

**UTAH LIFE & ANNUITY REQUEST FOR
DISCRETIONARY GROUP AUTHORIZATION**

INSURER NAME: _____ NAIC#: _____

- Complete a separate questionnaire for each group

The following request is for authorization of a group under Utah Code § 31A-22-509. A discretionary group authorization is required prior to submitting any rate and form filing. Complete all sections in detail. An incomplete questionnaire may result in a rejected filing.

1. GROUP INFORMATION:

Group name: _____
Policyholder name: _____ Date formed: ____/____/____ Situs: _____
Purpose of group: _____
Commonality or shared purpose: _____
Qualifications for membership: _____
Attests the group is actuarially sound (initial) _____ Attests benefits are reasonable in relation to the premiums: (initial) _____
Is the group composed of other groups or other unrelated persons: Yes _____ No _____
List and explain all other groups and/or unrelated persons: _____

2. TRUST INFORMATION:

Is a trust involved? Yes _____ No _____ Date formed: ____/____/____ Trustee name: _____
Purpose of the trust: _____
Name and purpose of any other entity involved: _____

3. CONTRACTS PROVISIONS:

Who designates the beneficiary: _____
Life Insurance: Are premiums contributory: Yes _____ No _____ Other/Explain: _____
Annuity Contracts: Are funds allocated or unallocated: _____ Who owns the funds: _____

4. BILLING, COLLECTION & PAYMENT OF PREMIUMS (Mark all that apply):

____ Payroll deduction _____ Trust administrator collects premiums and forwards to insurer
____ Billed individually _____ Automatic charges to a credit card or open charge account
____ Deductions from a depository account
____ Paid by the policyholder from its own funds or funds contributed by insureds and forwarded to insurer
____ Other: _____

5. MARKETING:

Type of insurance product(s) to be marketed: _____
Who will market this product: _____
Where do the leads for marketing or enrolling group members originate: _____
Describe the marketing and enrolling process: _____
Who performs the marketing or enrolling of the group:
____ Employees of the insurer _____ Enrolled by policyholder (the individual is a member of the group)
____ Mass solicitation (i.e. direct mail, internet) _____ Solicited individually by producers licensed in Utah
____ Other: _____

6. REQUIRED DOCUMENTS TO BE SUBMITTED (Initial if provided, otherwise mark N/A):

____ Articles of incorporation, trust agreement, bylaws, and associated documents
____ If out-of-state policyholder, situs approval of the group
____ Marketing and advertising material to solicit coverage
____ Material to describe and verify the group
____ Other: _____

7. I HEREBY CERTIFY: Initial each item. A false certification is subject to administrative action under § 31A-2-308.

____ Formation of the group results in economies of scale in administrative, marketing, and brokerage costs.
____ The group is formed and maintained for purposes other than insurance.
____ The group does not present hazards of adverse selection.
____ Marketing is limited to the group identified herein.
____ The commissioner may periodically reevaluate the group's authorization.
____ The filing is compliant with all applicable provisions of Utah law.

Print Name _____ Title _____

Original or Digital Signature _____ Date _____