



- 30 licenses;
- 31       ▶ clarifies terminology of individual and agency title insurance producers;
- 32       ▶ modifies the requirement that a title insurance producer conduct a minimum
- 33 mandatory search to be a requirement of a reasonable search;
- 34       ▶ establishes who shall conduct an escrow as provided in statute;
- 35       ▶ clarifies reference to a title insurance agency's reserve account;
- 36       ▶ addresses Utah mini-COBRA benefits for employer group coverage;
- 37       ▶ addresses sharing of commissions;
- 38       ▶ addresses powers of the board related to the Utah Comprehensive Health Insurance
- 39 Pool Act;
- 40       ▶ addresses money deposited into the Insurance Fraud Investigation Restricted
- 41 Account and the Insurance Fraud Victim Restitution Account;
- 42       ▶ amends lifetime maximum for covered benefits from the Comprehensive Health
- 43 Insurance Pool;
- 44       ▶ creates the Insurance Fraud Victim Restitution Account;
- 45       ▶ repeals provisions related to alternative coverage and Utah NetCare Plan; and
- 46       ▶ makes technical and conforming amendments.

47 **Money Appropriated in this Bill:**

48       None

49 **Other Special Clauses:**

50       This bill has an effective date.

51 **Utah Code Sections Affected:**

52 AMENDS:

- 53       **31A-1-301**, as last amended by Laws of Utah 2012, Chapters 151 and 253
- 54       **31A-2-201.2**, as enacted by Laws of Utah 2010, Chapter 68
- 55       **31A-2-217**, as last amended by Laws of Utah 2008, Chapter 382
- 56       **31A-2-402**, as last amended by Laws of Utah 2011, Chapter 289
- 57       **31A-2-403**, as last amended by Laws of Utah 2010, Chapters 10 and 286

- 58           **31A-2-404**, as last amended by Laws of Utah 2012, Chapter 253
- 59           **31A-3-304 (Effective 07/01/13)**, as last amended by Laws of Utah 2011, Chapter 284
- 60           **31A-8-301**, as last amended by Laws of Utah 2005, Chapter 123
- 61           **31A-14-211**, as last amended by Laws of Utah 2011, Chapter 284
- 62           **31A-17-603**, as last amended by Laws of Utah 2001, Chapter 116
- 63           **31A-19a-209**, as last amended by Laws of Utah 2007, Chapter 325
- 64           **31A-20-110**, as last amended by Laws of Utah 2003, Chapter 298
- 65           **31A-21-503**, as last amended by Laws of Utah 2007, Chapter 307
- 66           **31A-22-519**, as enacted by Laws of Utah 1985, Chapter 242
- 67           **31A-22-612**, as last amended by Laws of Utah 2004, Chapter 108
- 68           **31A-22-617**, as last amended by Laws of Utah 2009, Chapter 12
- 69           **31A-22-618.5**, as last amended by Laws of Utah 2011, Chapters 284 and 297
- 70           **31A-22-722**, as last amended by Laws of Utah 2010, Chapter 10
- 71           **31A-23a-102**, as last amended by Laws of Utah 2012, Chapter 253
- 72           **31A-23a-105**, as last amended by Laws of Utah 2012, Chapter 253
- 73           **31A-23a-106**, as last amended by Laws of Utah 2012, Chapters 151 and 253
- 74           **31A-23a-202**, as last amended by Laws of Utah 2011, Chapter 284
- 75           **31A-23a-203.5**, as enacted by Laws of Utah 2011, Chapter 337
- 76           **31A-23a-204**, as last amended by Laws of Utah 2011, Chapters 284 and 342
- 77           **31A-23a-402**, as last amended by Laws of Utah 2011, Second Special Session, Chapter
- 78    5
- 79           **31A-23a-402.5**, as last amended by Laws of Utah 2012, Chapters 253 and 279
- 80           **31A-23a-406**, as last amended by Laws of Utah 2012, Chapter 253
- 81           **31A-23a-407**, as renumbered and amended by Laws of Utah 2003, Chapter 298
- 82           **31A-23a-413**, as renumbered and amended by Laws of Utah 2003, Chapter 298
- 83           **31A-23a-415**, as last amended by Laws of Utah 2011, Chapter 284
- 84           **31A-23a-503**, as last amended by Laws of Utah 2005, Chapter 185
- 85           **31A-23a-504**, as last amended by Laws of Utah 2012, Chapter 253

- 86           **31A-27a-104**, as last amended by Laws of Utah 2012, Chapter 253
- 87           **31A-29-106**, as last amended by Laws of Utah 2011, Chapter 284
- 88           **31A-29-113**, as last amended by Laws of Utah 2007, Chapter 40
- 89           **31A-30-115**, as last amended by Laws of Utah 2011, Second Special Session, Chapter 5
- 90           **31A-30-208**, as last amended by Laws of Utah 2011, Chapter 400
- 91           **31A-31-108**, as last amended by Laws of Utah 2012, Chapter 253
- 92           **31A-41-102**, as enacted by Laws of Utah 2008, Chapter 220
- 93           **31A-41-201**, as enacted by Laws of Utah 2008, Chapter 220
- 94           **31A-41-202**, as enacted by Laws of Utah 2008, Chapter 220
- 95           **49-20-410**, as last amended by Laws of Utah 2012, Chapter 406

96 ENACTS:

- 97           **31A-4-117**, Utah Code Annotated 1953
- 98           **31A-22-429**, Utah Code Annotated 1953
- 99           **31A-23a-118**, Utah Code Annotated 1953
- 100          **31A-23a-406.5**, Utah Code Annotated 1953
- 101          **31A-31-108.5**, Utah Code Annotated 1953

102 REPEALS:

- 103          **31A-22-723**, as last amended by Laws of Utah 2011, Chapters 284 and 297
- 104          **31A-22-724**, as last amended by Laws of Utah 2011, Chapter 400
- 105          **31A-30-109**, as last amended by Laws of Utah 2012, Chapter 253
- 106          **31A-30-202.5**, as last amended by Laws of Utah 2011, Second Special Session, Chapter
- 107          5
- 108          **31A-30-205**, as last amended by Laws of Utah 2011, Chapter 400

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110 *Be it enacted by the Legislature of the state of Utah:*

111           Section 1. Section **31A-1-301** is amended to read:

112           **31A-1-301. Definitions.**

113           As used in this title, unless otherwise specified:

- 114 (1) (a) "Accident and health insurance" means insurance to provide protection against  
115 economic losses resulting from:
- 116 (i) a medical condition including:
    - 117 (A) a medical care expense; or
    - 118 (B) the risk of disability;
  - 119 (ii) accident; or
  - 120 (iii) sickness.
- 121 (b) "Accident and health insurance":
- 122 (i) includes a contract with disability contingencies including:
    - 123 (A) an income replacement contract;
    - 124 (B) a health care contract;
    - 125 (C) an expense reimbursement contract;
    - 126 (D) a credit accident and health contract;
    - 127 (E) a continuing care contract; and
    - 128 (F) a long-term care contract; and
  - 129 (ii) may provide:
    - 130 (A) hospital coverage;
    - 131 (B) surgical coverage;
    - 132 (C) medical coverage;
    - 133 (D) loss of income coverage;
    - 134 (E) prescription drug coverage;
    - 135 (F) dental coverage; or
    - 136 (G) vision coverage.
  - 137 (c) "Accident and health insurance" does not include workers' compensation insurance.
- 138 (2) "Actuary" is as defined by the commissioner by rule, made in accordance with Title  
139 63G, Chapter 3, Utah Administrative Rulemaking Act.
- 140 (3) "Administrator" is defined in Subsection [~~(162)~~] (163).
- 141 (4) "Adult" means an individual who has attained the age of at least 18 years.

142 (5) "Affiliate" means a person who controls, is controlled by, or is under common  
143 control with, another person. A corporation is an affiliate of another corporation, regardless of  
144 ownership, if substantially the same group of individuals manage the corporations.

145 (6) "Agency" means:

146 (a) a person other than an individual, including a sole proprietorship by which an  
147 individual does business under an assumed name; and

148 (b) an insurance organization licensed or required to be licensed under Section  
149 31A-23a-301, 31A-25-207, or 31A-26-209.

150 (7) "Alien insurer" means an insurer domiciled outside the United States.

151 (8) "Amendment" means an endorsement to an insurance policy or certificate.

152 (9) "Annuity" means an agreement to make periodical payments for a period certain or  
153 over the lifetime of one or more individuals if the making or continuance of all or some of the  
154 series of the payments, or the amount of the payment, is dependent upon the continuance of  
155 human life.

156 (10) "Application" means a document:

157 (a) (i) completed by an applicant to provide information about the risk to be insured;  
158 and

159 (ii) that contains information that is used by the insurer to evaluate risk and decide  
160 whether to:

161 (A) insure the risk under:

162 (I) the coverage as originally offered; or

163 (II) a modification of the coverage as originally offered; or

164 (B) decline to insure the risk; or

165 (b) used by the insurer to gather information from the applicant before issuance of an  
166 annuity contract.

167 (11) "Articles" or "articles of incorporation" means:

168 (a) the original articles;

169 (b) a special law;

- 170 (c) a charter;
- 171 (d) an amendment;
- 172 (e) restated articles;
- 173 (f) articles of merger or consolidation;
- 174 (g) a trust instrument;
- 175 (h) another constitutive document for a trust or other entity that is not a corporation;

176 and

- 177 (i) an amendment to an item listed in Subsections (11)(a) through (h).

178 (12) "Bail bond insurance" means a guarantee that a person will attend court when  
179 required, up to and including surrender of the person in execution of a sentence imposed under  
180 Subsection 77-20-7(1), as a condition to the release of that person from confinement.

- 181 (13) "Binder" is defined in Section 31A-21-102.

182 (14) "Blanket insurance policy" means a group policy covering a defined class of  
183 persons:

- 184 (a) without individual underwriting or application; and
- 185 (b) that is determined by definition without designating each person covered.

186 (15) "Board," "board of trustees," or "board of directors" means the group of persons  
187 with responsibility over, or management of, a corporation, however designated.

188 (16) "Bona fide office" means a physical office in this state:

- 189 (a) that is open to the public;
- 190 (b) that is staffed during regular business hours on regular business days; and
- 191 (c) at which the public may appear in person to obtain services.

192 (17) "Business entity" means:

- 193 (a) a corporation;
- 194 (b) an association;
- 195 (c) a partnership;
- 196 (d) a limited liability company;
- 197 (e) a limited liability partnership; or

- 198 (f) another legal entity.
- 199 (18) "Business of insurance" is defined in Subsection (88).
- 200 (19) "Business plan" means the information required to be supplied to the  
201 commissioner under Subsections 31A-5-204(2)(i) and (j), including the information required  
202 when these subsections apply by reference under:
- 203 (a) Section 31A-7-201;
- 204 (b) Section 31A-8-205; or
- 205 (c) Subsection 31A-9-205(2).
- 206 (20) (a) "Bylaws" means the rules adopted for the regulation or management of a  
207 corporation's affairs, however designated.
- 208 (b) "Bylaws" includes comparable rules for a trust or other entity that is not a  
209 corporation.
- 210 (21) "Captive insurance company" means:
- 211 (a) an insurer:
- 212 (i) owned by another organization; and
- 213 (ii) whose exclusive purpose is to insure risks of the parent organization and an  
214 affiliated company; or
- 215 (b) in the case of a group or association, an insurer:
- 216 (i) owned by the insureds; and
- 217 (ii) whose exclusive purpose is to insure risks of:
- 218 (A) a member organization;
- 219 (B) a group member; or
- 220 (C) an affiliate of:
- 221 (I) a member organization; or
- 222 (II) a group member.
- 223 (22) "Casualty insurance" means liability insurance.
- 224 (23) "Certificate" means evidence of insurance given to:
- 225 (a) an insured under a group insurance policy; or



- 226 (b) a third party.
- 227 (24) "Certificate of authority" is included within the term "license."
- 228 (25) "Claim," unless the context otherwise requires, means a request or demand on an  
229 insurer for payment of a benefit according to the terms of an insurance policy.
- 230 (26) "Claims-made coverage" means an insurance contract or provision limiting  
231 coverage under a policy insuring against legal liability to claims that are first made against the  
232 insured while the policy is in force.
- 233 (27) (a) "Commissioner" or "commissioner of insurance" means Utah's insurance  
234 commissioner.
- 235 (b) When appropriate, the terms listed in Subsection (27)(a) apply to the equivalent  
236 supervisory official of another jurisdiction.
- 237 (28) (a) "Continuing care insurance" means insurance that:  
238 (i) provides board and lodging;  
239 (ii) provides one or more of the following:  
240 (A) a personal service;  
241 (B) a nursing service;  
242 (C) a medical service; or  
243 (D) any other health-related service; and  
244 (iii) provides the coverage described in this Subsection (28)(a) under an agreement  
245 effective:  
246 (A) for the life of the insured; or  
247 (B) for a period in excess of one year.
- 248 (b) Insurance is continuing care insurance regardless of whether or not the board and  
249 lodging are provided at the same location as a service described in Subsection (28)(a)(ii).
- 250 (29) (a) "Control," "controlling," "controlled," or "under common control" means the  
251 direct or indirect possession of the power to direct or cause the direction of the management  
252 and policies of a person. This control may be:  
253 (i) by contract;

- 254 (ii) by common management;
- 255 (iii) through the ownership of voting securities; or
- 256 (iv) by a means other than those described in Subsections (29)(a)(i) through (iii).

257 (b) There is no presumption that an individual holding an official position with another  
258 person controls that person solely by reason of the position.

259 (c) A person having a contract or arrangement giving control is considered to have  
260 control despite the illegality or invalidity of the contract or arrangement.

261 (d) There is a rebuttable presumption of control in a person who directly or indirectly  
262 owns, controls, holds with the power to vote, or holds proxies to vote 10% or more of the  
263 voting securities of another person.

264 (30) "Controlled insurer" means a licensed insurer that is either directly or indirectly  
265 controlled by a producer.

266 (31) "Controlling person" means a person that directly or indirectly has the power to  
267 direct or cause to be directed, the management, control, or activities of a reinsurance  
268 intermediary.

269 (32) "Controlling producer" means a producer who directly or indirectly controls an  
270 insurer.

271 (33) (a) "Corporation" means an insurance corporation, except when referring to:

272 (i) a corporation doing business:

273 (A) as:

274 (I) an insurance producer;

275 (II) a surplus lines producer;

276 (III) a limited line producer;

277 (IV) a consultant;

278 (V) a managing general agent;

279 (VI) a reinsurance intermediary;

280 (VII) a third party administrator; or

281 (VIII) an adjuster; and

282 (B) under:

283 (I) Chapter 23a, Insurance Marketing - Licensing Producers, Consultants, and  
284 Reinsurance Intermediaries;

285 (II) Chapter 25, Third Party Administrators; or

286 (III) Chapter 26, Insurance Adjusters; or

287 (ii) a noninsurer that is part of a holding company system under Chapter 16, Insurance  
288 Holding Companies.

289 (b) "Stock corporation" means a stock insurance corporation.

290 (c) "Mutual" or "mutual corporation" means a mutual insurance corporation.

291 (34) (a) "Creditable coverage" has the same meaning as provided in federal regulations  
292 adopted pursuant to the Health Insurance Portability and Accountability Act.

293 (b) "Creditable coverage" includes coverage that is offered through a public health plan  
294 such as:

295 (i) the Primary Care Network Program under a Medicaid primary care network  
296 demonstration waiver obtained subject to Section 26-18-3;

297 (ii) the Children's Health Insurance Program under Section 26-40-106; or

298 (iii) the Ryan White Program Comprehensive AIDS Resources Emergency Act, Pub. L.  
299 101-381, and Ryan White HIV/AIDS Treatment Modernization Act of 2006, Pub. L. 109-415.

300 (35) "Credit accident and health insurance" means insurance on a debtor to provide  
301 indemnity for payments coming due on a specific loan or other credit transaction while the  
302 debtor has a disability.

303 (36) (a) "Credit insurance" means insurance offered in connection with an extension of  
304 credit that is limited to partially or wholly extinguishing that credit obligation.

305 (b) "Credit insurance" includes:

306 (i) credit accident and health insurance;

307 (ii) credit life insurance;

308 (iii) credit property insurance;

309 (iv) credit unemployment insurance;

- 310 (v) guaranteed automobile protection insurance;
- 311 (vi) involuntary unemployment insurance;
- 312 (vii) mortgage accident and health insurance;
- 313 (viii) mortgage guaranty insurance; and
- 314 (ix) mortgage life insurance.

315 (37) "Credit life insurance" means insurance on the life of a debtor in connection with  
316 an extension of credit that pays a person if the debtor dies.

- 317 (38) "Credit property insurance" means insurance:
  - 318 (a) offered in connection with an extension of credit; and
  - 319 (b) that protects the property until the debt is paid.

- 320 (39) "Credit unemployment insurance" means insurance:
  - 321 (a) offered in connection with an extension of credit; and
  - 322 (b) that provides indemnity if the debtor is unemployed for payments coming due on a:
    - 323 (i) specific loan; or
    - 324 (ii) credit transaction.

- 325 (40) "Creditor" means a person, including an insured, having a claim, whether:
  - 326 (a) matured;
  - 327 (b) unmatured;
  - 328 (c) liquidated;
  - 329 (d) unliquidated;
  - 330 (e) secured;
  - 331 (f) unsecured;
  - 332 (g) absolute;
  - 333 (h) fixed; or
  - 334 (i) contingent.

335 (41) (a) "Crop insurance" means insurance providing protection against damage to  
336 crops from unfavorable weather conditions, fire or lightning, flood, hail, insect infestation,  
337 disease, or other yield-reducing conditions or perils that is:

- 338 (i) provided by the private insurance market; or
- 339 (ii) subsidized by the Federal Crop Insurance Corporation.
- 340 (b) "Crop insurance" includes multiperil crop insurance.
- 341 (42) (a) "Customer service representative" means a person that provides an insurance
- 342 service and insurance product information:
- 343 (i) for the customer service representative's:
- 344 (A) producer;
- 345 (B) surplus lines producer; or
- 346 (C) consultant employer; and
- 347 (ii) to the customer service representative's employer's:
- 348 (A) customer;
- 349 (B) client; or
- 350 (C) organization.
- 351 (b) A customer service representative may only operate within the scope of authority of
- 352 the customer service representative's producer, surplus lines producer, or consultant employer.
- 353 (43) "Deadline" means a final date or time:
- 354 (a) imposed by:
- 355 (i) statute;
- 356 (ii) rule; or
- 357 (iii) order; and
- 358 (b) by which a required filing or payment must be received by the department.
- 359 (44) "Deemer clause" means a provision under this title under which upon the
- 360 occurrence of a condition precedent, the commissioner is considered to have taken a specific
- 361 action. If the statute so provides, a condition precedent may be the commissioner's failure to
- 362 take a specific action.
- 363 (45) "Degree of relationship" means the number of steps between two persons
- 364 determined by counting the generations separating one person from a common ancestor and
- 365 then counting the generations to the other person.

- 366 (46) "Department" means the Insurance Department.
- 367 (47) "Director" means a member of the board of directors of a corporation.
- 368 (48) "Disability" means a physiological or psychological condition that partially or  
369 totally limits an individual's ability to:
- 370 (a) perform the duties of:
- 371 (i) that individual's occupation; or
- 372 (ii) any occupation for which the individual is reasonably suited by education, training,  
373 or experience; or
- 374 (b) perform two or more of the following basic activities of daily living:
- 375 (i) eating;
- 376 (ii) toileting;
- 377 (iii) transferring;
- 378 (iv) bathing; or
- 379 (v) dressing.
- 380 (49) "Disability income insurance" is defined in Subsection (79).
- 381 (50) "Domestic insurer" means an insurer organized under the laws of this state.
- 382 (51) "Domiciliary state" means the state in which an insurer:
- 383 (a) is incorporated;
- 384 (b) is organized; or
- 385 (c) in the case of an alien insurer, enters into the United States.
- 386 (52) (a) "Eligible employee" means:
- 387 (i) an employee who:
- 388 (A) works on a full-time basis; and
- 389 (B) has a normal work week of 30 or more hours; or
- 390 (ii) a person described in Subsection (52)(b).
- 391 (b) "Eligible employee" includes, if the individual is included under a health benefit  
392 plan of a small employer:
- 393 (i) a sole proprietor;

- 394 (ii) a partner in a partnership; or
- 395 (iii) an independent contractor.
- 396 (c) "Eligible employee" does not include, unless eligible under Subsection (52)(b):
- 397 (i) an individual who works on a temporary or substitute basis for a small employer;
- 398 (ii) an employer's spouse; or
- 399 (iii) a dependent of an employer.
- 400 (53) "Employee" means an individual employed by an employer.
- 401 (54) "Employee benefits" means one or more benefits or services provided to:
- 402 (a) an employee; or
- 403 (b) a dependent of an employee.
- 404 (55) (a) "Employee welfare fund" means a fund:
- 405 (i) established or maintained, whether directly or through a trustee, by:
- 406 (A) one or more employers;
- 407 (B) one or more labor organizations; or
- 408 (C) a combination of employers and labor organizations; and
- 409 (ii) that provides employee benefits paid or contracted to be paid, other than income
- 410 from investments of the fund:
- 411 (A) by or on behalf of an employer doing business in this state; or
- 412 (B) for the benefit of a person employed in this state.
- 413 (b) "Employee welfare fund" includes a plan funded or subsidized by a user fee or tax
- 414 revenues.
- 415 (56) "Endorsement" means a written agreement attached to a policy or certificate to
- 416 modify the policy or certificate coverage.
- 417 (57) "Enrollment date," with respect to a health benefit plan, means:
- 418 (a) the first day of coverage; or
- 419 (b) if there is a waiting period, the first day of the waiting period.
- 420 (58) (a) "Escrow" means:
- 421 ~~[(i) a real estate settlement or real estate closing conducted by a third party pursuant to~~

422 ~~the requirements of a written agreement between the parties in a real estate transaction; or]~~

423 (i) a transaction that effects the sale, transfer, encumbering, or leasing of real property,

424 when a person not a party to the transaction, and neither having nor acquiring an interest in the

425 title, performs, in accordance with the written instructions or terms of the written agreement

426 between the parties to the transaction, any of the following actions:

427 (A) the explanation, holding, or creation of a document; or

428 (B) the receipt, deposit, and disbursement of money;

429 (ii) a settlement or closing involving:

430 (A) a mobile home;

431 (B) a grazing right;

432 (C) a water right; or

433 (D) other personal property authorized by the commissioner.

434 ~~[(b) "Escrow" includes the act of conducting a:]~~

435 ~~[(i) real estate settlement; or]~~

436 ~~[(ii) real estate closing.]~~

437 (b) "Escrow" does not include:

438 (i) the following notarial acts performed by a notary within the state:

439 (A) an acknowledgment;

440 (B) a copy certification;

441 (C) jurat; and

442 (D) an oath or affirmation;

443 (ii) the receipt or delivery of a document; or

444 (iii) the receipt of money for delivery to the escrow agent.

445 (59) "Escrow agent" means~~[-(a)]~~ an agency title insurance producer ~~[with:]~~ meeting

446 the requirements of Sections 31A-4-107, 31A-14-211, and 31A-23a-204, who is acting through

447 an individual title insurance producer licensed with an escrow subline of authority.

448 ~~[(i) a title insurance line of authority; and]~~

449 ~~[(ii) an escrow subline of authority; or]~~



450            [~~(b) a person defined as an escrow agent in Section 7-22-101.~~]

451            (60) (a) "Excludes" is not exhaustive and does not mean that another thing is not also  
452 excluded.

453            (b) The items listed in a list using the term "excludes" are representative examples for  
454 use in interpretation of this title.

455            (61) "Exclusion" means for the purposes of accident and health insurance that an  
456 insurer does not provide insurance coverage, for whatever reason, for one of the following:

- 457            (a) a specific physical condition;
- 458            (b) a specific medical procedure;
- 459            (c) a specific disease or disorder; or
- 460            (d) a specific prescription drug or class of prescription drugs.

461            (62) "Expense reimbursement insurance" means insurance:

- 462            (a) written to provide a payment for an expense relating to hospital confinement  
463 resulting from illness or injury; and
- 464            (b) written:
  - 465            (i) as a daily limit for a specific number of days in a hospital; and
  - 466            (ii) to have a one or two day waiting period following a hospitalization.

467            (63) "Fidelity insurance" means insurance guaranteeing the fidelity of a person holding  
468 a position of public or private trust.

469            (64) (a) "Filed" means that a filing is:

- 470            (i) submitted to the department as required by and in accordance with applicable  
471 statute, rule, or filing order;
- 472            (ii) received by the department within the time period provided in applicable statute,  
473 rule, or filing order; and
- 474            (iii) accompanied by the appropriate fee in accordance with:
  - 475            (A) Section 31A-3-103; or
  - 476            (B) rule.

477            (b) "Filed" does not include a filing that is rejected by the department because it is not

478 submitted in accordance with Subsection (64)(a).

479 (65) "Filing," when used as a noun, means an item required to be filed with the  
480 department including:

- 481 (a) a policy;
- 482 (b) a rate;
- 483 (c) a form;
- 484 (d) a document;
- 485 (e) a plan;
- 486 (f) a manual;
- 487 (g) an application;
- 488 (h) a report;
- 489 (i) a certificate;
- 490 (j) an endorsement;
- 491 (k) an actuarial certification;
- 492 (l) a licensee annual statement;
- 493 (m) a licensee renewal application;
- 494 (n) an advertisement; or
- 495 (o) an outline of coverage.

496 (66) "First party insurance" means an insurance policy or contract in which the insurer  
497 agrees to pay a claim submitted to it by the insured for the insured's losses.

498 (67) "Foreign insurer" means an insurer domiciled outside of this state, including an  
499 alien insurer.

500 (68) (a) "Form" means one of the following prepared for general use:

- 501 (i) a policy;
- 502 (ii) a certificate;
- 503 (iii) an application;
- 504 (iv) an outline of coverage; or
- 505 (v) an endorsement.

506 (b) "Form" does not include a document specially prepared for use in an individual  
507 case.

508 (69) "Franchise insurance" means an individual insurance policy provided through a  
509 mass marketing arrangement involving a defined class of persons related in some way other  
510 than through the purchase of insurance.

511 (70) "General lines of authority" include:

512 (a) the general lines of insurance in Subsection (71);

513 (b) title insurance under one of the following sublines of authority:

514 (i) search, including authority to act as a title marketing representative;

515 (ii) escrow, including authority to act as a title marketing representative; and

516 (iii) title marketing representative only;

517 (c) surplus lines;

518 (d) workers' compensation; and

519 (e) any other line of insurance that the commissioner considers necessary to recognize  
520 in the public interest.

521 (71) "General lines of insurance" include:

522 (a) accident and health;

523 (b) casualty;

524 (c) life;

525 (d) personal lines;

526 (e) property; and

527 (f) variable contracts, including variable life and annuity.

528 (72) "Group health plan" means an employee welfare benefit plan to the extent that the  
529 plan provides medical care:

530 (a) (i) to an employee; or

531 (ii) to a dependent of an employee; and

532 (b) (i) directly;

533 (ii) through insurance reimbursement; or

534 (iii) through another method.

535 (73) (a) "Group insurance policy" means a policy covering a group of persons that is  
536 issued:

537 (i) to a policyholder on behalf of the group; and

538 (ii) for the benefit of a member of the group who is selected under a procedure defined

539 in:

540 (A) the policy; or

541 (B) an agreement that is collateral to the policy.

542 (b) A group insurance policy may include a member of the policyholder's family or a  
543 dependent.

544 (74) "Guaranteed automobile protection insurance" means insurance offered in  
545 connection with an extension of credit that pays the difference in amount between the  
546 insurance settlement and the balance of the loan if the insured automobile is a total loss.

547 (75) (a) Except as provided in Subsection (75)(b), "health benefit plan" means a policy  
548 or certificate that:

549 (i) provides health care insurance;

550 (ii) provides major medical expense insurance; or

551 (iii) is offered as a substitute for hospital or medical expense insurance, such as:

552 (A) a hospital confinement indemnity; or

553 (B) a limited benefit plan.

