



Department of Consumer & Business Services

Insurance Division — 4

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Remit with payment to:

Fiscal Services Section

Oregon Department of Consumer

& Business Services

P.O. Box 14610

Salem, OR 97309-0445

**Application for
Certificate of Multiple
Employer Welfare Arrangement**

The undersigned trust hereby applies for a certificate of multiple employer welfare arrangement to provide health benefits through a multiple employer welfare arrangement (MEWA) in the State of Oregon, and for that purpose submits the following:

1. Name: _____
2. Statutory home office address: Street: _____
City: _____ State: _____ ZIP: _____ Phone: () - _____
3. Principal office address: Street: _____
City: _____ State: _____ ZIP: _____ Phone: () - _____
4. Mailing address: _____
5. Contact person for application: _____ Phone: () - _____
E-mail address: _____ Fax: () - _____
6. Registered office and agent for legal service in the state of Oregon:

(Name of registered agent at registered office — cannot be director of Department of Consumer & Business Services)

(Address of registered office, including street, number, city, and ZIP. Cannot be P.O. Box)

7. a) Copies of articles and bylaws, if applicable. ORS 750.305(1)
b) A copy of the trust agreement of the MEWA. ORS 750.305(2)
8. Kind(s) of business to be transacted: ORS 750.303(2) Health only Health including disablement
9. Evidence that the MEWA meets all the requirements in ORS 750.307, including that it has applications from five or more employers and will provide similar benefits for 200 or more participating employees.
10. A Plan of Operation that includes: projection of anticipated Oregon premium for each of the next three years; office staffing; marketing and advertising methods; arrangements made to provide health care benefits; claim-handling procedures and guidelines for processing time. Include procedures for handling claims in the event of dissolution of the MEWA. ORS 750.305(5); ORS 750.309(1)
11. Current financial statement of the MEWA on the basis of statutory accounting principles as prescribed in ORS 733. ORS 750.305(3)
12. A copy of the excess loss insurance agreement proposed to satisfy compliance with ORS 750.309(2).

Filing fee: \$2,500 44110/1557

Retaliatory fees: 44110/1558

FISCAL USE ONLY:

