



# Marketer – Renewal Application

## Health Discount Program

*Every section must be completed or marked with N/A (Not Applicable) and an appropriate explanation provided.*

### Section 1 – Renewal Fees / Renewal Application

#### Section 1-1 Licensing Fees

**License Renewal:** \$450.00. [Renewal fees](#) must be paid electronically. Licenses renew annually December 31 – regardless of when the initial license is issued in the year. The renewal application must be submitted and the fee must be paid no later than the due date on the invoice. Late renewals are subject to late fees and possible administrative action for conducting unlicensed business.

#### Section 1-2 Application Submission

Please email application to: [hdp@utah.gov](mailto:hdp@utah.gov). For Confidential documents please send with using secured email.

All submissions must be complete – Include the application and required documents described below. You will be notified by email if additional information is required. You are required to respond within 14 days with any additional information requests. If you fail to provide requested information, the application will be denied and the fees paid will be forfeited.

Please identify each attachment by the section number reference. For instance, 3-2 would identify the Articles of Incorporation.

The invoice must be paid in order for the renewal application process to continue.

### Section 2 – Biographical Information

#### Entity Type: *Select one*

- |  |  |
|--|--|
| <input type="checkbox"/> Corporation               | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership           |
| <input type="checkbox"/> Sole Proprietorship       | <input type="checkbox"/> Association                   |

**Legal Name of Applicant:** \_\_\_\_\_

**Name(s) of any/all aliases:**  
\_\_\_\_\_

**EIN:** \_\_\_\_\_ **State of Incorporation:** \_\_\_\_\_

**Primary Contact.** The authorized person responsible for certifying that the Applicant is compliant with Utah statutes and rules.

*\* The email provided in this section will be used for all correspondence.*

**Name:** \_\_\_\_\_ **\*Email address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

*Licenses are required to report address, email and phone changes within 30 days as required by [31A-23a-412\(1\)\(c\)](#) and [R590-244-13\(2\)](#).*

**Toll Free Phone Number for Members and Providers:** \_\_\_\_\_

**Applicant Website Address:** \_\_\_\_\_

**Discount Program Website Address if not the same as above:** \_\_\_\_\_

Is the Health Discount Program a dental office or physician office offering a health discount program to patients?

Yes \_\_\_ No \_\_\_

Are you currently using Marketers as defined in 31A-8a-102(4)? Yes \_\_\_ No \_\_\_

Are you marketing your own services as explained in 31A-8a-103(5)? Yes \_\_\_ No \_\_\_

### Section 3 – Legal

#### Section 3-1 Authorized to transact business in Utah

Provide evidence of compliance a person is authorized to transact business in Utah.

[Division of Corporations and Commercial Code](#)

#### Section 3-2 Articles of Incorporation and By-Laws

Provide the applicant’s Articles of Incorporation or other organizing documents, including all amendments. Include a copy of the By-Laws, Constitution or operating agreement in this section.

#### Section 3-3 Complete list of Principals

Include the following identify information; names, addresses, email addresses, phone numbers.

#### Section 3-4 Owners/Biographical Affidavits

**Has the Applicant had a change in ownership? Yes \_\_\_ No \_\_\_**

If yes, submit a biographical affidavit for each individual person owning 10% or more of the applicant. The form to use is found at: <https://content.naic.org/sites/default/files/ucaa-industry-naic-biographical-affidavit.pdf>

Applicant is solely owned by another legal entity. In this instance, no biographical affidavits are required.

- Provide the name, address and phone number for the solely owned legal entity.

Legal entity ownership information:

Legal entity name: \_\_\_\_\_

Complete address: \_\_\_\_\_

Contact person, include phone and email: \_\_\_\_\_

#### Section 3-5 Licensing in Other Jurisdictions

1. Provide a list of all states in which the Applicant is or was, at any time, engaged in the business of a health discount program (also known as a medical discount program or discount medical provider organization.)
2. Provide a list of all health discount program licenses and insurance license(s) held by the applicant.

#### Section 3-6 Background Questions

1. Has the Applicant or any of its officers, owners, directors, trustees, partners or managers ever been convicted of any criminal offense? Yes \_\_\_ No \_\_\_

If “Yes,” provide documentation showing the charges and resolution of the offense.

2. Has the Applicant or any of its officers, owners, directors, trustees, partners, or managers ever had any regulatory action in any jurisdiction? Yes \_\_\_ No \_\_\_

If "Yes," provide documentation showing the charges and resolution of the offense.

3. Does the Applicant or any of its officers, owners, directors, trustees, partners, or managers have any pending criminal, civil or administrative actions pending in any jurisdiction?

Yes \_\_\_ No \_\_\_

If "Yes," provide documentation showing the charges and resolution of the offense.

#### Section 4 – Contracts

##### Section 4-1 Operator Contracts

Provide a list of all Operators the Marketer has contracts with to distribute a health discount program.

#### Section 5 – Acknowledgement of Understanding

The Applicant understands and acknowledges that:

1. The Department conducts investigations and audits of health discount programs. The Applicant is expected to respond promptly to inquiries from the Department and cooperate with any investigation or audit.
2. It is required to maintain detailed books and records of all Utah transactions, all contracts or agreements with providers of the services under a health discount program offered in Utah or sold to Utah residents.
3. It must have written approval from the operator for all marketing materials prior to use. The Applicant must have an executed contract/agreement with the operator prior to the Applicant conducting business in Utah.
4. It must conduct business under its legal name, or an alias, that has been filed with the Department prior to use.
5. It may not state or imply that health discount program benefits are insurance. All marketing material must specifically state the health discount program is not insurance. Certain terms commonly associated with health insurance plans are prohibited.
6. It may not state or imply that any health discount program has the approval or endorsement of the Utah Insurance Department.
7. Any name changes, change in business, mailing or email address changes, or change of ownership or principals, are required to be reported to the Department 30 days prior to the change.
8. Any administrative action or criminal prosecution against the health discount program, or an owner, officer, or principal. Disclosures of administrative actions are required to be filed within 30 days of the final disposition of the administrative action; disclosures of criminal prosecutions are required to be filed within 30 days after the initial appearance before a court.
9. Renewal fees are \$450. Renewal fees and renewal applications are due no later than December 31. Fees are non-refundable.
10. Providing false, misleading or incomplete information in connection with this application is grounds for administrative action including denial or revocation of the license.

**I HEREBY CERTIFY** that the above items have been reviewed, responses are correct, and this application complies with Utah laws and rules. An application will be rejected if an incomplete or false certification is submitted. A false certification is subject to penalties under Utah Code Annotated Section [31A-2-308](#). Those penalties include monetary forfeitures and/or other sanctions.

\_\_\_\_\_  
Signature of Officer/Authorized Representative  
[\[§31A-8a-201\(2\)\(b\)\]](#)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

*Applicable laws include, but are not limited to [§31A-8a](#), [R590-152](#), [R590-102](#), and [R590-244-13](#)*