



**OFFICE OF INSURANCE REGULATION**

*Life & Health Product Review*

**LONG TERM CARE APPLICATION CHECKLIST**

Statute/Rule	Description	Yes	No	N/A	Ques #
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-150.006(3)(c)	An application that is a part of an advertisement must contain a statement that reflects the pre-existing condition provision of the policy immediately preceding the space for the applicant's signature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4085	The application must provide space for Agent's signature, agent's printed name and License Identification Number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.429(4)(e)	The AIDS question must use the following required language: "whether a person 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"/>	
627.602(1)(f)	All application forms shall contain a unique form number in the lower left hand corner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.94072(1)(a)	The application must include the mandatory offers for inflation protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.94072(2)	The application must include the mandatory offers for non-forfeiture benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.94073(2)	The application shall a contain space to name a secondary addressee. The designation shall include each person's full name and home address.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
817.234(1)(b)	All applications must contain the following 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"/>	
69O-157.109	The application does not comply with the Prohibition Against Post-Claims Underwriting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-157.110	Requirements for Long Term Care applications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	