



STATE OF WYOMING

Insurance Department

106 East 6th Avenue • Cheyenne, Wyoming 82002

Phone: (307) 777-7401

INITIAL MEWA APPLICATION

Name of Multiple Employer Welfare Arrangement (MEWA)

DOMICILIARY STATE OF MEWA:

Most Recent M-1 Filing Date:

Most Recent M-1 Approval Date:

MEWA Contact Information

Principal Business Office of MEWA

Street Address

City/State/Zip Code

Mailing Address of MEWA (if different)

Street Address

City/State/Zip Code

MEWA Contact

Name

Title

Contact Phone Number

Email Address

Wyoming Registered Agent for MEWA

Name of Registered Agent (Include Company, If Applicable)

Street Address

City/State/Zip Code

Email Address

Eligibility Requirements For Employer Membership in MEWA

Please describe:

Membership Fees Charged By MEWA:

Does the MEWA charge any membership fees? Yes No

If "Yes," please provide details of the membership fee structure:



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Nature of Health Benefit Plan(s) Offered by MEWA

Is the MEWA offering a self-insured health benefit plan? Yes No

If "Yes," please attach copies of the following documents (described in more detail on the following page):

- A feasibility study, including, but not limited to, the methodology for establishing the contributions of its members. Such study shall be based on reasonable assumptions and certified by an actuary;
• A copy of the insurance policy evidencing stop-loss coverage;
• A detailed dissolution plan for approval by the Department;
• A copy of the MEWA's most recent annual audited financial statement showing that the MEWA is financially solvent; and
• An Actuarial Opinion from a qualified actuary stating that the reserves for the MEWA are adequate and in compliance with actuarial standards.

Is the MEWA offering a fully-insured health plan? Yes No

MEWA Employer Members

Complete the following information for each employer group participating in the MEWA with members or participants in Wyoming. Include additional pages, if needed.

Employer Member _____ If known by another name, provide _____
Address _____
City/State/Zip Code _____ Email Address _____
Number of Wyoming Lives Covered by Employer Member _____

Employer Member _____ If known by another name, provide _____
Address _____
City/State/Zip Code _____ Email Address _____
Number of Wyoming Lives Covered by Employer Member _____

Employer Member _____ If known by another name, provide _____
Address _____
City/State/Zip Code _____ Email Address _____
Number of Wyoming Lives Covered by Employer Member _____



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Attachments for New Applications Only

NOTICE TO MEWA APPLICANTS: Each of the following items is required before the Wyoming Department of Insurance (hereinafter, the “Department”) can process your application for a license to conduct business as a Multiple Employer Welfare Arrangement (MEWA) in Wyoming. Use this checklist to ensure that your filing is complete. Incomplete filings will not be considered. Application fees are non-transferrable and non-refundable.

A check for the application fee in the amount of \$500.00 (payable to “Wyoming State Treasurer”).

If the MEWA is domiciled outside of Wyoming, copies of all materials submitted to the domiciliary state, including evidence of approval by the domiciliary state.

A complete copy of the MEWA’s most recently filed U.S. Department of Labor Form M-1.

Copy of the MEWA’s by-laws and articles of incorporation or other organizational documents.

Copy of all current contracts between the MEWA and insurers or third-party administrators to provide health care benefits and services in Wyoming.

MEWAs offering a self-insured health benefit plan must provide the following additional information to the Wyoming Department of Insurance:

A feasibility study, including, but not limited to, the methodology for establishing the contributions of its members. Such study shall be based on reasonable assumptions and certified by an actuary;

A copy of the insurance policy evidencing stop-loss coverage;

A detailed dissolution plan for approval by the Department;

A copy of the MEWA’s most recent annual audited financial statement showing that the MEWA is financially solvent; and

An Actuarial Opinion from a qualified actuary stating that the reserves for the MEWA are adequate and in compliance with actuarial standards.

MAIL YOUR COMPLETE APPLICATION PACKAGE AND CHECK TO:

Attn: Exam Section
Wyoming Department of Insurance
106 East 6th Avenue
Cheyenne, WY 82002



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APPLICANT CERTIFICATION AND ATTESTATION

The Applicant must carefully read the following:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant MEWA, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of Wyoming, accept the Constitution of such state, in which the Applicant is licensed or to which the Applicant is applying for licensure.
3. The applicant grants permission to the Commissioner of Insurance to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. If the Applicant MEWA is domiciled in Wyoming, the MEWA has received a Certificate of Good Standing from the Wyoming Secretary of State.
5. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct.

FOR THE APPLICANT MEWA:

Signature

Name [Please Print]

Title

Date