



**STATE OF MISSISSIPPI
OFFICE OF THE STATE AUDITOR
SHAD WHITE**

**APPLICATION FOR APPROVAL OF THE DEPARTMENT'S PROVIDERS
LIST OF SECTION 125 CAFETERIA PLANS FOR MISSISSIPPI
GOVERNMENTAL ENTITIES AND SUBDIVISIONS AS REQUIRED IN
SECTIONS 25-17-1 THROUGH 25-17-9, MISSISSIPPI CODE 1972**

Name of Provider:
Mississippi Physical Address:
Mississippi Mail Address:

The Provider must maintain an office in this state with sufficient staff and equipment to render contracted services. The Provider hereby certifies that it is qualified as 1) a Mississippi Business Corporation and has attached with this application proof of a \$100,000 Comprehensive Dishonesty, Destruction and Disappearance Bond if escrow accounts of employee or employer's monies are established for reimbursement purposes, or 2) a licensed insurance company with a Mississippi office. Said approval to operate as an eligible Provider for state governmental or political subdivision cafeteria plans is automatically revoked by the Mississippi State Department of Audit if the Provider cannot continually meet all qualifications set forth in Sections 25-17-1 through 25-17-9 of the Mississippi Code of 1972 Annotated and all Department regulations.

The Provider listed above certifies that the Model Plan Document given to the employer complies with all federal and state laws, rules and regulations in existence at the date the Plan document is given to the employer.

Date

Signature of Authorized Representative

Contact Telephone Number

Title of Authorized Representative