



**OFFICE OF INSURANCE REGULATION**

***Company Admissions***

**APPLICATION FOR LICENSE  
DISCOUNT MEDICAL PLAN ORGANIZATION (DMPO)**

This package is designed to assist individuals in preparing the application for a discount medical plan organization (DMPO) with all the information required by statute and facilitate expeditious processing of the application by the Office of Insurance Regulation (Office). This package includes five (5) categories of information:

Section I	Application Fees and Form
Section II	Legal
Section III	Financial and Related Information
Section IV	Management
Section V	Forms and Rates

It is extremely important that the application be completed in its entirety in the format specified.

Please submit your package in a tabbed binder. (Example: the tab labeled II-1 would contain the certified Articles of Incorporation and all amendments).

**THE COMPLETED CHECKLIST MUST BE RETURNED WITH THE APPLICATION PACKAGE.**

Submit the completed application package to:

Florida Office of Insurance Regulation  
Company Admissions  
200 East Gaines Street, Larson Building  
Tallahassee, Florida 32399-0332

**IN ORDER FOR A SUBMISSION TO BE CONSIDERED A COMPLETE APPLICATION, ALL REQUIRED INFORMATION MUST BE INCLUDED IN THE FILING. FILINGS THAT DO NOT INCLUDE ALL REQUIRED INFORMATION WILL BE DISAPPROVED OR RETURNED.**

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Pursuant to Section 636.Part II, Florida Statutes, in order to do business as a Discount Medical Plan Organization (DMPO), an entity must:

- A. Be a corporation, a limited liability company, or a limited partnership, incorporated, organized, formed, or registered under the laws of this state or authorized to transact business in this state in accordance with Chapter 607, Chapter 608, Chapter 617, Chapter 620, or Chapter 865, F.S., and must be licensed by the Office as a discount medical plan organization or be licensed by the Office pursuant to Chapter 624, Part I of Chapter 636, or Chapter 641, F.S. [s., 636.204(1), F.S.];
  
- B. Be an entity, which in exchange for fees, dues, charges, or other consideration, provides access for plan members to providers of medical services and the right to receive medical services from those providers at a discount. [s.636.202(2), F.S.];

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**INSTRUCTIONS  
SECTION I - APPLICATION FEES AND FORM**

**Section I-1      Application Fee**

The application filing fee is \$50.00. The initial fee is due and payable at the time of filing the application for licensure. [s.636.204(2)(l) and s.636.204(5),F.S.]

Original Check and Invoice

Secure the check to the invoice, which is included in this package, and send to:

Florida Department of Financial Services  
Bureau of Financial Services  
P.O. Box 6100  
Tallahassee, Florida 32314-6100

Copy of Check and Invoice

Place a photocopy of the invoice and the check with your application filing. This procedure will expedite the processing of your application and assure a timely recording of the fees.

**Section I-2      Fingerprint Processing Fees**

Applicants are required to prepay electronically for the processing of the fingerprint cards required in section IV-4. Please see form OIR-C1-938 for instructions. The fingerprint cards are to be submitted with the application filing.

Place a copy of your on-line payment confirmation along with the fingerprint cards in the management section (IV-4).

NOTE: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards. Please see form OIR-C1-938 for instructions.

NOTE: **Individuals who are non-U.S. citizens with no social security number should continue to submit payment of fingerprint fees per instructions in form OIR-C1-903.**

**Section I-3      Application for License (Official Form included with this package)**

This form must be sworn to by an officer or authorized representative of the applicant.

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**SECTION II-LEGAL**

**Section II-1 Articles of Incorporation**

Include in this section the applicant's Articles of Incorporation or other organizing documents, including all amendments. The required filings must be recently certified by the official public records custodian in the applicant's state of domicile. The certification letter must be an original. [s.636.204(2)(a), F.S.]

