### Form M-1

#### **MEWA/ECE Form**

This Form is Open to Public Inspection

# DRAFT 6-30-2011- NOTE: THIS FORM WILL BE ELECTRONIC Form M-1 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)  (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

	L & FINANCIAL INFORM	IATION
1a Name and address of the MEWA or EC	E	<b>1b</b> Telephone number of the MEWA or ECE
		1c Employer Identification Number (EIN)
		1d Plan Number (PN)
2a Name and address of the administrator of the MEWA or ECE		2b Telephone number of the administrator
		2c EIN
		2d E-mail address of the administrator
<b>3a</b> Name and address of the entity or entit or ECE	ies sponsoring the MEWA	<b>3b</b> Telephone number of the sponsor
		3c EIN
<b>4a</b> Name and address of the agent for servegistered agent	vice of process or	4b Telephone number of such person
registered agent		4c E-mail address of such person
<b>5a</b> Name and address of each member of or custodian of the MEWA or ECE.	the Board, officer, trustee,	<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.		6b Telephone number of each promoter or agent 6c E-mail address of each promoter or
		agent  6d EIN of each promoter or agent
<b>7a</b> Name and address of any person, finar 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.		8b Telephone number of each actuary
		8c E-mail address of each actuary
		8d 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
	. ,	9c E-mail address of each TPA
		9d 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

11a Name and address of any person or entity that has discretionary authority, control, or responsibility with respect to the administration of the MEWA or ECE or any benefit program offered by it	11b Telephone number of each such person or entity 11c E-mail address of each such person or entity 11d EIN of each such person or entity
12a Names and addresses of the MEWAs or ECEs that merged	12b Telephone number of the entities
	12c EINs
	12d PNs
13 Do you have an opinion from an actuary assessing the MEWA's or Edadequacy of contribution rates? Yes No (link to question 8)  14a Are you, your entity, and/or its officers, directors, and employees concluded its identify the carrier that issued the policy(ies)? Yes No (new label) No (new label) Yes No (new label) Yes No (new label) No  15 Are all assets in the possession of the MEWA or ECE maintained concluded its interest in the possession of the MEWA or ECE maintained concluded its interest in the possession of the MEWA or ECE maintained concluded its interest in the past five years, has any litigation, investigation, or other eadministrative proceeding) regarding any MEWA, ECE, or Group Health State agency against the MEWA or ECE, a trustee, or a director, owner,	vered by fiduciary liability policies? ed space for issuer name) ving benefits from the entity covered by a ensistent with section 403 of ERISA and 29 in enforcement proceeding (including any Plan been instituted by a Federal or
sponsoring entity?  Yes  No If yes, please explain.	
<b>16b</b> Have any of the persons or entities listed in this Part II ever been the investigation or action involving dishonesty or breach of trust or been conclease explain.	
<b>16c</b> Have any cease and desist orders been issued against any of the polyne $\square$ No If so, please list the issuing entities and the year in which ea	
If filer answers "Yes" to <b>Box 16a</b> , they will be asked to identify each litiginclude (if applicable): (1) the case number, (2) the date, (3) the nature oparties (for example, plaintiffs and defendants or petitioners and respond	f the proceedings, (4) the court, (5) all

Complete the following chart:

17a	17b	17c	17d	17e	17f	17g	17h	17i	<b>17</b> j
Enter all States where the MEWA or ECE is operating. Check if new state.	Is coverage provided?	State registration number.	Name of state agent or entity for service of process.	Is the entity a licensed health insurer in this state?	If yes to 17e, enter NAIC number.	If no to 17e. Is the entity fully insured?	If yes to 17g, enter name and NAIC number of insurer.	Does the entity purchase stop loss coverage?	If yes, enter the name and NAIC number of insurer.

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 21a 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)	<b>19</b> Total number o	participants covered under the en	tity	
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 an Inty 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 neipful in completing this item. Please read the instructions carefully before answering the following questions.) In this are gistration or origination filing for which compliance with part 7 cannot yet be evaluated? Yes No 21a 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)	PART III	INFORMATION FOR COM	PLIANCE WITH I	PART 7 OF ERISA
Protection Act of 1996 and the Department's regulations issued thereunder? (See Part III of the Self-Compliance tool)	(including any admersis) (including any admers	inistrative proceeding), check yes nding provision under the Internal of ERISA if the underlying violation of the contract provision related for the contract provision related for the instructions to the distribution of the compage provided by the MEWA or ECE dealth Insurance Portability and Act of 2008, and the Experimental of the Self-Compliance Toologies provided by the MEWA or ECE dealth Parity and Addiction Equity Act of the Self-Compliance Toologies provided by the MEWA or ECE dealth Parity and Addiction Equity Act II of the Self-Compliance Toologies	below if the allegation Revenue Code or Prelates to a requirement of this form contain a ctions carefully before pliance with part 7 ce in compliance with ecountability Act of 1 Department of Laborations in compliance with ecountability and the Elin compliance with ecountability and the Elin compliance with ecountability	on concerns a provision under Part 7 of Public Health Service Act, a breach of any ment under Part 7 of ERISA, or a breach nt under Part 7 of ERISA. Yes No. Self-Compliance Tool which may be ore answering the following questions.) cannot yet be evaluated? Yes No. the portability and nondiscrimination 1996, including Title I of the Genetic r's (Department's) regulations issued the Mental Health Parity Act of 1996 Department's regulations issued A Yes A No. A N/A
21e Is the coverage provided by the MEWA or ECE in compliance with Michelle's Law (See Part V of the Self-Compliance tool)	Protection Act of tool)	1996 and the Department's regulat	ions issued thereun	nder? (See Part III of the Self-Compliance
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)	21e Is the cover	age provided by the MEWA or ECE	in compliance with	Michelle's Law (See Part V of the Self-
(SEE INSTRUCTIONS SECTION 2.3)  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	Care Act of 2010	and the Department's regulations i	issued thereunder th	nat are applicable as of the date signed
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	IF MORE SP	-	-	
Signature of administrator Date  Name of administrator	report, including a correct. Under pe	perjury and other penalties set for ny accompanying attachments, and nalty of perjury and other penalties	th in the instructions I to the best of my k	s, I declare that I have examined this chowledge and belief, it is true and
Name of administrator	Signature of admir	istrator	_ Date	_
	Name of administr	ator		