

**DEPARTMENT OF BANKING AND
INSURANCE REQUIREMENTS TO
SURRENDER HMO CERTIFICATE OF
AUTHORITY
(ASSUMES “ZERO” ENROLLMENT)**

1. A formal written request to surrender the Certificate of Authority (COA) including a description of the HMOs origin and structure, parent/owner and affiliates, synopsis of current activities for each and what has lead to the request to surrender.
2. A completed Application cover sheet (attached).
3. Copy of the Board of Director’s approval of the resolution requesting the surrender of the Certificate of Authority.
4. Copies of documentation attesting to Shareholder approval of the Board of Directors approval.
5. An up to date list of the persons who are to be responsible for the conduct of the affairs of the HMO throughout the surrender process, including names, addresses, official positions and biographical affidavits if not already provided.
6. Copy of fully executed in-force policy for insolvency coverage, or other arrangements as required by N.J.A.C. 11:24-11.5(b).
7. Copy of notice to CMS if applicable and any responses received thereto.
8. Certifications by an Officer of the HMO and Actuary attesting that to the best of his/her knowledge, there are no outstanding claim liabilities of any kind or that future claim and non-claim liabilities (e.g. assessments), have been assumed by the Guarantor or another entity acceptable to the Commissioner or; a Certification from the Guarantor of the HMO, if any, assuming responsibility for all outstanding claim and non-claim liabilities of the HMO whether known or unknown.
9. A description of any outstanding litigation against the HMO.
10. The HMO shall cause a legal notice of its intent to surrender its COA, to be published four weeks consecutively, at least once a week, in a newspaper published in the county where incorporated or if not incorporated in New Jersey, then Mercer County. The notice shall include a phone number and address to which interested parties may address questions, concerns or any claims concerning the surrender. After publication, the HMO shall file with the Department the Affidavit of publication stating that the notice has been so published, signed by the President and the Corporate Secretary.

**HEALTH MAINTENANCE ORGANIZATION
APPLICATION TO SURRENDER A
CERTIFICATE OF AUTHORITY (COA)
ASSUMES “ZERO” ENROLLMENT**

Cover Sheet

Name of HMO: _____

NAIC Number: _____ **3. FEIN Number:** _____

Address: _____

Chief Executive Officer: _____

Telephone Number: _____ **Fax Number:** _____

Email Address: _____

Application Administrative Contact:

Telephone Number: _____ **Fax Number:** _____

Email Address: _____

I Certify that all information and statements made in this application are true, complete and current to the best of my knowledge and belief.

President /CEO or other responsible Senior Officer original signature

Date

Signator's Title

President /CEO or other responsible Senior Officer Printed Name