UTAH CREDIT LIFE INSURANCE AND CREDIT ACCIDENT & HEALTH INSURANCE FILING CERTIFICATION

(Complete and return this form with each filing)

INSURER NAME______ TYPE OF INSURANCE

INSURER NAIC#___ FORM NUMBER

References are from the Utah Insurance Code (U.C.A.) and the Utah Administrative Code (U.A.C.)

(Initial the following items)
 Nothing in this filing has had any objections or been prohibited in previous filings. U.C.A. §31A-21-201(2).
 CONTENT STANDARDS applicable to this filing have been reviewed and the filing is in compliance with the applicable Content Standard. https://insurance.utah.gov/agent/rate/form-life-annuity/life-content-standards.php

FORM CONTENT

Identify the PAGE NUMBER where the provision is located in the form or mark N/A if the item does not apply to the form.

- ____ <u>Application or Enrollment Form</u> does not contain vague health questions. U.C.A. §31A-21-201(3).
- <u>Claim Payment and Processing</u> provides for prompt claim processing within 15 days of receipt of proof of loss. U.A.C. R590-191.
- _____ Delivery of Certificate within 30 days after the date when indebtedness is incurred. U.C.A. §31A-22-806(3).
- _____ Grace Period of not less than 31 days during which the coverage continues in force. U.C.A. §31A-22-513.
- _____ Incontestability. Coverage is incontestable after two years; no exception for fraud. U.C.A. §31A-22-514.
- <u>Master Application, Debtor Enrollment form or application, and Notice of Proposed Insurance</u> list and describe coverages, premiums, exclusions, and refund methods. U.C.A. §31A-22-806(2).
- Proof of Loss. Failure to file within a specified time does not invalidate a claim if the claim was filed as soon as reasonably possible. U.C.A. §31A-21-312.
- _____ Suicide limitation is not longer than one year; provides for a return of premiums; and may NOT be reinstated. R590-91-6.B.
- _____ Termination Notice to Insureds. Group contract obligates policyholder to give 30 days prior written notice. U.C.A. §31A-22-522.
- ____ Credit Life Insurance:
 - Pre-existing exclusion is restricted to open-end loans when no evidence of insurability is required. U.A.C. R590-91-6.B.(1) & (4).
 - Credit Accident & Health Insurance
 - _____ Definition of disability complies. U.A.C. R590-91-7.B.(6).

RATES and REFUNDS

- COMPANY HAS a rating schedule on file in compliance with U.A.C. R590-91-10.

 Rates for ALL coverages are in the filing.

 Rates submitted are the same as rates on file. U.A.C. R590-91-10.

 Rates submitted are actuarially equivalent to rates on file. U.A.C. R590-91-10.

 Rates submitted are deviated rates. Rates comply with U.C.A. §31A-22-807, U.A.C. R590-91-6, 7 and 10.

 COMPANY DOES NOT HAVE a rating schedule on file.

 Rates for ALL coverages are in the filing.

 Rates submitted are prima facie rates. U.A.C. R590-91-6, 7 and 10.

 Rates submitted are deviated rates. Rates are in compliance. U.C.A. §31A-22-807, R590-91-6, 7 and 10)

 Credit Accident and Health Insurance on Open End Loans.

 Rates submitted are in compliance with U.A.C. R590-91-7.A.(7). See Bulletin 2002-02.
 - REFUND FORMULAS for all coverages are in the filing and are in compliance. U.C.A. §31A-22-808 and U.A.C. R590-91-8

(Continue to next page)

Page 2 Rate Schedule - All Coverages

Credit Life Coverage (Indicate coverage and rates)

% of Prima Facie Rates

Method of premium charge (check one) Covered lives (choose one) Coverage type (choose one)		Single Single Decrea			MOB Joint lives Level	(Factor _	%)
Premium Rate (choose one)		per \$10 per \$100 of initia per \$1000 of mo per \$1000 of mo	al gross indeb onthly outstand	ding net baland	ce		
Benefit (choose one)		outstanding net outstanding gros other (describe)	ss balance				
Closed-End? (check one)		YES NO	Term Term	months months			
Full Term? (check one)		YES NO (Truncated)	Term Term	months months			
Limitations (list all)							
Credit Accident & Health Coverage (Indicate cover	0	ates) rima Facie Rates					

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Method of premium charge (check one) Covered lives (choose one)		Single Premium _ Single life _	MOB Joint lives (Factor	_%)
Premium Rate (choose one)	per \$100 per \$100	0 of initial net indebtedness 0 of initial gross indebtedness 00 of monthly outstanding ne 00 of monthly outstanding gro	t balance	
Benefit (choose one)	outstand % of init % of init % of of init % of out % of out % of out	ding net balance ding gross balance iial net indebtedness iial gross indebtedness tstanding net balance on the tstanding gross balance on th escribe)	ne day of disability	
Retroactive coverage? (check one)	YES NO	Number of days _ Number of days _		
Closed-End? (check one)	YES NO	Term mo Term mo		
Monthly Number Critical	payment of payments period	Explain Explain Explain Explain		

I CERTIFY THAT ALL ITEMS ON PAGES 1 AND 2 HAVE BEEN REVIEWED, RESPONSES ARE CORRECT, AND THE FILING COMPLIES WITH UTAH LAWS AND RULES.

Print Name	Title
Original Signature	Date

If you have any questions, contact the Life Insurance Division at (801) 538-3066