



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

PRE-PAID LIMITED BENEFIT INDIVIDUAL APPLICATION CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Ques #
636.022	A prepaid limited health service organization may not expel or refuse to renew the coverage of or refuse to enroll any individual member of a subscriber group on the basis of the race, color, creed, handicap, marital status, sex, or national origin of the subscriber or individual.	<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"/>	
69O-203.042	Every form required to be filed by the Pre-Paid Limited Health Service Organization shall be identified by a unique form number placed in the lower left hand corner of each form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	