



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

MEDICAL DISCOUNT PLAN (MDP)
SUPPLEMENTAL FORM

Effective January 1, 2006, Public Act 05-237, as modified by [Public Act No. 08-181](#), codified as [Connecticut General Statutes §38a-479rr](#), requires all Medical Discount Plans (“MDP”) offering services in the State of Connecticut to be licensed. The State of Connecticut Insurance Department (“Department”) is charged with licensing MDPs. If you have any questions about your responsibility to be licensed, please refer to [C. G. S. §38a-479rr](#).

Instructions:

- Please complete this entire form, including the checklist and CEO certification. Both this supplemental form and the NIPR online application must be newly completed each year.
 - You **must** submit the NIPR online application **before** completing this supplemental form. Apply by going to the [National Insurance Producer Registry \(NIPR\)](#).
- After submitting the NIPR online application, complete this supplemental form and all required documentation. You will submit the form/documents through the [NIPR Attachment Warehouse](#). Alternatively, documents may be submitted via e-mail: cid.tpa@ct.gov or secure fax: 860-297-3872.
- If you have any questions, please e-mail us at: cid.tpa@ct.gov, Attn: MDP.

Name of MDP: _____

List all names (including trade names, brand-names, or d/b/as) used to market the MDP card:

MDP Tax Identification Number (TIN/FEIN): _____

MDP NPN #: _____

MDP Business Address: _____

MDP Mailing Address: _____

MDP Phone Number: _____

MDP E-mail Address: _____

NIPR Transaction #: _____

Name & Description of Controlling Company or Organization:

Controlling Company Contact Name:

Controlling Company Business Address: (must be physical address / P.O. Box not allowed)

Controlling Company Mailing Address (if different / P.O. Box allowed):

Controlling Company Email(s): _____

Controlling Company Phone(s): _____

Has any suspension, sanction or disciplinary action been taken against the MDP in Connecticut or any other state over the past ten years? If, so, please provide us with a complete list of all actions taken on an annual basis, even of the disciplinary action was previously disclosed:

Has any suspension, sanction or disciplinary action been taken against the controlling company or organization in Connecticut or any other state over the past ten years? If, so, please provide us with a complete list of all actions taken on an annual basis, even of the disciplinary action was previously disclosed:

NOTE: Failure to disclose actions accurately and truthfully will be cause for denial of your application.

How many total enrollees are served by the MDP: Nationwide? _____

In CT? _____

NIPR Transaction #:

List all Provider Networks with whom MDP has contracts or agreements to provide discounted health care services to Connecticut enrollees:

Indicate the type(s) of discount services that the MDP provides to Connecticut enrollees:

Physician Medical Services? (Y/N) _____

Hospital Services? (Y/N) _____

Laboratory Services? (Y/N) _____

Radiology Services? (Y/N) _____

Prescription Drugs? (Y/N) _____

Dental Services? (Y/N) _____

Other? - List types of services (Y/N) _____

Does membership with the MDP's discount card include any insurance coverage? (Y/N- if "yes", describe the insurance benefits and advise the name(s) of the insurer/s

Does the MDP and/or its marketing force maintain a Connecticut producer license? (Y/N- if "yes", list all NPNs associated with these license(s) below)

NIPR Transaction #:

- Provide a list of the names, addresses and telephone numbers of the marketers the applicant has authorized to market a medical discount plan in Connecticut under a name that is different from the name of the applicant in electronic format. Any change, addition or subtraction, made to the list of unauthorized marketers shall be electronically filed with this Department. If a change is to add a marketer to the medical discount plan organization's list of authorized marketers, the change shall be electronically filed by the medical discount plan organization prior to the marketer doing business in the State of Connecticut.

Document in Warehouse *Date Added:* _____
Document to Follow *Not Applicable*

- A copy of the applicant's most recent financial statements audited by an independent certified public accountant, or, in the case of an applicant that is a subsidiary of a person or parent corporation that prepares audited financial statements reflecting the consolidated operations of the person or parent corporation, a copy of the person's or parent corporation's most recent financial statements audited by an independent certified public accountant, provided the person or parent corporation also issues a written guarantee that the minimum capital requirements of the applicant required by this section will be met;

Document in Warehouse *Date Added:* _____
Document to Follow

- C. G. S. §38a-479rr § (k) requires each MDP to maintain (1) a net worth of at least two hundred fifty thousand dollars, or (2) to post a surety bond in the amount of one hundred thousand dollars. Indicate which option the MDP will use and attach either: a Statement of Net Worth signed by the CFO or CEO, or, a \$100,000 bond. **If the bond is <1 year old, provide a continuation certificate.**

Document in Warehouse *Date Added:* _____
Document to Follow

- A description of the subscriber complaint procedures to be established and maintained.

Document in Warehouse *Date Added:* _____
Document to Follow

Please be advised that no marketer shall market, advertise or sell to a resident of this state a medical discount plan under a name that is different than the medical discount plan organization's name unless: (1) The medical discount plan organization has obtained a license from the Department (2) the marketer is listed on such medical discount plan organization's list of authorized marketers (3) the name, address and telephone number of the medical discount plan organization appears on the plan materials; (4) the marketer does not contract directly with providers or provider networks.

CEO CERTIFICATION OF ACCURACY

I, _____, _____ of
(Printed Name) (Title)

_____, hereby certify that
(Medical Discount Plan)

I have reviewed the information submitted in accordance with C. G. S. §38a-479rr, and that the information is true and accurate. I understand that at least thirty (30) days advance written notice of any change in the medical discount organization’s name, address, principal business address or mailing address must be provided to the Insurance Commissioner. I hereby certify that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of CEO)

(Date)

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____

By _____, and:

Who is personally known to me, or

Who produced the following identification:

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

SAMPLE - BOND FORM

STATE OF CONNECTICUT MEDICAL DISCOUNT PLAN (MDP) BOND

KNOW ALL MEN BY THESE PRESENTS

That we, _____ of the
(Name of MDP)
County of _____ State of _____ as Principal,
and _____, a surety
company having its principal place of business in _____
County of _____ State of _____ duly authorized to do
business in the State of Connecticut, as Surety, are held and firmly bound unto the member/providers of the
Medical Discount Plan (MDP) named, as Obligees, in the sum of _____
dollars (\$ _____) for the payment of which sum the said Principal and Surety do jointly and
severally bind themselves, their heirs, executors, administrators, successors, and assigns, and each and every
one of them firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT, the Principal has made application to the Insurance Commissioner of the State of Connecticut for registration to engage in the business of a Medical Discount Plan (MDP) in accordance with the provisions of Public Act 05-237, codified as Conn. Gen. Stat. §38a-479rr, and any regulation promulgated thereunder. This surety is intended for the sole purpose of meeting the obligation as described in subsection (k) of C.G.S. §38a-479rr: "Each medical discount Plan organization shall at all times (1) maintain a net worth of at least two hundred fifty thousand dollars, or (2) post a surety bond in the amount of one hundred thousand dollars."

PROVIDED HOWEVER, that all obligations upon this bond shall cease upon the voluntary or involuntary termination of such registration except as to such liability as shall have been accrued thereto.

IN WITNESS WHEREOF, the said Principal and Surety have signed and sealed this instrument this _____ day of _____ 20_____.

WITNESS

_____	By _____	L.S.	
(As to Principal)	_____	L.S.	
_____	By _____	L.S.	Corporate Seal
(As to Surety)	_____	L.S.	
	_____	L.S.	