**Section II-2 Certificate of Status from Florida Secretary of State**

Provide a Certificate of Status document issued by the Florida Secretary of State which certifies that the applicant is authorized in this State and that all state taxes and fees have been paid. This certificate must be obtained from the Florida Secretary of State's office and be an original. [s.636.204(1), F.S.]

If you have any questions concerning filing with the Secretary of State, please contact the Division of Corporations at (850) 245-6051 or see <http://www.sunbiz.org/>.

Important note: The Secretary of State will issue a charter to a discount medical plan organization before the Office completes its processing of an application for a license. This charter authorizes the company to engage in any type of business except insurance or discount medical plans, or other regulated business.

**Your company MAY NOT engage in the business of a medical discount plan in Florida until it has been issued a license by the Commissioner of the Office.**

**Section II-3 By-Laws, Constitution, or Rules and Regulations**

Include a copy of the applicant's By-Laws, Constitution, and/or Rules and Regulations in this section. The bylaws must be sealed, signed and recently dated by the Secretary of the company. No signatures other than the Secretary's will be accepted.  
[s. 636.204(2)(b), F.S.]

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**Section II-4 Certificate of Compliance (Foreign Applicants Only)**

If applicable, provide a Certificate of Compliance issued by the public official having supervision in applicant's state of domicile showing that the company is organized and authorized to issue contracts and the kinds of contracts it is authorized to transact. The certificate should be an original under seal by the organization's state of domicile. If not applicable, please state this in the application.

**Section II-5 Service of Process Form**

**[s.636.234, 624.422 and 624.423 F.S.]**

Provide an executed Service of Process Consent and Agreement form (official form included in this package) under corporate seal and signed by the president or chief executive officer and secretary.

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**SECTION III - FINANCIAL AND RELATED INFORMATION**

**Section III-1 Marketing and Growth**

Submit a description of the proposed method of marketing, including the target groups, types of discounts to be offered, and advertising media to be used.  
[s. 636.204(2)(j), F.S.]

**Section III-2 Advertising**

Provide a description of the procedures in place for the DMPO to approve advertising, prior to use, pursuant to Section 636.228, Florida Statutes.

Please note that although advertisements are not required to be filed for prior approval, the company is required to maintain compliance with Rule 69O-203.204, which provides standards for advertisements and Rule 69O-203.205, which provides advertisement enforcement procedures.

**Section III-3 Website**

Prior to licensure by the Office, each DMPO must establish an Internet website that conforms to the requirements of Section 636.226, Florida Statutes. [s. 636.204(4)] This website should also comply with the disclosures required in s. 636.212, F.S. and should not include any prohibitions listed in s. 636.210, F.S.

Provide the address of the website that complies with these statutes.

**Section III-4 Financial**

- A. Submit a copy of the applicant's most recent financial statements audited by an independent certified public accountant [s.636.204,(2)(i), F.S.], and provide the date of the company's fiscal year end.
- B. Each DMPO must at all times maintain a net worth of at least \$150,000. [s.636.220(1), F.S.]

The OFFICE may not issue a license unless the DMPO has a net worth of at least \$150,000.  
[s.636.220(2), F.S.]

- C. Documentation that the applicant has complied with the surety bond or security deposit requirements [636.236(1), Florida Statutes]. For security deposits, contact the Bureau of Collateral Management at (850) 413-3167.

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- (1) Each DMPO must maintain in force (unless deposit is placed in lieu of the bond) a surety bond in its own name in an amount not less than \$35,000 to be used at the discretion of the Office to protect the financial interest of members who may be adversely affected by the insolvency of a DMPO. The bond must be issued by an insurance company that is licensed to do business in this state.
- (2) In lieu of #1 above, each DMPO shall deposit with the Bureau of Collateral Management cash or securities of the type eligible under Section 625.52, Florida Statutes, which shall have at all times a market value of \$35,000.
- (3) If for any reason the market value of assets and securities of DMPO held on deposit in this state falls below the amount required, the organization shall promptly deposit other or additional assets or securities eligible for deposit sufficient to cure the deficiency.

