

UTAH ACCIDENT & HEALTH INSURANCE
REQUEST FOR DISCRETIONARY GROUP AUTHORIZATION

INSURER NAME: _____ NAIC#: _____

The following group request is for prior authorization by the commissioner pursuant to Utah Code § 31A-22-701(1)(b) and Utah Admin. Code R590-220-9(2)(b). ALL questions must be answered in detail. Complete a separate form for each group. Discretionary Group authorization must be obtained prior to submitting any rate and form filings.

1. GROUP INFORMATION:

Group name: _____
Policyholder name: _____ Date formed: ___/___/___ Situs: _____
Purpose of group: _____
Commonality or shared purpose: _____
Qualifications for membership: _____
Attests the group 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. 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: _____

4. 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: _____

5. 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 group
_____ Marketing and advertising material to solicit coverage
_____ Miscellaneous materials submitted to further describe the group
_____ Other: _____

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

_____ Formation of the proposed group results in economies of scale in administrative, marketing and brokerage costs.
_____ The group is formed and maintained for purposes other than insurance.
_____ Marketing will be limited to the group identified herein. If marketed to other groups, a new questionnaire must be submitted to the department.
_____ The filing is in compliance with all applicable provisions of Utah laws and rules.

Print Name Title

Original or Digital Signature Date