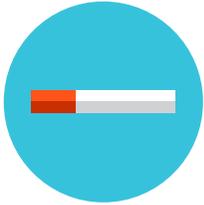


# ADVOCACY IN ACTION



## A NON-TOBACCO CIGARETTE USER?

Having all the facts upfront allows us to take full advantage of carrier niches.

**Example:** A 59-year-old male was applying for \$10M of coverage and admitted to “social” cigarette use. At face value, this automatically results in Smoker rates across the board – you smoke cigarettes, you’re a smoker. We knew, however, that one carrier could potentially offer some forgiveness provided we met a number of different caveats.

So, we worked to quantify his use, scoured his medical records for any contradictory statements (in regards to tobacco), and proved that his use was, indeed, “social” via a negative nicotine screen. Although we were technically a few uses over their typical threshold, we were able to leverage our strong carrier relationship to secure an exception. At the end of the day, we placed \$10M of coverage at **Preferred NON-Tobacco** rates.



## BEWARE OF TYPED RECORDS!

Advocacy letters are used to provide additional clarification or correct inaccurate information in the medical records. These letters and MD responses can significantly impact the underwriting outcome.

**Example:** A 50-year-old female was declined for \$8M of coverage because her medical records stated she had a history of a “lymphoma (cancer) in her left arm”. In reviewing the details, we noticed that this record had been dictated and that it appeared incorrect when looking at the treatment plan.

We addressed an advocacy letter to her MD who responded that there was a misprint and that she was seen for a lipoma (benign fatty lesion), not a lymphoma. Once we had this clarification in writing from her MD, she received an offer of best class.



## STRATEGIC APPROACH TO MULTIPLE COMPANIES

A couple in their early 60’s with a net worth in excess of \$100 million needed \$50 million of coverage at a more efficient price. They had \$30 million in force.

Coordinating the applications for coverage with multiple companies was essential in this case in order to avoid reinsurance limits and diversify coverage. The ValMark Underwriters first used a unique, private inquiry process to secure initial offers from the companies. Secondly, they coordinated three applications in phases to avoid exceeding carrier capacity limits. Lastly, they arranged to have the clients examined only once for all three applications. The result was \$50 million of joint coverage at Preferred rates which increased the overall efficiency of the couple’s insurance profile.



## RELATIONSHIPS ARE EVERYTHING

A 64-year-old female was applying for \$5M of coverage. Her cardiac history was notable for an abnormal echocardiogram and holter monitor. The insurance medicine view of her cardiac history was complicated by the fact that she had not had any cardiac follow up showing stability in over three years.

Our product design was very intricate and the plan only worked with a product from one carrier. Upon review, she was approved at Table 4, which given her premium tolerance, was not viable.

We shopped the file to two other companies who we knew to be aggressive with cardiac risks, and they quoted Standard rates. Once we received this feedback, we were able to pivot back to our carrier of choice and leverage our original Table 4 quote to Standard rates based on our strong relationship and the carrier’s desire to find a creative solution for a good business partner of theirs.