



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

LONG TERM CARE CONTRACT CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Page #
690-154.001	The Important Notice must appear in a prominent manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.103 and 627.9404	These definitions must comply: (1) Long Term Care (2) Applicant (3) Certificate (4) Chronically Ill (5) Cognitive impairment (6) Licensed Health Care Practitioner (7) Limited Benefit Policy (8) Maintenance or Personal Care Services (10) Qualified Limited Benefit Policy (11) Qualified Long-Term Care Services and (12) Qualified Long-Term Care Insurance Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.9407(3)(a)	The contract may not be canceled, non-renewed, or terminated on the grounds of age or deterioration of health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.104(1)	The conditions of guaranteed renewable/noncancellable of the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.104(2) and 690-157.106(2)(5)	The conditions of limitations and exclusions of the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.104(3)	The conditions of eligibility provision of the policy/certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.104(4)	The conditions of minimum coverage of the policy / certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.104(5)	The conditions of group coverage certificate of the policy / certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.104(6)	The conditions of death benefits of the policy / certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.104(7)	The conditions of extension of benefits of the policy / certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.104(8)	The continuation or conversion provision of the policy / certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.104(9)	The discontinuance and replacement provision of the policy / certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.104(10)	The premium restrictions provision of the policy / certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.104(11)	The electronic enrollment for group policies provision of the policy / certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.105	The refund of premium provision of the policy / certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.106(2)(c)	The riders and endorsements provision of the policy / certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.106(3)	The policy / certificate definition of (usual/reasonable and customary).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.106(6)	The disclosure of tax consequences provision of the policy / certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.106(7)	The benefit triggers provision of the policy / certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

LONG TERM CARE CONTRACT CHECKLIST

690-157.106(8)(9)	The qualified/nonqualified disclosure statement provision of the policy / certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.108(1)(b)	Disclosure Documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.109(3)(b)	Prohibition Against Post-Claims Underwriting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.9407(8) and 690-157.114(2)(c) (for OOS Group)	Right To Return – Free Look- The insured shall have thirty (30) days from receipt of an individual policy to examine the policy and if they are not satisfied for any reason to return it to the agent or entity for a full refund of premium paid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.9407(9)	"Notice to Buyers" statement on each policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 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 continues.	<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 conditions 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 &/or 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"/>	
627.4145	Readability Score shall be no less than 45 on the Flesch reading ease test and shall be certified by an office of the company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.416	Execution of policies: Every policy/certificate shall contain the signature of a company official.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6043	Cancellation: The insurer must give 45 days advance written notice to insureds for cancellation, nonrenewal or change in rates. This does not apply when cancellation is due to non-payment of premium.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.606	The Entire Contract provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.607	The Time Limit on Certain Defenses provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.609	The Reinstatement provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

LONG TERM CARE CONTRACT CHECKLIST

627.610	The Notice of Claims provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.611	The Claim Forms provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.612	The Proof of Loss provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.613	The Time Payment of Claims provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.614	The Payment of Claims provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.615	The Physical Examination provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.616	The Legal Action provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.617	The Change of Beneficiary provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.9407(12)	Required Disclosure Statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.9407(3)(b)	The waiting period provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-157.104(4)(b)(c)(d)	May not restrict its coverage to care only in a nursing home or provide significantly more coverage for such care than coverage for lower levels of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.9407(3)(d)	Must provide coverage for 24 consecutive months for each covered person in a nursing home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.9407(3)(e)	Elimination period is the number of days at the beginning of a period of confinement for which no benefits are payable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.9407(4)(b)	A pre-existing condition may not be excluded for longer than six (6) months following the effective date of coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.9407(4)(d)	An insurer may use an application to elicit the complete health history of an applicant and on the basis of that information underwrite in accordance with the insurer's underwriting practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.94071(10)	The home health care provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.94071(5)	Services provided by a home health care agency must also be covered if provided by a nurse registry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.94072	The inflation protection provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.94072	The nonforfeiture protection provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.94073(1)	The Grace Period provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.94073(2)	The Grace Period provision - Secondary Addressee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.94073(3)	The Reinstatement provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	