



**OFFICE OF INSURANCE REGULATION**

*Life & Health Product Review*

**GROUP VARIABLE LIFE ENROLLMENT APPLICATION CHECKLIST**

Statute/Rule	Description	Yes	No	N/A	Ques #
69O-149.021	Compliance with form filing procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-149.023(4)	Cover letter includes a description of the distribution system (e.g. internet filing, direct marketing, agents, financial institutions) and intended target population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413 and 69O-149.021	Required application contents; including unique form number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.429(4)(e)	Applications that include a question regarding HIV are to comply with this Section, by inquiring whether the applicant: "has been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.429(4)(f)	Application authorization may not include a reference to release of information concerning HIV and/or AIDS. Required disclosures may not be minimized or intermingled with the text of a form so as to be rendered obscure. Please either reposition the required Florida Fraud statement directly above the signature line or revise the statement giving it more prominence than the surrounding text (i.e. all capital letters, bold or contrasting color type, etc.).	<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"/>	