

THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT

Roger A. Sevigny
Commissioner



Thomas S. Burke
Director of Examinations

**APPLICATION for
CERTIFICATE of AUTHORITY**

**PURCHASING ALLIANCES
RSA 420-M**

ALLIANCE NAME: _____

TRADE NAME (if any): _____

DOMICILE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____

CONTACT TITLE: _____ PHONE: _____

CONTACT ADDRESS: _____

FEES

Non Refundable Application {400-A:29 I (a)} **\$1,000.00**
(Effective July 1, 2010)

All checks must be made payable to: **New Hampshire Insurance Department.**

Our review process will not begin until **ALL** fees are paid. New Hampshire law does not allow for the payment of fees after the issuance of the license.

DOCUMENTARY

Business Plan containing the following information:

I. The application for a purchasing alliance shall include a business plan containing the following information:

- (a) A detailed, written plan of operations explaining how the applicant intends to fulfill the purposes and requirements of this chapter;
- (b) The specific steps that the alliance will use to increase affordability, efficiency, and fairness of health insurance coverage;
- (c) The specific steps that the alliance will use to allow employers and their employees to obtain better value in purchasing health insurance;
- (d) The scope of services to be offered and the resources and expertise to be used to implement and administer those services;
- (e) A provision requiring that any coverage procured by the alliance shall require that the members of the alliance be notified directly by the insurer of cancellation due to nonpayment of premium;
- (f) A plan that affirmatively demonstrates that the alliance has the technical expertise and capacity to serve a significant group of employers and their eligible employees;

Biographical Affidavits:

II. The personal biographical information and descriptions of the officers of the alliance. (Attached is NAIC Form 11)

- (a) A list of officers and directors of the applicant and the contract administrator, if one is employed and;
- (b) A written statement demonstrating that those involved in the operation of the alliance have the expertise and experience to effectively and professionally represent employers and their eligible employees; and

Other Required Documents:

- (a) An affirmative demonstration that financial controls are in place as a condition of licensure.
- (b) The applicant's Articles of Incorporation, Bylaws, or other formation and business operation documents;
- (c) Evidence of security and prudence in the accounting, deposit, collection, handling, and transfer of moneys;
- (d) A description of the service area in which the alliance will be marketing and offering services

(e) Submit Audited Financial Statements (CPA) for the most recent fiscal year-end that indicates that the Purchasing Alliance has a positive net worth. If audited financial statements are not available, the application shall include financial statements or reports, certified by an officer of the Alliance and prepared in accordance with GAAP, for the completed fiscal year-end, and for any month during the current fiscal year for which such financial statements or reports have been completed.

(f) List of Participating Carriers.

(g) List of Trust Accounts or accounts for deposit of all monies received and collected for the operations of the alliance.

(h) Copy of the filed Articles of Incorporation or Good Standing Certificate from the NH Secretary of State's office and a Good Standing Certificate from the domicile's Secretary of State's office.

NOTARIZATION

STATE of _____

COUNTY of _____

BEFORE ME, the undersigned authority, personally appeared _____
who, being duly sworn, stated that all information contained in the attached application for licensure is, to the best of his knowledge,
true, complete and correct.

(Witness Signature)

(Authorized Representative - Signature)

(Printed Name)

(Printed Name)

Sworn to and subscribed before me this _____ day of _____ in the year _____.

(Notary Public Signature)

(Printed Name)

OTHER REQUIREMENTS

Material changes in the operations or the business plan shall not take effect without approval from the Commissioner.

Submit to the Commissioner quarterly financial statements and proposed material changes in the policy and/or operations or the business plan.