Application for Discount Medical Program Organization

Check appropriate box for application requested.

☐ Initial Application – Fee $500.00

☐ Renewal Application – Fee $250.00

DMPO License Number_____

Indiana Department of Insurance

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Date Registration Processed_____

INSTRUCTIONS:

1. All Discount Medical Program Organization Licenses will expire on the entity's fiscal year end, and must be renewed annually.
2. Discount Medical Program Organizations are required to provide documentation that they meet the statutory and regulatory requirements necessary to be registered as a DMPO. If there has been no change in the documentation submitted for your last renewal application, submit this completed application and the renewal fee. If there has been any substantive change to the documentation submitted with your last renewal application or new application, submit the revised documentation with this completed application, the completed application checklist and renewal fee.
3. Please notify the Department of Insurance of any material change of any information set forth in this application within thirty (30) days of the change. **A change in ownership requires a new application, application checklist, application fee and supporting documentation which should be submitted with the notice of material change.**
4. Please list all contracted marketers and submit with initial registration. Any changes in marketers (additions or deletions) should be reported to the Department semi-annually.
5. Please print or type responses to the questions below.

Demographics

_____

Name of Discount Medical Program Organization

_____

D/B/A Name FIN/EIN Number

_____

Address (If P.O. Box address, please list street address as well) City State Zip Code

_____

Telephone Number Toll Free Number Fax Number

_____

Name of Contact Person Telephone number E-mail Address

Contracted Marketers

Please provide a list of all contracted marketers, including address, phone number, e-mail address and name of contact person. Please note an updated list must be provided semi-annually.

Discount Medical Program Organizations are required to submit a DMPO Annual Report no later than ninety days (90) after the DMPO's fiscal year end, providing the following information:

A. Indicate if any information is different from the initial application or from the last annual report.
B. Indicate if there have been any changes in ownership.
C. Indicate whether the DMPO was involved in any civil or criminal legal action in the previous fiscal year.

D. Indicate whether the DMPO certificate of authority, license or registration was suspended or revoked by any governmental agency in the previous fiscal year.
E. Indicate whether any of the DMPO's owners, officers, or directors were convicted of a crime.
F. Indicate the number of Indiana residents that are current card-holders.

Has the Department been provided with the DMPO Annual Report for the previous year? ☐ Yes ☐ No

If not, please provide the DMPO Annual Report with the renewal application. (If the annual report has not been received, the Department will not process the renewal application until the annual report has been provided.)

The DMPO Annual Report Form is available at : http://www.in.gov/idoi/files/DMPO_Annual_Report_Form_8-12-09.pdf

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Certification

This company, through its duly authorized officer, hereby applies for the registration authorizing it to operate as a discount medical program organization in the State of Indiana, and do hereby swear that all responses, information, exhibits and documentary evidence submitted in support of this application are true and correct.

☐ I certify that there have been no changes to any application information and documentation submitted during the last year; or

☐ I certify that there have been changes to the previously submitted application information and documentation and have attached the revised documentation.

Certified by:

Signature of Applicant | Date | Printed Name of Signature | Title

Please mail completed application, checklist, fee and other documents to:

Attn: DMPO Coordinator
Indiana Department of Insurance
311 W. Washington St., Suite 300
Indianapolis, IN 46204-2787