554 (b) "Health benefit plan" does not include a policy or certificate that:

555 (i) provides benefits solely for:

556 (A) accident;

557 (B) dental;

558 (C) income replacement;

559 (D) long-term care;

560 (E) a Medicare supplement;

561 (F) a specified disease;

- 562 (G) vision; or
- 563 (H) a short-term limited duration; or
- 564 (ii) is offered and marketed as supplemental health insurance.
- 565 (76) "Health care" means any of the following intended for use in the diagnosis,
- 566 treatment, mitigation, or prevention of a human ailment or impairment:
  - 567 (a) a professional service;
  - 568 (b) a personal service;
  - 569 (c) a facility;
  - 570 (d) equipment;
  - 571 (e) a device;
  - 572 (f) supplies; or
  - 573 (g) medicine.
- 574 (77) (a) "Health care insurance" or "health insurance" means insurance providing:
  - 575 (i) a health care benefit; or
  - 576 (ii) payment of an incurred health care expense.
- 577 (b) "Health care insurance" or "health insurance" does not include accident and health
- 578 insurance providing a benefit for:
  - 579 (i) replacement of income;
  - 580 (ii) short-term accident;
  - 581 (iii) fixed indemnity;
  - 582 (iv) credit accident and health;
  - 583 (v) supplements to liability;
  - 584 (vi) workers' compensation;
  - 585 (vii) automobile medical payment;
  - 586 (viii) no-fault automobile;
  - 587 (ix) equivalent self-insurance; or
  - 588 (x) a type of accident and health insurance coverage that is a part of or attached to
  - 589 another type of policy.

590 (78) "Health Insurance Portability and Accountability Act" means the Health Insurance  
591 Portability and Accountability Act of 1996, Pub. L. 104-191, 110 Stat. 1936, as amended.

592 (79) "Income replacement insurance" or "disability income insurance" means insurance  
593 written to provide payments to replace income lost from accident or sickness.

594 (80) "Indemnity" means the payment of an amount to offset all or part of an insured  
595 loss.

596 (81) "Independent adjuster" means an insurance adjuster required to be licensed under  
597 Section 31A-26-201 who engages in insurance adjusting as a representative of an insurer.

598 (82) "Independently procured insurance" means insurance procured under Section  
599 31A-15-104.

600 (83) "Individual" means a natural person.

601 (84) "Inland marine insurance" includes insurance covering:

602 (a) property in transit on or over land;

603 (b) property in transit over water by means other than boat or ship;

604 (c) bailee liability;

605 (d) fixed transportation property such as bridges, electric transmission systems, radio  
606 and television transmission towers and tunnels; and

607 (e) personal and commercial property floaters.

608 (85) "Insolvency" means that:

609 (a) an insurer is unable to pay its debts or meet its obligations as the debts and  
610 obligations mature;

611 (b) an insurer's total adjusted capital is less than the insurer's mandatory control level  
612 RBC under Subsection 31A-17-601(8)(c); or

613 (c) an insurer is determined to be hazardous under this title.

614 (86) (a) "Insurance" means:

615 (i) an arrangement, contract, or plan for the transfer of a risk or risks from one or more  
616 persons to one or more other persons; or

617 (ii) an arrangement, contract, or plan for the distribution of a risk or risks among a

618 group of persons that includes the person seeking to distribute that person's risk.

619 (b) "Insurance" includes:

620 (i) a risk distributing arrangement providing for compensation or replacement for  
621 damages or loss through the provision of a service or a benefit in kind;

622 (ii) a contract of guaranty or suretyship entered into by the guarantor or surety as a  
623 business and not as merely incidental to a business transaction; and

624 (iii) a plan in which the risk does not rest upon the person who makes an arrangement,  
625 but with a class of persons who have agreed to share the risk.

626 (87) "Insurance adjuster" means a person who directs the investigation, negotiation, or  
627 settlement of a claim under an insurance policy other than life insurance or an annuity, on  
628 behalf of an insurer, policyholder, or a claimant under an insurance policy.

629 (88) "Insurance business" or "business of insurance" includes:

630 (a) providing health care insurance by an organization that is or is required to be  
631 licensed under this title;

632 (b) providing a benefit to an employee in the event of a contingency not within the  
633 control of the employee, in which the employee is entitled to the benefit as a right, which  
634 benefit may be provided either:

635 (i) by a single employer or by multiple employer groups; or

636 (ii) through one or more trusts, associations, or other entities;

637 (c) providing an annuity:

638 (i) including an annuity issued in return for a gift; and

639 (ii) except an annuity provided by a person specified in Subsections 31A-22-1305(2)

640 and (3);

641 (d) providing the characteristic services of a motor club as outlined in Subsection  
642 (116);

643 (e) providing another person with insurance;

644 (f) making as insurer, guarantor, or surety, or proposing to make as insurer, guarantor,  
645 or surety, a contract or policy of title insurance;

646 (g) transacting or proposing to transact any phase of title insurance, including:  
647 (i) solicitation;  
648 (ii) negotiation preliminary to execution;  
649 (iii) execution of a contract of title insurance;  
650 (iv) insuring; and  
651 (v) transacting matters subsequent to the execution of the contract and arising out of

652 the contract, including reinsurance;

653 (h) transacting or proposing a life settlement; and  
654 (i) doing, or proposing to do, any business in substance equivalent to Subsections  
655 (88)(a) through (h) in a manner designed to evade this title.

656 (89) "Insurance consultant" or "consultant" means a person who:

657 (a) advises another person about insurance needs and coverages;  
658 (b) is compensated by the person advised on a basis not directly related to the insurance  
659 placed; and

660 (c) except as provided in Section 31A-23a-501, is not compensated directly or  
661 indirectly by an insurer or producer for advice given.

662 (90) "Insurance holding company system" means a group of two or more affiliated  
663 persons, at least one of whom is an insurer.

664 (91) (a) "Insurance producer" or "producer" means a person licensed or required to be  
665 licensed under the laws of this state to sell, solicit, or negotiate insurance.

666 (b) (i) "Producer for the insurer" means a producer who is compensated directly or  
667 indirectly by an insurer for selling, soliciting, or negotiating an insurance product of that  
668 insurer.

669 (ii) "Producer for the insurer" may be referred to as an "agent."

670 (c) (i) "Producer for the insured" means a producer who:

671 (A) is compensated directly and only by an insurance customer or an insured; and

672 (B) receives no compensation directly or indirectly from an insurer for selling,  
673 soliciting, or negotiating an insurance product of that insurer to an insurance customer or



674 insured.

675 (ii) "Producer for the insured" may be referred to as a "broker."

676 (92) (a) "Insured" means a person to whom or for whose benefit an insurer makes a  
677 promise in an insurance policy and includes:

678 (i) a policyholder;

679 (ii) a subscriber;

680 (iii) a member; and

681 (iv) a beneficiary.

682 (b) The definition in Subsection (92)(a):

683 (i) applies only to this title; and

684 (ii) does not define the meaning of this word as used in an insurance policy or  
685 certificate.

686 (93) (a) "Insurer" means a person doing an insurance business as a principal including:

687 (i) a fraternal benefit society;

688 (ii) an issuer of a gift annuity other than an annuity specified in Subsections

689 31A-22-1305(2) and (3);

690 (iii) a motor club;

691 (iv) an employee welfare plan; and

692 (v) a person purporting or intending to do an insurance business as a principal on that  
693 person's own account.

694 (b) "Insurer" does not include a governmental entity to the extent the governmental  
695 entity is engaged in an activity described in Section 31A-12-107.

696 (94) "Interinsurance exchange" is defined in Subsection [~~(145)~~] (146).

697 (95) "Involuntary unemployment insurance" means insurance:

698 (a) offered in connection with an extension of credit; and

699 (b) that provides indemnity if the debtor is involuntarily unemployed for payments  
700 coming due on a:

701 (i) specific loan; or

702 (ii) credit transaction.

703 (96) "Large employer," in connection with a health benefit plan, means an employer  
704 who, with respect to a calendar year and to a plan year:

705 (a) employed an average of at least 51 eligible employees on each business day during  
706 the preceding calendar year; and

707 (b) employs at least two employees on the first day of the plan year.

708 (97) "Late enrollee," with respect to an employer health benefit plan, means an  
709 individual whose enrollment is a late enrollment.

710 (98) "Late enrollment," with respect to an employer health benefit plan, means  
711 enrollment of an individual other than:

712 (a) on the earliest date on which coverage can become effective for the individual  
713 under the terms of the plan; or

714 (b) through special enrollment.

715 (99) (a) Except for a retainer contract or legal assistance described in Section  
716 31A-1-103, "legal expense insurance" means insurance written to indemnify or pay for a  
717 specified legal expense.

718 (b) "Legal expense insurance" includes an arrangement that creates a reasonable  
719 expectation of an enforceable right.

720 (c) "Legal expense insurance" does not include the provision of, or reimbursement for,  
721 legal services incidental to other insurance coverage.

722 (100) (a) "Liability insurance" means insurance against liability:

723 (i) for death, injury, or disability of a human being, or for damage to property,  
724 exclusive of the coverages under:

725 (A) Subsection (110) for medical malpractice insurance;

726 (B) Subsection [~~(137)~~] (138) for professional liability insurance; and

727 (C) Subsection [~~(171)~~] (172) for workers' compensation insurance;

728 (ii) for a medical, hospital, surgical, and funeral benefit to a person other than the  
729 insured who is injured, irrespective of legal liability of the insured, when issued with or

730 supplemental to insurance against legal liability for the death, injury, or disability of a human  
731 being, exclusive of the coverages under:

- 732 (A) Subsection (110) for medical malpractice insurance;
- 733 (B) Subsection [~~(137)~~] (138) for professional liability insurance; and
- 734 (C) Subsection [~~(171)~~] (172) for workers' compensation insurance;
- 735 (iii) for loss or damage to property resulting from an accident to or explosion of a  
736 boiler, pipe, pressure container, machinery, or apparatus;
- 737 (iv) for loss or damage to property caused by:
  - 738 (A) the breakage or leakage of a sprinkler, water pipe, or water container; or
  - 739 (B) water entering through a leak or opening in a building; or
  - 740 (v) for other loss or damage properly the subject of insurance not within another kind  
741 of insurance as defined in this chapter, if the insurance is not contrary to law or public policy.

- 742 (b) "Liability insurance" includes:
  - 743 (i) vehicle liability insurance;
  - 744 (ii) residential dwelling liability insurance; and
  - 745 (iii) making inspection of, and issuing a certificate of inspection upon, an elevator,  
746 boiler, machinery, or apparatus of any kind when done in connection with insurance on the  
747 elevator, boiler, machinery, or apparatus.

748 (101) (a) "License" means authorization issued by the commissioner to engage in an  
749 activity that is part of or related to the insurance business.

750 (b) "License" includes a certificate of authority issued to an insurer.

- 751 (102) (a) "Life insurance" means:
  - 752 (i) insurance on a human life; and
  - 753 (ii) insurance pertaining to or connected with human life.

- 754 (b) The business of life insurance includes:
  - 755 (i) granting a death benefit;
  - 756 (ii) granting an annuity benefit;
  - 757 (iii) granting an endowment benefit;

- 758 (iv) granting an additional benefit in the event of death by accident;
- 759 (v) granting an additional benefit to safeguard the policy against lapse; and
- 760 (vi) providing an optional method of settlement of proceeds.
- 761 (103) "Limited license" means a license that:
  - 762 (a) is issued for a specific product of insurance; and
  - 763 (b) limits an individual or agency to transact only for that product or insurance.
- 764 (104) "Limited line credit insurance" includes the following forms of insurance:
  - 765 (a) credit life;
  - 766 (b) credit accident and health;
  - 767 (c) credit property;
  - 768 (d) credit unemployment;
  - 769 (e) involuntary unemployment;
  - 770 (f) mortgage life;
  - 771 (g) mortgage guaranty;
  - 772 (h) mortgage accident and health;
  - 773 (i) guaranteed automobile protection; and
  - 774 (j) another form of insurance offered in connection with an extension of credit that:
    - 775 (i) is limited to partially or wholly extinguishing the credit obligation; and
    - 776 (ii) the commissioner determines by rule should be designated as a form of limited line
    - 777 credit insurance.
- 778 (105) "Limited line credit insurance producer" means a person who sells, solicits, or
- 779 negotiates one or more forms of limited line credit insurance coverage to an individual through
- 780 a master, corporate, group, or individual policy.
- 781 (106) "Limited line insurance" includes:
  - 782 (a) bail bond;
  - 783 (b) limited line credit insurance;
  - 784 (c) legal expense insurance;
  - 785 (d) motor club insurance;

- 786 (e) car rental related insurance;
- 787 (f) travel insurance;
- 788 (g) crop insurance;
- 789 (h) self-service storage insurance;
- 790 (i) guaranteed asset protection waiver;
- 791 (j) portable electronics insurance; and
- 792 (k) another form of limited insurance that the commissioner determines by rule should
- 793 be designated a form of limited line insurance.

794 (107) "Limited lines authority" includes:

- 795 (a) the lines of insurance listed in Subsection (106); and
- 796 (b) a customer service representative.

797 (108) "Limited lines producer" means a person who sells, solicits, or negotiates limited

798 lines insurance.

799 (109) (a) "Long-term care insurance" means an insurance policy or rider advertised,

800 marketed, offered, or designated to provide coverage:

- 801 (i) in a setting other than an acute care unit of a hospital;
- 802 (ii) for not less than 12 consecutive months for a covered person on the basis of:
  - 803 (A) expenses incurred;
  - 804 (B) indemnity;
  - 805 (C) prepayment; or
  - 806 (D) another method;
- 807 (iii) for one or more necessary or medically necessary services that are:
  - 808 (A) diagnostic;
  - 809 (B) preventative;
  - 810 (C) therapeutic;
  - 811 (D) rehabilitative;
  - 812 (E) maintenance; or
  - 813 (F) personal care; and

- 814 (iv) that may be issued by:
- 815 (A) an insurer;
- 816 (B) a fraternal benefit society;
- 817 (C) (I) a nonprofit health hospital; and
- 818 (II) a medical service corporation;
- 819 (D) a prepaid health plan;
- 820 (E) a health maintenance organization; or
- 821 (F) an entity similar to the entities described in Subsections (109)(a)(iv)(A) through (E)
- 822 to the extent that the entity is otherwise authorized to issue life or health care insurance.
- 823 (b) "Long-term care insurance" includes:
- 824 (i) any of the following that provide directly or supplement long-term care insurance:
- 825 (A) a group or individual annuity or rider; or
- 826 (B) a life insurance policy or rider;
- 827 (ii) a policy or rider that provides for payment of benefits on the basis of:
- 828 (A) cognitive impairment; or
- 829 (B) functional capacity; or
- 830 (iii) a qualified long-term care insurance contract.
- 831 (c) "Long-term care insurance" does not include:
- 832 (i) a policy that is offered primarily to provide basic Medicare supplement coverage;
- 833 (ii) basic hospital expense coverage;
- 834 (iii) basic medical/surgical expense coverage;
- 835 (iv) hospital confinement indemnity coverage;
- 836 (v) major medical expense coverage;
- 837 (vi) income replacement or related asset-protection coverage;
- 838 (vii) accident only coverage;
- 839 (viii) coverage for a specified:
- 840 (A) disease; or
- 841 (B) accident;

842 (ix) limited benefit health coverage; or  
843 (x) a life insurance policy that accelerates the death benefit to provide the option of a  
844 lump sum payment:

845 (A) if the following are not conditioned on the receipt of long-term care:

846 (I) benefits; or

847 (II) eligibility; and

848 (B) the coverage is for one or more the following qualifying events:

849 (I) terminal illness;

850 (II) medical conditions requiring extraordinary medical intervention; or

851 (III) permanent institutional confinement.

852 (110) "Medical malpractice insurance" means insurance against legal liability incident  
853 to the practice and provision of a medical service other than the practice and provision of a  
854 dental service.

855 (111) "Member" means a person having membership rights in an insurance  
856 corporation.

857 (112) "Minimum capital" or "minimum required capital" means the capital that must be  
858 constantly maintained by a stock insurance corporation as required by statute.

859 (113) "Mortgage accident and health insurance" means insurance offered in connection  
860 with an extension of credit that provides indemnity for payments coming due on a mortgage  
861 while the debtor has a disability.

862 (114) "Mortgage guaranty insurance" means surety insurance under which a mortgagee  
863 or other creditor is indemnified against losses caused by the default of a debtor.

864 (115) "Mortgage life insurance" means insurance on the life of a debtor in connection  
865 with an extension of credit that pays if the debtor dies.

866 (116) "Motor club" means a person:

867 (a) licensed under:

868 (i) Chapter 5, Domestic Stock and Mutual Insurance Corporations;

869 (ii) Chapter 11, Motor Clubs; or

870 (iii) Chapter 14, Foreign Insurers; and  
871 (b) that promises for an advance consideration to provide for a stated period of time  
872 one or more:

- 873 (i) legal services under Subsection 31A-11-102(1)(b);
- 874 (ii) bail services under Subsection 31A-11-102(1)(c); or
- 875 (iii) (A) trip reimbursement;
- 876 (B) towing services;
- 877 (C) emergency road services;
- 878 (D) stolen automobile services;
- 879 (E) a combination of the services listed in Subsections (116)(b)(iii)(A) through (D); or
- 880 (F) other services given in Subsections 31A-11-102(1)(b) through (f).

881 (117) "Mutual" means a mutual insurance corporation.

882 (118) "Network plan" means health care insurance:

- 883 (a) that is issued by an insurer; and
- 884 (b) under which the financing and delivery of medical care is provided, in whole or in  
885 part, through a defined set of providers under contract with the insurer, including the financing  
886 and delivery of an item paid for as medical care.

887 (119) "Nonparticipating" means a plan of insurance under which the insured is not  
888 entitled to receive a dividend representing a share of the surplus of the insurer.

889 (120) "Ocean marine insurance" means insurance against loss of or damage to:

- 890 (a) ships or hulls of ships;
- 891 (b) goods, freight, cargoes, merchandise, effects, disbursements, profits, money,  
892 securities, choses in action, evidences of debt, valuable papers, bottomry, respondentia  
893 interests, or other cargoes in or awaiting transit over the oceans or inland waterways;
- 894 (c) earnings such as freight, passage money, commissions, or profits derived from  
895 transporting goods or people upon or across the oceans or inland waterways; or
- 896 (d) a vessel owner or operator as a result of liability to employees, passengers, bailors,  
897 owners of other vessels, owners of fixed objects, customs or other authorities, or other persons



898 in connection with maritime activity.

899 (121) "Order" means an order of the commissioner.

900 (122) "Outline of coverage" means a summary that explains an accident and health  
901 insurance policy.

902 (123) "Participating" means a plan of insurance under which the insured is entitled to  
903 receive a dividend representing a share of the surplus of the insurer.

904 (124) "Participation," as used in a health benefit plan, means a requirement relating to  
905 the minimum percentage of eligible employees that must be enrolled in relation to the total  
906 number of eligible employees of an employer reduced by each eligible employee who  
907 voluntarily declines coverage under the plan because the employee:

908 (a) has other group health care insurance coverage; or

909 (b) receives:

910 (i) Medicare, under the Health Insurance for the Aged Act, Title XVIII of the Social  
911 Security Amendments of 1965; or

912 (ii) another government health benefit.

913 (125) "Person" includes:

914 (a) an individual;

915 (b) a partnership;

916 (c) a corporation;

917 (d) an incorporated or unincorporated association;

918 (e) a joint stock company;

919 (f) a trust;

920 (g) a limited liability company;

921 (h) a reciprocal;

922 (i) a syndicate; or

923 (j) another similar entity or combination of entities acting in concert.

924 (126) "Personal lines insurance" means property and casualty insurance coverage sold  
925 for primarily noncommercial purposes to:

- 926 (a) an individual; or
- 927 (b) a family.
- 928 (127) "Plan sponsor" is as defined in 29 U.S.C. Sec. 1002(16)(B).
- 929 (128) "Plan year" means:
- 930 (a) the year that is designated as the plan year in:
- 931 (i) the plan document of a group health plan; or
- 932 (ii) a summary plan description of a group health plan;
- 933 (b) if the plan document or summary plan description does not designate a plan year or
- 934 there is no plan document or summary plan description:
- 935 (i) the year used to determine deductibles or limits;
- 936 (ii) the policy year, if the plan does not impose deductibles or limits on a yearly basis;
- 937 or
- 938 (iii) the employer's taxable year if:
- 939 (A) the plan does not impose deductibles or limits on a yearly basis; and
- 940 (B) (I) the plan is not insured; or
- 941 (II) the insurance policy is not renewed on an annual basis; or
- 942 (c) in a case not described in Subsection (128)(a) or (b), the calendar year.
- 943 (129) (a) "Policy" means a document, including an attached endorsement or application
- 944 that:
- 945 (i) purports to be an enforceable contract; and
- 946 (ii) memorializes in writing some or all of the terms of an insurance contract.
- 947 (b) "Policy" includes a service contract issued by:
- 948 (i) a motor club under Chapter 11, Motor Clubs;
- 949 (ii) a service contract provided under Chapter 6a, Service Contracts; and
- 950 (iii) a corporation licensed under:
- 951 (A) Chapter 7, Nonprofit Health Service Insurance Corporations; or
- 952 (B) Chapter 8, Health Maintenance Organizations and Limited Health Plans.
- 953 (c) "Policy" does not include:

954 (i) a certificate under a group insurance contract; or  
955 (ii) a document that does not purport to have legal effect.  
956 (130) "Policyholder" means a person who controls a policy, binder, or oral contract by  
957 ownership, premium payment, or otherwise.  
958 (131) "Policy illustration" means a presentation or depiction that includes  
959 nonguaranteed elements of a policy of life insurance over a period of years.  
960 (132) "Policy summary" means a synopsis describing the elements of a life insurance  
961 policy.  
962 (133) "PPACA" means the Patient Protection and Affordable Care Act, Pub. L. No.  
963 111-148 and the Health Care Education Reconciliation Act of 2010, Pub. L. No. 111-152, and  
964 related federal regulations and guidance.  
965 [~~133~~] (134) "Preexisting condition," with respect to a health benefit plan:  
966 (a) means a condition that was present before the effective date of coverage, whether or  
967 not medical advice, diagnosis, care, or treatment was recommended or received before that day;  
968 and  
969 (b) does not include a condition indicated by genetic information unless an actual  
970 diagnosis of the condition by a physician has been made.  
971 [~~134~~] (135) (a) "Premium" means the monetary consideration for an insurance policy.  
972 (b) "Premium" includes, however designated:  
973 (i) an assessment;  
974 (ii) a membership fee;  
975 (iii) a required contribution; or  
976 (iv) monetary consideration.  
977 (c) (i) "Premium" does not include consideration paid to a third party administrator for  
978 the third party administrator's services.  
979 (ii) "Premium" includes an amount paid by a third party administrator to an insurer for  
980 insurance on the risks administered by the third party administrator.  
981 [~~135~~] (136) "Principal officers" for a corporation means the officers designated under

982 Subsection 31A-5-203(3).

983       ~~[(136)]~~ (137) "Proceeding" includes an action or special statutory proceeding.

984       ~~[(137)]~~ (138) "Professional liability insurance" means insurance against legal liability  
985 incident to the practice of a profession and provision of a professional service.

986       ~~[(138)]~~ (139) (a) Except as provided in Subsection ~~[(138)]~~ (139)(b), "property  
987 insurance" means insurance against loss or damage to real or personal property of every kind  
988 and any interest in that property:

989           (i) from all hazards or causes; and

990           (ii) against loss consequential upon the loss or damage including vehicle  
991 comprehensive and vehicle physical damage coverages.

992       (b) "Property insurance" does not include:

993           (i) inland marine insurance; and

994           (ii) ocean marine insurance.

995       ~~[(139)]~~ (140) "Qualified long-term care insurance contract" or "federally tax qualified  
996 long-term care insurance contract" means:

997           (a) an individual or group insurance contract that meets the requirements of Section  
998 7702B(b), Internal Revenue Code; or

999           (b) the portion of a life insurance contract that provides long-term care insurance:

1000           (i) (A) by rider; or

1001           (B) as a part of the contract; and

1002           (ii) that satisfies the requirements of Sections 7702B(b) and (e), Internal Revenue

1003 Code.

1004       ~~[(140)]~~ (141) "Qualified United States financial institution" means an institution that:

1005           (a) is:

1006           (i) organized under the laws of the United States or any state; or

1007           (ii) in the case of a United States office of a foreign banking organization, licensed  
1008 under the laws of the United States or any state;

1009           (b) is regulated, supervised, and examined by a United States federal or state authority

1010 having regulatory authority over a bank or trust company; and

1011 (c) meets the standards of financial condition and standing that are considered

1012 necessary and appropriate to regulate the quality of a financial institution whose letters of credit

1013 will be acceptable to the commissioner as determined by:

1014 (i) the commissioner by rule; or

1015 (ii) the Securities Valuation Office of the National Association of Insurance

1016 Commissioners.

1017 [~~(141)~~] (142) (a) "Rate" means:

1018 (i) the cost of a given unit of insurance; or

1019 (ii) for property or casualty insurance, that cost of insurance per exposure unit either

1020 expressed as:

1021 (A) a single number; or

1022 (B) a pure premium rate, adjusted before the application of individual risk variations

1023 based on loss or expense considerations to account for the treatment of:

1024 (I) expenses;

1025 (II) profit; and

1026 (III) individual insurer variation in loss experience.

1027 (b) "Rate" does not include a minimum premium.

1028 [~~(142)~~] (143) (a) Except as provided in Subsection [~~(142)~~] (143)(b), "rate service

1029 organization" means a person who assists an insurer in rate making or filing by:

1030 (i) collecting, compiling, and furnishing loss or expense statistics;

1031 (ii) recommending, making, or filing rates or supplementary rate information; or

1032 (iii) advising about rate questions, except as an attorney giving legal advice.

1033 (b) "Rate service organization" does not mean:

1034 (i) an employee of an insurer;

1035 (ii) a single insurer or group of insurers under common control;

1036 (iii) a joint underwriting group; or

1037 (iv) an individual serving as an actuarial or legal consultant.

1038            [~~(143)~~] (144) "Rating manual" means any of the following used to determine initial and  
1039 renewal policy premiums:

- 1040            (a) a manual of rates;
- 1041            (b) a classification;
- 1042            (c) a rate-related underwriting rule; and
- 1043            (d) a rating formula that describes steps, policies, and procedures for determining  
1044 initial and renewal policy premiums.

1045            [~~(144)~~] (145) "Received by the department" means:

- 1046            (a) the date delivered to and stamped received by the department, if delivered in  
1047 person;
- 1048            (b) the post mark date, if delivered by mail;
- 1049            (c) the delivery service's post mark or pickup date, if delivered by a delivery service;
- 1050            (d) the received date recorded on an item delivered, if delivered by:
  - 1051            (i) facsimile;
  - 1052            (ii) email; or
  - 1053            (iii) another electronic method; or
- 1054            (e) a date specified in:
  - 1055            (i) a statute;
  - 1056            (ii) a rule; or
  - 1057            (iii) an order.

1058            [~~(145)~~] (146) "Reciprocal" or "interinsurance exchange" means an unincorporated  
1059 association of persons:

- 1060            (a) operating through an attorney-in-fact common to all of the persons; and
- 1061            (b) exchanging insurance contracts with one another that provide insurance coverage  
1062 on each other.

1063            [~~(146)~~] (147) "Reinsurance" means an insurance transaction where an insurer, for  
1064 consideration, transfers any portion of the risk it has assumed to another insurer. In referring to  
1065 reinsurance transactions, this title sometimes refers to:

1066 (a) the insurer transferring the risk as the "ceding insurer"; and

1067 (b) the insurer assuming the risk as the:

1068 (i) "assuming insurer"; or

1069 (ii) "assuming reinsurer."

1070 [~~(147)~~] (148) "Reinsurer" means a person licensed in this state as an insurer with the  
1071 authority to assume reinsurance.

1072 [~~(148)~~] (149) "Residential dwelling liability insurance" means insurance against  
1073 liability resulting from or incident to the ownership, maintenance, or use of a residential  
1074 dwelling that is a detached single family residence or multifamily residence up to four units.

