

Rules of Department of Insurance, Financial Institutions and Professional Registration

Division 400—Life, Annuities and Health Chapter 11—Navigators

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION Division 400—Life, Annuities and Health Chapter 11—Navigators

20 CSR 400-11.100 Navigator Examination and Licensing Procedures and Standards

PURPOSE: This rule prescribes the application process, fees, examination, and initial training for navigators.

- (1) Application and Fees. Application for a navigator license shall include the following, as applicable:
 - (A) Initial Licensure.
 - 1. Individual navigator.
- A. A completed application form, which is included herein as Exhibit 1 of this rule revised July 24, 2013, or any form which substantially comports with the specified form.
- B. Twenty-five dollar (\$25) application fee.
 - 2. Entity navigator.
- A. A completed application form, which is included herein as Exhibit 2 of this rule revised July 24, 2013, or any form which substantially comports with the specified form.
 - B. Fifty dollar (\$50) application fee.
- C. List of all Missouri-licensed navigators conducting business on behalf of the entity.
- (2) Required Examination.
- (A) Before an individual may be licensed as a navigator, the applicant must first take and pass an examination testing the individual's knowledge regarding health insurance, health insurance exchanges, and navigator roles and responsibilities. The department may contract with an independent testing service(s) to administer an examination. In order to take the examination, an individual must register and pay an applicable testing fee.
- (B) An individual may satisfy the examination requirement by demonstrating achievement of a passing score on any approved certification examination that allows the individual to perform duties identified in 42 U.S.C. section 18031(i) or related duties, irrespective of whether the examination is for purposes of serving as a navigator, certified application counselor, in-person assister, or health center outreach and enrollment assistance worker.

(3) Initial Training. Initial training shall be that training which is sufficient to pass the examination referenced in section (2) above.

Division 400—Life, Annuities and Health



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
LICENSING SECTION

EXHIBIT 1

F.O. BOX 680 OR P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES JEFFERSON CITY, MISSOURI 65102

Secretary of State

1 /-/-	LICENSING SECTION	
100	APPLICATION FOR NAVIGATOR LICENSE	

PLEASE PRINT OR TYPE							
1. SOCIAL SECURITY NUMBER			2. DATE OF BIRTH				
3. LAST NAME	JAJSR , E	ETC		4. F RST NAME		5. MICOLE NAME	
 B. RESIDENCE/FIONE ADDRESS (PHYSIC -	CAL STREET) 7.	P.O. BOX 6. CITY		. <u> </u>	9 STATE	10. ZIP CODE	11. COUNTRY
12. HOME TELEPHONE NUMBER	ι.	13. MOBILE TEL	EPHONE NUI		14. PERSONA	AL EMAIL ADDRESS	
	ED STATES: E			E) (IF NO, PLEASE ATTACH		T PROVES YOUR ELIGI	BILITY TO WORK IN THE
17 BUSINESS ENTITY NAME							— — —
18. BUSINESS ENTITY ADDRESS (PHYSIC	CAL STREET)	19. P.G. BOX	20. CITY		21. STATE	22. Z:P GODE	23. COUNTRY
24. BUSINESS TELEPHONE NUMBER (INC	CLUDE EXT.)	5. BUSINESS FAX NUM	IBFR	26. BUS NESS E-MAIL	ADDRESS	27. BUSINESS WE	BSITE ADDRESS
28. APPL CANT'S MAILING ADDRESS	29, P.O. FIOX	30. CITY			31. STATE	32. ZIP CODE	33. CCUNTRY
34. LIST ALL OTHER ASSUMED, FICTITIO	US, ALIAS, MAIDE	N OR TRADE NAMES Y	OU HAVE USE	ED IN THE PAST,		<u>:</u>	
BACKGROUND INFORMATI	ION						
35. The Applicant must read Applicant must include as		, ,	nd answei	r every question. Al	l written statemer	nts submitted by	the
Have you ever been of sentence ("SIS") or su	convicted of a	a crime, had a jud					
"Crime" includes a mis misdemeanor traffic o driving without a licer misdemeanor juvenile	sdemeanor, t citations or m nse, reckless	elony, or a milita iisdemeanors: dr driving, or drivii	ry offense riving und	e. You may exclude ler the influence (£	any of the follow	ring if they are/w e intoxicated (DV	ere VI),
"Convicted" includes, b guilty or nolo contende							
"Had a judgment withl guilt was made, but in a suspended imposition	nposition or e	execution of the s	sentence	was suspended (fo	or instance, the d	efendant was giv	ven
Unless excluded by th	e language a	above, you must	disclose o	convictions that have	ve been expunge	d.	
If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a certified copy of the charging document, and c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.							ent.
2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration? ☐ YES ☐						lor □yes □no	
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.						ean iich It of our	
If you answer yes, you a) a written statem b) a copy of the No c) a certified copy judgment.	ent identifyin otice of Heari	g the type of lice ng or ather docu	nse and e ment that	states the charges	and allegations,	and	nal

