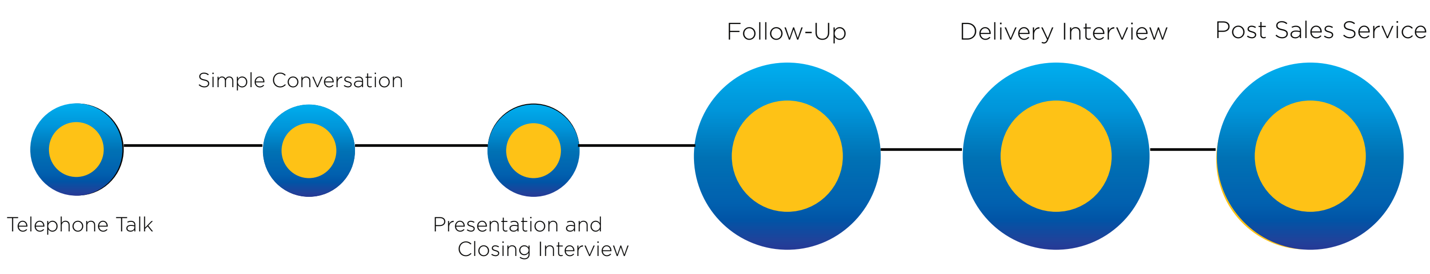
After the Close

This Session:
New Business Process Outline
Delivery Interview
Post Sale Service and Ongoing Relationship Management

Pre-Session Work:
Review and practice Client Building Process Step 3
"Methods Presentation"

Goal:
Complete Sale and Obtain Additional Prospect

The Client Building Process



Underwriting Tips

Follow-Up

Help Your Client Look Their Best for that Medical Snapshot

You can help your client avoid these false positive results with a few tips. Just as you would spruce yourself up for a family photo, these tips can help your client make sure the picture they present is the best possible.

- ✓ Arrange all medical requirements through a paramedical company approved by chosen Insurance carrier.
- ✓ The client should get a good night's rest the night before the exam.
- ✓ The client should not do any heavy exercise for 24 hours before the exam.
- ✓ The client should not consume any form of alcohol for at least 48 hours before the exam.
- ✓ If possible, have the client fast for 12 hours before the blood profile.
- ✓ The client should not consume any form of caffeine, food or beverage (except water), for at least 2 hours before the exam.
- ✓ The client should not smoke for at least 2 hours before the exam.
- ✓ If the client is taking prescription medication(s) they should continue to take them as prescribed. All prescription medications should be brought to the exam for reference.
- ✓ The client should avoid non-prescription medications such as cold remedies, pain relievers and herbal remedies for at least 24 hours prior to the exam.
- ✓ The client should drink 2 glasses of water 1-2 hours before the exam.
- ✓ Contact the client the day before the exam to remind them of the appointment and make sure they are prepared for all that is to be done.
- ✓ If the client is ill at the time of the exam, have it rescheduled for a future date when the client is fully recovered.
- ✓ Reschedule the appointment if the client is under stress the day of the exam.

Delivery Interview

Delivery Interview

In the delivery interview you need to do the following:

i) Review Methods
ii) Review reasons for coverage
    1) Why did you choose x$ of coverage
iii) Review Needs Analysis
iv) Review Solutions and Options
v) Confirm client satisfied with current solution
vi) Review Financial Priorities
vii) Review checklist (next need to solve)
viii) Set follow-up (next appointment)
ix) Use proactive prospecting method to obtain Introductions/Referrals

Policy Delivery Checklist

Name: ______________________________ Policy No: ___________________

Welcome to HUB Financial Inc. and congratulations on this very important step toward personal financial planning. Your new policy contains valuable benefits and guarantees, and most important, a financial safety net for your beneficiaries.

You now own a level of life insurance protection which meets your present needs based on your recently completed needs analysis (attached).

√ Reason for life insurance: ____

√ Amount recommended: ____

√ Amount purchased: ____

√ Insurance shortage (if any): ____

√ Type of policy: ____

√ Beneficiary(ies): ____

√ Premium: ____

√ Renewal date: ____

√ Reason for next appointment:
- Coverage review ☐
- Other ☐ ____

Next contact date: ____

Advisor's name & phone: ____

My Service Commitment:

As part of your Insure Right Program, I promise to provide you with professional service. I will meet with you on a regular basis to review your needs and to ensure you continue to have the right type and amount of life insurance protection.

Date: _________________________ Advisor's Signature: ______________________________

I would be happy to introduce your friends and associates to the Insure Right process and basic financial planning. I trust you were satisfied with my services, and will recommend me to others.

Waiver of Legal Responsibility

This will confirm that based on the information disclosed in our discussions, <planner name here> has recommended an amount of life insurance coverage to me, at this time. I have chosen to disregard his recommendation at my own risk. I hereby assume all legal responsibility for my decision.

Signed at ____________________ on this ______ day of __________________, 20______

Client Name ____

Client Signature ____

Witness ____

Financial and Estate Planning Checklist

Client Name	Date File Opened
Spouse's name	Date File Opened

Planning Area	Date Discussed	Date Scheduled	Date Completed	Date to Review	Not Interested
Will					
Power of Attorney					
Life Needs					
Disability Needs					
Critical Illness Needs					
Education Planning					
Retirement Planning					
Creditor Protected Investments					
Estate Planning					
Other:					

Client Signature ______________________________

Spouse Signature ______________________________

Professional Advisors

Profession	Name	Firm	Phone No.	Introduction
Accountant				
Lawyer				
Mortgage Broker				
General Insurance				
Realtor				
Other				

Insurance Summary

CLIENT NAME:		DATE:

POLICY #	LIFE INSURANCE	POLICY DATE	COVERAGE AMOUNT	PREMIUM	OWNER	BENEFICIARY
TOTAL						

POLICY #	CRITICAL ILLNESS INS.	POLICY DATE	COVERAGE AMOUNT	PREMIUM	OWNER	BENEFICIARY
TOTAL						

POLICY #	DISABILITY INSURANCE	POLICY DATE	COVERAGE AMOUNT	PREMIUM	OWNER	BENEFICIARY
TOTAL						

POLICY #	LONG TERM CARE	POLICY DATE	COVERAGE AMOUNT	PREMIUM	OWNER	BENEFICIARY
TOTAL						

POLICY #	INVESTMENTS	POLICY DATE	COVERAGE AMOUNT	PREMIUM	OWNER	BENEFICIARY
TOTAL						