**HMO Application Checklist**

**Form H-2 Part A**

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**Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAIC # \_\_\_\_\_\_\_\_\_**

The items listed below in this Part A of the checklist H-2 are required to be submitted by **all** HMO applicants.

This checklist is intended to help guide applicants with assembling a complete Certificate of Authority application. Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting the application for review. This completed checklist should be attached to the top of the application.

**Regulator Use Only**

1. **Application - Form H-1**

Originally executed with corporate seal

1. **Application Filing Fee**

$500.00 per §4220; check payable to: *Treasurer, State of Maine*

1. **Certificate of Compliance** completed by domiciliary regulator
2. **Certificate of Deposit** completed by domiciliary state department
3. **Copy of Organizational Document(s)**, i.e. Articles of Incorporation,

Articles of Association, etc., if any

1. **Copy of Bylaws -** or similar document
2. **Fidelity Coverage –** submit evidence of acceptable fidelity insurance or bond,

pursuant to §4204 (2-A) (H).

1. **Insolvency Plan –** submit a description of procedures to be implemented to meet

protection against insolvency requirements, pursuant to §4203 (3) (R).

1. **Business Plan Narrative –** To include:

Description of the HMO, its health care services, facilities and personnel;

Description of the geographic area(s) to be served

1. **Statutory Annual Statement –** for the most recent year-end
2. **Statutory Quarterly Statements** – in current year, if available

1. **Report of Examination** – most recentavailable completed by domiciliary regulator

1. **Independent CPA Audit Report**

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1. **Financial Projections and Feasibility Plan** – To Include:

Detailed enrollment projections

Projection of balance sheets, income statements and cash flow statements for 3 years

Statement of sources of working capital and any other sources of funding

Methodology of rates to be charged in first year of operations (if applicable) certified by an actuary

1. **Service of Process** – Executed UCAA Form 12 at

<https://content.naic.org/sites/default/files/industry-ucaa-form-12-uniform-consent-service-process.pdf>

\*Agent must be Resident to Maine\*

1. **Biographical Affidavits** for Officers & Directors on Jurat Page

(signed **within 6 months** of application) (use UCAA Form 11 at

<https://content.naic.org/sites/default/files/ucaa-industry-naic-biographical-affidavit.pdf>)

1. **Independent Third Party Reviews** of biographical affidavits

(use approved vendor from UCAA list <https://content.naic.org/industry-ucaa-third-party>

Ordered through Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Domestic Insurance Department Analyst** – contact information:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_