4 CODE OF STATE REGULATIONS (12/31/13) JASON KANDER



Have you falled to comply with an administrative or court order directing payment of state or federal income tax? If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of each administrative or court order; b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.); c) a certified copy of each administrative or court order, judgment, and/or lien, and d) a certified copy of the official document which demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.). 4. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving altegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If you answer yes, you must attach to this application: a) a written statement summarizing the defails of each incident, b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment. 5. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alteged misconduct? Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Have you or any business in which you are or were a member or manager of a Limited Liability Company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? If you answery yes, you must attach to this application: a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevently out from receiving a ha	3.	GROUND INFORMATION Have you failed to pay state or federal income tax?	∐YES	□no
If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of each administrative or court order; b) copies of all relevant documents (i.e. demand letter from the Dopartment of Revenue or Internat Revenue Service, etc.); c) a certified copy of each administrative or court order, judgment, and/or lien, and d) a certified copy of the official document which demonstrates the resolution of the tax delinquency (i.e. tax compilance letter, etc.). 4. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident, b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and c) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and c) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and c) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and c) a certified copy of the Petition, Complaint or other document that commence of the cardinal judgment. 5. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Have you or any business in which you are or were a member or manager of a Limited Liability Company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident and explain	-			
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c) what is the total amount of your arrearage?		a) are you in arrearage?	∐YES	□NO
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• • •		showing proof of current payments or an approved repayment plan from the appropriate state child support	∐YES	L)NO
		• •		

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CSR

20 CSR 400-11—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

EM	EMPLOYMENT HISTORY							
36.	Account for all time for the pa Include full and part-time work							employer working back five years. on.
		A		FRO	DM .	Т	o	POSITION HELD
				MONTH	KAAY	MONTH	YEAH	r dairion rieza
NAMS	Ė							·
C.TY		STATE	COUNTRY					
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CITY		STATE	COUNTRY					
NAME	=		·				-	
CITY	·	STATE	COUNTRY					
EX/	MINATION REQUIREMENT		<u> </u>	.;				
API	UPON SUCCESSFUL PASSAGE, PROVIDE DOCUMENTATION TO MO DIFP - INSURANCE. APPLICANT'S CERTIFICATION AND ATTESTATION 38. The Applicant must read the following very carefully: 1. I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. 2. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company. 3. I further certify under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, or b) I have an outstanding state or federal income tax obligation and I have provided all information and documentation requested in Background Information Question 35.3.							
 I further certify, under penalty of perjury, that a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application. I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Director and all persons acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information. 								
ORIGINAL APPL CANT SIGNATURE								
FULL LEGAL NAME (PRINTED ON TYPED)								
STAC	(HABYYYAGYHYOM)			· · - · - ·				
INS	TRUCTIONS			·				
1.	All applicants must submit a	\$25 application f	ee in the form of a	check or	money c	rder, ma	de payab	ele to DIFP - Insurance.
2.	Mail completed application to	. MO DIFP - Ins P.O. Box 4001						
 мо 37	5-0897 (7-13)							





MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION LICENSING SECTION

P.O. BOX 690 OR P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES JEFFERSON CITY, MISSOURI 65102

