

**NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE
APPLICATION FOR DENTAL PLAN ORGANIZATION
CERTIFICATE OF AUTHORITY**

Instructions

The information required by this Application is based upon the Dental Plan Organization Act, N.J.S.A. 17:48D-1 et seq. and N.J.A.C. 11:10-1et seq. Additional information may also be required by the Commissioner of Banking and Insurance as deemed necessary in the course of reviewing the information submitted.

Submit two copies of the application (an original and a copy), including all of the items identified on the DENTAL PLAN ORGANIZATION APPLICATION CHECKLIST, in a three-ring hard cover binder that identifies the submission on the front and spine of the binder to the:

New Jersey Department of Banking and Insurance
Office of Solvency Regulation
Attn: Frank Cipriani
Dental Plan Organization Application

Regular Mail:
P.O. Box 325
Trenton, NJ 08625-0325

Over-Night Service:
20 West State St.
Trenton, NJ 08608-1206

Complete the application cover sheet and provide responses to all items with supporting documentation. Number each response and document according to the item number to which it is intended to respond. Number each page within the section in the upper right hand section and corner in consecutive order.

DENTAL PLAN ORGANIZATION APPLICATION CHECKLIST

All Checklist items are to be addressed. If you believe an item does not apply, explain why it does not apply. N/A is not an acceptable response to any item.

1. A completed Application Cover Sheet including the payment of a non-refundable application fee of \$1,000 made payable to "State of New Jersey – General Treasury";
2. A copy of the applicant's charter, articles of incorporation, or articles of formation, including all amendments, as currently in force, certified by the lawful custodian of the original document;
3. A copy of the applicant's bylaws or operating agreement, as currently in force, certified by a senior officer of the applicant;
4. A list of the names and official positions of the persons responsible for the conduct of the affairs of the applicant, including, but not limited to if applicable:
 - a) The members of the board of directors, executive committee or other governing board or committee;
 - b) The principal officers or partners;
 - c) Shareholders owning or having the right to acquire 5% or more of the voting securities of the corporation or partnership interest of a partnership, or equity interest, in the case of another form of business organization; and
 - d) Any person or entity who has loaned funds to the applicant for the operation of the business.
5. A fully completed and notarized NAIC Biographical Affidavit for each of those persons identified in response 4 above. (Form #11, [Biographical Affidavit](#));
6. Applicant organizations not organized under the laws of the State of New Jersey shall provide:
 - a) Appointment of Attorney for the State of New Jersey appointing the Commissioner as attorney for service of process (form enclosed);
 - b) Irrevocable Consent to the Jurisdiction of the Commissioner of Banking and Insurance and the New Jersey Courts (form enclosed);
7. A copy of a fidelity bond covering each person listed in item 4 who receives, collects, reimburses or invests money in connection with the DPO's activities in compliance with N.J.A.C. 11:10-1.11;
8. A copy of the applicant's most recent financial statements audited by an independent certified public accountant. If the financial affairs of the applicant's parent company are audited by an independent certified public accountant, but those of the applicant are not, then a copy of the most recent audited financial statement of the applicant's parent company, audited by an independent certified public accountant, shall be submitted. A consolidated financial statement of the applicant and the parent company shall satisfy this requirement unless the Commissioner determines that additional or more recent information is required for the proper administration of the Act. If providing a consolidated financial statement, include a consolidating income statement clearly showing the applicant's activity;
9. Provide the most recent unaudited financial statement of the DPO and Parent or affiliate if applicable;
10. Provide quarterly projections for the DPO up to the year following "break even" but not less than three years in total. The projections shall include proforma Balance Sheet, Income

Statement, Statement of Cash Flows, and enrollment data. Assumptions must be included with the projections. The assumptions must explain every line item i.e. MLR, AER, Premiums, etc. With regards to the Income Statement please be advised that in accordance with N.J.A.C. 11:10 -1.9 to achieve compliance with the expense limits set forth at N.J.S.A. 17:48D-14 every DPO shall use at least 70 percent of its gross contract and certificate income in the first year of operations, 75 percent in the second year, and 80 percent in all subsequent years for the direct provision of professional dental services to enrollees;

11. The source of initial capital to support the plan to "breakeven" must be identified;
12. Provide evidence that the DPO can meet the Minimum Net Worth requirements in accordance with N.J.A.C. 11:10-1.8. Note there is a 3 year phase-in;
13. Evidence that the DPO can meet the \$50,000 deposit requirement of N.J.A.C. 11:10-1.8;
14. A copy of any contract or agreement made, or to be made, between any dentist and the DPO. The provider agreement must include the information specified at N.J.A.C. 11:10-1.5(c) and (d)1-10;
15. A copy of any contract or agreement made, or to be made, between any person listed in item 4 and dentist, consultant, finder or business manager;
16. A statement describing in detail the DPO, its dental plan or plans, facilities and personnel and a list of dentists who are to serve its enrollees and their specialties;
17. A certification signed by an officer of the DPO that each dentist employed by the DPO will be insured against professional liability or for malpractice in an amount not less than \$1 million per occurrence/\$3 million aggregate policy as required by N.J.A.C. 11:10-1.11(b);
18. A map of the New Jersey geographic area or areas to be served, identified by county. If subareas of counties are proposed as service areas, the map shall also include zip codes. The map shall identify the location of dental offices;
19. A listing of all dentists under contract with the DPO. The list shall be organized by county and include the office address of each dentist;
20. A description of the procedures and program to be implemented to achieve an effective dental plan;
21. A description of the arrangements to be made for the ongoing quality of dental care assurance program;
22. A general description of the complaint procedures in compliance with N.J.A.C. 11:10-1.10;
23. A copy of the form of evidence of coverage to be issued to enrollees, which form shall be in compliance with N.J.S.A. 17:48D-9 and N.J.A.C. 11:10-1.6. Formal submission of the form for filing shall be made prior to issuance of the form to enrollees;
24. A copy of the form of any group contract which is to be issued to employers, unions, trustees, or other groups;
25. A description of the proposed method of marketing the dental plan or plans and the total number of members expected to be enrolled each year over the next three years under the dental plan or plans and the expected sources of enrollment;
26. Copies of current literature and advertising given to enrollees, employers, unions or others;

