

Attachment 3

M1 Form

2017 Form M-1

MEWA-ECE Form

This Form is Open to Public Inspection

Report for Multiple Employer Welfare Arrangements (MEWAs) and Certain Entities Claiming Exception (ECEs)

This filing is required to be filed under section 101(g) of the Employee Retirement Income Security Act of 1974, as amended by the Patient Protection and Affordable Care Act.

OMB No. 1210-0116

Department of Labor
Employee Benefits Security Administration

PART I PURPOSE OF FILING

Complete as applicable:

A Identify the type of filing:

- (1) Annual Report:
 Calendar Year
 or the fiscal year beginning and ending

(2) MEWA Registration

Reasons for filing:
 Began Operating

- (3) ECE Origination
(4) ECE Special Filing

B Check if any of the following:

- Check here if this is a final report
Check here if this is an amended report
Check here if this is a request for an extension

C Identify the type of entity:

- (1) A Plan MEWA
(2) A Non-Plan MEWA
(3) An Entity Claiming Exception (ECE)

D Enter the most recent date the MEWA or ECE filed the Form M-1:

Check the box if this is the first filing or enter the date below: 10/29/2018

PART II CUSTODIAL & FINANCIAL INFORMATION

1a Name and address of the MEWA or ECE
Nevada Contractors Association Health Plan
AGC Las Vegas
150 North Durango Dr.
Suite 100
Las Vegas, NV 89145

1b Telephone number of the MEWA or ECE (702) 796-9986

1c Employer Identification Number (EIN) 88-0173225

1d Plan Number (PN) 501

2a Name and address of the administrator of the MEWA or ECE
AGC Las Vegas

150 N Durango Dr.
Suite 100
Las Vegas, NV 89145

2b Telephone number of the administrator (702) 796-9986

2c EIN 88-0173225

2d E-mail address of the administrator
ann@nvcontractors.org

3a Name and address of the entity or entities sponsoring the MEWA or ECE
AGC Las Vegas

150 North Durango Dr.
Suite 100
Las Vegas, NV 89145

3b Telephone number of the sponsor (702) 796-9986

3c EIN 88-0173225

4a Name and address of the agent for service of process or registered agent
Sean Stewart

150 N Durango Dr.
Suite 100
Las Vegas, NV 89145

4b Telephone number of such person (702) 796-9986

4c E-mail address of such person
sean@nvcontractors.org

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE
Sean Stewart

150 North Durango Dr.
Suite 100
Las Vegas, NV 89145

5b Telephone number of each such person (702) 796-9986

5c E-mail address of such person

sean@nvcontractors.org

6a Name and address of all promoters and/or agents responsible for marketing the MEWA or ECE

6b Telephone number of each promoter or agent

6c E-mail address of such person

6d EIN of each promoter or agent

7a Name and address of any person, financial institution(s), or other entity holding assets for the MEWA or ECE

7b Telephone Number of person, financial institution, or entity

8a Name and address of any actuary(ies) providing services to the MEWA or ECE

8b Telephone number of each actuary

8c E-mail address of each actuary

8d EIN of each actuary

9a If the MEWA or ECE has a contract with a third party administrator (TPA) the name and address of the third party administrator(s)

Health Plan of Nevada / Sierra Health and Life

2720 North Tenaya Way

Las Vegas, NV 89128

9b Telephone number of each TPA (702) 242-7300

9c E-mail address of each TPA

9d EIN of each TPA

10a Name and address of any person or entity that has authority or control over the MEWA's or ECE's assets or over assets paid to the entity by plans or employers for the provision of benefits

10b Telephone number of each such person or entity

10c E-mail address of such person or entity

10d EIN of each such person or entity

11a Name and address of any person or entity that has discretionary authority, control, or responsibility with respect to the administration of the MEWA or ECE or any benefit program offered by it

Nevada Contractors Association

AGC Las Vegas

150 North Durango Dr.

Suite 100

Las Vegas, NV 89145

11b Telephone number of each such person or entity (702) 796-9986

11c E-mail address of such person or entity

ann@nvcontractors.org

11d EIN of each such person or entity 88-0173225

12a Names and addresses of the MEWAs or ECEs that merged

12b Telephone number of the entities

12c EINs

12d PNs

13 Do you have an opinion from an actuary assessing the MEWA's or ECE's actuarial soundness, including the adequacy of contribution rates? No

14a Are you, your entity, and/or its officers, directors, and employees covered by fiduciary liability policies? Please identify the carrier that issued the fiduciary liability policy(ies) in the space provided. Yes

Employers Mutual Casualty Company

14b Are the fiduciaries of each of the plans whose participants are receiving benefits from the entity covered by a fiduciary liability policy? Yes

15 Are all assets in the possession of the MEWA or ECE maintained consistent with section 403 of ERISA and 29 CFR 2550.403a-1 and 2550.403b-1? **No**
If no, please explain. No plan assets held by MEWA. Not collecting premiums directly, the premiums are paid directly to the carrier.

