



Office of Commissioner of Insurance and Safety Fire

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JOHN F. KING
*Commissioner of Insurance
and Safety Fire*

Two Martin Luther King Jr. Drive
West Tower, Suite 702
Atlanta, Georgia 30334

TO: Health Plan Purchasing Cooperatives

RE: Licensing and Annual Instructions

As requested, please find enclosed instructions for obtaining a HPPC certificate of authority within the State of Georgia. All forms must be satisfactory completed and a check submitted for \$600.00 made payable to the Office of Commissioner of Insurance before the application will be deemed complete. Please review Georgia Insurance Regulation 120-2-79.

<http://rules.sos.ga.gov/gac/120-2-79>

The complete application must be submitted to:

Georgia Department of Insurance
P.O. Box 935138
Atlanta, GA 31193-5138

1. Filing fee \$600, plus \$5 processing fee
2. Application for License as a Health Plan Purchasing Cooperative **GID-80-NT**
3. Biographical Statement and Affidavit Form **GID-52-NT**
4. Authority for Release of Information Form **GID-53-NT**
5. Consent and Agreement regarding Service of Process under the Laws of Georgia **GID-58-NT**
6. Resolution Form **GID-55-NT**
7. Bond Form **GID-57-NT**. Please also note, policy must be in continuous form and for at least one year. Cancellation or termination of the policy is not effective except upon sixty (60) days written notice by registered or certified mail to the other party to the policy and to the Commissioner and the policy must be automatically renewable at the expiration of the policy period except upon sixty (60) days written notice by registered or certified mail by the party not renewing the policy to the other party to the policy and to the Commissioner (Attn: Regulatory Services Division).
8. All basic organizational documents of the health plan purchasing cooperative including certificate of existence, the articles of incorporation, and other applicable documents, and all amendments to those documents;
9. The bylaws, rules and regulations, statements of policy or similar documents regulating the conduct or the internal affairs of the health plan purchasing cooperative;
10. The names, addresses, official positions, and professional qualifications of the individuals who are responsible for the conduct of the affairs of the health plan purchasing cooperative, including all members of the board of directors, board of trustees, executive committee, or other governing board or

committee, the principal officers of the corporation, the membership of any advisory group or groups, and any other person who exercises control or influence over the affairs of the health plan purchasing cooperative;

11. Audited annual statements or reports for each of the three most recent years, compiled by a certified public accountant, in order to review the current financial condition of the applicant which ultimately reflects a minimum net worth amount of \$200,000;

12. If the applicant is not currently acting as a health plan purchasing cooperative, a statement of the amounts and sources of the funds available for organizational expenses and the proposed arrangements for reimbursement and compensation of incorporators or other principals;

13. A business plan detailing the operation of the health plan purchasing cooperative in Georgia that includes the applicant's method(s) of solicitation, names of insurers and insurance products offered through the cooperative and the geographic area(s) the health plan purchasing cooperative is intending to serve;

14. Copies of all agreements between the health plan purchasing cooperative and the carrier(s) as stipulated by O.C.G.A. § [33-30A-4\(f\)](#) as well as any administrator agreement(s) and/or agent agreement(s) used in the operations of the applicant.

Please submit in the order listed above. Failure to do so will cause a delay in the processing of your application request.