

Qualified Association Trust Checklist

This checklist must be completed for all Qualified Associations Trust Submissions to demonstrate compliance with NH Bulletin INS No. 08-067-AB.
http://www.nh.gov/insurance/lah/documents/blk_cklst.pdf

1. Name of established trust or other entity in existence on January 1, 1995:

2. Was formed for what purpose _____ other than insurance.

Yes (Attach verification/proof under Supporting Documentation tab in SERFF.)

No

3. Was in existence for at least 10 years prior to January 1, 1995.

Yes (Attach verification/proof under Supporting Documentation tab in SERFF.)

No

4. Health coverage has been provided to at least 1,000 employees and/or the dependents of association members within the state of New Hampshire since January 1, 1995.

Yes (Attach verification/proof under Supporting Documentation tab in SERFF.)

No

5. Conducts regular meetings of the qualified association trust or other entity within the state of New Hampshire designed to further the interests of its members, and all members are given notice of such meetings at least 30 days prior to the date of any meeting.

Yes (Attach verification/proof under Supporting Documentation tab in SERFF.)

No

Any 'no' answer or documentation not attached demonstrates non-compliance with RSA 420-G:2 XV, a Qualified Association Trust.