**Section III-5 Contractual**

- A. A copy of the form of all contracts made or to be made between the applicant and any providers or provider networks regarding the provision of medical services to members. [s. 636.204(2)(f), F.S.]
- B. A copy of the form of any contract made or to be made between the applicant and any person, corporation, partnership, or other entity for the performance on the applicant's behalf of any function including, but not limited to, marketing, administration, enrollment, investment management, and subcontracting for the provision of health services to members. [s. 636.204(2)(h), F. S.]
- C. A copy of the form of any contract made or arrangement to be made between the applicant and any person listed in the Management Section (Section IV) of this application as individuals who are responsible for conducting the applicant's affairs, including but not limited to, all members of the board of directors, board of trustees, executive committee, or other governing board or committee, the officers, contracted management company personnel, and any person or entity owning or having the right to acquire 10% or more voting securities of the applicant. [s. 636.204(2)(c) and (g), F.S.]

**Section III-6** A statement generally describing the applicant, its facilities and personnel, and the medical services to be offered. [s. 636.204(2)(e), F.S.]

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**Section III-7** A description of the subscriber complaint procedures to be established and maintained. [ s. 636.204,(2)(k), F.S.]

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**SECTION IV - MANAGEMENT**

**NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.**

**Section IV-1 List of All Officers, Directors and Stockholders  
[s.636.204(2)(c) F.S.]**

- A. List the names, addresses and official positions of each officer, director and any person having direct or indirect control of the organization, including but not limited to contracted management company personnel (form included in this package).
- B. List the names of each stockholder owning ten percent or more of voting securities of the applicant or any person having the right to acquire ten percent or more of the voting securities of the applicant (issued and outstanding warrants/options, etc.). Such persons shall fully disclose to the Office and to the directors the extent and nature of any contracts or arrangements between them and the DMPO, including any possible conflicts of interest.
- C. If the applicant is a subsidiary of a parent or holding company, provide an organizational chart showing the relationship of all related companies.

**Section IV-2 Biographical Affidavits for Officers, Directors and Stockholders [s.636.204(2)(d),F.S.]**

Provide a National Association of Insurance Commissioners (NAIC) biographical affidavit (OIR-C1-1423) for each officer, director, and shareholder listed in Section IV-1 except for those companies in the organizational structure between the immediate parent and the ultimate parent. All questions must be answered. All "Yes" answers must be explained.

Each biographical affidavit must be submitted to the Office containing an original signature and original notary seal. If, however, the biographical affidavits are currently on file and are not more than two years old, no submission is necessary.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to sections 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore,

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instead of including the SSN on page 6 of the NAIC form, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also please stamp CONFIDENTIAL at the top and bottom of the separate page.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office. The duties of the Office in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

**Section IV-3     Investigative Background Reports [636.204(2)(d) F.S.]**

An Investigative Background Report must be provided for each person listed in Section IV-1 above except for those companies in the organizational structure between the immediate parent and the ultimate parent. Background reports must be submitted by the selected background investigator vendor prior to or contemporaneously with the application filing. Please refer to form OIR-C1-905 for instructions.

**Section IV-4 Fingerprint Cards**

Fingerprint cards must be completed for each person listed in Section IV-1 (except for those companies in the organizational structure between the immediate parent and the ultimate parent). [s.636.204(2)(d),F.S.]

The fingerprint cards along with the fees are due at the time the application is filed. **No cards other than those furnished by the Office will be accepted.** These cards must be completed at a law enforcement or similar type agency and returned to this Office for processing. Please refer to form OIR-C1-938 for instructions.

Note: Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards and fees as noted above. Please refer to form OIR-C1-938 for instructions.

