
Rules of Department of Insurance Division 200—Financial Examination Chapter 14—Multiple Employer Self-Insured Health Plans

Title	Page
20 CSR 200-14.100 Application for Certificate of Authority	3
20 CSR 200-14.200 Renewal of Certificate of Authority	3
20 CSR 200-14.300 Employers Who Join the Plan After a Certificate of Authority is Granted	3
20 CSR 200-14.400 Dissolution of Plan	3

**Title 20—DEPARTMENT OF
INSURANCE
Division 200—Financial Examination
Chapter 14—Multiple Employer
Self-Insured Health Plans**

20 CSR 200-14.100 Application for Certificate of Authority

PURPOSE: This rule prescribes the process and forms to be used by a multiple employer self-insured health plan in applying for a certificate of authority to transact business in Missouri.

(1) An Application for Certificate of Authority form must be completed for a Multiple Employer Self-Insured Health Plan that does not meet the exemption standards of 376.1002, RSMo. Each application must be accompanied by a fee in the amount of one hundred sixty dollars (\$160), along with all the documents requested on Section C of the application form, even if the Multiple Employer Self-Insured Health Plan had commenced operations prior to the effective date of this rule (June 6, 1994).

(2) Each application must also be accompanied by the most recent audited financial report in accordance with sections 375.1025—375.1062, RSMo, and which includes those items specified in 376.1012, RSMo showing the condition and affairs of the plan.

(3) Each trustee of a Multiple Employer Self-Insured Health Plan shall obtain a fidelity bond from a licensed insurer in an amount of not less than one hundred fifty thousand dollars (\$150,000).

(4) A copy of a Contract between Multiple-Employee Self-Insured Health Plan and Participating Employer form must be completed and executed by each participating employer and filed with the director of the Department of Insurance by the plan as part of its application for a certificate of authority.

*Auth: sections 374.045 and 375.786, RSMo (1986) and 376.1002, 376.1005, 376.1007, 376.1010, 376.1012, 376.1025 and 376.1030, RSMo (Cum. Supp. 1993). * Original rule filed Oct. 15, 1993, effective June 6, 1994.*

**Original authority: 374.045, RSMo (1967); 375.786, RSMo (1972), amended 1977; and 376.1002, 376.1005, 376.1007, 376.1012, 376.1025, 376.1030, RSMo (1993).*

20 CSR 200-14.200 Renewal of Certificate of Authority

PURPOSE: This rule prescribes the process and forms to be used by a multiple employer self-insured health plan to renew its certificate of authority.

(1) An Application for Certificate of Authority form must be completed and submitted to the director of the Department of Insurance by March 1 of each year in order to renew a multiple employer self-insured health plan's certificate of authority. The renewal fee to accompany each renewal application shall be equal to two percent (2%) of the Missouri claims paid by the plan for the immediately preceding calendar year.

(2) By March 1 of each calendar year, each multiple employer self-insured health plan must submit an annual audited financial report in accordance with sections 375.1025—375.1062, RSMo, and which include those items specified in section 376.1025, RSMo showing the condition and affairs of the plan as of the preceding December 31.

*Auth: sections 374.045 and 375.786, RSMo (1986) and 376.1005, 376.1012 and 376.1025, RSMo (Cum. Supp. 1993). * Original rule filed Oct. 15, 1993, effective June 6, 1994.*

**Original authority: 374.045, RSMo (1967); 375.786, RSMo (1972), amended 1977; and 376.1005, 376.1012, 376.1025, RSMo (1993).*

20 CSR 200-14.300 Employers Who Join the Plan After a Certificate of Authority is Granted

PURPOSE: This rule implements sections 375.786, 375.1025 and 375.1030, RSMo.

(1) For each employer who joins a multiple employer self-insured health plan after the certificate of authority has been issued, a copy of the Contract between Multiple Employer Self-Insured Health Plan and Participating Employer form executed by the employer must be filed with the Department of Insurance within ten (10) days after the employer joins the plan, along with a filing fee of fifty dollars (\$50).

*Auth: sections 374.045 and 375.786, RSMo (1986) and 376.1025 and 376.1030, RSMo (Cum. Supp. 1993). * Original rule filed Oct. 15, 1993, effective June 6, 1994.*

**Original authority: 374.045, RSMo (1967); 375.786, RSMo (1972), amended 1977; and 376.1025 and 376.1030, RSMo (1993).*

20 CSR 200-14.400 Dissolution of Plan

PURPOSE: This rule implements sections 375.786, 376.1022 and 376.1025, RSMo.

(1) An Application For Dissolution of Multiple Employee Self-Insured Health Plan application form must be completed by an authorized officer of a multiple employer self-insured health plan if the plan desires to cease its existence. The dissolution of a plan is not effective unless approved by the director of the Department of Insurance.

