



DEBTOR GROUP CONTRACT CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Page #
627.413(1)(a)	Contents of policy, in general: Every policy shall specify: The names of the parties to the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(b)	Contents of policy, in general: Every policy shall specify: The subject (type) of the insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(c)	Contents of policy, in general: Every policy shall specify: The risk insured against.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(d)	Contents of policy, in general: Every policy shall specify: The time the insurance takes effect and the period it is to continue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(e)	Contents of policy, in general: Every policy shall specify: The premium.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(f)	Contents of policy, in general: Every policy shall specify: The condition pertaining to the insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(g)	The form number and edition date and of all endorsements attached to the policy, only at time of original issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4131	Telephone number required for policyholders and certificateholders to present inquiries or obtain information about coverage and to provide assistance in resolving complaints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.416	Execution of policies: Every form shall contain the signature of a company official.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.419	Construction of policies must include the services of the providers listed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4233	Total Disability Defined: The policy must, at a minimum, provide that for the first 12 months of the disability, a person is totally disabled if the person is unable to perform the material and substantial duties of the person's regular occupation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(c)	Scope, Format of Policy: The persons who are insured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(d)	Scope, Format of Policy: Requires at least 10-point type.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(2)	If the contract has a deductible provision, it should be on the first page of the policy/certificate in at least 18-point type and printed or stamped as an overprint or a rubber stamp impression in a contrasting color.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.610	Notice of Claims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.612	Proof of Loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.613	Time Payment of Claims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.616	Legal Action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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627. 657(1)(b)	Required provision for Group Health Insurance policies: A certificate must be furnished to the employee or member setting forth the essential details of the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627. 657(1)(c)	Required provision for Group Health Insurance policies: A provision that new members or employees may be added to the group in accordance with the policy provisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627. 664	Assignment of incidents of ownership allows the insured to make an assignment of any or all parts of his incidents to ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6645	Notification to insureds of cancellation or expiration non-renewal or change in rates: The insurer must give the policyholder at least 45 days advance notice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.666	Liabilities of succeeding insurer include level of benefits, credit for deductibles, waiting period, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.667	<p>Extensions based on total disability will be at least for the following periods of time:</p> <ul style="list-style-type: none"> A. Hospital/Medical - 90 days B. Major Medical - 12 months C. Dental - 90 days D. Maternity - period of that pregnancy E. Dental and Maternity shall not be based on total disability F. Disability Income: Reasonable Extension 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	