



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

MEDICARE SUPPLEMENT CONTRACT CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Page #
69O-154.001	Important Notice does not appear in a prominent manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.003(16)	Required Policy Definitions and Terms: Pre-existing Condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.004(1)	Required Policy Definitions and Terms: Accident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.004(2)	Required Policy Definitions and Terms: Benefit period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.004(3)	Required Policy Definitions and Terms: Convalescent nursing home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.004(4)	Required Policy Definitions and Terms: Health care expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.004(5)	Required Policy Definitions and Terms: Hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.004(6)	Required Policy Definitions and Terms: Medicare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.004(7)	Required Policy Definitions and Terms: Medicare Eligible Expense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.004(8)	Required Policy Definitions and Terms: Physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.004(9)	Required Policy Definitions and Terms: Sickness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.005(1)	Policy Provision: Limitations or exclusions may not be more restrictive than used by Medicare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.005(2)	Policy Provision: Prohibition of excluding or limiting or reducing coverage for named or physical or pre-existing conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.005(3)	Policy Provision: No duplication of Medicare benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.007(1)(a)-(g)	General Standards for Medicare Supplement policies or certificates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.007(2)(a)-(e)	Required "Core" benefits for all plans A-J (See plan chart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.007(3)(a)-(k)	Additional Plan benefits plans B-J (see plan chart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.014(1)(a)	Required Disclosure Provisions: right of insurer to change premium.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.014(1)(b)	Required Disclosure Provisions: change of benefit riders or endorsements to be signed by insured and premium charge to be in policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.014(1)(c)	Required Disclosure Provisions: prohibition of "usual/reasonable or customary language".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.014(1)(d)	Required Disclosure Provisions: pre-existing condition limitation must be in a separate paragraph.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.014(1)(e)	Required Disclosure Provisions: 30 day free look.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-156.014(1)(f)	Required Disclosure Provisions: 45 day notice of rate change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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627.413(1)(a)	Contents of policy in general: Every policy shall specify: The names of the parties to the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(b)	Contents of policy in general: Every policy shall specify: The subject (type) of insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(c)	Contents of policy in general: Every policy shall specify: The risk insured against.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(d)	Contents of policy in general: Every policy shall specify: The time the insurance takes effect and the period it continues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(e)	Contents of policy in general: Every policy shall specify: The premium.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(f)	Contents of policy in general: Every policy shall specify: The conditions pertaining to the insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(g)	The form number and edition date and of all endorsements attached to the policy, only at time of original issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(2)	Contents of policy in general: Every policy shall contain the following: A statement regarding any rights to change the premium.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4131	Telephone number required for policyholders & certificate holders to present inquiries or obtain information about coverage and to provide assistance in resolving complaints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.416	Execution of policies: Every insurance policy shall contain the signature of a company official.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(a)	Scope and Format of Policy: The monetary and other consideration to be expressed therein.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(b)	Scope and Format of Policy: The time it takes effect and terminates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(c)	Scope and Format of Policy: The persons who are insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(d)	Scope and Format of Policy: Requires at least 10-point type.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(e)	Scope and Format of Policy: Requires listing of exceptions and reductions.	<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"/>	
627.602(2)	If the contract has a deductible provision, it should be on the first page of the policy/certificate in at least 18-point type and printed or stamped as an overprint or a rubber stamp impression in a contrasting color.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.605(1)	Required Standard Provisions: Contracts must contain the provisions specified in Florida Statutes 627.606 through 627.617, inclusive, in the words as they appear or words of similar import and appropriately captioned, as the department may approve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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627.605(2)	Required Standard Provisions: If a provision does not apply to a particular contract, the insurer with department approval may omit it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.606	The Entire Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.607	The Time Limit on Certain Defenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.609	Reinstatement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.610	Notice of Claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.611	Claim Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.612	Proof of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.613	Time Payment of Claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.614	Payment of Claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.615	Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.616	Legal Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.617	Change of Beneficiary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6741(3)(a)	For group Medicare supplement policies: Conversion right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	