

**OFFICE OF SUPERINTENDENT OF INSURANCE
COMPANY LICENSING BUREAU
PHYSICAL ADDRESS: 1120 PASEO DE PERALTA, ROOM 439, SANTA FE, NM 87501
MAILING ADDRESS: P.O. BOX 1689, SANTA FE, NM 87504-1689
(505) 827-4362**

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

NAME OF PREPAID DENTAL PLAN ORGANIZATION

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

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

2. **APPLICATION FOR CERTIFICATE OF AUTHORITY 59A-48-4** 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 59A-48-4(A)(1)** 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 59A-48-4(A)(2)** 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 59A-48-4(A)(11)** A properly executed document authorizing the Superintendent of Insurance to accept Service of Process on behalf of the organization. The NAIC UCAA Form 12 is available on the NAIC website at www.naic.org.

6. **FINANCIAL STATEMENT 59A-48-4(A)(9)** Please provide the following: 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. In addition, 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.

7. **CERTIFICATE OF COMPLIANCE 59A-48-4(A)(14)** 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 59A-48-4(A)(14)** 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 59A-48-4(C)** 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. **MANAGEMENT 59A-48-4(A)(3)** 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.
11. **BIOGRAPHICAL AFFIDAVITS 59A-48-4(A)(14)** Please provide us with 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 www.naic.org.
12. **BOARD OF DIRECTORS 59A-48-4(A)(4)** 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.
13. **FIDELITY BOND 59A-48-5(A)(4)** 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 be covered.

- _____ 14. **CONFLICT OF INTEREST FORMS 59A-48-4(14)** 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.
- _____ 15. **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)
- _____ 16. **REINSURANCE CONTRACTS 59A-48-4(14)** 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.
- _____ 17. **PROVIDER CONTRACTS 59A-48-4(A)(5)** 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.
- _____ 18. **STATEMENT DESCRIBING PLAN'S ORGANIZATION 59A-48-4(A)(6)** 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.
- _____ 19. **FORM OF MEMBERSHIP COVERAGES 59A-48-4(A)(7)(8)** 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.
- _____ 20. **DRESCRIPTION OF PROPOSED METHOD OF MARKETING 59A-48-4(A)(10)**
- 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.
- _____ 21. **STATEMENT OF GEOGRAPHIC AREA 59A-48-4(A)(12)** 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.
- _____ 22. **CONTACT PROCESSING FORM 59A-48-4(A)(14)** Must be completed in its entirety.
- _____ 23. **TRUST DEPOSIT 59A-48-6** A trust deposit will be required to be made with our division upon approval of the organization's application for licensure.

24. **NOTIFICATION OF PLANNED EXPANSION** Notification to state of domicile of planned expansion. (Foreign Insurers)
25. **RENEWAL NOTICE 59A-48-5(B), 59A-5-23 & 59A-6-1(A)(2)** Please provide us with a written statement acknowledging that the company must renew its Certificate of Authority on or before March 1 yearly and that the OSI will not issue a new Certificate of Authority upon renewal since they are perpetual.

Please mail the application fee along with items 1 through 25 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.

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CONTACT PROCESSING FORM

COMPANY COMPLETE NAME – Do not abbreviate name.

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STATUTORY HOME OFFICE ADDRESS

MUST BE LOCATED IN STATE OF DOMICILE (PER NMSA §59A-5-22(B)) – As identified with the Certificate of Authority in domiciled state (This definition is consistent with the Annual Statement)

<u>Physical location only:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

COMPANY MAILING ADDRESS

<u>Street, P O Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

COMPANY CONTACT FOR GENERAL & SPECIAL DEPOSITS/SURETY BONDS

<u>Street, PO Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>