



IOWA INSURANCE DIVISION MEWA CERTIFICATION CHECKLIST
FULLY INSURED MEWA

Directions: This checklist and information must be submitted with each application for certification as a Fully Insured Multiple Employer Welfare Association (MEWA). All information pursuant to the Iowa Administrative Code 191 Chapter 77 is required.

A **full and complete** application must be submitted no later than 4 months prior to the proposed open-enrollment date for the employee members of the MEWA. If documentation is missing or incomplete, the Division cannot assure the MEWA certification will be finalized in the timeframe proposed. This timeframe is necessary to ensure the Division has adequate time to review the documentation and, most importantly, to ensure that employee members of the MEWA can review their healthcare options during the open enrollment period.

NAME OF COMPANY

COMPANY CONTACT NAME

EMAIL

PHONE

For each item below, provide the document name and page number(s) of where the information is located within the application.

1. Healthcare coverage documentation including:
 - a. A copy of all health coverage policies, contracts or other instruments which the fully insured MEWA applicant proposes to offer to its employer members or its association or group members.
 - b. A copy of its health coverage description.
 - c. A copy of all SBCs.
 - d. 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 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 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 business plan, including a description of the activities of the association or group of employers that is conducted on behalf of its members other than the sponsorship of the 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 MEWA applicant that certifies all of the following:
 - a. The 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 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 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 MEWA applicant.

LOCATION WITHIN APPLICATION

6. A certification from an authorized representative of the MEWA applicant that, to the best of the authorized representative's knowledge and belief, the 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 MEWA applicant is unable to comply with the MEWA applicant's contribution requirements. *The description should show that individual employees will not see mid-year premium increases.*

LOCATION WITHIN APPLICATION

8. A copy of the most recent Form M-1 filed by the 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 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://content.naic.org/sites/default/files/industry-ucaa-form-11-bio-aff-fillable.pdf>

LOCATION WITHIN APPLICATION

10. Additional information requested by the commissioner: Submit the following 'proof of eligibility' requirements 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 proof of a reasonable enforcement mechanism for the employer's 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

11. A certification from authorized representative of the MEWA applicant that stating that the healthcare coverage fully complies with the policy or contract provisions in 77.4(5)"a" through "f."

LOCATION WITHIN APPLICATION

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

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