



Operator – 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

DO NOT submit confidential or personal information to the Department by email. Please use our secure website at forms.uid.utah.gov/fileUploads/. Select "Health Discount Program" from the dropdown menu and include the applicable Insurance Department file number in the file name when uploading. Please include all information in a single PDF document.

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. **File uploads shall include the word “Operator” in the file name extension.**

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. Documents must be uploaded to the Department website: forms.uid.utah.gov/fileUploads/.*

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

If there have been changes to the applicant’s Articles of Incorporation or other organizing documents, including amendments, provide copies of the changes. If there have been changes to the By-Laws, Constitution or Operating Agreement in this section, provide copies of the changes.

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 person owning 10% or more of the applicant. The form to use is found at: http://www.naic.org/documents/industry_ucaa_form11.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 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 3-6 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 4 – Operations

Section 4-1 Membership

1. Provide a sample of all membership cards.
2. Provide a sample of all new membership/enrollee packages sent to new applicants/enrollees.

Section 4-2 Marketing and Advertising Changes

Provide a copy of all marketing and advertising changes that have not previously been submitted to the Department.

Section 4-3 Provider List

Provide a list of all healthcare providers or healthcare provider networks the discount program has contracted with for the provision of services to members. Provide the link in your website for the provider list, if one is available online.

Section 4-4 Marketer List

Provide a list of all active marketers — *Updated Marketer list uploaded to the Department website are due by the 15th day following the last day of each quarter.*

Section 5 – Acknowledgement of Understanding

The Applicant understands and acknowledges that:

1. A current list of marketers is due within 15 days of the last day of each quarter.
2. It is bound by and responsible for the activities of all marketers that promote or sell the health discount program in Utah. It must provide written approval to the marketer for all marketing materials prior to use. It must have an executed contract/agreement with the marketer prior to the marketer conducting business in Utah.
3. 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.
4. 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.
5. It may not state or imply that its benefits are insurance. All marketing material must specifically state that the health discount program is not insurance. It may not utilize certain terms that are commonly associated with health insurance plans. The membership card shall prominently state: *“This is not health insurance.”*
6. It may not state or imply that any health discount program has the approval or endorsement of the Utah Insurance Department.

7. It must conduct business under its legal name, or an alias that has been filed with the Department prior to use.
8. Any changes to the organization name, change in business, mailing or email address, or change of ownership or principals, change in marketing and advertising, are required to be reported to the Department thirty (30) days prior to the change.
9. It shall report to the Department any administrative action or criminal prosecution against the health discount program, or an owner, officer, or principal.
 - a. disclosures of administrative actions are required to be filed within thirty (30) days of the final disposition of the administrative action
 - b. disclosures of criminal prosecutions are required to be filed within thirty (30) days after the initial appearance before a court.
10. Renewal fees are \$450.00. Renewal fees and applications are due no later than December 31. Fees are non-refundable.
11. 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](#)