



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DISCOUNT MEDICAL PLAN APPLICATION

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing the application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance
Company Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Phone: (225) 219-0620
Fax: (225) 342-7401

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) All submittals in association with this application must be transmitted us via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 2) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 3) Do not alter the forms contained in this packet. If you feel the requirements do not apply to your situation, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 4) All original items submitted become the property of the Louisiana Department of Insurance and will not be returned.
- 5) All certified documents required in the application must be dated within ninety (90) days of submittal of the application.

- 6) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.
- 7) When designating a contact person for the application process, please remember that our staff will communicate only with that individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. We must be notified in writing of any change in the contact person.
- 8) We must be notified of any changes in the applicant or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors and changes in address or domicile. Failure to notify us of such changes may result in disapproval of the application.
- 9) If, for some reason, an item which would otherwise be required is not available, a written explanation must be supplied upon submission.
- 10) Each exhibit requested in Section 4 of the attached application must be clearly labeled and dated.
- 11) It is the responsibility of the applicant to insure that none of the responses and submittals in association with this application conflict with the information filed with the domiciliary state. Conflicting information will result in the disapproval of the application.

REGISTRATION WITH THE LOUISIANA SECRETARY OF STATE

Submitting this application to the Louisiana Department of Insurance does not in any way dismiss a corporation from the requirements of registration with the Louisiana Secretary of State. It is the responsibility of the corporation to contact that Office and make whatever arrangements may be necessary. The address and telephone number are given below.

Louisiana Secretary of State
Corporations Division
P.O. Box 94215
Baton Rouge, LA 70804-9215
(225) 925-4704

SPECIAL INSTRUCTIONS FOR NOTARIZATION PAGE

The signatures which appear on the final page of the application are determined by the legal structure of the applicant. Below are the expected variations and the instructions for who should sign the application in each case.

IF THE APPLICANT IS A(N)....	THE APPLICATION SHOULD BE SIGNED BY...
Individual	the applicant
Corporation	the president and secretary
Association	the president and secretary
Partnership	the general partner and one additional partner
Trust	two trustees
Any other	contact the Department for instructions

WAIVER OF EXHIBITS

An applicant may request that Exhibits A or B in Section 5 of this application be waived if the requested information is currently on file with the Louisiana Department of Insurance in association with another license held by the entity. To qualify for the waiver the applicant must specify the types of license for which the information has previously been submitted and the information must be current.

COMMON QUESTIONS

The following are some of the most commonly asked questions regarding the application package and process.

Q: Where can I find the laws and regulations governing discount medical plan organizations in Louisiana?

A: A copy of Act 442 of the 2008 Regular Legislative Session can be found at <http://www.legis.state.la.us/billdata/streamdocument.asp?did=503446>.

Q: What is the time frame for the review of an application?

A: This Department reviews all applications as soon after submittal as possible. The review process can be expected to take from sixty (60) to ninety (90) days from receipt of a complete application. Please take this time frame into account when considering deadlines and operation schedules.

Q: Can the forms in the application packet be recreated on a word processor for completion by the applicant?

A: No. The forms in this packet are designed for ease of recognition by our staff and, in many cases, in strict compliance with statutory wording requirements. Therefore, any changes in the format or wording of the forms will cause delays in the review and may lead to the disapproval of the application.

Q: Can we meet with the Department for a preliminary review of our application prior to submission?

A: Yes. Our staff will be happy to meet with representatives of the applicant to review the application before it is actually submitted. It should be noted, however, that this courtesy review is to help assure completeness only and our Division will not issue a preliminary approval or disapproval of the application prior to submission. Any application sent to this Office via U.S. Mail or a carrier with interstate business will be considered submitted for review and will not be eligible for a preliminary review. You may make an appointment for preliminary review by contacting the Company Licensing Division of the Louisiana Department of Insurance. Preliminary reviews will be performed only with an appointment. To schedule such an appointment you can contact the Company Licensing Division at 225-219-4318.



