

# Form M-1

## MEWA/ECE Form

This Form is Open to Public Inspection

## Form for Multiple Employer Welfare Arrangements (MEWAs) and Certain Entities Claiming Exception (ECEs)

This filing is required to be filed under section 101(g) of the Employee Retirement Income Security Act of 1974, as amended by the Patient Protection and Affordable Care Act. See separate instructions before completing this form.

OMB No. 1210-0116

Department of Labor  
Employee Benefits  
Security Administration

### PART I

### PURPOSE OF FILING

Complete as applicable:

#### A Identify the type of filing:

- (1)   Annual Report:
  - Calendar Year; or
  - Fiscal Year (specify \_\_\_\_\_); or
- (2)   Registration; or
- (3)   Origination; or
- (4)   Request for an extension.

#### Registration/Origination Options under (2) and (3):

- Began Operating (link to 16)*
- Began Operating in an Additional State (link to 16)*
- Merger (link to 12)*
- 50% increase in covered employees*

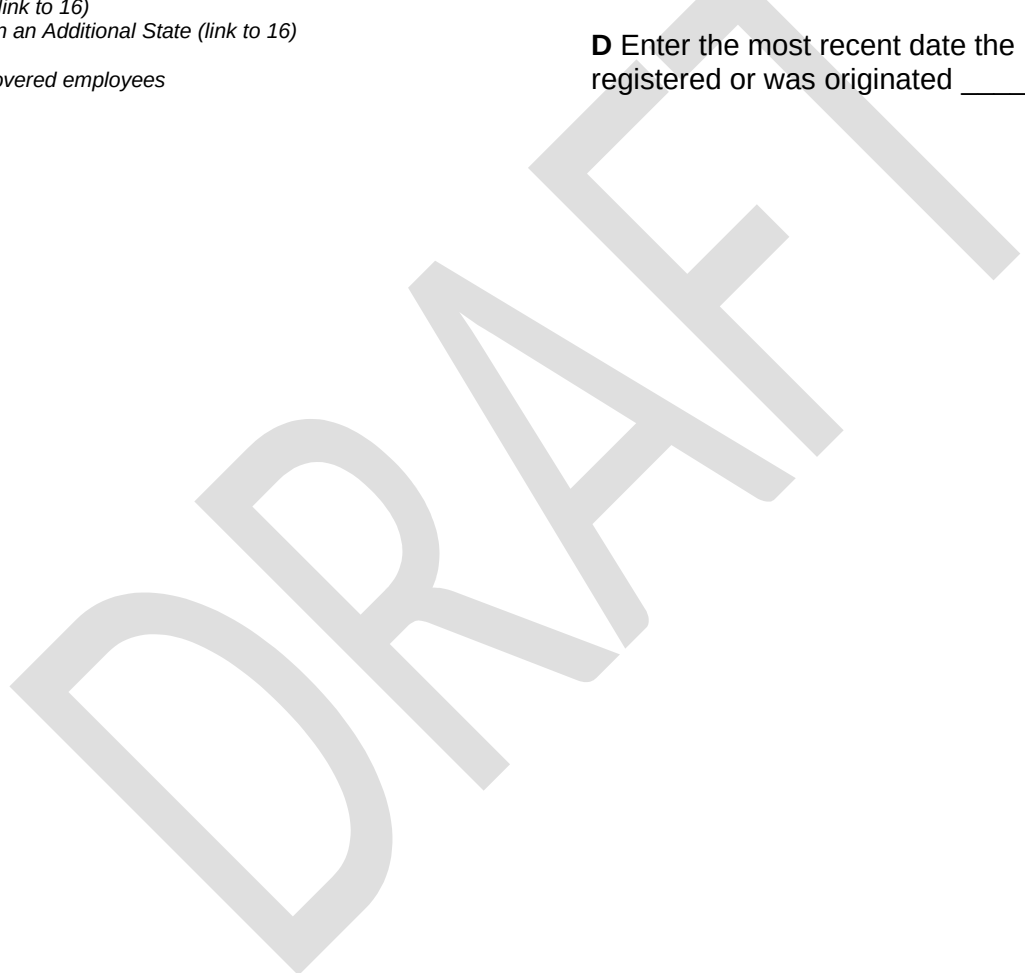
*Material Change*

- B** Check here if this is a final Report ;
- Check here if this is an amended Report .

#### C Identify the type of entity:

- (1)    A Plan MEWA *Reminder related to Form 5500*
- (2)   A Non-Plan MEWA
- (3)    An Entity Claiming Exception (ECE)

- D** Enter the most recent date the MEWA or ECE registered or was originated \_\_\_\_\_.



