



**State of New Jersey
Department of Banking and Insurance
ANNUAL REGISTRATION FORM
FOR SELF-FUNDED MEWA**

Certification

I _____ certify that I am authorized to file this certification on
(Name and Title)

behalf of _____, and that _____ continues to comply with the requirements of N.J.S.A. 17B:27C-1 et seq. and N.J.A.C. 11:4-56.1 et seq. and all other applicable law, and the information set forth in the Annual Registration form is true to the best of my knowledge and belief, and the Department of Banking and Insurance may rely on the information set forth in the Annual Registration form.

Signature of Officer or Director

Full Legal Name (Type or Print)

Title

Date

State of _____

County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ of _____ 20____.

(Notary Public)

Seal

My Commission Expires _____

SELF-FUNDED MULTIPLE EMPLOYER WELFARE ARRANGEMENTS (MEWA)
ANNUAL REGISTRATION FORM

NAME AND ADDRESS OF MEWA

Provide relevant information to each numbered item below. All items are applicable, but if no changes have been made indicate "No". Failure to respond to all items may delay the review process. Submit all required documents with this form, indicating the item number to which the document is responsive.

1. List, in reverse chronological order, any changes or revision which have been made in the past year to:
 - MEWA name,
 - Names and/or addresses of members of the MEWA,
 - Name and/or addresses of the trustees or other persons responsible for the operations of the MEWA,
 - Mailing address and telephone number at which communication to the MEWA are to be received,
 - Eligibility requirements for membership in the association to which the MEWA provides a health benefit plan or plans, and
 - The fees charged for membership in the association to which the MEWA provides a health benefit plan or plans.

2. Have any changes or revision been made to the specimen form of the notice provided to employers and employees pursuant to N.J.S.A. 17B:27C-7e?

YES _____ NO _____

If yes, attach a list including a brief description of the change, date of submission and date of approval by the Department.

3. Have any changes or revisions been made to the specimen form of the contract, insert pages, riders, amendments, summary plan description, application or enrollment forms?

YES _____ NO _____

If yes, attach a list including a brief description of the change, date of submission and date of approval by the Department.

4. Have any changes or revisions been made to the trust agreement or other organizational documents relating to the MEWA including the agreement to establish a separate trust account for the health benefits plans?

YES _____ NO _____

If yes, attach a list including a brief description of the change, date of submission and date of approval by the Department.

5. Have any changes been made to any documents executed by an employer to become a member of the association?

YES _____ NO _____

If yes, attach a list including a brief description of the change, date of submission and date of approval by the Department.

6. Are there any changes in employers that constitute the association to which the MEWA provides a health benefit plan or plans, including their common or similar type of trade or business; the common trade association, professional association or other association?

YES _____ NO _____

If yes, attach a list including a brief description of the change, date of submission and date of approval by the Department.

7. Are there any changes to biographical affidavits already filed with the Department? Have you submitted the biographical affidavits for all new trustees or other persons responsible for the operations of the MEWA?

YES _____ NO _____

If yes, attach a list including a brief description of the change, date of submission and date of approval by the Department. If a Biographical Affidavit has not been submitted to the Department so indicate and submit with this registration form.

8. Are there any changes to the names and/or addresses of all administrators and servicing organizations responsible for the operations of the MEWA with respect to its health benefits plans(s)?

YES _____ NO _____

If yes, attach a list including a brief description of the change, date of submission and date of approval by the Department.

9. Has there been any plan to levy additional assessments or to refund assessments?

YES _____ NO _____

If yes, attach a list including a brief description of the change, date of submission and date of approval by the Department.

10. Has there been any change to any information that you have deemed necessary to file with the Department?

YES _____ NO _____

If yes, attach a list including a brief description of the change, date of submission and date of approval by the Department.

11. Did you file proof of stop-loss coverage and renewal pursuant to N.J.A.C. 11:4-56.9(g)?

YES _____ NO _____

If yes, attach a list including a brief description of the change, date of submission and date of approval by the Department.

12. Please provide enrollment information as of December 31st for the following:

Number of Employers: _____

Number of Employees: _____

Number of Covered Dependents: _____