

**UTAH ACCIDENT & HEALTH INSURANCE
REQUEST FOR DISCRETIONARY GROUP AUTHORIZATION**

LICENSEE NAME _____ **Domicile** _____
NAIC# _____ **Licensee #** _____
Contact Person _____ Telephone Number _____
Mailing Address _____
Telephone Number _____ Email _____

All questions must be answered in detail. Complete a separate form for each group.

1. GROUP INFORMATION:

Policyholder name: _____

Group name: _____

Date group formed _____ By whom: _____

Describe purpose of group: _____

Qualifications for membership: _____

Is the group composed of other groups or other unrelated persons: _____

Explain and list all other groups and/or unrelated persons: _____

2. TRUST INFORMATION:

Is a TRUST involved: ____ YES ____ NO Trust domicile: _____

If yes, what is the name of trust: _____

Date trust formed _____ By whom _____

Trustee name: _____

Trustor name: _____

Trust administrator name: _____

Function/purpose of the trust: _____

3. BILL COLLECTION AND PAYMENT OF PREMIUMS: Mark all applicable:

_____ Premiums paid by the policyholder from its funds or from funds contributed by insureds and is sent to the licensee by the policyholder.

_____ Payroll deduction.

_____ Deductions from a depository account.

_____ Automatic charges to a credit card or open charge account.

_____ Trust administrator collects premiums and sends to insurer.

_____ Billed individually.

_____ Other _____

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4. MARKETING:

Types of insurance products to be offered: _____

Identify all organizations and individuals involved in marketing and describe their functions: _____

Where do the leads for marketing or enrolling group members originate? _____

How is the marketing and/or enrolling done? _____

Who performs the marketing or enrolling of the certificates?

_____ Employees of the insurer. (Unlicensed telemarketers may not market the product.)

_____ Enrolled by group policyholder where the individual is a member of the group.

_____ Mass Solicitation (i.e. direct mail or internet)

_____ Solicited individually by producers licensed in Utah.

_____ Other _____

5. DOCUMENTS TO BE SUBMITTED:

_____ Cover letter and self addressed stamped envelope.

_____ Complete copy of trust agreement, bylaws, and/or articles of incorporation.

_____ Certification signed by a qualified actuary that states the proposed group is actuarially sound.

_____ Sales / marketing materials.

_____ Additional materials may be submitted to further describe the group.

_____ Other _____

CERTIFICATION: Initial each item.

_____ Formation of the proposed group results in economies of scale in administrative, marketing and brokerage costs, and the health insurance policy, certificate or other indicia of coverage that will be offered to the proposed group is substantially equivalent to policies that are otherwise available to similar groups.

_____ **BY COMPLETING THIS FORM, THE LICENSEE AND FILER CERTIFIES THAT THE MARKETING WILL BE LIMITED TO THE GROUP IDENTIFIED HEREIN. IF YOU MARKET THE PRODUCT TO OTHER GROUPS, A NEW QUESTIONNAIRE MUST BE SUBMITTED TO THE DEPARTMENT.**

Print Name

Signature

Date

If you have questions contact Mr. Lorry Herrera at (801) 538-3234 or lherrera@utah.gov.