

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:
- (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:

PART II CUSTODIAL & FINANCIAL INFORMATION

1a Name and address of the MEWA or ECE
Clark County Association Health Plan
400 North Green Valley Parkway 2nd Floor
Henderson, NV 89074

1b Telephone number of the MEWA or ECE

1c Employer Identification Number (EIN)

1d Plan Number (PN)

2a Name and address of the administrator of the MEWA or ECE
Clark County Health Plan Association Committee
400 North Green Valley Parkway 2nd Floor
Henderson, NV 89074

2b Telephone number of the administrator

2c EIN

2d E-mail address of the administrator

3a Name and address of the entity or entities sponsoring the MEWA or ECE
Henderson, Nevada Chamber of Commerce, Inc.
400 North Green Valley Parkway 2nd Floor
Henderson, NV 89074

3b Telephone number of the sponsor

3c EIN

4a Name and address of the agent for service of process or registered agent
Scott Muelrath
400 N. Green Valley Pkwy., 2nd Floor
Henderson, NV 89074

4b Telephone number of such person

4c E-mail address of such person

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE
TERESSA CONLEY
3001 St. Rose Pkwy.
Henderson, NV 89052

5b Telephone number of each such person

5c E-mail address of such person

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE
JOHN RAMOUS
3111 S. Valley View #K-101
Las Vegas, NV 89102

5b Telephone number of each such person

5c E-mail address of such person

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE
BOB ANDERSON
3883 Howard Hughes Parkway Suite 1100
Las Vegas, NV 89169

5b Telephone number of each such person

5c E-mail address of such person

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE
CRAIG KIRKLAND
750 E. Warm Springs Rd., Ste. 390
Las Vegas, NV 89119

5b Telephone number of each such person

5c E-mail address of such person

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE
DR. JOHN HAWK
233 N. Stephanie St
Henderson, NV 89074

5b Telephone number of each such person

5c E-mail address of such person

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE
DEBRA MARCH
240 Water St.

Henderson, NV 89015

5b Telephone number of each such person (702) 267-2404

5c E-mail address of such person

debra.march@cityofhenderson.com

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

STAN OLSEN

10 Penn Cross Court

Henderson, NV 89052

5b Telephone number of each such person (702) 300-7454

5c E-mail address of such person

stan099@gmail.com

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

TRISH NASH

2270 Corporate Circle # 110

Henderson, NV 89074

5b Telephone number of each such person (702) 331-3948

5c E-mail address of such person

trish@trishnash.com

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

DAVE BEASON

38 Navy St

Henderson, NV 89015

5b Telephone number of each such person (702) 564-6655

5c E-mail address of such person

dave@themufflershop.com

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

DR. RENE COFFMAN

11 Sunset Way

Henderson, NV 89014

5b Telephone number of each such person (702) 968-2017

5c E-mail address of such person

rcoffman@roseman.edu

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

AVIVA GORDON

6655 S Cimarron, Suite 200

Las Vegas, NV 89113

5b Telephone number of each such person (702) 527-5557

5c E-mail address of such person

agordon@gordonlawlv.com

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

WINDOM KIMSEY

314 South Water Street

Henderson, NV 89015

5b Telephone number of each such person (702) 456-3000

5c E-mail address of such person

wkimsey@tska.com

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

BART PATTERSON

1125 Nevada State Drive

Henderson, NV 89002

5b Telephone number of each such person (702) 992-2354

5c E-mail address of such person

bart.patterson@nsc.edu

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

STEVE SISOLAK

500 Grand Central Parkway

Las Vegas, NV 89106

5b Telephone number of each such person (702) 275-2498

5c E-mail address of such person

sisolak@aol.com

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

JADY WEST

1700 Vegas Drive

Las Vegas, NV 89106

5b Telephone number of each such person (702) 545-1818

5c E-mail address of such person

Jady.west@cox.com

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

ROSIE BONE

1220 Harbor Bay Pkwy.

Alameda, CA 94502

5b Telephone number of each such person (510) 864-5000

5c E-mail address of such person

rbone@raiders.com

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

ROBBY FINDLAY

7733 Eastgate Rd.

Henderson, NV 89011

5b Telephone number of each such person (702) 566-2573

5c E-mail address of such person

Robby@Findlayauto.com

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

MARY BETH HARTLEB

701 N. Green Valley Pkwy., Ste. 200

Henderson, NV 89074

5b Telephone number of each such person (702) 990-3344

5c E-mail address of such person

mbh@prismgmg.com

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

DR. CAROLYN MATZINGER

3031 W. Horizon Ridge Parkway #120

Henderson, NV 89052

5b Telephone number of each such person (702) 778-6100

5c E-mail address of such person

md@mh.vegas

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

ROB TILLMAN

501 Executive Airport Drive

Henderson, NV 89052

5b Telephone number of each such person (702) 269-8889

5c E-mail address of such person

rtillman@levi.com

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

CODY WINTERTON

P.O. Box 91990

Henderson, NV 89009

5b Telephone number of each such person (702) 568-8965

5c E-mail address of such person

cwinterton@raintree.us.com

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

LESTER ROMERO

3800 Howard Hughes Pkwy 3rd fl

Las Vegas, NV 89169

5b Telephone number of each such person (702) 791-6596

5c E-mail address of such person

lester.p.romero@wellsfargo.com

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

Scott Muelrath

400 N. Green Valley Pkwy., 2nd Floor

Henderson, NV 89074

5b Telephone number of each such person (702) 565-8951

5c E-mail address of such person

smuelrath@hendersonchamber.com

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

Peter Guzman

300 North 13th St.

Las Vegas, NV 89101

5b Telephone number of each such person (702) 385-7367

5c E-mail address of such person

guzmanpeter@hotmail.com

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

Health Plan of Nevada, Inc. (HPN)

