**1st Approach**

**Hey, is it \_\_\_\_\_\_\_\_?**

**I’m \_\_\_\_\_\_\_\_ and I’m the one in charge of talking to everyone in *\_\_\_\_\_\_(town)* this week about cancer. I was talking to \_\_\_\_\_\_, \_\_\_\_\_\_, and \_\_\_\_\_\_\_*(pre-approach names of other people in the area)* and to wanted to make sure and catch you guys real quick. I apologize if I’m talking kind of fast- they only give me a couple of minutes to spend with everybody. Do you have a place to sit down?** *(break eye contact and point inside)*

**2nd Approach**

**Oh, I’m sorry- I guess you haven’t had a chance to hear about me yet. I’m \_\_\_\_\_, and I’m the one talking to everybody about cancer. I know it’s not the most pleasant topic to talk about, but it sure affects a lot of folks out here. Like I said, I was talking to \_\_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_\_, and \_\_\_\_\_\_\_** *(names list/pre-approach).*

**It may or may not be for you, \_\_\_\_\_\_\_. It’s just my job to make sure to give everyone a quick peek. Do you have a place to sit down?** *(break eye contact and point inside)*

**3rd Approach**

**It may not be for you, \_\_\_\_\_\_\_. When I talk about cancer, it seems like everybody knows somebody. Whether it’s a friend, neighbor, or co-worker. Who’s probably the closest person to you guys?**

**Where they treated here?** *(Ask Cancer story follow up questions)*

**Everyone I talk to you, \_\_\_\_\_\_\_,has great health insurance- just like I’m sure you probably do. But, heaven forbid, if something like cancer, heart attack or an accident were to happen and you couldn’t work for 6 months how would that impact you guys financially?**

**That’s what I do. You might like it or you might not. It’s just my job to give you a quick look at it. Do you have quick place to sit down?** *(break eye contact and point inside)*

**Building Rapport:** *Establishing Trust and Credibility*



*Observational (generic) Conversation as you walk to sit down*

*(Reference a community event)* **“Did you catch the big game yesterday?”**

**Does the kitchen table work ok?**

* **Are you originally from this area? What brought you to \_\_\_\_(town)\_\_\_\_ originally?**
* **How long have you lived here?**
* **Do you work here in town?**
* **How long have you worked there?**
* *(If family)* **What ages are the kids?**
* **Are they in any activities?**
* **What do you do for fun?**

**Finding a Need:** *Cancer can happen to them and if it does it will be expensive*

**So, like I said \_\_\_\_\_\_\_, I’m in charge of talking to everybody about cancer. It’s not the most pleasant subject, but it sure affects a lot of people around here.**

**It seems like everyone I talk to has a friend, neighbor, or co-worker who’s had to fight it. Who is the closest person to you that’s had to deal with cancer?**

* **Tell me a little bit about that…**
* **What type of cancer?**
* **How long ago?**
* **How did things turn out?**
* **How old where they?**
* **Where they treated locally?**

**Anybody from outside the family? Anyone: you grew up with / from the community / from your church, etc…** *(Prospects often just think of people in their family who have battled cancer- these questions are designed to get them thinking beyond just family to other friends & acquaintances)*

**Where was \_\_\_\_\_\_ treated at? What type of cancer was it? Was it a long battle or pretty short? How are they doing now?**

*Ask the same set of questions above for the next closest person they shared who went through it. The purpose is have them share their experience with people they’ve known who have dealt with this.*



**Cancer will occur in**

**3** out of **4**

**families**

**The American Cancer Society says...**

**Cancer plays no favorites**

**1 in 2 men 1 in 3 women Children**

Prostate Breast Leukemia

**T** Lung Lung Brain Tumors

**o** Colorectal Colorectal Neuroblastoma

**p** Bladder Uterine Wilms Tumor

**5** Non-Hodgkin Non-Hodgkin Lymphoma

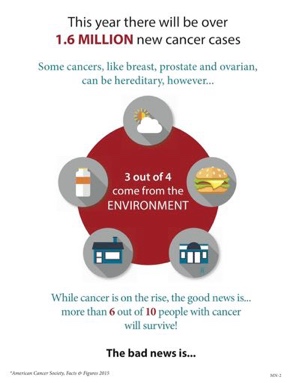
**.** Lymphoma Lymphoma

*\*American Cancer Society, Facts & Figures 2015 MN-1*

**So you know firsthand that cancer doesn’t play any favorites. This probably won’t shock you,** *(Turn Page)* **but the American Cancer Society says that cancer will affect 3 out of every 4 families. Does that surprise you at all?** (*prospect answers)* **Why do you say that?**

