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IOWA INSURANCE DIVISION MEWA CERTIFICATION CHECKLIST
FULLY INSURED MEWA

Directions: This form must be submitted with each application for certification as a Fully Insured MEWA. All information requested is required pursuant to Iowa Administrative Code 191-77.

NAME OF COMPANY: _____

COMPANY CONTACT NAME: _____

EMAIL: _____

PHONE: _____

For each item below, indicate where the information is located within the application.

- (1) A business plan, including the following:
 - a) A copy of all health coverage contracts or other instruments which the fully insured MEWA applicant proposes to offer to its employer members or its association's or group's members.
 - b) A copy of its health coverage description.
 - c) The printed material to be used in the solicitation to purchase the health coverage.

LOCATION WITHIN APPLICATION: _____

- (2) Copies of all articles, bylaws, agreements, or other documents or instruments describing the rights and obligations of employers, employees, and beneficiaries with respect to the fully insured MEWA applicant.

LOCATION WITHIN APPLICATION: _____

- (3) Each of the following:
 - a) A current list of all members of the employer group or association sponsoring the fully insured MEWA applicant.
 - b) A description of the relationship among the employers.
 - c) A description of how the relationship serves as the basis for the formation of the association or employer group.
 - d) A description of how the employer group or association was formed for a 'good-faith purpose' other than for providing insurance or a health plan. (See 83 FR 28918 and IAC 191-77.4(4)(a)).
 - e) A description verifying that the employer group or association has been in existence for at least 5 years prior to the date of the application. (See IAC 191-77.4(4)(b)).

LOCATION WITHIN APPLICATION: _____

- (4) A description of the activities of the association or group of employers on behalf of its employer members or its association's or group's members other than the sponsorship of the fully insured MEWA applicant, to further demonstrate compliance with IAC 191-77.4(4)(a).

LOCATION WITHIN APPLICATION: _____

- (5) A statement from an authorized representative of the fully insured MEWA applicant that certifies all of the following:
- a) The fully insured MEWA applicant shall be administered by an insurer authorized to do the business of insurance in this state or by an authorized third-party administrator that holds a current certificate of registration issued by the commissioner pursuant to Iowa Code 510.21.
 - b) The fully insured MEWA applicant is established by a trade, industry, or professional association of employers that has a constitution or bylaws, is organized and maintained in good faith, and meets all membership requirements set forth in IAC 191-77.4(4).
 - c) The association or group of employers sponsoring the fully insured MEWA applicant is engaged in substantial activity for its members other than sponsorship of an employee welfare benefit plan.
 - d) The association is a nonprofit entity organized or authorized to do business under applicable Iowa law.
 - e) No insurance producers or benefits consultants established, sponsored, administer, or serve as a trustee or on the governing body of the fully insured MEWA applicant.

LOCATION WITHIN APPLICATION: _____

- (6) A certificate from an authorized representative of the fully insured MEWA applicant that, to the best of the authorized representative's knowledge and belief, the fully insured MEWA applicant is in compliance with all applicable provisions of the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.).

LOCATION WITHIN APPLICATION: _____

- (7) A description of and evidence of a mechanism, approved by the commissioner, to ensure that claims shall be paid in the event a member of the fully insured MEWA applicant is unable to comply with the fully insured MEWA applicant's contribution requirements.

LOCATION WITHIN APPLICATION: _____

- (8) A copy of the most recent Form M-1 filed by the fully insured MEWA applicant with the U.S. Department of Labor, Pension and Welfare Benefits Administration.

LOCATION WITHIN APPLICATION: _____

- (9) Biographical affidavits from all members of the board of directors of the fully insured MEWA applicant. The affidavits shall be prepared using the current template for biographical affidavits prescribed by the National Association of Insurance Commissioners. Available at: https://www.naic.org/documents/industry_ucaa_form11.pdf

LOCATION WITHIN APPLICATION: _____

(10) Additional information requested by the commissioner: Proof of eligibility requirements.

Submit documentation to verify that the group:

- a) Collects dues.
- b) Has been in existence for at least 5 years.
- c) Requires employers to join the group for at least 5 years and that they face reasonable enforcement for non-compliance.
- d) Engages in activities that are controlled by the employer members (such as through Board member elections). (See IAC 191-77.4(4)(g)).

LOCATION WITHIN APPLICATION: _____

Questions can be directed to the following Iowa Insurance Division representatives:

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or

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