



DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INSURANCE

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Carson City, Nevada 89706  
(775) 687-0700 • Fax (775) 687-0787  
Website: doi.nv.gov  
E-mail: insinfo@doi.nv.gov

**CERTIFICATION OF PRODUCT MARKETING PRACTICES**

PLEASE INDICATE THE TYPE OF FILING BEING SUBMITTED:

- ( ) We certify that we are filing a discretionary group product. We are filing this product for approval under the exception provided in NRS 689B.026 and/or NRS 688B.030 amended April 1, 1987. (SB#70)

We further certify that we have complied with the items listed on Attachment A, Procedures for Filing Discretionary Group Life and/or Group Health Products. The information listed on Attachment A is enclosed for your review.

If all the requirements on Attachment A have been met, this product is deemed approved on the date that all the information is sent to the Division for review. The information must be sent to the Division by certified mail. The Division reserves the right to declare the approval void, if it finds the filing does not comply with the statute and regulatory requirements in Attachment A.

- ( ) We certify that we are filing a "true-group" product that has been effectuated and delivered outside of Nevada. We certify that this group qualifies under the provision of Nevada Administrative Code, NAC 679B.036, particularly, subsection \_\_\_\_\_ of NAC 679B.036. We are filing for approval on an informational basis pursuant to NRS 687B.120.

You are required to file the information as requested on Attachment B in exhibit form. We will review the information and advise you of our decision. Filings made pursuant to the requirements listed in Attachment B are not deemed to be approved on the date the filing is mailed to the Department of Insurance.

So certified this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
FORM NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TRUST NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
(CONT.)

\_\_\_\_\_  
COMPANY NAME

## ATTACHMENT A

### PROCEDURES FOR FILING DISCRETIONARY GROUP LIFE AND/OR GROUP HEALTH PRODUCTS.

PLEASE SEND COPIES OF THE FOLLOWING DOCUMENTS AND INFORMATION.

1. Statement from an insurance company officer certifying qualification under NRS 689B.026 and/or NRS 688B.030. (Use form number LH 100 which is attached)
2. Insurance policy, certificate, riders, endorsements, disclosure and application. The policy must provide coverage for all benefits required by Nevada law.
3. All trust or associations must be fully underwritten by an admitted insurer.
4. A certified actuarial statement that the benefits are reasonable in relation to the premium charged.
5. If an administrator is paying the claims or collecting the premiums, the name and address of the administrator.
6. Agreements or contracts for the administration of claims processing, collection of premiums, utilization or quality assurance review and marketing of the product.
7. Description of the methodology used to determine the usual and customary fees. (NRS 679B.152)
8. Statement verifying along with a listing of the provisions that the insurer has adopted at least three or more practices in administering benefits that control or reduce the cost of health care. (NRS 687B.117)
9. The filing fee of \$25.00 per policy.
10. You must provide us with contractual language detailing the calculation of copayments, deductibles and the amount of claim payments. Calculations must reflect the netting of any provider discount so that the insurer, hospital and any other provider have copayments, deductibles and claim payments determined on the same amount.
11. Name of trust and copy of trust agreement.
12. For Group Life products only, you do not need to comply with item numbers 6, 7, 8, and 10.

## **ATTACHMENT B**

### PROCEDURES FOR FILING GROUPS THAT ARE EFFECTUATED AND DELIVERED OUTSIDE OF NEVADA, WHICH INSURE RESIDENTS OF NEVADA.

Please send the following information:

1. Statement from an Insurance Company Officer certifying qualification under NAC 679B.036. The statement must cite the applicable subsection of this regulation. (Use form number LH100 which is attached)
2. Adequate proof substantiating that certification including:
  - A. Copy of articles of incorporation, partnership agreement, firm documents, etc.
  - B. Narrative report documenting those activities and benefits provided by the association to members which are not insurance related, including full documentation of all those non-insurance related functions.
  - C. Copies of sales, marketing and advertising materials for all functions of the trust or association.
  - D. Copy of the membership application for the trust or association.
  - E. An explanation of whether a member can join the association or trust without buying the insurance.
  - F. Copies of the Trust or Association documents and bylaws.
  - G. An accounting of the number of members of the group or association who do not have insurance benefits and those members who do have such benefits.
  - H. Biographical affidavits for the directors and officers of the trust or association, completed on our biographical form which is attached.
  - I. A financial statement showing that the overall net worth of the group or association reflects more income generated for the other services provided to the members than for insurance premiums and insurance.
3. A description of how the insurance product is marketed. Is it marketed by administrators, agents, brokers, group members, etc.?
4. If an administrator is paying the claims or collecting the premiums, the name and address of the administrator.
5. Additionally, the Commissioner may require you to file the material listed in Attachment A as provided in NRS 687B.120.

