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Official Use Only:

Fee: _____

App: _____

No.: _____

DISCOUNT MEDICAL PLAN AND DISCOUNT DRUG PLAN REGISTRATION APPLICATION

This Application Form is required for Discount Medical Plan and/or Discount Drug Plan Registration pursuant to Title 14, Subtitle 6 of the Insurance Article, Annotated Code of Maryland.

Section 1a - Application Information (check applicable items)

This Application is for the registration of a (check one):	<input type="checkbox"/> Discount Medical Plan Organization Only	<input type="checkbox"/> Discount Drug Plan Organization Only	<input type="checkbox"/> Discount Medical Plan <u>and</u> Discount Drug Plan Organization
Check either "Initial" or "Renewal" Application and "Domestic Business Entity", if applicable:	<input type="checkbox"/> Initial Registration Application	<input type="checkbox"/> Renewal Registration Application	<input type="checkbox"/> Domestic (Maryland) Business Entity
If Applicant is a Corporation or Limited Liability Company (LLC), it attests that is registered and in good standing with the Maryland Department of Assessment and Taxation, as of this date of application.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 1b - Applicant (Business Entity) Information

1. Applicant Name (Business Entity name)			
2. DBA/Trade Name (If other than Business Entity name)			3. FEIN Number
4. Business Address (Physical Location)		5. City	6. State 7. Zip
8. Business Phone Number	9. Business Fax Number	10. Business Web Site	

Section 1c – Applicant Primary Contact Information (Officer, Owner, Partner, Director or Board Member)

12. Primary Contact First Name	13. Contact M.I.	14. Primary Contact Last Name	15. Suffix	16. Social Security Number
17. Title	18. Business Phone Number	19. Business E-mail Address		
20. Mailing Address (if other than provided in Section 1)		21. City	22. State	23. Zip

Section 1d – Contact Information for Agent for Service of Process appointed by Applicant (if applicable)

35. Contact First Name or Firm Name	36. Contact M.I.	37. Contact Last Name	38. Suffix	39. SSN or FEIN
40. Title	41. Business Phone Number	42. Business E-mail Address		
43. Mailing Address (if other than provided in Section 1)		44. City	45. State	46. Zip

Section 2 - List persons or Firms authorized by Applicant to sell, market, or solicit a Discount Medical Plan or Discount Drug Plan established by the Applicant (expand this list by attachment to this application)

Authorized Person's First Name or Firm Name	Authorized Person's M.I.	Authorized Person's Last Name	Suffix	If applicable, Insurance Producer License Number Prefix (RPI or NPI)	If applicable, Maryland Insurance Producer License Number, or Social Security Number, or FEIN

Section 3 - Applicant Background Information - The Applicant must read the following very carefully and answer every question. Attach a full explanation and/or the requested information for any questions answered "Yes" as an Attachment to this Application. All written statements submitted by the Applicant must include an original signature and reference the Applicant's name and identifying SSN or FEIN number.

