



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

MEDICARE SUPPLEMENT APPLICATION CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Ques #
69O-151.104	Application to contain a replacement question and a space for the name of the company and policy number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.015(1)(a)	The application shall contain this statement: You do not need more than one Medicare Supplement policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.015(1)(b)	The application shall contain this statement: If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.015(1)(c)	The application shall contain this statement: You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.015(1)(d)	The application shall contain this statement: The benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.015(1)(e)	The application shall contain this statement: Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.015(1)(a)1	The application shall contain this question: To the best of your knowledge, Do you have another Medicare Supplement policy or certificate in force? If so, with which company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.015(1)(a)2	The application shall contain this question: To the best of your knowledge, Do you have another Medicare Supplement policy or certificate in force? If so, do you intend to replace your current Medicare Supplement policy with this policy (certificate)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.015(1)(b)1	The application shall contain this question: Do you have any other health insurance coverage that provides benefits similar to this Medicare Supplement policy? If so, with which company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.015(1)(b)2	The application shall contain this question: Do you have any other health insurance coverage that provides benefits similar to this Medicare Supplement policy? Do you have any other health insurance coverage that provides benefits similar to this Medicare Supplement policy? What kind of policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.015(1)(c)1	The application shall contain this question: Are you covered for Medical assistance through the state Medicaid program? As a Specified Low Income Medicare Beneficiary (SLMB)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.015(1)(c)2	The application shall contain this question: Are you covered for Medical assistance through the state Medicaid program? As a Qualified Medicare Beneficiary (QMB)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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69O-156.015(1)(c)3	The application shall contain this question: Are you covered for Medical assistance through the state Medicaid program? For other Medicaid medical benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.015(2)(a)(b)	The application should include a space to list any other health insurance policies the agent has sold to the applicant. List policies sold which are still in force. List policies sold in the past five years, which are no longer in force.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.015(4)(5)	Required notice to applicant regarding replacement of Medicare supplement insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.019	Prohibition against Preexisting Condition, Waiting Periods, Elimination Periods, and Probationary Periods in Replacement Policies or Certificates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.030	Medicare Select policies and certificates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.108(3)(c)	If coverage is limited by pre-existing conditions, a statement must appear in the application preceding the applicant's signature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.119	The application in any advertisement shall contain the name of the agent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
624.428	Licensed agent law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4085	Insurer name required on application - space for Agent's signature, agent's printed name and License Identification Number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.409	Statements in the application are representations not warranties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.429(4)(e)	AIDS question must be specific: Such as, ever been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(f)	All contracts and related forms shall contain a unique form number in the lower left hand corner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.639	Application signed by agent.	<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"/>	