SUMMARY OF REQUIRED DOCUMENTS FROM PREPAID DENTAL PLAN ORGANIZATIONS SEEKING ADMISSION TO TRANSACT INSURANCE BUSINESS IN THE STATE OF NEW MEXICO

(NAME OF ORGANIZATION)

In support of the application, please furnish the OSI with the items listed below.

1. **APPLICATION FEE**  A non-refundable application fee in the sum of $1,000.00 must accompany this application before it can be reviewed in accordance with NMSA §59A-6-1-Q (1) and §59A-48-4-A (13). Make the check payable to the **Office of Superintendent of Insurance or OSI**.

2. **APPLICATION FOR CERTIFICATE OF AUTHORITY**  Apply by letter, transmitting a certified copy of the Resolution of the Board of Directors stating under oath, of the president or vice president, or other chief officer on behalf of the organization, that the organization is seeking admission and state the kind of insurance. The Resolution must be notarized.

3. **ARTICLES OF INCORPORATION**  the organization's initial Articles of Incorporation and all amendments thereto. The Articles of Incorporation must be certified, and bear the seal of the state official having custody of the original documents.

4. **BY-LAWS**  A copy of the By-Laws certified by the state official having custody of the original or the organization's corporate secretary. Ensure that the corporate seal is affixed to the secretary's certification.

5. **UNIFORM CONSENT TO SERVICE OF PROCESS**  A properly executed document authorizing the Superintendent of Insurance to accept Service of Process on behalf of the organization. (NAIC UCAA Form 12 is available on the NAIC website [https://www.naic.org/documents/industry_ucaa_form12.pdf](https://www.naic.org/documents/industry_ucaa_form12.pdf)).

6. **ANNUAL STATEMENT**  The most current Annual Statement certified by the state official having custody of the original document. The statement must be filed in a 9" x 14" size booklet. Separate exhibits on Profit and Loss from Participating and Non-Participating business, if any, must be filed with this Division. The "Assets" must conform to the requirements set forth by NMSA §59A-8-1.

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7. **CERTIFICATE OF COMPLIANCE** A certified document indicating compliance by the organization with the laws of its state of domicile, as to the kind of insurance the organization is authorized to transact.

8. **CERTIFICATE OF DEPOSIT** A certified document indicating the amount and description of the securities deposited with the state of domicile or any other state, stating the deposit is held for the benefit of all its policyholders and creditors.

9. **REPORT OF EXAMINATION FROM STATE OF DOMICILE** A certified copy of the most recent report of examination of the organization. This report must have been conducted within the last five years.

10. **QUARTERLY STATEMENT** A cumulative report through the end of the last preceding calendar quarter, if the application is made after March 1. Provide quarterly updates while the organization's application is pending during the licensing review period.

11. **MANAGEMENT**

   (A) A list of the names, addresses, and official positions of the persons who are responsible for the conduct of the affairs of the plan. Including all members of the board of directors, board of trustee, executive committee, or other governing board or committee, the principal officers in the case of a corporation, and the partners or members in the case of a partnership or association. We need Biographical Affidavits for each individual. Please complete the most current form and the affidavit must be originally signed and notarized within six months of the application date or they will not be valid. The most current form can be found at [https://www.naic.org/documents/industry_ucaa_form11.pdf?39](https://www.naic.org/documents/industry_ucaa_form11.pdf?39)

   (B) If the prepaid dental plan organization is a corporation, provide evidence that the corporation's board of directors includes:

   (1) Dentists, duly licensed pursuant to the provisions of the Dental Act {61-5-1 to 61-5-9, 61-5-11 to 61-5-22}, who have contracted with the corporation to render dental services to members;

   (2) Members of the prepaid dental plan, who shall comprise at least one-third of the members of the board; and

   (3) At least one director who is a licensed dentist who has not contracted to render dental services to members.
A copy of the declaration page of the fidelity bond giving the name of the surety company, the effective date, and amount for which the officers and key employees who are responsible for conducting the affairs of the organization are bonded for. The individual or blanket fidelity bond shall be for fifty thousand dollars ($50,000.00). This bond shall have been filed and approved by the Superintendent of Insurance. It must specify that the specific Prepaid Dental Plan Organization seeking admission is covered.

12. **CONFLICT OF INTEREST FORMS** Provide a copy of the Conflict of Interest Policy and a copy of the form signed by each officer and director indicated on the list provided.

13. **NAME OF INSURER** Your attention is directed to the prohibition affecting the licensing of companies with names, which are so similar that the name may likely mislead the public in New Mexico with the name of another insurer that is already licensed. (Refer to NMSA §59A-5-14)

14. **REINSURANCE CONTRACTS** Provide a narrative description of assumed and ceded reinsurance programs. Give the details as to the effective date, coverage, terms, insolvency clause, etc. Provide the cover slips of each reinsurance treaty that the organization has.

15. **PROVIDER CONTRACTS** A copy of any contract made or to be made between any providers or persons indicated in 11 B of this Summary of Documents Required.

16. **STATEMENT DESCRIBING PLAN'S ORGANIZATION** A statement describing the plan's organization, its dental plan(s), facilities and personnel, as approved by the director of the Health Services Division of the Health and Environmental Department.

17. **FORM OF MEMBERSHIP COVERAGES** A copy of the form of membership coverage to be issued to members, and a copy of the form of any group contract, which is to be issued to employers, union, trustees, or other applicants.

18. **DESCRIPTION OF PROPOSED METHOD OF MARKETING**

   A. A description of the proposed method of marketing the plan.

   B. A financial plan, which includes a three-year projection of the initial operating results, anticipated.

   C. A statement as to the sources of working capital as well as any other sources of funding.
___19. **STATEMENT OF GEOGRAPHIC AREA** A statement reasonably describing the geographic area(s) to be served, as approved by the director of Health Service Division of the Health and Environmental Department.

___20. **CONTACT PROCESSING FORM** Must be completed in its entirety.

___22. **TRUST DEPOSIT** A trust deposit will be required to be made with our division upon approval of the organization's application for licensure in accordance with NMSA §59A-48-6.

___23. **NOTIFICATION OF PLANNED EXPANSION** Notification to state of domicile of planned expansion. (Foreign Insurers)

Please mail the application fee along with items 1 through 23 in paper form to:

Office of Superintendent of Insurance (OSI)
Attn: Company Licensing Bureau
1120 Paseo De Peralta, Room 439
Santa Fe, New Mexico 87501

If you have any questions regarding the requested documents above, please contact the Company Licensing Bureau at 505-827-4362.
## CONTACT PROCESSING FORM

### COMPANY COMPLETE NAME
- Do not abbreviate name.

### COMPANY HOME ADDRESS
- **Physical location only:**
  - **City:**
  - **State:**
  - **Zip Code:**
  - **Contact Person:**
  - **Email Address:**
  - **Phone Number:**

### COMPANY MAILING ADDRESS
- **Street, P O Box, etc.:**
  - **City:**
  - **State:**
  - **Zip Code:**
  - **Contact Person:**
  - **Email Address:**
  - **Phone Number:**

### COMPANY CONTACT FOR GENERAL & SPECIAL DEPOSITS/SURETY BONDS
- **Street, PO Box, etc.:**
  - **City:**
  - **State:**
  - **Zip Code:**
  - **Contact Person:**
  - **Email Address:**
  - **Phone Number:**

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