

UTAH ACCIDENT & HEALTH INSURANCE
BONA FIDE EMPLOYER ASSOCIATION GROUP QUESTIONNAIRE

INSURER NAME: _____ **NAIC#:** _____

• Complete a separate questionnaire for each group.

The following request is for a bona fide employer association pursuant to Utah Code §§ 31A-22-505, 31A-22-701(1)(a), and 31A-30-103(4). ALL questions must be answered in detail. An incomplete questionnaire may result in a rejected filing.

1. Association: _____ Policyholder: _____ # of Members: _____

2. Date formed: ___/___/___ Date last M-1 was filed: ___/___/___

3. Commonality or shared purpose: _____

4. Describe the process by which the association was formed and who participates in the association: _____

5. Is the association: Fully-Insured: Yes ___ No ___ Self-Funded: Yes ___ No ___ Administered by a TPA: Yes ___ No ___

6. Does the association allow sole proprietors? Yes ___ No ___ Minimum size of each employer: _____

7. Marketed to: Individuals: Yes ___ No ___ Small Employers: Yes ___ No ___ Large Employers: Yes ___ No ___

8. How is membership solicited: _____

9. Are premiums tiered by group, plan, health status, other: (explain): _____

10. Is the group actuarially sound? Yes ___ No ___ Are benefits reasonable in relation to the premiums? Yes ___ No ___

11. Who controls and directs the activities and operations of the benefits offered: _____

12. What are the powers, rights, and privileges of the employers and individuals within the association: _____

13. Is a trust involved? Yes ___ No ___ Date formed: ___/___/___ Trustee name: _____

Purpose of the trust: _____

Name and purpose of any other entity involved: _____

Checklist for documents required to be submitted with this questionnaire:

_____ Articles of Incorporation, Employer Agreements, and Supporting Documents

_____ Attestation of Compliance with § 31A-30-103(4)

_____ Bylaws and Associated Documents

_____ Marketing and Advertising Material to Solicit Coverage

_____ Organization Chart of the Association

_____ Attestation and Detailed Outline of Compliance with Non-Discrimination Provisions, 45 CFR 146.121

_____ Trust Agreements and Supporting Documents

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

_____ The group is 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