

State of Alaska
Department of Commerce Community and Economic Development
Division of Insurance
550 West 7th Avenue, Suite 1560
Anchorage, Alaska 99501-3567

Original Amendment

**APPLICATION FOR HEALTH MAINTENANCE ORGANIZATION
CERTIFICATE OF AUTHORITY**

Application is hereby made to the Director of Insurance for issuance of Health Maintenance Organization (HMO) Certificate of Authority to transact insurance in the State of Alaska during the license year beginning July 1, 20_____.

1. Name of HMO: _____ NAIC # _____

2. Home Office Address: _____

Telephone: _____ Fax: _____

Premium Tax Statement Address: _____

Telephone: _____ Fax: _____

Rate/Form Filing Address: _____

Telephone: _____ Fax: _____

3. State of Domicile: _____ Date Organized: _____

4. Date of Last
Amendment of Charter: _____; Bylaws: _____; or Subscriber's Agreement: _____

5. a. Authorized Par Value of Stock: \$ _____

b. Par Value of Issued Stock: \$ _____

c. Surplus (Reserves) as in regard to
policyholders: \$ _____

6. Trust Deposit (Other U.S.) \$ _____

(Alaska) \$ _____

7. Ultimate Owner/Holding Company: _____

Signed at _____ this _____ day of _____, 20_____.

By: _____ Title: _____

(See next page for forms, fees, or required reports to be submitted.)

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**HEALTH MAINTENANCE ORGANIZATION
CERTIFICATE OF AUTHORITY APPLICATION INSTRUCTIONS**
AS 21.86.010 and AS 21.06.250

Please complete and submit the following forms, fees, or required reports.

1. Form 08-251(HMO) - Application.
2. Form 08-252 - Retaliatory form plus any retaliatory fee, deposits or other requirements of the domiciliary state.
3. Form 08-253 - Appointment of Director to receive Service of Process.
4. Form 08-254 - Designation of Person to receive forwarded legal process.
5. Form 08-280 - Designee to contact regarding claimant complaints.
6. Statutory Financial Examination Report certified by the state of domicile.
7. Statutory Annual Statement certified by the state of domicile.
8. Certificate of Compliance or good standing from the state of domicile. Attach copy of the domicile state's relevant statutes if the certificate does not list the lines of insurance distinctively.
9. Articles of Incorporation or Charter plus amendments, certified by the state of domicile.
10. Bylaws certified by an appropriate company officer.
11. Filing fee of \$2,250 (AS 21.06.250).
12. Biographical sketches of all officers and directors. (NAIC format accepted).
13. Statement of proposed operations including: a description of the proposed marketing and geographic area to be served, a financial plan that includes a projection of operating results anticipated until the organization has had net income for at least one year; a statement as to the source of working capital and other sources of funding; description of the compliant procedures used; and a statement of the mechanism to be used to afford the enrollees the opportunity to participate in matters of operation and policy of the HMO.
14. Statement of the procedures and programs to be implemented to assure compliance with state and federal statutes and regulations regarding the quality of health care.
15. Copies of HMO/Provider contracts; copies of enrollees evidence of coverage form.
16. Any reinsurance contracts, between the HMO and the reinsurer.
17. A \$100,000 minimum employee and officers fidelity bond. (AS 21.86.050)
18. A certificate of deposit or trust deposit of \$250,000 or an amount computed in accordance with AS 21.86.140.
19. Audited financial statements.
20. Most recent Management and Discussion analysis.