UTAH ACCIDENT & HEALTH INSURANCE FILING TRANSMITTAL

DEPARTMENT USE ONLY

FILING TYPE_____
PRODUCT CATEGORY_____
PRODUCT_____
FILING ID#_____
_____

INSURER NAME_____
Insurer NAIC#_____ Domiciliary State_____
Contact Person_____
Mailing Address_____
Telephone Number_____ Email address_____

TYPE OF INSURANCE
☐ Health Benefit Plan ☐ Limited Benefit ☐ Hospital Confinement
☐ Long Term Care ☐ Income Replacement ☐ Medicare Supplement
☐ Specified Disease ☐ Other _____

SUBMITTED DOCUMENTS
FORMS: ☐Policy ☐Certificate ☐Outline of Coverage ☐Application
☐Endorsement ☐Advertising ☐Other_____

RATES: **R590-85:** ☐ New Rates ☐ Revised Rates
31A-30: ☐ New Rate Manual ☐ Revised Rate Manual ☐ Rating Method Change

REPORTS: ☐ Medicare Supplement ☐ Long Term Care ☐ Health Benefit Plan

MARKETING FACTS (Mark all that apply.)
☐ Individual ☐ Group ☐ Blanket ☐ Other_____

Issue Ages _____ to _____

☐ Marketed to employers of 50 or less employees ☐ Marketed to employers of 51 or more employees
Is filing subject to 31A-30? ☐Yes ☐No

☐ Licensed Producers ☐ Association Membership ☐ Mass Marketing ☐ Individually Solicited
☐ Electronic Media ☐ Financial Institutions ☐ Telemarketing ☐ Other: _____

GROUP ELIGIBILITY All group filings must include a group questionnaire or discretionary group authorization letter.
☐ Employee (31A-22-502) ☐ Labor Union (31A-22-503)
☐ Trustee (31A-22-504) ☐ Association (31A-22-505)
☐ Creditor (31A-22-506) ☐ Credit Union (31A-22-507)
☐ Discretionary (31A-22-701(1)(c))

DOMICILIARY FILING INFORMATION
☐ Domicile approval date____/____/____ ☐ Utah specific, not submitted to any other states.
The following require alternate state filing information to be submitted:
☐ Deemed date____/____/____ ☐ Filed but not reviewed date____/____/____
☐ Informational filing date____/____/____ ☐ Filed and reviewed date____/____/____
☐ Exempt from filing.

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

Reset

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