



**OFFICE OF INSURANCE REGULATION**

*Life & Health Product Review*

**HEALTH FLEX PLAN AND ENROLLMENT FORM CHECKLIST**

<b>Health Flex Plan Application Standards</b>	<b>Description</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Page #</b>
Section 6.2.2(a)	All Health Flex Plans shall: Include eligibility provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 6.2.2(b)	All Health Flex Plans shall: Include cancellation or non-renewal provisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 6.2.2(c)	All Health Flex Plans shall: Include listed and described benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 6.2.2(d)	All Health Flex Plans shall: Include exclusions and limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 6.2.2(e)	All Health Flex Plans shall: Include cost sharing provisions (coinsurance, co-payments, etc. or maximum benefits).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 6.2.2(f)	All Health Flex Plans shall: Include language found in Section 3.3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 6.2.2(h)	All Health Flex Plans shall: Include an explanation of whether or not the coverage constitutes creditable coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 4.4	All Health Flex Plans shall: Provide member services toll-free phone number, the Department's consumer toll-free number and the Agency's call center toll-free number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 6.2.1(a)	All Health Flex Plan Enrollment Forms shall: Include the information necessary to determine the eligibility of the individual seeking coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 6.2.1(b)	All Health Flex Plan Enrollment Forms shall: Include language specified in Section 3.3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 6.2.1(c)	All Health Flex Plan Enrollment Forms shall: Provide a space for signature of individual seeking coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
817.234(1)(b), F.S.	All Health Flex Plan Enrollment Forms shall: Include the Fraud Statement as stated in quotes in the Florida Statutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	