

Department of Consumer and Business Services  
Oregon Insurance Division – 5  
P. O. Box 14480  
Salem, OR 97309-0405  
Phone: (503) 947-7983

**TRANSMITTAL AND STANDARDS  
For Group Health Coverage to be issued to an  
Association, Union Trust, or Trust Group**

<b>Department Action:</b> <input type="checkbox"/> Disapproved as incomplete <input type="checkbox"/> Approved; Limitations _____
<input type="checkbox"/> Withdrawn <input type="checkbox"/> Disapproved; Reason _____
<input type="checkbox"/> Small group Exemption Applies ORS 743.734(7) Action Date: _____ Effective Date: _____ Analyst: _____ Filing No: _____ OID Group No: _____

NOTE: HOUSE BILL 3321, WHICH BECAME EFFECTIVE JULY 1, 2007, REMOVED THE STATUS OF "EXEMPT" FROM ORS 731.146 FOR GROUP HEALTH INSURANCE ISSUED TO ASSOCIATIONS, UNION TRUSTS, and TRUST GROUPS

**SECTION I – TRANSMITTAL**

Admitted Insurer Name: \_\_\_\_\_ NAIC No: \_\_\_\_\_

Filing entity (if not insurer): \_\_\_\_\_  
Note: If not the insurer, a letter of authorization must be included in the filing.

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

Toll-free/Collect Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name and mailing address of the association or trust as it appears on the legal document:

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

State of situs for the association or trust : \_\_\_\_\_

Group Number Assigned by Oregon Insurance Division (if known): \_\_\_\_\_

Insurers proposing to issue group health plans through associations, labor union trustees, or trust groups must file each group's qualifications and applicable documents as listed in this form.

List the types of coverage you intend to issue to this group: \_\_\_\_\_

How many Oregon lives are currently insured through this Association or Trust? \_\_\_\_\_

Is the association/trust comprised of individuals, groups or both? \_\_\_\_\_

List form numbers of policies, certificates, application and any other form to be issued to the group:

Form number	Product or form type	Negotiated (Y/N) If no, provide the State Filing number in which the forms were approved in next column (ORS 742.003 and Bulletin 98-3)	SERFF tracking number

**Filing instructions:** *This checklist must be submitted with your filing. In a cover letter or actuarial memorandum, include explanations as requested in the requirements. (If submitted by paper, include two sets of the entire filing and one large, self-addressed stamped envelope with mailed filings.) An authorized person must sign the certificate of compliance and all relevant filing information must be included.*

**Filings must include:**

- a.) *An explanation of whether the forms are negotiated (Policy, Certificate and/or riders)*
- b.) *An explanation of the custom benefits and/or administrative options that are not filed due to the filing exemption requirement of negotiated forms.*

**SECTION II – STANDARDS – COMPLETE THIS SECTION AND SECTION IV IF FILING FOR GROUP HEALTH COVERAGE TO BE ISSUED TO AN ASSOCIATION (If filing for a credit union see OAR 836-050-0280)**

ORS 743.524 and 743.522(1)(b)

1.  Copies of the By-laws and Constitution are included with this filing.
2.  The association has been in existence for at least one year.
3.  The association was organized and maintained primarily for purposes other than obtaining insurance.
4.  Please provide an explanation of the purpose of the association: \_\_\_\_\_  
\_\_\_\_\_
5.  Provide a brief explanation of the member eligibility requirements: \_\_\_\_\_  
\_\_\_\_\_
6.  The association is the policyholder.
7.  Only members, employees, or employees of members are insured.
8.  Any future changes in the information contained in this filing, including the type of coverage issued, must be filed with the Oregon Insurance Division (ORS 743.524(3)).

**SECTION III – STANDARDS – COMPLETE THIS SECTION AND SECTION IV IF FILING FOR GROUP HEALTH COVERAGE TO BE ISSUED TO A TRUST**

ORS 743.526 and 743.522(1)(c) Note: *Multiple associations, multiple-group mortgage trusts, banks, savings associations, blanket groups and student health do not qualify.*

1.  A copy of the trust document is included with the filing.
2.  Who established the trust and for what purpose? \_\_\_\_\_
3.  Are there joiner amendments and, if so, who are they for? \_\_\_\_\_
4.  A trust formed by an association includes only membership of that association.
5.  Please provide an explanation of the purpose of the association: \_\_\_\_\_  
\_\_\_\_\_

6.  Provide a brief explanation of the member eligibility requirements: \_\_\_\_\_
7.  The policy names the trust as the policyholder.
8.  The trust is not under the actual control of the insurer.
9.  If two or more employers are members of the trust, they must be in the same or related industry (ORS 743.522(1)(c)). What is that industry? \_\_\_\_\_
10.  Any future changes in the information contained in this filing, including the type of coverage issued, must be filed with the Oregon Insurance Division (ORS 743.526(4)).

**SECTION IV – STANDARDS - COMPLETE THIS SECTION FOR ALL FILINGS**

Each box must be checked which certifies compliance:

1.  A statement is included certifying that all policies, applications, and other forms to be issued to the group are in compliance with Oregon law. Please refer to ORS 742.003. If new policies are filed for this group, the form requirements are included with this transmittal for review and approval. See the form filing requirements under the applicable product on our Web site. *(If an approved policy, application, or form has been modified to accommodate this group and the changes are within the variable brackets previously approved, the forms do not need to be filed.)*
2.  Underwriting criteria used by the insurer does not include actual or expected health status of individual enrollees. (ORS 743.752(1))
3.  Solicitation and participation materials are in compliance with sales practices described under ORS 743.523.
4.  YES  NO Is a health benefit plan issued to small employer groups (2-50 employees) through this association or trust? Please note: Health benefit plan is defined in ORS 743.730(19).

**If the answer to the above question is yes, include the following:**

A. Please indicate how the group is rated.

1.  Rated as one large group as a whole
  2.  Large and small according to small group rating requirements
  3.  Exempt from small group rating requirements.
- B.  Actuarial demonstration that the initial premium rate does not vary by more than 50% across the groups of small employers under the plan. (ORS 743.734(7)(b)(A))
- C.  Membership requirements of the association or group.
- D.  Small employer groups that have two or more eligible employees and that meet the membership requirements for the association are not excluded from the health benefit plan. (ORS 743.734(7)(b)(C))
- E.  ORS 743.734(7) allows health benefit plans issued to small employer groups through qualified associations, union trustee, trusts, and discretionary groups to be exempt from certain small employer health insurance (SEHI) laws; specifically, ORS 743.733 to 743.737, if certain conditions are met. I understand that the Insurance Division will inform the insurer if the exemption applies to this filing when the filing disposition is made.
- F.  Eligibility for the SEHI exemption requires the health benefit plan to maintain a retention rate of at least 95%. (ORS 743.734(7))
- G.  Eligibility for the SEHI exemption requires the insurer to comply with specific reporting requirements of the Oregon Insurance Division. (ORS 743.734(7))