

FIRST: SAF Final Expense Factfinder

In order so *You* can help them, you *must ask* clients some questions to *get* them, with *the best* coverage here.

Final Expense Benefits Program Worksheet

- Guaranteed Acceptance (50-80)
- Death Benefits Begin at Approval
- You Control Your Plan Benefits
- Living Benefits Available
- Fixed Rates & Coverage Amounts



Proposed Insured: _____ **DOB:** ___/___/_____ **Age:** _____ **NT / T**

Proposed Insured Phone: _____ **Email:** _____

*Beneficiary: _____ Relationship: _____ DOB ___/___/_____

*Beneficiary: Phone: _____ Email Address: _____

Any Medical History of: ___ Heart Attack ___ Congestive Heart Failure ___ Cancer ___ Stroke/TIA
___ High Blood Pressure ___ Diabetes ___ COPD/Chronic Asthma/Respiratory Issues ___ Other

*What **medications** are/were you taking? **Name / Dosage / Frequency / Reason You're Taking it?** [Dr. info?]

SPECIAL NOTES: (ie. Age Diagnosed?) _____

What's most important to you, Benefit or Budget? (Coverage Amount or Cost?)

SAF Plan(s): _____

Benefit(s): \$ _____ \$ _____ \$ _____

Benefit(s): \$ _____ \$ _____ \$ _____

Benefit(s): \$ _____ \$ _____ \$ _____

Benefit(s): \$ _____ \$ _____ \$ _____

Benefit(s): \$ _____ \$ _____ \$ _____

Total for Benefit(s): \$ _____ \$ _____ \$ _____

*YES, All the information I gave in doing this now is absolutely True, to the best of My Knowledge.

Client Initials