



Florida Office of Insurance Regulation

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

This packet is designed to assist individuals in preparing the application in accordance with Florida Statutes and Rules and to facilitate expeditious processing of the application by the Florida Office of Insurance Regulation ("Office").

Please submit all documents required by this packet in searchable PDF format unless otherwise indicated or required by Florida Statutes.

If this packet requires submission of forms or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <https://www.floir.com/iportal> and select "Insurance Regulation Filing System (IRFS)" to begin the submission of forms and/or rates.

In order for a submission to be considered a complete application, all required information must be included in the filing, including the completed application checklist.

The completed application packet must be submitted to the Office by selecting Company Admissions – iApply Login at the following link:

<https://www.floir.com/iportal>

Any questions concerning this application packet or iApply for Life and Health applicants may be directed to lhappcoord@floir.com. Property and Casualty applicants are directed to pcappcoord@floir.com.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

INSTRUCTIONS

SECTION I - APPLICATION FEES AND FORM

Section I-1 Application Fees

Applicants must pay a filing fee of \$1,500 USD, pursuant to Section 624.501(1)(a), Florida Statutes. The fee is due at the time the application is filed and not refundable.

Secure your check to the Invoice on page 18 of this application and mail to:

Florida Department of Financial Services
Bureau of Financial Services
Post Office Box 6100
Tallahassee, Florida 32314-6100

Include copies of the completed Invoice and check with your application filing. This procedure will expedite the processing of your application and assure a timely recording of the fees.

Section I-2 Fingerprint Fees

Applicants are required to pay a fee for the processing of the fingerprint cards required in Section IV-4. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions.

Section I-3 Application Certification

The Application Certification on page 17 must be completed by two officers, notarized, and submitted with the application.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

SECTION II – LEGAL

Section II-1 Organizational Documents of Sponsoring Association

Submit a copy of the sponsoring association's organizational or charter documents, such as Articles of Incorporation, Partnership Agreements, etc., complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant. If the sponsoring association is not incorporated, and has no similar organizational documents, please provide a statement that no such documents exist.

Section II-2 Florida Certificate of Status of Sponsoring Association

Submit a Florida certificate of status for the sponsoring association dated within the last year. This document is not required if the sponsoring association is not incorporated or otherwise required to be registered as a legal entity.

Section II-3 Bylaws of Sponsoring Association

Submit a copy of the sponsoring association's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This should be certified by sponsoring association's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless the sponsoring association does not have this position. If the sponsoring association does not have Bylaws, an Operating Agreement, Constitution, Rules and Regulations, or similar organizational document, please provide a statement that no such documents exist.

Section II-4 Organizational Documents of the Arrangement

Submit a copy of the arrangement's organizational or charter documents, such as Articles of Incorporation, Partnership Agreements, etc., complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile. If the originals are not required to be on file with a public official in the state or jurisdiction of domicile, then the copies should be certified by an appropriate representative of Applicant. If the arrangement is not incorporated, and has no similar organizational documents, please provide a statement that no such documents exist.

Section II-5 Florida Certificate of Status of the Arrangement

Submit a Florida certificate of status for the arrangement dated within the last year. This document is not required if the arrangement is not incorporated or otherwise registered as a legal entity.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Section II-6 Bylaws of the Arrangement

Submit a copy of the arrangement's Bylaws, Operating Agreement, Constitution, Rules and Regulations, or similar document. This should be certified by the arrangement's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted, unless the arrangement does not have this position. If the arrangement is not incorporated, and has no similar organizational documents, please provide a statement that no such documents exist. If the arrangement does not have Bylaws, Rules and Regulations or similar organizational document, please provide a statement that no such documents exist.

Section II-7 Trust Agreement Establishing the Arrangement

Provide a copy of the Trust Agreement by which the sponsoring association establishes the arrangement and its operations. The Trust Agreement must be signed by all of the trustees.

If the Trust Agreement or Bylaws do not specifically indicate the following, please attach other documents that establish the following and indicate where in the documents these provisions may be found:

1. The board of trustees shall have complete fiscal control over the arrangement;
2. The board of trustees shall be responsible for all operations of the arrangement;
3. The trustees selected shall be owners, partners, officers, directors, or employees of one or more employers in the arrangement;
4. A trustee may not be an owner, officer, or employee of the administrator or service company of the arrangement; and
5. The trustees shall have the authority to approve applications of association members for participation in the arrangement and to contract with an authorized administrator or service company to administer the day-to-day affairs of the arrangement.

Section II-8 Authorization Letter

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

SECTION III - FINANCIAL AND RELATED INFORMATION

Section III-1 Financial Requirement

Existing arrangements must submit a copy of its most recent IRS Federal Form 5500, Annual Return/Report of Employee Benefit Plan.

