

UTAH ACCIDENT & HEALTH INSURANCE FILING CERTIFICATION

LICENSEE NAME _____ LICENSEE # _____ NAIC # _____

EVERY ITEM LISTED BELOW MUST BE INITIALED OR MARKED WITH "NA". "NA" means that you have thoroughly researched the filing and the provision or filing document listed is not applicable to the filing.

_____ **CONTENT STANDARDS** applicable to this filing have been reviewed and the contents of the filing are in compliance and are available on the department web site, www.insurance.utah.gov.

FORM FILINGS

- _____ Claims.
- _____ Provides a grievance procedure process with an independent review option. 31A-22-629 & R590-203
- _____ Timely payment and recovery of improper payments. 31A-26-301.6
- _____ Conversion and Utah mini-COBRA provisions are provided. 31A-22-612, 722, 722.5, & 723
- _____ Definitions for most facilities and providers cannot be more restrictive than requiring them to be licensed and operating within their license, 31A-22-618, R590-126 & 233.
- _____ Dependent coverage, 31A-22-610, 610.1, 610.5, 610.6, 611 & 718.
- _____ The adoption indemnity benefit is payable if the policy provides maternity benefits.
- _____ Dependents covered up to age 26 regardless of residency or student status.
- _____ Policy provides coverage for children for which a court order applies.
- _____ Newborn & adopted children are covered from the moment of birth or date of placement.
- _____ Individuals receiving premium assistance may be available for special enrollment.
- _____ Discretionary authority provision complies with R590-218 and insurer is claim or plan administrator.
- _____ Grace period. Policies shall provide a grace period. 31A-22-607
- _____ Group - remains in force, whether or not premium is paid, insurer may collect unpaid premiums.
- _____ Individual - continue with no gap in coverage if premium is paid by the end of the grace period.
- _____ Notice and/or Proof of Loss. Failure to file within a specified time does not invalidate a claim if the claim was filed as soon as reasonably possible. 31A-21-312
- _____ Outline of Coverage as applicable. R590-126, R590-146, R590-148, or R590-233
- _____ Preexisting conditions and credit for previous coverage.
- _____ Health Benefit Plans. 6 month look back, up to 12 /18 month exclusion. 31A-1-301, & 31A-22-605.1
- _____ Specified Disease. 6 month look back, up to 6 month exclusion. 31A-22-605.1
- _____ Others. 31A-22-605.1, 31A-22-620(3), 31A-22-1406, or R590-126
- _____ Termination Notice.
- _____ Group contract obligates policyholder to give 30 days prior written notice. 31A-22-716
- _____ Non-renewal notice is given at least 90 days before renewal. R590-126
- _____ Universal Health Application complies with Section R590-247.

RATE FILINGS

- _____ Health Benefit Plan Rating Manual complies with Sections 31A-30 & R590-167.
- _____ Long-term Care issued after January 1, 2003, rating documentation complies with Section R590-148. Policies issued prior to January 1, 2003, rating documentation complies with Sections R590-85 & R590-148.
- _____ Medicare Supplement Rates complies with Sections 31A-22-602, R590-85 & R590-146.
- _____ Rate Filings include all elements required by Section R590-85, including complete Utah experience history.

REPORT FILINGS

- _____ Health Benefit Plan Reports.
- _____ Actuarial Certification. 31A-30-106 & R590-167-11
- _____ Index Rate and percentage change for the class of business. 31A-29-117 & R590-167-11
- _____ Long-term Care Reports. All four reports are included and completed. R590-148-25 & R590-220-13
- _____ Medicare Supplement Annual Reports. Does not include any references to a rate revision and includes all documentation referenced in the NAIC Medicare Supplement Insurance Compliance Manual. All three reports are included and completed. R590-146 & R590-220-11

I HEREBY CERTIFY that I have reviewed the above. The filing is correct and in compliance with all applicable provisions of Utah laws and rules. Filings will be rejected if an incomplete or false certification is submitted. False certifications are subject to penalties under Section 31A-2-308.

Print Name _____ Signature _____ Date _____

If you have questions contact Health Division at (801) 538-3861 or health.uid@utah.gov.