APPLICA		IGATOR ENTITY L	ICENSE			RSON CITY, MISSOURI FORM MAY BE DUPLK	
PLEASE PRINT OR TYP	<u> </u>		2. INCORPORATION/FORMAT	TON DATE (MONT	H/DAY/YEAR)	a, FEIN	
4. ; IST ALL NAMES UNDER WHICH	YOU ARE DOING BUSINES	s	5. STATE OF GOMICILE		f. COUNTRY OF	F DOMICILE	
7. CONTACT NAME							
I. BUSINESS ADDRESS		9. C:[Y		10. STATE	T	11. ZIP OR FOREIGN COL	JNTBY
IZ. TELEPHONE NUMBER	13. FAX NUN		14. BUSINESS WEBSITE ADD	RESS	T15. BUSINESS 6	MAILADORESS	
6. MAILING ADDRESS		17. P.O. BOX 18. CIT	<u> </u>	19. STATE		20. Z:P OH FOREIGN CO:	JNTR'
BACKGROUND INFOR							—
 Please read the folio statements submitte 		and answer every quest nust include an original :		ents must be	certified. All v	written	
Has the navigator	entity or any owner,	partner, officer or direct	or ever been convicted c	f, or is the na	vigator entity	or any	
owner, partner, of	ficer or director curre	ently charged with, comm	nitting a crime, whether o	or not adjudic	ation was with	nheld? 🗆 YES 🗀	JNO
"Crime" includes juvenile offenses.		lony or a military offens	se. You may exclude m	isdemeanor	traffic citation	is and	
"Convicted" inclu-	des, but is not limite ontendere, or havin	d to, having been found g been given probation,	guilty by verdict of a jud a suspended sentence	ge or jury, ha	ving entered	a plea	
		aheld" includes circumst			red and/or a f	inding	
of guilt was made	, but imposition or e	xecution of the sentence or a suspended execution	e was suspended (for in	stance, the d	efendant was	given	
Unless excluded	by the language abo	ove, you must disclose o	convictions that have be	en expunged	1.		
a) a written st b) a copy of the	e charging docume	the circumstances of ea		es or any fin	al judgment.		
Has the navigato regarding any pro	r entity or any owne ofessional or occupa	r, partner, officer or dire itional license?	ctor ever been involved	in an admini	istrative proce	eding □YES □	ОиС
on probation or su to an administrati means having a li	rrendering a license ve or arbitration proticense application de	sured, suspended, revok to resolve an administra ceeding which is related enied or the act of withdi nce with continuing educ	tive action, "Involved" als to a professional or occ rawing an application to	so means bei upational lice avoid a denia	ng named as a nse. "Involved al. You may e:	a party d" also	
a) a written stb) a copy of th	ne Notice of Hearing	o this application: the type of license and o or other document that which demonstrates the	states the charges and	allegations,	and		
Has the navigato obligation?	r entity or any own	er, partner, officer or di	rector ever been notifie	d of any del	inquent incon	ne tax □ y∈s □]NO
If you answer	yes, identify the juris	sdiction(s):	<u>.</u>				
	eding involving alleg	partner, officer or directigations of fraud, misapp					Оиб
 a) a written st 		o this application: ng the details of each ind nt or other document the		uit or arbitrat	ion, and		

MO 375-0895 (7-13)

c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.



APPLICANT'S CERTIFICATION AND ATTESTATION

- 22. The undersigned owner, partner, officer or director of the navigator entity hereby certifies, under penalties of perjury, that:
 - 1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the navigator entity to civil or criminal penalties.
 - 2. The navigator entity grants permission to the Department to verify any information supplied herein with any federal, state or local government agency.
 - 3. Lauthorize the Director to give any information concerning the navigator entity or any owner, partner, officer or director, to any federal, state or municipal agency, or any other organization and I release the Director and any person acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
 - 4. Lacknowledge that I am familiar with the navigator laws and regulations of Missouri.
 - 5. If required, I have received a Certificate of Good Standing from Missouri's Secretary of State.

SKINATURE			
TYPED OR PRINTED NAME			
11118		SOCIAL SECURITY NUMBE	я
ACDRESS (C:TY, STATE, ZIP CODE)			· · · · · · · · · · · · · · · · · · ·
NOTARY			
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE		CRIDGE TO POT ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	· · · · · · · · · · · · · · · · · · ·	

INSTRUCTIONS

Application for initial licensure for a navigator entity shall include the following, as applicable:

- A completed Application for Navigator Entity License.
- 2. \$50 fee in the form of a check or money order, made payable to DIFP Insurance.
- 3. Attach a list of all individual navigators that are employed by or in any manner affiliated with the navigator entity. (Changes to this list shall be reported to the department within twenty days of the change.)
- 4. Mail completed application packet to: MO DIFP Insurance

PO Box 4001

Jefferson City MO 65102-4001

MO 375-0895 (7-13)



AUTHORITY: sections 374.045 and 376.2000–376.2014, RSMo Supp. 2013.* Emergency rule filed July 24, 2013, effective Aug. 3, 2013, expired Jan. 29, 2014. Original rule filed July 24, 2013, effective Jan. 30, 2014.

*Original authority: 374.045, RSMo 1967, amended 1993, 1995, 2008; 376.2000, RSMo 2013; 376.2002, RSMo 2013; 376.2004, RSMo 2013; 376.2006, RSMo 2013; 376.2008, RSMo 2013; 376.2010, RSMo 2013; 376.2011, RSMo 2013; 376.2012, RSMo 2013; and 376.2014, RSMo 2013.

20 CSR 400-11.120 Continuing Education for Individual Navigators

PURPOSE: This rule establishes the continuing education requirements for individual navigators. All forms referenced in this regulation may be accessed at the department's website at www.insurance.mo.gov.