Section III-2 Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the arrangement and the goals it seeks to achieve. To fulfill this requirement, submit a plan of operations that includes all of the components below.

- A. Current Operations: Applicant should identify the number of employers currently participating in the arrangement, the number of covered employees, and the number of covered dependents.
- B. Management: Provide the name and address of the employer of each trustee and indicate which of the following positions the trustee holds with that employer: owner, partner, officer, director, or employee.

Applicant should also list the individuals responsible for managing or handling funds or assets of the arrangement.

- C. Administration: Provide the name of the service company or third party administrator responsible for servicing the program of the arrangement and attach a copy of the company's Florida license.

Attach a copy of the agreement between the service company or administrator and the trust. This agreement should be signed by the administrator and trustee.

- D. Claims Adjusting and Underwriting: Describe Applicant's plan for administering the arrangement, including the qualifications and amount of staff that will be required to service the program in the areas of claims adjusting, underwriting, and billing. The criteria for underwriting should be justified, and a description of procedures for a special health test pursuant to Section 627.429(4), Florida Statutes, should be included.
- E. Marketing and Growth: Provide an outline and description of management's marketing efforts.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Section III-3 Fidelity Bond

In this section, provide a copy of the fidelity bond issued in the name of the arrangement covering its trustees, directors, officers, employees, administrator, or other individuals managing or handling the funds or assets of the arrangement. The bond should be in an amount not less than 10% of funds handled annually, but in no case may it be less than \$50,000 USD or more than \$500,000 USD, except for as provided in Section 624.439(5), Florida Statutes.

Section III-4 Excess Insurance Agreement

Submit a copy of the present or proposed excess insurance agreement/policy, which should provide that the net retention level for any one risk not exceed \$50,000 USD, and which shall otherwise be in accordance with sound actuarial principles. In addition to the agreement, please submit a summary of the agreement with enough detail to describe the nature of the coverage.

If Applicant would like to request a waiver or modification of the maximum net retention requirement, please provide evidence of the conditions set forth in Section 624.439(6)(b), Florida Statutes.

Section III-5 Fund Balance

Provide evidence that the arrangement has a fund balance equal to \$200,000 USD, which is in addition to the required statutory deposit. Evidence may include a current bank statement or a certified financial statement. The fund balance of at least \$200,000 USD should be reflected in the projections of the feasibility study.

Section III-6 Feasibility Study

The Applicant must submit a feasibility study done by an independent qualified actuary and an independent certified public (see Section V-3). The study should be for the greater of 3 years or until the arrangement has been projected to be profitable for 12 consecutive months.

The study must show that the arrangement would not, at any month-end of the projection period, have less than the minimum statutory deposit required by Section 624.441, Florida Statutes, or have a fund balance less than the amount required by Section 624.4392, Florida Statutes. The study must also reflect and support that initial gross premiums for the first year of operation will be at least \$100,000 USD, as required by Section 624.439(7)(b), Florida Statutes.

The feasibility study must include the following.

- A. A description of market potential, market penetration, and market competition.
- B. A current audited financial statement must be submitted for the proposed arrangement. The audited statement must be certified by an independent certified public accountant. If your group is already operating, submit an annual income statement developed on a statutory accounting principle basis for the past 5 years.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

NOTE: The current financial statement should include a balance sheet. If the organization is already in business, it should also include an income statement as well as a statement of changes in financial position. Each arrangement must demonstrate that it will have adequate funding to continually meet the minimum fund balance requirements of Section 624.4392, Florida Statutes. Surplus notes may be used in the calculation of surplus.

- C. Pro forma financial statements in Excel format including each of the following:
1. A projected income statement on a monthly basis, with an annual total, through break even. The income statement should be for a minimum of 3 years and should be developed on a statutory accounting principle basis.
 2. A projected cash flow analysis on a monthly basis, with an annual total through break even for a minimum of 3 years. Line by line documentation must be submitted. The surplus/ deficit must be the amount used on the cash and cash reserves summary to reflect operations cash flow.
 3. A projected balance sheet annually through break even. The balance sheet should be for a minimum of 3 years and should be developed on a statutory accounting principle basis. It should be accompanied by statements of changes in financial position for the same time period.
- D. A statement of the proposed initial cash and cash reserves summary. This should be all inclusive (loan receipts, loan repayments, stock sales, etc). Also, include a description of the source and terms of the funding.
- E. The method in which the Multiple Employer Welfare Arrangement will comply with the insolvency protection deposit requirements of Section 624.441, Florida Statutes, including all relevant documentation necessary to meet the requirements. The deposit amount should be the greater of 5% of gross annual premiums for the succeeding year, or 25% of claims expenditures for the previous twelve months.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

SECTION IV - MANAGEMENT

Section IV-1 Management

- A. Applicant must submit an alphabetical list of the names, address, and official capacity/title (trustee, president, vice-president, secretary, treasurer, chief financial officer, etc) of the individuals who are to be responsible for the management and conduct of affairs of the arrangement (Management Information Form, OIR-C1-2221). Including, but not limited to, all trustees, managers, officers, and directors. Names should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

- B. All individuals listed in part A above must disclose to the Office the extent and nature of any contracts or other understandings or agreements between themselves and the arrangement, including any possible conflicts of interest.

