

Applicant Name: _____

FEIN: _____

INITIAL REGISTRATION CERTIFICATION

1. The name of the self-funded MEWA, which shall not include the terms “insurance,” “mutual,” “casualty,” surety,” “indemnity,” “HMO,” “assurance” or any other name likely to mislead;

2. The names and addresses of the employers who are members of the self-funded MEWA;

3. The names and addresses of the trustees or other persons responsible for the operations of the self-funded MEWA;

4. The mailing address and telephone number at which communications to the self-funded MEWA are to be received;

5. The eligibility requirements for membership in the association, if any, to which the self-funded MEWA provides a health benefit plan or plans; and

6. The fees, if any, charged for membership in the association, if any, to which the self-funded MEWA provides a health benefit plan or plans.

I _____ certify that I am authorized to file this certification on behalf of the applicant, the information set forth above is true to the best of my information, knowledge and belief, and that the Department of Banking and Insurance may rely on the information set forth above in determining whether to grant a license pursuant to N.J.S.A. 17B:27-C-1 et seq.

Signature

Full Legal Name (Type or Print)

Title

Date