PO Box 15645

Las Vegas, NV 89117

6b Telephone number of each promoter or agent (702) 242-7732

6c E-mail address of such person

Regulatory.finance@uhc.com

6d EIN of each promoter or agent 88-0201035

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

Sierra Health & Life, Inc. (SHL)

PO Box 15645

Las Vegas, NV 89117

6b Telephone number of each promoter or agent (702) 242-7732

6c E-mail address of such person

Regulatory.finance@uhc.com

6d EIN of each promoter or agent 94-0734870

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

Henderson Nevada Chamber of Commerce

400 N. Green Valley Pkwy., 2nd Floor

Henderson, NV 89074

6b Telephone number of each promoter or agent (702) 565-8951

6c E-mail address of such person

smuelrath@hendersonchamber.com

6d EIN of each promoter or agent 88-0071419

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

Imagine Marketing

3037 E Warm Springs Rd.

Las Vegas, NV 89120

6b Telephone number of each promoter or agent (702) 837-8996

6c E-mail address of such person

araffi@mac.com

6d EIN of each promoter or agent 88-0500545

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

None Fully Insured

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

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

None Fully Insured

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, Inc. (HPN)

PO Box 15645

Las Vegas, NV 89117

9b Telephone number of each TPA (702) 242-7732

9c E-mail address of each TPA

Regulatory.finance@uhc.com

9d EIN of each TPA 88-0201035

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)

Sierra Health & Life, Inc. (SHL)

PO Box 15645

Las Vegas, NV 89117

9b Telephone number of each TPA (702) 242-7732

9c E-mail address of each TPA

Regulatory.finance@uhc.com

9d EIN of each TPA 94-0734870

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

Health Plan of Nevada, Inc. (HPN)

PO Box 15645

Las Vegas, NV 89117

10b Telephone number of each such person or entity (702) 242-7732

10c E-mail address of such person or entity

Regulatory.finance@uhc.com

10d EIN of each such person or entity 88-0201035

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

Sierra Health & Life, Inc. (SHL)

PO Box 15645

Las Vegas, NV 89117

10b Telephone number of each such person or entity (702) 242-7732

10c E-mail address of such person or entity

Regulatory.finance@uhc.com

10d EIN of each such person or entity 94-0734870

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

Scott Muelrath

400 N. Green Valley Pkwy., 2nd Floor

Henderson, NV 89074

11b Telephone number of each such person or entity (702) 565-8951

11c E-mail address of such person or entity

smuelrath@hendersonchamber.com

11d EIN of each such person or entity 88-0071419

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

Jill Lagan

465 Nevada Way

Boulder City, NV 89005

11b Telephone number of each such person or entity (702) 293-2034

11c E-mail address of such person or entity

jill@bouldercitychamber.com

11d EIN of each such person or entity 88-0025014

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

Peter Guzman

300 North 13th Street

Las Vegas, NV 89101

11b Telephone number of each such person or entity (702) 385-7367

11c E-mail address of such person or entity

guzmanpeter@hotmail.com

11d EIN of each such person or entity 88-0142780

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

Dr. John Hawk

233 N. Stephanie St.

Henderson, NH 89074

11b Telephone number of each such person or entity (702) 332-2593

11c E-mail address of such person or entity

jhawk@earlycollegenv.com

11d EIN of each such person or entity 20-0320335

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

Trish Nash

2270 Corporate Circle, #110

Henderson, NV 89074

11b Telephone number of each such person or entity (702) 331-3948

11c E-mail address of such person or entity

trish@trishnash.com

11d EIN of each such person or entity 80-0814077

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

Ken Evans

1951 Stella Lake Street, Suite 26

Las Vegas, NV 89106

11b Telephone number of each such person or entity (702) 648-6222

11c E-mail address of such person or entity

kevans@urbanchamber.org

11d EIN of each such person or entity 94-2825552

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

None

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**

Travelers
14b Are the fiduciaries of each of the plans whose participants are receiving benefits from the entity covered by a fiduciary liability policy? **No**

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.

Relying on DOL Technical release 92-01, the plan sponsor does not believe a trust is required for the plan. Employer members must have a section 125 premium payment plan and are required to forward participant contributions directly to

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	None	Scott Muelrath	No		Yes	HPN# 96342 SHL #71420	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

[MEWA CCAHP Filing 8.2.18.pdf](#)

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: