or MEWA.
  - b. The organizational documents of the Association or MEWA, including but not limited to:
    - i. Articles of incorporation;
    - ii. By-laws; or
    - iii. Trust instrument;
  - c. The Association or MEWA's certificate of good standing from the state in which association or MEWA is registered as a business;
  - d. Any document executed by an employer to become a member of the Association, including application for membership in the association;
  - e. The [biographical affidavits](#) for all trustees, officers, directors, and other members of the Association or MEWA's governing body who are responsible for the operation of the Association or MEWA;
  - f. All current policies or contracts of insurance issued to the Association or MEWA that provide coverage for health care benefits and services to be offered in Delaware.;
  - g. All current contracts between the Association or MEWA and insurers to provide coverage for health care benefits and services to be offered in Delaware;
  - h. All current advertising and marketing materials used by the association or MEWA;
  - i. A completed [UCAA Form 12](#) (registered agent for service of process form).
  - j. The most recent audited financial statement as defined in [18 DE. Admin. Code § 1405-12.0](#).
  - k. The most recent M-1 form as filed with United States Department of Labor.
  - l. Documentation of the Association's or MEWA's annual premium for the preceding policy year and an estimate of its annual premium for the following year.
  - m. A certified copy of a surety bond sufficient to cover 20% of the Association's or MEWA's annual premium for Delaware members that is in a form to be approved by the Commissioner and has been issued by an insurer or surety licensed to transact such business in Delaware, or by a surplus lines insurer on Delaware's approved list.

21. Send the completed application and all supporting documents electronically to [BERG@delaware.gov](mailto:BERG@delaware.gov).

22. Remit filing fee in the amount of **\$150** by check, made payable to **Delaware Department of Insurance** (checks with an incorrect payee will be rejected).

**Mail to:**  
Delaware Department of Insurance  
Attn: BERG  
841 Silver Lake Blvd.  
Dover, DE 19904

**Note that the time frames for Department review set forth in [18 DE. Admin. Code § 1405-4.4 and 4.5](#) will begin on the date that the Department receives the applicant's check, not from the date that the Department receives the application by email.**

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The Undersigned hereby swear and affirm that the foregoing statements and information regarding \_\_\_\_\_ are true and correct.  
(Name of Association/MEWA)

\_\_\_\_\_  
**Signature of Officer, Director, or Trustee**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

State of \_\_\_\_\_ )  
)ss:  
County of \_\_\_\_\_ )

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

The Undersigned hereby swear and affirm that the foregoing statements and information regarding \_\_\_\_\_ are true and correct.  
(Name of Association/MEWA)

\_\_\_\_\_  
**Signature of Plan Intermediary**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

State of \_\_\_\_\_ )  
  )ss:  
County of \_\_\_\_\_ )

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_