COMMISSIONER OF SECURITIES & INSURANCE
OFFICE OF THE MONTANA STATE AUDITOR

APPLICATION FOR ORIGINAL CERTIFICATE OF AUTHORITY

NAME OF APPLICANT

(Health Maintenance Organization)

MAILING ADDRESS

(Street or PO Box)

(City) (State) (Zip)

*Date Incorporated

State of Domicile

HEREWITH SUBMITTED ARE THE FOLLOWING DOCUMENTS:

- ☐ *Certified copy of Corporate Charter or Articles of Incorporation, with all amendments .
- ☐ *Certified copy of Bylaws, as amended.
- ☐ Annual Statement as of December 31 preceding or statement of operations if a plan.
- ☐ Certificate of Good Standing from the Montana Secretary of State (foreign corporation).
- ☐ Copy of your Certificate of Authority or Good Standing from your domiciliary state (foreign HMO only).
- ☐ Copy of last examination report (conducted within the last 3 years).
- ☐ Evidence that the deposit requirement outlined in Section 33-31-216, MCA, has been met.
- ☐ Copy of the fidelity bond pursuant to Section 33-31-223(2), MCA.
- ☐ Appointment of Attorney to Accept Service of Process.
- ☐ Uniform NAIC biographical affidavit for each officer and director of the HMO.
- ☐ A copy of all contracts made with each provider, officer, and director pursuant to Section 33-31-201(2)(d)(iv), MCA.
- ☐ Description of HMO's proposed marketing plan in Montana, including:
  a) insurance products to be marketed;
  b) how and by whom insurance products will be marketed;
  c) advertising methods to be employed.
- ☐ Projection of anticipated Montana premium for each of the next 5 years.
- ☐ Description of your geographic service area in Montana, including:
  a) chart showing the number of primary and specialty care providers with locations and service areas by county;
  b) method of handling emergency care, with the location of each emergency care facility;
  c) method of handling out-of-area services.
- ☐ Description of how service is to be provided enrollees in Montana.
- ☐ A detailed financial plan that includes a projection of operating results for the greater of either three (3) years or when the HMO is projected as profitable.
- ☐ A statement as to the sources of working capital and any other source of funding.
- ☐ If the management authority for a major corporate function is conducted by a person outside the organization, submit a copy of the management contract.
- ☐ Summary of all financial guaranties by providers, sponsors, affiliates or parent within your holding company system or any other guaranties that are intended to ensure the financial success of the HMO.
- ☐ Summary of benefits to be offered enrollers, including limitations, exclusions and renewability of the contract.

*Not required of a plan.

- ☐ Evidence demonstrating that if the HMO becomes insolvent:
  a) Enrollees hospitalized on the date of insolvency will be covered until discharged
  b) Enrollees will be entitled to similar alternate coverage that does not contain any medical underwriting or preexisting limitation requirements.

☐ A copy of each reinsurance contract.

1. Are you operated by an insurer or a health service corporation as a plan?
   Yes ☐ No ☐ If yes, the organization

2. Are the medical providers affiliated with the HMO salaried employees?
   Yes ☐ No ☐ If yes, explain on a separate attachment.

3. Does each of your insurance policies for Montana contain a description of your complaint process pursuant to Section 33-31-303(1)(a), MCA.
   Yes ☐ No ☐

4. Has your HMO ever been refused admission to this or any other state prior to the date of application?
   Yes ☐ No ☐ If yes, explain on a separate attachment.

5. Has your license or certificate of authority ever been revoked or suspended by any state?
   Yes ☐ No ☐ If yes, explain on a separate attachment.

6. Has your HMO been fined by any state?
   Yes ☐ No ☐ If yes, explain on a separate attachment.

☐ Check No. in the amount of $300 application fee.

Dated

_____
Name and Title of Officer

_____
Signature of Officer

Application contact person and telephone number:

BIOGRAPHICAL AFFIDAVIT
https://www.naic.org/documents/industry_ucaa_form11.pdf

SERVICE OF PROCESS
https://content.naic.org/sites/default/files/ucaa-industry-uniform-consent-service-process.pdf