



## BUREAU OF INSURANCE

### **FULLY INSURED MULTIPLE EMPLOYER WELFARE ARRANGEMENTS 14 VAC 5-410 OF THE VIRGINIA ADMINISTRATIVE CODE**

#### **REQUIREMENTS FOR OPERATING IN VIRGINIA**

A multiple employer welfare arrangement (MEWA) is regulated in Virginia pursuant to the authority vested in the State Corporation Commission under [§ 38.2-223](#) and [Article 3 \(§ 38.2-3420 et seq.\) of Chapter 34](#) of Title 38.2 of the Code of Virginia. Specific requirements for the operation of a fully insured MEWA in Virginia are detailed in the [Commission's Rules Governing Multiple Employer Welfare Arrangements \(14 VAC 5-410\)](#).

The following definitions may prove useful in reviewing these requirements:

"Multiple employer welfare arrangement" means any plan or arrangement which is established or maintained for the purpose of offering or providing coverage for health care services, whether such coverage is by direct payment, reimbursement, or otherwise, to employees of two or more employers, or to their beneficiaries except that such term does not include any such plan or other arrangement which is established or maintained

1. Under or pursuant to one or more agreements which the Secretary of the United States Department of Labor finds to be collective bargaining agreements, or
2. By a rural electric cooperative.

"Fully insured" means all of the covered benefits are (i) insured on a direct basis by an insurance company licensed and in good standing to transact the business of insurance in Virginia pursuant to Title 38.2 of the Code of Virginia or (ii) arranged for or provided on a direct basis by (a) a health services plan licensed and in good standing in Virginia pursuant to Chapter 42 (§ 38.2-4200 et seq.) of Title 38.2 of the Code of Virginia, (b) a health maintenance organization licensed and in good standing in Virginia pursuant to Chapter 43 (§ 38.2-4300 et seq.) of Title 38.2 of the Code of Virginia, (c) a dental or optometric services plan licensed and in good standing in Virginia pursuant to Chapter 45 (§ 38.2-4500 et seq.) of Title 38.2 of the Code of Virginia, or (d) any combination thereof. The existence of contracts of reinsurance will not be considered in determining whether a plan is "fully insured."

“Self-funded multiple employer welfare arrangement” means any multiple employer welfare arrangement that is not fully insured by a licensed insurance company. This term includes a benefit consortium established under Chapter 55 (§ 59.1-589 et seq.) of Title 59.1 of the Code of Virginia.

A fully insured MEWA shall not operate in Virginia without first filing with the Commission in accordance with 14 VAC 5-410-40 B. A MEWA that is not fully insured as defined in 14 VAC 5-410-30 shall not operate in Virginia without (i) complying with the requirements of Rules Governing Self-Funded Multiple Employer Welfare Arrangements ([14 VAC 5-415](#)) or (ii) meeting the criteria and becoming appropriately licensed as an insurance company, health maintenance organization, health services plan, or a dental or optometric services plan pursuant to Title 38.2 of the Code of Virginia.

The requirements for a fully insured MEWA are attached. The requirements for becoming licensed as a self-funded MEWA, insurance company, health maintenance organization, health services plan, or a dental or optometric services plan may be viewed on the website of the Bureau of Insurance at <https://scc.virginia.gov/pages/Company-Licensing-and-Amendments>.

The following documents relating to the operation of a fully insured MEWA in Virginia are attached:

1. Initial Filing Requirements for Fully Insured MEWAs
2. Annual Filing Requirements for Fully Insured MEWAs
3. Proof of Coverage form
4. Policy Verification form
5. Demographic Information form

If a corporation, partnership, limited liability company or business trust establishes or maintains a fully insured MEWA, the company should secure either a Certificate of Incorporation or a Certificate of Authority from the Office of the Clerk of the State Corporation Commission. You may contact the Office of the Clerk at (804) 371-9733. Information pertaining to this process may also be obtained at [www.scc.virginia.gov/businesses/](http://www.scc.virginia.gov/businesses/).

