

**UTAH ACCIDENT & HEALTH INSURANCE
GROUP QUESTIONNAIRE**

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

Group marketing is limited to an eligible group outlined in Utah Code § 31A-22-701. Initial the eligible group(s) requested and associated clarifiers; otherwise mark N/A for not applicable. An incomplete questionnaire may be rejected.

____ **EMPLOYER-EMPLOYEE:** The group meets all the requirements of § 31A-22-502.
____ Small employer ____ Large employer
If the filing is for a single employer, provide the employer name: _____

____ **LABOR UNION:** The group meets all the requirements of § 31A-22-503.
____ A trust is involved. If so, complete all sections under the trustee group with an (*)

____ **TRUSTEE:** The group meets all the requirements of § 31A-22-504.
____ Employer/Labor Union trust ____ Taft Hartley trust ____ Portability trust
Previously authorized, provide the SERFF tracking number of the authorization: _____
Policyholder name: _____ Situs: _____
*Trustee(s): _____ Date trust formed: ____ / ____ / ____ Situs: _____
*Purpose of the trust: _____
*Name and purpose of any other entity involved: _____
**Include a copy of the trust agreement, situs approval, and other supporting documents, if not previously authorized.*

____ **ASSOCIATION:** The group meets all the requirements of § 31A-22-505.
If the association is a Bona Fide Employer Association Group, complete the Utah Accident & Health Insurance Bona Fide Employer Association Group Questionnaire.
Previously authorized, provide the SERFF tracking number of the authorization: _____
Association name: _____ Policyholder name: _____
Date formed: ____ / ____ / ____ Situs: _____ # of Members: ____ Commonality or shared purpose: _____

____ Benefits are reasonable in relation to the premiums
____ A trust is involved. If so, complete all sections under the trustee group with an (*)
^Include a copy of the constitution and bylaws, application, situs approval, and other supporting documents, if not previously authorized.

____ **CREDITOR:** The group meets all the requirements of § 31A-22-506.

____ **CREDIT UNION:** The group meets all the requirements of § 31A-22-507.

____ **EDUCATIONAL INSTITUTION:** The group meets all the requirements of § 31A-22-701(1)(c).
____ Benefits are reasonable in relation to the premiums

____ **BLANKET:** The group meets all the requirements of § 31A-22-701(2).
____ Select all that apply: ____ Mandatory ____ Mandatory w/Opt out waiver ____ Voluntary:
____ The product is sold only to groups that are actuarially sound
____ Defined group(s) considered, select all that apply:
(i) ____ (ii) ____ (iii) ____ (iv) ____ (v) ____ (vi) ____ (vii) ____ (viii) ____ (ix[^]) ____ (x⁺) ____
^Include a copy of the constitution and bylaws, application, situs approval, and other supporting documents, if not previously authorized.
+ Discretionary group must be preauthorized by the commissioner and comply with § 31A-22-701(1)(b) & R590-220.

MARKETING AND ADMINISTRATION:

____ Marketed directly to individuals.
____ Involves a third-party administrator. Third-party administrator: _____ Utah license #: _____

CERTIFICATION: I certify compliance with Utah Admin. Code R590-126 if the group is other than an employer-employee group and hereby certify the above eligible group(s) are compliant with Utah law. A false certification is subject to administrative action under § 31A-2-308.

Print
Name _____ Title _____
Original or Digital
Signature _____ Date _____