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**SECTION V - FORMS AND RATES**

NOTE: THE COMPANY CAN SUBMIT ITS FORMS AND RATES ONLY AFTER RECEIVING A NOTICE FROM THIS OFFICE THAT THIS APPLICATION HAS BEEN ACCEPTED. FORMS AND RATES SHOULD BE SUBMITTED TOGETHER IN THE SAME FILING. THE COMPANY IS PROHIBITED FROM WRITING BUSINESS USING UNAPPROVED FORMS OR RATES.

**Section V-1 Forms**

(See Rule 69O-203.203, for Discount Medical Plan Standards)

All form filings shall be submitted to the Office electronically to <https://iportal.fldfs.com>.

**Section V-2 Rates**

(See Rule 69O-203.204, for Discount Medical Plan Rate Standards)

All rate filings shall be submitted to the Office electronically to <https://iportal.fldfs.com>.

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**CHECK LIST  
SECTION I - APPLICATION FEES AND FORM**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Insurer application fees paid .....	<input type="checkbox"/>
(a) Copy of invoice included (Official Form) .....	<input type="checkbox"/>
(b) Copy of check .....	<input type="checkbox"/>
(c) Placed in Section I .....	<input type="checkbox"/>
(d) Originals mailed to Bureau of Financial Services .....	<input type="checkbox"/>
2. Fingerprint fee paid electronically .....	<input type="checkbox"/>
a. Copy of on-line payment confirmation .....	<input type="checkbox"/>
or, if applicable	
b. Copy of form OIR-C1-903 (invoice) included .....	<input type="checkbox"/>
c. Copy of check included .....	<input type="checkbox"/>
d. Originals mailed to Bureau of Financial Services .....	<input type="checkbox"/>
3. Application for License (Official Form) .....	<input type="checkbox"/>
(a) All blanks completed .....	<input type="checkbox"/>
(b) If applicable, sealed by corporation .....	<input type="checkbox"/>
(c) Signed by President or other authorized officer (original signature) .....	<input type="checkbox"/>

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**SECTION II - LEGAL**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Articles of Incorporation or other organizing documents and all amendments attached with an original certification by the State of Domicile .....	<input type="checkbox"/>
2. Certificate of Status from Florida Secretary of State (original document) .....	<input type="checkbox"/>
(a) Good standing indicated .....	<input type="checkbox"/>
(b) Sealed by state .....	<input type="checkbox"/>
(c) Signed by proper public official .....	<input type="checkbox"/>
(d) Original.....	<input type="checkbox"/>
3. Corporate By-Laws, Rules and Regulations, and/or Constitution	<input type="checkbox"/>
(a) Signed and dated by applicant's secretary .....	<input type="checkbox"/>
(b) If applicable, sealed by corporation .....	<input type="checkbox"/>

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**Section II - Legal  
Required Filing and Check List**

<u>Item #</u>	<u>Completion Check List</u>
4. Certificate of Compliance from State of domicile .....	<input type="checkbox"/>
(a) Original Certification from State of domicile .....	<input type="checkbox"/>
(b) Form indicates the kinds of contracts the company is authorized to transact .....	<input type="checkbox"/>
(c) Not applicable .....	<input type="checkbox"/>
5. Service of Process Form.....	<input type="checkbox"/>

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**SECTION III - FINANCIAL AND RELATED INFORMATION**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Marketing and growth .....	<input type="checkbox"/>
(a) Description of marketing methods.....	<input type="checkbox"/>
2. Advertising.....	<input type="checkbox"/>
(a) Include a description of advertising procedures.....	<input type="checkbox"/>
3. Provide website address.....	<input type="checkbox"/>
4. Financial .....	<input type="checkbox"/>
A. Current audited financial statements & fiscal year end date ...	<input type="checkbox"/>
B. Compliance with minimum surplus requirement.....	<input type="checkbox"/>
C. Original document evidencing compliance with surety bond requirement or security deposit requirement as explained in S.III-4C 1&2 .....	<input type="checkbox"/>
5. Contractual Documents .....	<input type="checkbox"/>
(a) Provider contract form .....	<input type="checkbox"/>
(b) Other forms of contracts per s.636.204(2)(h), F.S.....	<input type="checkbox"/>
(c) Other forms of contracts per s.636.204(2)(c) and (g), F.S. ....	<input type="checkbox"/>
6. Statement describing facilities, personnel and medical services	<input type="checkbox"/>
7. Description of subscriber complaint procedures.....	<input type="checkbox"/>

