



WE ARE A NATIONAL ALLIANCE OF AGENTS  
WORKING TOGETHER TO PROVIDE  
MORTGAGE, FINAL EXPENSE AND RETIREMENT  
PROTECTION & LIFE INSURANCE TO OUR  
CLIENTS.

# About Me



- Insert Personal Information Here

# About Me



Insert Photo 1 Here

Insert Photo 2 Here

Insert Insurance License Here

# Companies We Represent



**Mutual of Omaha:** is a Fortune 500 mutual insurance company founded in 1909 with over \$14.9 billion in assets.



**Also known as Transamerica:** is a multinational company started in 1906 with over \$31 billion in assets.



**Foresters:** is a 135 year old company with assets of over \$6.2 billion.



**Columbian Financial Group:** is a reputable company established in 1882 that has over \$1.3 billion in assets.



**Baltimore Life:** is a 130 year old insurance company with a billion in assets.

# Purpose of Policy Deliveries & Annual Reviews



- Accountability of **ALL Policies**: Replacing Lost & Making sure that Beneficiaries know where to find....
- Review **ALL Policies**: Why we got them, What it Covers, Who it Covers, & How Long it will Last....
- Address family changes
  - New births
  - Higher / Lower income
  - Higher/ Lower debt
- Review Your Options Coverage: Increasing Coverage, Family Coverage, Permanent Coverage (Adding or Converting), Disability Coverage, or Critical Illness Coverage
- Review your Safe Money & Tax Free Retirement Options
- Set up your Emergency Response System & RX Card
- Answer ?'

# About You

## Let's 1<sup>st</sup> Review Your Situation & Any Changes You've Had...



Name \_\_\_\_\_ Age \_\_\_\_  
Ht \_\_\_\_\_ Wt \_\_\_\_\_  
Tobacco Use (Type) \_\_\_\_\_  
Income \_\_\_\_\_  
Company \_\_\_\_\_  
How Long? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_  
Ht \_\_\_\_\_ Wt \_\_\_\_\_  
Tobacco Use (Type) \_\_\_\_\_  
Income \_\_\_\_\_  
Company \_\_\_\_\_  
How Long? \_\_\_\_\_

Mortgage \_\_\_\_\_ Monthly Payment \_\_\_\_\_

401K,CD's, retirement accounts from previous companies \_\_\_\_\_

Children (Name/Age) \_\_\_\_\_

Current Policies (Type/Face Amt) \_\_\_\_\_

Medications (Name/Dosage/Reason) \_\_\_\_\_  
\_\_\_\_\_

Major Operations (Type/Date/Hospital Stay) \_\_\_\_\_  
\_\_\_\_\_

Criminal or Driving Record \_\_\_\_\_  
\_\_\_\_\_

Military Member (orders for deployment overseas)  
\_\_\_\_\_

Citizenship \_\_\_\_\_

# Let's Focus on What's Most Important to You?



- The last time we addressed this, which of the following problems were you trying to solve when you got this policy?
  - Paying off the Mortgage, Disability, Retirement Protection, or was there something else that you had in mind?
- Why is that most important to you?
- Based on your current policies & safe money, how would it affect your family financially if you died last week?

# Policy Details



- **What it Covers: Face Amount & Riders**
  - Do you feel that there is a need to increase your coverage?
- **Who it Covers: Primary & Contingent Beneficiaries**
  - Do we need to make any changes?
- **How Long Will it Last (Term/Permanent):**
  - Are your parents alive? Do you expect to live as long or longer?
  - Since the last time we met, has there been any dramatic changes to your health that would prevent you from getting coverage at a reasonable rate?
  - Do you feel that you & your family will still need coverage if you out live these Term Policies?



# Family Coverage



- Spouse
  - If we haven't already covered it, how would losing your spouse financially impact the you & the family?
- Head Start Programs for Children
  - Are you interested in helping your kids or grand kids plan their financial future?
- Extended Family: (i.e. Parents/Grand Parents)
  - Who will be Financially Responsible for your Parents Funeral & wrapping up their personal affairs?
  - Does this Concern You?

48%



- “Only 3% of mortgage foreclosures are cause by death, 48% are caused by Disability or Critical Illness”  
– Larry Schneider, LIS/October 2011
- What if the worst thing that happen to you isn't that you Died, that you lost your #1 Asset – Your ability to earn a pay check.....
- How would it impact you financially if you were unable to work between 2 & 3yrs?
- Is this something that you're concerned about?

# Your Options



Option 1

Option 2

Option 3

Benefits

Monthly  
Payment

	Option 1	Option 2	Option 3
Benefits			
Monthly Payment			

- Are we within range of the budget so far?
- Which Option makes the most sense?
- Let's take a look at their application & see if there's anything that will keep you from qualifying.

# Safe Money



- How much of your retirement portfolio can you afford to lose?
- Are you concerned that you will outlive your money?
- Did you know there is a cash accumulation account with insurance companies that is guaranteed and offers up to 10% bonus on your principal deposit?