If you have any questions relating to the operation of a MEWA in Virginia, please contact the following persons with the Financial Analysis – Managed Care section of the Bureau of Insurance:

Ms. Bree Keena  
Insurance Financial Analyst  
(804) 225-6318  
[Bree.Keena@scc.virginia.gov](mailto:Bree.Keena@scc.virginia.gov)

All filing requirements should be emailed to Ms. Daryl Hepler, Manager, at [Daryl.Hepler@scc.virginia.gov](mailto:Daryl.Hepler@scc.virginia.gov).

## **INITIAL FILING REQUIREMENTS FOR FULLY INSURED MULTIPLE EMPLOYER WELFARE ARRANGEMENTS**

Prior to operating in Virginia, a fully insured MEWA shall submit the following information in accordance with 14 VAC 5-410-40 B:

1. Biographical Affidavits of the plan's trustees, officers, directors, or other members of the plan's governing body. The most current version of the NAIC Biographical Affidavit may be accessed through the NAIC's website at [UCAA Biographical Affidavit \(naic.org\)](http://UCAA Biographical Affidavit (naic.org)). Affidavits must be current and shall not be signed by the affiant more than six months prior to the date the initial filing is submitted. Background Reports are not required.
2. The names, addresses, and qualifications of individuals responsible for the conduct of the plan's affairs, including any third-party administrators.
3. The names, addresses, and qualifications of persons who will solicit, negotiate, procure, or effect applications for coverage with the plan.
4. The names and addresses of employers and participants enrolled in the plan.
5. A Proof of Coverage form affirming that all of the covered benefits are fully insured on a direct basis by an insurer, health maintenance organization, health services plan, or dental or optometric services plan as required by the definition of "fully insured" in 14 VAC 5-410-30. This form is to be completed and certified by an officer, director, or trustee of the plan.
6. A Policy Verification form affirming that an insurer, health maintenance organization, health services plan, or dental or optometric services plan has issued a contract of insurance to the plan. This form is to be completed and certified by an officer or director of the insurer.
7. A copy of all current policies or contracts of insurance issued to the plan that provide coverage for health care services.
8. A copy of any current Trust Agreement, Plan Document, Plan Summary, Articles of Incorporation, Bylaws, or any other descriptive analysis of the structure of the plan.
9. A copy of all current marketing materials used by the plan.
10. A Demographic Information form providing MEWA, Third Party Administrator, Government Relations, and Insurer contacts. The MEWA contact should be the person responsible for filing the renewal and all applicable forms and changes in information pursuant to 14 VAC 5-410-40 D. The Government Relations contact should be the person responsible for receiving laws and regulations that may affect the plan.
11. A copy of the M-1 Report for Multiple Employer Welfare Arrangements (MEWAs) and Certain Entities Claiming Exception (ECEs) filed with the U.S. Department of Labor, Employee Benefits Security Administration.

## **ANNUAL FILING REQUIREMENTS FOR FULLY INSURED MULTIPLE EMPLOYER WELFARE ARRANGEMENTS**

In addition to the Initial Filing Requirements, a fully insured MEWA shall annually on or before March 1 submit the following information in accordance with 14 VAC 5-410-40 D:

1. A Proof of Coverage form affirming that all of the covered benefits are fully insured on a direct basis by an insurer, health maintenance organization, health services plan, or dental or optometric services plan as required by the definition of "fully insured" in 14 VAC 5-410-30. This form is to be completed and certified by an officer, director, or trustee of the plan.
2. A Demographic Information form providing MEWA, Third Party Administrator, Government Relations, and Insurer contacts.
3. Notice of any changes in information as previously filed with the Commission. This should include, but is not limited to, the following items:
  - a. The names, addresses, and qualifications of any new individuals responsible for the conduct of the plan's affairs, including any third-party administrators;
  - b. The names, addresses, and qualifications of any new persons who will solicit, negotiate, procure, or effect applications for coverage with the plan;
  - c. The names and addresses of any new employers and participants enrolled in the plan;
  - d. Any new policy, including the Schedule of Benefits;
  - e. Any amended Trust Agreement, Articles of Incorporation, or Bylaws;
  - f. Any new marketing material.

