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Providing you with:

- Top Rated companies
- Multi-life DI & LTC
- Case Design
- Proposals within 24 hours
- Advanced Sales Ideas
- Competitive Analysis
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News You Can Use

- Pacific Advisors would like to welcome Brian Leet to our team. Brian will be servicing Oregon and Southwest Washington as a DI Consultant. Prior to coming to Pacific Advisors, he worked for The Standard Insurance Company as the Manager of Individual Disability Insurance Sales Program. He has over ten years experience and a wealth of knowledge. Contact Brian at 503.928.4096 or brian@pacificadvisors.net.
- Nearly all states require a Long-Term Care-specific training course to be taken prior to writing an LTC application. Most states use the NAIC model with an initial 8 hour training course and a 4 hour renewal course to be taken two years thereafter (CEs expire two years after the date of completion). It is important to keep your LTC continuing education active so you are prepared before meeting with a client. Please inquire for recommended providers or if you are unaware of your state LTC training requirements.
- Agents can now securely upload applications and documents to any Pacific Advisors team member through Share File. Find the lime green icon on our homepage or email signatures, or ask us for the link.
- October is National Breast Cancer Awareness Month. We will donate \$30 for every application submitted to our office and \$10 for each new 'Like' on Facebook and 'Follow' on Google+. The funds will be split between The Pink Daisy Project and National Breast Cancer Research Foundation.

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Brokerage News



Underwriting Testicular Cancer

Testicular cancer is one of the most curable forms of cancer. According to the National Cancer Institute, the overall five-year relative survival rate for all men with this cancer is 95 percent.* If the cancer has not spread outside the testicle, the five-year relative survival rate is 99 percent.* This disease mostly affects men between the ages of 15 and 40 and is a relatively uncommon form of malignancy.

More than 90 percent of testicular tumors develop in the germ cells (sperm-producing cells). There are two types of germ cell tumors — seminomas and non-seminomas, with seminomas having a generally better prognosis. Treatment typically involves removal of the affected testicle, occasionally followed by radiation and/or chemotherapy, particularly if the tumor has spread into the lymph nodes (Stage II or higher).

Based on revised DI guidelines, proposed insureds with Stage I seminoma of the testicle may be offered insurance sooner and with more favorable terms. Additionally, some applicants with non-seminoma cancers may be considered after three years, with a standard offer possible after five years. Furthermore, some individuals who have a recurrence of their Stage I germ cell tumor following surgical treatment may now be offered coverage after several years following treatment of the recurrence.

Underwriting Guidelines for testicular cancer patients are as follows:

- Stage I seminoma cancers treated with surgery alone may be offered with only an exclusion rider after 3 years and then be standard after 5 years using a 90 or 180 day elimination period.
- The most favorable non-seminoma cancers may be offered after 3 years with an extra premium charge, reduced benefit, and an exclusion rider and a standard offer is possible after 7 years.
- If the initial cancer was Stage I and was treated with surgery only, a rated offer may be possible several years after treatment of the recurrence is completed.

*National Cancer Institute. SEER Stat Fact Sheets: Testis. November 10, 2011.

As always, feel free to contact us with any underwriting questions you have.

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If there are specific topics you'd like to see covered in future newsletters, please contact:

Kelsie Van Tine

at kelsie@pacificadvisors.net

Disability Income Carrier Discount Breakdown

Pacific Advisors represents the leading Disability Income carriers which allows us to find the contract best suited for your client's situation and financial needs. This also provides more opportunities for possible discounts. Following is a list of carrier discounts that are available to your clients.

Standard (Protector Platinum)

Multi-Life: 2+ owners with 25% or more ownership – 10% discount with gender specific pricing;
3+ individuals with a common employer – 10 % discount with gender specific pricing.

Business Owner: 15% discount for individuals who have had 25%+ ownership in a business for at least 2 years.

Multiple Product: 5% discount on IDI if BOE or Buy-Sell coverage is purchased at the same time.

Association: 10% discount with gender specific pricing. Check with Pacific Advisors for availability.

Principal (Series 700 – HH750)

Multi-Life: 3+ individuals with a common employer – 20% discount with gender neutral pricing.

Mental/Nervous Limitation: 10% discount.

Association: 10% discount with gender specific pricing. Check with Pacific Advisors for availability.

Ameritas (DInamic 2000)

Multi-Life: 2+ individuals with a common employer – 10% discount with gender specific pricing;
5+ individuals with a common employer – 15% discount with gender neutral pricing.

Double Annual Premium: 5% discount if two annual premiums are paid at the time the application is submitted.

Association: 15% discount with gender specific pricing. Check with Pacific Advisors for availability.

MetLife (Advantage)

Multi-Life: Non-Medical Dental (occupations 2A or better)
2+ individuals– max coverage must be purchased – 15% discount with gender neutral pricing;
3+ individuals with a common employer - 15% discount with gender neutral pricing.

Multi-Life: Medical and Dental professionals
Medical - 2+ individuals - 10% discount with gender neutral pricing;
Dental - 3+ individuals – 5% discount with gender specific pricing.

Association: 10% discount with gender specific pricing. Check with Pacific Advisors for availability.

Mutual of Omaha (DI Choice)

Multi-Life: 3+ individuals with a common employer – 20% discount with gender neutral pricing with employer endorsement letter;
3+ individuals with a common employer – 20% discount with gender specific pricing without an employer endorsement letter.

Business Owners: 15% discount (10% in Florida & Maryland).

Association: 15% discount with gender specific pricing. Check with Pacific Advisors for availability.

Q&A with Pacific Advisors New Business Coordinators

Carriers, advisors, your client and Pacific Advisors all share a common goal: we all want a policy issued and we want the process to be as efficient and as organized as possible. To help achieve that goal, here are a few questions often asked of our new business team that may help you better understand the process and how it can work for you in terms of setting expectations with clients.

Why do I need to ask clients about medical history? The underwriter will get it anyway when they ask for records, right?

First and foremost, you have the responsibility to help your client make an informed decision about Disability or Long-Term care insurance. If you don't know your client's medical history, you can't help guide them to the most appropriate carrier for their occupation, medical history and financial needs.

Secondly, underwriters like full disclosure from the applicant on the application and do not like surprises. It's important for any applicant to be forthright about medical conditions or history so the underwriter can evaluate the case with all of the information. The application is part of a contract and should be treated as such.

It's been a month since medical records were requested; what is taking so long?

On average, it takes 4-8 weeks for medical records to reach a carrier. The reasons vary from a facility having high request volumes, to a copy service that only comes in twice a month, to doctors not being available to sign off on records and even whether a copy service sends the records electronically vs. regular mail. A great way to minimize frustration for you and the client is to set expectations in the beginning using the 4-8 week guideline and make sure physician information is complete and accurate on the application when it is submitted.

How long are lab results and parameds valid?

The majority of carriers will accept lab results 6-12 months after completion. We just need a copy of the results and paramed so they can be submitted these with the application.

My client only seeks preventative Chiropractic care; why would that warrant a back exclusion?

Preventive or not, he or she is receiving treatment on their back. All carriers will offer a back exclusion for clients who are seeing a chiropractor. There are varying opinions of whether chiropractic care has positive or negative long-term effects, and underwriters must take this into consideration.

How can I check the status of my client's application?

Status is sent from our office to you every Thursday morning to ensure you know the progress of your case(s). We also have a portal on the homepage of our website where you can access the most up to date status report 24 hours a day. For those of you who have not used this feature, simply use your full Social Security number is your User ID and the last four digits of your Social Security number is your password.