27. A schedule of the charges currently in effect, or to be in effect, including actuarial justifications and the information listed at N.J.A.C. 11:10-1.12;
28. A copy or description of any arrangement with an insurer, or medical or dental service corporation, or any other organization for continuing coverage of dental services or providing for automatic applicability of an alternative coverage in the event of discontinuance of the plan or insolvency of the DPO in accordance with N.J.S.A. 17:48D-5.a(6)(b).

**APPLICATION PACKAGE
NEW JERSEY DEPARTMENT OF BANKING and INSURANCE
FOR ADMISSION AS A DENTAL PLAN ORGANIZATION**

**New Jersey Department of Banking and Insurance
Life and Health Admissions
P.O. Box 325, Trenton, NJ 08625-0325**

APPLICATION COVER SHEET

1. Type of Application Initial _____ Due to Change _____
Brief Description of change, if applicable _____

2. Name of Applicant _____
3. Physical Address of Applicant _____

4. Mailing Address _____

5. Organizational Information
_____ Sole Proprietor _____ Corporation _____ Trust
_____ LLC _____ Partnership _____ Other
6. City and State of Incorporation (if appl.) City _____ State _____
7. Federal Employer Identification Number _____ - _____
NAIC Number: _____ NAIC Group Number: _____
8. Contact Person _____
9. Phone Number () _____
10. Toll Free Number () _____
11. Fax Number () _____
12. E-Mail Address _____
13. Resident Status _____ Resident of New Jersey
_____ Non-Resident of New Jersey

Certifications

I certify that the proposed applicant, and all officers, directors, controlling shareholders or partners of the applicant, and all other individuals employed or affiliated with the applicant who are performing any of the acts listed in the definition of Dental Plan Organization contained at N.J.S.A. 17:48D-1 et seq.:

1. Have not misrepresented any fact in this application for a certificate of authority.
2. Have not been convicted, within ten years prior to the date of the application, of a felony or other crime involving fraud in any jurisdiction.
3. Are engaging in the business of a dental plan organization lawfully in all states.
4. Have not violated any provision of N.J.S.A. 17:48D-1 et seq., any other insurance law made applicable to the business of dental plan organizations by N.J.S.A. 17:48D-1 et seq., or any state or federal securities laws applicable to the business of dental plan organizations.

Signature of Applicant

Full Legal Name (Type or Print)

Title

Date

THE STATE OF _____ }
 }KNOW ALL MEN BY THESE PRESENTS:
 COUNTY OF _____ }

Certificate of Authority to operate as a Dental Plan Organization in the state of New Jersey, and
its Appointment of Agent for Service of Process;

That such consent to the jurisdiction of the Commissioner of Banking and Insurance and the New Jersey courts shall be and remain irrevocable for as long as

Witness our hands and the impress of the seal of said applicant, this _____
day of _____, 20_____.

Secretary
(or authorized representative)

**IRREVOCABLE CONSENT TO JURISDICTION OF THE COMMISSIONER
OF BANKING and INSURANCE AND NEW JERSEY COURTS JURAT**

THE STATE OF _____ }
COUNTY OF _____ }

Before me, _____ on this day personally ap-
peared _____
_____ both known to me to be the persons whose names are subscribed to the
foregoing instrument, and acknowledged to me that they executed the same for the purposes and
considerations therein expressed, in the capacities therein stated, and as the act and deed of
_____.

(name of company)

IN TESTIMONY WHEREOF, I hereunto sign my name and affix the impress of my official
seal this _____ day of _____, 20_____.

Notary Public in and for _____
County, State of _____

(Notary Seal)
My Commission Expires

STATE OF NEW JERSEY

Department of Banking and Insurance

Appointment of Attorney for the State of New Jersey

KNOW ALL MEN BY THESE PRESENTS: That the _____
(name of company)
of the State of _____ in the County of _____,
desiring to do business in the State of New Jersey in conformity with the laws thereof, hereby,
constitutes and appoints the Commissioner of Banking and Insurance of New Jersey, and his or
her successor in office, to be its true and lawful Attorney, upon whom all original process in any
action or legal proceeding against said _____ may be
served.

(name of company)

And the said _____ hereby stipulates and agrees that any original
(name of company)
process against it, which is served upon said Attorney, shall be of the same legal force and valid-
ity

as if served upon said _____, and that the
(name of company)
authority of said Attorney shall continue in force irrevocable so long as any liability of said

_____ remains outstanding in New Jersey.
(name of company)

IN WITNESS WHEREOF, The said _____ has
(name of company)
caused these presents to be subscribed by its President, and attested by its Secretary, and its
corporate seal to be hereunto affixed, this _____ day of _____ 20____.

(Corporate Seal--if applicable)

President
(or authorized representative)

Attest:

Secretary
(or authorized representative)

Appointment of Attorney for the State of New Jersey Jurat

THE STATE OF _____ }
COUNTY OF _____ }

Before me, _____ on this day personally appeared _____

_____ both known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and considerations therein expressed, in the capacities therein stated, and as the act and deed of

(name of company)

IN TESTIMONY WHEREOF, I hereunto sign my name and affix the impress of my official seal this _____ day of _____, 20____.

Notary Public in and for _____
County, State of _____

(Notary Seal)
My Commission Expires
