

NAILBA Standard
Informal Quote Transmittal
(For BGA/Producer use only)

Date _____ Number of Pages Included _____

Informal Transmittal Guideline for Processing and Expectations

Each case submitted on an informal basis must be worthy of both the BGA's and Carriers 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 with up to 10 pages of an Attending Physicians Statement (APS). If an APS accompanies this form the approved HIPPA authorization to release medical information must be attached.

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 that have not been previously declined by two or more carriers – do not submit

Cases over \$10,000,000 or over age 75 should not be summarized and send with full medical information.

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

After review and summarization of the medical information by the BGA the potential "Best Fit" carriers will be determined from the carrier responses.

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

Submit to "Best Fit" carriers:

- NAILBA Standard Informal Transmittal with summarized medical information
- HIPPA Authorization form if up to 10 pages of the APS are being attached

While we know this will take more time by the BGA on the front end, we expect that the carriers will turn around their tentative offers within a week's time. Current carriers offering "Preferred Informal Turnaround" with fully completed NAILBA Informal Transmittal are:

Priority Service Carriers (less than 7 day turnaround with this transmittal): AIG, ANICO, Genworth, MetLife, Transamerica, Lincoln Benefit Life, John Hancock.

This information provides a tentative offer; when this case becomes formal please send with tentative offer however, complete medical information could change the final offer.

Agency Information

Agency Name _____ Phone Number _____

Contact Person _____ Email Address _____

Agent & Case Information

Agent Name _____
How much control does agent have on this cases? _____
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 _____ Type of Coverage: Term _____ UL _____ Survivor _____
UL _____
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 UL _____
Coverage Amount _____ Anticipated Premium _____

Purpose for the Life Insurance

Personal _____ Explain _____
Business _____ Explain _____

Competition/Other Companies Actions

- 1. Ins. Co. _____ Offers: Primary _____ Secondary _____
- 2. Ins. Co. _____ Offers: Primary _____ Secondary _____
- 3. Ins. 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			

Medical Summary – Use additional pages if necessary

Primary Insured

Diagnosis _____ Date of Diagnosis _____

Medications & Dosage _____

Treatment _____

Prognosis _____

Diagnosis _____ Date of Diagnosis _____

Medications & Dosage _____

Treatment _____

Prognosis _____

Secondary Insured

Diagnosis _____ Date of Diagnosis _____

Medications & Dosage _____

Treatment _____

Prognosis _____

Diagnosis _____ Date of Diagnosis _____

Medications & 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 _____

BGA Address Information