- (1) As used in this rule, the following terms shall mean:
- (A) Approved course—an educational presentation offered in a class, seminar, self-study or other form of instruction regarding navigator roles and responsibilities, Missouri law, ethics, and the health insurance exchange operating in this state;
- (B) Navigator Continuing Education Certificate of Course Completion—The form which is included herein as Exhibit 1 of this rule revised September 20, 2013, or any form which substantially comports with the specified form, completed by the authorized provider of an approved course which signifies satisfactory completion of the course and reflects the hours of credit earned;
- (C) Navigator Continuing Education Certification Summary—The form which is included herein as Exhibit 2 of this rule revised September 20, 2013, or any form which substantially comports with the specified form, completed by the licensee which documents compliance with the continuing education requirements in section 376.2006, RSMo;
- (D) Navigator Continuing Education Provider Application for Course Approval—The form which is included herein as Exhibit 3 of this rule revised September 20, 2013, or any form which substantially comports with the specified form, completed by the course provider which requests approval of a continuing education course;
- (E) Credit hour—Fifty (50) minutes of uninterrupted instruction pertaining to an approved course. Partial hours of credit are not allowed. Credit hours earned through self-study will be determined by the following method:

- 1. Printed material—Page count of fifteen (15) pages will equal one (1) credit hour;
- 2. Computer-based or Internet courses will be calculated as: three (3) screens (750 words) will equal one (1) printed page and forty-five (45) screens will equal one (1) credit hour;
- (F) Director—The director of the Department of Insurance, Financial Institutions and Professional Registration or his/her designee; and
- (G) Licensee—An individual who is licensed by the department as a navigator.
- (2) Individual Navigator Continuing Education Requirements.
- (A) Any individual licensed as a navigator shall complete courses or programs of instruction equivalent to a total of at least twelve (12) hours of instruction during the two- (2-) year licensure period.
- (B) Of the twelve (12) hours of instruction during the two- (2-) year license period, individual navigators must complete three (3) hours of instruction covering ethics and Missouri law. Courses on ethics and Missouri law must be approved as such by the director to be eligible for meeting this requirement.
- (C) An individual navigator may satisfy the continuing education requirement by demonstrating completion of continuing education that allows the individual to be certified or recertified to perform the duties identified in 42 U.S.C. section 18031(i) or related duties, irrespective of whether the continuing education is for purposes of serving as a navigator, certified application counselor, in-person assister, or health center outreach and enrollment assistance worker.
- (D) An individual navigator who satisfies the continuing education requirement through subsection (C) must also complete three (3) hours of instruction covering ethics and Missouri law. Courses on ethics and Missouri law must be approved as such by the director to be eligible for meeting this requirement.
- (E) An individual navigator must submit the form "Navigator Continuing Education Certification Summary" to the director to show compliance with section 376.2006, RSMo, at the time of their biennial license renewal. The director may examine the licensee's continuing education records wherever they may be found.
- (3) Navigator Continuing Education Provider Requirements.
- (A) A continuing education provider must seek course approval by completing the form "Navigator Continuing Education Provider Application for Course Approval" and submitting a filing fee of fifty dollars (\$50) per

- course. Courses shall be approved for a period of no more than one (1) year.
- (B) A continuing education provider must furnish the form "Navigator Continuing Education Certificate of Course Completion" to any licensee who earns continuing education credit hours after completing an approved course. The director may examine the continuing education provider's approved courses and records for such courses.
- (C) Within thirty (30) days of the date a course is completed by a licensee, continuing education providers shall electronically notify the director of the credit hours earned by a licensee.

EXHIBIT 1



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

P.O. BOX 690

JEFFERSON CITY, MO 65102-0690 LICENSING SECTION NAVIGATOR CONTINUING EDUCATION CERTIFICATE OF COURSE COMPLETION NOTICE TO PROVIDER: The continuing education provider must provide a completed Navigator Continuing Education Certificate of Course Completion to each navigator completing the provider's approved course. NOTICE TO NAVIGATOR: Keep this Certificate for your continuing education records. Use this Certificate to complete your Navigator Continuing Education Certification Summary, Send only your Navigator Continuing Education Certification Summary to the Department of Insurance, Financial Institutions and Professional Registration with your license renewal. MISSOURI LICENSE NUMBER NAME OF NAVIGATOR RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE) COURSE PROVIDER COURSE TITLE MISSOURI COURSE NUMBER DATE COURSE COMPLETED NUMBER OF CONTINUING EDUCATION CREDIT LOCATION HOURS EARNED SIGNATURE OF AUTHORIZED PROVIDER REPRESENTATIVE DATE

THIS FORM IS FOR NAVIGATOR RECORDS KEEP THIS FORM IN YOUR FILE FOR FUTURE VERIFICATION

MD 375-0898 (9-13)





MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION LICENSING SECTION P.O. BOX 680 or P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES JEFFERSON CITY, MO 65102 TELEPHONE: (573) 751-3518

NAVIGATOR CONTINUING EDUCATION CERTIFICATION SUMMARY

The information you furnish on this form will be used to determine whether you have complied with the continuing education requirements. If this form is not completed in full, ALL documents will be returned. MAIL THIS FORM to the Missouri Department of Insurance, Financial Institutions and Professional Registration with your ficense renewal.

