

**UTAH ACCIDENT & HEALTH INSURANCE
FILING CERTIFICATION**

INSURER NAME _____ **NAIC#** _____

The insurer is responsible for submitting a filing that is compliant with Utah law as outlined in Utah Code § 31A-21-201(2) and Utah Admin. Code R590-220-5(2).

FILING STANDARDS: (initial the following, if applicable; otherwise mark "N/A" if not applicable)

- _____ This is a new filing replacing a previously rejected, withdrawn, or prohibited filing. R590-220-6(4), R590-220-17
- _____ All applicable content standards have been reviewed and this filing is compliant. Content standards are available at <https://insurance.utah.gov/licensee/rate-form/accident-health/ah-content-standards>
- _____ The filing is compliant with all submission requirements. R590-220-6

FORM FILING: (initial the following if included in a form; otherwise mark N/A if not applicable)

Application

_____ Application or informational copy included. R590-220-7(2)

Cancellation, Renewability, Termination

- _____ A group contract requires the policyholder to give each member written notice 30 days before termination. 31A-22-716
- _____ Renewal and non-renewal. R590-126-6(2), R590-146-17.A(1), R590-148-6(1), R590-277-6(1), R590-285-7(1), R590-286-5(1)
- _____ Termination or discontinuance of a plan. 31A-4-115, 31A-22-618.6(5), 31A-22-618.7(3), 31A-22-727, R590-126-5(3)

Claim Practices

- _____ Proof of loss: Failure to file a claim does not invalidate a claim if filed as soon as reasonably possible. 31A-21-312
- _____ Grievance and appeal procedures, including independent review. 31A-22-629, R590-192-8, R590-203, R590-261

Dependent Coverage

- _____ Court or administrative-ordered coverage. 31A-22-610.5
- _____ Dependent coverage up to age 26 regardless of residency, student status, or financial support. 31A-22-610.5
- _____ Disabled dependent coverage, including terminology and eligibility. 31A-22-611
- _____ Newborn & adopted dependent coverage from the moment of birth or date of placement. 31A-22-610

Disclosure of Insurer & Domicile

_____ Exact name of the insurer and the state of domicile. 31A-21-301

Limitations or Exclusions

_____ Must be equitable and in the public's interest. 31A-21-201(3), R590-126-4(4), R590-277-4(2), R590-286-4(2)

Grace Period

_____ A policy must include a grace period. 31A-22-607

Preexisting Limitation

_____ Provision, limitations and disclosure. 31A-22-605.1, 31A-22-620(3), 31A-22-1406, R590-126

Premium Change

_____ At renewal or endorsement. 31A-21-106(4), 31A-21-302, 31A-22-607(4), R590-126-5(14), R590-146-17.B, R590-277-5(5)

Provider Discrimination

_____ May not be more restrictive than licensed and operating within their license. 31A-22-618, 31A-45-303

Underline and Strikethrough

_____ Included on the Form Schedule tab with the form. R590-220-6(4)(i), R590-220-17

Variable Data

_____ Explained and certified. R590-220-6(4)(f)

RATE FILING: (initial the following, if applicable; otherwise mark N/A if not applicable)

_____ Rate/Rule Schedule fully and accurately completed.

All Rate Filings Other than a Health Benefit Plan, Long-Term Care, Limited Long-Term Care, or Stop-loss

_____ All information and requirements, including Utah experience. R590-85

Long-Term Care or Limited Long-Term Care

_____ All information and requirements. R590-148-24, R590-285-15

Stop-loss

_____ Small employer rating requirements. R590-268-7

REPORT FILING: (initial the following, if applicable; otherwise mark N/A if not applicable)

_____ Health Benefit Plan Actuarial Certification. 31A-30-106, 106.1, R590-167-11

_____ Long-Term Care or Limited Long-Term Care. R590-148-25, R590-220-13, R590-285-14

_____ Annual Medicare Supplement or Grievance. R590-146, R590-220-11

_____ Provider Network or Medicare Select Network. 31A-45-304, R590-146-10.F(2), R590-220-14

_____ Defrayal of State-Required Benefits. 31A-30-118, R590-283

_____ Stop-Loss Memorandum and Certification. 31A-43-302(2)

CERTIFICATION:

I hereby certify that the above items in this filing are compliant with Utah law. A filing may be rejected if an incomplete or false certification is submitted. A false certification is subject to administrative action under § 31A-2-308.

Print Name _____ Title _____

Original or Digital Signature _____ Date _____