

Rohrer & Associates

158. So. Franklin Street Janesville, WI 53548
800-686-4238 Local: 608-756-5335 Fax: 608-756-0048

Client Name: _____

Agent Name: _____

Paramed Exam: (check one)

_____ Please order the necessary exam requirements on this case for me.

_____ I have ordered the exam requirements already, exam ordered through _____
(examiners office used)

_____ Exam is either not required or already been done for/by another carrier and is attached.

Attending Physicians Statement (APS): (check one)

_____ If they are necessary please order the appropriate APS requirements on this case for me.

_____ APS is being sent directly to the carrier by _____, please do not "re-order"
(sending insurance company or facility)

_____ APS has been obtained and is attached to the application.

Application Checklist

Help us, help you place that case! Listed below are some of the common problem areas on new applications. Please take the time to review your application and check each area before submitting it, thank you.

_____ **1. BE HONEST AND THOROUGH.** Remember, we are trying to look for reasons to insure your client, but if the client conceals part of their medical history, it is only prudent for us to be concerned about the overall integrity of the case and respond accordingly. Encourage your client to be forthcoming with complete information and we will be able to really work to get the best offer. We can make truly impressive offers where all others have failed.

_____ **2. PAY CLOSE ATTENTION TO** the question regarding other life/health insurance that has been offered as rated, declined or modified. Do not skip this question. An honest answer is required and can go a long way in winning the confidence of your underwriter. On the other hand, an incomplete answer can adversely affect the case.

_____ **3. DO NOT COLLECT MONEY IF THE APPLICANT HAS BEEN DECLINED OR POSTPONED ELSEWHERE OR ASK IF YOUR CLIENT IS OVER AGE 70.** In most instances the money will automatically be sent back to you, if you are unsure whether or not to collect money please call.

_____ **4. BE SURE TO INDICATE THE REQUESTED PLAN FACE AMOUNT, DEATH BENEFIT OPTION AND MODE OF PAYMENT.**

_____ **5. THE AGENT SECTION MUST BE COMPLETED.** To insure the case is set up correctly and you will be paid properly.

_____ **6. INCLUDE COMPLETE HIV DISCLOSURES, HIPAA FORMS, ANCILLARY FORMS, AND SPECIFIC QUESTIONNAIRES WHERE APPROPRIATE. IMPAIRED RISK CASES: THE TENTATIVE OFFER SHEET MUST BE ATTACHED TO THE APPLICATION AT TIME OF SUBMISSION.**

_____ **7. INCLUDE COMPLETE REPLACEMENT PAPERS.** Needed if the client is replacing current annuity or insurance coverage or coverage that has lapsed in the last 6 months.

_____ **8. BE SURE TO INCLUDE A SIGNED NAIC ILLUSTRATION OR ILLUSTRATION STATEMENT FOR THESE STATES: AK, AL, CA, CO, CT, DE, FL, IA, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NM, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, WA, WI, WV.**

_____ **9. PLEASE DIRECT QUESTIONS REGARDING YOUR SUBMITTED BUSINESS TO ROHRER & ASSOCIATES AT 1-800-686-4238.**

We appreciate your business and your cooperation in helping us, place your cases quicker!