**PART II****CUSTODIAL & FINANCIAL INFORMATION**

<b>1a</b> Name and address of the MEWA or ECE	<b>1b</b> Telephone number of the MEWA or ECE
	<b>1c</b> Employer Identification Number (EIN)
	<b>1d</b> Plan Number (PN)
<b>2a</b> Name and address of the administrator of the MEWA or ECE	<b>2b</b> Telephone number of the administrator
	<b>2c</b> EIN
	<b>2d</b> E-mail address of the administrator
<b>3a</b> Name and address of the entity or entities sponsoring the MEWA or ECE	<b>3b</b> Telephone number of the sponsor
	<b>3c</b> EIN
<b>4a</b> Name and address of the agent for service of process or registered agent	<b>4b</b> Telephone number of such person
	<b>4c</b> E-mail address of such person
<b>5a</b> Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE.	<b>5b</b> Telephone number of each such person
	<b>5c</b> E-mail address of each such person
<b>6a</b> Name and address of all promoters and/or agents responsible for marketing the MEWA or ECE.	<b>6b</b> Telephone number of each promoter or agent
	<b>6c</b> E-mail address of each promoter or agent
	<b>6d</b> EIN of each promoter or agent
<b>7a</b> Name and address of any person, financial institution(s), or other entity holding assets for the MEWA or ECE	<b>7b</b> Telephone Number of person financial institution or entity
<b>8a</b> Name and address of any actuary(ies) providing services to the MEWA or ECE.	<b>8b</b> Telephone number of each actuary
	<b>8c</b> E-mail address of each actuary
	<b>8d</b> EIN of each actuary
<b>9a</b> If the MEWA or ECE has a contract with a third party administrator (TPA) the name and address of the third party administrator(s)	<b>9b</b> Telephone number of each TPA
	<b>9c</b> E-mail address of each TPA
	<b>9d</b> EIN of each TPA
<b>10a</b> Name and address of any person or entity that has authority or control over the MEWA's or ECE's assets or over assets paid to the entity by plans or employers for the provision of benefits	<b>10b</b> Telephone number of each such person or entity
	<b>10c</b> E-mail address of each such person or entity
	<b>10d</b> EIN of each such person or entity



**18** Of the States identified in **box 17a**, identify those States (*dropdown box*) in which the entity conducted 20 percent or more of its business (based on the number of participants receiving coverage for medical care).

**19** Total number of participants covered under the entity. \_\_\_\_\_

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**PART III INFORMATION FOR COMPLIANCE WITH PART 7 OF ERISA**

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**20** If you answered yes to box **16a**, in reference to any State or Federal litigation or enforcement proceeding (including any administrative proceeding), check yes below if the allegation concerns a provision under Part 7 of ERISA, a corresponding provision under the Internal Revenue Code or Public Health Service Act, a breach of any duty under Title I of ERISA if the underlying violation relates to a requirement under Part 7 of ERISA, or a breach of a contractual obligation if the contract provision relates to a requirement under Part 7 of ERISA.  Yes  No

**21** Complete the following. (Note: The instructions to this form contain a Self-Compliance Tool which may be helpful in completing this item. Please read the instructions carefully before answering the following questions.)  
Is this a registration or origination filing for which compliance with part 7 cannot yet be evaluated?  Yes  No

<b>21a</b> Is the coverage provided by the MEWA or ECE in compliance with the portability and nondiscrimination provisions of the Health Insurance Portability and Accountability Act of 1996, including Title I of the Genetic Information Nondiscrimination Act of 2008, and the Department of Labor's (Department's) regulations issued thereunder? (See Part I of the Self-Compliance Tool) .....	Á Yes Á No Á N/A
<b>21b</b> Is the coverage provided by the MEWA or ECE in compliance with the Mental Health Parity Act of 1996 and the Mental Health Parity and Addiction Equity Act of 2008 and the Department's regulations issued thereunder?(See Part II of the Self-Compliance Tool).....	Á Yes Á No Á N/A
<b>21c</b> Is the coverage provided by the MEWA or ECE in compliance with the Newborns' and Mothers' Health Protection Act of 1996 and the Department's regulations issued thereunder? (See Part III of the Self-Compliance tool).....	Á Yes Á No Á N/A
<b>21d</b> Is the coverage provided by the MEWA or ECE in compliance with the Women's Health and Cancer Rights Act of 1998? (See Part IV of the Self-Compliance Tool).....	Á Yes Á No Á N/A
<b>21e</b> Is the coverage provided by the MEWA or ECE in compliance with Michelle's Law (See Part V of the Self-Compliance tool).....	Á Yes Á No Á N/A
<b>21f</b> Is the coverage provided by the MEWA or ECE in compliance with the Patient Protection and Affordable Care Act of 2010 and the Department's regulations issued thereunder that are applicable as of the date signed at the bottom of this form? (See Part VI of the Self-Compliance Tool) .....	Á Yes Á No Á N/A

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**IF MORE SPACE IS REQUIRED FOR ANY ITEM, YOU MAY ATTACH ADDITIONAL PAGES.  
(SEE INSTRUCTIONS SECTION 2.3)**

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Under penalty of perjury and other penalties set forth in the instructions, I declare that I have examined this report, including any accompanying attachments, and to the best of my knowledge and belief, it is true and correct. Under penalty of perjury and other penalties set forth in the instructions, I also declare that, unless this is an extension request, this report is complete.

Signature of administrator \_\_\_\_\_ Date \_\_\_\_\_

Name of administrator \_\_\_\_\_

Address of administrator \_\_\_\_\_

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