1. Has the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity been refused a license to act as a licensed insurance producer, or has any license to act as such ever been denied, suspended, revoked or surrendered for any disciplinary reason in any state either as an individual or as a member/producer of a business entity?	<input type="radio"/> Yes	<input type="radio"/> No
2. Is the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity under investigation by any regulatory authority or subject to any regulatory action including cease and desist orders or similar actions?	<input type="radio"/> Yes	<input type="radio"/> No
3. Has the Applicant, or any owner, partner, officer, Board member, director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with committing a crime, whether or not adjudication was withheld. "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given a suspended sentence or a fine.	<input type="radio"/> Yes	<input type="radio"/> No
4. Is the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity a defendant in any lawsuit asking for a judgement that is equal to or greater than 10% of the total assets of the Applicant?	<input type="radio"/> Yes	<input type="radio"/> No
5. Has the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity been convicted of any misdemeanor of which criminal fraud is an element or any misdemeanor of moral turpitude?	<input type="radio"/> Yes	<input type="radio"/> No
6. Has the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity been convicted of any felony?	<input type="radio"/> Yes	<input type="radio"/> No
7. Is the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	<input type="radio"/> Yes	<input type="radio"/> No
8. Has any demand been made or judgement rendered against the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity for overdue monies by a provider of health care services, health care provider network, pharmacy or pharmaceutical network, supplier of health care equipment, insurer, or authorized producer?	<input type="radio"/> Yes	<input type="radio"/> No
9. Has the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	<input type="radio"/> Yes	<input type="radio"/> No
10. Has the Applicant changed its name or ever merged and/or consolidated with any other entity?	<input type="radio"/> Yes	<input type="radio"/> No
11. Has the applicant ever declared bankruptcy? Is the Applicant currently in receivership, liquidation or conservation?	<input type="radio"/> Yes	<input type="radio"/> No
12. Does the Applicant, as a business entity, contemplate a change in management or any transaction, which would normally result in a change of management and/or a change of its assets or business?	<input type="radio"/> Yes	<input type="radio"/> No

Section 4 – Nominal Fee	
Pursuant to Code of Maryland Regulations (COMAR) 31.10.24, Discount Medical Plan Organizations and/or Discount Drug Plan Organizations may not retain a nominal fee when a consumer cancels membership within 30 days of enrollment unless the nominal fee amount has been filed with the Maryland Insurance Commissioner. Applicants may file the nominal fee with this Application by providing the following information: (1) the amount of the nominal fee; and (2) the actual expenses incurred for issuing a discount plan card including the cost of creating the card and mailing it to the member. Explanation of actual expenses incurred may be included as an attachment.	
1. Nominal Fee Amount:	2. Actual Expenses Incurred
Section 5 – Applicant Certification and/or Attestation	
As the Applicant or as the authorized representative of the business entity Applicant, I hereby certify under penalty of perjury, that:	
<p>(a) All of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for revocation or denial of registration and may subject me to civil or criminal penalties.</p> <p>(b) Permission is granted to the State of Maryland Insurance Commissioner or his designated representative to verify information with any federal, state or local government agency, current or former employer, or insurance company.</p> <p>(c) The State of Maryland Insurance Commissioner or his designated representative is authorized to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.</p> <p>(d) All Discount Medical Plan and/or Discount Drug Plan disclosures, forms, membership cards, brochures, advertising and contracts used will comply with insurance laws and regulations of the State of Maryland and contain the required information.</p> <p>(e) Applicant shall file all reports required by the Insurance Commissioner including information on persons authorized to sell market or solicit a Discount Medical Plan and/or Discount Drug Plan in the State of Maryland.</p> <p>(f) Applicant understands and will comply with the insurance laws and regulations of the State of Maryland to which application for registration is hereby made:</p>	
_____	_____
Signature	Date
_____	_____
Full Typed or Printed Name of Signer	Title
Section 6 – Attachments	
Information needed in response or in supplement to other sections of the Application must be included as attachments to complete the Application. Failure to provide the required Attachments may result in the Application being returned unprocessed or considered deficient. Each Attachment page must include an original signature of the Applicant or its authorized representative along with the Applicant's identifying SSN or FEIN.	
Section 7 – Applicant Registration Fee	
<p><u>For Initial Registration:</u> Applicant shall pay a non-refundable fee to the Maryland Insurance Administration in the amount of \$250. Registration expires on the second June 30 following registration unless it is renewed. Before a registration expires, it may be renewed for an additional 2-year term.</p> <p><u>For Registration Renewal:</u> Registrant shall pay a non-refundable fee to the Maryland Insurance Administration in the amount of \$150. An application for renewal of registration shall be considered made in a timely manner if it is postmarked or otherwise submitted on or before June 30 of the year of renewal.</p>	
All fees should be made payable to the Maryland Insurance Administration by check or money order.	