



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

FRANCHISE HEALTH APPLICATION CHECKLIST

| Statute/Rule | Description | Yes | No | N/A | Ques # |
|-------------------|--|--------------------------|--------------------------|--------------------------|--------|
| 690-150.006(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"/> | |
| 627.4085(1) | All applications shall prominently display the name of the insuring entity on the first page of the application form at the time the coverage is bound or premium quoted along with agent's name and license 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. | <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"/> | |