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

**APPLICATION TO ACT AS A
DISCOUNT MEDICAL PLAN
IN THE STATE OF LOUISIANA**

GENERAL INFORMATION (Type or Print)	
APPLICANT NAME: _____	
TRADE NAME: _____	
FEI OR SOCIAL SECURITY NO.: _____	DOMICILE: _____
HOME OFFICE ADDRESS: _____ _____ _____	
CONTACT NAME: _____	CONTACT TITLE: _____
CONTACT ADDRESS: _____ _____ _____	
PHONE: _____	FACSIMILE: _____
EMAIL: _____	
† This Office will communicate only with the named contact person.	
FEES	
Initial Application	\$ 250.00

SECTION 2 - INTERROGATORIES

All of the following questions must be answered for every applicant. ATTACH A FULL EXPLANATION FOR ANY "YES" ANSWERS

1) Has the applicant ever had an application denied by any state or federal regulatory authority? (If yes, provide details including the type of application, identity of the agency which issued the denial and an explanation of any subsequent events.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant ever had a Certificate of Authority or license suspended or revoked by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the applicant ever been subject to any regulatory action including cease and desist orders, fines, consent agreements or similar actions by any state or Federal government agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Has the applicant ever been placed into any type of regulatory supervision or rehabilitation by any state or Federal regulatory agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Is the applicant currently involved in any dispute or controversy with any state or federal regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Has the applicant ever been the subject of bankruptcy or liquidation proceedings? (If yes, provide the jurisdiction of the proceedings, the docket number and the current status and the date of final dispensation.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Is the applicant currently a defendant or subject in any legal action alleging fraud, dishonesty or breach of trust on the part of the applicant or its officers, directors, trustees or members? (If yes, supply a statement giving the jurisdiction of the case, a summary of the allegations, the case style (name) and a summary of the current status of the case.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8) Has the applicant or any person who is presently an officer, director or owner of ten percent or more of the applicant ever been charged or indicted, the subject of a bill of information or pleaded guilty or nolo contendere to or otherwise found guilty of a crime charging a felony or misdemeanor (other than minor traffic violations) in any jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9) Within the last five years has the applicant changed its name?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10) Within the last five years has the applicant changed its state of domicile?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11) Within the last five years has the applicant merged or consolidated with any other entity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12) Within the last five years has the applicant undergone a change in ownership of ten percent or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13) Is the applicant presently negotiating or inviting negotiations or acting as party to a counterletter which would result in a merger or consolidation with any other entity or which would result in a change of ownership of ten percent or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14) Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the foreseeable future?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 2 – INTERROGATORIES – (Continued)

<p>15) Is the applicant owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>16) Is the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant currently licensed in any capacity by the Louisiana Department of Insurance? If yes, provide the full name of the affiliated entity and the type of license(s) held in Louisiana.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>17) Has the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant operated in any capacity in Louisiana for which it would be required to be licensed by the Louisiana Department of Insurance without having first obtained the necessary license?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>18) Is the applicant currently undergoing an examination or audit (whether routine, targeted or otherwise) being conducted by any state or federal regulatory agency?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>19) Is the applicant part of an insurance holding company group? If yes, provide the holding company group code assigned by the NAIC _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>20) Is the applicant or its parent corporation a publicly traded company? (If yes, attach a copy of the most recent 10K or equivalent filing.)</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>21) Does the regulatory authority governing the applicant in the state or country of domicile have any statutes or regulations that might prohibit or restrict in any way the disclosure of information concerning the applicant to the Louisiana Department of Insurance?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 3 - OFFICIAL LIST OF MANAGEMENT AND OWNERS

Below give a complete list of all persons responsible for the conduct of affairs of the applicant. This list should include all officers, all directors, all trustees, all executive committee members and any NATURAL person(s) owning, directly or indirectly, 10% or more of the applicant and any other person who exercises control or influence over the affairs of the applicant.

NAME:		S.S.#:	
STREET :	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

SECTION 4 – EXHIBITS

EXHIBIT A - Copy of the articles of incorporation, articles of association, partnership agreement or other such organizational documents and all amendments thereto of the applicant certified by the proper domiciliary official. the certification must be original and dated within ninety (90) days of submission.

EXHIBIT B - Copy of the bylaws, rules, regulations or similar document of the applicant certified as true and correct by the secretary of the applicant. The certification must be original and dated within ninety (90) days of submission.

EXHIBIT C – A trade name certificate issued by the Secretary of State of Louisiana. This item must be supplied by any applicant utilizing a trade name in Louisiana.

