

Official Use Only:		
Fee:		
App:		
No.:		

200 ST. PAUL PLACE, SUITE 2700, BALTIMORE, MD 21202 410-468-2000/1-800-492-6116 1-800-735-2258 TTY

www.insurance.maryland.gov

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.

pursuant to 110	ie 14, Subtitie 0 of	the msura	nce Ai ticle, Almot	aicu C	oue or	mai yranu.		
Section 1a - Application Information (check applicable items)								
This Application is for the registration of a (check one):	Discount Medic		Organization Only Discount Drug Plan Dis			count Medical Plan <u>and</u> scount Drug Plan ganization		
Check either "Initial" or "Renewal" Application and "Domestic Business Entity", if applicable:	☐ Initial Registrati Application	on \Box	Renewal Registrati Application	on		mestic (Maryland) siness Entity		
If Applicant is a Corporation registered and in good standi Taxation, as of this date of ap				;] 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						nber		
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. Sur		affix 16. Social Se		ecurity Number		
17. Title	18. Business Pho	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 Na	tact First Name or Firm Name 36. Contact M.I. 37. Contact			Last Name 38. Suffix		39. SSN or FEIN		
40. Title	41. Business Pho	42. Business E-mail Address						
43. Mailing Address (if other than	44. City 45. St			45. State	46. Zip			

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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 appl Insura Licens Social	licable, Mance Prod se Numbe Security er, or FE	aryland ucer r, or
been refused a license to act as suspended, revoked or surrende of a business entity?	a licensed insurar ered for any discip	er, Board member, director or authori ace producer, or has any license to act dinary reason in any state either as an	as such ev individual	ver been denied, l or as a member/prod	ducer	o Yes	o No
of a business entity? 2. Is the Applicant, or any owner, partner, officer, Board member, director or authorized producer of the business entity ever been named or involved as a party in an administrative proceeding or any regulatory authority or subject to any						0 V	0 N-
regulatory action including cease and desist orders or similar actions?						No	
entity or any owner, partner, of was withheld. "Crime" include citations and juvenile offenses.	ficer or director c s a misdemeanor, "Convicted" incl	the point included with committing a crifelony or a military offense. You may ades, but is not limited to, having been ontendre, or having been given a suspendented.	ime, whetly exclude not found gu	her or not adjudication misdemeanor traffichilty by verdict of a ju	on	o Yes	o 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?					o Yes	o 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?					o Yes	o 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?						o Yes	o 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?					o Yes	o No	
8. Has any demand been made director or authorized producer	or judgement rend of the business en	dered against the Applicant, or any own tity for overdue monies by a provider naceutical network, supplier of health	r of health	care services,	mber,	o Yes	o 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?					o Yes	o No	
10. Has the Applicant changed its name or ever merged and/or consolidated with any other entity?						o Yes	o No
11. Has the applicant ever declared bankruptcy? Is the Applicant currently in receivership, liquidation or conservation?					1?	o Yes	o 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?						o Yes	o No

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Section 4 – Nominal Fee						
has been filed with the Maryland Insurance Commissioner. Applican	Is membership within 30 days of enrollment unless the nominal fee amount nts may file the nominal fee with this Application by providing the se actual expenses incurred for issuing a discount plan card including the					
1. Nominal Fee Amount:	2. Actual Expenses Incurred					
Section 5 – Applicant Certification and/or Attestat	ion					
As the Applicant or as the authorized representative of the business	entity Applicant, I hereby certify under penalty of perjury, that:					
omitting pertinent or material information in connection with t subject me to civil or criminal penalties. (b) Permission is granted to the State of Maryland Insurance Comm federal, state or local government agency, current or former en federal, state of Maryland Insurance Commissioner or his designary permitted by law, to any federal, state or municipal agency, or on their behalf from any and all liability of whatever nature by (d) All Discount Medical Plan and/or Discount Drug Plan disclosur will comply with insurance laws and regulations of the State of Applicant shall file all reports required by the Insurance Commiscolicit a Discount Medical Plan and/or Discount Drug Plan in the subject of the su	ated representative is authorized to give any information concerning me, as any other organization and I release the jurisdictions and any person acting reason of furnishing such information. ares, forms, membership cards, brochures, advertising and contracts used f Maryland and contain the required information. anissioner including information on persons authorized to sell, market or					
Signature	Date					

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.

Title

Section 7 – Applicant Registration Fee

Full Typed or Printed Name of Signer

For Initial Registration: 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.

<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.

All fees should be made payable to the Maryland Insurance Administration by check or money order.

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