1075 [~~(149)~~] (150) (a) "Retrocession" means reinsurance with another insurer of a liability  
1076 assumed under a reinsurance contract.

1077 (b) A reinsurer "retrocedes" when the reinsurer reinsures with another insurer part of a  
1078 liability assumed under a reinsurance contract.

1079 [~~(150)~~] (151) "Rider" means an endorsement to:

1080 (a) an insurance policy; or

1081 (b) an insurance certificate.

1082 [~~(151)~~] (152) (a) "Security" means a:

1083 (i) note;

1084 (ii) stock;

1085 (iii) bond;

1086 (iv) debenture;

1087 (v) evidence of indebtedness;

1088 (vi) certificate of interest or participation in a profit-sharing agreement;

1089 (vii) collateral-trust certificate;

1090 (viii) preorganization certificate or subscription;

1091 (ix) transferable share;

1092 (x) investment contract;

1093 (xi) voting trust certificate;

- 1094 (xii) certificate of deposit for a security;
- 1095 (xiii) certificate of interest of participation in an oil, gas, or mining title or lease or in  
1096 payments out of production under such a title or lease;
- 1097 (xiv) commodity contract or commodity option;
- 1098 (xv) certificate of interest or participation in, temporary or interim certificate for,  
1099 receipt for, guarantee of, or warrant or right to subscribe to or purchase any of the items listed  
1100 in Subsections [~~(151)~~] (152)(a)(i) through (xiv); or
- 1101 (xvi) another interest or instrument commonly known as a security.
- 1102 (b) "Security" does not include:
- 1103 (i) any of the following under which an insurance company promises to pay money in a  
1104 specific lump sum or periodically for life or some other specified period:
- 1105 (A) insurance;
- 1106 (B) an endowment policy; or
- 1107 (C) an annuity contract; or
- 1108 (ii) a burial certificate or burial contract.
- 1109 [~~(152)~~] (153) "Secondary medical condition" means a complication related to an  
1110 exclusion from coverage in accident and health insurance.
- 1111 [~~(153)~~] (154) (a) "Self-insurance" means an arrangement under which a person  
1112 provides for spreading its own risks by a systematic plan.
- 1113 (b) Except as provided in this Subsection [~~(153)~~] (154), "self-insurance" does not  
1114 include an arrangement under which a number of persons spread their risks among themselves.
- 1115 (c) "Self-insurance" includes:
- 1116 (i) an arrangement by which a governmental entity undertakes to indemnify an  
1117 employee for liability arising out of the employee's employment; and
- 1118 (ii) an arrangement by which a person with a managed program of self-insurance and  
1119 risk management undertakes to indemnify its affiliates, subsidiaries, directors, officers, or  
1120 employees for liability or risk that is related to the relationship or employment.
- 1121 (d) "Self-insurance" does not include an arrangement with an independent contractor.



1122            [~~(154)~~] (155) "Sell" means to exchange a contract of insurance:

1123            (a) by any means;

1124            (b) for money or its equivalent; and

1125            (c) on behalf of an insurance company.

1126            [~~(155)~~] (156) "Short-term care insurance" means an insurance policy or rider

1127 advertised, marketed, offered, or designed to provide coverage that is similar to long-term care

1128 insurance, but that provides coverage for less than 12 consecutive months for each covered

1129 person.

1130            [~~(156)~~] (157) "Significant break in coverage" means a period of 63 consecutive days

1131 during each of which an individual does not have creditable coverage.

1132            [~~(157)~~] (158) "Small employer," in connection with a health benefit plan, means an

1133 employer who, with respect to a calendar year and to a plan year:

1134            (a) employed an average of at least two employees but not more than 50 eligible

1135 employees on each business day during the preceding calendar year; and

1136            (b) employs at least two employees on the first day of the plan year.

1137            [~~(158)~~] (159) "Special enrollment period," in connection with a health benefit plan, has

1138 the same meaning as provided in federal regulations adopted pursuant to the Health Insurance

1139 Portability and Accountability Act.

1140            [~~(159)~~] (160) (a) "Subsidiary" of a person means an affiliate controlled by that person

1141 either directly or indirectly through one or more affiliates or intermediaries.

1142            (b) "Wholly owned subsidiary" of a person is a subsidiary of which all of the voting

1143 shares are owned by that person either alone or with its affiliates, except for the minimum

1144 number of shares the law of the subsidiary's domicile requires to be owned by directors or

1145 others.

1146            [~~(160)~~] (161) Subject to Subsection (86)(b), "surety insurance" includes:

1147            (a) a guarantee against loss or damage resulting from the failure of a principal to pay or

1148 perform the principal's obligations to a creditor or other obligee;

1149            (b) bail bond insurance; and

1150 (c) fidelity insurance.

1151 [~~(161)~~] (162) (a) "Surplus" means the excess of assets over the sum of paid-in capital  
1152 and liabilities.

1153 (b) (i) "Permanent surplus" means the surplus of [~~a mutual~~] an insurer or organization  
1154 that is designated by the insurer or organization as permanent.

1155 (ii) Sections 31A-5-211, 31A-7-201, 31A-8-209, 31A-9-209, and [~~31A-14-209~~]  
1156 31A-14-205 require that [~~mutuals~~] insurers or organizations doing business in this state  
1157 maintain specified minimum levels of permanent surplus.

1158 (iii) Except for assessable mutuals, the minimum permanent surplus requirement is the  
1159 same as the minimum required capital requirement that applies to stock insurers.

1160 (c) "Excess surplus" means:

1161 (i) for a life insurer, accident and health insurer, health organization, or property and  
1162 casualty insurer as defined in Section 31A-17-601, the lesser of:

1163 (A) that amount of an insurer's or health organization's total adjusted capital that  
1164 exceeds the product of:

1165 (I) 2.5; and

1166 (II) the sum of the insurer's or health organization's minimum capital or permanent  
1167 surplus required under Section 31A-5-211, 31A-9-209, or 31A-14-205; or

1168 (B) that amount of an insurer's or health organization's total adjusted capital that  
1169 exceeds the product of:

1170 (I) 3.0; and

1171 (II) the authorized control level RBC as defined in Subsection 31A-17-601(8)(a); and

1172 (ii) for a monoline mortgage guaranty insurer, financial guaranty insurer, or title insurer  
1173 that amount of an insurer's paid-in-capital and surplus that exceeds the product of:

1174 (A) 1.5; and

1175 (B) the insurer's total adjusted capital required by Subsection 31A-17-609(1).

1176 [~~(162)~~] (163) "Third party administrator" or "administrator" means a person who  
1177 collects charges or premiums from, or who, for consideration, adjusts or settles claims of

1178 residents of the state in connection with insurance coverage, annuities, or service insurance  
1179 coverage, except:

- 1180 (a) a union on behalf of its members;
- 1181 (b) a person administering a:
  - 1182 (i) pension plan subject to the federal Employee Retirement Income Security Act of  
1183 1974;
  - 1184 (ii) governmental plan as defined in Section 414(d), Internal Revenue Code; or
  - 1185 (iii) nonelecting church plan as described in Section 410(d), Internal Revenue Code;
- 1186 (c) an employer on behalf of the employer's employees or the employees of one or  
1187 more of the subsidiary or affiliated corporations of the employer;
- 1188 (d) an insurer licensed under the following, but only for a line of insurance for which  
1189 the insurer holds a license in this state:
  - 1190 (i) Chapter 5, Domestic Stock and Mutual Insurance Corporations;
  - 1191 (ii) Chapter 7, Nonprofit Health Service Insurance Corporations;
  - 1192 (iii) Chapter 8, Health Maintenance Organizations and Limited Health Plans;
  - 1193 (iv) Chapter 9, Insurance Fraternal; or
  - 1194 (v) Chapter 14, Foreign Insurers;
- 1195 (e) a person:
  - 1196 (i) licensed or exempt from licensing under:
    - 1197 (A) Chapter 23a, Insurance Marketing - Licensing Producers, Consultants, and  
1198 Reinsurance Intermediaries; or
    - 1199 (B) Chapter 26, Insurance Adjusters; and
  - 1200 (ii) whose activities are limited to those authorized under the license the person holds  
1201 or for which the person is exempt; or
- 1202 (f) an institution, bank, or financial institution:
  - 1203 (i) that is:
    - 1204 (A) an institution whose deposits and accounts are to any extent insured by a federal  
1205 deposit insurance agency, including the Federal Deposit Insurance Corporation or National

1206 Credit Union Administration; or

1207 (B) a bank or other financial institution that is subject to supervision or examination by  
1208 a federal or state banking authority; and

1209 (ii) that does not adjust claims without a third party administrator license.

1210 [~~(163)~~] (164) "Title insurance" means the insuring, guaranteeing, or indemnifying of an  
1211 owner of real or personal property or the holder of liens or encumbrances on that property, or  
1212 others interested in the property against loss or damage suffered by reason of liens or  
1213 encumbrances upon, defects in, or the unmarketability of the title to the property, or invalidity  
1214 or unenforceability of any liens or encumbrances on the property.

1215 [~~(164)~~] (165) "Total adjusted capital" means the sum of an insurer's or health  
1216 organization's statutory capital and surplus as determined in accordance with:

1217 (a) the statutory accounting applicable to the annual financial statements required to be  
1218 filed under Section 31A-4-113; and

1219 (b) another item provided by the RBC instructions, as RBC instructions is defined in  
1220 Section 31A-17-601.

1221 [~~(165)~~] (166) (a) "Trustee" means "director" when referring to the board of directors of  
1222 a corporation.

1223 (b) "Trustee," when used in reference to an employee welfare fund, means an  
1224 individual, firm, association, organization, joint stock company, or corporation, whether acting  
1225 individually or jointly and whether designated by that name or any other, that is charged with  
1226 or has the overall management of an employee welfare fund.

1227 [~~(166)~~] (167) (a) "Unauthorized insurer," "unadmitted insurer," or "nonadmitted  
1228 insurer" means an insurer:

1229 (i) not holding a valid certificate of authority to do an insurance business in this state;

1230 or

1231 (ii) transacting business not authorized by a valid certificate.

1232 (b) "Admitted insurer" or "authorized insurer" means an insurer:

1233 (i) holding a valid certificate of authority to do an insurance business in this state; and

1234 (ii) transacting business as authorized by a valid certificate.

1235 [~~(167)~~] (168) "Underwrite" means the authority to accept or reject risk on behalf of the  
1236 insurer.

1237 [~~(168)~~] (169) "Vehicle liability insurance" means insurance against liability resulting  
1238 from or incident to ownership, maintenance, or use of a land vehicle or aircraft, exclusive of a  
1239 vehicle comprehensive or vehicle physical damage coverage under Subsection [~~(138)~~] (139).

1240 [~~(169)~~] (170) "Voting security" means a security with voting rights, and includes a  
1241 security convertible into a security with a voting right associated with the security.

1242 [~~(170)~~] (171) "Waiting period" for a health benefit plan means the period that must  
1243 pass before coverage for an individual, who is otherwise eligible to enroll under the terms of  
1244 the health benefit plan, can become effective.

1245 [~~(171)~~] (172) "Workers' compensation insurance" means:

1246 (a) insurance for indemnification of an employer against liability for compensation  
1247 based on:

1248 (i) a compensable accidental injury; and

1249 (ii) occupational disease disability;

1250 (b) employer's liability insurance incidental to workers' compensation insurance and  
1251 written in connection with workers' compensation insurance; and

1252 (c) insurance assuring to a person entitled to workers' compensation benefits the  
1253 compensation provided by law.

1254 Section 2. Section **31A-2-201.2** is amended to read:

1255 **31A-2-201.2. Evaluation of health insurance market.**

1256 (1) Each year the commissioner shall:

1257 (a) conduct an evaluation of the state's health insurance market;

1258 (b) report the findings of the evaluation to the Health and Human Services Interim  
1259 Committee before October 1 of each year; and

1260 (c) publish the findings of the evaluation on the department website.

1261 (2) The evaluation required by this section shall:

1262 (a) analyze the effectiveness of the insurance regulations and statutes in promoting a  
1263 healthy, competitive health insurance market that meets the needs of the state, and includes an  
1264 analysis of:

1265 (i) the availability and marketing of individual and group products;

1266 (ii) rate changes;

1267 (iii) coverage and demographic changes;

1268 (iv) benefit trends;

1269 (v) market share changes; and

1270 (vi) accessibility;

1271 (b) assess complaint ratios and trends within the health insurance market, which  
1272 assessment shall include complaint data from the Office of Consumer Health Assistance within  
1273 the department;

1274 (c) contain recommendations for action to improve the overall effectiveness of the  
1275 health insurance market, administrative rules, and statutes; and

1276 (d) include claims loss ratio data for each health insurance company doing business in  
1277 the state.

1278 (3) When preparing the evaluation required by this section, the commissioner shall  
1279 include a report of:

1280 (a) the types of health benefit plans sold in the Health Insurance Exchange created in  
1281 Section 63M-1-2504;

1282 (b) the number of insurers participating in the defined contribution arrangement health  
1283 benefit plans in the Health Insurance Exchange; and

1284 (c) the number of employers and covered lives in the defined contribution arrangement  
1285 market in the Health Insurance Exchange[; ~~and~~].

1286 [~~(d) the number of lives covered by health benefit plans that do not include state~~  
1287 ~~mandates as permitted by Subsection 31A-30-109(2).]~~

1288 (4) When preparing the evaluation and report required by this section, the  
1289 commissioner may seek the input of insurers, employers, insured persons, providers, and others

1290 with an interest in the health insurance market.

1291 (5) The commissioner may adopt administrative rules for the purpose of collecting the  
1292 data required by this section, taking into account the business confidentiality of the insurers.

1293 (6) Records submitted to the commissioner under this section shall be maintained by  
1294 the commissioner as protected records under Title 63G, Chapter 2, Government Records  
1295 Access and Management Act.

1296 Section 3. Section **31A-2-217** is amended to read:

1297 **31A-2-217. Coordination with other states.**

1298 (1) (a) Subject to Subsection (1)(b), the commissioner, by rule, may adopt one or more  
1299 agreements with [~~another~~] a state governmental regulatory agency, within and outside of this  
1300 state, or with the National Association of Insurance Commissioners to address state regulatory  
1301 issues limited to:

- 1302 (i) licensing of insurance companies;
- 1303 (ii) licensing of agents;
- 1304 (iii) regulation of premium rates and policy forms; and
- 1305 (iv) regulation of insurer insolvency and insurance receiverships.

1306 (b) An agreement described in Subsection (1)(a), may authorize the commissioner to  
1307 modify a requirement of this title if the commissioner determines that the requirements under  
1308 the agreement provide protections similar to or greater than the requirements under this title.

1309 (2) (a) The commissioner may negotiate an interstate compact that addresses issuing  
1310 certificates of authority, if the commissioner determines that:

- 1311 (i) each state participating in the compact has requirements for issuing certificates of  
1312 authority that provide protections similar to or greater than the requirements of this title; or
- 1313 (ii) the interstate compact contains requirements for issuing certificates of authority  
1314 that provide protections similar to or greater than the requirements of this title.

1315 (b) If an interstate compact described in Subsection (2)(a) is adopted by the  
1316 Legislature, the commissioner may issue certificates of authority to insurers in accordance with  
1317 the terms of the interstate compact.

1318 (3) If any provision of this title conflicts with a provision of the annual statement  
1319 instructions or the National Association of Insurance Commissioners Accounting Practices and  
1320 Procedures Manual, the commissioner may, by rule, resolve the conflict in favor of the annual  
1321 statement instructions or the National Association of Insurance Commissioners Accounting  
1322 Practices and Procedures Manual.

1323 (4) The commissioner may, by rule, accept the information prescribed by the National  
1324 Association of Insurance Commissioners instead of the documents required to be filed with an  
1325 application for a certificate of authority under:

1326 (a) Section 31A-4-103, 31A-5-204, 31A-8-205, or 31A-14-201; or

1327 (b) rules made by the commissioner.

1328 (5) Before November 30, 2001, the commissioner shall report to the Business and  
1329 Labor Interim Committee regarding the status of:

1330 (a) any agreements entered into under Subsection (1);

1331 (b) any interstate compact entered into under Subsection (2); and

1332 (c) any rule made under Subsections (3) and (4).

1333 (6) This section shall be repealed in accordance with Section 63I-1-231.

1334 Section 4. Section **31A-2-402** is amended to read:

1335 **31A-2-402. Definitions.**

1336 As used in this part:

1337 (1) "Commission" means the Title and Escrow Commission created in Section  
1338 31A-2-403.

1339 (2) "Concurrence" means the entities given a concurring role must jointly agree for the  
1340 action to be taken.

1341 (3) "Dual licensed title licensee" means a title licensee who holds:

1342 (a) [a] an individual title insurance producer license as a title licensee; and

1343 (b) a license or certificate under:

1344 (i) Title 61, Chapter 2c, Utah Residential Mortgage Practices and Licensing Act;

1345 (ii) Title 61, Chapter 2f, Real Estate Licensing and Practices Act; or



1346 (iii) Title 61, Chapter 2g, Real Estate Appraiser Licensing and Certification Act.

1347 (4) "Real Estate Commission" means the Real Estate Commission created in Section  
1348 61-2f-103.

1349 (5) "Title licensee" means a person licensed under this title as:

1350 (a) an agency title insurance producer with a title insurance line of authority;

1351 (b) [a] an individual title insurance producer with:

1352 (i) a general title insurance line of authority; or

1353 (ii) a specific category of authority for title insurance; or

1354 (c) a title insurance adjuster.

1355 Section 5. Section **31A-2-403** is amended to read:

1356 **31A-2-403. Title and Escrow Commission created.**

1357 (1) (a) Subject to Subsection (1)(b), there is created within the department the Title and  
1358 Escrow Commission that is comprised of five members appointed by the governor with the  
1359 consent of the Senate as follows beginning July 1, 2013:

1360 [~~(i) four members shall each:~~]

1361 (i) two members shall be employees of a title insurer;

1362 (ii) two members shall:

1363 (A) be employees of a Utah agency title insurance producer;

1364 [~~(A)~~] (B) be or have been licensed under the title insurance line of authority;

1365 [~~(B)~~] (C) as of the day on which the member is appointed, be or have been licensed  
1366 with the search or escrow subline of authority for at least five years; and

1367 [~~(C)~~] (D) as of the day on which the member is appointed, not be from the same county  
1368 as another member appointed under this Subsection (1)(a)[~~(i)~~](ii); and

1369 [~~(ii)~~] (iii) one member shall be a member of the general public from any county in the  
1370 state.

1371 (b) No more than one commission member may be appointed from a single company  
1372 or an affiliate or subsidiary of the company.

1373 (2) (a) Subject to Subsection (2)(c), a commission member shall file with the

1374 commissioner a disclosure of any position of employment or ownership interest that the  
1375 commission member has with respect to a person that is subject to the jurisdiction of the  
1376 commissioner.

1377 (b) The disclosure statement required by this Subsection (2) shall be:

1378 (i) filed by no later than the day on which the person begins that person's appointment;  
1379 and

1380 (ii) amended when a significant change occurs in any matter required to be disclosed  
1381 under this Subsection (2).

1382 (c) A commission member is not required to disclose an ownership interest that the  
1383 commission member has if the ownership interest is in a publicly traded company or held as  
1384 part of a mutual fund, trust, or similar investment.

1385 (3) (a) Except as required by Subsection (3)(b), as terms of current commission  
1386 members expire, the governor shall appoint each new commission member to a four-year term  
1387 ending on June 30.

1388 (b) Notwithstanding the requirements of Subsection (3)(a), the governor shall, at the  
1389 time of appointment, adjust the length of terms to ensure that the terms of the commission  
1390 members are staggered so that approximately half of the [~~commission is~~] members appointed  
1391 under Subsection (1)(a)(i) and half of the members appointed under Subsection (1)(a)(ii) are  
1392 appointed every two years.

1393 (c) A commission member may not serve more than one consecutive term.

1394 (d) When a vacancy occurs in the membership for any reason, the governor, with the  
1395 consent of the Senate, shall appoint a replacement for the unexpired term.

1396 (e) Notwithstanding the other provisions of this Subsection (3), a commission member  
1397 serves until a successor is appointed by the governor with the consent of the Senate.

1398 (4) A commission member may not receive compensation or benefits for the  
1399 commission member's service, but may receive per diem and travel expenses in accordance  
1400 with:

1401 (a) Section 63A-3-106;

1402 (b) Section 63A-3-107; and  
1403 (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and  
1404 63A-3-107.

1405 (5) Members of the commission shall annually select one commission member to serve  
1406 as chair.

1407 (6) (a) The commission shall meet at least monthly. Notwithstanding Section  
1408 52-4-207, a commission member shall physically attend a regularly scheduled monthly meeting  
1409 of the commission and may not attend through electronic means. A commission member may  
1410 attend subcommittee meetings, emergency meetings, or other not regularly scheduled meetings  
1411 electronically in accordance with Section 52-4-207.

1412 (b) The commissioner may call additional meetings:  
1413 (i) at the commissioner's discretion;  
1414 (ii) upon the request of the chair of the commission; or  
1415 (iii) upon the written request of three or more commission members.

1416 (c) (i) Three commission members constitute a quorum for the transaction of business.  
1417 (ii) The action of a majority of the commission members when a quorum is present is  
1418 the action of the commission.

1419 (7) The commissioner shall staff the commission.

1420 Section 6. Section **31A-2-404** is amended to read:  
1421 **31A-2-404. Duties of the commissioner and Title and Escrow Commission.**

1422 (1) Notwithstanding the other provisions of this chapter, to the extent provided in this  
1423 part, the commissioner shall administer and enforce the provisions in this title related to:  
1424 (a) title insurance; and  
1425 (b) escrow conducted by a title licensee or title insurer.

1426 (2) The commission shall:  
1427 (a) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and  
1428 subject to Subsection [~~3~~] (4), make rules for the administration of the provisions in this title  
1429 related to title insurance including rules related to:

- 1430 (i) rating standards and rating methods for a title licensee, as provided in Section  
1431 31A-19a-209;
- 1432 (ii) the licensing for a title licensee, including the licensing requirements of Section  
1433 31A-23a-204;
- 1434 (iii) continuing education requirements of Section 31A-23a-202; and  
1435 ~~[(iv) examination procedures, after consultation with the commissioner and the~~  
1436 ~~commissioner's test administrator when required by Section 31A-23a-204; and]~~  
1437 ~~[(v)]~~ (iv) standards of conduct for a title licensee;
- 1438 (b) concur in the issuance and renewal of a license in accordance with Section  
1439 31A-23a-105 or 31A-26-203;
- 1440 (c) in accordance with Section 31A-3-103, establish, with the concurrence of the  
1441 commissioner, the fees imposed by this title on a title licensee;
- 1442 (d) in accordance with Section 31A-23a-415 determine, after consulting with the  
1443 commissioner, the assessment on a title insurer as defined in Section 31A-23a-415;
- 1444 (e) conduct an administrative hearing not delegated by the commission to an  
1445 administrative law judge related to the:
- 1446 (i) licensing of an applicant;  
1447 (ii) conduct of a title licensee; or  
1448 (iii) approval of a continuing education program required by Section 31A-23a-202;
- 1449 (f) with the concurrence of the commissioner, approve a continuing education program  
1450 required by Section 31A-23a-202;
- 1451 (g) with the concurrence of the commissioner, impose a penalty:
- 1452 (i) under this title related to:  
1453 (A) title insurance; or  
1454 (B) escrow conducted by a title licensee;
- 1455 (ii) after investigation by the commissioner in accordance with Part 3, Procedures and  
1456 Enforcement; and  
1457 (iii) that is enforced by the commissioner;

1458 (h) advise the commissioner on the administration and enforcement of any matter  
1459 affecting the title insurance industry;

1460 (i) advise the commissioner on matters affecting the commissioner's budget related to  
1461 title insurance; and

1462 (j) perform other duties as provided in this title.

1463 (3) The commission may make rules establishing an examination for a license that will  
1464 satisfy Section 31A-23a-204:

1465 (a) after consultation with the commissioner and the commissioner's test administrator;

1466 (b) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act; and

1467 (c) subject to Subsection (4).

1468 [~~3~~] (4) The commission may make a rule under this title only if at the time the  
1469 commission files its proposed rule and rule analysis with the Division of Administrative Rules  
1470 in accordance with Section 63G-3-301, the commission provides the Real Estate Commission  
1471 that same information.

1472 [~~4~~] (5) (a) The commissioner shall annually report the information described in  
1473 Subsection [~~4~~] (5)(b) in writing to:

1474 (i) the commission; and

1475 (ii) the Business and Labor Interim Committee.

1476 (b) The information required to be reported under this Subsection [~~4~~] (5):

1477 (i) may not identify a person; and

1478 (ii) shall include:

1479 (A) the number of complaints the commissioner receives with regard to transactions  
1480 involving title insurance or a title licensee during the calendar year immediately preceding the  
1481 report;

1482 (B) the type of complaints described in Subsection [~~4~~] (5)(b)(ii)(A); and

1483 (C) for each complaint described in Subsection [~~4~~] (5)(b)(ii)(A):

1484 (I) any action taken by the commissioner with regard to the complaint; and

1485 (II) the time-period beginning the day on which a complaint is made and ending the

1486 day on which the commissioner determines it will take no further action with regard to the  
1487 complaint.

1488 (6) The commission may not impose a penalty in a manner inconsistent with  
1489 Subsection (2)(g) or make a rule that conflicts with Subsection (2)(g).

1490 Section 7. Section **31A-3-304 (Effective 07/01/13)** is amended to read:

1491 **31A-3-304 (Effective 07/01/13). Annual fees -- Other taxes or fees prohibited --**  
1492 **Captive Insurance Restricted Account.**

1493 (1) (a) A captive insurance company shall pay an annual fee imposed under this section  
1494 to obtain or renew a certificate of authority.

1495 (b) The commissioner shall:

1496 (i) determine the annual fee pursuant to Section 31A-3-103; and

1497 (ii) consider whether the annual fee is competitive with fees imposed by other states on  
1498 captive insurance companies.

1499 (2) A captive insurance company that fails to pay the fee required by this section is  
1500 subject to the relevant sanctions of this title.

1501 (3) (a) Except as provided in Subsection (3)(d) and notwithstanding Title 59, Chapter  
1502 9, Taxation of Admitted Insurers, the following constitute the sole taxes, fees, or charges under  
1503 the laws of this state that may be levied or assessed on a captive insurance company:

1504 (i) a fee under this section;

1505 (ii) a fee under Chapter 37, Captive Insurance Companies Act; and

1506 (iii) a fee under Chapter 37a, Special Purpose Financial Captive Insurance Company  
1507 Act.

1508 (b) The state or a county, city, or town within the state may not levy or collect an  
1509 occupation tax or other tax, fee, or charge not described in Subsections (3)(a)(i) through (iii)  
1510 against a captive insurance company.

1511 (c) The state may not levy, assess, or collect a withdrawal fee under Section 31A-4-115  
1512 against a captive insurance company.

1513 (d) A captive insurance company is subject to real and personal property taxes.

1514 (4) A captive insurance company shall pay the fee imposed by this section to the  
1515 commissioner by June 20 of each year.

1516 (5) (a) Money received pursuant to a fee described in Subsection (3)(a) shall be  
1517 deposited into the Captive Insurance Restricted Account.

1518 (b) There is created in the General Fund a restricted account known as the "Captive  
1519 Insurance Restricted Account."

1520 (c) The Captive Insurance Restricted Account shall consist of the fees described in  
1521 Subsection (3)(a).

1522 (d) The commissioner shall administer the Captive Insurance Restricted Account.  
1523 Subject to appropriations by the Legislature, the commissioner shall use the money deposited  
1524 into the Captive Insurance Restricted Account to:

1525 (i) administer and enforce:

1526 (A) Chapter 37, Captive Insurance Companies Act; and

1527 (B) Chapter 37a, Special Purpose Financial Captive Insurance Company Act; and

1528 (ii) promote the captive insurance industry in Utah.

1529 (e) An appropriation from the Captive Insurance Restricted Account is nonlapsing,  
1530 except that at the end of each fiscal year, money received by the commissioner in excess of  
1531 [~~\$950,000~~] \$1,250,000 shall be treated as free revenue in the General Fund.

