

OKLAHOMA INSURANCE DEPARTMENT

FIVE CORPORATE PLAZA
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OKLAHOMA CITY, OK 73112



REGULATED INDUSTRY SERVICES
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GLEN MULREADY
INSURANCE COMMISSIONER

MEWA NOTICE

All MEWAs are required to comply with Oklahoma's MEWA licensing statute (36 O.S. §§ 633-641), unless specifically exempt pursuant to § 634. Section 634(B) provides in relevant part, as follows:

This act shall not apply to:

1. A MEWA that offers or provides benefits that are fully insured by an authorized insurer;
 2. ...N/A
 3. Any plan that has no more than two employer members which share substantial common support other than income generated by their respective similar business classification;
 4. A plan that has no more than two employer members, which together have a combined net worth of more than Five Million Dollars (\$5,000,000.00) and each of such member employers participated in the continuous sponsorship and maintenance of such MEWA for the benefit of their employees for a period of more than ten (10) years next preceding the effective date of this act;
 5. A MEWA which has been in existence and has provided health insurance for at least five (5) years prior to January 1, 1993, and which was established by a trade, industry or professional association of employers that has a constitution or by-laws, that has been organized and maintained in good faith for at least thirty (30) continuous years prior to January 1, 1993, and its members are persons, firms or corporations qualified to print legal notices pursuant to [Section 106 of Title 25 of the Oklahoma Statutes](#); or
 6. A nonprofit professional trade association pursuant to [Section 501\(c\)\(3\) of the Internal Revenue Code, 26 U.S.C., Section 501\(c\)\(3\)](#), which has maintained either a self-funded plan or a fully insured plan of coverage for the payment of expenses to or for members of the association for a period of ten (10) or more consecutive years and which coverage is provided to at least five hundred covered participants to establish and maintain a self-funded plan.
- C. Any entity which claims to be exempt from state regulation pursuant to subsection B of this section shall provide to the Commissioner strict proof establishing such exemption.

If you have additional questions regarding these matters, please contact Jeanette Pearce at (405) 521-6651 or Jeanette.pearce@oid.ok.gov.

Multiple Employer Welfare Arrangement ("MEWA")

Exemption Form

MEWA Name: _____ **MEWA License No:** _____

Please check the appropriate exemption and complete the information required for the exemption checked. *Pursuant to Title 36 O.S. § 634(C), any entity which claims to be exempt from State Regulation shall provide strict proof establishing such exemption.*

Exempt Status	Place X	Statutory Ref. Title 36 O.S.	Description of Exemption
1		Exempt under § 634 (B)(1)	A MEWA that offers or provides benefits that are fully insured by an authorized insurer. Name of Insurer: _____ NAIC #: _____ Policy #: _____ (If more than one insurer provide a separate sheet of paper.) ENCLOSE RECENT AUDITED FINANCIAL STATEMENT
2		Exempt under § 634 (B)(2)	A MEWA that is exempt from state insurance regulation in accordance with ERISA. ENCLOSE LETTER OF PROOF FROM DEPARTMENT OF LABOR AND RECENT AUDITED FINANCIAL STATEMENT
3		Exempt under § 634 (B)(3)	Any plan that has no more than two (2) employer members which share substantial common support other than income generated by their respective common business classification. List Employer: _____ List Employer: _____ ENCLOSE INFORMATION FROM Y-2 IN ANNUAL STATEMENT AND RECENT AUDITED FINANCIAL STATEMENT
4		Exempt under § 634 (B)(4)	A plan that has no more than two (2) employer members which together have a combined net worth of more than Five Million Dollars (\$5,000,000) and each such member employer participate in the continuous sponsorship and maintenance of such MEWA for the benefit of their employees for a period of more than ten (10) years preceding the effective date of this act. (January 1, 1994) List Employer: _____ List Employer: _____ ENCLOSE RECENT AUDITED FINANCIAL STATEMENT
5		Exempt under § 634 (B)(5)	A MEWA which has been in existence and has provided health insurance for at least five (5) years prior to 1/1/1993 and which was established by a trade union, industry or professional association of employers that has a constitution or bylaws, that has been organized & maintained in good faith for at least thirty (30) continuous years prior to January 1, 1993, and it's members are persons, firms or corporations qualified to print legal notices pursuant to O.S. 25 § 106. Date of original Application as a MEWA: _____ NOTARIZE THIS FORM WITH OWNER SIGNATURE AND ENCLOSE RECENT AUDITED FINANCIAL STATEMENT
6		Exempt under § 634 (B)(6)	A nonprofit professional trade association pursuant to the Internal Revenue Code, 26 USC, Sec 501 (C)(3), which has maintained either a self-funded plan or a fully insured plan of coverage for a period of ten (10) or more consecutive years and which coverage is provided to at least five hundred covered participants to establish and maintain a self-funded plan. ENCLOSE IRS EXEMPTION LETTER AND RECENT AUDITED FINANCIAL STATEMENT

Under exemption status 1 through 6, as proper officer or trustee of the MEWA claiming exemption from state regulation, I hereby certify and affirm that to the best of my knowledge and in good faith, the MEWA is exempt as indicated above.

(SEAL)

 Signature Date Print Name Title

My Commission Expires: _____ Notary: _____