EXHIBIT D – Description of operations used in providing plan members access to providers who offer medical services at a discount. The description shall include all of the items listed below. Submit ONLY information applicable to Louisiana. If the exact format given below is not followed, the applicant must include an index sheet providing the page and paragraph location of each of the items. The proposed marketing, including, but not limited to, describing the use of marketers, the use of the Internet, sales by telephone and use of salespersons to market the discount medical plan benefits.

- A description of the member complaint procedures to be established and maintained by the applicant.
- A general description of operation of the discount medical plan, which includes a statement that the plan does not provide indemnity insurance coverage for medical services.

EXHIBIT E – A sample copy of the contract with a member which includes a general description of the member’s rights under the discount medical plan.

EXHIBIT F – A sample copy of a contract, absent the fee schedule, with a health care provider which includes a general description of the health care provider’s rights under the discount medical plan.

EXHIBIT G - Copies of all marketing materials and brochures intended for use in Louisiana. If the applicant has not developed Louisiana specific materials but has the form or format of such materials used in other states, those should be submitted.

EXHIBIT H - A detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates. This description must a chart showing the full legal name, country or state of domicile or resident and the ownership percentages for any persons owning ten percent or more of all affiliated entities up to and including the ultimate controlling person. For a sample chart please go to our web site at <http://www.lidi.state.la.us/Documents/Licensing/Company/SampleOwnershipChart.pdf>.

EXHIBIT I – An appointment of agent for service of process form fully completed. The proper form is attached (FOREIGN/ALIEN APPLICANTS ONLY)

SECTION 6 – ADDITIONAL INFORMATION

- 1) Give the name, address, telephone number and email address of the contact person or division to whom questions regarding contract forms and advertising material should be directed.

Phone _____ Email _____

- 2) Give the name, address, telephone number and e-mail address of the contact person and division to whom consumer complaints should be directed.

Phone _____ Email _____

- 3) If available, give the URL or Web address of the applicant.

- 4) If available, give the toll free number to which the Department may refer consumers for inquiries. If separate telephone numbers are provide for claims, policy inquiries or other services, please indicate the purpose of each number.

NOTARIZATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority personally appeared _____

and _____ who, after being duly sworn, did depose and state that all information contained in this application and all attachments thereto is, to the best of his/her knowledge, true, complete and correct.

Signature of Witness

Signature of Applicant or Authorized Representative

Printed Name of Witness

Printed Name and Title of Authorized Representative

Signature of Witness

Signature of Authorized Representative of Applicant

Printed Name of Witness

Printed Name and Title of Authorized Representative

SWORN TO and subscribed before me this _____ day of _____, 20____.

Signature of Notary

Printed Name of Notary

NOTARIAL SEAL

My Commission Expires _____

Know All Men By These Presents:

That _____
Full Legal Name of Applicant
of the City of _____, in the State of _____

having applied for registration as a discount medical plan in the State of Louisiana, in conformity with the laws thereof, does hereby make, constitute and appoint: (Check either A or B and provide requested information)

A COMMISSIONER OF INSURANCE OF THE STATE OF LOUISIANA OR HIS SUCCESSORS IN OFFICE.

OR

B NAME OF AGENT _____

ADDRESS

Street Address

City

State

Zip Code

as its true and lawful Agent, in and for the State of Louisiana, on whom all legal process against said person may be served in any action or proceeding, subject to and in accordance with all the provisions of the statutes and laws in said State of Louisiana, and such other acts as may be hereafter passed amendatory thereof and supplementary thereto, and said person does hereby authorize named Attorney to receive and accept service of process in all cases as provided for in the said laws and such service shall be deemed valid personal service upon said person. This appointment is to continue in force for the period of time and in the manner provided for in the statutes of the State of Louisiana.

Signature of Applicant or Authorized Representative

Printed Name of Applicant or Authorized Representative

NOTARY STATEMENT

BEFORE ME, the undersigned authority, personally came and appeared:

_____ to me known to be the person described in and who executed the foregoing Appointment of Attorney to Accept Service of Process form and acknowledges that he/she executed it as his/her free act and deed.

Sworn to and subscribed and sworn to before me, a Notary Public, at _____
this _____ day of _____ 20_____

State of _____
Parish/County of _____

NOTARY SEAL

Signature of Notary

Print Name of Notary