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*(formerly the American Society of CLU & ChFC)*

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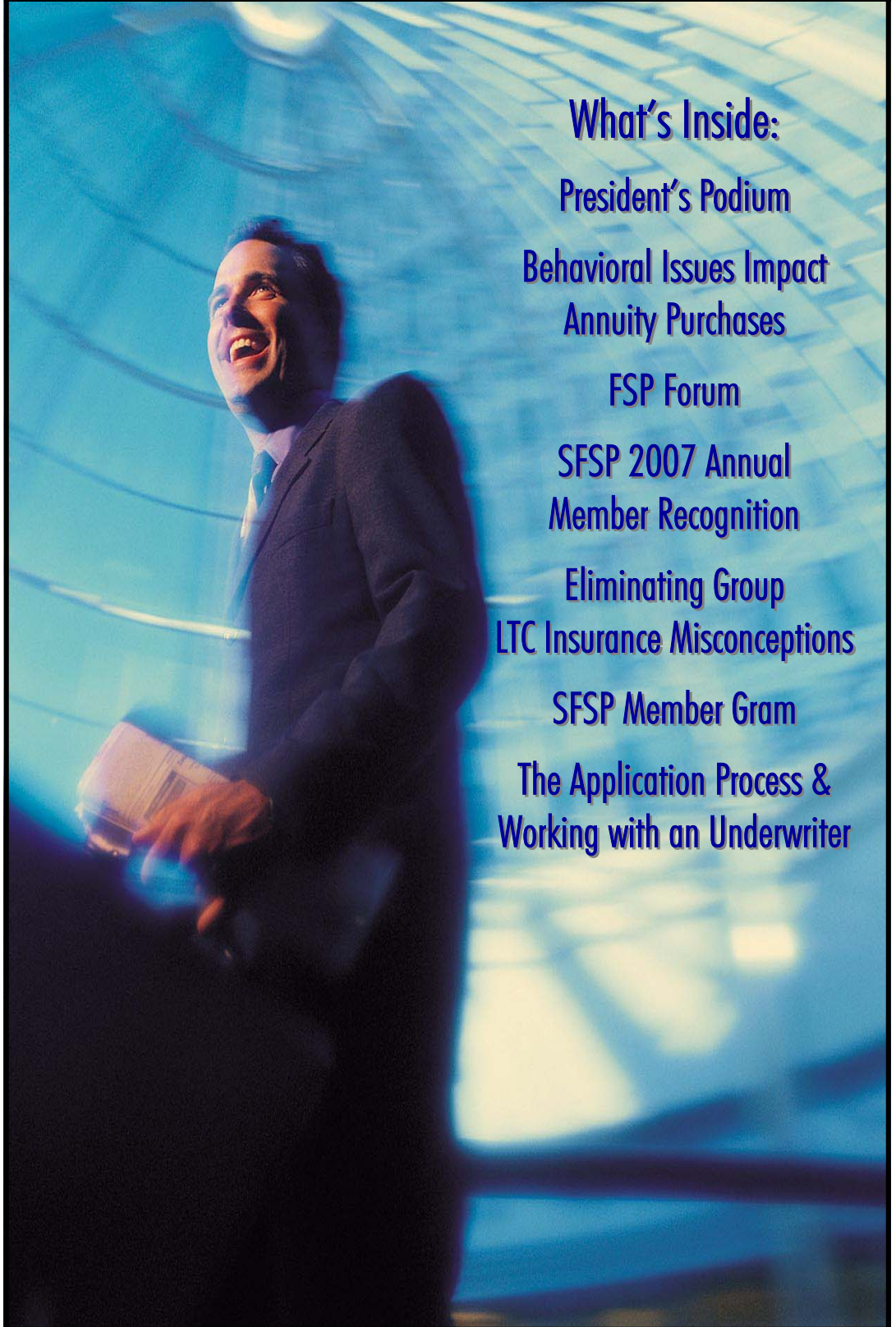
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# Financial Pro

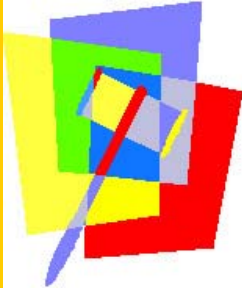
News and Information Letter of the Cincinnati Chapter  
[www.sfsp.net/cincinnati](http://www.sfsp.net/cincinnati)

