



# FLORIDA OFFICE OF INSURANCE REGULATION

## Division of Life and Health Product Review

The Florida Office of Insurance Regulation (Office) developed the following worksheet to assist companies in making form filings that are compliant with ACA (Affordable Care Act) requirements, effective January 1, 2014. The Office encourages the company to download, complete, scan and upload this form as a part of the form filing intended to be compliant with the 2014 ACA requirements submitted to the Office via I-File. This will expedite the review process and increase speed to market. This worksheet will be updated on a continuing basis as additional federal guidance is issued. You are encouraged to use the most recently updated version. The worksheet may not contain all of the requirements of the ACA. The Office offers this worksheet as guidance only, and should not be considered a directive by the Office.

### Major Medical Group Health Application Review Form Small and Large Group

Employees, Labor Unions, Association Groups and Additional Groups

Florida Provisions (Blue); PPACA Provisions (Red)

Statute/Rule	Description	Yes	No	N/A	Page #
627.4085	The first page of the application shall prominently display the name of the insuring entity.				
627.4085	All applications must have a space for the agent's name and FL license identification number.				
624.428	The licensee taking an application in this state must be identified as a Florida "agent."				
627.413(4)	All contracts and related forms shall contain a form number in the lower left hand corner of the first page of the form. If the filing includes a form that is being revised since its last approval, the form number must also include a revision date.				
45 CFR 155.205	Issuers must provide applicant information in plain language and in a manner that is accessible and timely. Required notices must meet certain specified standards.				
627.653; 627.654; 627.656  PHSA 2705; 45 CFR 146.121; 45 CFR 147.110	All are declared eligible and acceptable at the issuance of the contract with no health questions (Employee groups, labor unions association groups, and additional groups). The insurer cannot issue a base amount to all employees and then underwrite employees and sell additional amounts to those able to pass underwriting criteria.  Eligibility for coverage based on specified health factors. A plan may not establish rules for eligibility based on any of the following health-related factors: health status, medical condition, claims experience, receipt of health care, medical history, general information, evidence of insurability, disability and any other health status-related factor deemed appropriate by the HHS Secretary.				
627.6613  PPACA 1001 [PHSA 2713 (a)]; PPACA 1302(b)(1)(I)	Coverage for mammograms ( <del>applicable to major medical only</del> ).  Coverage not optional; included in the Preventative and Wellness Services Essential Health Benefit.				

627.668  PPACA 1302(b)(1)(E)	Optional coverage for mental and nervous disorders. (applicable to major medical only)  Coverage not optional; an Essential Health Benefit.				
627.669  PPACA 1302(b)(1)(E)	Optional coverage for substance abuse. (applicable to major medical only)  Coverage not optional; an Essential Health Benefit.				
PHSA 2753; 45 CFR 148.180	Coverage is not based on genetic information (GINA). An issuer is not allowed to: adjust premiums based on genetic information, request or require genetic testing or collect genetic information from an individual prior to or in connection with enrollment in a plan, or at any time for underwriting purposes.				
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."				

\*\*\*When various products are being sold on the same application, if there are medical questions, be sure it is clearly disclosed that the underwriting questions must be completed only if you are applying as a late enrollee (health) and/or for life products.