



**APPLICATION FOR CERTIFICATE OF AUTHORITY  
PREPAID HEALTH CLINIC**

This packet is designed to assist individuals in preparing the application in accordance with Florida Statutes and Rules and to facilitate expeditious processing of the application by the Florida Office of Insurance Regulation ("Office").

Please submit all documents required by this packet in searchable PDF format unless otherwise indicated or required by Florida Statutes.

If this packet requires submission of forms or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <https://www.floir.com/iportal> and select "Insurance Regulation Filing System (IRFS)" to begin the submission of forms and/or rates.

In order for a submission to be considered a complete application, all required information must be included in the filing, including the completed application checklist.

The completed application packet must be submitted to the Office by selecting Company Admissions – iApply Login at the following link:

**<https://www.floir.com/iportal>**

Any questions concerning this application packet or iApply for Life and Health applicants may be directed to [lhappcoord@floir.com](mailto:lhappcoord@floir.com).

**APPLICATION FOR CERTIFICATE OF AUTHORITY PREPAID HEALTH CLINIC**

**Statutory Authority**

S. 641.405(1)

Pursuant to Chapter 641, Part III, Florida Statutes, application is hereby made to operate a Prepaid Health Clinic.

Proposed name of Prepaid Health Clinic ("PHC"):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FEIN: \_\_\_\_\_

How long has the PHC been in operation? (specify beginning date): \_\_\_\_\_

Please be specific in your answers and provide supporting documentation for each item. The items are as follows:

**OIR-C1-483**

**Effective: 01/25**

**Rule: 690-136.100, F.A.C.**

# APPLICATION FOR CERTIFICATE OF AUTHORITY PREPAID HEALTH CLINIC

## ORGANIZATIONAL

### Statutory Authority

1. S. 641.405(2)(f) Enclose a copy of the Health Care Provider Certificate, as issued by the Agency for Health Care Administration or evidence that application has been made for a Health Care Provider Certificate.
2. S. 641.412(1)(a) Non-refundable Application filing fee of \$150.
3. S. 641.405(2)(a) A copy of the PHC's basic organizational documents including Articles of Incorporation, Articles of Association, Partnership Agreement(s), Trust Agreement, or other applicable documents and all amendments thereto.
4. S. 641.405(2)(a) If the proposed PHC is already incorporated, a copy of the Certificate of Incorporation as filed with the Secretary of State.
5. S. 641.405(2)(b) A copy of the proposed PHC's Bylaws, Rules or Regulations, or similar form of document.
6. S. 641.405(2)(c) A list of names, addresses, and official capacities of all persons who are to be responsible for the conduct of the PHC's affairs including officers and directors, trustees, partners, and associates. Use Management Information Form OIR-C1-2221.
7. S. 641.406(7) A list of the owners of the PHC, including the number of shares of stock or ownership interest of each person.
8. S. 641.406(7) Complete biographical information, to be submitted Uniform Certificate of Authority Application (UCAA) Biographical Affidavit, Form OIR-C1-1423, on all persons controlling 10% or more of the ownership interest of the PHC, and all officers, directors, trustees, partners, or associates of the Prepaid Health Clinic.

All questions must be answered. All "Yes" answers must be explained. Each Biographical Affidavit must be signed and notarized.

The affiant's social security number must be submitted to the Office. Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office to ensure that the owners,

**OIR-C1-483**

**Effective: 01/25**

**Rule: 69O-136.100, F.A.C.**

# APPLICATION FOR CERTIFICATE OF AUTHORITY PREPAID HEALTH CLINIC

management, officers, and directors of any entity regulated by the Office are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year or more.

However, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to Form OIR-C1-1423 that is also included in this packet.

9. S. 641.405(2)(c) Copies of all contracts, past or current, between the PHC and any person listed in item "6", or with any entity of which any of these persons is an officer, director, partner, trustee, or associate, in which he or any member of his family owns 10% or more of stock or other financial interest including any possible conflicts of interest.
10. S. 641.406(7) Documentary evidence that the governing body of the PHC has designated a qualified administrator to manage the PHC's operations. This should include a resume of the administrator.