Section IV-2 Biographical Affidavits

Provide a National Association of Insurance Commissioners ("NAIC") Biographical Affidavit (NAIC Form 11) (Form OIR-C1-1423) for each individual listed in Section IV-1. Please note that if an individual has a Biographical Affidavit with an associated background report on file with the Office, and the Biographical Affidavit was signed and notarized within 2 years of the date of the Application being filed, a Biographical Affidavit and associated background report need not be submitted for that individual.

All questions must be answered. All "Yes" answers must be explained.

Each Biographical Affidavit must be signed and notarized.

The affiant's social security number must be submitted to the Office. Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office to insure that the owners, management, officers, and directors of any entity regulated by the Office are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

However, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to the NAIC Biographical Affidavit (NAIC Form 11) that is also included in this packet.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Section IV-3 Background Investigative Report

A Background Investigative Report must be provided for each person for whom a Biographical Affidavit is required, as described above. Background reports must be submitted by an approved background investigation vendor directly to the Office. Attach proof of payment confirming that all background reports have been ordered when submitting the application. Please refer to Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports, included in this packet.

The NAIC approved background investigation vendor list can be found at:

https://www.naic.org/documents/industry_ucaa_third_party.pdf

Section IV-4 Fingerprint Cards

Fingerprint cards must be provided to the Office for each person for whom a Biographical Affidavit is required. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions. If an individual has submitted a fingerprint card dated within 5 years of the date of the Application filing, a fingerprint card need not be submitted for that individual.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

SECTION V - FORMS AND RATES

Section V-1 Forms

No business may be written until the Office has approved forms. Submit the policy, contract, certificate of coverage, summary plan description, and/or other evidence of the benefits and coverages provided to each covered employee.

Evidence of benefits and coverages must contain in bold faced print of at least 12-point type in a conspicuous location, the following statement:

The benefits and coverages described herein are provided through a trust fund established and funded by a group of employers. It is not an insurance company and is not protected by a guaranty fund in the event of insolvency. Participating employers are assessable for any losses incurred by the trust.

Each policy issued by the arrangement must contain a statement of the contingent liability. Both the application for insurance and policy shall contain, in contrasting color and not less than 10-point type, the following statement: "This is a fully assessable policy. In the event the arrangement is unable to pay its obligations, policyholders (employers) will be required to contribute on a pro rata earned premium basis the money necessary to meet any unfilled obligations."

Forms must also meet the Flesch score requirements of Section 627.4145, Florida Statutes.

Section V-2 Rates

Submit a complete schedule of proposed premium rates for each type of contract.

Section V-3 Actuarial Rate Analysis

Applicant should submit a report prepared by a certified actuary, who is a member of the Society of Actuaries or the American Academy of Actuaries. The report should provide evidence that the arrangement will be operated in accordance with sound actuarial principles, that proposed rates are not inadequate, that the rates are appropriate for the class of risks for which they have been computed, and that an adequate description of the rating methodology has been filed with the Office and such methodology follows consistent and equitable actuarial principles. The actuarial justification of rates should be prepared in accordance with standards promulgated by the American Academy of Actuaries and opined accordingly. Specific elements that must be included are listed in item 3 on page 16 under Forms and Rates.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

CHECKLIST

Applicant Name: _____

Federal Identification Number: _____

Home Office Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____

Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.

SECTION I - APPLICATION & FEES

- 1. Application fee paid
 - a. Copy of invoice included (page 20 of this form)
 - b. Copy of check included
- 2. All fingerprint fees paid electronically
 - a. Copies of online payment confirmation
- 3. Application Certification (page 17)
 - a. Two copies, each filled out by a different officer
 - b. Notarized

