

# COPR

Comprehensive **PLUS** Financial Network Policy Review



**A GUIDE AND UTILITIES TO ASSIST YOUR CLIENTS IN MAINTAINING  
LIFE INSURANCE COVERAGE TO MEET THEIR EVOLVING NEEDS**



**PLUS FINANCIAL**  
— NETWORK —

INNOVATIVE INSURANCE STRATEGIES FOR THE MODERN WORLD

800.887.7587 · fax 248.603.3595 · 901 Wilshire Dr, Suite 140, Troy, MI 48084

# C+PR

Comprehensive **PLUS Financial Network Policy Review**

## A GUIDE TO REVIEWING YOUR CLIENTS' UNIQUE INSURANCE NEEDS

### WHAT IS **C+PR**?

As an advisor, you can provide a valuable service for your clients by making sure that their life insurance coverage is adequate to help them meet their current financial goals.

Although clients regularly review financial goals and investments, they often forget to review their life insurance coverage to meet their changing needs and concerns. When you perform a *Comprehensive PLUS Financial Network Policy Review*, you provide a service that demonstrates a commitment to your client's interests. Basically, you will be reviewing your client's current coverage, and assessing any life changes that have taken place since the policy or policies were issued. PLUS Financial Network helps you illustrate the value of periodic life insurance reviews for your clients.

Done periodically, a *Comprehensive PLUS Financial Network Policy Review* can help your clients develop savings, insurance and estate planning strategies.

### WHY PERFORM **C+PR**?

Many clients may not realize their life insurance needs may have changed since they first purchased this important asset. Life insurance policies are often left unattended, they don't perform as expected, or they may be in danger of lapsing due to loans, excessive withdrawals or non-payment of premiums. As a part of financial goal setting, it is critical to revive your clients' life insurance coverage to keep pace with their changing lives.

The following list of life changes and events can signal the need to perform a *Comprehensive PLUS Financial Network Policy Review*.

- Marriage or Divorce
- Childbirth or Adoption
- New Job or Career Change
- Significant Salary Increase
- Home Purchase
- Starting or Owning a Business
- Nearing Retirement
- Financial Support of Elderly Parents



### HOW DOES IT WORK?

When administering **C+PR**, you will review your client's current needs and purposes for life insurance.

- Gather as much documentation as possible on their current life insurance policies.
- Complete a *Comprehensive PLUS Financial Network Policy Review* Underwriting Fact Finder\* to assess your client's objective and medical history.
- Have your client sign an In-Force Policy Illustration Form\* so that we may obtain policy information from their current carrier, and PLUS Financial Network will ensure that your client's life insurance coverage meets their current protection needs. PLUS Financial Network does all the work and provides an unbiased 3rd party analysis.

\* Forms are available at [www.plusfinancialnetwork.com](http://www.plusfinancialnetwork.com) or by contacting our Marketing Team at 800-887-7587 or [plusmarketing@plusfinancialnetwork.com](mailto:plusmarketing@plusfinancialnetwork.com).

# COPR

Comprehensive **PLUS Financial Network Policy Review**

## HOW TO GET STARTED

You can give your clients assurance and grow your business by offering a complimentary *Comprehensive PLUS Financial Network Policy Review*. Contact the PLUS Financial Network team today to get started.

We support you with knowledgeable service and timely information. Our goal is to make it easier for you to help your client protect what matters most.

Our **C+PR** kit offers ideas about identifying prospects and starting the life insurance checkup conversation.

## IDENTIFY OPPORTUNITIES

Use the information below to help target and track clients who are good prospects for a *Comprehensive PLUS Financial Network Policy Review*.

The following criteria are some of the signs that a client is a good candidate:

- 40-65 Years Old
- Owns a Policy That is at Least 3 Years Old
- In Good Health
- Has Estate Planning Issues or Concerns
- Owns a Small Business
- Has Experienced a Recent Life or Financial Change

In addition, your prospects may fall into all or none of these categories:

- Do existing policies coincide with current goals?
- Have financial objectives changed since the client bought the life insurance policy(ies)?
- Are term policy premiums about to increase?
- Do the client's long-term goals require a permanent policy?

**PLUS FINANCIAL NETWORK** WANTS TO HELP YOU, THE ADVISOR, TO HELP YOUR CLIENTS ACHIEVE FINANCIAL SECURITY.

Managing client relationships goes beyond the initial sale, a *Comprehensive PLUS Financial Network Policy Review* is a great way to demonstrate your commitment to personalized service, and show concern for the financial well-being of your clients and their families.



## IDENTIFY PROSPECTS

The first step in conducting C+PR is to identify the right prospects, and the easiest place to start is your list of existing clients.



## CONTACT PROSPECTS

Contact your clients and prospects to offer a complimentary *PLUS Financial Network Policy Review*. We can even provide sample letters to get you started.



## IDENTIFY YOUR CLIENT'S NEEDS AND OBJECTIVES

Collect copies of current policy (ies). Complete the Underwriting Fact Finder and a Request for In-Force Policy Information. Define your client's life changes, goals and needs.



## IDENTIFY SOLUTIONS

Product and planning tactics are reviewed by PLUS Financial Network professionals to determine if they are aligned with the client's goals and objectives. Recommendations are either to maintain the current policy (ies) or consider other options that could optimize coverage. PLUS Financial Network will develop a proposal that fits your client's needs.



## PRESENT CLIENT SOLUTIONS

Present your analysis, proposals and marketing materials to your client.



## CLOSE THE SALE

Identify the forms needed to complete the transaction and provide your client the necessary assistance in completing them. Walk through what your client will need to do next to complete the application. Be sure to ask for referrals once the sale is completed.



