

**UTAH ACCIDENT & HEALTH INSURANCE**  
**BONA FIDE EMPLOYER ASSOCIATION GROUP QUESTIONNAIRE**

**INSURER NAME:** \_\_\_\_\_ **NAIC#:** \_\_\_\_\_

• Complete a separate questionnaire for each group.

**ASSOCIATION TYPE:**

\_\_\_ BONA FIDE EMPLOYER ASSOCIATION: Does the group meet all the requirements of § 31A-30-103: Yes \_\_\_ No \_\_\_

\_\_\_ ASSOCIATION HEALTH PLAN: Does the group meet all the requirements of § 31A-22-701(1) and (2): Yes \_\_\_ No \_\_\_

**EACH QUESTION MUST BE ANSWERED IN DETAIL:** An incomplete questionnaire will result in a rejected filing.

1. Association name: \_\_\_\_\_ Policyholder name: \_\_\_\_\_

2. Is the association: Fully-Insured: Yes \_\_\_ No \_\_\_ Self-Funded: Yes \_\_\_ No \_\_\_ Administered by a TPA: Yes \_\_\_ No \_\_\_

3. Date formed: \_\_\_/\_\_\_/\_\_\_ Date last M-1 was filed: \_\_\_/\_\_\_/\_\_\_ Designation: Pathway I \_\_\_ Pathway II \_\_\_

4. Specific commonality, representational interest, or genuine relationship of the association: \_\_\_\_\_

5. Is a trust involved? Yes \_\_\_ No \_\_\_ Date formed: \_\_\_/\_\_\_/\_\_\_ Trustee name: \_\_\_\_\_

Function of the trust: \_\_\_\_\_ Administrator name: \_\_\_\_\_

6. Does the association allow sole proprietors: Yes \_\_\_ No \_\_\_ Minimum size of each employer: \_\_\_\_\_

7. How are employer groups underwritten within the association: \_\_\_\_\_

8. Marketing to whom: Individuals: Yes \_\_\_ No \_\_\_ Small Employers: Yes \_\_\_ No \_\_\_ Large Employer: Yes \_\_\_ No \_\_\_

9. How is association membership solicited: \_\_\_\_\_

10. What are the powers, rights, and privileges of the employers within the association and how do they exercise control of the plan: \_\_\_\_\_

11. Who controls and directs the activities and operations of the benefit programs: \_\_\_\_\_

**Checklist for documents required to be submitted with this questionnaire:**

- \_\_\_ Actuarial Certification for Soundness
- \_\_\_ Articles of Incorporation, Employer Agreements, Firm Documents
- \_\_\_ Attestation of Compliance with § 31A-30-103(4) or Bulletin 2018-5
- \_\_\_ Bylaws and Associated Documents
- \_\_\_ Marketing and Advertising Material to Solicit Coverage
- \_\_\_ Organization Chart
- \_\_\_ Outlined Compliance with Non-Discrimination Provisions
- \_\_\_ Trust Agreements and Supporting Documents

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

- \_\_\_ Formed and maintained for purposes *other than insurance*.
- \_\_\_ Has a specific commonality, representational interest, or genuine relationship unrelated to benefits available.
- \_\_\_ Does not condition membership in the association on any health status-related factor.
- \_\_\_ The filing and above responses are in compliance with all applicable provisions of Utah laws and rules.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Original or Digital Signature \_\_\_\_\_ Date \_\_\_\_\_