Financial Pro, Volume 28, Number 8

May/June 2007



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## President's Podium

**Greetings! I strongly encourage you to make every effort to attend our Annual Meeting on June 13<sup>th</sup> at the Horan Center in Kenwood. See the information enclosed and our website for details.**



*W. Jeff Martin, CLU, ChFC  
President*

Our speaker, Bill McKenna, ChFC is an expert on the subject of estate planning and will discuss what a producer needs to know about reading, reviewing and discussing client trust documents. You'll gain tremendous insight on critical things to look for and how (and how not) to discuss trust documents with clients, attorneys and CPA's. Do not miss this 1 ½ hour OH/KY CE opportunity. I personally PROMISE you will walk away with new insight and additional skills for meaningful discussions with your clients. Bill is one of the very best industry speakers I've heard in my 26 years.

As my term ends it is a bittersweet feeling. I'm reminded of what Steve Franklin said last year about serving as SFSP President: "the two best days are the day you take office and the day you leave office." Taking office, I was excited about implementing my ideas and the opportunity to make an impact on the future of SFSP. At the end, there is a relief that the commitment of extra time and energy is coming to an end and can be focused back to business. However, I can assure you I wouldn't trade the experience for anything and I will continue to contribute through my articles and as Immediate Past President. Thanks to Mike Kinzie for asking me to get involved in SFSP back in 2001.

My special thanks to Sandy and Suzi who took over daily management of SFSP through their business Association Connection. They bring a great attitude, wonderful ideas and new technology to SFSP. This was a transition year for them and they have received rave reviews. The future of SFSP is in great hands.

I am fortunate to have worked with an outstanding Executive Board consisting of Ernie Martin, Andy McClintock, Dennis Pascarella and Steve Franklin. Thank you guys! You made my job much easier because you were dedicated to yours. Ernie took leadership on programs, Andy led on sponsorships and Dennis managed our financials. Steve helped me with perspective on his experience as past President. I know Ernie will do a great job as he steps in to be President.

The Board members each contributed to make this a very successful year. My sincere "thank you" to all of them and special thanks to Greg Hornschemeyer who stayed on as a special favor to me and worked with Ernie to do a great job on programs.

On behalf of the Board, we hope you feel we've accomplished some things this year that made your membership more valuable. We tried very hard to do that and have a strong base to build membership. I am proud of our accomplishments for your SFSP and thank each of you for your friendship, support and being a part of this organization.

God Bless You,

W. Jeff Martin, CLU, ChFC



# Behavioral Issues Impact Annuity Purchases

By Linda Koco

The public hears good things about annuities, such as annuities can keep you from running out of money, said Meir Statman at a retirement income conference here.

In fact, a working paper written in 2003 by C.W.A. Panis for the Pension Research Council shows that people who do not have annuities are unhappy, less satisfied and depressed, said the Glenn Klimek Professor of Finance at Santa Clara University, Santa Clara, Calif.

If that is so, why don't more people own annuities? he asked.

Standard reasons include desire to leave money to heirs, loss of liquidity, high fees and mortality expectations, he said.

But there are also behavioral reasons, Statman noted, addressing the annual managing retirement income conference, co-sponsored by the 2-year old Retirement Income Industry Association, Washington, D.C., and the Institute for International Research, New York.

One example is the feeling some people have that annuities have "the smell of death" about them, said Statman. During the sales process, he explained, there is often too much focus on fear and not enough on hope.

Advisors should frame the discussion so that the sale is "about the upside potential, not just the downside protection," he said.

Many people have a mixture of risk-seeking and risk aversion behaviors, he explained. "We want to be secure but we also want the upside. That's why people (who own insurance) also buy lottery tickets."

People who buy lottery tickets have hope, he said. Where annuity sales are concerned, "be careful not to extinguish hope." Instead, combine discussion about downside protection with discussion of upside potential—and "don't annuitize everything," Statman said.