1532 Section 8. Section **31A-4-117** is enacted to read:

1533 **31A-4-117. Closing or settlement protection.**

1534 (1) A title insurer may issue closing or settlement protection in the form of a closing  
1535 protection letter filed with the department to a person who is a party to a transaction in which a  
1536 title insurance policy is issued.

1537 (2) Closing or settlement protection may indemnify a person who is a party to a  
1538 transaction referred to in Subsection (1) against loss that the title insurer approves for the  
1539 closing or settlement protection, under the terms and conditions of the closing protection letter  
1540 issued by the title insurer, because of one or more of the following acts of a title insurance  
1541 policy issuing individual title insurance producer or agency title insurance producer or other

1542 settlement service provider:

1543 (a) theft or misappropriation of settlement funds in connection with a transaction in  
1544 which one or more title insurance policies are issued by or on behalf of the title insurer issuing  
1545 the closing or settlement protection, but only to the extent that the theft or misappropriation  
1546 relates to the status of the title to that interest in land or to the validity, enforceability, and  
1547 priority of the lien of the mortgage on that interest in land; or

1548 (b) failure to comply with the written closing instructions when agreed to by the  
1549 settlement agent, title agent, or employee of the title insurer, but only to the extent that the  
1550 failure to follow the written closing instructions relates to the status of the title to that interest  
1551 in land or the validity, enforceability, and priority of the lien of the mortgage on that interest in  
1552 land.

1553 (3) A title insurer may not make the fee charged by a title insurer for each party  
1554 receiving closing or settlement protection coverage subject to any agreement requiring a  
1555 division of fees or premiums collected on behalf of the title insurer. The fee charged for a  
1556 closing or settlement coverage protection letter will be filed by the title insurer with the  
1557 department 30 days before use.

1558 (4) A title insurer may not provide any other protection that purports to contractually  
1559 indemnify against improper acts or omissions of a person who is a party to a transaction  
1560 referred to in Subsection (1) with regard to settlement or closing services.

1561 Section 9. Section **31A-8-301** is amended to read:

1562 **31A-8-301. Requirements for doing business in state.**

1563 (1) Only a corporation incorporated and licensed under Part 2, Domestic  
1564 Organizations, may do business in this state as an organization.

1565 (2) To do business in this state as an organization, a foreign [~~corporations~~] corporation  
1566 doing a similar business in other states shall incorporate a subsidiary and license [if] it under  
1567 Part 2, Domestic Organizations, for its Utah business. Except as to Chapter 16, Insurance  
1568 Holding Companies, the laws applicable to a domestic [~~organizations~~] organization apply only  
1569 to the domestic organization and not to its foreign parent corporation.



1570 Section 10. Section **31A-14-211** is amended to read:

1571 **31A-14-211. Restrictions on foreign title insurers.**

1572 (1) An authorized foreign title insurer may ~~[not]~~ only insure property in this state  
1573 ~~[except]:~~

1574 (a) through ~~[a]~~ an agency title insurance producer who is a resident in Utah; or

1575 (b) ~~[through]~~ if the authorized foreign title insurer has a bona fide office in Utah:

1576 (i) that is under the direction and control of the authorized foreign title insurer;

1577 (ii) for which the authorized foreign title insurer pays the expenses, including  
1578 compensation of the employees of the bona fide office;

1579 (iii) at which a person may request information about title services related to a real  
1580 estate transaction for which the person is a party;

1581 (iv) at which a person may deliver written communications to the authorized foreign  
1582 title insurer as required by the real estate transaction for which the person is a party; and

1583 (v) at which a person may deliver escrow money related to a real estate transaction for  
1584 which the person is a party.

1585 (2) This section does not apply to reinsurance.

1586 Section 11. Section **31A-17-603** is amended to read:

1587 **31A-17-603. Company action level event.**

1588 (1) "Company action level event" means any of the following events:

1589 (a) the filing of an RBC report by an insurer or health organization that indicates that:

1590 (i) the insurer's or health organization's total adjusted capital is greater than or equal to  
1591 its regulatory action level RBC but less than its company action level RBC; ~~[or]~~

1592 (ii) if a life or accident and health insurer, the insurer has:

1593 (A) total adjusted capital that is greater than or equal to its company action level RBC  
1594 but less than the product of its authorized control level RBC and ~~[2.5]~~ 3.0; and

1595 ~~[(B) a negative trend, determined in accordance with the "trend test calculation"~~  
1596 ~~included in the RBC instructions;]~~

1597 (B) triggers the trend test determined in accordance with the trend test calculation

1598 included in the life or fraternal RBC instructions; or  
1599 (iii) if a property and casualty insurer, the insurer has:  
1600 (A) total adjusted capital that is greater than or equal to its company action level RBC,  
1601 but less than the product of its authorized control level RBC and 3.0; and  
1602 (B) triggers the trend test determined in accordance with the trend test calculation  
1603 included in the property and casualty RBC instructions;  
1604 (b) the notification by the commissioner to the insurer or health organization of an  
1605 adjusted RBC report that indicates an event in Subsection (1)(a), provided the insurer or health  
1606 organization does not challenge the adjusted RBC report under Section 31A-17-607; or  
1607 (c) if, pursuant to Section 31A-17-607, an insurer or health organization challenges an  
1608 adjusted RBC report that indicates the event in Subsection (1)(a), the notification by the  
1609 commissioner to the insurer or health organization that after a hearing the commissioner rejects  
1610 the insurer's or health organization's challenge.  
1611 (2) (a) In the event of a company action level event, the insurer or health organization  
1612 shall prepare and submit to the commissioner an RBC plan that shall:  
1613 (i) identify the conditions that contribute to the company action level event;  
1614 (ii) contain proposals of corrective actions that the insurer or health organization  
1615 intends to take and that are expected to result in the elimination of the company action level  
1616 event;  
1617 (iii) provide projections of the insurer's or health organization's financial results in the  
1618 current year and at least the four succeeding years, both in the absence of proposed corrective  
1619 actions and giving effect to the proposed corrective actions, including projections of:  
1620 (A) statutory operating income;  
1621 (B) net income;  
1622 (C) capital;  
1623 (D) surplus; and  
1624 (E) RBC levels;  
1625 (iv) identify the key assumptions impacting the insurer's or health organization's

1626 projections and the sensitivity of the projections to the assumptions; and

1627 (v) identify the quality of, and problems associated with, the insurer's or health  
1628 organization's business, including its assets, anticipated business growth and associated surplus  
1629 strain, extraordinary exposure to risk, mix of business and use of reinsurance, if any, in each  
1630 case.

1631 (b) For purposes of Subsection (2)(a)(iii), the projections for both new and renewal  
1632 business may include separate projections for each major line of business and separately  
1633 identify each significant income, expense, and benefit component.

1634 (3) The RBC plan shall be submitted:

1635 (a) within 45 days of the company action level event; or

1636 (b) if the insurer or health organization challenges an adjusted RBC report pursuant to  
1637 Section 31A-17-607, within 45 days after notification to the insurer or health organization that  
1638 after a hearing the commissioner rejects the insurer's or health organization's challenge.

1639 (4) (a) Within 60 days after the submission by an insurer or health organization of an  
1640 RBC plan to the commissioner, the commissioner shall notify the insurer or health organization  
1641 whether the RBC plan:

1642 (i) shall be implemented; or

1643 (ii) is unsatisfactory.

1644 (b) If the commissioner determines the RBC plan is unsatisfactory, the notification to  
1645 the insurer or health organization shall set forth the reasons for the determination, and may  
1646 propose revisions that will render the RBC plan satisfactory. Upon notification from the  
1647 commissioner, the insurer or health organization shall:

1648 (i) prepare a revised RBC plan that incorporates any revision proposed by the  
1649 commissioner; and

1650 (ii) submit the revised RBC plan to the commissioner:

1651 (A) within 45 days after the notification from the commissioner; or

1652 (B) if the insurer challenges the notification from the commissioner under Section  
1653 31A-17-607, within 45 days after a notification to the insurer or health organization that after a

1654 hearing the commissioner rejects the insurer's or health organization's challenge.

1655 (5) In the event of a notification by the commissioner to an insurer or health  
1656 organization that the insurer's or health organization's RBC plan or revised RBC plan is  
1657 unsatisfactory, the commissioner may specify in the notification that the notification constitutes  
1658 a regulatory action level event subject to the insurer's or health organization's right to a hearing  
1659 under Section 31A-17-607.

1660 (6) Every domestic insurer or health organization that files an RBC plan or revised  
1661 RBC plan with the commissioner shall file a copy of the RBC plan or revised RBC plan with  
1662 the insurance commissioner in any state in which the insurer or health organization is  
1663 authorized to do business if:

1664 (a) the state has an RBC provision substantially similar to Subsection 31A-17-608(1);  
1665 and

1666 (b) the insurance commissioner of that state notifies the insurer or health organization  
1667 of its request for the filing in writing, in which case the insurer or health organization shall file  
1668 a copy of the RBC plan or revised RBC plan in that state no later than the later of:

1669 (i) 15 days after the receipt of notice to file a copy of its RBC plan or revised RBC plan  
1670 with that state; or

1671 (ii) the date on which the RBC plan or revised RBC plan is filed under Subsections (3)  
1672 and (4).

1673 Section 12. Section **31A-19a-209** is amended to read:

1674 **31A-19a-209. Special provisions for title insurance.**

1675 (1) (a) (i) The Title and Escrow Commission shall adopt rules subject to Section  
1676 31A-2-404, establishing rate standards and rating methods for [~~title agencies and producers~~]  
1677 individual title insurance producers and agency title insurance producers.

1678 (ii) The commissioner shall determine compliance with rate standards and rating  
1679 methods for title insurance insurers[~~, agencies, and producers~~], individual title insurance  
1680 producers, and agency title insurance producers.

1681 (b) In addition to the considerations in determining compliance with rate standards and

1682 rating methods as set forth in Sections 31A-19a-201 and 31A-19a-202, including for title  
1683 insurers, the commissioner and the Title and Escrow Commission shall consider the costs and  
1684 expenses incurred by title insurance insurers~~[, agencies, and producers]~~, individual title  
1685 insurance producers, and agency title insurance producers peculiar to the business of title  
1686 insurance including:

1687 (i) the maintenance of title plants; and  
1688 (ii) the searching and examining of public records to determine insurability of title to  
1689 real redevelopment property.

1690 (2) (a) Every title insurance insurer~~;~~ or agency~~, and~~ title insurance producer, and  
1691 every individual title insurance producer who is not designated by an agency title insurance  
1692 producer, shall file with the commissioner:

1693 (i) a schedule of the escrow charges that the title insurance insurer~~[, agency, or]~~,  
1694 individual title insurance producer, or agency title insurance producer proposes to use in this  
1695 state for services performed in connection with the issuance of policies of title insurance; and

1696 (ii) any changes to the schedule of the escrow charges described in Subsection (2)(a)(i).

1697 (b) Except for a schedule filed by a title insurance insurer under this Subsection (2), a  
1698 schedule filed under this Subsection (2) is subject to review by the Title and Escrow  
1699 Commission.

1700 (c) (i) The schedule of escrow charges required to be filed by Subsection (2)(a)(i) takes  
1701 effect on the day on which the schedule of escrow charges is filed.

1702 (ii) Any changes to the schedule of the escrow charges required to be filed by  
1703 Subsection (2)(a)(ii) take effect on the day specified in the change to the schedule of escrow  
1704 charges except that the effective date may not be less than 30 calendar days after the day on  
1705 which the change to the schedule of escrow charges is filed.

1706 (3) A title insurance insurer~~[, agency, or producer]~~, individual title insurance producer,  
1707 or agency title insurance producer may not file or use any rate or other charge relating to the  
1708 business of title insurance, including rates or charges filed for escrow that would cause the title  
1709 insurance company~~[, agency, or producer]~~, individual title insurance producer, or agency title

1710 insurance producer to:

1711 (a) operate at less than the cost of doing:

1712 (i) the insurance business; or

1713 (ii) the escrow business; or

1714 (b) fail to adequately underwrite a title insurance policy.

1715 (4) (a) All or any of the schedule of rates or schedule of charges, including the schedule  
1716 of escrow charges, may be changed or amended at any time, subject to the limitations in this  
1717 Subsection (4).

1718 (b) Each change or amendment shall:

1719 (i) be filed with the commissioner, subject to review by the Title and Escrow  
1720 Commission; and

1721 (ii) state the effective date of the change or amendment, which may not be less than 30  
1722 calendar days after the day on which the change or amendment is filed.

1723 (c) Any change or amendment remains in force for a period of at least 90 calendar days  
1724 from the change or amendment's effective date.

1725 (5) While the schedule of rates and schedule of charges are effective, a copy of each  
1726 shall be:

1727 (a) retained in each of the offices of:

1728 (i) the title insurance insurer in this state;

1729 (ii) the title insurance insurer's individual title insurance producers or agency title  
1730 insurance producers in this state; and

1731 (b) upon request, furnished to the public.

1732 (6) Except in accordance with the schedules of rates and charges filed with the  
1733 commissioner, a title insurance insurer~~[-agency, or producer]~~, individual title insurance  
1734 producer, or agency title insurance producer may not make or impose any premium or other  
1735 charge:

1736 (a) in connection with the issuance of a policy of title insurance; or

1737 (b) for escrow services performed in connection with the issuance of a policy of title

1738 insurance.

1739 Section 13. Section **31A-20-110** is amended to read:

1740 **31A-20-110. Underwriting rules for title insurance.**

1741 (1) ~~No~~ A title insurance policy may not be written until the title insurer or its  
1742 individual title insurance producer or agency title insurance producer has conducted a  
1743 reasonable search and examination of the title and has made a determination of insurability of  
1744 title under sound underwriting principles. Evidence of this search and reasonable  
1745 determination shall be retained in the files of the title insurer or its individual title insurance  
1746 producer or agency title insurance producer for not less than 15 years after the policy has been  
1747 issued, either in its original form or as recorded by any process which can accurately and  
1748 reliably reproduce the original. This section does not apply to a company assuming liability  
1749 through a contract of reinsurance, or to a company acting as coinsurer, if another coinsuring  
1750 company has complied with this section.

1751 (2) ~~No~~ A title insurance policy may not be issued except by a title [~~insurance~~  
1752 ~~company or by a~~ insurer, an individual title insurance producer who is appointed by an insurer,  
1753 or agency title insurance producer licensed under Section 31A-23a-105.

1754 (3) This section is enforceable only by the commissioner. It does not create, eliminate,  
1755 or modify any private cause of action or remedy.

1756 Section 14. Section **31A-21-503** is amended to read:

1757 **31A-21-503. Discrimination based on domestic violence or child abuse**  
1758 **prohibited.**

1759 (1) Except as provided in Subsection (2), an insurer of life or accident and health  
1760 insurance may not consider whether an insured or applicant is the subject of domestic abuse as  
1761 a factor to:

- 1762 (a) refuse to insure the applicant;
- 1763 (b) refuse to continue to insure the insured;
- 1764 (c) refuse to renew or reissue a policy to insure the insured or applicant;
- 1765 (d) limit the amount, extent, or kind of coverage available to the insured or applicant;

1766 (e) charge a different rate for coverage to the insured or applicant;  
 1767 (f) exclude or limit benefits or coverage under an insurance policy or contract for  
 1768 losses incurred;  
 1769 (g) deny a claim; or  
 1770 (h) terminate coverage or fail to provide conversion privileges in violation of  
 1771 ~~[Sections]~~ Section 31A-22-612 ~~[and 31A-22-723]~~ under a group accident and health policy for  
 1772 the insured because the coverage was issued in the name of the perpetrator of the domestic  
 1773 violence or abuse.

1774 (2) (a) Notwithstanding Subsection (1), an insurer may underwrite on the basis of the  
 1775 physical or mental condition of an insured or applicant if the underwriting is on the basis of a  
 1776 determination that there is a correlation between the medical or mental condition and a material  
 1777 increase in insurance risk.

1778 (b) For purposes of Subsection (2)(a), the fact that an insured or applicant is a subject  
 1779 of domestic abuse is not a mental or physical condition.

1780 (c) The determination required by Subsection (2)(a) shall be made in conformance with  
 1781 sound actuarial principles.

1782 (d) Within 30 days after receiving an oral or written request from an insured or  
 1783 applicant, an insurer shall disclose in writing:

- 1784 (i) the basis of an action permitted under Subsection (2)(a); and
- 1785 (ii) if the policy has been issued or modified, the extent the action taken will impact the  
 1786 amount, extent, or kind of coverage or benefits available to the insured.

1787 Section 15. Section **31A-22-429** is enacted to read:

1788 **31A-22-429. Producer's duties related to replacement of life insurance or annuity.**

1789 (1) In connection with or as part of each application for life insurance or annuities, the  
 1790 applicant shall complete and the producer shall submit to the insurer the statements required by  
 1791 rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, as  
 1792 to:

- 1793 (a) whether the applicant has existing policies or contracts; and



1794 (b) whether the proposed life insurance or annuity will replace, discontinue, or change  
1795 an existing policy or contract.

1796 (2) If an applicant for life insurance or an annuity answers "yes" to the question  
1797 regarding replacement, discontinuance, or change of an existing policy or contract referred to in  
1798 Subsection (1), the producer shall present to the applicant, not later than at the time of taking  
1799 the application, the notice regarding replacements in the form adopted by the commissioner by  
1800 rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, or  
1801 other substantially similar document filed with the commissioner.

1802 (3) (a) The notice described in Subsection (2) shall:

1803 (i) list each existing policy or contract contemplated to be replaced, properly identified  
1804 by name of insurer, the insured or annuitant, and policy or contract number if available; and

1805 (ii) include a statement as to whether each policy or contract will be replaced or  
1806 whether a policy will be used as a source of financing for the new policy or contract.

1807 (b) If a policy or contract number has not been issued by the existing insurer,  
1808 alternative identification, such as an application or receipt number, shall be listed.

1809 (4) In connection with a replacement transaction, the producer shall leave with the  
1810 applicant by no later than at the time of policy or contract delivery the original or a copy of all  
1811 printed sales material. With respect to electronically presented sales material, it shall be  
1812 provided to the policy or contract holder in printed form no later than at the time of policy or  
1813 contract delivery.

1814 (5) Except as provided in rule made by the commissioner in accordance with Title  
1815 63G, Chapter 3, Utah Administrative Rulemaking Act, in connection with a replacement  
1816 transaction, the producer shall submit to the insurer to which an application for a policy or  
1817 contract is presented:

1818 (a) a copy of each document required by this section;

1819 (b) a statement identifying any preprinted or electronically presented company  
1820 approved sales materials used; and

1821 (c) copies of any individualized sales materials, including any illustrations related to

1822 the specific policy or contract purchased.

1823 Section 16. Section **31A-22-519** is amended to read:

1824 **31A-22-519. Death pending conversion.**

1825 If a person insured under a group life insurance policy, or the insured dependent of that  
1826 person, dies during the period of eligibility for conversion under Section 31A-22-517 or  
1827 31A-22-518 and before the individual policy becomes effective, the amount of life insurance to  
1828 which [~~he~~] the insured would have been entitled to have issued under the individual policy is  
1829 payable as a claim under the group policy, whether or not application for the individual policy  
1830 or the payment of the first premium has been made.

1831 Section 17. Section **31A-22-612** is amended to read:

1832 **31A-22-612. Conversion privileges for insured former spouse.**

1833 (1) An accident and health insurance policy, which in addition to covering the insured  
1834 also provides coverage to the spouse of the insured, may not contain a provision for  
1835 termination of coverage of a spouse covered under the policy, except by entry of a valid decree  
1836 of divorce or annulment between the parties.

1837 (2) Every policy which contains this type of provision shall provide that upon the entry  
1838 of the divorce decree the spouse is entitled to have issued an individual policy of accident and  
1839 health insurance without evidence of insurability, upon application to the company and  
1840 payment of the appropriate premium. The policy shall provide the coverage being issued  
1841 which is most nearly similar to the terminated coverage. Probationary or waiting periods in the  
1842 policy are considered satisfied to the extent the coverage was in force under the prior policy.

1843 (3) When the insurer receives actual notice that the coverage of a spouse is to be  
1844 terminated because of a divorce or annulment, the insurer shall promptly provide the spouse  
1845 written notification of the right to obtain individual coverage as provided in Subsection (2), the  
1846 premium amounts required, and the manner, place, and time in which premiums may be paid.  
1847 The premium is determined in accordance with the insurer's table of premium rates applicable  
1848 to the age and class of risk of the persons to be covered and to the type and amount of coverage  
1849 provided. If the spouse applies and tenders the first monthly premium to the insurer within 30

1850 days after receiving the notice provided by this subsection, the spouse shall receive individual  
1851 coverage that commences immediately upon termination of coverage under the insured's  
1852 policy.

1853 (4) This section does not apply to accident and health insurance policies[~~-(a)~~] offered  
1854 on a group blanket basis[~~;-or~~].

1855 [~~(b) that comply with Section 31A-22-723.~~]

1856 Section 18. Section **31A-22-617** is amended to read:

1857 **31A-22-617. Preferred provider contract provisions.**

1858 Health insurance policies may provide for insureds to receive services or  
1859 reimbursement under the policies in accordance with preferred health care provider contracts as  
1860 follows:

1861 (1) Subject to restrictions under this section, any insurer or third party administrator  
1862 may enter into contracts with health care providers as defined in Section 78B-3-403 under  
1863 which the health care providers agree to supply services, at prices specified in the contracts, to  
1864 persons insured by an insurer.

1865 (a) (i) A health care provider contract may require the health care provider to accept the  
1866 specified payment as payment in full, relinquishing the right to collect additional amounts from  
1867 the insured person.

1868 (ii) In any dispute involving a provider's claim for reimbursement, the same shall be  
1869 determined in accordance with applicable law, the provider contract, the subscriber contract,  
1870 and the insurer's written payment policies in effect at the time services were rendered.

1871 (iii) If the parties are unable to resolve their dispute, the matter shall be subject to  
1872 binding arbitration by a jointly selected arbitrator. Each party is to bear its own expense except  
1873 the cost of the jointly selected arbitrator shall be equally shared. This Subsection (1)(a)(iii)  
1874 does not apply to the claim of a general acute hospital to the extent it is inconsistent with the  
1875 hospital's provider agreement.

1876 (iv) An organization may not penalize a provider solely for pursuing a claims dispute  
1877 or otherwise demanding payment for a sum believed owing.

1878 (v) If an insurer permits another entity with which it does not share common ownership  
1879 or control to use or otherwise lease one or more of the organization's networks of participating  
1880 providers, the organization shall ensure, at a minimum, that the entity pays participating  
1881 providers in accordance with the same fee schedule and general payment policies as the  
1882 organization would for that network.

1883 (b) The insurance contract may reward the insured for selection of preferred health care  
1884 providers by:

- 1885 (i) reducing premium rates;
- 1886 (ii) reducing deductibles;
- 1887 (iii) coinsurance;
- 1888 (iv) other copayments; or
- 1889 (v) any other reasonable manner.

1890 (c) If the insurer is a managed care organization, as defined in Subsection  
1891 31A-27a-403(1)(f):

1892 (i) the insurance contract and the health care provider contract shall provide that in the  
1893 event the managed care organization becomes insolvent, the rehabilitator or liquidator may:

1894 (A) require the health care provider to continue to provide health care services under  
1895 the contract until the earlier of:

1896 (I) 90 days after the date of the filing of a petition for rehabilitation or the petition for  
1897 liquidation; or

1898 (II) the date the term of the contract ends; and

1899 (B) subject to Subsection (1)(c)(v), reduce the fees the provider is otherwise entitled to  
1900 receive from the managed care organization during the time period described in Subsection

1901 (1)(c)(i)(A);

1902 (ii) the provider is required to:

1903 (A) accept the reduced payment under Subsection (1)(c)(i)(B) as payment in full; and

1904 (B) relinquish the right to collect additional amounts from the insolvent managed care  
1905 organization's enrollee, as defined in Subsection 31A-27a-403(1)(b);

1906 (iii) if the contract between the health care provider and the managed care organization  
1907 has not been reduced to writing, or the contract fails to contain the language required by  
1908 Subsection (1)(c)(i), the provider may not collect or attempt to collect from the enrollee:

- 1909 (A) sums owed by the insolvent managed care organization; or
- 1910 (B) the amount of the regular fee reduction authorized under Subsection (1)(c)(i)(B);

1911 (iv) the following may not bill or maintain any action at law against an enrollee to  
1912 collect sums owed by the insolvent managed care organization or the amount of the regular fee  
1913 reduction authorized under Subsection (1)(c)(i)(B):

- 1914 (A) a provider;
- 1915 (B) an agent;
- 1916 (C) a trustee; or
- 1917 (D) an assignee of a person described in Subsections (1)(c)(iv)(A) through (C); and
- 1918 (v) notwithstanding Subsection (1)(c)(i):

1919 (A) a rehabilitator or liquidator may not reduce a fee by less than 75% of the provider's  
1920 regular fee set forth in the contract; and

1921 (B) the enrollee shall continue to pay the copayments, deductibles, and other payments  
1922 for services received from the provider that the enrollee was required to pay before the filing  
1923 of:

- 1924 (I) a petition for rehabilitation; or
- 1925 (II) a petition for liquidation.

1926 (2) (a) Subject to Subsections (2)(b) through (2)(~~f~~)(e), an insurer using preferred  
1927 health care provider contracts [~~shall pay for the services of health care providers not under the~~  
1928 ~~contract, unless the illnesses or injuries treated by the health care provider are not within the~~  
1929 ~~scope of the insurance contract. As used in this section, "class of health care providers" means~~  
1930 ~~all health care providers licensed or licensed and certified by the state within the same~~  
1931 ~~professional, trade, occupational, or facility licensure or licensure and certification category~~  
1932 ~~established pursuant to Titles 26, Utah Health Code and 58, Occupations and Professions] is  
1933 subject to the reimbursement requirements in Section 31A-8-501 on or after January 1, 2014.~~

1934           ~~[(b) (i) Until July 1, 2012, when the insured receives services from a health care~~  
1935 ~~provider not under contract, the insurer shall reimburse the insured for at least 75% of the~~  
1936 ~~average amount paid by the insurer for comparable services of preferred health care providers~~  
1937 ~~who are members of the same class of health care providers.]~~

1938           ~~[(ii) Notwithstanding Subsection (2)(b)(i), an insurer may offer a health plan that~~  
1939 ~~complies with the provisions of Subsection 31A-22-618.5(3).]~~

1940           ~~[(iii) The commissioner may adopt a rule dealing with the determination of what~~  
1941 ~~constitutes 75% of the average amount paid by the insurer under Subsection (2)(b)(i) for~~  
1942 ~~comparable services of preferred health care providers who are members of the same class of~~  
1943 ~~health care providers.]~~

1944           ~~[(c)]~~ (b) When reimbursing for services of health care providers not under contract, the  
1945 insurer may make direct payment to the insured.

1946           ~~[(d) Notwithstanding Subsection (2)(b), an]~~

1947           (c) An insurer using preferred health care provider contracts may impose a deductible  
1948 on coverage of health care providers not under contract.

1949           ~~[(e)]~~ (d) When selecting health care providers with whom to contract under Subsection  
1950 (1), an insurer may not unfairly discriminate between classes of health care providers, but may  
1951 discriminate within a class of health care providers, subject to Subsection (7).

1952           ~~[(f)]~~ (e) For purposes of this section, unfair discrimination between classes of health  
1953 care providers ~~[shall include]~~ includes:

1954           (i) refusal to contract with class members in reasonable proportion to the number of  
1955 insureds covered by the insurer and the expected demand for services from class members; and

1956           (ii) refusal to cover procedures for one class of providers that are:

1957           (A) commonly ~~[utilized]~~ used by members of the class of health care providers for the  
1958 treatment of illnesses, injuries, or conditions;

1959           (B) otherwise covered by the insurer; and

1960           (C) within the scope of practice of the class of health care providers.

1961           (3) Before the insured consents to the insurance contract, the insurer shall fully disclose

1962 to the insured that it has entered into preferred health care provider contracts. The insurer shall  
1963 provide sufficient detail on the preferred health care provider contracts to permit the insured to  
1964 agree to the terms of the insurance contract. The insurer shall provide at least the following  
1965 information:

1966 (a) a list of the health care providers under contract, and if requested their business  
1967 locations and specialties;

1968 (b) a description of the insured benefits, including any deductibles, coinsurance, or  
1969 other copayments;

1970 (c) a description of the quality assurance program required under Subsection (4); and

1971 (d) a description of the adverse benefit determination procedures required under  
1972 Subsection (5).

