



**STATE OF WEST VIRGINIA**  
**Offices of the Insurance Commissioner**  
**Health Policy Division**

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**Discount Medical Plan Organization Application**

Name of Applicant: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Home Office Address: \_\_\_\_\_

Street or PO Box

City

State

Zip Code

Mailing Address: \_\_\_\_\_

Street or PO Box

City

State

Zip Code

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Compliance Officer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

**Type of Business Organization:**

Corporation       Limited Liability Company       Partnership       Other (Identify/Explain):

State of Domicile: \_\_\_\_\_ Formation Date: \_\_\_\_\_ FEIN #: \_\_\_\_\_

mm/dd/yyyy

List all states which the applicant is currently registered as a discount medical plan organization.

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List all states which a discount medical plan organization application has been refused or denied.

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<b>List Names and Address of all Members, or Officers, or Owners of the Applicant</b>			
<b>Full Name</b>	<b>Title</b>	<b>Address</b>	<b>% Ownership</b>

**Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.**

1. Has the DMP or any owner, partner, officer or director of the business entity, or member  Yes  No or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? If you answer Yes, you must attach to this application:
- a written statement explaining the circumstances of each incident,
  - a certified copy of the charging document
  - a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

2. Has the DMP or any owner, partner, officer or director, or manager or member of a limited  Yes  No liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? If you answer Yes, you must attach to this application:
- a written statement identifying the type of license and explaining the circumstances of each incident,
  - a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
  - a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

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“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager if a limited liability company, for overdue monies by member, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others. If you answer Yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.  Yes  No

4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? If you answer yes, identify the jurisdiction(s).  Yes  No

5. Is the DMP or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If you answer Yes, you must attach to this application:  Yes  No

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the DMP or any owner, partner, officer or director, or member or manager if a limited liability company, ever had a contract or any other business relationship terminated for any alleged misconduct? If you answer Yes, you must attach to this application:  Yes  No

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

**On behalf of the DMP, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:**

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
3. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.

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- 4. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 5. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- 6. If required, I have received a Certificate of Good Standing from the jurisdiction’s Secretary of State which I am applying.
- 7. For Non-Resident Applications, I certify that I am licensed or registered and in good standing in my home state/resident state.

### Notarial Acknowledgement Required of all Applicants

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ Being duly sworn according to law, deposes and says that the answers to the questions and the declarations contained in this application are true and correct and that all of the applicable Filing Requirements contained on Page 1 have been met.

_____ Signature	_____ Title (Type or Print)	_____ Full Legal Name (Type or Print)
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State of \_\_\_\_\_

City/County of \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_ personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Affix Seal Here

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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