

**UTAH ACCIDENT & HEALTH INSURANCE
GROUP QUESTIONNAIRE**

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

Pursuant to Utah Code § 31A-22-701, group marketing is limited to the eligible groups in §§ 31A-22-502, 31A-22-503, 31A-22-504, 31A-22-505, 31A-22-506, 31A-22-507, and 31A-22-701. This form must be included with all group filings. An incomplete questionnaire may be rejected.

_____ **EMPLOYER-EMPLOYEE:** Does the group meet all the requirements of § 31A-22-502?Yes _____ No _____
If the filing will be used for a single employer, provide the employer name: _____

_____ **LABOR UNION:** Does the group meet all the requirements of § 31A-22-503? Yes _____ No _____
Is a trust involved? Yes _____ No _____ Date formed: ___/___/___ Trustee name: _____
Purpose of the trust: _____
Name and purpose of any other entity involved: _____
Include a copy of the trust agreement, situs approval and any other supporting documents.

_____ **TRUSTEE:** Does the group meet all the requirements of § 31A-22-504? Yes _____ No _____
Is the trust a Taft Hartley trust or portability trust and complies with § 31A-22-701(4)? Yes _____ No _____
Policyholder name: _____ Situs: _____
Trustee(s): _____ Date trust formed: ___/___/___ Situs: _____
Purpose of the trust: _____
Premiums are paid to the insurer by:the policyholder _____ the individual _____
Name and purpose of any other entity involved: _____
Include a copy of the trust agreement, situs approval and any other supporting documents.

_____ **ASSOCIATION:** Does the group meet the requirements of § 31A-22-505? Yes _____ No _____
If the association is a Bona Fide Employer Association Group, complete the Utah Accident & Health Insurance Bona Fide Employer Association Group Questionnaire.
Association: _____ # of Members: _____ Policyholder: _____
Date formed: ___/___/___ Situs: _____ Are benefits reasonable in relation to the premiums? Yes _____ No _____
Commonality or shared purpose: _____
Is a trust involved? Yes _____ No _____ Date formed: ___/___/___ Trustee name: _____
Purpose of the trust: _____
Name and purpose of any other entity involved: _____
Include a copy of the association constitution and bylaws, application, situs approval, and any other supporting documents.

_____ **CREDITOR:** Does the group meet all the requirements of § 31A-22-506?Yes _____ No _____

_____ **CREDIT UNION:** Does the group meet all the requirements of § 31A-22-507?Yes _____ No _____

_____ **DISCRETIONARY GROUP:** Does the group meet all the requirements of § 31A-22-701(1)(b)?Yes _____ No _____
Prior authorization must be granted by the commissioner. If authorization has been granted, a copy of the authorization letter must be included with the filing.

_____ **EDUCATIONAL INSTITUTION:** Does the group meet all the requirements of § 31A-22-701(1)(c)? Yes _____ No _____
Are benefits reasonable in relation to the premiums?Yes _____ No _____

_____ **BLANKET:** Does the group meet all the requirements of § 31A-22-701(2)?Yes _____ No _____
Enrollment:Mandatory _____ Mandatory w/Opt out waiver _____ Voluntary _____
Is the product only sold to groups that are actuarially sound?.....Yes _____ No _____
Define the specific group as allowed under § 31A-22-701(2)(d): (i) (ii) (iii) (iv) (v) (vi) (vii) (viii) (ix) (x) _____
All required documents to support the above specified group(s) must be attached to this questionnaire, as a separate page.
(ix) Associations must provide their constitution, bylaws, and association information listed above as a separate page.
(x) Discretionary groups must comply with the requirements as outlined in § 31A-22-701 & R590-220.

MARKETING AND ADMINISTRATION:
Will the product be marketed directly to individuals?Yes _____ No _____
Is a third party administrator involved?Yes _____ No _____
If yes, name of third party administrator: _____ Utah license #: _____

I HEREBY UNDERSTAND AND CERTIFY: If other than employee-employer group type is marked, the filing will be held to a more stringent review standard. The above items have been reviewed and this filing complies with Utah laws and rules. A false certification is subject to administrative action under § 31A-2-308.

Print Name Title

Original or Digital Signature Date