


FE CALL WORKSHEET

- Hi, this is (Your Name) I am the **Licensed Insurance Agent** that will be working with you.
- Are you looking to compare options for final expense coverage today? (If yes, continue)
- Perfect, and you are between the ages of 50 and 85 years old, is that correct? (If yes, continue)
- Great, and you reside in which state?
- Thank you for that, and so I can better help you, can I have your first and last name, please?
- First Name: Last Name:

GIVE THEM YOUR CONTACT INFO

Perfect, and we definitely want you to know who you are working with, do you have a pen and paper handy?

(Proceed to give your **Full Name** and **Contact Info** to them) **If Mobile Number , you can text it to them.

GET BENEFICIARY INFO

Now (Customer Name), is there someone you had in mind as **the beneficiary** or is there someone who would be **responsible for everything** after your passing

- Beneficiary Relationship: (spouse, sibling, child, etc)
- First Name of Beneficiary:
- Is there a Main Concern that this coverage would help your beneficiary financially with?
[Final Expenses](#) [Burial/Funeral Cost](#)
[Income Changes after Death](#) [Rent/Mortgage Payments](#)
- Thank you for helping me understand your situation, I think we can definitely help go through your options to put (enter beneficiary name here) in a better position for the future.

EXPLAIN OUR PROCESS AND BENEFITS

Our process is pretty simple

- We work with over **20 different insurance carriers** for you
- All of our Insurance Carriers are **A Rated** (Name a few big Ones like Mutual of Omaha)
- We make sure you **don't get penalized** for any PreExisting Conditions
- We **compare Rates** to [fit your Budget](#)
- We do **not exchange any money today**
- If you find something you like, we can help you [Start the Request for Coverage Process](#)
- So I can make sure we **get you the best options**, is it ok if I ask you a few basic health and lifestyle questions?

COLLECT BASIC HEALTH AND LIFESTYLE INFORMATION

- > Client Name:
 Spouse? . Spouse on Call?
 Mobile Phone or Landline?
 Does Customer have a working email?

> Current Age DOB

> In the last 12 months any tobacco use?

> Height Weight

> Ever diagnosed with congestive heart failure?

> Ever had any organ transplant?

> Any Oxygen use in the last 12 months?
 (If yes to any Qs above, **GUARANTEED ISSUE ONLY**)

> Any Major Medicals in the last 4 years?
 (Circle all that apply)
 Cancer, Heart Attack, Stroke, COPD, Blood Clots, Organ
 Failure/Renal Failure, Kidney Dialysis,
 OTHER
 Year and Month Of Diagnosis?

> Any Ongoing conditions? (Circle all that apply)
 Diabetes, Neuropathy, High Blood Pressure, Asthma,
 Anxiety/Depression, Bipolar/Schizophrenia,
 OTHER
 Year and Month Of Diagnosis?

> **Monthly Income Sources and Amount**
 (COMPLETE ALL THAT APPLY)

> Work PT/FT

> SSI

> Retirement/Pension
 Veteran Benefits

> **ANY CURRENT LIFE INSURANCE?**

Provide All **Current** and **Past Medications** over the last 4 years. Including **Medications no longer being taken.**

[illegible]

Current Life Insurance Company Name	Coverage Type	Coverage Amount	Monthly Cost	Expiration Date (if term)

Anything that would help in a financial emergency? (IRA, 401k, TSP, Savings, Checking)	Approximate Amount		

GET QUOTES FOR YOUR CLIENT

Use the **FE worksheet** to find out which company your client will qualify for (send to a manager or use the quoting tool)

EXPLAIN THE POLICY TYPE AND BENEFITS

- Whole Life Policy
- Fixed Rates For Life
- Fixed Coverage For Life
- Cash Value Accumulation
- They Do Not Have To Worry About Their Policy or Prices Changing Later
- All The Money is Paid Directly To (Insert Beneficiary Name)
- Death Benefit is 100% Tax-Free
- Not Accessible to Creditors or Debtors
- **(If Available)** Day 1 Coverage With No Waiting Period For Their Death Benefit

GO OVER THE COVERAGE YOU FUND

- The best A Rated carrier I found was (If you can, provide a few **facts on the company**)
- I started with (**Coverage Amount**) but can go up or down in \$1,000 increments depending on your budget
- And that coverage would be just (**Price**) to put (**beneficiary name**) in a good position.

Carrier	Coverage Amount	Monthly Premium

- Is this a comfortable option for you or would you like me to adjust it up or down?
(Confirm a **comfortable option** before continuing)
- Great and nothing is set in stone yet as we still need to go through the **REQUEST FOR COVERAGE PROCESS**, that usually takes about a week.
- Is there a good mailing address you usually like all your documents mailed to?
(Cannot be a PO Box)
- **BEGIN APPLICATION ON CARRIER SITE**