He presented several other reasons from the behavioral economics point of view, plus some suggestions for dealing with them. Here are examples:

- Frame how buyers think about their "money illusion." For instance, talk about moving the money less from the perspective of keeping a stock of money and more from the perspective of setting up a flow of money. That concept is not always easy for consumers to grasp, he allowed, explaining that they tend to think of their money being reduced when they purchase an annuity. But advisors understand it—and they should explain it to clients.

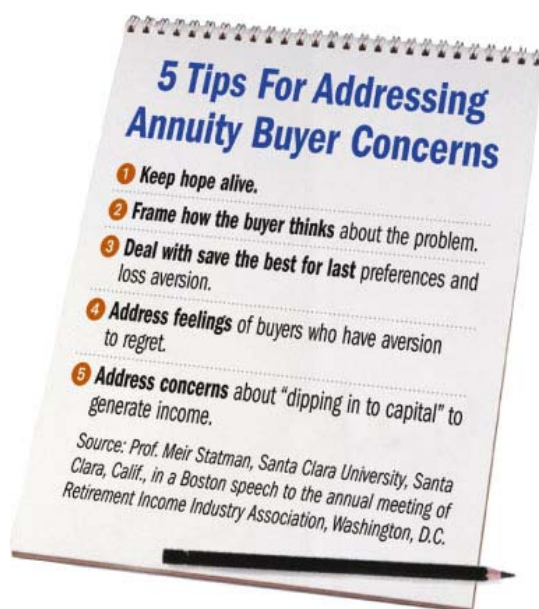
- Deal with the desire to save the best for last. This is what people like to do, Statman said. They also want to have a better year next year. But they don't see buying annuities in that light, he explained. Their view is, they have the money now, but it will be reduced after they buy the annuity, and "then it's all downhill."

This ties in with loss aversion. With a single-life annuity, for instance, "you feel like a loser from the day you bought it. You fear you'll lose with buying an annuity."

One solution would be to have a cash refund feature on the annuity, Statman suggests. It would assure people that they will get their money back, he said. Another would be to invest part of the money in an annuity/ life insurance solution and the rest in a growth portfolio.

- Address feelings of buyers who have aversion to regret. The regret is, if the customer buys an annuity today and the stocks zoom up the very next day, "regret kicks in, and you kick yourself" for buying the annuity. Statman suggested these strategies: Use windfall money to buy the annuity, because that money is in a separate mental account; or use money that is in bonds, because the value won't go up and down as much as do stock values; or use dollar cost averaging to buy the annuity. Also, if you can, "make annuitization mandatory," he said, because "there is no regret when there is no responsibility for choice."

- Address concerns about "dipping in to capital" to generate income. Spending from dividends or interest is often acceptable, he said, but for many people it is sacrilege to



## Behavioral Issues Impact Annuity Purchases

dip into capital. One way to help customers overcome this would be to use current income as a guide for consumption, or what is permissible for them to spend, he said.

If buyers perceive that they have little income to spend in retirement, they will spend little, Statman cautioned. They've learned to delay the gratification of spending. But those who have learned to save will need to unlearn delayed gratification, he suggested. "The question is, can they learn to spend?"

Advisors should find ways to obscure the dips into capital, he suggested. They can use covered calls as an equity income strategy, for example. "Point out that you get the dividend and the 4% premium on the stocks that you sell."

Remember, said Statman, there are both cognitive and emotional reactions to small probabilities. He cited, for example, the range of reactions to the chance of winning the lottery versus the chance of running out of money. Does the subjective probability equal the objective probability? he asked. Does the customer savor the lottery winning as much as anticipate the loss of money?

His suggestion: "Make the idea of running out of money as vividly dreadful as the lottery ads make winning vividly wonderful."

Maybe the real problem with managing retirement income is not that people spend too much in retirement and so will deplete their money, the professor concluded. Rather, it is that they need to spend enough, and they need to convert money into income to do that.

"Annuities are one way to increase consumption."

The industry needs ways that take not just the rational but also the emotional aspects of this into account, he said.

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## Mark Your Calendar for these upcoming SFSP events!

