



MEWA Affidavit

MEWA Name: _____

760 IAC 1-68-4 Coverage Requirements

(a) A MEWA:

- (1) may refuse to provide coverage to an employer employing fifty (50) or more employees in accordance with the MEWA's underwriting standards and criteria;
- (2) shall accept or reject the entire group of individuals who meet the participation criteria and who choose coverage; and
- (3) may exclude only those individuals who have declined coverage. Denial by a MEWA of an application for coverage from an employer must be in writing and must state the reason or reasons for the denial.

(b) A MEWA must provide coverage to any employer that:

- (1) meets the participating employer criteria; and
- (2) employs two (2) to fifty (50) employees; unless the MEWA has adopted a resolution closing enrollment for a period of not less than two (2) years.

(c) Upon issuance of coverage to any employer, each MEWA shall provide coverage to the employees who meet the participation criteria established by the terms of the plan document without regard to an individual's health status related factors. The participation criteria may not be based on health status factors.

(d) The MEWA shall obtain a written waiver for each employee who:

- (1) meets the participation criteria; and
- (2) declines coverage under the MEWA. The waiver must ensure that the employee was not induced or pressured into declining coverage because of the employee's or a dependent's health status.

(e) A MEWA may not provide coverage to an employer or the employees of an employer if the MEWA or an agent for the MEWA knows that the employer has induced or pressured:

- (1) an employee who meets the participation criteria; or
- (2) a dependent of the employee; to decline coverage because of that individual's health status.

(f) A MEWA may require an employer to meet minimum contribution or participation requirements as a condition of issuance and renewal in accordance with the terms of the MEWA's plan document. Those requirements shall be as follows:

- (1) Stated in the plan document.
- (2) Applied uniformly to each employer offered or issued coverage by the MEWA.

(l) The MEWA shall comply with the federal Health Insurance Portability and Accountability Act of 1996.

By signing below, I am certifying on behalf of the above MEWA, pursuant to Ind. Code 27-1-34-9 and 760 IAC 1-68-4, that MEWA will meet all the applicable requirements of Indiana Law. I understand and acknowledge, on behalf of the MEWA, that the Indiana Department of Insurance may take regulatory action against the MEWA if it fails to comply with any of the above provisions.

Signature: _____
(Chairman of Board of Directors)

Printed Name: _____

Date: _____