SELF-FUNDED MULTIPLE EMPLOYER WELFARE ARRANGEMENT

APPLICATION for INITIAL REGISTRATION

COVER SHEET

Attn: Self-funded MEWA Registration NJ Department of Banking and Insurance 20 West State St. P.O. Box 325 Trenton, NJ 08625-0325

1.	Name of Applicant				
2.	Physical Address of Applicant				
3.	- Mailing Address				
4.	Organizational Information Individual Sole Proprietor		Corporation Partnership		Trust Other
5.	City and State of Incorporation	ו (if appl.)	City	State	
6.	Date of Incorporation (if appl.)				
7.	Federal Employer Identification number or -				
	Social Security Number				
8.	Contact Person				
9. 10. 11. 12.	Phone Number Toll Free Number Fax Number E-Mail Address	() () ()			

0406AIR-MW

Applicant Name:	FEIN:
13. Resident Status	Resident of New Jersey County Home Office located in for NJ Residents Non-Resident of New Jersey
I (Name and Title)	<u>Certification</u> certify that I am authorized to file this certification
on behalf of the applicant, the informato to the best of my information, knowled	tion set forth in the enclosed application and herein is true lge and belief, and that the Department of Banking and In- et forth in the application and herein in determining whether 17B:27C-1 <u>et seq.</u>
I further certify that (Name of Appl requirements set forth at <u>N.J.S.A.</u> <u>17B</u> :	
Signature of Applicant	Full Legal Name (Type or Print)

Title

Date