INSTRUCTIONS

- 1. For each continuing education course, enter the Course Provider, Course Title, Missouri Course Number, Date Course Completed, and Number of Continuing Education Credit Hours from your Navigator Continuing Education Certificate of Course Completion.
- 2. When you have completed all of the required hours, sign and date the bottom of this form and <u>submit with license renewal</u>. You need to complete 12 hours.
- 3. ATTACH THIS FORM TO YOUR LICENSE RENEWAL.

NAME OF NAVIGATOR		MISSOURI LICENSE NUM	вея	
RESIDENCE AUDRESS (STREET, CITY, STATE, ZIP CODE)		<u> </u>		
MAILING ADDRESS (STREET, CTTY, STATE, ZIP GODE)				
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)				
RESIDENCE TELEPHONE NUMBER	RUSINESS TELEPH	ONE NUMBER		
LIST OF CONTINUING EDUCATION COURS	SES.			
COURSE PROVIDER	COURSE TITLE	MISSOURI COURSE NUMBER	DATE COURSE COMPLETED MONTH/DAY/YEAR	HOURS
			<u> </u>	
	-			
		_		
	- · · · · · · · · · · · · · · · · · · ·			
			TOTAL →	
CERTIFICATION				
I certify that I have taken and completed the will furnish to the Department of Insurance, Fi or all of the courses listed on this report. I und truthful information on this form.	nancial Institutions and Professional R	egistration upon reques	t, evidence of havin	g taken any
SIGNATURE OF NAVIGATOR	· · · · · · · · · · · · · · · · · · ·		DATE	

JASON KANDER Secretary of State

CSR

20 CSR 400-11—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

EXHIBIT 3



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION LICENSING SECTION

NAVIGATOR CONTINUING EDUCATION PROVIDER APPLICATION FOR COURSE APPROVAL

SUBMIT COURSE APPLICATION MATERIALS TO: PEARSON VUEMO CE 62398 COLLECTIONS CENTER DR

AFFL	SEE METRUCTO	ONS ON REVERSE SIDE BEFOR	CHICAGO, IL 606	33-0023
COURSE PROVIDER	SEE INSTRUCTION	JNS ON REVERSE SIDE BEFOR	IE COMPLETING FORM	FAX NUMBER
	. <u> </u>			
WEB ADDRESS				
ADDRESS (STREET, OTTY, S	TATE, ZIP CODE		PROVIDER	NUMBER (IF KNOWN)
CONTACT PERSON		CONTACT PERSON EMAIL ADDRESS	TELEPHONE NUMBER	COURSE DATE
DOURSE TITLE				
COURSE OUTLINE	: ATTACH COURSE OUTLIN	E AS INSTRUCTED ON THE NEX	KT PAGE.	
METHOD OF INST	RUCTION:			
☐ LECTURE/SEMI	NAR COLLEGE	E/UNIVERSITY		•
SELF STUDY	☐ OTHER (SPECIFY)		
NUMBER OF NAVIGATOR CO	ONTINUING EDUCATION CREDIT HOURS	REQUESTED		
SIGNATURE OF AUTHORIZE	ED REPRESENTATIVE		DATE	
PEARSON VUE US	E ONLY			
APPROVED	DISAPPROVED	MISSOURI COURSE NUMBER	NO, OF CON	ITINUING EDUCATION CREDIT HOURS
SIGNATURE		1140	DATE	
)			<u> </u>	
COMMENTS				v;
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MO 375-0896 (9-13)	_	SEE REVERSE SIDE		



CHAPTER 3 - EDUCATION REQUIREMENTS

20 CSR 400-11.120

PROVIDER APPLICATION

Content: An educational presentation offered in a class, seminar, self study or other form of instruction regarding navigator roles and responsibilities and the health insurance exchange operating in this state.

Required Data: Providers must submit courses for approval directly to Pearson VUE at least 45 days prior to the date the course begins. The provider shall submit the following for approval:

- 1. A completed and signed application;
- 2. A course fee payable to Pearson VUE/MO CE;
- 3. A course outline that shall list and summarize each topic covered. A list of topics with no other details is not an acceptable course outline. The outline shall contain time trames for the course material. Do not send books or videotapes as a substitute for a course outline.

NOTE: No credit shall be given for courses held prior to the approval date. This would apply even if you submit the course and the application needs to be returned for additional information. The application and other forms and fees must be resubmitted prior to the course start date.

Credit hours:

- 1. Lecture 50 minutes of uninterrupted instruction pertaining to an approved course;
- 2. Printed material page count of fifteen (15) pages will equal one (1) credit hour.
- 3. Computer-based or Internet courses will be calculated as: three (3) screens (750 words) will equal one (1) printed page and forty-five (45) screens will equal one (1) credit hour.