PLEASE SUBMIT THE ABOVE INFORMATION IN EXHIBIT FORM, TO ASSIST IN OUR REVIEW.

## BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

**(Print or Type)**

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of entity (i.e. insurance company, premium finance company, etc.):

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable).

\_\_\_\_\_

b. Maiden Name (if applicable).

2. a. Have you ever had your name changed? \_\_\_\_\_ If yes, give the reason for the change and provide the full name(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Other names used at any time (including aliases). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. a. Are you a citizen of the United States? \_\_\_\_\_

b. Are you a citizen of any other country, if so, what country? \_\_\_\_\_

4. Affiant's Occupation or Profession. \_\_\_\_\_

5. Affiant's business address. \_\_\_\_\_

Business telephone. \_\_\_\_\_

6. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

\_\_\_\_\_

Graduate Studies: College/ University      City/ State      Dates Attended (MM/YY)      Degree Obtained

Other Training: Name      City/ State      Dates Attended (MM/YY)      Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Present or proposed position with the applicant entity. \_\_\_\_\_

\_\_\_\_\_

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

\_\_\_\_\_  
Beginning/Ending  
Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employers' Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_  
Fax \_\_\_\_\_ Supervisor / Contact \_\_\_\_\_

\_\_\_\_\_  
Beginning/Ending  
Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employers' Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_  
Fax \_\_\_\_\_ Supervisor / Contact \_\_\_\_\_

\_\_\_\_\_  
Beginning/Ending  
Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employers' Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_  
Fax \_\_\_\_\_ Supervisor / Contact \_\_\_\_\_

\_\_\_\_\_  
Beginning/Ending  
Dates (MM/YY) \_\_\_\_\_ - \_\_\_\_\_ Employers' Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held \_\_\_\_\_  
Fax \_\_\_\_\_ Supervisor / Contact \_\_\_\_\_

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10. a. Have you ever been in a position which required a fidelity bond? \_\_\_\_\_ If any claims were made on the bond, give details. \_\_\_\_\_  
\_\_\_\_\_
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. \_\_\_\_\_  
\_\_\_\_\_
11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority which you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

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Organization /Issuer of License \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
License Type \_\_\_\_\_ License # \_\_\_\_\_ Date Issued (MM/YY) \_\_\_\_\_  
Date Expired (MM/YY) \_\_\_\_\_ Reason for Termination \_\_\_\_\_  
Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

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Organization /Issuer of License \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
License Type \_\_\_\_\_ License # \_\_\_\_\_ Date Issued (MM/YY) \_\_\_\_\_  
Date Expired (MM/YY) \_\_\_\_\_ Reason for Termination \_\_\_\_\_  
Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond “no” to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  
\_\_\_\_\_
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  
\_\_\_\_\_

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? \_\_\_\_\_
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? \_\_\_\_\_
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?  
\_\_\_\_\_
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? \_\_\_\_\_
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
- j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?  
\_\_\_\_\_

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

\_\_\_\_\_

\_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

\_\_\_\_\_  
\_\_\_\_\_

If any of the shares or stock are pledged or hypothecated in any way, give details.

\_\_\_\_\_  
\_\_\_\_\_

15. Have you ever been adjudged a bankrupt? \_\_\_\_\_

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? \_\_\_\_\_

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? \_\_\_\_\_

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? \_\_\_\_\_

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires \_\_\_\_\_.



**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

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1. a. Affiant's Full Name (Initials Not Acceptable). \_\_\_\_\_  
b. Maiden Name (if applicable) \_\_\_\_\_
2. Affiant's Social Security Number \_\_\_\_\_
3. Government Identification Number if not a U.S. Citizen \_\_\_\_\_
4. Foreign Student ID# (if applicable) \_\_\_\_\_
5. Date of Birth: (MM/DD/YY) \_\_\_\_\_ Place of Birth: City \_\_\_\_\_  
State/Province \_\_\_\_\_ Country \_\_\_\_\_
6. Name of Affiant's Spouse (if applicable) \_\_\_\_\_
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

Dates	Address	City	State/ Province	Country	Postal Code
(MM/YY)					

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Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
(Notary Public)

(SEAL)

My Commission Expires \_\_\_\_\_