



**OFFICE OF INSURANCE REGULATION**

*Life & Health Product Review*

**GROUP VARIABLE ANNUITY ENROLLMENT APPLICATION CHECKLIST**

Statute/Rule	Description	Yes	No	N/A	Ques #
690-149.021	Compliance with form filing procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-149.023(4)	Cover letter includes a description of the distribution system (e.g. internet filing, direct marketing, agents, financial institutions) and intended target population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413 and 690-149.021	Required application contents; including unique form number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-162.006	This form must contain in a prominent position, in contrasting color or bold face type, a clear statement: <b>“ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.”</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.429(4)(e)	Applications that include a question regarding HIV are to comply with this Section, by inquiring whether the applicant: “has been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection.”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.429(4)(f)	Application authorizations may not include a reference to release of information concerning HIV and/or AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
817.234(1)(b)	Fraud Statement: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	