Filing fee: \$50 per course. Fees should be made payable to Pearson VUE/MO CE.

Self-Study: Complete all applicable information. Attach a copy of the study material and test along with an explanation of how the test will be proctored. Please include the time allotted for completion of the course (see credit hours above).

Navigator Continuing Education Certificate of Course Completion: A continuing education provider must furnish the "Navigator Continuing Education Certificate of Course Completion" to any licensee who earns continuing education credit hours after completing an approved course.

Provider Responsibility: Provider must electronically report the class roster through https://sbs-mo.naic.org/Lion-Web/jsp/ext/login/launch.jsp within 30 days of the date the navigator takes the course. The provider may retain a list for each course containing the following:

- 1. Provider/Course location;
- 2. Course title;
- 3. Missouri course number;
- 4. Date course completed;
- 5. Number of continuing education credit hours earned; and,
- 6. Roster for licensees to sign-in/sign-out which includes name, address, and license or social security number.

Course Expiration: Courses shall be approved for a period of no more than one year.

Mail course application and materials:

Pearson VUE/MO CE 62398 Collections Center Dr Chicago IL 60693-0623

Toll-Free Provider Support

Providers should call: 888-204-6258 or email ce_providers@pearson.com

MO 375-0896 (9-13)

AUTHORITY: sections 374.045 and 376.2004 through 376.2014, RSMo Supp. 2013.* Emergency rule filed Sept. 20, 2013, effective Sept. 30, 2013, expired March 28, 2014. Original rule filed Sept. 20, 2013, effective March 30,

*Original authority: 374.045, RSMo 1967, amended 1993, 1995, 2008; 376.2004, RSMo 2013; 376.2006, RSMo 2013; 376.2010, RSMo 2013; 376.2011, RSMo 2013; 376.2012, RSMo 2013; 376.2014, RSMo 2013.

30, 2014.

20 CSR 400-11.140 Renewal Applications and Fees—Individual Navigators and Entity Navigators

PURPOSE: This rule prescribes the license renewal application process and fees for individual navigators and entity navigators. All forms referenced in this regulation may be accessed at the department's website at www.insurance.mo.gov.

- (1) Renewal Application and Fees. Application for renewal of a navigator license shall include the following, as applicable:
 - (A) Individual Navigator.
- 1. A completed renewal application form, which is included herein as Exhibit 1 of this rule, or any form which substantially comports with the specified form;
- 2. Twenty-five dollar (\$25) application fee. If the renewal application is not received before the license expires, a late fee of ten dollars (\$10) must be added to the application fee; and
- 3. A completed Navigator Continuing Education Certification Summary form referenced in 20 CSR 400-11.120(1)(C); or
 - (B) Entity Navigator.
- 1. A completed renewal application form, which is included herein as Exhibit 2 of this rule, or any form which substantially comports with the specified form;
- 2. Fifty dollar (\$50) application fee. If the renewal application is not received before the license expires, a late fee of fifteen dollars (\$15) must be added to the application fee; and
- 3. List of all Missouri-licensed navigators conducting business on behalf of the entity.





MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

LICENSING SECTION
APPLICATION FOR NAVIGATOR LICENSE RENEWAL

P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
THIS FORM MAY BE DUPLICATED

							INIBIO	IN MAT DE DUFLICATED
PLEASE PRINT OR TY	PE							
1. SOCIAL SECURITY NUMBER					2. DATE OF BIRTH			
3. LAST NAME	JR.A	SR. ETC.			4. FIRST NAME 5. MIDDLE NAME			
8. RESIDENCE/HOME ADDRESS	PHYSICAL STREET	7. P.O. BOX	B. CITY			9. STATE	10. ZIP CODE	11. COUNTRY
12. HOME TELEPHONE NUMBER		12	3. MOBILE TELE	PHONE NUME	SER .	14. PERSONAL	EMAIL AODRESS	
15 GENDER (CHECK ONE) Male Female	6. ARE YOU A CITIZE UNITED STATES)				(IF NO, PLEASE ATTACH OC h country are you a		PROVES YOUR ELIG	IBILITY TO WORK IN THE
17. BUSINESS ENTITY NAME								
18. BUSINESS ENTITY ADDRESS	(PHYSICAL STREET	19	P.O. BOX	20. ÇITY		21. STATE	22. ZIP CODE	23. COUNTRY
24. BUSINESS TELÉPHONE NUM	SER (INCLUDE EXT.)	25. BUSIN	NESS FAX NUME	BER	26. BUSINESS E-MAIL AD	DRESS	27. BUSINESS WE	BSITE ADDRESS
28. APPLICANT'S MAILING ADDR	ES9 29. P.O. E	30 X). CITY			31. STATE	32. ZIP CODE	33. COUNTRY
34. LIST ALL OTHER ASSUMED, (FICTITIOUS, ALIAS, M	IAIDEN OR TR	AUE NAMES YO	OU HAVE USED	IN THE PAST.			
BACKGROUND INFO	MATION							
"Crime" includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanor traffic citations or misdemeanors: driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude misdemeanor juvenile convictions. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or note contender, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine. "Had a judgment withheld or deferred" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence – sometimes called an "SIS" or "SES"). Unless excluded by the language above, you must disclose convictions that have been expunged. If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a certified copy of the charging document, and								n of me, YES NO
c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment. 2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or							YES NO	