The Bureau of Insurance will email a notice detailing the annual filing requirements in December of each year to all registered MEWAs.

**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE**

**PROOF OF COVERAGE  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT ("MEWA")**

The following information is to be affirmed by a trustee, officer or director of the Multiple Employer Welfare Arrangement:

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Federal Employer Identification Number (FEIN)

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Full and Exact Name of MEWA

I hereby certify that all of the covered benefits of this MEWA are (i) insured on a direct basis by an insurance company licensed and in good standing to transact the business of insurance in Virginia pursuant to Title 38.2 of the Code of Virginia or (ii) arranged for or provided on a direct basis by (1) a health services plan licensed and in good standing in Virginia pursuant to Chapter 42 of Title 38.2 of the Code of Virginia, (2) a health maintenance organization licensed and in good standing in Virginia pursuant to Chapter 43 of Title 38.2 of the Code of Virginia, (3) a dental or optometric services plan licensed and in good standing in Virginia pursuant to Chapter 45 of Title 38.2 of the Code of Virginia, or (4) any combination thereof. I further certify that the above named MEWA has maintained full coverage of the covered benefits since the date of inception.

Please list below all policies providing coverage for health care services currently issued or in force fully insuring this MEWA. Additional pages may be attached to this form if necessary.

<u>NAIC Number</u>	<u>Name of Insurance Company</u>	<u>Policy Number</u>	<u>Effective Date</u>
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Dated at \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(Signature of Trustee, Officer or Director of MEWA) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Title) \_\_\_\_\_

Subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(Notary Seal) \_\_\_\_\_ (Notary Public) \_\_\_\_\_

My commission expires: \_\_\_\_\_

**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE**

**POLICY VERIFICATION  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT ("MEWA")**

The following information is to be completed by an officer or director of the insurer, health maintenance organization, health services plan, or dental or optometric services plan issuing coverage to a multiple employer welfare arrangement:

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NAIC Number

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(Full and Exact Name of Insurance Company)

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(Mailing Address)

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I hereby certify that the above named insurer, health maintenance organization, health services plan, or dental or optometric services plan has issued a contract of insurance on a direct basis as defined in the Commission's Rules Governing Multiple Employer Welfare Arrangements (14 VAC 5-410-10 et seq.) to the following Multiple Employer Welfare Arrangement:

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(Name of Multiple Employer Welfare Arrangement)

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I further certify that the Company I represent is licensed and in good standing to transact the business of insurance in the Commonwealth of Virginia.

Please list below all policies providing coverage for health care services currently issued or in force fully insuring this MEWA. Additional pages may be attached to this form if necessary.

Policy Number

Effective Date

Expiration Date

Dated at \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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(Signature of Company Officer or Director)

(Printed Name)

(Title)

Subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(Notary Seal)

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(Notary Public)

My commission expires: \_\_\_\_\_

**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE**

**DEMOGRAPHIC INFORMATION  
MULTIPLE EMPLOYER WELFARE ARRANGEMENT ("MEWA")**

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Full and Exact Name of MEWA

**MEWA CONTACT INFORMATION**

MEWA Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEWA Contact Telephone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEWA Contact Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIRD PARTY ADMINISTRATOR (TPA) INFORMATION**

TPA Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TPA Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TPA Contact Telephone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TPA Contact Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GOVERNMENT RELATIONS CONTACT INFORMATION**

Government Relations Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Government Relations Telephone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Government Relations Contact Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE CONTACT INFORMATION**

Insurer Name and NAIC Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurer Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurer Contact Telephone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurer Contact Name: \_\_\_\_\_  
\_\_\_\_\_  
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