

UTAH LIFE, ANNUITY, and CREDIT INSURANCE GROUP QUESTIONNAIRE

INSURER NAME _____ NAIC # _____

Pursuant to Utah Code Annotated (U.C.A.) §31A-22-501, group marketing is limited to the stated group types in U.C.A. §31A-22-501.1 through §31A-22-509. If the group being submitted qualifies under U.C.A. §31A-22-501.1 through §31A-22-508, then complete this form. If the group is other than those specified in U.C.A. §31A-22-501.1 through §31A-22-508, it is considered a discretionary group under U.C.A. §31A-22-509 and the Discretionary Group Authorization Questionnaire must be completed instead of this form.

_____ **EMPLOYER:**

Do the groups meet all requirements of U.A.C. §31A-22-501.1? Yes _____ No _____

If filing is for a single policyholder, provide name: _____

Is a trust involved? Yes _____ No _____ Trust name: _____

Date formed ____/____/____ By whom _____ Domicile _____

_____ **EMPLOYER-EMPLOYEE:**

Do the groups meet all requirements of U.A.C. §31A-22-502? Yes _____ No _____

If the filing is for a single policyholder, provide name: _____

What is the purpose of the insurance? _____

Is a trust involved? Yes _____ No _____ Trust name _____

Date formed ____/____/____ By whom _____ Domicile _____

_____ **LABOR UNION:**

Does the group meet all requirements of U.A.C. §31A-22-503? Yes _____ No _____

_____ **TRUSTEE:**

Does the group meet all requirements of U.A.C. §31A-22-504? Yes _____ No _____

Describe the group _____

If the filing is for a single policyholder, provide name: _____

What is the purpose of the group? _____

What is the purpose of the insurance? _____

Trust name _____

Date trust formed ____/____/____ By whom _____ Domicile _____

Trustee name _____

Trust administrator name _____

Function of the trust _____

_____ **ASSOCIATION:**

Does the group meet all requirements of U.A.C. §31A-22-505? Yes _____ No _____

Association name _____ Policyholder name _____

Purpose of the association _____

Date formed ____/____/____ State _____ By whom _____

Qualifications and benefits for membership _____

Is a trust involved? Yes _____ No _____ Date formed ____/____/____ By whom _____

Trustee Name _____

Administrator name _____

_____ **CREDITOR.**

Does the group meet all requirements of U.A.C. §31A-22-506? Yes _____ No _____

_____ **CREDIT UNION:**

Does the group meet all requirements of U.A.C. §31A-22-507? Yes _____ No _____

_____ **NATIONAL GUARD:**

Does the group meet all requirements of U.A.C. §31A-22-508? Yes _____ No _____

_____ **MARKETING AND ADMINISTRATION:**

Will the certificates be marketed directly to an individual? Yes _____ No _____

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Describe the beneficiary: _____ Who designates the beneficiary? _____

Are premiums handled through the group, the policyholder, or the insurer? _____

Are premiums contributory or non-contributory? _____

ANNUITY CONTRACTS:

Are the funds allocated or unallocated? _____ Explain: _____

Who owns the funds _____

Are premiums tax-qualified? Yes _____ No _____ Identify the applicable Internal Revenue Tax Code(s) _____

I HEREBY CERTIFY that I have reviewed the above. My responses are correct and in compliance with all applicable provisions of the Utah laws and rules.

Print Name

Signature

Date

Contact the Life Insurance Section at (801) 538-3066 or life.uid@utah.gov if you have any questions.