



**MULTIPLE EMPLOYER WELFARE ARRANGEMENT (MEWA)
 ANNUAL FILING CHECKLIST**

In accordance with TEX. INS. CODE, art. 3.95-8, the following items are required to be filed annually with the Texas Department of Insurance by the MEWA:

- _____ An audited financial statement prepared by a licensed Certified Public Accountant within 90 days of the end of the MEWA's fiscal year
- _____ An actuarial opinion within 90 days of the end of the MEWA's fiscal year
- _____ \$500.00 filing fee

In addition to the above annual filing requirements, MEWAs must file the following documents as needed when changes occur:

- _____ Any modified terms of a plan document along with a certification from the trustees that any changes are in compliance with the following requirements:
- _____ Name and type of administration of the plan;
- _____ Name and address of the administrator;
- _____ Names and addresses of any trustee or trustee if they are persons different from the administrator;
- _____ Plan requirement with respect to eligibility for participation and benefits;
- _____ A description of provisions relating to nonforfeitable benefits if any are included in the plan;
- _____ A description of circumstances which may result in disqualification, ineligibility, or denial or loss of benefits;
- _____ The source of financing of the plan;
- _____ The identity of any organization through which benefits are provided;
- _____ The date of the end of the plan year and whether the records of the plan are kept on a calendar, policy or fiscal year basis;
- _____ The procedures to be followed in presenting claims for benefits under the plan;
- _____ Remedies available under the plan for redress of claims which are denied in whole or in part; and
- _____ A statement of guaranty fund non-participation.
- _____ Upon receipt of any plan amendments, forward to the Life Health Group.

INCOMPLETE APPLICATIONS IMPEDE TIMELY REVIEW BY THE DEPARTMENT, THEREFORE, IT IS EXTREMELY IMPORTANT THAT APPLICATIONS ARE COMPLETE. SUBMIT A COMPLETE FILING TO THE TEXAS DEPARTMENT OF INSURANCE, COMPANY LICENSING & REGISTRATION DIVISION, MC 305-2C, P. O. BOX 149104, AUSTIN, TX 78714-9104. FOR QUESTIONS OR MORE INFORMATION, CALL (512) 322-4370.

THESE GUIDELINES ARE GENERAL IN NATURE AND DO NOT SUPERCEDE STATUTE OR REGULATION. THEY ARE NOT INTENDED TO BE ALL INCLUSIVE AND ADDITIONAL DOCUMENTATION MAY BE REQUESTED.