PLUS FINANCIAL  
— NETWORK —

INNOVATIVE INSURANCE STRATEGIES FOR THE MODERN WORLD

# POLICY REVIEW UNDERWRITING FACT FINDER

DATE: \_\_\_\_\_ ADVISOR NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
RETURN QUOTE BY:  EMAIL  FAX  MAIL  AGENT PICK UP NEEDED BY: \_\_\_/\_\_\_/\_\_\_

## CLIENT INFORMATION:

CLIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_  
 MALE  FEMALE HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ lbs. STATE OF SALE: \_\_\_\_\_  
NICOTINE USE:  YES  NO  QUIT WHEN \_\_\_\_\_  
FORM:  CIGARETTES  CIGARS  CHEWING TOBACCO  OTHER: \_\_\_\_\_

## POLICY GOALS & PRODUCT DESIGN (PLEASE RANK 1-5 IN ORDER OF IMPORTANCE):

\_\_\_\_ DEATH BENEFIT \_\_\_\_ REDUCE PREMIUM \_\_\_\_ INCREASE BENEFIT \_\_\_\_ CASH VALUE ACCUMULATION  
\_\_\_\_ EXTENDED COVERAGE DURATION — HOW LONG: \_\_\_\_\_ YEARS \_\_\_\_ OTHER \_\_\_\_\_

## MEDICAL HISTORY:

GENERAL HEALTH DETAILS: \_\_\_\_\_  
\_\_\_\_\_

TREATMENTS (WITHIN LAST 5 YEARS): \_\_\_\_\_  
\_\_\_\_\_

MEDICATION(S) (NAME AND DOSAGE): \_\_\_\_\_  
\_\_\_\_\_

HAS THE CLIENT BEEN TREATED FOR ANY OF THE FOLLOWING?

ALCOHOL/DRUGS  CANCER  CARDIAC  DIABETES  HYPERTENSION  DEPRESSION  
 LUNG DISORDERS  SLEEP APNEA  OTHER \_\_\_\_\_

**BLOOD PRESSURE AND CHOLESTEROL (IF NOT NORMAL):** LATEST BP READING: \_\_\_\_\_/\_\_\_\_\_

LATEST TOTAL CHOLESTEROL \_\_\_\_\_ mg RATIO: \_\_\_\_\_ HDL: \_\_\_\_\_ LDL: \_\_\_\_\_

**FAMILY HISTORY:** (PARENTS AND SIBLINGS) DIAGNOSIS OF HEART DISEASE OR CANCER PRIOR TO AGE 60?

YES  NO IF YES, DETAILS: \_\_\_\_\_

IF DECEASED, INDICATE CAUSE AND AGE: \_\_\_\_\_

**AVIATION/AVOCATION:** IN THE PAST 5 YEARS HAS THE CLIENT PARTICIPATED IN, OR DOES THE CLIENT INTEND TO PARTICIPATE IN ANY OF THE FOLLOWING?

AVIATION  RACING  SKY DIVING  SCUBA DIVING  OTHER  NONE

DETAILS: \_\_\_\_\_

**CITIZENSHIP/RESIDENCY/TRAVEL:** U.S. CITIZEN:  YES  NO GREEN CARD:  YES  NO

PLANS TO LIVE OR TRAVEL OUTSIDE THE U.S.? DETAILS: \_\_\_\_\_

**DRIVING HISTORY:** IN THE PAST 10 YEARS, HAS THE CLIENT HAD ANY OF THE FOLLOWING MOTOR VEHICLE RELATED INCIDENTS?

MOVING VIOLATION  RECKLESS DRIVING  DUI  LICENSE SUSPENDED OR REVOKED

DETAILS: \_\_\_\_\_



Visit our website at [www.pfnins.com](http://www.pfnins.com) for additional sales tools.



PLUS FINANCIAL  
NETWORK

INNOVATIVE INSURANCE STRATEGIES FOR THE MODERN WORLD

# POLICY INFORMATION

## AUTHORIZATION AND REQUEST

CARRIER NAME: \_\_\_\_\_  
INSURED'S NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
PRODUCT: \_\_\_\_\_ FACE AMOUNT: \$ \_\_\_\_\_

### PLEASE SUPPLY THE FOLLOWING INFORMATION:

Policy Type: \_\_\_ Term \_\_\_ UL \_\_\_ WL \_\_\_ VUL Issue Class: \_\_\_\_\_  
Length of Term (if applicable): \_\_\_\_\_ Riders—Type: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
Current Premium: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
Mode: \_\_\_\_\_ Owner (if Trust, full name and date): \_\_\_\_\_  
Paid To Date: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Gross Death Benefit: \_\_\_\_\_ Assignee: \_\_\_\_\_  
Products Available for Conversion: \_\_\_\_\_  
\_\_\_\_\_

Conversion Expiration Date: \_\_\_\_\_  
(Applicable for Term Policies)

To Whom It May Concern:

I hereby authorize you to release any information on the above captioned policy with your company, to PLUS Financial Network. A photocopy or faxed copy of this authorization shall be as valid as the original.

Thank you for your attention to this request.

Sincerely,

Owner/Trustee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Owner/Trustee Name (Printed): \_\_\_\_\_ Owner/Trustee SSN: \_\_\_ - \_\_\_ - \_\_\_  
Owner/Trustee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Owner/Trustee Name (Printed): \_\_\_\_\_ Owner/Trustee SSN: \_\_\_ - \_\_\_ - \_\_\_  
Insured's Name (Please Print): \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

I AUTHORIZE YOU TO FORWARD THIS INFORMATION TO:

PLUS Financial Network

901 Wilshire Dr  
Suite 140  
Troy, MI 48084  
fax: 248.603.3595

email: plusmarketing@pfnins.com

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREFERRED METHOD OF DELIVERY: \_\_\_ EMAIL \_\_\_ FAX \_\_\_ MAIL