**June 13, 2007**

### SFSP Cincinnati Chapter — Annual Meeting & Recognition Event



Program Topic:

An Agent's Guide to Reviewing Trust Documents

Speaker: Bill McKenna, ChFC

\*Special Recognition of Member Milestones  
and Member of the Year Presentation

Location: Horan Conference Center  
4990 East Galbraith Road

Time: 8:00a.m.— 8:30a.m.—Registration and Continental  
8:30a.m.— 10:30a.m.—Program & Recognition

For more information about programs,  
visit our website at [www.sfsp.net/cincinnati](http://www.sfsp.net/cincinnati)



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Cam Marston, noted  
multigenerational  
communications  
expert and author,  
presents *Selling  
Across Generations*



Judy Jernudd,  
CEO of Strategic  
Communication,  
former television  
journalist and  
author, speaks on  
*Personal Branding*

Network with your peers at these pre-Forum events on  
September 26th:

- Foundation Golf Tournament
- Professional Leadership Symposium
- Foundation for FSP Awards Dinner

#### REGISTRATION FEES

FSP members: .....	\$695
(by August 15)	
FSP members: .....	\$795
(after August 15)	
Spouse/Guest: .....	\$199
(no CE granted)	
Nonmembers: .....	\$845

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## SFSP 2007 Annual Member Recognition

At the SFSP Annual Meeting on June 13, 2007 at the Horan Conference Center we will recognize those celebrating membership milestones. Please join us to congratulate the following members:

### First Year Members:

Peter J. Anderson  
J. Ellen Beers  
Mark J. Bodnar  
Thomas M. Deutsch  
Kathleen G. Marteney

### Five Year Member:

James R. McDermott

### Ten Year Members:

Michael E. Aiken  
Jeff P. Wiener

### Twenty Five Year Members:

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Gary T. Huffman  
Robert A. Schiermyer  
David M. Wallace

### Fifty Year Member:

Millard H. Mack

### Member of the Year

To Be Awarded at the  
June 13, 2007 Meeting

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Please encourage your organization to consider becoming a sponsor of the Cincinnati SFSP. For additional information please contact Andy McClintock, sponsorship Chair, at 513-421-2522.

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- "AA" from Standard and Poor's (for financial security characteristics).

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# Eliminating Group LTC Insurance Misconceptions

By John Noble

There are some major misconceptions about long term care insurance that really hinder a broker's ability to sell the coverage to employers. Understanding the trends in the LTC insurance market can help brokers be prepared to answer questions, dispel the myths and make valuable recommendations for plans that fit an employer's needs.

This article seeks to help you understand how you can use trend information to guide discussion on LTC insurance with your employer clients.

**Misconception:** LTC insurance is too expensive for me to cover my employees.

**The trend to talk about:** Not only are LTC insurance rates affordable, they are also stable. Those are 2 features every employer can agree are important, considering their health insurance rates rise each year unpredictably.

Everyone knows about the cost pressures facing employers today. But employers who wish to remain competitive have to start looking at ways to expand their benefit options. LTC insurance is not a stretch. In fact, an employer could pay as little as \$15 a month per employee for a base plan that includes a \$2,000 per month benefit as well as professional home care. And LTC insurance premiums, unlike health insurance, aren't an unknown from year to year. Group LTC insurance rates have changed little since the product's inception in the 1980s.

**Misconception:** LTC insurance isn't something my employees want to spend their benefit dollars on.

**The trend to talk about:** Employees are becoming more involved in the benefits process, but they still look to their employer to guide them on important benefit decisions. Employers who make

LTC insurance a priority will find their employees doing the same. In fact, 92% of cases sold in 2006 by Unum had some level of premium contribution from the employer. It just takes the employer deciding that LTC insurance is important. And it is. LTC insurance could arguably be one of the most important insurance offerings employers can offer. Consider that long term care costs can range from \$33,000 a year for a private room in assisted-living care to \$70,000 for a private room in a nursing home. Those rates can drain even a well-planned nest egg in short order.

Think also about the finding from the U.S. Senate Special Committee on Aging that expects LTC costs to double by the year 2025 and nearly quadruple by 2050.



