SMALL EMPLOYER CARRIER'S APPLICATION TO BECOME A RISK ASSUMING CARRIER OR A REINSURING CARRIER, AS REQUIRED BY SECTION 627.6699(9), FLORIDA STATUTES

CARRIE	R NAME		
ADDRES	S (CITYSTZIP)		
FEIN:	-	NAIC GROUP CODE:	NAIC COMPANY CODE:
As requi		ovisions of Section 627.6699(11), Florida Statutes,	we hereby apply to elect the following status. (Select one
and par	ticipates in the s		tes, is a direct writer of small employer health benefit plans ed by Section 627.6699 (11). If reinsuring carrier status is on page 2 and submission to the Office.
criteria in Forms ar	n items 1 through nd Rates. he carrier's financ surplus is adequa	tus is elected, attach information showing that the care 4, below; then complete the signature line at the botto cial ability to support the assumption of risk of small	rier is financially capable of assuming that status pursuant to the m of the page and send to the Office, Bureau of Life and Health employer groups. The carrier shall demonstrate that its that the planned premium volume after becoming a risk-
2. T	engaged in the b such a company	usiness of transacting rating and underwriting of smal	s. The carrier shall demonstrate that it has successfully ll employer groups or is the wholly owned subsidiary of mection with small employer group contracts will not be in this state.
3. T.	include a stateme Fair Marketing.	ent that the applicant has read and will comply with Sec	state or its service area, as applicable. The carrier shall ction 627.6699 (13), Florida Statutes, Standards to Assure and general fitness of the officers and directors and the past
4. T	Section 627.6699 demonstrated tha status to comply reinsurance prog reinsurance prog reinsurance treat	(11), Florida Statutes. The Office shall consider the hit the financial condition of the carrier is adequate to with the purpose and intent of the law as stated in ram created by Section 627.6699 (11) for reinsuring ram will be depended upon to cover such risks that	the protection of the reinsurance program provided by story and financial condition of the company. It should be assume the risk of marketing or their employees' health Section 627.6699 (2) without the benefit of the special g carriers. If part of the response is that your existing you may be required to assume, include a copy of the requirement of a copy of the reinsurance treaty does not 1000.
□ C.	Not Applicable: 627.6699, Florid		cts to Florida small employer groups as defined in Section
Signature of	Officer		Date

PLEASE TYPE OR PRINT DATE, POSITION OR TITLE, AND NAME OF OFFICER

Form OIR-B2-1093 to be submitted as follows:
Office of Insurance Regulation
Bureau of Life & Health Forms and Rates
Larson Building
Tallahassee, FL 32399-0328

Name of Officer