



Requirements for Fully Insured Association / Multiple Employer Welfare Arrangements (MEWA)

The following is a list of documents and/or information required to file an application to obtain status as an Association / MEWA:

1. A certification of an officer, director, or trustee of the fully insured association or MEWA that states:
 - a. Name of the association or MEWA;
 - b. Names and business addresses of all principals, officers, directors, and trustees;
 - c. Names and addresses of the employer members;
 - d. Names and addresses of trustees or other persons responsible for the MEWA's or the association's operation;
 - e. Mailing address, email address, and telephone number at which communications are to be received;
 - f. Eligibility requirements for membership in the association or MEWA; and
 - g. The fees, if any, charged for membership in the association or MEWA;
2. A copy of any policy or contract describing benefits offered by the association or the MEWA;
3. A copy of the organizational documents of the association or MEWA, including the articles of incorporation, by-laws or trust instrument;
4. A statement that the benefits or coverage are fully insured;
5. A copy of the association's or MEWA's certificate of good standing from the state in which the association or MEWA is registered as a business;
6. The name of the insurer that insures the association or MEWA;
7. The name and contact information for the Delaware registered agent for service of process on the association or MEWA;
8. A certification of an officer, director, or trustee of the fully insured association or MEWA that states compliance with 18 *Del. C.* §3506;
9. A description of the membership requirements;
10. A copy of any document executed by an employer to become a member of the association, including application for membership in the association;
11. Biographical affidavits for all trustees, officers, directors, and other members of the association or MEWA's governing body responsible for the operation of the association or MEWA;

12. The names, addresses, and qualifications of persons who will solicit, negotiate, procure, or effect applications for coverage with the association or MEWA;
13. A copy of 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;
14. A copy of all current contracts between the association or MEWA and insurers to provide coverage for health care benefits and services to be offered in Delaware;
15. A copy of all current advertising and marketing materials used by the association or MEWA;
16. 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; and
 - The regulatory contact shall be the person responsible for receiving notice of laws regulations, bulletins, and the like that may affect the plan;
17. The most recent audited financial statement as defined in Section 12.0 of this regulation;
18. A copy of the most recent M-1 form as filed with United States Department of Labor;
19. A \$1000 filing fee. (Checks made payable to the Delaware Department of Insurance); and
20. A minimum surplus that is not less than \$500,000, regardless of whether the insurer directly bills certificate holders for premiums on behalf of the association or MEWA or if the association or MEWA bills its members for premiums and remits the premiums to the insurer.

FORMS:

[MEWA Application](#)

[Form 12 – Uniform Consent to Service of Process](#)

REFERENCES: [18 Del. Admin. C § 1405 \(4.0\) and \(12.0\)](#)

If you have any questions, please contact (302)674-7330 or BERG@delaware.gov