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**SECTION IV – MANAGEMENT**

**Note: This portion of the checklist is detailed in order to assist the applicant in ensuring all items are completed, and checklist item numbers will not correlate with item numbers in the Instructions.**

<u>Item #</u>	<u>Completion Check List</u>
1. Listing of all officers, directors, and shareholders (including entities owning 10% or more of applicant (Form OIR-C1-1298). .....	<input type="checkbox"/>
2. Listing of all <u>immediate</u> parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock (Form OIR-C1-1298) .....	<input type="checkbox"/>
3. Listing of all <u>intermediary</u> parent(s) (between immediate parent(s) and ultimate parent(s)), officers and shareholders (including entities) owning 10% or more of parent company's stock (Form OIR-C1-1298). Note, do not complete Form OIR-C1-1423, (Biographical Affidavits), or order investigative reports or fingerprint cards .....	<input type="checkbox"/>
4. Listing of all <u>ultimate</u> parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock (Form OIR-C1-1298) .....	<input type="checkbox"/>
5. Organizational Chart including all entities within the ultimate parent company structure .....	<input type="checkbox"/>
6. Biographical Affidavits for company officers, directors and shareholders (including entities) owning 10% or more of applicant (Form OIR-C1-1423) .....	<input type="checkbox"/>
<b>As to each biographical:</b>	
(a) All blanks completed.....	<input type="checkbox"/>
(b) "Yes" answers explained .....	<input type="checkbox"/>
(c) Contains original signature .....	<input type="checkbox"/>

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**Section IV-Management  
Required Filing and Check List**

<u>Item #</u>	<u>Completion Check List</u>
(d) Notarized (original) .....	<input type="checkbox"/>
(e) SSN on a separate page.....	<input type="checkbox"/>
7. Biographical Affidavits for <u>immediate</u> parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent Company's stock (Form OIR-C1-1423) .....	<input type="checkbox"/>
<b>As to each biographical:</b>	
(a) All blanks completed .....	<input type="checkbox"/>
(b) "Yes" answers explained .....	<input type="checkbox"/>
(c) Contains original signature .....	<input type="checkbox"/>
(d) Notarized (original) .....	<input type="checkbox"/>
(e) SSN on a separate page .....	<input type="checkbox"/>
8. Biographical Affidavits for <u>ultimate</u> parent(s) officers, directors and Shareholders (including entities) owning 10% or more of parent company's Stock (Form OIR-C1-1423)	
<b>As to each biographical:</b>	
(a) All blanks completed .....	<input type="checkbox"/>
(b) "Yes" answers explained .....	<input type="checkbox"/>

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**Section IV-Management  
Required Filing and Check List**

<u>Item #</u>	<u>Completion Check List</u>
(c) Contains original signature .....	<input type="checkbox"/>
(d) Notarized (original) .....	<input type="checkbox"/>
(e) SSN on a separate page.....	<input type="checkbox"/>
9. Background investigative reports for company officers, directors and shareholders (including entities) owning 10% or more of applicant.....	<input type="checkbox"/>
10. Background Investigative reports for <u>immediate</u> parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock .....	<input type="checkbox"/>
11. Background Investigative reports for <u>ultimate</u> parent(s) officers, directors and shareholders (including entities) owning 10% or more of parent company's stock .....	<input type="checkbox"/>

**Note: If fingerprints are digitally scanned, Items 12, 13 and 14 are not applicable.**

12. Fingerprint cards enclosed for each company officer, director, and shareholder (including entities) owning 10% or more of applicant .....	<input type="checkbox"/>
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**As to each fingerprint card:**

(a) Contains original signature .....	<input type="checkbox"/>
(b) Florida cards only .....	<input type="checkbox"/>
(c) All information completed (DOB, citizenship, vital statistics, SSN on a separate page) .....	<input type="checkbox"/>
13. Fingerprint cards enclosed for each <u>immediate</u> parent(s) officer, director, and shareholder (including entities) owning 10% or more of parent	

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company's stock.....

