

Funds Handling Checklist

The checklist is to determine the funds handling capacity of the applicant. Please check the appropriate boxes which apply to all accounts handled by the company. (More than one space may be checked per category). Each category must include at least one response.

I. Premium Collections

- A Premiums are paid directly to a bank or trust account over which applicant does not have check signature authority. Applies
- B Premiums are paid to applicant's business entity wherein applicant deposits in a bank account in which he is designated to have final check signature authority. Applies
- C Premium checks are made payable to applicant. Applies
- D Premium checks are made payable to applicant's MEWA/Self-Insurer/Insurer. Applies
- E Other (Explain): Applies

II. Claims

- A Applicant has check signature authority. However, applicant needs counter signature of MEWA/Self-Insurer/Insurer/Commercial Self-Insurance Fund official for final payment. Applies
- B Applicant has final authority to make payment of claims or other disbursement of funds from any bank account on behalf of the MEWA/Self-Insurer/Insurer. Applies
- C Applicant has draft signature requiring, payment approval from MEWA/Self-Insurer/Insurer official. Applies
- D Applicant has no draft or check authority on any account handled. Applies
- E Other (Explain): Applies

III. Payment for Services

- A Applicant deducts commission or fee from premiums collected. Applies
- B Applicant has authority to deduct its commission or fee from bank or trust account. Applies
- C Applicant receives payment for services directly from MEWA/Self-Insurer/Insurer. Applies
- D Other (Explain): Applies

APPLICATION ATTESTATION REQUIREMENTS:

For sole proprietorships, the application must be sworn by the sole proprietor; for partnerships, the application must be sworn by the principal partners; for corporations, the application must be sworn by the president and secretary or by all officers and directors.

FOLLOWING ATTESTATION SHALL BE USED:

I do solemnly swear or affirm that I am familiar with the Laws of Georgia relating, to Administrators; that all the foregoing information and documentary evidence submitted is true, complete and correct to the best of my knowledge and belief.

Company: _____ Print Title: _____

Signature: _____

Print Name: _____



Sworn to and Subscribed before Me
this _____ day of _____

(Notary Public)