## BIG DIFFERENCE

### Why Employers Should Fund LTC Insurance

	ER w/401(k)	ER/401(k) & LTC
EE Contrib	\$3,000	\$3,000
ER Contrib		
401(k)	\$1,500	\$1,200
LTC Prem.	0	\$292
<b>Total ER Cost</b>	<b>\$1,500</b>	<b>\$1,492</b>
EE Benefit	\$486,818	\$454,363
401(k) Value		
Potential LTC Benefit	0	\$360,000
<b>Total EE Value</b>	<b>\$486,818</b>	<b>\$814,363</b>

Assumption: EE age 40 earning \$30,000 contributes 10% to 401(k) plan and 10% return assumption. Retirement at age 65. ER maximum contribution is 5% to 401(k). LTC plan pays \$5,000/month for 6 years (Facility and PHC).

ER = Employer, EE = Employee

**Misconception:** My employee population isn't old enough to be interested in LTC insurance.

**The trend to talk about:** Buyers of group LTC insurance are getting younger every year. In fact, according to Unum data, more than 52% of purchasers are under 45. Also consider that nearly 58% of submitted claims for Unum's group LTC insurance are for people under age 65. So this is definitely an issue that affects the employee population, not just retirees.

Another great thing about purchasing young is that the younger employees are when they purchase LTC insurance, the lower the premium—and it won't go up just because they get older.

**Misconception:** The federal government or disability insurance will cover the cost of long term care.

## Eliminating Group LTC Insurance Misconceptions continued

**The trend to talk about:** Besides the price of LTC insurance, this argument may be one of the biggest misconceptions. Addressing the federal government's role first, Medicaid is only responsible for helping with the cost of LTC after a person has spent their assets down to the poverty level. The individual also loses all choice and control of who will provide their care and where it will be provided.

Dispelling the second argument about disability insurance is also basic to helping employers understand the role of LTC insurance. DI is designed to protect an individual's ability to earn an income if they should suffer an illness or injury. It will help you pay normal bills, but not the actual cost of providing long term care, if that becomes necessary. If you do not have LTC insurance, a long term care event can be devastating to your financial situation.

**Misconception:** I've used all my benefit dollars. There's no way I can allocate more money for LTC insurance.

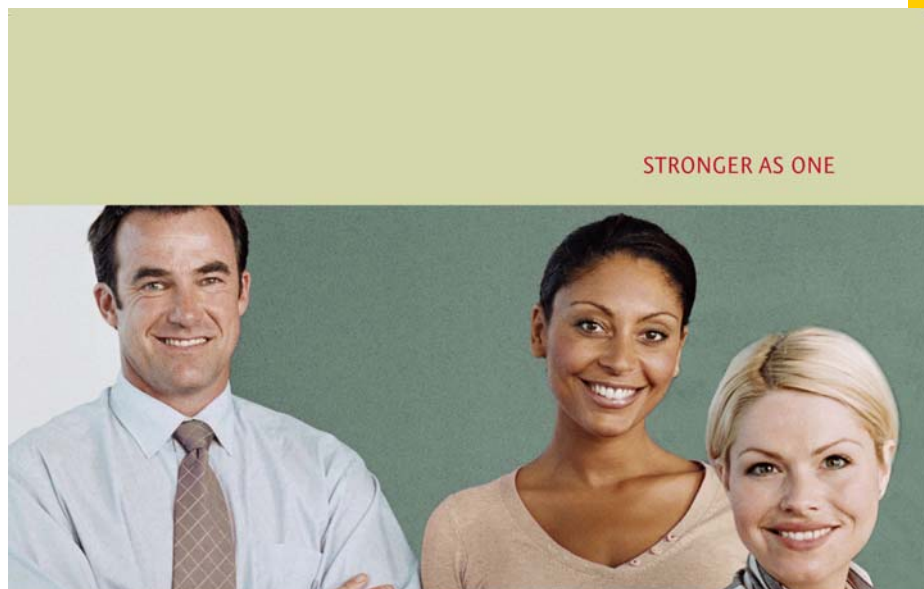
The trend to talk about: In cases where employers offer a 401(k) and match to their employees, it's not a question of adding benefit dollars; it's a matter of reallocation. As the graphic shows, an employer who is making a matching contribution to an employee's 401(k) can easily and effectively parlay a small amount of those dollars into an LTC insurance policy. Now the employer is not only working to help the employee earn money for retirement but also helping them preserve their assets against the devastation that a long term care event could have.

