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IOWA INSURANCE DIVISION MEWA CERTIFICATION CHECKLIST
SELF-INSURED MEWA

Directions: This form must be submitted with each application for certification as a Self-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 self-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 self-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 self-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 191-77.3(5)(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 191-77.3(5)(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 self-insured MEWA applicant, to further demonstrate compliance with IAC 191-77.3(2)(a)(4).

LOCATION WITHIN APPLICATION: _____

- (5) Current financial statements of the self-insured MEWA applicant including all of the following:
- a) Balance sheets;
 - b) An income statement;
 - c) A cash flow statement;
 - d) A detailed list of assets;
 - e) Surplus of the greater of \$500,000 or 10% of the previous year's premium;
 - f) Stop-loss coverage of 120% of projected losses and 5% of individual's claims;
 - g) A signed actuarial opinion which states:
 - i. appropriate loss and loss adjustment reserves have been established
 - ii. adequate premiums are being charged, and
 - iii. the association is operating in accordance with sound actuarial principles pursuant to IAC 191-77.3.

LOCATION WITHIN APPLICATION: _____

- (6) A statement from an authorized representative of the self-insured MEWA applicant that certifies all of the following:
- a) The self-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 self-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 191-77.3(5).
 - c) The association or group of employers sponsoring the self-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 self-insured MEWA applicant.

LOCATION WITHIN APPLICATION: _____

- (7) A certificate from an authorized representative of the self-insured MEWA applicant that, to the best of the authorized representative's knowledge and belief, the self-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: _____

- (8) 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 self-insured MEWA applicant is unable to comply with the self-insured MEWA applicant's contribution requirements.

LOCATION WITHIN APPLICATION: _____

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

LOCATION WITHIN APPLICATION: _____

- (10) Biographical affidavits from all members of the board of directors of the self-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: _____

- (11) 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 191-77.3(5)(g)).

LOCATION WITHIN APPLICATION: _____

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

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or

Paula Wallin

Email: paula.wallin@iid.iowa.gov