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Applicant Name: _____

SECTION II – LEGAL

- 1. Organizational Documents of Sponsoring Organization (if applicable)
 - a. Certified by public official within the last year
- 2. Florida Certificate of Status of Sponsoring Organization (if applicable)
 - a. Certified within the last year
- 3. Bylaws of Sponsoring Organization (if applicable)
 - a. Certified by Secretary within the last year
- 4. Organizational Documents of the Arrangement (if applicable)
 - a. Certified by public official within the last year
- 5. Florida Certificate of Status of the Arrangement (if applicable)
 - a. Certified within the last year
- 6. Bylaws of the Arrangement (if applicable)
 - a. Certified by Secretary within the last year
- 7. Trust Agreement Establishing the Arrangement
 - a. Signed by all trustees
 - b. Additional documentation establishing II-7 #1-5, if necessary
- 8. Authorization Letter (if applicable)

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Applicant Name: _____

SECTION III - FINANCIAL AND RELATED INFORMATION

- 1. Most recent IRS Federal Form 5500, Annual Return/Report of Employee Benefit Plan, if an existing arrangement.

- 2. Plan of Operations
 - a. Current Operations
 - i. Number of employers
 - ii. Number of employees
 - iii. Number of dependents
 - b. Management
 - i. Name and address of the employer of each trustee
 - ii. What position the trustee holds with their employer
 - iii. List of individuals responsible for managing or handling the arrangement's funds or assets
 - c. Administration
 - i. Name of Service Company or Administrator
 - ii. Copy of the Service Company or Administrator's Florida license
 - iii. Copy of the agreement between the Service Company or Administrator and the trust.
 - 1. Signed by the Service Company or Administrator and trustee.
 - d. Claims Adjustment and Underwriting
 - i. Description of plan for administering the arrangement
 - ii. Plan for servicing billings, claims, and underwriting
 - iii. Number of adjuster and underwriters
 - iv. Justification of underwriting criteria
 - v. Special health test procedures
 - e. Marketing and Growth
- 3. Fidelity Bond

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

- 4. Excess Insurance Agreement**
- 5. Fund Balance**
- 6. Feasibility Study**
 - a. Addresses market potential, market penetration, and market competition**
 - b. Current audited financial statements**
 - c. Projected income statement**
 - d. Projected cash flow analysis**
 - e. Projected balance sheet**
 - f. Proposed initial cash and cash reserves summary**
 - g. Insolvency protection deposit requirements**

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Applicant Name: _____

SECTION IV – MANAGEMENT

- 1. Management Information Form, OIR-C1-2221
 - a. Disclosure by all individuals as described in IV-1 (B)

- 2. Biographical affidavits (Form OIR-C1-1423) submitted for all required individuals
 - a. All information completed (no blanks)
 - b. "Yes" answers explained
 - c. Signed
 - d. Notarized

- 3. Background investigative reports for all required individuals. The reports must be based on the Biographical Affidavits submitted to the Office with this Application.
 - a. Proof of order and confirmation of payment submitted to the Office

- 4. Fingerprint cards for all required individuals
 - a. All information completed (no blanks)
 - b. Signed

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

Applicant Name: _____

SECTION V – FORMS AND RATES

- 1. Forms**
 - a. Contains assessability language
 - b. Contains statement of contingent liability
 - c. Meets Flesch score requirements
- 2. Complete schedule of proposed premium rates for each type of contract**
- 3. Actuarial Rate Analysis**
 - a. Prepared by certified actuary
 - b. Prepared in accordance with standards of the American Academy of Actuaries
 - c. Includes description of assumptions
 - d. Includes estimation of incurred but not reported claims (IBNR)
 - e. Includes forecast of rates/claims
 - f. Includes certification

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

APPLICATION CERTIFICATION

The below certification must be executed by two officers of the trust. Two completed copies of this page should be submitted with the application.

The undersigned states that they are an officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of _____ ("Applicant") to apply for a Certificate of Authority as a Multiple Employer Welfare Arrangement; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this application; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further represents that they have the authority to bind the Applicant, and that by their signature on the instrument, the Applicant has executed the instrument.

The undersigned understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: _____

Print Name: _____

Title: _____

Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence

or online notarization, this ____ day of _____ 20____, by _____
(name of person)

as _____ for _____
(type of authority; e.g., officer, trustee, attorney in fact) (company name)

(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires: _____

**APPLICATION FOR CERTIFICATE OF AUTHORITY
MULTIPLE EMPLOYER WELFARE ARRANGEMENT**

INVOICE

NAME OF ARRANGEMENT: _____

FEIN: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT FROM ARRANGEMENT ADDRESS ABOVE):

(city) (state) (zip code)

1. Make payable to the Department of Financial Services and mail check and invoice only to:
Department of Financial Services,
Bureau of Financial Services,
Post Office Box 6100
Tallahassee, Florida 32314-6100
2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

RECEIPT	AMOUNT	TYPE	CLASS	FUND	ACCOUNT	SOURCE	NUMBER
	\$1,500	12	07	3	09		02