One of the most important ways you can squelch misconceptions and push back about LTC insurance among customers is to do your homework. The more you can learn about what type of coverage is available and how that benefits a specific customer's employee population, the more compelling and logical your argument will be.

Is LTC insurance for everyone? No, but the more you arm yourself with knowledge of the product, the more you increase your chances of success when you do pitch LTC insurance.

John Noble is director of long term care insurance products for Unum Group, Chattanooga, Tenn. He is based in Portland, Me., and can be contacted via email at [jnoble@unumprovident.com](mailto:jnoble@unumprovident.com).

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# MemberGram

A report on Society activities brought to you by your local chapter

April 2007

## Mark Your Calendar!

**Audio/Web Conferences**  
(12:00 noon-1:00 p.m. ET)

**April 11, 2007**  
The Roth 401(k):  
A Contrarian View

**April 25, 2007**  
Disability Income Insurance:  
A Win-Win Service for  
You and Your Client

**Video Training Conferences**  
(Verify dates and venues  
with your local Chapter.)

**May 16, 2007**  
(1:00 p.m. - 3:15 p.m. ET)

**May 17, 2007**  
(9:00 a.m. - 11:15 a.m. ET)  
Annuity Strategies in  
Financial Planning

**FSP/Kugler Seminar Series**  
**May 22-23, 2007**  
Renaissance Philadelphia  
Hotel Airport  
Philadelphia, PA

**Financial Service Forum**  
**September 27-29, 2007**  
Hilton Montreal Bonaventure  
Montreal, Canada

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www.financialpro.org, call  
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(800)392-6900, or e-mail  
custserv@financialpro.org

## The Benefits of Belonging

In a recent interview with Brian D. Baetz, CLU, associate editor of *Life Insurance Selling* magazine, Richard H. Lindsay, CLU, ChFC, AEP, and Ward Anderson, CLU, ChFC, Society president and past president, respectively, explained why it is worthwhile to join a

professional association, how a financial services professional should go about selecting an appropriate organization to join, and what he or she can expect from belonging. Among the advantages of membership, Lindsay and Anderson cited opportunities

for professional education, networking, personal growth, and giving back to one's profession. To read the complete article, which was published in the January issue of *Life Insurance Selling*, visit the Society's Web site, [www.financialpro.org](http://www.financialpro.org).

## FSP/Kugler Seminar Series

This new, unique program affords an advanced look at practical uses of life insurance in sophisticated estate, business, or retirement planning. Using over 70 cases taken directly from the highly praised Kugler Planning books that they coauthored, Frank L. Rainaldi, CLU,

ChFC, and William Rainaldi, CFP, will walk attendees through the case facts, the client's objectives, and the ultimate solution. The recommendations will be supported by diagrams and explanations of how and why these solutions work. The program is offered in three

independent modules with individual and bundled pricing. This program will take place at the Renaissance Philadelphia Hotel Airport on May 22 and 23, 2007. For additional information and to register, call 800-392-6900 or visit [www.financialpro.org](http://www.financialpro.org) and click on "CE Events/Products."

## FEP Program Expansion

The Financial Education Partners (FEP) program of the Foundation for Financial Service Professionals has expanded its outreach to include individuals with myasthenia

gravis through a signed agreement with the Myasthenia Gravis Foundation. FEP enlists members of the Society of FSP to provide individuals with financial counseling dur-

ing times of personal crisis. To learn more about the FEP program and how you can get involved, visit the Foundation's Web site at [www.financialpro.org/foundation/FEP](http://www.financialpro.org/foundation/FEP).

## 2007 Financial Service Forum

Gain new insights from the collective wisdom of your peers. Make plans to attend the Society's 2007 Financial Service Forum in Montreal, Canada, September 27 through 29. The Forum will offer motivational

presentations, advanced continuing education, multidisciplinary sessions, a state-of-the-art exhibit hall, practice-focused presentations by vendors, and networking opportunities. Other events include the Foundation for FSP

Golf Tournament, a pre-Forum Professional Leadership Symposium, special programs for spouses/companions, prize drawings, hospitality suites, and more. For additional information, visit [www.SocietyForum.com](http://www.SocietyForum.com).

