



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

LONG TERM CARE OUTLINE of COVERAGE CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Page #
69O-157.120(5)	The Outline of Coverage shall to include company name, address, and telephone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-157.120(5)	The Outline of Coverage shall to identify the policy or contract as Long Term Care insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-157.120(5)	The Outline of Coverage shall to include a statement of caution pursuant to Rule 69O-157.120(5), F.A.C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-157.120(4)(5)	The Outline of Coverage shall to comply with the format and text described as points 1-15 in Appendix I.	<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"/>	
69O-157.120	The Outline of Coverage does not comply with the Standard Format found in Appendix I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	