

Attachment A
31A-23a-501 Required Form for Utah Large Employers

Name of Plan		Name and Address of Plan Administrator	Name of Insurance Carrier	Effective Date	Number of Active Participants Beginning of Plan Year	Total Commissions Paid and/or Due	Total Overrides Paid and/or Due

Amount of Base Commissions Paid or Due	Bonuses or Contingent Bonuses Paid and/or Due	Contingent Commissions or Overrides Paid or Due	Purpose for Commissions Paid or Due

Signature of Plan Administrator

Signature of Employer/Plan Sponsor

Amount of Base Commissions Paid or Due	Bonuses or Contingent Bonuses Paid and/or Due	Contingent Commissions or Overrides Paid or Due	Purpose for Commissions Paid or Due

Signature of Plan Administrator

Signature of Employer/Plan Sponsor

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