**When I grew up, I always thought it was an old person’s disease, but that’s not necessarily the case anymore.** *(Turn Page)*

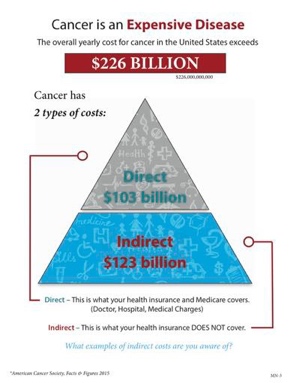
**Just this year alone, they say there’s going to be over 1.6 million new cancer cases. Some of them *\_\_\_\_\_\_\_,* like breast, prostate, and ovarian could be hereditary. But the other 75% of cancer cases come from our environment. Different things lead into that; whether it’s the food we eat or what’s put in the food, the air, just where we work or our surroundings.**



**Why do you think it is that so many people fight with cancer these days?**

**The good news is even with cancer on the rise, 60% of people who have cancer today, beat it. It’s a lot better to deal with cancer in 2016 than it was 30 years ago.** *(Turn Page)*

**But the bad news is that not only is it emotionally and physically devastating, but financially… it can be EXTREMELY devastating.**



**\_\_\_\_\_\_\_, this is the most important page I share with everyone. Cancer is a really expensive disease but it only has two types of costs. There are direct costs; and that’s the part that everybody knows about- the doctor bills and hospital charges. I have nothing to do with that. That’s what health insurance through your work is for. Is that where you get yours?**

**What I help a number of folks with are the indirect costs or hidden costs that most people don’t think about. What comes to mind for you when when I say *indirect cost*?**

*(Respond accordingly to their answer)*

**Right, and if you’re in the hospital where are you not? That’s Right…Work** *(Turn Page)*



**The hard part is when we’re not working, all the bills keep coming. The mailman doesn’t stop bringing our bills just because we’re going through cancer. Even the best insurance has limitations; like copayments, deductibles and the medication can be outrageous. Travel is a huge one- why do you think I say that?**

**Not that you ever plan on it. But if anyone in the family had to fight with that, which one of these would affect you the most?**

**That’s usually the biggest one. It usually snowballs from there. This was actually a claim from the Bosma family. When their daughter had Hodgkin’s, they said;**

*(Read Bosma claim out loud)*

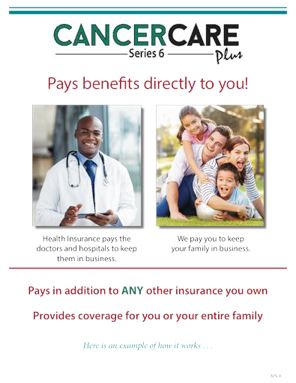
**It just happened to be Blue Cross / Blue Shield and they’re a good company. The unexpected charges are different for every family. Hopefully they’re not this extreme. But \_\_\_\_\_\_ , if you guys had a $39,000 unexpected out of pocket bill, what would be your backup plan?**

*(most people will answer with a version of “we don’t have one” or “I don’t know” or “we hadn’t really thought about it”)* (after they answer Turn Page)



**That’s what 90% of people say. When it comes to savings, it’s amazing how long it takes us to build it up but then how quickly you go can through it. No one wants to liquidate stuff like property, assets, investments, etc…**  *(mention things from rapport building or observation Ex. If you see they have an RV say “No one wants to sell the RV)*

**That’s what we do. The best choice is supplemental coverage.** *(Turn Page)*



**\_\_\_\_\_\_*\_\_\_\_,* what we do is something called Cancer Care Plus. It definitely covers cancer, but the “plus” part covers intensive care for ANY reason. It pays money directly to you. So where your health insurance pays the doctors and hospitals to keep them in business, we pay money directly to you to keep your family in business. And it provides coverage for you and your whole family.**

**You may know some of our policy holders (show names and let them read through it) Do you recognize some of these guys? Who do you know?**

**There are many reasons people choose Family Heritage. It’s simple, affordable and an easy decision.**

**Buying Atmosphere:** *Take the Pressure off you and them, Get a “Yes” or “No” at the end*

**So,\_\_\_\_\_\_\_, that was actually the long part. The policy itself is just 7 pages. You might like it or you might not.**

