

**UTAH LIFE & ANNUITY
FILING CERTIFICATION**

INSURER NAME: _____ NAIC#: _____

The insurer is responsible for submitting a filing that is compliant with Utah laws as outlined in Utah Code § 31A-21-201(2) and Utah Admin. Code R590-226-4(2) and R590-227-4(2).

FILING STANDARDS: (initial the following, if applicable; otherwise mark "N/A" if not applicable)

_____ All applicable content standards have been reviewed and filing is compliant. Content standards are available at <https://insurance.utah.gov/licensee/rate-form/credit-life-ah/life-content-standards>

_____ The filing is compliant with all submission requirements. R590-226, R590-227

_____ This is a new filing replacing a previously rejected, withdrawn or prohibited filing. R590-226-5(4), R590-227-5(4)

GENERAL INFORMATION TAB (initial the following if disclosed; otherwise mark N/A if not applicable)

Application

_____ Application/enrollment form or informational copy included. R590-226-6(2), R590-227-6(2)

Combination Filing (A form used with or provides an accident and health insurance benefit)

_____ Include the SERFF tracking number(s) of the accident and health insurance filing. 31A-22-600, R590-226-10

_____ Compliant with Accident and Health Insurance Content Standards. <https://insurance.utah.gov/licensee/rate-form/accident-health/ah-content-standards>

Filing Description

_____ Certification statement. R590-226-5(2)(b), R590-227-5(2)(b)

_____ Disclosure of all requested information. R590-226-5(2)(a), R590-227-5(2)(a)

FORM SCHEDULE TAB (initial the following if included in a form, the item no. and page; otherwise mark N/A if not applicable)

Annuities

_____ #. _____ pg. _____ Paid up annuity, cash surrender or death benefit disclosures. 31A-22-409

_____ #. _____ pg. _____ Guaranteed minimum factors and values disclosed. 31A-22-409(5)

_____ #. _____ pg. _____ Disclosure of the maximum surrender charge and length of the surrender charge period

Application

_____ Health questions are not vague and reference a reasonable timeframe in relation to the health condition. 31A-21-201(3)

Claim Practices

_____ #. _____ pg. _____ Proof of loss: Filed as soon as reasonably possible. 31A-21-312, R590-191-4

Coverage Description

_____ #. _____ pg. _____ Disclosure of insurance type, participation, significant feature, or limitation. 31A-22-411, 31A-22-426

Disclosure of Insurer

_____ Exact name of insurer, state of domicile, administrative office address. 31A-21-301

Entire Contract

_____ #. _____ pg. _____ Disclosure of documents that constitute the entire contract. 31A-22-424

Examination Period

_____ #. _____ pg. _____ Disclosed and appropriate. 31A-22-423

Reinstatement

_____ #. _____ pg. _____ Reinstatement provision disclosed and outlined. 31A-22-407, 31A-22-411

Termination

_____ #. _____ pg. _____ Policyholder requirement for notice of termination. 31A-22-522

_____ #. _____ pg. _____ Conversion provision disclosed and outlined. 31A-22-517, 31A-22-518, 31A-22-521

Underline and Strikethrough

_____ Included with the form on the Form Schedule tab. R590-226-5(2)(h), R590-227-5(2)(g)

SUPPORTING DOCUMENTATION TAB (initial the following if included; otherwise mark N/A if not applicable)

Actuarial Memorandum

_____ Including a certification of compliance with nonforfeiture and valuation laws. R590-226-5(2)(h), R590-227-5(2)(g)(iii)

Illustration Materials

_____ Completed basic illustration with data and illustration actuary certification. R590-177-4, R590-226-6(2)(g)

Variable Data

_____ Explained and certified. R590-226-5(2)(f), R590-227-5(2)(f)

VARIABLE INSURANCE PRODUCT (initial the following if included; otherwise mark N/A if not applicable)

_____ Attestation insurer has a variable contract line of authority. R590-226-9(2), R590-227-9(2)

_____ Attestation of a separate account in the state of domicile. R590-226-9(2), R590-227-9(2)

_____ #. _____ pg. _____ Disclosure of insurer liabilities. 31A-22-411(4)

_____ #. _____ pg. _____ Disclosure if amendable. 31A-22-411(5)

CERTIFICATION:

I hereby certify that the above items in this filing are compliant with Utah law. A filing may be rejected if an incomplete or false certification is submitted. A false certification is subject to administrative action under § 31A-2-308.

Print Name _____ Title _____

Original or Digital Signature _____ Date _____

If you have any questions, contact Heidi Clausen at (801) 957-9278 or hclausen@utah.gov.