1973 (4) (a) An insurer using preferred health care provider contracts shall maintain a quality  
1974 assurance program for assuring that the care provided by the health care providers under  
1975 contract meets prevailing standards in the state.

1976 (b) The commissioner in consultation with the executive director of the Department of  
1977 Health may designate qualified persons to perform an audit of the quality assurance program.  
1978 The auditors shall have full access to all records of the organization and its health care  
1979 providers, including medical records of individual patients.

1980 (c) The information contained in the medical records of individual patients shall  
1981 remain confidential. All information, interviews, reports, statements, memoranda, or other data  
1982 furnished for purposes of the audit and any findings or conclusions of the auditors are  
1983 privileged. The information is not subject to discovery, use, or receipt in evidence in any legal  
1984 proceeding except hearings before the commissioner concerning alleged violations of this  
1985 section.

1986 (5) An insurer using preferred health care provider contracts shall provide a reasonable  
1987 procedure for resolving complaints and adverse benefit determinations initiated by the insureds  
1988 and health care providers.

1989 (6) An insurer may not contract with a health care provider for treatment of illness or

1990 injury unless the health care provider is licensed to perform that treatment.

1991 (7) (a) A health care provider or insurer may not discriminate against a preferred health  
1992 care provider for agreeing to a contract under Subsection (1).

1993 (b) Any health care provider licensed to treat any illness or injury within the scope of  
1994 the health care provider's practice, who is willing and able to meet the terms and conditions  
1995 established by the insurer for designation as a preferred health care provider, shall be able to  
1996 apply for and receive the designation as a preferred health care provider. Contract terms and  
1997 conditions may include reasonable limitations on the number of designated preferred health  
1998 care providers based upon substantial objective and economic grounds, or expected use of  
1999 particular services based upon prior provider-patient profiles.

2000 (8) Upon the written request of a provider excluded from a provider contract, the  
2001 commissioner may hold a hearing to determine if the insurer's exclusion of the provider is  
2002 based on the criteria set forth in Subsection (7)(b).

2003 (9) ~~[Insurers]~~ Except as provided in Subsection 31A-22-618.5(3)(a), insurers are  
2004 subject to ~~[the provisions of]~~ Sections 31A-22-613.5, 31A-22-614.5, and 31A-22-618.

2005 (10) Nothing in this section is to be construed as to require an insurer to offer a certain  
2006 benefit or service as part of a health benefit plan.

2007 (11) This section does not apply to catastrophic mental health coverage provided in  
2008 accordance with Section 31A-22-625.

2009 Section 19. Section **31A-22-618.5** is amended to read:

2010 **31A-22-618.5. Health benefit plan offerings.**

2011 (1) The purpose of this section is to increase the range of health benefit plans available  
2012 in the small group, small employer group, large group, and individual insurance markets.

2013 (2) A health maintenance organization that is subject to Chapter 8, Health Maintenance  
2014 Organizations and Limited Health Plans:

2015 (a) shall offer to potential purchasers at least one health benefit plan that is subject to  
2016 the requirements of Chapter 8, Health Maintenance Organizations and Limited Health Plans;  
2017 and



2018 (b) may offer to a potential purchaser one or more health benefit plans that:  
2019 (i) are not subject to one or more of the following:  
2020 (A) the limitations on insured indemnity benefits in Subsection 31A-8-105(4);  
2021 (B) the limitation on point of service products in Subsections 31A-8-408(3) through  
2022 (6);  
2023 (C) except as provided in Subsection (2)(b)(ii), basic health care services as defined in  
2024 Section 31A-8-101; or  
2025 (D) coverage mandates enacted after January 1, 2009 that are not required by federal  
2026 law, provided that the insurer offers one plan under Subsection (2)(a) that covers the mandate  
2027 enacted after January 1, 2009; and  
2028 (ii) when offering a health plan under this section, provide coverage for an emergency  
2029 medical condition as required by Section 31A-22-627 as follows:  
2030 (A) within the organization's service area, covered services shall include health care  
2031 services from nonaffiliated providers when medically necessary to stabilize an emergency  
2032 medical condition; and  
2033 (B) outside the organization's service area, covered services shall include medically  
2034 necessary health care services for the treatment of an emergency medical condition that are  
2035 immediately required while the enrollee is outside the geographic limits of the organization's  
2036 service area.  
2037 (3) An insurer that offers a health benefit plan that is not subject to Chapter 8, Health  
2038 Maintenance Organizations and Limited Health Plans:  
2039 ~~[(a) notwithstanding Subsection 31A-22-617(2), may offer a health benefit plan that~~  
2040 ~~groups providers into the following reimbursement levels:]~~  
2041 ~~[(i) tier one contracted providers;]~~  
2042 ~~[(ii) tier two contracted providers who the insurer shall reimburse at least 75% of tier~~  
2043 ~~one providers; and]~~  
2044 ~~[(iii) one or more tiers of non-contracted providers;]~~  
2045 ~~[(b)]~~ (a) notwithstanding Subsection 31A-22-617(9), may offer a health benefit plan

2046 that is not subject to Section 31A-22-618;

2047 ~~[(c) beginning July 1, 2012, may offer health benefit plans that:]~~

2048 ~~[(i) are not subject to Subsection 31A-22-617(2); and]~~

2049 ~~[(ii) are subject to the reimbursement requirements in Section 31A-8-501;]~~

2050 ~~[(d)]~~ (b) when offering a health plan under this Subsection (3), shall provide coverage  
2051 of emergency care services as required by Section 31A-22-627 ~~[by providing coverage at a~~  
2052 ~~reimbursement level of at least 75% of the health benefit plan's highest contracted provider~~  
2053 ~~category]; and~~

2054 ~~[(e) are]~~ (c) is not subject to coverage mandates enacted after January 1, 2009 that are  
2055 not required by federal law, provided that an insurer offers one plan that covers a mandate  
2056 enacted after January 1, 2009.

2057 (4) Section 31A-8-106 does not prohibit the offer of a health benefit plan under  
2058 Subsection (2)(b).

2059 (5) (a) Any difference in price between a health benefit plan offered under Subsections  
2060 (2)(a) and (b) shall be based on actuarially sound data.

2061 (b) Any difference in price between a health benefit plan offered under [~~Subsections~~]  
2062 Subsection (3)(a) ~~[and (b)]~~ shall be based on actuarially sound data.

2063 (6) Nothing in this section limits the number of health benefit plans that an insurer may  
2064 offer.

2065 Section 20. Section **31A-22-722** is amended to read:

2066 **31A-22-722. Utah mini-COBRA benefits for employer group coverage.**

2067 (1) An insured may extend the employee's coverage under the current employer's group  
2068 policy for a period of 12 months, except as provided in Subsections (2) and 31A-22-722.5(4).

2069 The right to extend coverage includes:

2070 (a) voluntary termination;

2071 (b) involuntary termination;

2072 (c) retirement;

2073 (d) death;

2074 (e) divorce or legal separation;  
2075 (f) loss of dependent status;  
2076 (g) sabbatical;  
2077 (h) a disability;  
2078 (i) leave of absence; or  
2079 (j) reduction of hours.

2080 (2) (a) Notwithstanding Subsection (1), an employee may not extend coverage under  
2081 the current employer's group insurance policy if the employee:

2082 (i) fails to pay premiums or contributions in accordance with the terms of the insurance  
2083 policy;

2084 (ii) acquires other group coverage covering all preexisting conditions including  
2085 maternity, if the coverage exists;

2086 (iii) performs an act or practice that constitutes fraud in connection with the coverage;  
2087 (iv) makes an intentional misrepresentation of material fact under the terms of the  
2088 coverage;

2089 (v) is terminated from employment for gross misconduct;

2090 (vi) is not continuously covered under the current employer's group policy for a period  
2091 of three months immediately before the termination of the insurance policy due to an event set  
2092 forth in Subsection (1);

2093 (vii) is eligible for an extension of coverage required by federal law;

2094 (viii) establishes residence outside of this state;

2095 (ix) moves out of the insurer's service area;

2096 (x) is eligible for similar coverage under another group insurance policy; or

2097 (xi) has the employee's coverage terminated because the employer's coverage is  
2098 terminated, except as provided in Subsection (8)~~]; or].~~

2099 ~~[(xii) elects alternative coverage under Section 31A-22-724.]~~

2100 (b) The right to extend coverage under Subsection (1) applies to spouse or dependent  
2101 coverage, including a surviving spouse or dependents whose coverage under the insurance

2102 policy terminates by reason of the death of the employee or member.

2103 (3) (a) The employer shall notify the following in writing of the right to extend group  
2104 coverage and the payment amounts required for extension of coverage, including the manner,  
2105 place, and time in which the payments shall be made:

2106 (i) a terminated insured;

2107 (ii) an ex-spouse of an insured; or

2108 (iii) if Subsection (2)(b) applies:

2109 (A) a surviving spouse; and

2110 (B) the guardian of surviving dependents, if different from a surviving spouse.

2111 (b) The notification required in Subsection (3)(a) shall be sent first class mail within 30  
2112 days after the termination date of the group coverage to:

2113 (i) the terminated insured's home address as shown on the records of the employer;

2114 (ii) the address of the surviving spouse, if different from the insured's address and if  
2115 shown on the records of the employer;

2116 (iii) the guardian of any dependents address, if different from the insured's address, and  
2117 if shown on the records of the employer; and

2118 (iv) the address of the ex-spouse, if shown on the records of the employer.

2119 (4) The insurer shall provide the employee, spouse, or any eligible dependent the  
2120 opportunity to extend the group coverage at the payment amount stated in Subsection (5) if:

2121 (a) the employer policyholder does not provide the terminated insured the written  
2122 notification required by Subsection (3)(a); and

2123 (b) the employee or other individual eligible for extension contacts the insurer within  
2124 60 days of coverage termination.

2125 (5) A premium amount for extended group coverage may not exceed 102% of the  
2126 group rate in effect for a group member, including an employer's contribution, if any, for a  
2127 group insurance policy.

2128 (6) Except as provided in this Subsection (6), coverage extends without interruption for  
2129 12 months and may not terminate if the terminated insured or, with respect to a minor, the

2130 parent or guardian of the terminated insured:

2131 (a) elects to extend group coverage within 60 days of losing group coverage; and

2132 (b) tenders the amount required to the employer or insurer.

2133 (7) The insured's coverage may be terminated before 12 months if the terminated

2134 insured:

2135 (a) establishes residence outside of this state;

2136 (b) moves out of the insurer's service area;

2137 (c) fails to pay premiums or contributions in accordance with the terms of the insurance  
2138 policy, including any timeliness requirements;

2139 (d) performs an act or practice that constitutes fraud in connection with the coverage;

2140 (e) makes an intentional misrepresentation of material fact under the terms of the  
2141 coverage;

2142 (f) becomes eligible for similar coverage under another group insurance policy; or

2143 (g) has the coverage terminated because the employer's coverage is terminated, except  
2144 as provided in Subsection (8).

2145 (8) If the current employer coverage is terminated and the employer replaces coverage  
2146 with similar coverage under another group insurance policy, without interruption, the  
2147 terminated insured, spouse, or the surviving spouse and guardian of dependents if Subsection  
2148 (2)(b) applies, may obtain extension of coverage under the replacement group insurance policy:

2149 (a) for the balance of the period the terminated insured would have extended coverage  
2150 under the replaced group insurance policy; and

2151 (b) if the terminated insured is otherwise eligible for extension of coverage.

2152 ~~[(9) (a) Within 30 days of the insured's exhaustion of extension of coverage, the~~  
2153 ~~employer shall provide the terminated insured and the ex-spouse, or, in the case of the death of~~  
2154 ~~the insured, the surviving spouse, or guardian of any dependents, written notification of the~~  
2155 ~~right to an individual conversion policy under Section 31A-22-723.]~~

2156 ~~[(b) The notification required by Subsection (9)(a):]~~

2157 ~~[(i) shall be sent first class mail to:]~~

- 2158           ~~[(A) the insured's last-known address as shown on the records of the employer;]~~
- 2159           ~~[(B) the address of the surviving spouse, if different from the insured's address, and if~~
- 2160 ~~shown on the records of the employer;]~~
- 2161           ~~[(C) the guardian of any dependents last known address as shown on the records of the~~
- 2162 ~~employer, if different from the address of the surviving spouse; and]~~
- 2163           ~~[(D) the address of the ex-spouse as shown on the records of the employer, if~~
- 2164 ~~applicable; and]~~
- 2165           ~~[(ii) shall contain the name, address, and telephone number of the insurer that will~~
- 2166 ~~provide the conversion coverage.]~~

2167           Section 21. Section **31A-23a-102** is amended to read:

2168           **31A-23a-102. Definitions.**

2169           As used in this chapter:

2170           (1) "Bail bond producer" is as defined in Section 31A-35-102.

2171           ~~[(2) "Escrow" means a license subline of authority in conjunction with the title~~

2172 ~~insurance line of authority that allows a person to conduct escrow as defined in Section~~

2173 ~~31A-1-301.]~~

2174           ~~[(3)]~~ (2) "Home state" means a state or territory of the United States or the District of

2175 Columbia in which an insurance producer:

2176           (a) maintains the insurance producer's principal:

2177           (i) place of residence; or

2178           (ii) place of business; and

2179           (b) is licensed to act as an insurance producer.

2180           ~~[(4)]~~ (3) "Insurer" is as defined in Section 31A-1-301, except that the following

2181 persons or similar persons are not insurers for purposes of Part 7, Producer Controlled Insurers:

2182           (a) a risk retention group as defined in:

2183           (i) the Superfund Amendments and Reauthorization Act of 1986, Pub. L. No. 99-499;

2184           (ii) the Risk Retention Act, 15 U.S.C. Sec. 3901 et seq.; and

2185           (iii) Chapter 15, Part 2, Risk Retention Groups Act;

- 2186 (b) a residual market pool;
- 2187 (c) a joint underwriting authority or association; and
- 2188 (d) a captive insurer.
- 2189 [~~5~~] (4) "License" is defined in Section 31A-1-301.
- 2190 [~~6~~] (5) (a) "Managing general agent" means a person that:
- 2191 (i) manages all or part of the insurance business of an insurer, including the
- 2192 management of a separate division, department, or underwriting office;
- 2193 (ii) acts as an agent for the insurer whether it is known as a managing general agent,
- 2194 manager, or other similar term;
- 2195 (iii) produces and underwrites an amount of gross direct written premium equal to, or
- 2196 more than 5% of, the policyholder surplus as reported in the last annual statement of the insurer
- 2197 in any one quarter or year:
- 2198 (A) with or without the authority;
- 2199 (B) separately or together with an affiliate; and
- 2200 (C) directly or indirectly; and
- 2201 (iv) (A) adjusts or pays claims in excess of an amount determined by the
- 2202 commissioner; or
- 2203 (B) negotiates reinsurance on behalf of the insurer.
- 2204 (b) Notwithstanding Subsection [~~6~~] (5)(a), the following persons may not be
- 2205 considered as managing general agent for the purposes of this chapter:
- 2206 (i) an employee of the insurer;
- 2207 (ii) a United States manager of the United States branch of an alien insurer;
- 2208 (iii) an underwriting manager that, pursuant to contract:
- 2209 (A) manages all the insurance operations of the insurer;
- 2210 (B) is under common control with the insurer;
- 2211 (C) is subject to Chapter 16, Insurance Holding Companies; and
- 2212 (D) is not compensated based on the volume of premiums written; and
- 2213 (iv) the attorney-in-fact authorized by and acting for the subscribers of a reciprocal

2214 insurer or inter-insurance exchange under powers of attorney.

2215        ~~[(7)]~~ (6) "Negotiate" means the act of conferring directly with or offering advice

2216 directly to a purchaser or prospective purchaser of a particular contract of insurance concerning

2217 a substantive benefit, term, or condition of the contract if the person engaged in that act:

2218        (a) sells insurance; or

2219        (b) obtains insurance from insurers for purchasers.

2220        ~~[(8)]~~ (7) "Reinsurance intermediary" means:

2221        (a) a reinsurance intermediary-broker; or

2222        (b) a reinsurance intermediary-manager.

2223        ~~[(9)]~~ (8) "Reinsurance intermediary-broker" means a person other than an officer or

2224 employee of the ceding insurer, firm, association, or corporation who solicits, negotiates, or

2225 places reinsurance cessions or retrocessions on behalf of a ceding insurer without the authority

2226 or power to bind reinsurance on behalf of the insurer.

2227        ~~[(10)]~~ (9) (a) "Reinsurance intermediary-manager" means a person who:

2228        (i) has authority to bind or who manages all or part of the assumed reinsurance

2229 business of a reinsurer, including the management of a separate division, department, or

2230 underwriting office; and

2231        (ii) acts as an agent for the reinsurer whether the person is known as a reinsurance

2232 intermediary-manager, manager, or other similar term.

2233        (b) Notwithstanding Subsection ~~[(10)]~~ (9)(a), the following persons may not be

2234 considered reinsurance intermediary-managers for the purpose of this chapter with respect to

2235 the reinsurer:

2236        (i) an employee of the reinsurer;

2237        (ii) a United States manager of the United States branch of an alien reinsurer;

2238        (iii) an underwriting manager that, pursuant to contract:

2239            (A) manages all the reinsurance operations of the reinsurer;

2240            (B) is under common control with the reinsurer;

2241            (C) is subject to Chapter 16, Insurance Holding Companies; and



2242 (D) is not compensated based on the volume of premiums written; and  
2243 (iv) the manager of a group, association, pool, or organization of insurers that:  
2244 (A) engage in joint underwriting or joint reinsurance; and  
2245 (B) are subject to examination by the insurance commissioner of the state in which the  
2246 manager's principal business office is located.

2247 [~~(11)~~] (10) "Search" means a license subline of authority in conjunction with the title  
2248 insurance line of authority that allows a person to issue title insurance commitments or policies  
2249 on behalf of a title insurer.

2250 [~~(12)~~] (11) "Sell" means to exchange a contract of insurance:

- 2251 (a) by any means;
- 2252 (b) for money or its equivalent; and
- 2253 (c) on behalf of an insurance company.

2254 [~~(13)~~] (12) "Solicit" means:

- 2255 (a) attempting to sell insurance;
- 2256 (b) asking or urging a person to apply for:
  - 2257 (i) a particular kind of insurance; and
  - 2258 (ii) insurance from a particular insurance company;
- 2259 (c) advertising insurance, including advertising for the purpose of obtaining leads for  
2260 the sale of insurance; or
- 2261 (d) holding oneself out as being in the insurance business.

2262 [~~(14)~~] (13) "Terminate" means:

- 2263 (a) the cancellation of the relationship between:
  - 2264 (i) an individual licensee or agency licensee and a particular insurer; or
  - 2265 (ii) an individual licensee and a particular agency licensee; or
- 2266 (b) the termination of:
  - 2267 (i) an individual licensee's or agency licensee's authority to transact insurance on behalf  
2268 of a particular insurance company; or
  - 2269 (ii) an individual licensee's authority to transact insurance on behalf of a particular

2270 agency licensee.

2271 [~~(15)~~] (14) "Title marketing representative" means a person who:

2272 (a) represents a title insurer in soliciting, requesting, or negotiating the placing of:

2273 (i) title insurance; or

2274 (ii) escrow services; and

2275 (b) does not have a search or escrow license as provided in Section 31A-23a-106.

2276 [~~(16)~~] (15) "Uniform application" means the version of the National Association of  
2277 Insurance Commissioners' uniform application for resident and nonresident producer licensing  
2278 at the time the application is filed.

2279 [~~(17)~~] (16) "Uniform business entity application" means the version of the National  
2280 Association of Insurance Commissioners' uniform business entity application for resident and  
2281 nonresident business entities at the time the application is filed.

2282 Section 22. Section **31A-23a-105** is amended to read:

2283 **31A-23a-105. General requirements for individual and agency license issuance**  
2284 **and renewal.**

2285 (1) (a) The commissioner shall issue or renew a license to a person described in  
2286 Subsection (1)(b) to act as:

2287 (i) a producer;

2288 (ii) a surplus lines producer;

2289 (iii) a limited line producer;

2290 (iv) a consultant;

2291 (v) a managing general agent; or

2292 (vi) a reinsurance intermediary.

2293 (b) The commissioner shall issue or renew a license under Subsection (1)(a) to a  
2294 person who, as to the license type and line of authority classification applied for under Section  
2295 31A-23a-106:

2296 (i) satisfies the application requirements under Section 31A-23a-104;

2297 (ii) satisfies the character requirements under Section 31A-23a-107;

- 2298 (iii) satisfies any applicable continuing education requirements under Section
- 2299 31A-23a-202;
- 2300 (iv) satisfies any applicable examination requirements under Section 31A-23a-108;
- 2301 (v) satisfies any applicable training period requirements under Section 31A-23a-203;
- 2302 (vi) if an applicant for a resident individual producer license, certifies that, to the extent
- 2303 applicable, the applicant:
  - 2304 (A) is in compliance with Section 31A-23a-203.5; and
  - 2305 (B) will maintain compliance with Section 31A-23a-203.5 during the period for which
  - 2306 the license is issued or renewed;
  - 2307 (vii) has not committed an act that is a ground for denial, suspension, or revocation as
  - 2308 provided in Section 31A-23a-111;
  - 2309 (viii) if a nonresident:
    - 2310 (A) complies with Section 31A-23a-109; and
    - 2311 (B) holds an active similar license in that person's state of residence;
    - 2312 (ix) if an applicant for [a] an individual title insurance producer or agency title
    - 2313 insurance producer license, satisfies the requirements of Section 31A-23a-204;
    - 2314 (x) if an applicant for a license to act as a life settlement provider or life settlement
    - 2315 producer, satisfies the requirements of Section 31A-23a-117; and
    - 2316 (xi) pays the applicable fees under Section 31A-3-103.
- 2317 (2) (a) This Subsection (2) applies to the following persons:
- 2318 (i) an applicant for a pending:
  - 2319 (A) individual or agency producer license;
  - 2320 (B) surplus lines producer license;
  - 2321 (C) limited line producer license;
  - 2322 (D) consultant license;
  - 2323 (E) managing general agent license; or
  - 2324 (F) reinsurance intermediary license; or
  - 2325 (ii) a licensed:

- 2326 (A) individual or agency producer;
- 2327 (B) surplus lines producer;
- 2328 (C) limited line producer;
- 2329 (D) consultant;
- 2330 (E) managing general agent; or
- 2331 (F) reinsurance intermediary.
- 2332 (b) A person described in Subsection (2)(a) shall report to the commissioner:
- 2333 (i) an administrative action taken against the person, including a denial of a new or
- 2334 renewal license application:
  - 2335 (A) in another jurisdiction; or
  - 2336 (B) by another regulatory agency in this state; and
  - 2337 (ii) a criminal prosecution taken against the person in any jurisdiction.
- 2338 (c) The report required by Subsection (2)(b) shall:
- 2339 (i) be filed:
  - 2340 (A) at the time the person files the application for an individual or agency license; and
  - 2341 (B) for an action or prosecution that occurs on or after the day on which the person
  - 2342 files the application:
    - 2343 (I) for an administrative action, within 30 days of the final disposition of the
    - 2344 administrative action; or
    - 2345 (II) for a criminal prosecution, within 30 days of the initial appearance before a court;
    - 2346 and
    - 2347 (ii) include a copy of the complaint or other relevant legal documents related to the
    - 2348 action or prosecution described in Subsection (2)(b).
- 2349 (3) (a) The department may require a person applying for a license or for consent to
- 2350 engage in the business of insurance to submit to a criminal background check as a condition of
- 2351 receiving a license or consent.
- 2352 (b) A person, if required to submit to a criminal background check under Subsection
- 2353 (3)(a), shall:

- 2354 (i) submit a fingerprint card in a form acceptable to the department; and
- 2355 (ii) consent to a fingerprint background check by:
  - 2356 (A) the Utah Bureau of Criminal Identification; and
  - 2357 (B) the Federal Bureau of Investigation.
- 2358 (c) For a person who submits a fingerprint card and consents to a fingerprint
- 2359 background check under Subsection (3)(b), the department may request:
  - 2360 (i) criminal background information maintained pursuant to Title 53, Chapter 10, Part
  - 2361 2, Bureau of Criminal Identification, from the Bureau of Criminal Identification; and
  - 2362 (ii) complete Federal Bureau of Investigation criminal background checks through the
  - 2363 national criminal history system.
- 2364 (d) Information obtained by the department from the review of criminal history records
- 2365 received under this Subsection (3) shall be used by the department for the purposes of:
  - 2366 (i) determining if a person satisfies the character requirements under Section
  - 2367 31A-23a-107 for issuance or renewal of a license;
  - 2368 (ii) determining if a person has failed to maintain the character requirements under
  - 2369 Section 31A-23a-107; and
  - 2370 (iii) preventing a person who violates the federal Violent Crime Control and Law
  - 2371 Enforcement Act of 1994, 18 U.S.C. Sec. 1033, from engaging in the business of insurance in
  - 2372 the state.
- 2373 (e) If the department requests the criminal background information, the department
- 2374 shall:
  - 2375 (i) pay to the Department of Public Safety the costs incurred by the Department of
  - 2376 Public Safety in providing the department criminal background information under Subsection
  - 2377 (3)(c)(i);
  - 2378 (ii) pay to the Federal Bureau of Investigation the costs incurred by the Federal Bureau
  - 2379 of Investigation in providing the department criminal background information under
  - 2380 Subsection (3)(c)(ii); and
  - 2381 (iii) charge the person applying for a license or for consent to engage in the business of

2382 insurance a fee equal to the aggregate of Subsections (3)(e)(i) and (ii).

2383 (4) To become a resident licensee in accordance with Section 31A-23a-104 and this  
2384 section, a person licensed as one of the following in another state who moves to this state shall  
2385 apply within 90 days of establishing legal residence in this state:

- 2386 (a) insurance producer;
- 2387 (b) surplus lines producer;
- 2388 (c) limited line producer;
- 2389 (d) consultant;
- 2390 (e) managing general agent; or
- 2391 (f) reinsurance intermediary.

2392 (5) (a) The commissioner may deny a license application for a license listed in  
2393 Subsection (5)(b) if the person applying for the license, as to the license type and line of  
2394 authority classification applied for under Section 31A-23a-106:

- 2395 (i) fails to satisfy the requirements as set forth in this section; or
- 2396 (ii) commits an act that is grounds for denial, suspension, or revocation as set forth in  
2397 Section 31A-23a-111.

2398 (b) This Subsection (5) applies to the following licenses:

- 2399 (i) producer;
- 2400 (ii) surplus lines producer;
- 2401 (iii) limited line producer;
- 2402 (iv) consultant;
- 2403 (v) managing general agent; or
- 2404 (vi) reinsurance intermediary.

2405 (6) Notwithstanding the other provisions of this section, the commissioner may:

2406 (a) issue a license to an applicant for a license for a title insurance line of authority only  
2407 with the concurrence of the Title and Escrow Commission; and

2408 (b) renew a license for a title insurance line of authority only with the concurrence of  
2409 the Title and Escrow Commission.

2410 Section 23. Section **31A-23a-106** is amended to read:

2411 **31A-23a-106. License types.**

2412 (1) (a) A resident or nonresident license issued under this chapter shall be issued under  
2413 the license types described under Subsection (2).

2414 (b) A license type and a line of authority pertaining to a license type describe the type  
2415 of licensee and the lines of business that a licensee may sell, solicit, or negotiate. A license  
2416 type is intended to describe the matters to be considered under any education, examination, and  
2417 training required of a license applicant under Sections 31A-23a-108, 31A-23a-202, and  
2418 31A-23a-203.

