

THE STATE



OF WYOMING

Insurance Department

106 East 6th Avenue • Cheyenne, Wyoming 82002
Phone: (307) 777-7401

RENEWAL MEWA APPLICATION

INSTRUCTIONS: ONLY COMPLETE THOSE SECTIONS THAT HAVE CHANGED FROM LAST YEAR'S SUBMISSION TO THE DEPARTMENT. FOR SECTIONS WITH NO CHANGES, PLEASE CHECK THE BOX INDICATING THERE ARE NO CHANGES.

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

I certify that there have been no changes since the last submission.

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's Communications

I certify that there have been no changes since the last submission.

_____ Name of Registered Agent (Include Company, If Applicable)

_____ Street Address

_____ City/State/Zip Code

_____ Email Address

Eligibility Requirements For Employer Membership in MEWA
I certify that there have been no changes since the last submission.

Please describe:

Membership Fees Charged By MEWA
I certify that there have been no changes since the last submission.

Does the MEWA charge any membership fees? Yes No

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

Nature of Health Benefit Plan(s) Offered by MEWA
I certify that there have been no changes since the last submission.

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

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

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

Employer Members

I certify that there have been no changes since the last submission.

**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 _____	

Attachments for Renewal 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 in the amount of \$500 made payable to the “Wyoming State Treasurer” for the application fee.
- A complete copy of the MEWA’s most recently filed U.S. Department of Labor Form M-1.
- 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 copy of the insurance policy evidencing stop-loss coverage;
- 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 RENEWAL APPLICATION PACKAGE AND CHECK TO:

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

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 Renewal 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 Renewal Applicant MEWA is applying for licensure.
3. The Renewal Applicant MEWA 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 Renewal 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 RENEWAL APPLICANT MEWA:

Signature

Name [Please Print]

Title

Date