



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

FLORIDA HMO MASTER GROUP APPLICATION CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Ques #
690-191.051(2)	Application shall contain a unique form number in the lower left-hand corner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.668	Optional coverage for mental and nervous disorders required; exception: The option to purchase coverage for the treatment of mental and nervous disorders shall be made available to a <u>group</u> contractholder in the application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.669	Optional coverage for substance abuse impaired persons required; exception: The option to purchase coverage for the treatment of substance abuse shall be made available to a <u>group</u> contractholder in the application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.31095	Coverage for mammograms: The option to have the deductible/co-payment applicable to mammograms waived shall be contained in the individual application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
641.386	Agent licensing and appointment required: Application shall be signed by a Florida licensed agent or regular salaried officer or employee of the HMO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
817.234(1)(b) and Bulletin 96-001	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"/>	