Print Form

GORDONMARKETING
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SINCE 1980

NAILBA Standard Informal Quote Transmittal
(for BGA/Producer user only)

Informal Transmittal Guideline for Processing and Expectations

Each case submitted on an informal basis must be worthy of both the BGA's and Carrier's time and money. To receive appropriate cycle time on a case, the BGA is expected to use this NAILBA Standard Informal Transmittal to paint a proper picture of the proposed insured to the carrier underwriter by completing the transmittal as thoroughly as possible.

The transmittal may be accompanied by up to 10 pages of an Attending Physicians Statement (APS).

An informal transmittal should only be submitted for

- Term Cases over $2,000,000 or $3,000 annual premium
- Permanent case over $500,000 or $3,000 annual premium
- Survivor Permanent cases – no limit

Cases not meeting the above criteria can be submitted using Quick Quote request forms found in the NAILBA Field Underwriting Guide.

DO NOT use this form for:

- Cases that have been previously declined by two or more carriers
- Cases over $10,000,000
- Cases for insured over age 75

After review and summarization of the medical information by the BGA, the potential "Best Fit" carriers will be identified.

Where applicable, illustrations will be run in advance to see if the client's premium tolerance is within reason.

BGAs should submit the following information to "Best Fit" carriers:

- NAILBA Standard Informal Transmittal
- Summarized medical information (up to 10 pages of the APS)
- HIPAA Authorization Form

While we know this will take more time by the BGA on the front end, several carriers have committed to turning around their tentative offers within 7 days. Current Priority Service Carriers include ANICO, John Hancock, Lincoln Benefit Life, MetLife, and West Coast Life.

Other carriers accepting this form include American General Life Companies. Please contact the company directly for specific terms.

This information provides a tentative offer; when this case becomes formal please send with tentative offer. PLEASE NOTE: Complete medical information may change the final offer.

Agency Information

Agency Name _____ **Phone Number** _____

Contact Person _____ **E-mail Address** _____

Agent & Case Information

Agent Name: _____

How much control does agent have on this case? _____

How much premium can the client afford? _____

Are there other BGAs working on this case? _____

If an offer has been made, why has client not accepted that offer? _____

_____

Proposed Insured Information

Primary Insured: _____

SS# _____

☐ Male ☐ Female Date of Birth _____ Height _____ Weight _____

Tobacco Use

☐ Never Used ☐ Totally Stopped (Date Stopped _____) ☐ Use Now (Type of Nicotine Product _____)

Type of Coverage

☐ Term ☐ UL ☐ Survivor

Coverage Amount: _____ Anticipated Premium: _____

Secondary Insured: _____

SS# _____

☐ Male ☐ Female Date of Birth _____ Height _____ Weight _____

Tobacco Use

☐ Never Used ☐ Totally Stopped (Date Stopped _____) ☐ Use Now (Type of Nicotine Product _____)

Type of Coverage

☐ Term ☐ UL ☐ Survivor

Coverage Amount: _____ Anticipated Premium: _____

Purpose for Life Insurance

☐ Personal (Explain: _____)

☐ Business (Explain: _____)

Competition/Other Company Actions

1. Insurance Co. _____ Offers: Primary _____ Secondary _____
2. Insurance Co. _____ Offers: Primary _____ Secondary _____
3. Insurance Co. _____ Offers: Primary _____ Secondary _____

Family History

PRIMARY INSURED	AGE IF LIVING	AGE OF DEATH	CAUSE OF DEATH
Mother			
Father			
Sibling			
SECONDARY INSURED			
Mother			
Father			
Sibling			

Agency Information

Agency Name _____ **Phone Number** _____

Contact Person _____ **E-mail Address** _____

Medical Summary (Use Additional Pages if Necessary)

Primary Insured

Diagnosis _____ Date of Diagnosis _____

Medications and Dosage _____

Treatment _____

_____

_____

Prognosis _____

_____

Diagnosis _____ Date of Diagnosis _____

Medications and Dosage _____

Treatment _____

_____

_____

Prognosis _____

_____

Secondary Insured

Diagnosis _____ Date of Diagnosis _____

Medications and Dosage _____

Treatment _____

_____

_____

Prognosis _____

_____

Diagnosis _____ Date of Diagnosis _____

Medications and Dosage _____

Treatment _____

_____

_____

Prognosis _____

_____

Other Underwriting Factors

Please describe other information that could affect this offer not included above, i.e.,avocations, foreign travel, financial, etc.

Primary Insured _____

_____

Secondary Insured _____

_____

YOUR ADDRESS HERE	YOUR PHONE NUMBER HERE

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www.nailba.org