## CONTRACTUAL

11. S. 641.405(2)(e) One copy of every contract, rider, endorsement, certificate, application, or other form the PHC proposes to offer to its subscribers. Follow the list of requirements for individual and group contracts enclosed in this application kit, as well as the requirements in the law concerning the definition of basic services and for PHC contracts. Every subscriber contract must be identified by a unique form number located on the lower left corner of each page of the contract.
12. S. 641.427 A list of the reasons for which the PHC can terminate a subscriber's contract and the reasons for which the subscriber can terminate his or her contract.

**OIR-C1-483**

**Effective: 01/25**

**Rule: 690-136.100, F.A.C.**

## APPLICATION FOR CERTIFICATE OF AUTHORITY PREPAID HEALTH CLINIC

13. S. 641.405(2)(e) A table of rates proposed to be charged for each form of subscriber contract.
14. S. 641.42(5) A complete description of the procedure established for handling subscriber grievances.

### MARKETING

15. S. 641.405(2)(d) A statement generally describing the clinic and its operations.
16. S. 641.441 A copy of all advertising to be used or currently in use. This includes print advertising and scripts for TV or radio advertising.
17. S. 641.406(4) A complete explanation of the manner in which the PHC will merchandise subscriber contracts.
18. S. 641.405(2)(c) A list of the names and addresses of all sales representatives.

### FINANCIAL

19. S. 641.406(6) Executed copies of the insurance policies covering general liability and medical malpractice insurance for the PHC.
20. S. 641.406(6) An executed copy of the PHC's fidelity bond covering employee dishonesty.
21. S. 641.406(6) If the PHC has secured catastrophic or back-up insurance coverage (reinsurance for the excess loss coverage), you are required to submit executed copies of the policy or policies.
22. S. 641.405(2)(g) A current financial statement, including all assets and liabilities of the PHC, also contingent liabilities, unpaid obligations, and actions or suits pending against or anticipated, prepared on the basis of generally accepted accounting principles
23. S. 641.407 A statement of the proposed initial working capital reserves of the PHC.
24. S. 641.405(2)(g) If your group is already operating as a clinic, provide a profit and loss statement and balance sheet.

**OIR-C1-483**

**Effective: 01/25**

**Rule: 69O-136.100, F.A.C.**

## APPLICATION FOR CERTIFICATE OF AUTHORITY PREPAID HEALTH CLINIC

25. S. 641.405(2)(g) If your group has not been operating as a PHC, a pro-forma (projected) operating statement for the first year and a projected balance sheet (statement of financial position) at the end of the first year
26. S. 641.406(3) The method in which the PHC shall comply with the minimum surplus requirement of Section 641.407, Florida Statutes.
27. S. 641.405(2)(g) A cash flow analysis of the PHC for the period until the PHC shows three months of profitability. (If the PHC is already profitable, provide one year analysis).
28. S. 641.409(1)(a)  
S. 641.409(1)(b)  
S. 641.409(3) The method in which the PHC shall comply with the minimum surplus requirement of Section 641.409, Florida Statutes. All PHCs must make a deposit with the Office of Insurance Regulation in the amount of \$30,000. Also, PHCs must purchase insurance or a surety bond in the amount acceptable to the Office, which shall cover the subscribers in the event of insolvency of the PHC.
29. S. 641.406(2) An actuarial analysis of the rates of the PHC, showing that the proposed rates are actuarially sound for the benefits provided, including administrative costs.
30. S. 641.43 Written contracts identifying each physician or physician group that will be providing service to PHC subscribers. Such contracts must include the hold-harmless clause for subscribers which is required by Section 641.43, Florida Statutes.

**OIR-C1-483**

**Effective: 01/25**

**Rule: 69O-136.100, F.A.C.**

**APPLICATION FOR CERTIFICATE OF AUTHORITY PREPAID HEALTH CLINIC**

**APPLICATION CERTIFICATION**

**The below certification must be executed by two officers of Applicant, one of whom must be the President or Chief Financial Officer, and the other the Secretary\*.**

The undersigned state that they are officers having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of \_\_\_\_\_ (“Applicant”) to seek a Certificate of Authority as a Prepaid Health Clinic; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this application; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further represent that they have the authority to bind the Applicant, and that by their signatures on the instrument the Applicant has executed the instrument.

The undersigned understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\*Other officers will be accepted only if the applicant does not have these positions.

**OIR-C1-483**

**Effective: 01/25**

**Rule: 69O-136.100, F.A.C.**