

**UTAH ACCIDENT & HEALTH INSURANCE  
GROUP QUESTIONNAIRE**

**LICENSEE NAME** \_\_\_\_\_ **LICENSEE #** \_\_\_\_\_ **NAIC #** \_\_\_\_\_

Pursuant to Section 31A-22-701, group marketing is limited to the stated group types in Sections 31A-22-502 through 507 and Subsection 31A-22-701(2). This completed form must be included with all group filings.

\_\_\_\_\_ **EMPLOYER-EMPLOYEE.** Do the groups meet all requirements of 31A-22-502? Yes \_\_\_\_\_ No \_\_\_\_\_  
If filing will be used for a single employer, provide the employer name: \_\_\_\_\_

\_\_\_\_\_ **LABOR UNION.** Does the group meet all requirements of 31A-22-503? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ **TRUST.** Does the group meet all requirements of 31A-22-504? Yes \_\_\_\_\_ No \_\_\_\_\_  
Policyholder name \_\_\_\_\_  
Premiums are paid to the insurer by the policyholder \_\_\_\_\_ or the individual \_\_\_\_\_  
Trust name \_\_\_\_\_ Domicile \_\_\_\_\_  
Date trust formed \_\_\_\_\_ By whom \_\_\_\_\_  
Trustee name \_\_\_\_\_  
Trust administrator name \_\_\_\_\_  
Function of the trust \_\_\_\_\_

\_\_\_\_\_ **ASSOCIATION.** Does the group meet all requirements of 31A-22-505? Yes \_\_\_\_\_ No \_\_\_\_\_  
Association name \_\_\_\_\_ Policyholder name \_\_\_\_\_  
Purpose of the association \_\_\_\_\_  
Date formed \_\_\_\_\_ By whom \_\_\_\_\_  
Qualifications and benefits for membership \_\_\_\_\_  
Premiums are paid to the insurer by the policyholder \_\_\_\_\_ or the individual \_\_\_\_\_  
Is a trust involved? Yes \_\_\_\_\_ No \_\_\_\_\_ Date trust formed \_\_\_\_\_ By whom \_\_\_\_\_  
Trustee name \_\_\_\_\_  
Administrator name \_\_\_\_\_

\_\_\_\_\_ **CREDITOR.** Does the group meet all requirements of 31A-22-506? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ **CREDIT UNION.** Does the group meet all requirements of 31A-22-507? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ **BLANKET.** Does the group meet all requirements of 31A-22-701(2)? Yes \_\_\_\_\_ No \_\_\_\_\_  
Define the group as allowed under 31A-22-701(2)(a) through (i). \_\_\_\_\_  
Enrollment. Mandatory \_\_\_\_\_ Opt out waiver \_\_\_\_\_ Voluntary \_\_\_\_\_

All other groups are considered discretionary groups and pursuant to Subsection 31A-22-701(1)(c), prior authorization must be granted. For information required to obtain authorization contact Mr. Lorry Herrera at (801) 538-3234 or [lherrera@utah.gov](mailto:lherrera@utah.gov). If authorization has been granted, a copy of the authorization letter must be included with the filing.

**MARKETING and ADMINISTRATION**

Will the product be marketed directly to an individual? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the product be marketed to small employers? Yes \_\_\_\_\_ No \_\_\_\_\_

Is a third party administrator involved? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes:

Third Party Administrator: \_\_\_\_\_ Utah License #: \_\_\_\_\_

**I HEREBY CERTIFY that I have reviewed the above. Responses are correct and in compliance with all applicable provisions of Utah laws and rules. Filings with incomplete questionnaires will be rejected.**

Print Name

Signature

Date

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