**As to each fingerprint card:**

(a) Contains original signature .....

(b) Florida cards only .....

(c) All information completed (DOB, citizenship,  
vital statistics, SSN on a separate page) .....

14. Fingerprint cards enclosed for each ultimate parent(s) officer, director,  
and shareholder (including entities) owning 10% or more of parent  
company's stock.....

**As to each fingerprint card:**

(a) Contains original signature .....

(b) Florida cards only .....

(c) All information completed (DOB, citizenship,  
vital statistics, SSN on a separate page) .....

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**CHECKLIST VERIFICATION**

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by (Entity Name) \_\_\_\_\_, that he/she has read said application, that he/she knows the contents thereof and verifies that the items indicated in the application checklist have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person acted, executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Dated \_\_\_\_\_ (Give full and exact name of Applicant)

\_\_\_\_\_  
Signature of President, Secretary, or Treasurer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title

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Pursuant to Chapter 636, Part II Florida Statutes, application is hereby submitted to form and operate a Discount Medical Plan Organization.

In order to qualify as a Discount Medical Plan Organization (DMPO), an entity must:

- A. Be a corporation, a limited liability company, or a limited partnership, incorporated, organized, formed, or registered under the laws of this state or authorized to transact business in this state in accordance with Chapter 607, Chapter 608, Chapter 617, Chapter 620, or Chapter 865, F.S., and must be licensed by the Office as a discount medical plan organization or be licensed by the Office pursuant to Chapter 624, Part I of Chapter 636, or Chapter 641, F.S. [s., 636.204(1), F.S.];
- B. Be an entity which, in exchange for fees, dues, charges, or other consideration, provides access for plan members to providers of medical services and the right to receive medical services from those providers at a discount. [s.636.202(2), F.S.];

Proposed name of Discount Medical Plan Organization:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_

PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

ATTORNEY OR PRINCIPAL FILING THIS APPLICATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

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This company, through its duly authorized officers, hereby applies for a license authorizing and empowering it to operate as a discount medical plan organization in the state of Florida, under the laws thereof, and do hereby swear or affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
President or other authorized officer  
(Please print)

\_\_\_\_\_  
Signature (Corporate Seal)

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

(Notary Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

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**INVOICE  
PAYMENT OF APPLICATION FEE**

NAME OF COMPANY: \_\_\_\_\_

FEIN #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

\_\_\_\_\_

\_\_\_\_\_

(CITY)

(STATE)

(ZIP CODE)

E-MAIL ADDRESS: \_\_\_\_\_ FAX \_\_\_\_\_

In reference to the recent submission by the above-referenced discount medical plan organization regarding its application to do business in Florida, it is necessary that you return this form with the proper payment as listed below.

**PLEASE NOTE:**

1. Send the original check for \$50 made payable to the Florida Department of Financial Services, and mail the check and invoice to the Department of Financial Services, Bureau of Financial Services, P.O. Box 6100, Tallahassee, Florida 32314-6100.
2. Send a copy of the check and a copy of the invoice along with the completed application package to the Office of Insurance Regulation, Applications Coordination Section, 200 East Gaines Street, Larson Building, Tallahassee, Florida 32399-0332.

If you have any questions, please contact Applications Coordination at (850) 413-2575.

	<u>B/T</u>	<u>TY/CL</u>	<u>F/T</u>	<u>AMOUNT</u>
Filing Fee	C	1249F	F	\$ 50.00