2419 (2) (a) A producer license type includes the following lines of authority:

2420 (i) life insurance, including a nonvariable contract;

2421 (ii) variable contracts, including variable life and annuity, if the producer has the life  
2422 insurance line of authority;

2423 (iii) accident and health insurance, including a contract issued to a policyholder under  
2424 Chapter 7, Nonprofit Health Service Insurance Corporations, or Chapter 8, Health Maintenance  
2425 Organizations and Limited Health Plans;

2426 (iv) property insurance;

2427 (v) casualty insurance, including a surety or other bond;

2428 (vi) title insurance under one or more of the following categories:

2429 (A) search, including authority to act as a title marketing representative;

2430 (B) escrow, including authority to act as a title marketing representative; and

2431 (C) title marketing representative only; and

2432 (vii) personal lines insurance.

2433 (b) A surplus lines producer license type includes the following lines of authority:

2434 (i) property insurance, if the person holds an underlying producer license with the  
2435 property line of insurance; and

2436 (ii) casualty insurance, if the person holds an underlying producer license with the  
2437 casualty line of authority.

- 2438 (c) A limited line producer license type includes the following limited lines of  
2439 authority:
- 2440 (i) limited line credit insurance;
  - 2441 (ii) travel insurance;
  - 2442 (iii) motor club insurance;
  - 2443 (iv) car rental related insurance;
  - 2444 (v) legal expense insurance;
  - 2445 (vi) crop insurance;
  - 2446 (vii) self-service storage insurance;
  - 2447 (viii) bail bond producer;
  - 2448 (ix) guaranteed asset protection waiver; and
  - 2449 (x) portable electronics insurance.
- 2450 (d) A consultant license type includes the following lines of authority:
- 2451 (i) life insurance, including a nonvariable contract;
  - 2452 (ii) variable contracts, including variable life and annuity, if the consultant has the life  
2453 insurance line of authority;
  - 2454 (iii) accident and health insurance, including a contract issued to a policyholder under  
2455 Chapter 7, Nonprofit Health Service Insurance Corporations, or Chapter 8, Health Maintenance  
2456 Organizations and Limited Health Plans;
  - 2457 (iv) property insurance;
  - 2458 (v) casualty insurance, including a surety or other bond; and
  - 2459 (vi) personal lines insurance.
- 2460 (e) A managing general agent license type includes the following lines of authority:
- 2461 (i) life insurance, including a nonvariable contract;
  - 2462 (ii) variable contracts, including variable life and annuity, if the managing general  
2463 agent has the life insurance line of authority;
  - 2464 (iii) accident and health insurance, including a contract issued to a policyholder under  
2465 Chapter 7, Nonprofit Health Service Insurance Corporations, or Chapter 8, Health Maintenance



- 2466 Organizations and Limited Health Plans;
- 2467 (iv) property insurance;
- 2468 (v) casualty insurance, including a surety or other bond; and
- 2469 (vi) personal lines insurance.
- 2470 (f) A reinsurance intermediary license type includes the following lines of authority:
- 2471 (i) life insurance, including a nonvariable contract;
- 2472 (ii) variable contracts, including variable life and annuity, if the reinsurance
- 2473 intermediary has the life insurance line of authority;
- 2474 (iii) accident and health insurance, including a contract issued to a policyholder under
- 2475 Chapter 7, Nonprofit Health Service Insurance Corporations, or Chapter 8, Health Maintenance
- 2476 Organizations and Limited Health Plans;
- 2477 (iv) property insurance;
- 2478 (v) casualty insurance, including a surety or other bond; and
- 2479 (vi) personal lines insurance.
- 2480 (g) A person who holds a license under Subsection (2)(a) has the qualifications
- 2481 necessary to act as a holder of a license under Subsection (2)(c), except that the person may not
- 2482 act under Subsection (2)(c)(viii) or (ix).
- 2483 (3) (a) The commissioner may by rule recognize other producer, surplus lines producer,
- 2484 limited line producer, consultant, managing general agent, or reinsurance intermediary lines of
- 2485 authority as to kinds of insurance not listed under Subsections (2)(a) through (f).
- 2486 (b) Notwithstanding Subsection (3)(a), for purposes of title insurance the Title and
- 2487 Escrow Commission may by rule, with the concurrence of the commissioner and subject to
- 2488 Section 31A-2-404, recognize other categories for [a] an individual title insurance producer or
- 2489 agency title insurance producer line of authority not listed under Subsection (2)(a)(vi).
- 2490 (4) The variable contracts line of authority requires:
- 2491 (a) for a producer, licensure by the Financial Industry Regulatory Authority as a:
- 2492 (i) registered broker-dealer; or
- 2493 (ii) broker-dealer agent, with a current registration with a broker-dealer; and

2494 (b) for a consultant, registration with the Securities and Exchange Commission or  
2495 licensure by the Utah Division of Securities as an:

2496 (i) investment adviser; or

2497 (ii) investment adviser representative, with a current association with an investment  
2498 adviser.

2499 (5) A surplus lines producer is a producer who has a surplus lines license.

2500 Section 24. Section **31A-23a-118** is enacted to read:

2501 **31A-23a-118. Car rental related licensing requirements.**

2502 (1) Subject to Section 31A-23a-103, a person is required to hold a limited line  
2503 producer license with a car rental related insurance limited line of authority to sell or offer car  
2504 rental related insurance coverage under a car rental related insurance policy.

2505 (2) A car rental related insurance limited line license issued pursuant to Sections  
2506 31A-23a-103 and 31A-23a-106 authorizes an employee or authorized representative of the  
2507 licensee to sell or offer coverage under a car rental related insurance policy to a customer at  
2508 each location at which the licensee engages in car rental related insurance transactions.

2509 (3) An agency holding a car rental related insurance limited line license shall:

2510 (a) be appointed by an insurer underwriting a car rental related insurance policy that the  
2511 agency sells or offers; and

2512 (b) have a designated responsible licensed individual at each location at which the  
2513 agency is soliciting, selling, or offering car rental related insurance.

2514 (4) An agency holding a car rental related insurance limited line license may employ a  
2515 nonlicensed individual employed as a counter sales representative in soliciting, selling, or  
2516 offering car rental related insurance. The nonlicensed individual shall be:

2517 (a) trained and supervised in the sale of car rental related insurance products; and

2518 (b) responsible to a licensed individual designated by the agency at each location where  
2519 a car rental related insurance product is sold.

2520 Section 25. Section **31A-23a-202** is amended to read:

2521 **31A-23a-202. Continuing education requirements.**

2522 (1) Pursuant to this section, the commissioner shall by rule prescribe the continuing  
2523 education requirements for a producer and a consultant.

2524 (2) (a) The commissioner may not state a continuing education requirement in terms of  
2525 formal education.

2526 (b) The commissioner may state a continuing education requirement in terms of hours  
2527 of insurance-related instruction received.

2528 (c) Insurance-related formal education may be a substitute, in whole or in part, for the  
2529 hours required under Subsection (2)(b).

2530 (3) (a) The commissioner shall impose continuing education requirements in  
2531 accordance with a two-year licensing period in which the licensee meets the requirements of  
2532 this Subsection (3).

2533 (b) (i) Except as provided in this section, the continuing education requirements shall  
2534 require:

2535 (A) that a licensee complete 24 credit hours of continuing education for every two-year  
2536 licensing period;

2537 (B) that 3 of the 24 credit hours described in Subsection (3)(b)(i)(A) be ethics courses;  
2538 and

2539 (C) that the licensee complete at least half of the required hours through classroom  
2540 hours of insurance-related instruction.

2541 (ii) An hour of continuing education in accordance with Subsection (3)(b)(i) may be  
2542 obtained through:

2543 (A) classroom attendance;

2544 (B) home study;

2545 (C) watching a video recording;

2546 (D) experience credit; or

2547 (E) another method provided by rule.

2548 (iii) (A) Notwithstanding Subsections (3)(b)(i)(A) and (B), [a] an individual title  
2549 insurance producer is required to complete 12 credit hours of continuing education for every

2550 two-year licensing period, with 3 of the credit hours being ethics courses unless the individual  
2551 title insurance producer is licensed in this state as [a] an individual title insurance producer for  
2552 20 or more consecutive years.

2553 (B) If [a] an individual title insurance producer is licensed in this state as [a] an  
2554 individual title insurance producer for 20 or more consecutive years, the individual title  
2555 insurance producer is required to complete 6 credit hours of continuing education for every  
2556 two-year licensing period, with 3 of the credit hours being ethics courses.

2557 (C) Notwithstanding Subsection (3)(b)(iii)(A) or (B), [a] an individual title insurance  
2558 producer is considered to have met the continuing education requirements imposed under  
2559 Subsection (3)(b)(iii)(A) or (B) if the individual title insurance producer:

2560 (I) is an active member in good standing with the Utah State Bar;

2561 (II) is in compliance with the continuing education requirements of the Utah State Bar;

2562 and

2563 (III) if requested by the department, provides the department evidence that the  
2564 individual title insurance producer complied with the continuing education requirements of the  
2565 Utah State Bar.

2566 (c) A licensee may obtain continuing education hours at any time during the two-year  
2567 licensing period.

2568 (d) (i) A licensee is exempt from continuing education requirements under this section  
2569 if:

2570 (A) the licensee was first licensed before April 1, 1978;

2571 (B) the license does not have a continuous lapse for a period of more than one year,  
2572 except for a license for which the licensee has had an exemption approved before May 11,  
2573 2011;

2574 (C) the licensee requests an exemption from the department; and

2575 (D) the department approves the exemption.

2576 (ii) If the department approves the exemption under Subsection (3)(d)(i), the licensee is  
2577 not required to apply again for the exemption.

2578 (e) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the  
2579 commissioner shall, by rule:

2580 (i) publish a list of insurance professional designations whose continuing education  
2581 requirements can be used to meet the requirements for continuing education under Subsection  
2582 (3)(b);

2583 (ii) authorize a continuing education provider or a state or national professional  
2584 producer or consultant association to:

2585 (A) offer a qualified program for a license type or line of authority on a geographically  
2586 accessible basis; and

2587 (B) collect a reasonable fee for funding and administration of a continuing education  
2588 program, subject to the review and approval of the commissioner; and

2589 (iii) provide that membership by a producer or consultant in a state or national  
2590 professional producer or consultant association is considered a substitute for the equivalent of  
2591 two hours for each year during which the producer or consultant is a member of the  
2592 professional association, except that the commissioner may not give more than two hours of  
2593 continuing education credit in a year regardless of the number of professional associations of  
2594 which the producer or consultant is a member.

2595 (f) A fee permitted under Subsection (3)(e)(ii)(B) that is charged for attendance at a  
2596 professional producer or consultant association program may be less for an association  
2597 member, on the basis of the member's affiliation expense, but shall preserve the right of a  
2598 nonmember to attend without affiliation.

2599 (4) The commissioner shall approve a continuing education provider or continuing  
2600 education course that satisfies the requirements of this section.

2601 (5) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the  
2602 commissioner shall by rule set the processes and procedures for continuing education provider  
2603 registration and course approval.

2604 (6) The requirements of this section apply only to a producer or consultant who is an  
2605 individual.

2606 (7) A nonresident producer or consultant is considered to have satisfied this state's  
2607 continuing education requirements if the nonresident producer or consultant satisfies the  
2608 nonresident producer's or consultant's home state's continuing education requirements for a  
2609 licensed insurance producer or consultant.

2610 (8) A producer or consultant subject to this section shall keep documentation of  
2611 completing the continuing education requirements of this section for two years after the end of  
2612 the two-year licensing period to which the continuing education applies.

2613 Section 26. Section **31A-23a-203.5** is amended to read:

2614 **31A-23a-203.5. Errors and omissions coverage requirements.**

2615 (1) In accordance with this section, a resident individual producer shall ensure that the  
2616 resident individual producer is covered:

2617 (a) for the legal liability of the resident individual producer as the result of an  
2618 erroneous act or failure to act in the resident individual producer's capacity as a producer; and

2619 (b) at all times during the term of the resident individual producer's license.

2620 (2) The coverage required by Subsection (1) shall consist of:

2621 (a) a policy naming the resident individual producer;

2622 (b) a policy naming the agency that designates the resident individual producer in  
2623 accordance with this chapter; or

2624 (c) a written agreement by an insurer or group of affiliated insurers, on behalf of a  
2625 resident individual producer who is or will become an exclusive agent of the insurer or group  
2626 of affiliated insurers, under which the insurer or group of affiliated insurers agrees to assume  
2627 responsibility, to the benefit of an aggrieved person, for legal liability of the resident individual  
2628 producer as the result of an erroneous act or failure to act in the resident individual producer's  
2629 capacity as a producer for the insurer or group of affiliated insurers.

2630 (3) The commissioner may, by rule made in accordance with Title 63G, Chapter 3,  
2631 Utah Administrative Rulemaking Act, provide for:

2632 (a) the terms and conditions of the coverage required under Subsection (1); and

2633 (b) if the coverage required by Subsection (1) is terminated during a resident individual

2634 producer's license term, requirements to:

2635 (i) provide notice; and

2636 (ii) replace the coverage.

2637 (4) ~~[A]~~ An individual title insurance producer is considered to be in compliance with

2638 this section ~~[if the]~~ when:

2639 (a) the individual title insurance producer is not designated by an agency title producer  
2640 and maintains [a] the individual title insurance producer's own bond, policy, or other financial  
2641 protection in accordance with Subsection 31A-23a-204(2)~~[-];~~ or

2642 (b) the individual title insurance producer is designated by an agency title insurance  
2643 producer that maintains a bond, policy, or other financial protection in accordance with  
2644 Subsection 31A-23a-204(2).

2645 (5) Notwithstanding the other provisions of this section, a resident individual producer  
2646 is exempt from the requirement to maintain coverage as provided in this section during a  
2647 period in which the resident individual producer is not either:

2648 (a) appointed by an insurer under this title; or

2649 (b) designated by an agency under this title.

2650 (6) A limited lines producer is exempt from this section.

2651 Section 27. Section **31A-23a-204** is amended to read:

2652 **31A-23a-204. Special requirements for title insurance producers and agencies.**

2653 ~~[A]~~ An individual title insurance producer or agency title insurance producer~~;~~  
2654 ~~including an agency;~~ shall be licensed in accordance with this chapter, with the additional  
2655 requirements listed in this section.

2656 (1) (a) A person that receives a new license under this title as ~~[a]~~ an agency title  
2657 insurance ~~[agency;]~~ producer shall at the time of licensure be owned or managed by at least one  
2658 individual who is licensed for at least three of the five years immediately preceding the date on  
2659 which the agency title insurance ~~[agency]~~ producer applies for a license with both:

2660 (i) a search line of authority; and

2661 (ii) an escrow line of authority.

2662 (b) [~~A~~] An agency title insurance [agency] producer subject to Subsection (1)(a) may  
2663 comply with Subsection (1)(a) by having the agency title insurance [agency] producer owned or  
2664 managed by:

2665 (i) one or more individuals who are licensed with the search line of authority for the  
2666 time period provided in Subsection (1)(a); and

2667 (ii) one or more individuals who are licensed with the escrow line of authority for the  
2668 time period provided in Subsection (1)(a).

2669 (c) A person licensed as [~~a~~] an agency title insurance [agency] producer shall at all  
2670 times during the term of licensure be owned or managed by at least one individual who is  
2671 licensed for at least three years within the preceding five-year period with both:

2672 (i) a search line of authority; and

2673 (ii) an escrow line of authority.

2674 (d) The Title and Escrow Commission may by rule, subject to Section 31A-2-404,  
2675 exempt an attorney with real estate experience from the experience requirements in Subsection  
2676 (1)(a).

2677 (e) An individual who satisfies the requirements of this Subsection (1) is known as a  
2678 "qualifying licensee." At any given time, an individual may be a qualifying licensee for not  
2679 more than two agency title insurance producers.

2680 (2) (a) [~~A~~] An individual title insurance producer or agency title insurance [agency or]  
2681 producer appointed by an insurer shall maintain:

2682 (i) a fidelity bond;

2683 (ii) a professional liability insurance policy; or

2684 (iii) a financial protection:

2685 (A) equivalent to that described in Subsection (2)(a)(i) or (ii); and

2686 (B) that the commissioner considers adequate.

2687 (b) The bond, insurance, or financial protection required by this Subsection (2):

2688 (i) shall be supplied under a contract approved by the commissioner to provide  
2689 protection against the improper performance of any service in conjunction with the issuance of



2690 a contract or policy of title insurance; and

2691 (ii) be in a face amount no less than \$50,000.

2692 (c) The Title and Escrow Commission may by rule, subject to Section 31A-2-404,  
 2693 exempt individual title insurance producer or agency title insurance producers from the  
 2694 requirements of this Subsection (2) upon a finding that, and only so long as, the required policy  
 2695 or bond is generally unavailable at reasonable rates.

2696 (3) [~~A~~] An individual title insurance producer or agency title insurance [~~agency or~~]  
 2697 producer appointed by an insurer may maintain a reserve fund to the extent money was  
 2698 deposited before July 1, 2008, and not withdrawn to the income of the individual title insurance  
 2699 producer or agency title insurance producer.

2700 (4) An examination for licensure shall include questions regarding the search and  
 2701 examination of title to real property.

2702 (5) [~~A~~] An individual title insurance producer may not perform the functions of escrow  
 2703 unless the individual title insurance producer has been examined on the fiduciary duties and  
 2704 procedures involved in those functions.

2705 (6) The Title and Escrow Commission [~~shall~~] may adopt rules, subject to Section  
 2706 31A-2-404, after consulting with the [~~department~~] commissioner and the [~~department's~~]  
 2707 commissioner's test administrator, establishing an examination for a license that will satisfy  
 2708 this section.

2709 (7) A license may be issued to [~~a~~] an individual title insurance producer or agency title  
 2710 insurance producer who has qualified:

2711 (a) to perform only searches and examinations of title as specified in Subsection (4);

2712 (b) to handle only escrow arrangements as specified in Subsection (5); or

2713 (c) to act as a title marketing representative.

2714 (8) (a) A person licensed to practice law in Utah is exempt from the requirements of  
 2715 Subsections (2) and (3) if that person issues 12 or less policies in any 12-month period.

2716 (b) In determining the number of policies issued by a person licensed to practice law in  
 2717 Utah for purposes of Subsection (8)(a), if the person licensed to practice law in Utah issues a

2718 policy to more than one party to the same closing, the person is considered to have issued only  
2719 one policy.

2720 (9) A person licensed to practice law in Utah, whether exempt under Subsection (8) or  
2721 not, shall maintain a trust account separate from a law firm trust account for all title and real  
2722 estate escrow transactions.

2723 Section 28. Section **31A-23a-402** is amended to read:

2724 **31A-23a-402. Unfair marketing practices -- Communication -- Unfair**  
2725 **discrimination -- Coercion or intimidation -- Restriction on choice.**

2726 (1) (a) (i) Any of the following may not make or cause to be made any communication  
2727 that contains false or misleading information, relating to an insurance product or contract, any  
2728 insurer, or any licensee under this title, including information that is false or misleading  
2729 because it is incomplete:

2730 (A) a person who is or should be licensed under this title;

2731 (B) an employee or producer of a person described in Subsection (1)(a)(i)(A);

2732 (C) a person whose primary interest is as a competitor of a person licensed under this  
2733 title; and

2734 (D) a person on behalf of any of the persons listed in this Subsection (1)(a)(i).

2735 (ii) As used in this Subsection (1), "false or misleading information" includes:

2736 (A) assuring the nonobligatory payment of future dividends or refunds of unused  
2737 premiums in any specific or approximate amounts, but reporting fully and accurately past  
2738 experience is not false or misleading information; and

2739 (B) with intent to deceive a person examining it:

2740 (I) filing a report;

2741 (II) making a false entry in a record; or

2742 (III) wilfully refraining from making a proper entry in a record.

2743 (iii) A licensee under this title may not:

2744 (A) use any business name, slogan, emblem, or related device that is misleading or

2745 likely to cause the insurer or other licensee to be mistaken for another insurer or other licensee

2746 already in business; or

2747 (B) use any advertisement or other insurance promotional material that would cause a  
2748 reasonable person to mistakenly believe that a state or federal government agency, including  
2749 the Health Insurance Exchange, also called the "Utah Health Exchange," created in Section  
2750 63M-1-2504, the Comprehensive Health Insurance Pool created in Chapter 29, Comprehensive  
2751 Health Insurance Pool Act, and the Children's Health Insurance Program created in Title 26,  
2752 Chapter 40, Utah Children's Health Insurance Act:

2753 (I) is responsible for the insurance sales activities of the person;

2754 (II) stands behind the credit of the person;

2755 (III) guarantees any returns on insurance products of or sold by the person; or

2756 (IV) is a source of payment of any insurance obligation of or sold by the person.

2757 (iv) A person who is not an insurer may not assume or use any name that deceptively  
2758 implies or suggests that person is an insurer.

2759 (v) A person other than persons licensed as health maintenance organizations under  
2760 Chapter 8 may not use the term "Health Maintenance Organization" or "HMO" in referring to  
2761 itself.

2762 (b) A licensee's violation creates a rebuttable presumption that the violation was also  
2763 committed by the insurer if:

2764 (i) the licensee under this title distributes cards or documents, exhibits a sign, or  
2765 publishes an advertisement that violates Subsection (1)(a), with reference to a particular  
2766 insurer:

2767 (A) that the licensee represents; or

2768 (B) for whom the licensee processes claims; and

2769 (ii) the cards, documents, signs, or advertisements are supplied or approved by that  
2770 insurer.

2771 (2) (a) A title insurer [~~or~~], individual title insurance producer, or agency title insurance  
2772 producer or any officer or employee of [either] the title insurer, individual title insurance  
2773 producer, or agency title insurance producer may not pay, allow, give, or offer to pay, allow, or

2774 give, directly or indirectly, as an inducement to obtaining any title insurance business:

2775 (i) any rebate, reduction, or abatement of any rate or charge made incident to the  
2776 issuance of the title insurance;

2777 (ii) any special favor or advantage not generally available to others; [~~or~~]

2778 (iii) any money or other consideration, except if approved under Section 31A-2-405; or

2779 (iv) material inducement.

2780 (b) "Charge made incident to the issuance of the title insurance" includes escrow  
2781 charges, and any other services that are prescribed in rule by the Title and Escrow Commission  
2782 after consultation with the commissioner and subject to Section 31A-2-404.

2783 (c) An insured or any other person connected, directly or indirectly, with the  
2784 transaction may not knowingly receive or accept, directly or indirectly, any benefit referred to  
2785 in Subsection (2)(a), including:

2786 (i) a person licensed under Title 61, Chapter 2c, Utah Residential Mortgage Practices  
2787 and Licensing Act;

2788 (ii) a person licensed under Title 61, Chapter 2f, Real Estate Licensing and Practices  
2789 Act;

2790 (iii) a builder;

2791 (iv) an attorney; or

2792 (v) an officer, employee, or agent of a person listed in this Subsection (2)(c)(iii).

2793 (3) (a) An insurer may not unfairly discriminate among policyholders by charging  
2794 different premiums or by offering different terms of coverage, except on the basis of  
2795 classifications related to the nature and the degree of the risk covered or the expenses involved.

2796 (b) Rates are not unfairly discriminatory if they are averaged broadly among persons  
2797 insured under a group, blanket, or franchise policy, and the terms of those policies are not  
2798 unfairly discriminatory merely because they are more favorable than in similar individual  
2799 policies.

2800 (4) (a) This Subsection (4) applies to:

2801 (i) a person who is or should be licensed under this title;

2802 (ii) an employee of that licensee or person who should be licensed;

2803 (iii) a person whose primary interest is as a competitor of a person licensed under this

2804 title; and

2805 (iv) one acting on behalf of any person described in Subsections (4)(a)(i) through (iii).

2806 (b) A person described in Subsection (4)(a) may not commit or enter into any

2807 agreement to participate in any act of boycott, coercion, or intimidation that:

2808 (i) tends to produce:

2809 (A) an unreasonable restraint of the business of insurance; or

2810 (B) a monopoly in that business; or

2811 (ii) results in an applicant purchasing or replacing an insurance contract.

2812 (5) (a) (i) Subject to Subsection (5)(a)(ii), a person may not restrict in the choice of an

2813 insurer or licensee under this chapter, another person who is required to pay for insurance as a

2814 condition for the conclusion of a contract or other transaction or for the exercise of any right

2815 under a contract.

2816 (ii) A person requiring coverage may reserve the right to disapprove the insurer or the

2817 coverage selected on reasonable grounds.

2818 (b) The form of corporate organization of an insurer authorized to do business in this

2819 state is not a reasonable ground for disapproval, and the commissioner may by rule specify

2820 additional grounds that are not reasonable. This Subsection (5) does not bar an insurer from

2821 declining an application for insurance.

2822 (6) A person may not make any charge other than insurance premiums and premium

2823 financing charges for the protection of property or of a security interest in property, as a

2824 condition for obtaining, renewing, or continuing the financing of a purchase of the property or

2825 the lending of money on the security of an interest in the property.

2826 (7) (a) A licensee under this title may not refuse or fail to return promptly all indicia of

2827 agency to the principal on demand.

2828 (b) A licensee whose license is suspended, limited, or revoked under Section

2829 31A-2-308, 31A-23a-111, or 31A-23a-112 may not refuse or fail to return the license to the

2830 commissioner on demand.

2831 (8) (a) A person may not engage in an unfair method of competition or any other unfair  
2832 or deceptive act or practice in the business of insurance, as defined by the commissioner by  
2833 rule, after a finding that the method of competition, the act, or the practice:

- 2834 (i) is misleading;
- 2835 (ii) is deceptive;
- 2836 (iii) is unfairly discriminatory;
- 2837 (iv) provides an unfair inducement; or
- 2838 (v) unreasonably restrains competition.

2839 (b) Notwithstanding Subsection (8)(a), for purpose of the title insurance industry, the  
2840 Title and Escrow Commission shall make rules, subject to Section 31A-2-404, that define an  
2841 unfair method of competition or unfair or deceptive act or practice after a finding that the  
2842 method of competition, the act, or the practice:

- 2843 (i) is misleading;
- 2844 (ii) is deceptive;
- 2845 (iii) is unfairly discriminatory;
- 2846 (iv) provides an unfair inducement; or
- 2847 (v) unreasonably restrains competition.

2848 Section 29. Section **31A-23a-402.5** is amended to read:

2849 **31A-23a-402.5. Inducements.**

2850 (1) (a) Except as provided in Subsection (2), a producer, consultant, or other licensee  
2851 under this title, or an officer or employee of a licensee, may not induce a person to enter into,  
2852 continue, or terminate an insurance contract by offering a benefit that is not:

- 2853 (i) specified in the insurance contract; or
- 2854 (ii) directly related to the insurance contract.

2855 (b) An insurer may not make or knowingly allow an agreement of insurance that is not  
2856 clearly expressed in the insurance contract to be issued or renewed.

2857 (c) A licensee under this title may not absorb the tax under Section 31A-3-301.

2858 (2) This section does not apply to a title insurer, [~~a title~~] an individual title insurance  
2859 producer, or agency title insurance producer, or an officer or employee of a title insurer [~~or~~  
2860 title], an individual title insurance producer, or an agency title insurance producer.

2861 (3) Items not prohibited by Subsection (1) include an insurer:

2862 (a) reducing premiums because of expense savings;

2863 (b) providing to a policyholder or insured one or more incentives, as defined by the  
2864 commissioner by rule made in accordance with Title 63G, Chapter 3, Utah Administrative  
2865 Rulemaking Act, to participate in a program or activity designed to reduce claims or claim  
2866 expenses, including:

2867 (i) a premium discount offered to a small or large employer group based on a wellness  
2868 program if:

2869 (A) the premium discount for the employer group does not exceed 20% of the group  
2870 premium; and

2871 (B) the premium discount based on the wellness program is offered uniformly by the  
2872 insurer to all employer groups in the large or small group market;

2873 (ii) a premium discount offered to employees of a small or large employer group in an  
2874 amount that does not exceed federal limits on wellness program incentives; or

2875 (iii) a combination of premium discounts offered to the employer group and the  
2876 employees of an employer group, based on a wellness program, if:

2877 (A) the premium discounts for the employer group comply with Subsection (3)(b)(i);  
2878 and

2879 (B) the premium discounts for the employees of an employer group comply with  
2880 Subsection (3)(b)(ii); or

2881 (c) receiving premiums under an installment payment plan.

