



**OFFICE OF INSURANCE REGULATION**

***Life & Health Product Review***

**GROUP HEALTH APPLICATION CHECKLIST  
EMPLOYEES, LABOR UNIONS, ASSOCIATION GROUPS and ADDITIONAL GROUPS**

Statute/Rule	Description	Yes	No	N/A	Ques #
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"/>	
627.653	All are declared eligible and acceptable at the issuance of the contract no health questions. (Employee Groups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.654	All are declared eligible and acceptable at the issuance of the contract no health questions. (Labor Union - Associations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.656	All are declared eligible and acceptable at the issuance of the contract no health questions. (Additional Groups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6613	Coverage for Mammograms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.668	Optional coverage for mental and nervous disorders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.669	Optional coverage for substance abuse.	<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"/>	