**I always share this with everyone and ask them for a favor. This is an example from Lorraine Williams, she wrote:**

*(read claim word for word as it’s written start to finish)*

*(Set the book aside and look at the prospect to make sure they are with you on this part, speak slowly and smile)* **\_\_\_\_\_\_\_\_\_, my job is not to “pitch” you on this. My job is simply to explain how the benefits work. Half the people I show it to get it and half of them don’t. If for ANY reason you fall into that second category, that’s totally fine. I’ll cross you off. I’m really easy to get rid of.** *(Big cheesy smile)* **The only favor I do ask is that AFTER I explain how it works, and AFTER I answer your questions, if you could give me a definite “yes” or a definite “no thanks”. Is that fair enough?**

*(prospect answers)*

*(If say something like they will need to think about it or they always take a night to sleep on it)* **I totally understand how you feel its just...**

**This is a type of thing that people think about two times. Once is when I sit down with them. When do you think the other time is?**

**Yeah- when it happens. And in my business that’s called too late! So the only favor I ask is that after I’m finished, if you could just give me a definite “yes” or a definite “no thanks”, just because we never know what to tomorrow holds in store. Is that fair enough?**

**Presentation:** *Filling the need*

**So , \_\_\_\_\_\_\_\_\_, there’s two questions I always ask everybody before I explain how this works. One is, do you think it’s possible that anyone in the family might go through something serious health-wise in the future?**

*(prospect answers)*

**And if something were to happen where you couldn’t work for 3 months… 6 months… even a year or more and had additional bills, how would that impact you financially?**

**That’s what this is for. I’ll show you how it works. If you like it, great. If not, no big deal.**

**There’s actually \_\_\_\_\_\_types of coverage. There’s Elite and preferred. Elite is kind of the Cadillac. Preferred is like the Chevy or Ford. They’re both great, but for now I’ll just explain how the top plan works.**  *(The coverage options depends on which state you’re in – ask your field trainer how to best break down the different levels of coverage in your state)*



**PREFERRED 4**

**ELITE 8**

**PRIMARY COVERAGE FIRST OCCURRENCE BENEFITS**

One time payment per person when you are diagnosed with . . .

**$3,000 Internal Cancer:** ..................................................................................................................... **$6,000**

*Do you see how that benefit would be helpful upon the initial diagnosis of cancer?*

*We also have a . . .*

One time payment per person when you are diagnosed with . . .

**$600 Skin Cancer:** ............................................................................................................................. **$1,200**

*You then receive the following benefits for ALL TYPES of cancer . . .*

*MN-9*

**So if anyone in the family was diagnosed with cancer, right off the bat we’d pay you $\_\_*(****1st occurrence benefit).* **Now, that’s not a million dollars, but why do you think we give you a big check right away?**

**Right. If you’re diagnosed tomorrow, the travel, treatment, and time away from work starts immediately. The first payment is just to take that financial pressure off.** *(Turn Page)*

**When you go through cancer, you typically spend time in the hospital. So each day there, we pay $\_\_\_\_\_\_per day. So if you’re in there for 10 days, there’d be another check for $\_\_\_\_\_directly to you. Because on the 11th day you’re not going to be able to hop back up and go right back to work.**



**PREFERRED 4**

**ELITE 8**

**PRIMARY COVERAGE INPATIENT & HOSPICE BENEFITS**

No Lifetime Limits

**$400 Hospitalization:** Each day for covered cancer treatment ...................................... **$800**

Including U.S. Government Hospitals.

*For example, a 10 day stay would be $8,000*

**$600 Ambulance:** Each trip .......................................................................................................... **$1,200**

Pays for surface or air ambulance. Two one-way trips per hospitalization.

*And if you are terminal, we also have a . . .*

**$100 Hospice Service:** For each day ......................................................................................... **$200**

**$18,000** For a **maximum** benefit up to ........................................................................................... **$36,000**

*This policy has no cap on the total amount of benefits you can receive.*

*Why would that be important when dealing with cancer?*

MN-10

**This is the key thing. We have what’s called no lifetime limits. Do you know what I mean when I say that?**

**It’s kind of rare with insurance. It just means there’s no cap. So it doesn’t matter if you have one claim or two hundred. We just continue to pay. Why do you think that’d be so important when you have something like cancer?**

**This was actually Leonard McCloene when we paid them $134,000 because he spent the next 11 months in the hospital. He said,** *(read Claim)* **“These funds have helped the entire family through this crisis. You cannot imagine the cost to the family when dealing with such a long-term hospital stay.” It just helps take the financial stress out of things.** *(Turn Page)*