# The Application Process & Working with an Underwriter

By: W. Jeff Martin, CLU, ChFC

As an agent, one of the most important pieces of paper in the process of earning your paycheck is the application. They come in varying degrees of thickness but one thing we can all be sure of is they are not getting any thinner. Some of them resemble bound books. That poses a serious dilemma for the agent in a number of critical business practice issues.



- 1) **Time:** All of the new requirements and disclosures are placing a burden on the producer that takes away productive time in front of prospects. A typical life insurance application will be 10-20 pages long (depending on the type of case) and contain numerous supplemental forms such as HIPPA, blood consent, PAC, and other authorization or disclosure forms. If the case involves a replacement, a 1035 exchange, a trust owned policy, or similar issues, multiple additional forms will be needed that you may not be aware of until after submission.

- 2) **Accuracy:** Producers have the choice to take a serious or casual attitude towards completion of the application. The most common problems that come up on initial review by the agency processor are what you might expect: the forms are incomplete, the handwriting is unreadable, forms are missing, and a lack of perspective. By that I mean the average agent tends to expect the initial processor to be a mind reader and to understand the case details or how much effort went into the sale just to get to the point of taking the application. Mistakes or omissions on the application create the need for varying degrees of response on the part of the producer. If you miss checking a box on the application, it may create the need for an amendment to be signed at delivery. Worse, it may delay application input if a missing signature is required before processing can proceed. Misdated forms such as having the blood consent form dated on

or before the blood draw actually occurred. That often happens where exams are completed prior to the application.

- 3) **Responsibility:** We are all aware the application becomes a part of the policy. That seems both innocent but then ominous at the same time. Innocent because few of us expect that the prospect sitting in front of us at the time we complete the application paperwork will be dead within the 2 year period of policy when the policy is contestable. Ironically though, that is the very thing we sell to the prospect as critical to protect: premature death. Ominous because if that prospect and now insured did pass away, the carrier will review the application carefully to determine if indeed the claim should be paid. Were there any critical omissions, mistakes or possible fraud by the insured or the producer in completing the application? The reasons for E&O insurance become obvious for just such an issue.

I recall attending a meeting of our local SFSP/NAIFA chapter some years ago and the speaker adamantly insisted that the audience of producers understand the fact that "your prospect or client will lie to you and they will do it to your face". The audience chuckled as if they knew it happened but they knew it happened to the producer sitting next to them. They were



just too experienced to let it happen to them. Unfortunately, none of us can assume we are exempt from being misled. But at claim time, how does the carrier know what transpired in the conversation between the prospective insured and the client? Did they mutually agree that the visit to the doctor for a cough or cold over a year and a half ago was immaterial and the carrier would not care? Did the carrier, because of that omission, decide that an Attending Physician

Statement wasn't necessary? What if, just maybe, the insured discussed other issues during that appointment he didn't want to disclose to you or completely forgot were discussed?

Underwriting is the process that allows the underwriter to arrive at a reasonable conclusion about the current state of an individual's underwriting risk factors and where those risk factors might lead down the road. Symptoms that might ap-

## The Application Process & Working with an Underwriter continued

pear relatively benign might manifest themselves later as early warning signs of a serious condition. Was the cough that went away bronchitis or an early warning of cancer? There is no question that underwriting involves both science and art to measure and weigh the varied medical issues, the financial profile, avocation factors, and lifestyle issues (driving, occupation, etc).

An underwriter will tell you that no two cases are alike and they rely on us to help them make their decision. Now that may cause you to take pause but the connection is quite easy. It goes back to the application.

First, imagine that your company underwriter arrives at their desk at 8 a.m. on Monday morning with no idea what the day will bring. Early last week you closed an application for a \$1 million policy of whole life insurance with a \$15,000 annual premium and the case file is there waiting on the desk of the underwriter for its initial review (realizing in many cases it may be an imaged file). The life insurance application and the manner in which it is completed might tell the underwriter a lot before the review even starts. Is the writing neat and clear, the ink black and bold, the questions thoroughly answered and is there any question the producer wanted to create a favorable impression for this insured? The underwriter may use prior experience to form an immediate opinion about the case. In this case though, it looks like it was finished in a hurry, with sloppy handwriting and some missing information. There is no cover letter and a couple of necessary forms are missing. It is a business case and there are no corporate financials.

