

Multiple Employer Welfare Arrangements (MEWA) Affiliate Disclosure Statement

To be completed by all members of the board of trustees, executive committee or other governing board or committee, and officers of the MEWA. Please type or print. For any of the questions 12 – 26 that are answered "yes," please explain on a separate sheet(s). Also, put the question number it relates to next to the response.

Name of MEWA: _____

Your present or proposed position with MEWA: _____

1. Individual's full legal name:

☐ Mr. _____
☐ Mrs. _____
☐ Ms. _____
(Last) (First) (Middle) (Suffix i.e. Jr., Sr., III)

2. Have you ever changed your name? ☐ Yes ☐ No

If **yes**, state the reason for the change:

List other names used: _____

3. Social Security Number: _____

4. Date of Birth: ____/____/____

5. Place of Birth:

(City) (State)

6. List your residence for the last five years, starting with your current address:

(Address) (City) (State) (Zip Code)

7. List your business address:

(Address) (City) (State) (Zip Code)

List your daytime telephone: _____

8. Employment record for the past 5 years (director, officer or member):

<u>Date</u>	<u>Name of Organization/ Employer and Address</u>	<u>Title/ Office Held</u>

Business of current employer: _____

9. Present employer may be contacted? ☐ Yes ☐ No
- Former employers may be contacted? ☐ Yes ☐ No

10. Identify any organization you currently hold a position with which has, or anticipates having, a contract, agreement, or other arrangement with the MEWA, a MEWA provider, or any other person having a financial relationship with the MEWA:

11. Have you or your spouse ever been affiliated or associated with an insurance entity regulated by any Department of Insurance?

☐ Yes ☐ No

If **yes**, list such entities and state of domicile.

Name of spouse, if applicable:

(Last) (First) (Middle)

12. a. Do you or any member of your family have a financial interest (**exceeding 5% of the stock or assets**) in any legal entity, which has a contract, agreement or other arrangement with the MEWA, an MEWA provider, or any other person concerning a financial relationship with the MEWA?

☐ Yes ☐ No

b. If **no**, do you anticipate that the relationship described above will occur in the succeeding three years?

☐ Yes ☐ No

13. List any entity in which you control directly/indirectly, or own legally/beneficially, **10% or more of the outstanding stock** (in voting power):

Is any of the stock is pledged or hypothecated?

☐ Yes ☐ No

14. a. Have you even been in a position that required a fidelity bond?

☐ Yes ☐ No

b. If yes, were claims made on the bond?

☐ Yes ☐ No

c. Have you ever been denied an individual fidelity bond, or had a bond canceled or revoked?

☐ Yes ☐ No

15. Have you been refused a professional, occupation or vocational license by a public or governmental licensing agency or regulatory authority, or has such a license been suspended or revoked?

☐ Yes ☐ No

16. Have you ever participated in the formation of a MEWA?

☐ Yes ☐ No

If **yes**, provide the name and address of each MEWA, date, position held, and reason for leaving on a separate sheet.

17. Have you ever declared bankruptcy?

☐ Yes ☐ No

18. Have you ever had a civil judgment against you?

☐ Yes ☐ No

19. Have you ever been found liable in a civil action for fraud?

☐ Yes ☐ No

If **yes**, include date, nature of action, name of accusing party, and address on a separate sheet.

20. Have you ever been the subject of a cease and desist order, or entered into a settlement with any state or Federal regulatory agency?

☐ Yes ☐ No

If **yes**, please list date, nature of action, name of agency, and address on a separate sheet.

21. Have you ever been an officer, director, trustee, key employee, or controlling stockholder of any entity that, while in such position(s), became insolvent, was placed under supervision, receivership, rehabilitation, liquidation or conservatorship?

☐ Yes ☐ No

22. Has a certificate of authority or license to do business of any entity of which you were an officer, director, key management person, or controlling stockholder been suspended or revoked while you occupied such position(s)?

☐ Yes ☐ No

23. Have you ever been named a defendant in a suit or administrative hearing brought by any public or governmental licensing agency or regulatory authority for violation of, or to prevent the violation of, any securities or insurance law?

☐ Yes ☐ No

If **yes**, explain date, nature of action, name of accusing party, and address on a separate sheet.

24. a. Have you been convicted, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned for conviction of or plead guilty or nolo contendere to an information or indictment charging a felony, misdemeanor involving embezzlement, theft, larceny, mail fraud, a violation of corporate securities statute, or have you been subject to disciplinary proceedings by a federal or state regulatory agency?

☐ Yes ☐ No

b. Has any company been so charged, allegedly as a result of any action or conduct on your part?

☐ Yes ☐ No

25. Have you ever been found in violation of, pled no contest to, or settled any proceeding involving insurance law, regulation or rule, or state or federal securities laws, regulations or rules?

☐ Yes ☐ No

26. Have you ever engaged in business under a fictitious firm name either as an individual or in the partnership or corporation form?

☐ Yes ☐ No

I certify, under penalty of perjury, that I have examined each of the questions asked in this Affiliate Disclosure Statement and affirm that my responses are true and complete to the best of my knowledge and belief. I understand that if there is any substantial change to the information given in this statement, I am required to amend this statement and submit it to the Director of the Department of Insurance and Financial Services within 30 days of the change.

Individual's Signature

Typed Name

Date

The above named individual personally appeared before me and/or is personally known to me. The individual deposes and says that he/she executed the above Affiliate Disclosure Statement and the responses are true and correct to the best of his/her knowledge and belief.

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

Notary Public Signature

My Commission Expires (Date)

PA 218 of 1956 as amended requires submission by all members of the board of trustees, executive committee or other governing board or committee, and officers of a MEWA applying for a Certificate of Authority in Michigan. Failure to properly complete and file this statement may result in denial or revocation of a MEWA's Certificate of Authority, or other compliance action.



Michigan Department of Insurance and Financial Services

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