MO 375-0978 (7-15)

BACKGROUND INFORMATION	
3. Have you failed to pay state or federal income tax, which has not been previously reported to this insurance department?	□YES □NO
Have you failed to comply with an administrative or court order directing payment of state or federal income tax, which has not been previously reported to this insurance department?	□YES □NO
If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of each administrative or court order; b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.); c) a certified copy of each administrative or court order, judgment, and/or lien; and d) a certified copy of the official document which demonstrates the resolution of the tax delinquency (i.e. tax	
 compliance letter, etc.). 4. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty, which has not been previously reported to this insurance department? 	□YES □NO
If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident, b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment. 	
5. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct, which has not been previously reported to this insurance department?	□YES □NO
Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct, which has not been previously reported to this insurance department?	□YES □NO
Have you or any business in which you are or were a member or manager of a Limited Liability Company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct, which has not been previously reported to this insurance department?	□yes □no
 If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a navigator license, and b) copies of all relevant documents. 	
6. Do you currently have or have you had a child support obligation, which has not been previously reported to this insurance department?	□YES □NO
If you answer yes:	
a) are you in arrearage?	☐ YES ☐ NO
b) by how many months are you in arrearage? months	
c) what is the total amount of your arrearage?	
d) are you currently subject to a repayment agreement to cure the arrearage?	☐ YES ☐ NO
e) are you in compliance with said repayment agreement?	□ YES □ NO
 f) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.) 	□yes □no
g) have you ever been convicted of a misdemeanor or felony for failure to pay child support?	□YES □NO

MO 375-0976 (7-15)



EMPL	OYMENT	HISTORY

36. Account for all time for the past five years. List all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

		FR	FROM		o	POSITION HELD
		MONTH	YEAR	MONTH	YEAR	POSITION HELD
STATE	COUNTRY					
	I					
STATE	COUNTRY					
STATE	COUNTRY					
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STATE	COUNTRY					
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APPLICANT'S CERTIFICATION AND ATTESTATION

- 37. The Applicant must read the following very carefully:
 - 1. Thereby certify, under penalty of perjury, that all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
 - 2. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company.
 - 3. I further certify under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, or b) I have an outstanding state or federal income tax obligation and I have provided all information and documentation requested in Background information Question 35.3.
 - 4. I further certify, under penalty of perjury, that a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
 - 5. I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Director and all persons acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.

ORIGINAL APPLICANT SIGNATURE

FULL LEGAL NAME (PRINTED OR TYPED)

DATE (MONTH/DAY/YEAR)

INSTRUCTIONS

- 1. All applicants must submit a \$25 application fee in the form of a check or money order, made payable to DIFP Insurance.
- Attach Navigator Continuing Education Certification Summary (MO 375-0894) to show compliance with section 376.2006, RSMo and 20 CSR 400-11.120.
- 3. Mail completed application to: MO DIFP Insurance

P.O. Box 4001

Jefferson City, MO 65102-4001

MO 375-0978 (7-15)





MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION LICENSING SECTION

P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES JEFFERSON CITY, MISSOURI 65102