# Tax Free Retirement



- How much of your hard earned retirement will be taxed in your current investments?
- If I could show you a way to re-allocate these funds into a tax free accumulation account with upside potential and no downside risk would you be interested?
- Would you want to access your money tax free?

# Emergency Response System



Agent NAA# \_\_\_\_\_

## Emergency Contact -

Name:

Cell Phone:  -  -  Work Phone:  -  -

Address:

City:

State:  Zipcode:  -  Home Phone:  -  -

Email:

Emergency Contact for:

*(enter applicant's name as it should appear on ERS™ letter)*

## Emergency Contact -

Name:

Cell Phone:  -  -  Work Phone:  -  -

Address:

City:

State:  Zipcode:  -  Home Phone:  -  -

Email:

Emergency Contact for:

*(enter applicant's name as it should appear on ERS™ letter)*

# Prescription Discount Card



## TERMS AND CONDITIONS:

Participating pharmacies must transmit prescription claims online to Pharmacy Data Management using Ameriscript Network or see below.

This card is not insurance.

This card is owned by URx Program. URx program may revoke, repossess, modify or cancel at any time. Use of this card constitutes acceptance thereof. The unauthorized or fraudulent use of this card to obtain prescription drugs is punishable by law. The person named on this card assumes responsibility for proper use of the card.

For inquires on electronic claim submission, Pharmacies may call 1-800-329-0988.

## PHARMACIST INSTRUCTIONS:

Process claims through  
Pharmacy Data Management

Processor ID:/BIN #: 610020

Processor Control #: URX001

**Points of Care**

Name:

ID #: 191064184

POC Group #: NAA222

Coverage: **Family**

Member Services: 540-777-7179

Mail Order Pharmacy: 1-800-742-0504

A Member Benefit of:

Powered by:



# Prescription Discount Card



<p align="center"><b>Enrollment Sponsor Card</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Address: _____</p> <p>City: _____ State: ___ Zip: _____</p> <p>Best Call Time: _____</p> <p>Sponsor: _____</p> <p>Relationship: _____</p> <p>Agent: _____ Date: _____</p>	<p align="center"><b>Enrollment Sponsor Card</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Address: _____</p> <p>City: _____ State: ___ Zip: _____</p> <p>Best Call Time: _____</p> <p>Sponsor: _____</p> <p>Relationship: _____</p> <p>Agent: _____ Date: _____</p>
<p align="center"><b>Enrollment Sponsor Card</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Address: _____</p> <p>City: _____ State: ___ Zip: _____</p> <p>Best Call Time: _____</p> <p>Sponsor: _____</p> <p>Relationship: _____</p> <p>Agent: _____ Date: _____</p>	<p align="center"><b>Enrollment Sponsor Card</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Address: _____</p> <p>City: _____ State: ___ Zip: _____</p> <p>Best Call Time: _____</p> <p>Sponsor: _____</p> <p>Relationship: _____</p> <p>Agent: _____ Date: _____</p>

- Yes, I would like to utilize my right to sponsor individuals in the NAA Program
  
- No, I do not wish to utilize my right to sponsor individuals in the NAA Program

Sign Here

\_\_\_\_\_



# Final Questions



- Do you know someone who may be interested in making an extra \$500 a week helping families do what I just did for you?
- My manager is hiring motivated, intelligent, people in this area, how can he contact them?

# Final Questions



- Do you feel good about taking care of your family today for \_\_\_\_\_ per month?
- Anything you can think of that would prevent you from keeping this payment going?
- I will call in a couple of days to answer any questions you might have.
- I will personally meet with you to open up and review your policy with you when it is approved.
- Any questions?

# Agent Resources



# Carriers



Carrier				Apptical
American Equity	<a href="http://www.americanequity.com">www.americanequity.com</a>		800-950-7372	
Assurity	<a href="http://www.assurity.com">www.assurity.com</a>		800-276-7619	
Baltimore Life	<a href="http://www.baltlife.com">www.baltlife.com</a>		877-533-2468	888-252-3277
Columbian Financial	<a href="http://www.cfglife.com">www.cfglife.com</a>		800-305-1335	
F&G	<a href="http://www.fglife.com">www.fglife.com</a>		800-445-6785	
Foresters	<a href="http://www.foresters.com">www.foresters.com</a>		877-622-4249	
ForeThought	<a href="http://www.forethought.com">www.forethought.com</a>		877-244-7526	
Kemper	<a href="http://www.kemperseniorsolutions.com">www.kemperseniorsolutions.com</a>		877-877-0199	
Monumental Life	<a href="http://www.agentnetinfo.com">www.agentnetinfo.com</a>		877-234-4848	
Mutual Of Omaha	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>		800-715-4376	
Phoenix Life	<a href="http://www.phoenixwm.com">www.phoenixwm.com</a>		888-794-4447	



Refer to mobile version on NAAU Educational Resources: Advanced Resources  
<http://naauniversity.com/underwriting-grid/mortgage-grid.php>

