

**STATE CORPORATION COMMISSION
BUREAU OF INSURANCE**

**SELF-FUNDED MULTIPLE EMPLOYER WELFARE ARRANGEMENT
ATTESTATION**

Company Name / NAIC Group/Co. Code

14 VAC-5-415-30 B 11 of the Virginia Administrative Code requires any person applying to the Commission for a license to establish and operate a self-funded MEWA to file a signed attestation confirming that:

- a. the self-funded MEWA makes available health plans or health benefit plans that meet the requirements for health benefit plans set forth in § 38.2-3420 B 3 of the Code of Virginia;
- b. the sponsoring association is a nonstock corporation formed under the Virginia Nonstock Corporation Act (§ 13.2-801 et seq. of the Code of Virginia) that has been formed and maintained in good faith for purposes other than obtaining or providing health benefits;
- c. the sponsoring association does not condition membership in the association on any factor relating to the health status of an individual, including an employee of an employer member of the sponsoring association or a dependent of such an employee;
- d. the sponsoring association makes any health benefit plan available to all members regardless of any factor relating to the health status of such members or individuals eligible for coverage through another member;
- e. the sponsoring association does not make any health benefit plan available to any person who is not a participating employee of the association or member of the association;
- f. the sponsoring association operates as a nonprofit entity under § 501(c)(5) or § 501(c)(6) of the Internal Revenue Code;
- g. the sponsoring association has been in active existence for at least five years; and
- h. the guarantees or standby letters of credit comply with § 59.1-590 B 7 of the Code of Virginia.

Preparer's Name _____ Telephone No. (____) _____

Dated and signed this _____ day of _____, 20____ at _____.

_____, being duly sworn according to law,

deposes and says that the declarations contained in this attestation are true and correct.

(Signature of Officer)

(Title)

State of _____

City/County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____.