



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

**DISCOUNT MEDICAL PLAN ORGANIZATION (DMPO)
CONTRACT AND APPLICATION CHECKLIST**

Statute/Rule	Description	Yes	No	N/A	Page #
69O-203.202(1)(a)	All Discount Medical Plan contracts shall include: Name and address of the DMPO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-203.202(1)(b)	All Discount Medical Plan contracts shall include: Telephone number for member assistance and plan information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-203.202(1)(c)	All Discount Medical Plan contracts shall include: Name of Group if applicable and the name of the Member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-203.202(1)(d)	All Discount Medical Plan contracts shall include: Effective date and term of contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-203.202(1)(e)	All Discount Medical Plan contracts shall include: Space for rate to be charged and any one time processing fees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-203.202(1)(f)	All Discount Medical Plan contracts shall include: Mode of payment (monthly, quarterly, etc. with provision for change of mode if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-203.202(1)(g)	All Discount Medical Plan contracts shall include: Renewal, termination and cancellation conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-203.202(1)(h)	All Discount Medical Plan contracts shall include: Description of benefits to be provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-203.202(1)(i)	All Discount Medical Plan contracts shall include: All limitations, exclusions and exceptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-203.202(1)(j)	All Discount Medical Plan contracts shall include: Provisions for adding new family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-203.202(1)(k)	All Discount Medical Plan contracts and application forms shall contain a unique form number in the lower left hand corner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-203.202(1)(l)	All Discount Medical Plans member contracts shall include: A description of the member complaint procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
636.216	All Discount Medical Plan contracts shall include: the required disclosures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	