2882 (4) Items not prohibited by Subsection (1) include a producer, consultant, or other  
2883 licensee, or an officer or employee of a licensee, either directly or through a third party:

2884 (a) engaging in a usual kind of social courtesy if receipt of the social courtesy is not  
2885 conditioned on a quote or the purchase of a particular insurance product;

- 2886 (b) extending credit on a premium to the insured:
- 2887 (i) without interest, for no more than 90 days from the effective date of the insurance
- 2888 contract;
- 2889 (ii) for interest that is not less than the legal rate under Section 15-1-1, on the unpaid
- 2890 balance after the time period described in Subsection (4)(b)(i); and
- 2891 (iii) except that an installment or payroll deduction payment of premiums on an
- 2892 insurance contract issued under an insurer's mass marketing program is not considered an
- 2893 extension of credit for purposes of this Subsection (4)(b);
- 2894 (c) preparing or conducting a survey that:
- 2895 (i) is directly related to an accident and health insurance policy purchased from the
- 2896 licensee; or
- 2897 (ii) is used by the licensee to assess the benefit needs and preferences of insureds,
- 2898 employers, or employees directly related to an insurance product sold by the licensee;
- 2899 (d) providing limited human resource services that are directly related to an insurance
- 2900 product sold by the licensee, including:
- 2901 (i) answering questions directly related to:
- 2902 (A) an employee benefit offering or administration, if the insurance product purchased
- 2903 from the licensee is accident and health insurance or health insurance; and
- 2904 (B) employment practices liability, if the insurance product offered by or purchased
- 2905 from the licensee is property or casualty insurance; and
- 2906 (ii) providing limited human resource compliance training and education directly
- 2907 pertaining to an insurance product purchased from the licensee;
- 2908 (e) providing the following types of information or guidance:
- 2909 (i) providing guidance directly related to compliance with federal and state laws for an
- 2910 insurance product purchased from the licensee;
- 2911 (ii) providing a workshop or seminar addressing an insurance issue that is directly
- 2912 related to an insurance product purchased from the licensee; or
- 2913 (iii) providing information regarding:



- 2914 (A) employee benefit issues;
- 2915 (B) directly related insurance regulatory and legislative updates; or
- 2916 (C) similar education about an insurance product sold by the licensee and how the  
2917 insurance product interacts with tax law;
- 2918 (f) preparing or providing a form that is directly related to an insurance product  
2919 purchased from, or offered by, the licensee;
- 2920 (g) preparing or providing documents directly related to a premium only cafeteria plan  
2921 within the meaning of Section 125, Internal Revenue Code, or a flexible spending account, but  
2922 not providing ongoing administration of a flexible spending account;
- 2923 (h) providing enrollment and billing assistance, including:
- 2924 (i) providing benefit statements or new hire insurance benefits packages; and
- 2925 (ii) providing technology services such as an electronic enrollment platform or  
2926 application system;
- 2927 (i) communicating coverages in writing and in consultation with the insured and  
2928 employees;
- 2929 (j) providing employee communication materials and notifications directly related to an  
2930 insurance product purchased from a licensee;
- 2931 (k) providing claims management and resolution to the extent permitted under the  
2932 licensee's license;
- 2933 (l) providing underwriting or actuarial analysis or services;
- 2934 (m) negotiating with an insurer regarding the placement and pricing of an insurance  
2935 product;
- 2936 (n) recommending placement and coverage options;
- 2937 (o) providing a health fair or providing assistance or advice on establishing or  
2938 operating a wellness program, but not providing any payment for or direct operation of the  
2939 wellness program;
- 2940 (p) providing COBRA and Utah mini-COBRA administration, consultations, and other  
2941 services directly related to an insurance product purchased from the licensee;

- 2942 (q) assisting with a summary plan description;
- 2943 (r) providing information necessary for the preparation of documents directly related to  
2944 the Employee Retirement Income Security Act of 1974, 29 U.S.C. Sec. 1001, et seq., as  
2945 amended;
- 2946 (s) providing information or services directly related to the Health Insurance Portability  
2947 and Accountability Act of 1996, Pub. L. 104-191, 110 Stat. 1936, as amended, such as services  
2948 directly related to health care access, portability, and renewability when offered in connection  
2949 with accident and health insurance sold by a licensee;
- 2950 (t) sending proof of coverage to a third party with a legitimate interest in coverage;
- 2951 (u) providing information in a form approved by the commissioner and directly related  
2952 to determining whether an insurance product sold by the licensee meets the requirements of a  
2953 third party contract that requires or references insurance coverage;
- 2954 (v) facilitating risk management services directly related to ~~the~~ property and casualty  
2955 insurance [product] products sold or offered for sale by the licensee, including:
- 2956 (i) risk management;
- 2957 (ii) claims and loss control services; ~~and~~
- 2958 (iii) risk assessment consulting[;], including analysis of:
- 2959 (A) employer's job descriptions; or
- 2960 (B) employer's safety procedures or manuals; and
- 2961 (iv) providing information and training on best practices;
- 2962 (w) otherwise providing services that are legitimately part of servicing an insurance  
2963 product purchased from a licensee; and
- 2964 (x) providing other directly related services approved by the department.
- 2965 (5) An inducement prohibited under Subsection (1) includes a producer, consultant, or  
2966 other licensee, or an officer or employee of a licensee:
- 2967 (a) (i) providing a premium or commission rebate;
- 2968 (ii) paying the salary of an employee of a person who purchases an insurance product  
2969 from the licensee; or

- 2970 (iii) if the licensee is an insurer, or a third party administrator who contracts with an  
2971 insurer, paying the salary for an onsite staff member to perform an act prohibited under  
2972 Subsection (5)(b)(xii); or
- 2973 (b) engaging in one or more of the following unless a fee is paid in accordance with  
2974 Subsection [~~(7)~~] (8):
- 2975 (i) performing background checks of prospective employees;
  - 2976 (ii) providing legal services by a person licensed to practice law;
  - 2977 (iii) performing drug testing that is directly related to an insurance product purchased  
2978 from the licensee;
  - 2979 (iv) preparing employer or employee handbooks, except that a licensee may:
    - 2980 (A) provide information for a medical benefit section of an employee handbook;
    - 2981 (B) provide information for the section of an employee handbook directly related to an  
2982 employment practices liability insurance product purchased from the licensee; or
    - 2983 (C) prepare or print an employee benefit enrollment guide;
  - 2984 (v) providing job descriptions, postings, and applications for a person [~~that purchases~~  
2985 ~~an employment practices liability insurance product from the licensee~~];
  - 2986 (vi) providing payroll services;
  - 2987 (vii) providing performance reviews or performance review training;
  - 2988 (viii) providing union advice;
  - 2989 (ix) providing accounting services;
  - 2990 (x) providing data analysis information technology programs, except as provided in  
2991 Subsection (4)(h)(ii);
  - 2992 (xi) providing administration of health reimbursement accounts or health savings  
2993 accounts; or
  - 2994 (xii) if the licensee is an insurer, or a third party administrator who contracts with an  
2995 insurer, the insurer issuing an insurance policy that lists in the insurance policy one or more of  
2996 the following prohibited benefits:
    - 2997 (A) performing background checks of prospective employees;

- 2998 (B) providing legal services by a person licensed to practice law;
- 2999 (C) performing drug testing that is directly related to an insurance product purchased
- 3000 from the insurer;
- 3001 (D) preparing employer or employee handbooks;
- 3002 (E) providing job descriptions postings, and applications;
- 3003 (F) providing payroll services;
- 3004 (G) providing performance reviews or performance review training;
- 3005 (H) providing union advice;
- 3006 (I) providing accounting services;
- 3007 (J) providing discrimination testing; or
- 3008 (K) providing data analysis information technology programs.

3009 (6) A producer, consultant, or other licensee or an officer or employee of a licensee  
 3010 shall itemize and bill separately from any other insurance product or service offered or  
 3011 provided under Subsection (5)(b).

3012 [~~6~~] (7) (a) A de minimis gift or meal not to exceed \$25 for each individual receiving  
 3013 the gift or meal is presumed to be a social courtesy not conditioned on [~~the~~] a quote or purchase  
 3014 of a particular insurance product for purposes of Subsection (4)(a).

3015 (b) Notwithstanding Subsection (4)(a), a de minimis gift or meal not to exceed \$10  
 3016 may be conditioned on receipt of a quote of a particular insurance product if the de minimis gift  
 3017 or meal is provided by the insurer and not by a producer or consultant.

3018 [~~7~~] (8) If as provided under Subsection (5)(b) a producer, consultant, or other licensee  
 3019 is paid a fee to provide an item listed in Subsection (5)(b), the licensee shall comply with  
 3020 Subsection 31A-23a-501(2) in charging the fee, except that the fee paid for the item shall equal  
 3021 or exceed the fair market value of the item.

3022 Section 30. Section **31A-23a-406** is amended to read:

3023 **31A-23a-406. Title insurance producer's business.**

3024 (1) [~~A~~] An individual title insurance producer or agency title insurance producer may  
 3025 do escrow involving real property transactions if all of the following exist:

3026 (a) the individual title insurance producer or agency title insurance producer is licensed  
3027 with:

3028 (i) the title line of authority; and  
3029 (ii) the escrow subline of authority;

3030 (b) the individual title insurance producer or agency title insurance producer is  
3031 appointed by a title insurer authorized to do business in the state;

3032 (c) the individual title insurance producer or agency title insurance producer issues one  
3033 or more of the following as part of the transaction:

3034 (i) an owner's policy of title insurance; or  
3035 (ii) a lender's policy of title insurance;

3036 (d) money deposited with the individual title insurance producer or agency title  
3037 insurance producer in connection with any escrow:

3038 (i) is deposited:

3039 (A) in a federally insured financial institution; and  
3040 (B) in a trust account that is separate from all other trust account money that is not  
3041 related to real estate transactions;

3042 (ii) is the property of the one or more persons entitled to the money under the  
3043 provisions of the escrow; and

3044 (iii) is segregated escrow by escrow in the records of the individual title insurance  
3045 producer or agency title insurance producer;

3046 (e) earnings on money held in escrow may be paid out of the escrow account to any  
3047 person in accordance with the conditions of the escrow;

3048 (f) the escrow does not require the individual title insurance producer or agency title  
3049 insurance producer to hold:

3050 (i) construction money; or  
3051 (ii) money held for exchange under Section 1031, Internal Revenue Code; and  
3052 (g) the individual title insurance producer or agency title insurance producer shall  
3053 maintain a physical office in Utah staffed by a person with an escrow subline of authority who

3054 processes the escrow.

3055 (2) Notwithstanding Subsection (1), [a] an individual title insurance producer or  
3056 agency title insurance producer may engage in the escrow business if:

3057 (a) the escrow involves:

3058 (i) a mobile home;

3059 (ii) a grazing right;

3060 (iii) a water right; or

3061 (iv) other personal property authorized by the commissioner; and

3062 (b) the individual title insurance producer or agency title insurance producer complies  
3063 with this section except for Subsection (1)(c).

3064 (3) Money held in escrow:

3065 (a) is not subject to any debts of the individual title insurance producer or agency title  
3066 insurance producer;

3067 (b) may only be used to fulfill the terms of the individual escrow under which the  
3068 money is accepted; and

3069 (c) may not be used until the conditions of the escrow are met.

3070 (4) Assets or property other than escrow money received by [a] an individual title  
3071 insurance producer or agency title insurance producer in accordance with an escrow shall be  
3072 maintained in a manner that will:

3073 (a) reasonably preserve and protect the asset or property from loss, theft, or damages;  
3074 and

3075 (b) otherwise comply with the general duties and responsibilities of a fiduciary or  
3076 bailee.

3077 (5) (a) A check from the trust account described in Subsection (1)(d) may not be  
3078 drawn, executed, or dated, or money otherwise disbursed unless the segregated escrow account  
3079 from which money is to be disbursed contains a sufficient credit balance consisting of collected  
3080 and cleared money at the time the check is drawn, executed, or dated, or money is otherwise  
3081 disbursed.

3082 (b) As used in this Subsection (5), money is considered to be "collected and cleared,"  
3083 and may be disbursed as follows:

3084 (i) cash may be disbursed on the same day the cash is deposited;

3085 (ii) a wire transfer may be disbursed on the same day the wire transfer is deposited; and

3086 (iii) the proceeds of one or more of the following financial instruments may be  
3087 disbursed on the same day the financial instruments are deposited if received from a single  
3088 party to the real estate transaction and if the aggregate of the financial instruments for the real  
3089 estate transaction is less than \$10,000:

3090 (A) a cashier's check, certified check, or official check that is drawn on an existing  
3091 account at a federally insured financial institution;

3092 (B) a check drawn on the trust account of a principal broker or associate broker  
3093 licensed under Title 61, Chapter 2f, Real Estate Licensing and Practices Act, if the individual  
3094 title insurance producer or agency title insurance producer has reasonable and prudent grounds  
3095 to believe sufficient money will be available from the trust account on which the check is  
3096 drawn at the time of disbursement of proceeds from the individual title insurance producer or  
3097 agency title insurance producer's escrow account;

3098 (C) a personal check not to exceed \$500 per closing; or

3099 (D) a check drawn on the escrow account of another individual title insurance producer  
3100 or agency title insurance producer, if the individual title insurance producer or agency title  
3101 insurance producer in the escrow transaction has reasonable and prudent grounds to believe  
3102 that sufficient money will be available for withdrawal from the account upon which the check  
3103 is drawn at the time of disbursement of money from the escrow account of the individual title  
3104 insurance producer or agency title insurance producer in the escrow transaction.

3105 (c) A check or deposit not described in Subsection (5)(b) may be disbursed:

3106 (i) within the time limits provided under the Expedited Funds Availability Act, 12  
3107 U.S.C. Sec. 4001 et seq., as amended, and related regulations of the Federal Reserve System; or

3108 (ii) upon notification from the financial institution to which the money has been  
3109 deposited that final settlement has occurred on the deposited financial instrument.

3110 (6) [A] An individual title insurance producer or agency title insurance producer shall  
3111 maintain a record of a receipt or disbursement of escrow money.

3112 (7) [A] An individual title insurance producer or agency title insurance producer shall  
3113 comply with:

3114 (a) Section 31A-23a-409;

3115 (b) Title 46, Chapter 1, Notaries Public Reform Act; and

3116 (c) any rules adopted by the Title and Escrow Commission, subject to Section  
3117 31A-2-404, that govern escrows.

3118 (8) If [a] an individual title insurance producer or agency title insurance producer  
3119 conducts a search for real estate located in the state, the individual title insurance producer or  
3120 agency title insurance producer shall conduct a [~~minimum mandatory search, as defined by rule~~  
3121 ~~made by the Title and Escrow Commission, subject to Section 31A-2-404~~] reasonable search of  
3122 the public records.

3123 Section 31. Section **31A-23a-406.5** is enacted to read:

3124 **31A-23a-406.5. Conduct of escrow.**

3125 (1) Only an escrow agent or a title insurer in compliance with Subsection  
3126 31A-4-107(1)(a) and Section 31A-14-211 shall conduct escrow.

3127 (2) Subsection (1) does not limit or expand the authority granted to:

3128 (a) a person defined as an escrow agent in Section 7-22-101;

3129 (b) a person licensed to practice law in Utah, if that person meets the requirements of  
3130 Section 31A-23a-204;

3131 (c) a person licensed under Title 61, Chapter 2f, Real Estate Licensing and Practices  
3132 Act; or

3133 (d) a person licensed under Title 58, Chapter 55, Utah Construction Trades Licensing  
3134 Act.

3135 Section 32. Section **31A-23a-407** is amended to read:

3136 **31A-23a-407. Liability of title insurers for acts of title insurance producers.**

3137 Any title company, represented by one or more individual title insurance producers



3138 appointed by an insurer or agency title insurance producers, is directly and primarily liable to  
3139 others dealing with the individual title insurance producers or agency title insurance producers  
3140 for the receipt and disbursement of funds deposited in escrows with the individual title  
3141 insurance producers appointed by an insurer or agency title insurance producers in all those  
3142 transactions where a commitment or binder for or policy or contract of title insurance of that  
3143 title [~~insurance company~~] insurer has been ordered, or a preliminary report of the title  
3144 [~~insurance company~~] insurer has been issued or distributed. This liability does not modify,  
3145 mitigate, impair, or affect the contractual obligations between the individual title insurance  
3146 producers or agency title insurance producers and the title [~~insurance company~~] insurer.

3147 Section 33. Section **31A-23a-413** is amended to read:

3148 **31A-23a-413. Title insurance producer's annual report.**

3149 [~~Every~~] An agency title insurance producer and an individual title insurance producer  
3150 who has not been designated by an agency title insurance producer shall annually file with the  
3151 commissioner, by a date and in a form the commissioner specifies by rule, a verified statement  
3152 of the agency title insurance producer's or individual title insurance producer's financial  
3153 condition, transactions, and affairs as of the end of the preceding calendar year.

3154 Section 34. Section **31A-23a-415** is amended to read:

3155 **31A-23a-415. Assessment on agency title insurance producers or title insurers --**  
3156 **Account created.**

3157 (1) For purposes of this section:

3158 (a) "Premium" is as defined in Subsection 59-9-101(3).

3159 (b) "Title insurer" means a person:

3160 (i) making any contract or policy of title insurance as:

3161 (A) insurer;

3162 (B) guarantor; or

3163 (C) surety;

3164 (ii) proposing to make any contract or policy of title insurance as:

3165 (A) insurer;

- 3166 (B) guarantor; or
- 3167 (C) surety; or
- 3168 (iii) transacting or proposing to transact any phase of title insurance, including:
- 3169 (A) soliciting;
- 3170 (B) negotiating preliminary to execution;
- 3171 (C) executing of a contract of title insurance;
- 3172 (D) insuring; and
- 3173 (E) transacting matters subsequent to the execution of the contract and arising out of
- 3174 the contract.

3175 (c) "Utah risks" means insuring, guaranteeing, or indemnifying with regard to real or  
 3176 personal property located in Utah, an owner of real or personal property, the holders of liens or  
 3177 encumbrances on that property, or others interested in the property against loss or damage  
 3178 suffered by reason of:

- 3179 (i) liens or encumbrances upon, defects in, or the unmarketability of the title to the
- 3180 property; or
- 3181 (ii) invalidity or unenforceability of any liens or encumbrances on the property.

3182 (2) (a) The commissioner may assess each title insurer, each individual title insurance  
 3183 producer who is not designated by an agency title insurance producer, and each agency title  
 3184 insurance [agency] producer an annual assessment:

- 3185 (i) determined by the Title and Escrow Commission:
- 3186 (A) after consultation with the commissioner; and
- 3187 (B) in accordance with this Subsection (2); and
- 3188 (ii) to be used for the purposes described in Subsection (3).

3189 (b) ~~[A]~~ An agency title insurance [agency] producer and individual title insurance  
 3190 producer who is not designated by an agency title insurance producer shall be assessed up to:

- 3191 (i) \$250 for the first office in each county in which the agency title insurance [agency]  
 3192 producer or individual title insurance producer maintains an office; and
- 3193 (ii) \$150 for each additional office the agency title insurance [agency] producer or

3194 individual title insurance producer maintains in the county described in Subsection (2)(b)(i).

3195 (c) A title insurer shall be assessed up to:

3196 (i) \$250 for the first office in each county in which the title insurer maintains an office;

3197 (ii) \$150 for each additional office the title insurer maintains in the county described in

3198 Subsection (2)(c)(i); and

3199 (iii) an amount calculated by:

3200 (A) aggregating the assessments imposed on:

3201 (I) agency title insurance [~~agencies~~] producers and individual title insurance producers

3202 under Subsection (2)(b); and

3203 (II) title insurers under Subsections (2)(c)(i) and (2)(c)(ii);

3204 (B) subtracting the amount determined under Subsection (2)(c)(iii)(A) from the total

3205 costs and expenses determined under Subsection (2)(d); and

3206 (C) multiplying:

3207 (I) the amount calculated under Subsection (2)(c)(iii)(B); and

3208 (II) the percentage of total premiums for title insurance on Utah risk that are premiums

3209 of the title insurer.

3210 (d) Notwithstanding Section 31A-3-103 and subject to Section 31A-2-404, the Title

3211 and Escrow Commission by rule shall establish the amount of costs and expenses described

3212 under Subsection (3) that will be covered by the assessment, except the costs or expenses to be

3213 covered by the assessment may not exceed \$80,000 annually.

3214 (3) (a) Money received by the state under this section shall be deposited into the Title

3215 Licensee Enforcement Restricted Account.

3216 (b) There is created in the General Fund a restricted account known as the "Title

3217 Licensee Enforcement Restricted Account."

3218 (c) The Title Licensee Enforcement Restricted Account shall consist of the money

3219 received by the state under this section.

3220 (d) The commissioner shall administer the Title Licensee Enforcement Restricted

3221 Account. Subject to appropriations by the Legislature, the commissioner shall use the money

3222 deposited into the Title Licensee Enforcement Restricted Account only to pay for a cost or  
3223 expense incurred by the department in the administration, investigation, and enforcement of  
3224 this part and Part 5, Compensation of Producers and Consultants, related to:

- 3225 (i) the marketing of title insurance; and
- 3226 (ii) audits of ~~[agencies]~~ agency title insurance producers.
- 3227 (e) An appropriation from the Title Licensee Enforcement Restricted Account is  
3228 nonlapsing.

3229 (4) The assessment imposed by this section shall be in addition to any premium  
3230 assessment imposed under Subsection 59-9-101(3).

3231 Section 35. Section **31A-23a-503** is amended to read:

3232 **31A-23a-503. Controlled business in title insurance.**

3233 (1) As used in this section:

3234 (a) "Associate" means any:

3235 (i) business organized for profit in which a person who refers title business is a  
3236 director, officer, partner, or employee;

3237 (ii) spouse or relative within the second degree by blood or marriage of a person who  
3238 refers title business, who is a natural person;

3239 (iii) employee of a person who refers title business; or

3240 (iv) person with whom a person who refers title business or any associate of that title  
3241 insurer, individual title insurance producer, or agency title insurance producer has any  
3242 agreement, arrangement, or understanding, or pursues any course of conduct, designed to avoid  
3243 the provisions of this chapter.

3244 (b) "Controlled business" means that portion of the title insurance business of a title  
3245 insurer ~~[or]~~, individual title insurance producer, or agency title insurance producer in this state  
3246 that is referred to it by all those producers of title business who have a financial interest in the  
3247 title insurer ~~[or]~~, individual title insurance producer, or agency title insurance producer and by  
3248 all associates of those producers. Business is referred if there is influence over the selection of  
3249 the person with whom the business is placed.

3250 (c) "A person who refers title business" includes any person engaged in this state in a  
3251 business of:

- 3252 (i) buying or selling interests in real property;
- 3253 (ii) making loans secured by interests in real property; or
- 3254 (iii) acting as a representative or employee of a person who buys or sells any interest in  
3255 real property or who lends or borrows money with interest as security, other than acting as a  
3256 licensed title insurer [or], individual title insurance producer, or agency title insurance producer  
3257 doing the business of title insurance.

3258 (d) "Financial interest" means any legal or beneficial interest that together with other  
3259 interests entitles the holder to more than 1% of the net profits or net worth of the business in  
3260 which the interest is held.

3261 (2) A title insurer [or], individual title insurance producer, or agency title insurance  
3262 producer or person having a financial interest in a title insurer [or], individual title insurance  
3263 producer, or agency title insurance producer may not knowingly be a party to or knowingly  
3264 permit to continue in any arrangement in which the title insurer, individual title insurance  
3265 producer, or agency title insurance producer, or person knows or has reason to believe that any  
3266 person who refers title business has or will have, directly or indirectly, a financial interest in the  
3267 title insurer [or], individual title insurance producer, or agency title insurance producer, if it  
3268 reasonably appears that a substantial factor in the person who refers title business owning or  
3269 acquiring the financial interest is the expected realization of financial profit or gain derived in  
3270 whole or in part from controlled business.

3271 (3) A title insurer may not appoint or knowingly continue its authorization of any  
3272 individual title insurance producer or agency title insurance producer in which the company  
3273 knows or has reason to believe that any person who refers title business has or will have,  
3274 directly or indirectly, a financial interest, if it reasonably appears that a substantial factor in the  
3275 person who refers title business owning or acquiring the financial interest is the person's  
3276 expected realization of financial profit or gain derived in whole or part from controlled  
3277 business.

3278 (4) (a) If for any calendar quarter, the gross operating revenues of a title insurer [or],  
3279 individual title insurance producer, or agency title insurance producer derived from all sources  
3280 of controlled business in this state amount to more than 1/3 of its gross operating revenues  
3281 from all other sources of its business of title insurance in this state, it is presumed that the  
3282 expected realization of financial profit or gain derived in whole or in part from controlled  
3283 business was a substantial factor in the ownership of financial interest in the title insurer [or],  
3284 individual title insurance producer, or agency title insurance producer.

3285 (b) The title insurer [or], individual title insurance producer, or agency title insurance  
3286 producer has the burden of overcoming the presumption described in Subsection (4)(a).

3287 (c) This Subsection (4) does not authorize any controlled business if a violation of the  
3288 standards set forth in Subsection (2) or (3) exists.

3289 (5) A title insurer [or], individual title insurance producer, or agency title insurance  
3290 producer may not accept any order for the business of title insurance that it knows or has reason  
3291 to believe constitutes controlled business, unless it records and maintains in its permanent  
3292 records on forms prescribed by the commissioner the facts relating to the transactions.

3293 (6) An applicant for qualification as a title insurer [or], individual title insurance  
3294 producer, or agency title insurance producer may not be granted a license if it reasonably  
3295 appears that the expected realization of financial profit or gain to be derived in whole or in part  
3296 from controlled business is or will be a substantial factor in the applicant's plan of operation or  
3297 in the ownership or acquisition of financial interests in the applicant by any person who refers  
3298 title business.

3299 (7) Each title insurer [~~and~~], individual title insurance producer, and agency title  
3300 insurance producer shall maintain permanent records relating to its controlled business on  
3301 forms prescribed by the commissioner.

3302 (8) (a) Each title insurer and agency title insurance producer shall file annually with the  
3303 commissioner, on forms prescribed by the commissioner, reports setting forth:

3304 (i) the names and addresses of any persons owning a financial interest in the title  
3305 insurer or agency title insurance producer as of the last day of the calendar year, who are

3306 known or reasonably believed by the title insurer or agency title insurance producer to be a  
3307 person who refers title business; and

3308 (ii) a summary compiled from the title insurer's or agency title insurance producer's  
3309 records of the controlled business, sufficient to inform the commissioner and the Title and  
3310 Escrow Commission as to the proportion of the title insurer's or agency title insurance  
3311 producer's gross operating revenues attributable to controlled business during the preceding  
3312 calendar year.

3313 (b) The reports shall be filed with the reports required under Section 31A-23a-413 and  
3314 shall contain the certification of an officer of the title insurer or agency title insurance producer  
3315 that the information contained in them is true to the best of the officer's knowledge,  
3316 information, and belief. Upon filing, the reports are public records.

3317 (c) A report filed pursuant to Subsection (8)(a) is subject to review by the Title and  
3318 Escrow Commission.

3319 (9) An attorney who is also a licensed individual title insurance producer and who  
3320 issues as producer a policy of title insurance to a client on behalf of whom the attorney is also  
3321 acting as an attorney and who, in so doing, acts consistently with the applicable ethical  
3322 standards of the Utah State Bar pertaining to the billing and receipt of legal fees and the receipt  
3323 of a commission on a policy of title insurance is not, without more, considered to be engaged in  
3324 controlled business.

3325 Section 36. Section **31A-23a-504** is amended to read:

3326 **31A-23a-504. Sharing commissions.**

3327 (1) (a) Except as provided in Subsection 31A-15-103(3), a licensee under this chapter  
3328 or an insurer may only pay consideration or reimburse out-of-pocket expenses to a person if the  
3329 licensee knows that the person is licensed under this chapter as to the particular type of  
3330 insurance to act in Utah as:

3331 (i) a producer;

3332 (ii) a limited line producer;

3333 (iii) a consultant;

3334 (iv) a managing general agent; or

3335 (v) a reinsurance intermediary.

3336 (b) A person may only accept commission compensation or other compensation as a  
3337 person described in Subsections (1)(a)(i) through (v) that is directly or indirectly the result of  
3338 an insurance transaction if that person is licensed under this chapter to act as described in  
3339 Subsection (1)(a).

