



NEVADA DIVISION OF INSURANCE

STATE SPECIFIC REQUIREMENTS

PREPAID LIMITED HEALTH SERVICE ORG APPLICATION CHECKLIST CERTIFICATE OF AUTHORITY NRS 695F

Date:
Name of Applicant:
NV ID:
FEIN:
Email Address:

The following checklist pertains to a PREPAID LIMITED HEALTH SERVICE ORGANIZATION who wishes to operate in Nevada. The Nevada Division of Insurance ("Division") requires the following items in order to process your application. Failure to provide any of the items listed below will delay the review of your application. Please note, until all of the items listed below have been received and reviewed by the Division, you may not operate, solicit or otherwise transact insurance in Nevada. Upon completion of our review, you will receive written notice, along with a Certificate of Authority, allowing you to transact business in Nevada.

1. A copy of an organizational document and all amendments, to include articles of incorporation, articles of association, partnership agreement, trust agreement, etc.
2. A copy of any bylaws, rules or regulations governing the internal affairs of the organization.
3. A list of the names, addresses and official positions of the persons responsible for operating the organization, including the members of the board of directors, board of trustees, executive committee, principal officers, partners or any person owning or having the right to acquire 10% or more of the voting securities of the applicant .
4. A statement generally describing the applicant, its facilities, employees and the limited health service or services to be offered.
5. A copy of any contract made or to be made between the applicant and any provider concerning the provision of a limited health service to enrollees.
6. A copy of any contract made, or to be made between applicant and any person described in item 3.
7. A copy of any contract made or to be made between the applicant and any person for the performance on the applicant's behalf of any functions, including, but not limited to, marketing, administration, enrollment, management of investments and subcontracting for the provision of a limited health service to enrollees.
8. A copy of the form of any group contract which is to be issued to employers, unions, trustees or other organization.
9. A copy of any form for evidence of coverage to be issued to subscribers.
10. A copy of the applicant's most recent financial statements which have been audited by an independent certified public accountant. If the financial affairs of the parent company of the applicant are audited by an independent certified CPA and if the financial affairs of the applicant are not audited, the applicant must submit a copy of the most recently audited financial statement of the parent company which was certified by an independent CPA and the consolidating financial statements of the applicant.
11. A copy of the applicant's financial plan, including a 3-year projection of the anticipated operating results, a statement of the sources of working capital and any other sources of funding and any plan for contingencies.
12. A schedule of the rates and charges for the limited health service.
13. A description of the proposed method of marketing.
14. A statement acknowledging that any process in any legal action or proceeding against the applicant on a cause of action arising in this state is valid if lawfully served
15. A description of the procedure for the resolution of complaints submitted by enrollees concerning the limited health service provided by the prepaid limited health service organization.
16. A description of the procedures to be established for quality assessment and utilization review.
17. A description of the applicant's plan to comply with the provisions of NRS 695F.200.
18. All applicable fees for filing an application for Certificate of Authority.
19. Such other information as the Commissioner may require to make the determination required by this chapter.

20. Application fees (NRS 695F.340, 680B.010, 680C.110 Fees)

a) Application Fee	\$2,450	Annual Renewal	\$2,450
b) Initial Certificate	\$283		
c) Annual Statement Filing Fee	\$25	Annual Renewal	\$25
d) Service of Process	\$5		
e) Fund for Insurance Admin & Enforcement	\$1,000	Annual Renewal	\$1,000

NRS 695F.320 Annual filing requirements to continue doing business in Nevada. On or before March 1 of each year, a PREPAID LIMITED HEALTH SERVICE ORGANIZATION shall submit to the Commissioner a written notice of its intention to continue doing business in Nevada, with applicable renewal fees. Invoices will be mailed in January.

Please refer any questions to Finances@doi.nv.gov.

Submit the above information via NAIC UCAA electronic filing. If you are unable to submit through the UCAA electronic portal, send the application via PDF documents through Finances@doi.nv.gov.

Send payment to the Nevada Division of Insurance via ACH or Check.

- ACH - MUST submit [ACH Deposit Form](#) at time of payment
- Check – Submit itemized remittance advice with your check if paying an invoice.