

**UTAH LIFE & ANNUITY
GROUP QUESTIONNAIRE**

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

Group marketing is limited to an eligible group outlined in Utah Code § 31A-22-501. Initial the eligible group(s) requested and associated clarifiers; otherwise mark N/A for not applicable. An incomplete questionnaire may be rejected.

_____ **EMPLOYER:** The group meets all the requirements of § 31A-22-501.1.
_____ Small employer _____ Large employer
If the filing is for a single employer, provide the employer name: _____
_____ A trust is involved. If so, complete all sections under the trustee group with an (*)

_____ **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.
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.

MARKETING AND ADMINISTRATION:

_____ Is the product marketed directly to individuals.
Who designates the beneficiary: _____ N/A to filing _____
Life Insurance: Are premiums contributory: Yes _____ No _____ N/A to filing _____
Annuity Contracts: Are funds allocated or unallocated: _____ N/A to filing _____
Annuity Contracts: Who owns the funds _____ N/A to filing _____
_____ Is there a third-party administrator. Third-party administrator: _____ Utah license #: _____

CERTIFICATION: I 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 _____