3340 (2) (a) Except as provided in Section 31A-23a-501, a consultant may not pay or receive  
3341 a commission or other compensation that is directly or indirectly the result of an insurance  
3342 transaction.

3343 (b) A consultant may share a consultant fee or other compensation received for  
3344 consulting services performed within Utah only:

3345 (i) with another consultant licensed under this chapter; and

3346 (ii) to the extent that the other consultant contributed to the services performed.

3347 (3) This section does not prohibit:

3348 (a) the payment of renewal commissions to former licensees under this chapter, former  
3349 Title 31, Chapter 17, or their successors in interest under a deferred compensation or agency  
3350 sales agreement;

3351 (b) compensation paid to or received by a person for referral of a potential customer  
3352 that seeks to purchase or obtain an opinion or advice on an insurance product if:

3353 (i) the person is not licensed to sell insurance;

3354 (ii) the person does not sell or provide opinions or advice on the product; and

3355 (iii) the compensation does not depend on whether the referral results in a purchase or  
3356 sale; or

3357 (c) the payment or assignment of a commission, service fee, brokerage, or other  
3358 valuable consideration to an agency or a person who does not sell, solicit, or negotiate  
3359 insurance in this state, unless the payment would constitute an inducement or commission  
3360 rebate under Section 31A-23a-402 or 31A-23a-402.5.

3361 (4) (a) In selling a policy of title insurance, sharing of commissions under Subsection



3362 (1) may not occur if it will result in:

3363 (i) an unlawful rebate;

3364 (ii) compensation in connection with controlled business; or

3365 (iii) payment of a forwarding fee or finder's fee.

3366 (b) A person may share compensation for the issuance of a title insurance policy only

3367 to the extent that the person contributed to the search and examination of the title or other

3368 services connected with the title insurance policy.

3369 (5) This section does not apply to a bail bond producer or bail enforcement agent as

3370 defined in Section 31A-35-102[-] and as described in Subsection 31A-23a-106(2)(c) or a

3371 nonlicensed individual employee or authorized representative of a licensed limited line

3372 producer who holds one or more of the following limited lines of authority as described in

3373 Subsection 31A-23a-106(2)(c):

3374 (a) car rental related insurance;

3375 (b) self-service storage insurance; or

3376 (c) portable electronics insurance.

3377 Section 37. Section **31A-27a-104** is amended to read:

3378 **31A-27a-104. Persons covered.**

3379 (1) This chapter applies to:

3380 (a) an insurer who:

3381 (i) is doing, or has done, an insurance business in this state; and

3382 (ii) against whom a claim arising from that business may exist;

3383 (b) a person subject to examination by the commissioner;

3384 (c) an insurer who purports to do an insurance business in this state;

3385 (d) an insurer who has an insured who is resident in this state; and

3386 (e) in addition to Subsections (1)(a) through (d), a person doing business as follows:

3387 (i) under Chapter 6a, Service Contracts;

3388 (ii) under Chapter 7, Nonprofit Health Service Insurance Corporations;

3389 (iii) under Chapter 8a, Health Discount Program Consumer Protection Act;

- 3390 (iv) under Chapter 9, Insurance Fraternal;
- 3391 (v) under Chapter 11, Motor Clubs;
- 3392 (vi) under Chapter 13, Employee Welfare Funds and Plans;
- 3393 (vii) under Chapter 15, Unauthorized Insurers, Surplus Lines, and Risk Retention
- 3394 Groups;
- 3395 (viii) as a bail bond surety company under Chapter 35, Bail Bond Act;
- 3396 (ix) under Chapter 37, Captive Insurance Companies Act;
- 3397 (x) a title insurance company;
- 3398 (xi) a prepaid health care delivery plan; and
- 3399 (xii) a person not described in Subsections (1)(e)(i) through (xi) that is organized or
- 3400 doing insurance business, or in the process of organizing with the intent to do insurance
- 3401 business in this state.

3402 (2) Notwithstanding Sections 31A-1-301 and 31A-27a-102, this chapter does not apply

3403 to a person licensed by the insurance commissioner as one or more of the following in this state

3404 unless the person engages in the business of insurance as an insurer:

- 3405 (a) an insurance agency;
- 3406 (b) an insurance producer;
- 3407 (c) a limited line producer;
- 3408 (d) an insurance consultant;
- 3409 (e) a managing general agent;
- 3410 (f) reinsurance intermediary;
- 3411 (g) [a] an individual title insurance producer or agency title insurance producer;
- 3412 (h) a third party administrator;
- 3413 (i) an insurance adjustor;
- 3414 (j) a life settlement provider; or
- 3415 (k) a life settlement producer.

3416 Section 38. Section **31A-29-106** is amended to read:

3417 **31A-29-106. Powers of board.**

3418 (1) The board shall have the general powers and authority granted under the laws of  
3419 this state to insurance companies licensed to transact health care insurance business. In  
3420 addition, the board shall have the specific authority to:

3421 (a) enter into contracts to carry out the provisions and purposes of this chapter,  
3422 including, with the approval of the commissioner, contracts with:

3423 (i) similar pools of other states for the joint performance of common administrative  
3424 functions; or

3425 (ii) persons or other organizations for the performance of administrative functions;

3426 (b) sue or be sued, including taking such legal action necessary to avoid the payment of  
3427 improper claims against the pool or the coverage provided through the pool;

3428 (c) establish appropriate rates, rate schedules, rate adjustments, expense allowances,  
3429 agents' referral fees, claim reserve formulas, and any other actuarial function appropriate to the  
3430 operation of the pool;

3431 (d) issue policies of insurance in accordance with the requirements of this chapter;

3432 (e) retain an executive director and appropriate legal, actuarial, and other personnel as  
3433 necessary to provide technical assistance in the operations of the pool;

3434 (f) establish rules, conditions, and procedures for reinsuring risks under this chapter;

3435 (g) cause the pool to have an annual audit of its operations by the state auditor;

3436 (h) coordinate with the Department of Health in seeking to obtain from the Centers for  
3437 Medicare and Medicaid Services, or other appropriate office or agency of government, all  
3438 appropriate waivers, authority, and permission needed to coordinate the coverage available  
3439 from the pool with coverage available under Medicaid, either before or after Medicaid  
3440 coverage, or as a conversion option upon completion of Medicaid eligibility, without the  
3441 necessity for requalification by the enrollee;

3442 (i) provide for and employ cost containment measures and requirements including  
3443 preadmission certification, concurrent inpatient review, and individual case management for  
3444 the purpose of making the pool more cost-effective;

3445 (j) offer pool coverage through contracts with health maintenance organizations,

3446 preferred provider organizations, and other managed care systems that will manage costs while  
3447 maintaining quality care;

3448 (k) establish annual limits on benefits payable under the pool to or on behalf of any  
3449 enrollee;

3450 (l) exclude from coverage under the pool specific benefits, medical conditions, and  
3451 procedures for the purpose of protecting the financial viability of the pool;

3452 (m) administer the Pool Fund;

3453 (n) make rules in accordance with Title 63G, Chapter 3, Utah Administrative  
3454 Rulemaking Act, to implement this chapter; [~~and~~]

3455 (o) adopt, trademark, and copyright a trade name for the pool for use in marketing and  
3456 publicizing the pool and its products[-]; and

3457 (p) transition health care coverage for all individuals covered under the pool as part of  
3458 the conversion to health insurance coverage, regardless of preexisting conditions, under  
3459 PPACA.

3460 (2) (a) The board shall prepare and submit an annual report to the Legislature which  
3461 shall include:

3462 (i) the net premiums anticipated;

3463 (ii) actuarial projections of payments required of the pool;

3464 (iii) the expenses of administration; and

3465 (iv) the anticipated reserves or losses of the pool.

3466 (b) The budget for operation of the pool is subject to the approval of the board.

3467 (c) The administrative budget of the board and the commissioner under this chapter  
3468 shall comply with the requirements of Title 63J, Chapter 1, Budgetary Procedures Act, and is  
3469 subject to review and approval by the Legislature.

3470 (3) (a) The board shall on or before September 1, 2004, require the plan administrator  
3471 or an independent actuarial consultant retained by the plan administrator to redetermine the  
3472 reasonable equivalent of the criteria for uninsurability required under Subsection  
3473 31A-30-106(1)(h) that is used by the board to determine eligibility for coverage in the pool.

3474 (b) The board shall redetermine the criteria established in Subsection (3)(a) at least  
3475 every five years thereafter.

3476 Section 39. Section 31A-29-113 is amended to read:

3477 **31A-29-113. Benefits -- Additional types of pool insurance -- Preexisting**  
3478 **conditions -- Waiver -- Maximum benefits.**

3479 (1) (a) The pool policy shall pay for eligible medical expenses rendered or furnished  
3480 for the diagnoses or treatment of illness or injury that:

3481 (i) exceed the deductible and copayment amounts applicable under Section  
3482 31A-29-114; and

3483 (ii) are not otherwise limited or excluded.

3484 (b) Eligible medical expenses are the allowed charges established by the board for the  
3485 health care services and items rendered during times for which benefits are extended under the  
3486 pool policy.

3487 (2) The coverage to be issued by the pool, its schedule of benefits, exclusions, and  
3488 other limitations shall be established by the board.

3489 (3) The commissioner shall approve the benefit package developed by the board to  
3490 ensure its compliance with this chapter.

3491 (4) The pool shall offer at least one benefit plan through a managed care program as  
3492 authorized under Section 31A-29-106.

3493 (5) This chapter may not be construed to prohibit the pool from issuing additional types  
3494 of pool policies with different types of benefits which in the opinion of the board may be of  
3495 benefit to the citizens of Utah.

3496 (6) (a) The board shall design and require an administrator to employ cost containment  
3497 measures and requirements including preadmission certification and concurrent inpatient  
3498 review for the purpose of making the pool more cost effective.

3499 (b) Sections 31A-22-617 and 31A-22-618 do not apply to coverage issued under this  
3500 chapter.

3501 (7) (a) A pool policy may contain provisions under which coverage for a preexisting

3502 condition is excluded if:

3503 (i) the exclusion relates to a condition, regardless of the cause of the condition, for  
3504 which medical advice, diagnosis, care, or treatment was recommended or received, from an  
3505 individual licensed or similarly authorized to provide such services under state law and  
3506 operating within the scope of practice authorized by state law, within the six-month period  
3507 ending on the effective date of plan coverage; and

3508 (ii) except as provided in Subsection (8), the exclusion extends for a period no longer  
3509 than the six-month period following the effective date of plan coverage for a given individual.

3510 (b) Subsection (7)(a) does not apply to a HIPAA eligible individual.

3511 (8) (a) A pool policy may contain provisions under which coverage for a preexisting  
3512 pregnancy is excluded during a ten-month period following the effective date of plan coverage  
3513 for a given individual.

3514 (b) Subsection (8)(a) does not apply to a HIPAA eligible individual.

3515 (9) (a) The pool will waive the preexisting condition exclusion described in  
3516 Subsections (7)(a) and (8)(a) for an individual that is changing health coverage to the pool, to  
3517 the extent to which similar exclusions have been satisfied under any prior health insurance  
3518 coverage if the individual applies not later than 63 days following the date of involuntary  
3519 termination, other than for nonpayment of premiums, from health coverage.

3520 (b) If this Subsection (9) applies, coverage in the pool shall be effective from the date  
3521 on which the prior coverage was terminated.

3522 (10) Covered benefits available from the pool may not exceed a [~~\$1,500,000~~]  
3523 \$1,800,000 lifetime maximum, which includes a per enrollee calendar year maximum  
3524 established by the board.

3525 Section 40. Section **31A-30-115** is amended to read:

3526 **31A-30-115. Actuarial review of health benefit plans.**

3527 (1) (a) The department shall conduct an actuarial review of rates submitted by small  
3528 employer carriers:

3529 (i) prior to the publication of the premium rates on the Health Insurance Exchange;

3530 (ii) except as permitted by Subsection 31A-30-207(2), to determine if the carrier is  
3531 using the same rating and underwriting practices in both the defined contribution arrangement  
3532 market in the Health Insurance Exchange and the defined benefit market offered outside the  
3533 Health Insurance Exchange~~[-, in compliance with Subsection 31A-30-202.5(1)(b)];~~

3534 (iii) to verify the validity of the rates, underwriting and risk factors, and premiums of  
3535 plans both in and outside of the Health Insurance Exchange;

3536 (iv) to verify that insurers are pricing similar health benefit plans and groups the same  
3537 in and out of the exchange, except as permitted by Subsection 31A-30-207(2); and

3538 (v) as the department determines is necessary to oversee market conduct.

3539 (b) The actuarial review by the department shall be funded from a fee:

3540 (i) established by the department in accordance with Section 63J-1-504; and

3541 (ii) paid by all small employer carriers participating in the defined contribution  
3542 arrangement market and small employer carriers offering health benefit plans under Part 1,  
3543 Individual and Small Employer Group.

3544 (c) The department shall:

3545 (i) report aggregate data from the actuarial review to the risk adjuster board created in  
3546 Section 31A-42-201; and

3547 (ii) contact carriers, if the department determines it is appropriate, to:

3548 (A) inform a carrier of the department's findings regarding the rates of a particular  
3549 carrier; and

3550 (B) request a carrier to recalculate or verify base rates, rating factors, and premiums.

3551 (d) A carrier shall comply with the department's request under Subsection (1)(c)(ii).

3552 (2) (a) There is created in the General Fund a restricted account known as the "Health  
3553 Insurance Actuarial Review Restricted Account."

3554 (b) The Health Insurance Actuarial Review Restricted Account shall consist of money  
3555 received by the commissioner under this section.

3556 (c) The commissioner shall administer the Health Insurance Actuarial Review  
3557 Restricted Account. Subject to appropriations by the Legislature, the commissioner shall use

3558 money deposited into the Health Insurance Actuarial Review Restricted Account to pay for the  
3559 actuarial review conducted by the department under this section.

3560 Section 41. Section **31A-30-208** is amended to read:

3561 **31A-30-208. Enrollment for defined contribution arrangements.**

3562 (1) An insurer offering a health benefit plan in the defined contribution arrangement  
3563 market:

3564 (a) shall allow an employer to enroll in a small employer defined contribution  
3565 arrangement plan;

3566 (b) may not impose a surcharge under Section 31A-30-106.7 for a small employer  
3567 group selecting a defined contribution arrangement health benefit plan on or before January 1,  
3568 2012; and

3569 (c) shall otherwise comply with the requirements of this part, Chapter 42, Defined  
3570 Contribution Risk Adjuster Act, and Title 63M, Chapter 1, Part 25, Health System Reform Act.

3571 (2) (a) [~~Except as provided in Subsection 31A-30-202.5(2), in~~] In accordance with  
3572 Subsection (2)(b), on January 1 of each year, an insurer may enter or exit the defined  
3573 contribution arrangement market.

3574 (b) An insurer may offer new or modify existing products in the defined contribution  
3575 arrangement market:

3576 (i) on January 1 of each year;

3577 (ii) when required by changes in other law; and

3578 (iii) at other times as established by the risk adjuster board created in Section  
3579 31A-42-201.

3580 (c) (i) An insurer shall give the department, the Health Insurance Exchange, and the  
3581 risk adjuster board 90 days' advance written notice of any event described in Subsection (2)(a)  
3582 or (b).

3583 (ii) When an insurer elects to participate in the defined contribution arrangement  
3584 market, the insurer shall participate in the defined contribution arrangement market for no less  
3585 than two years.



3586 Section 42. Section **31A-31-108** is amended to read:

3587 **31A-31-108. Assessment of insurers.**

3588 (1) For purposes of this section:

3589 (a) The commissioner shall by rule made in accordance with Title 63G, Chapter 3,

3590 Utah Administrative Rulemaking Act, define:

3591 (i) "annuity consideration";

3592 (ii) "membership fees";

3593 (iii) "other fees";

3594 (iv) "deposit-type contract funds"; and

3595 (v) "other considerations in Utah."

3596 (b) "Insurance fraud provisions" means:

3597 (i) this chapter;

3598 (ii) Section 34A-2-110; and

3599 (iii) Section 76-6-521.

3600 (c) "Utah consideration" means:

3601 (i) the total premiums written for Utah risks;

3602 (ii) annuity consideration;

3603 (iii) membership fees collected by the insurer;

3604 (iv) other fees collected by the insurer;

3605 (v) deposit-type contract funds; and

3606 (vi) other considerations in Utah.

3607 (d) "Utah risks" means insurance coverage on the lives, health, or against the liability

3608 of persons residing in Utah, or on property located in Utah, other than property temporarily in

3609 transit through Utah.

3610 (2) To implement insurance fraud provisions, the commissioner may assess an

3611 admitted insurer and a nonadmitted insurer transacting insurance under Chapter 15, Parts 1,

3612 Unauthorized Insurers and Surplus Lines, and 2, Risk Retention Groups Act, an annual fee as

3613 follows:

3614 (a) \$200 for an insurer for which the sum of the Utah consideration is less than or equal  
3615 to \$1,000,000;

3616 (b) \$450 for an insurer for which the sum of the Utah consideration is greater than  
3617 \$1,000,000 but is less than or equal to \$2,500,000;

3618 (c) \$800 for an insurer for which the sum of the Utah consideration is greater than  
3619 \$2,500,000 but is less than or equal to \$5,000,000;

3620 (d) \$1,600 for an insurer for which the sum of the Utah consideration is greater than  
3621 \$5,000,000 but less than or equal to \$10,000,000;

3622 (e) \$6,100 for an insurer for which the sum of the Utah consideration is greater than  
3623 \$10,000,000 but less than \$50,000,000; and

3624 (f) \$15,000 for an insurer for which the sum of the Utah consideration equals or  
3625 exceeds \$50,000,000.

3626 (3) Money received by the state under this section shall be deposited into the Insurance  
3627 Fraud Investigation Restricted Account created in Subsection (4).

3628 (4) (a) There is created in the General Fund a restricted account known as the  
3629 "Insurance Fraud Investigation Restricted Account."

3630 (b) The Insurance Fraud Investigation Restricted Account shall consist of the money  
3631 received by the commissioner under this section and [~~Section 31A-31-109.~~] Subsections  
3632 31A-31-109(1)(a)(ii), (1)(b), (2)(b)(i), (2)(c), and (3)(a). Money ordered paid under  
3633 Subsections 31A-31-109(1)(a)(i) and (2)(a) shall be deposited in the Insurance Fraud Victim  
3634 Restitution Fund pursuant to Section 31A-31-108.5.

3635 (c) The commissioner shall administer the Insurance Fraud Investigation Restricted  
3636 Account. Subject to appropriations by the Legislature, the commissioner shall use the money  
3637 deposited into the Insurance Fraud Investigation Restricted Account to pay for a cost or  
3638 expense incurred by the commissioner in the administration, investigation, and enforcement of  
3639 insurance fraud provisions.

3640 Section 43. Section **31A-31-108.5** is enacted to read:

3641 **31A-31-108.5. Insurance Fraud Victim Restitution Fund.**

3642           (1) There is created a restricted special revenue fund known as the "Insurance Fraud  
3643 Victim Restitution Fund."

3644           (2) The Insurance Fraud Victim Restitution Fund shall consist of money ordered paid  
3645 under Subsections 31A-31-109(1)(a)(i) and (2)(a).

3646           (3) The commissioner shall administer the Insurance Fraud Victim Restitution Fund for  
3647 the sole benefit of insurance fraud victims.

3648           Section 44. Section **31A-41-102** is amended to read:

3649           **31A-41-102. Definitions.**

3650           As used in this chapter:

3651           (1) "Commission" means the Title and Escrow Commission created in Section  
3652 31A-2-403.

3653           (2) "Fund" means the Title Insurance Recovery, Education, and Research Fund created  
3654 in Section 31A-41-201.

3655           (3) "Title insurance licensee" means:

3656           (a) ~~[a] an agency~~ title insurance ~~[agency]~~ producer; or

3657           (b) ~~[a] an individual~~ title insurance producer.

3658           Section 45. Section **31A-41-201** is amended to read:

3659           **31A-41-201. Creation of Title Insurance Recovery, Education, and Research**  
3660 **Fund.**

3661           (1) There is created a restricted special revenue fund to be known as the "Title  
3662 Insurance Recovery, Education, and Research Fund."

3663           (2) The fund shall consist of:

3664           (a) assessments on individual title insurance producers and agency title insurance  
3665 producers made under this chapter;

3666           (b) amounts collected under Section 31A-41-305; and

3667           (c) interest earned on the fund.

3668           (3) Interest on fund money shall be deposited into the fund.

3669           (4) The department shall administer the fund.

3670 Section 46. Section **31A-41-202** is amended to read:

3671 **31A-41-202. Assessments.**

3672 (1) Beginning January 1, 2009, [a] an agency title insurance [agency] producer licensed  
3673 under this title shall pay an annual assessment determined by the commission by rule made in  
3674 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, except that the  
3675 annual assessment:

3676 (a) may not exceed \$1,000; and

3677 (b) shall be determined on the basis of title insurance premium volume.

3678 (2) Beginning January 1, 2009, an individual who applies for a license or renewal of a  
3679 license as [a] an individual title insurance producer, shall pay in addition to any other fee  
3680 required by this title, an assessment not to exceed \$20, as determined by the commission by  
3681 rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,  
3682 except that if the individual holds more than one license, the total of all assessments under this  
3683 Subsection (2) may not exceed \$20 in a fiscal year.

3684 (3) (a) To be licensed as [a] an agency title insurance [agency] producer on or after July  
3685 1, 2008, a person shall pay to the department an assessment of \$1,000 before the day on which  
3686 the person is licensed as a title insurance agency.

3687 (b) (i) By no later than July 15, 2008, the department shall assess on [a] an agency title  
3688 insurance [agency] producer licensed as of June 30, 2008, an amount equal to the greater of:

3689 (A) \$1,000; or

3690 (B) subject to Subsection (3)(b)(ii), 2% of the balance as of December 31, 2007, in the  
3691 agency title insurance [agency's] producer's reserve account [~~required under~~] described in  
3692 Subsection 31A-23a-204(3).

3693 (ii) The department may assess on [a] an agency title insurance [agency] producer an  
3694 amount less than 2% of the balance described in Subsection (3)(b)(i)(B) if:

3695 (A) before issuing the assessments under this Subsection (3)(b) the department  
3696 determines that the total of all assessments under Subsection (3)(b)(i) will exceed \$250,000;

3697 (B) the amount assessed on the agency title insurance [agency] producer is not less than

3698 \$1,000; and

3699 (C) the department reduces the assessment in a proportionate amount for agency title  
3700 insurance [~~agencies~~] producers assessed on the basis of the 2% of the balance described in  
3701 Subsection (3)(b)(i)(B).

3702 (iii) [~~A~~] An agency title insurance [~~agency~~] producer assessed under this Subsection  
3703 (3)(b) shall pay the assessment by no later than August 1, 2008.

3704 (4) The department may not assess a title insurance licensee an assessment for  
3705 purposes of the fund if that assessment is not expressly provided for in this section.

3706 Section 47. Section **49-20-410** is amended to read:

3707 **49-20-410. High deductible health plan -- Health savings account --**  
3708 **Contributions.**

3709 (1) (a) In addition to other employee benefit plans offered under Subsection  
3710 49-20-201(1), the office shall offer at least one federally qualified high deductible health plan  
3711 with a health savings account as an optional health plan.

3712 (b) The provisions and limitations of the plan shall be:

3713 (i) determined by the office in accordance with federal requirements and limitations;  
3714 and

3715 (ii) designed to promote appropriate health care utilization by consumers, including  
3716 preventive health care services.

3717 (c) A state employee hired on or after July 1, 2011, who is offered a plan under  
3718 Subsection 49-20-202(1)(a), shall be enrolled in a federally qualified high deductible health  
3719 plan unless the employee chooses a different health benefit plan during the employee's open  
3720 enrollment period.

3721 (2) The office shall:

3722 (a) administer the high deductible health plan in coordination with a health savings  
3723 account for medical expenses for each covered individual in the high deductible health plan;

3724 (b) offer to all employees training regarding all health plans offered to employees;

3725 (c) prepare online training as an option for the training required by Subsections (2)(b)

3726 and (4);

3727 (d) ensure the training offered under Subsections (2)(b) and (c) includes information on  
3728 changing coverages to the high deductible plan with a health savings account, including  
3729 coordination of benefits with other insurances, restrictions on other insurance coverages, and  
3730 general tax implications; and

3731 (e) coordinate annual open enrollment with the Department of Human Resource  
3732 Management to give state employees the opportunity to affirmatively select preferences from  
3733 among insurance coverage options.

3734 (3) (a) Contributions to the health savings account may be made by the employer.

3735 (b) The amount of the employer contributions under Subsection (3)(a) shall be  
3736 determined annually by the office, after consultation with the Department of Human Resource  
3737 Management and the Governor's Office of Planning and Budget so that the annual employer  
3738 contribution amount reflects the difference in the actuarial value between the program's health  
3739 maintenance organization coverage and the federally qualified high deductible health plan  
3740 coverage, after taking into account any difference in employee premium contribution.

3741 (c) The office shall distribute the annual amount determined under Subsection (3)(b) to  
3742 employees in two equal amounts with a pay date in January and a pay date in July of each plan  
3743 year.

3744 (d) An employee may also make contributions to the health savings account.

3745 ~~[(4) The program shall offer a state employee and the employee's eligible dependents  
3746 the option to continue coverage under the employee's high deductible health plan in place of a  
3747 conversion policy under Section 31A-22-723 if:]~~

3748 ~~[(a) the employee was covered by the state employee's high deductible health plan for  
3749 at least the four years before the date of termination of employment;]~~

3750 ~~[(b) the employee or the employee's eligible dependents have exhausted federal  
3751 COBRA coverage with the same or similar state employee's high deductible health plan; and]~~

3752 ~~[(c) the employee pays the premium group rate determined by the office for the  
3753 coverage.]~~

3754            [~~5~~] (4) (a) An employer participating in a plan offered under Subsection  
3755 49-20-202(1)(a) shall require each employee to complete training on the health plan options  
3756 available to the employee.

3757            (b) The training required by Subsection [~~5~~] (4)(a):

3758            (i) shall include materials prepared by the office under Subsection (2);

3759            (ii) may be completed online; and

3760            (iii) shall be completed:

3761            (A) before the end of the 2012 open enrollment period for current enrollees in the  
3762 program; and

3763            (B) for employees hired on or after July 1, 2011, before the employee's selection of a  
3764 plan in the program.

3765            Section 48. **Repealer.**

3766            This bill repeals:

3767            Section 31A-22-723, **Conversion from group coverage.**

3768            Section 31A-22-724, **Offer of alternative coverage -- Utah NetCare Plan.**

3769            Section 31A-30-109, **Health benefit plan choices.**

3770            Section 31A-30-202.5, **Insurer participation in defined contribution arrangement**  
3771 **market.**

3772            Section 31A-30-205, **Health benefit plans offered in the defined contribution**  
3773 **market.**

3774            Section 49. **Effective date.**

3775            (1) If approved by two-thirds of all the members elected to each house, Section  
3776 31A-4-117 takes effect upon approval by the governor, or the day following the constitutional  
3777 time limit of Utah Constitution Article VII, Section 8, without the governor's signature, or in  
3778 the case of a veto, the date of veto override.

3779            (2) Except as provided in Subsections (1), (3), and (4), this bill takes effect on May 14,  
3780 2013.

3781            (3) The actions affecting the following sections take effect on January 1, 2014:

- 3782            (a) Section 31A-2-201.2;
- 3783            (b) Section 31A-21-503;
- 3784            (c) Section 31A-22-612;
- 3785            (d) Section 31A-22-722;
- 3786            (e) Section 31A-22-723;
- 3787            (f) Section 31A-22-724;
- 3788            (g) Section 31A-30-109;
- 3789            (h) Section 31A-30-115;
- 3790            (i) Section 31A-30-202.5;
- 3791            (j) Section 31A-30-205;
- 3792            (k) Section 31A-30-208; and
- 3793            (l) Section 49-20-410.
- 3794            (4) The actions affecting Section 31A-3-304 (Effective 07/01/13) take effect on July 1,
- 3795            2015.