Imagine the impression you have just created about your case, its importance to you in terms of the time you invested and the potential that this case could be a difficult process. Does the fact it is so poorly done mean \$15,000 is not a big case to you and more trouble than it was worth? Or does it mean this case was so important to you and you were so anxious to get paid, that it had to get in the mail and be underwritten? How would the underwriter

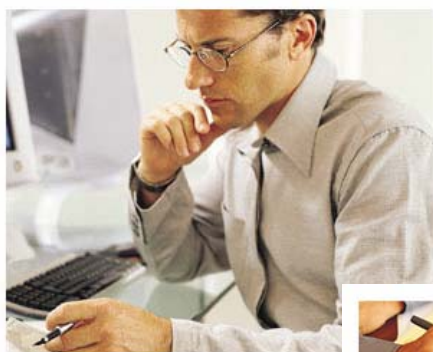
ever know?

Once the underwriting decision is made, it is not uncommon for producers to debate the medical decision based on their hearts and not the facts. It is important to trust the training, experience, and insight of the underwriter. Too often we take an adversarial relationship into the conversation when the email arrives that the case was approved but at Standard Non-Smoker rates vs. the illustrated Preferred Non-Smoker.

My number one rule is to remember that the underwriter has the complete file and the perspective of an insurance medicine approach and not clinical medicine. Essentially, that means that attending physicians have the luxury of changing their decision. Recently, what doctors thought was a more serious form of cancer on Elizabeth Edwards, wife of former Senator John Edwards, turned out to be a more treatable, controllable form. They enjoy the luxury of finding new information in order to make a new diagnosis. The doctors were initially wrong.

In insurance medicine it is one and done. Whatever decision is made today, the carrier must live with since insurance is a unilateral contract. The contestability period is their safety valve in cases of less than complete disclosure. Rarely will the underwriter change their mind about the decision unless we provide new information that can allow the underwriter to comfortably make a "new" decision. Yet often we persist in debating the reading of an EKG, the client's diabetes history, or the private notes of the physician on an undisclosed medical issue.

It is hard to imagine how we as producers would feel if our client questioned our judgment and asked for a second opinion from another producer within your office on your planning skills and recommendations. Might your associate possibly find an improved medical offer as well because he is more aggressive in seeking alternative offers because he is not under the pressure of meeting the carrier production requirements? That is the situation we place the underwriter in when we question their judgment. In many carriers, no case decision is final until two underwriters have signed that they are in agreement on the offer and it is the best possible offer given the current knowledge.





## The Application Process & Working with an Underwriter continued

I am not suggesting a case should not be discussed or debated, but always keep in mind that the underwriter is trained to make the decision they made based on the standards of that carrier. Another carrier may see the case differently and it is your decision to seek out those alternative offers. Many career companies today offer an automatic shopping service for any case issued at less than a standard offer.

Potential questions to begin the conversation with the underwriter are "Bill, in your mind, how close was this to a Preferred offer? Was it a fence sitter or was it a no-brainer? What were the issues you can discuss that made it that way?" Listen, learn, and understand the perspective of their experience to have the best chance before attempting to help them gather new information to make a new decision.

In today's world there are confidentiality issues that do not make our lives any easier but we must switch roles and realize that could just as easily be our own personal medical file someone is discussing.

Finally, from a responsibility standpoint, it is incumbent on us as professionals never to put in jeopardy the insurance contract that a business or family is counting on for their potential survival. We do that by disclosing upfront everything that might be an issue during the underwriting process. While "the proposal giveth the contract language taketh away". If you have ever experienced a claim denied, you will know the reality of facing the client. It has happened to me (disability) and it is an experience I do not want to go through again. The claim was properly denied because the client decided (on his own) during the medical questions that a certain medical condition important to underwriting its disability contract was "none of the insurance company's business."

Unfortunately, the insured discovered during the claim process that ethics, responsibility, and integrity do matter. Completing the application is a matter requiring the highest level of integrity and ethics on the part of the professional producer.

## Welcome To Our New Members!

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