

HIC SOLICITATION Filing Checklist – FORM REVIEW REQUIREMENTS

1

Institutional Advertisement  Invitation to Inquire  Invitation to Contract  Lead-generating Device

PLEASE CHECK ALL THAT APPLY

Form #                      Form Name

REVIEW REQUIREMENT	AUTHORITY	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
Basic Health Care Services	ORC 1751.01 (A)(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Biologically Based Mental Illness	ORC 1751.01 (A)(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Supplemental Health Care Services	ORC 1751.01 (B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Specialty Health Care Services	ORC 1751.01 (C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Definitions	ORC 1751.01 (D) – (CC)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Application of insurance laws – solicitation	ORC 1751.08 (C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Unfair and deceptive acts - use of name	ORC 1751.20 (C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Unfair and deceptive acts – terms and DBAs	ORC 1751.20 (E)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Solicitation Document – required content	ORC 1751.31 (B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Solicitation Requirements for Medicare, Medicaid and federal employees	ORC 1751.31 (D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Solicitation Document – right to cancel	ORC 1751.31 (F)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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REVIEW REQUIREMENT	AUTHORITY	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
Restriction on choice of providers	ORC 1751.51 (B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Information available to the employer - <u>SMALL EMPLOYER PLANS</u>	ORC 3924.033 (A)(B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coordination of benefits – required language	OAC 3901-8-01 (D)(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Form identification	OAC 3901-8-07 (B)(3)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Clearly identify product as an insurance policy	OAC 3901-8-07 (E)(6)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Advertisement of benefits payable	OAC 3901-8-07 (F)(1)(f)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Exceptions, reductions and limitations of benefits - <u>Invitation to contract</u>	OAC 3901-8-07 (F)(2)(a)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Waiting periods between effective dates - <u>Invitation to contract</u>	OAC 3901-8-07 (F)(2)(b)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Pre-existing conditions: definition and use - <u>Invitation to contract</u>	OAC 3901-8-07 (F)(3)(a)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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REVIEW REQUIREMENT	AUTHORITY	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
Pre-existing conditions: disclosure - <u>Invitation to contract</u>	OAC 3901-8-07 (F)(3)(b)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Pre-existing conditions: requirements for application with advertising	OAC 3901-8-07 (F)(3)(c)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Disclosure of policy provisions - <u>Invitation to contract</u>	OAC 3901-8-07 (G)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Required disclosure	OAC 3901-8-07 (H)(2)(c)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Testimonials or endorsements by third parties - financial interest, compensation	<a href="#">OAC 3901-8-07 (I)(2)</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Testimonials or endorsements by third parties - proprietary relationship	OAC 3901-8-07 (I)(3)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Use of statistics – pertinent facts, data for a different policy	OAC 3901-8-07 (J)(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Use of statistics – identity of the source	OAC 3901-8-07 (J)(3)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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REVIEW REQUIREMENT	AUTHORITY	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
<b>Identification of plan or premium - <u>Invitation to contract</u></b>	OAC 3901-8-07 (K)(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>Identification of number of policies - <u>Invitation to contract</u></b>	OAC 3901-8-07 (K)(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>Identity of the Insurer</b>	OAC 3901-8-07 (N)(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>Group or quasi-group implications - <u>Invitation to contract</u></b>	OAC 3901-8-07 (O)(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>Enrollment period response date</b>	OAC 3901-8-07 (P)(1)(b)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		