16a Within the past five years, has any litigation or other enforcement proceeding (including any administrative proceeding) regarding any MEWA, ECE, or Group Health Plan been instituted by a Federal or State agency against the MEWA or ECE, a trustee, or a director, owner, partner, senior manager, or officer of the sponsoring entity? **No**

If yes, please identify each litigation or enforcement proceeding to include (if applicable): (1) the case number, (2) the date, (3) the nature of the proceedings, (4) the court, (5) all parties (for example, plaintiffs and defendants or petitioners and respondents), and (6) the disposition.

16b Have any of the persons or entities listed in this Part II ever been the subject of any criminal or civil investigation or action involving dishonesty or breach of trust or been convicted of a felony? **No**
If yes, please explain.

16c Have any cease and desist orders been issued by a Federal or State agency against any of the entities listed in this Part II? **No**
If so, please list the issuing entities and the year in which each order was issued.

Entity	Year
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17 Complete the following chart:

17a	17b	17c	17d	17e	17f	17g	17h	17i	17j
Enter all States where the MEWA or ECE is operating.	Is coverage provided?	State registration number.	Name of state agent or entity for service of process.	Is the entity a licensed health insurer in this State?	If yes to 17e, enter NAIC number.	If no to 17e, is the entity fully insured?	If yes to 17g, enter name and NAIC number of insurer.	Does the entity purchase stop loss coverage?	If yes to 17i, enter the name and NAIC number of insurer.
NV <input checked="" type="checkbox"/> New State	Yes			No		No		No	

18 Of the States identified in box 17a, identify those States in which the entity conducted 20 percent or more of its business (based on the number of participants receiving coverage for medical care). NV

19 Total number of participants covered under the entity.

PART III

INFORMATION FOR COMPLIANCE WITH PART 7 OF ERISA

20 If you answered yes to box 16a, in reference to any State or Federal litigation or other enforcement proceeding (including any administrative proceeding), check yes below if the allegation concerns a provision under part 7 of ERISA, a corresponding provision under the Internal Revenue Code or Public Health Service Act, a breach of any duty under Title I of ERISA if the underlying violation relates to a requirement under part 7 of ERISA, or a breach of a contractual obligation if the contract provision relates to a requirement under part 7 of ERISA. N/A

21 Is this a filing for which compliance with part 7 can be evaluated? (Note: The Self-Compliance Tool at www.dol.gov/ebsa/pdf/cagappa.pdf may be helpful in answering Boxes 21-21f.) If "yes," complete the following. Yes

21a Is the coverage provided by the MEWA or ECE in compliance with the portability and nondiscrimination provisions of the Health Insurance Portability and Accountability Act of 1996, including Title I of the Genetic Information Nondiscrimination Act of 2008, and the Department of Labor's (Department's) regulations issued thereunder? Yes

21b Is the coverage provided by the MEWA or ECE in compliance with the Mental Health Parity Act of 1996 and the Mental Health Parity and Addiction Equity Act of 2008 and the Department's regulations issued thereunder? Yes

21c Is the coverage provided by the MEWA or ECE in compliance with the Newborns' and Mothers' Health Protection Act of 1996 and the Department's regulations issued thereunder? Yes

21d Is the coverage provided by the MEWA or ECE in compliance with the Women's Health and Cancer Rights Act of 1998? Yes

21e Is the coverage provided by the MEWA or ECE in compliance with Michelle's Law? Yes

21f Is the coverage provided by the MEWA or ECE in compliance with the Patient Protection and Affordable Care Act of 2010 and the Department's regulations issued thereunder that are applicable as of the date signed at the bottom of this form? Yes

ATTACHMENTS

SIGNATURE

Under penalty of perjury and other penalties set forth in the instructions, I declare that I have examined this report, including any accompanying attachments, and to the best of my knowledge and belief, it is true and correct. Under penalty of perjury and other penalties set forth in the instructions, I also declare that, unless this is an extension request, this report is complete.

Signature of Administrator:
 Address of Administrator:
 Date: