



# APPLICATION FOR REGISTRATION OF MULTIPLE EMPLOYER WELFARE ARRANGEMENT (MEWA)-IC 27-1-34-1

**NOTE:** “Multiple Employer Welfare Arrangement” means an entity other than a duly admitted insurer that establishes an employee benefit plan for the purpose of offering or providing accident and sickness or death benefits to the employees of at least two (2) employers, including self-employed individuals and their dependents.

|  |   |
|--|---|
| Full name of MEWA  |   |
| Statutory home address of MEWA (street, city, state, ZIP code) |   |
| Mailing address of MEWA (street, city, state, ZIP code)        | MEWA/Association Website                                    |
| MEWA contact person & Title                                    | E-mail address of Contact<br><br>Telephone number<br>(    ) |

**Pursuant to 760 IAC 1-68, please complete the following questions:**

**A. Sec. 2 (d) (1)** Are the employers in the MEWA members of an association or group of two (2) or more businesses in the same trade or industry?  
List trade or industry:  
**Sec. 2 (d) (1) (A)** If an association, is the association engaged in substantial activity for its members other than sponsorship of an employee welfare benefit plan?    Yes  No   
If answer is no please explain:  
**Sec. 2 (d) (1) (B)** If an association, has the association been in existence for a period of not less than two (2) years prior to engaging in any activities relating to the provision of the employee health benefits to it members?    Yes  No   
If an association, provide the name of the association:

**B. Sec. 2 (d) (3)** Is the MEWA a not-for-profit organization?    Yes  No

**C. Sec. 2 (d) (12)** Name of qualified financial institution to be used:

**D. Sec. 8 (a)** Does the MEWA have a contract with a third party administrator?    Yes  No   
If answer is yes, list or attach the name of the third party administrator(s):  
**Sec. 8 (b)** Are any of the trustees an owner, officer, or employee of the administrator?    Yes  No

**E. Sec. 10** Is the MEWA’s trust balance \$500,000 or greater?    Yes  No

***I certify that the above statements are true.***

|                             |      |                           |       |
|-----------------------------|------|---------------------------|-------|
| Signature of Chair of Board | Date | Printed Name of Signature | Title |
|-----------------------------|------|---------------------------|-------|