	APPLICATION FOR NAVIGATOR ENTITY LICENSE RENEWAL							JEFFERSON CITY, MISSOURI 65102 THIS FORM MAY BE DUPLICATED		
PLEAS	E PRINT OR TYPE	•"								
1. NAVIGA	NAVIGATOR ENTITY NAME			2. INCORPORATION/FORMA	H/DAYNEAR)	DAYNEAR) 3. FEIN				
4. LISTAL	4. LISTALL NAMES UNDER WHICH YOU ARE DOING BUSINESS			5. STATE OF COMICILE	6. COUNTRY OF DOMICILE					
7. GONTA	CT NAME									
5. BUSINE	ESS ADDRESS		9. CITY			10. STATE	· · · · · · · · · · · · · · · · · · ·	11. ZIP OR	FOREIGN COUNTRY	
12. TELEP	PHONE NUMBER	19. FAX NUMB	ler		14. BUSINESS WEBSITE AD	DRESS	15. BUSINESS	EMAIL ADD	RESS	
			17. P.O. BOX	18. CITY		19. STATE		N 718 08	FOREIGN COUNTRY	
18. MAILI	NG ADDRESS		17. P.O. BOX	19. 0111		19. 51416		AJ, AJF OR	TOREIGN LOONING	
BACK	GROUND INFORMA	ATION	'							
21. Plo	ease read the follow atements submitted	ing very carefully at by the Applicant ma	nd answer ever ust include an o	y questio riginal si	on. All copies of documignature.	ients must be	certified. Al	written		
1.	owner, partner, offic which has not been	er or director curre previously reported	ntly charged with d to this insuran	h, comm ice depa		or not adjudic	cation was v	vithheld,	□YE9 □NO	
	juvenile offenses.				e. You may exclude n					
	"Convicted" include of guilty or noto cor	s, but is not limited tendere, or having	to, having beer been given pro	n found g abation, a	juilty by verdict of a jud a suspended sentence	dge or jury, he or a fine.	ving entere	d a piea		
	of quitt was made. I	out imposition or ex	ecution of the s	entence	nces in which a guilty was suspended (for in n of sentence-sometin	istance, the d	efendant wa	as given		
	Unless excluded by	the language abo	ve, you must dis	sclose co	onvictions that have be	en expunged	d.			
	b) a copy of the	ement explaining the charging documen	ne circumstance nt, and	es of eac	th incident,	ges or any fini	al judgment			
2.	Has the navigator of regarding any profidepartment?	entity or any owner, fessional or occup	, partner, officer pational license	r or direc , which	Brector ever been involved in an administrative proceeding ich has not been previously reported to this insurance					
	on probation or surre to an administrative means having a lice	endering a license to or arbitration processing ense application der	o resolve an adr seding which is nied or the act o	ministrati related to of withdra	ed, canceled, terminate ve action. "Involved" al o a professional or occ awing an application to ation requirements or fa	so means beir cupational lice avoid a denia	ng named as nse, "Involve al. You may	a party ed" also exclude		
	b) a copy of the	ement identifying th Notice of Hearing (ne type of licens or other docume	se and ex ent that s	xplaining the circumsta states the charges and resolution of the charg	i allegations, i	and	t.		

If you answer yes, you must attach to this application:

If you answer yes, identify the jurisdiction(s):

a) a written statement summarizing the details of each incident,

obligation, which has not been previously reported to this insurance department?

b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and

breach or fiduciary duty, which has not been previously reported to this insurance department?

c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has the navigator entity or any owner, partner, officer or director ever been notified of any delinquent income tax

4. Is the navigator entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or

MO 375-0977 (7-15)

☐YES ☐NO

☐YES ☐NO



APPLICANT'S CERTIFICATION AND ATTESTATION

- 22. The undersigned owner, partner, officer or director of the navigator entity hereby certifies, under penalties of perjury, that:
 - 1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the navigator entity to civil or criminal penalties.
 - 2. The navigator entity grants permission to the Department to verify any information supplied herein with any federal, state or local government agency.
 - 3. Lauthorize the Director to give any information concerning the navigator entity or any owner, partner, officer or director, to any federal, state or municipal agency, or any other organization and I release the Director and any person acting on the Director's behalf from any and all flability of whatever nature by reason of furnishing such information.
 - 4. I acknowledge that I am familiar with the navigator laws and regulations of Missouri.
 - 5. If required, I have received a Certificate of Good Standing from Missouri's Secretary of State.

SIGNATURE					
TYPED OR PRINTED NAME					
TITLE		SOCIAL SECURITY NUMBE	SOCIAL SECURITY NUMBER		
ADDRESS (CITY, STATE, ZIP CODE)					
NOTARY					
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)		
	SUBSCRIBED AND SWORN BEFORE ME, TH	II9			
	DAY OF	YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES			
	NOTARY PUBLIC NAME (TYPED OR PRINTE	כוכ	·		

INSTRUCTIONS

Application for initial licensure for a navigator entity shall include the following, as applicable:

- 1. A completed Application for Navigator Entity License Renewal.
- 2. \$50 fee in the form of a check or money order, made payable to DIFP Insurance.
- 3. Attach a list of all individual navigators that are employed by or in any manner affiliated with the navigator entity. (Changes to this list shall be reported to the department within twenty days of the change.)
- 4. Mail completed application packet to: MO DIFP Insurance

PO Box 4001

Jefferson City MO 65102-4001

MO 375-0977 (7-15)

20 CSR 400-11—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION Division 400—Life, Annuities and Health



AUTHORITY: sections 374.045, 376.2006, and 376.2014, RSMo Supp. 2013.* Emergency rule filed July 15, 2015, effective July 25, 2015, expired Feb. 25, 2016. Original rule filed July 15, 2015, effective Jan. 30, 2016.

*Original authority: 374.045, RSMo 1967, amended 1993, 1995, 2008; 376.2006, RSMo 2013; and 376.2014, RSMo 2013.