



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

INDIVIDUAL HEALTH APPLICATION CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Ques #
69O-150.006(3)(c)	Application, if a part of an advertisement, must contain the pre-existing condition limitation provision of the policy immediately preceding the space for the applicant's signature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-151.104	Application to contain a replacement question and a space for the name of the company and policy number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.002	Statement signed by the insured (either a part of the application or separate form) that he knows and understands the company may cancel the contract with proper notice, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4085	Insurer name required on application – space for Agent's signature, agent's printed name and License Identification Number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.42395	Coverage for certain prescription and non-prescription enteral formulas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.429(4)(e)	AIDS question must be specific: Such as, ever 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"/>	
627.602(1)(f)	All contracts and related forms shall contain a unique form number in the lower left hand corner.	<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"/>	