*Auth: sections 374.045 and 375.786, RSMo (1986) and 376.1022 and 376.1025, RSMo (Cum. Supp. 1993). * Original rule filed Oct. 15, 1993, effective June 6, 1994.*

**Original authority: 374.045, RSMo (1967); 375.786, RSMo (1972), amended 1977; and 376.1022 and 376.1025, RSMo (1993).*



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
**APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A MULTIPLE
EMPLOYER SELF-INSURED HEALTH PLAN (MEWA)**

FORM 1

P.O. BOX 690
JEFFERSON CITY, MO 65102-0690

INSTRUCTIONS

This application is to be completed by all Multiple Employer Self-Insured Health Plans who wish to transact business in the State of Missouri.

SECTION A Indicate by check mark the appropriate type of application (and if applicable, the calendar year requested).

SECTION B Complete all identifying data as indicated.

SECTION C The following documents **MUST** be submitted, with this application form, when applying for approval.

SECTION D Instructions for renewing Certificate of Authority.

SECTION E After all previous sections have been completed, the authorized company official must sign in space provided.

SECTION A - TYPE OF APPLICATION

NEW AMENDED RENEWAL TO TRANSCAT BUSINESS IN THE STATE OF MISSOURI DURING
THE YEAR 19 _____

SECTION B - IDENTIFYING DATA

NAME (FULL NAME OF MEWA)

HOME ADDRESS STREET CITY STATE ZIP & 4

MAILING ADDRESS STREET P.O. BOX CITY STATE ZIP & 4

SECTION C - APPLYING FOR APPROVAL

1. Copy of Plan's Bylaws.
2. Schedule of Plan's Benefits.
3. Copies of any Management, Administration and Trust Agreements.
4. Copy of aggregate excess stop-loss coverage **AND** individual excess stop loss coverage.
5. Copy of Fidelity Bond(s), in the minimum amount of \$150,000 for each Trustee of the Plan.
6. Application fee of \$160.00.
7. Most current Audited Financial Report.
8. Service of Process Form (only applicable if Plan is not incorporated in Missouri).
9. Signed agreement between MEWA and each employer of the plan.

SECTION D - INSTRUCTIONS FOR RENEWING CERTIFICATE OF AUTHORITY

The following documents must be submitted, along with this application form, by March 1, for the renewal of the Plan's Certificate of Authority:

1. Renewal fee shall be equal to 2% of the Missouri claims paid by the Plan for the preceding Calendar year.
2. Annual Audited Financial Report.

SECTION E - AUTHORIZED OFFICER SIGNATURE

TYPE NAME OF AUTHORIZED OFFICER		SIGNATURE OF AUTHORIZED OFFICER	
TITLE		DATE	



STATE OF MISSOURI
DEPARTMENT OF INSURANCE

FORM 2

**CONTRACT BETWEEN MULTIPLE EMPLOYER SELF-INSURED
HEALTH PLAN AND PARTICIPATING EMPLOYER**

The Multiple Employer Self-Insured Health Plan, _____, agrees to provide medical coverage according to the terms and conditions set forth in the written applicable insurance policy to the employees of _____ (employer), provided that:

1. Employer makes regular monthly premium payments in the amount of \$ _____ in exchange for the health care benefits provided in the aforementioned insurance policy; and
2. A minimum of seventy-five percent (75%) of the employees on the employer's payroll participate in the health care plan; and
3. There shall be a grace period for late premium payment of thirty days. In the event that the premium is not paid at the end of the thirty days, any claims incurred during that grace period shall not be covered by the health care plan; and
4. Health care coverage pursuant to this plan may not be cancelled provided that premium payments are made and the minimum participation requirement is followed as outlined in numbers one and two above.
5. Employer agrees personally to pay all claims for benefits covered under the plan which are incurred by his/her/its covered employees and their covered dependents, but which the plan or its stop-loss insurer has failed to pay.

I HAVE READ AND UNDERSTAND THE TERMS CONTAINED HEREIN.

SIGNATURE OF AUTHORIZED OFFICER OF EMPLOYER

CSR

FORM 3



STATE OF MISSOURI
DEPARTMENT OF INSURANCE

APPLICATION FOR DISSOLUTION OF MULTIPLE EMPLOYER SELF-INSURED HEALTH PLAN

INSTRUCTIONS

This application is to be completed by any Multiple Employer Welfare Arrangement that wishes to terminate a multiple employer self-insured health plan.

SECTION A - IDENTIFYING DATA

NAME (FULL NAME OF NEWA)

ADDRESS (STREET, CITY, STATE, ZIP CODE PLUS 4)

MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP CODE PLUS 4)

SECTION B - DOCUMENTATION

1. List of all Plan's outstanding liabilities, including those incurred but not reported.
2. If applicable, an affidavit from an authorized officer of any licensed insurer attesting to said insurer's irrevocable commitment to pay all outstanding liabilities and to provide all related services, including payment of claims, preparation of reports and administration of transactions associated with the period when the plan provided coverage.
3. The names, mailing addresses, telephone numbers, and dates of participation of all employers who have participated in the plan during the last five (5) years.
4. Documentation reflecting the monetary participation during the last five (5) years of each employer listed in number three (3) above.
5. The total contributions to the plan made during the last five (5) years.

SECTION C - AUTHORIZED OFFICER SIGNATURE

TYPE NAME OF AUTHORIZED OFFICER	TITLE	
SIGNATURE OF AUTHORIZED OFFICER	DATE	