**PREFERRED 4**

**ELITE 8**

**SELECT COVERAGE INPATIENT OR OUTPATIENT BENEFITS**

**Surgery & Anesthesia** - No Lifetime Limits

**$12,000** For each operation based on the schedule in your plan up to............................... **$24,000**

**Second Surgical Opinion** - No Lifetime Limits

**$1,000** For a second opinion before your cancer surgery up to........................................... **$2,000**

**Reconstructive Breast Surgery**

**$600** Following a mastectomy ...................................................................................................... **$1,200**

**$1,200 Maximum** benefit up to....................................................................................................... **$2,400**

**Leukemia Bone Marrow Transplant:** Paid one time per insured for a bone

**$15,000** marrow transplant from another person for the treatment of leukemia............ **$30,000**

**$3,000 Donor Benefit:** Paid one time per insured, who donates stem cells................... **$6,000**

*Your medical insurance may cover many of these bills, this money comes directly to you to use any way you need.*

*MN-11*

**And more often these days, people are being treated outpatient, so we cover both inpatient and outpatient procedures. In each surgery, we pay up to $\_\_\_ per surgery, and again; there’s no limits because you could have multiple surgeries.**

**So \_\_\_\_\_\_\_, your health insurance should cover a lot of this. But this is paid directly to you because you can’t use your health insurance card to go to the gas station or go to the grocery store or pay your bills.** *(Turn Page)*



**PREFERRED 4**

**ELITE 8**

**SELECT COVERAGE INPATIENT OR OUTPATIENT TREATMENT BENEFITS**

**Radiation and Chemotherapy Treatment** - No Lifetime Limits

**$240** Each day of treatment ........................................................................................................... **$480**

Pays for treatments (including targeted therapies) delivered intravenously by injection or infusion, by a medical professional in a medical facility.

**Radiation Planning** - Lifetime Maximum Per Insured

**$240** For each day .............................................................................................................................. **$480**

**$1,200** For a **maximum** benefit up to............................................................................................ **$2,400**

**Self-Administered Chemotherapy** - Lifetime Maximum Per Insured

**$200** For each month........................................................................................................................ **$400**

**$24,000** For a **maximum** benefit up to............................................................................................ **$48,000**

Pays for prescriptions filled for self-administered chemotherapy (including targeted therapies). Payable in any month that the Radiation and Chemotherapy Benefit is not paid.

*While receiving radiation and chemotherapy, we will pay for . . .*

**Special Treatment** - Lifetime Maximum Per Insured

**$2,000** Charges for the following treatments up to .................................................................. **$4,000**

Immunotherapy, stem cell transplant, hormone therapy, autologous bone marrow transplant, radioimmunotherapy and photodynamic therapy

For all cancer treatments that are self administered we will pay these benefits for the cost of the prescription on the day it is filled up to the benefit amount stated.

*Hopefully cancer never strikes your family. People don’t own this to use it.*

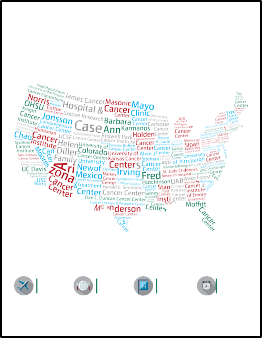
*They own it for the protection and hope they never need it.*

*MN-12*

**Every single day that you’re treated, we pay $\_\_\_\_ per day. If you did 30 rounds, we pay $\_\_\_\_\_ to you. Because not only does it make you feel sick the day of, but usually a couple of days afterwards as well.**

**And hopefully, \_\_\_\_\_\_\_, you guys never have to go through this. People don’t own this in order to use it. People own this for peace of mind and hope they never need to use it. Why do you think so many \_\_\_\_\_\_\_\_\_(***insert their situation: single moms, young families, retirees, self-employed, etc.)* **have been picking this up?**

**From what you’ve seen so far, what sticks out the most; that it pays money right to you or that it covers so much with no lifetime limits?**



**Where You Get Treated For Cancer Can Increase Your Chance of Survival**

The **National Cancer Institute** has designated numerous hospitals as specialized cancer centers\*, for example . . .

Out of town travel expenses such as transportation and lodging

can be expensive.

**Travel**

**Food**

**Lodging**

**Time Off Work**

*\*National Cancer Institute at the National Institutes of Health as of February 2015.*

MN-14

**The best way to beat cancer is to catch it early. That’s why we pay benefits when you get screenings.** *(Turn Page Screening page not included on script due to lack of room)*

**Where you get treated makes a big difference. If you had to travel over 80 miles, we’ll pay you \_\_\_\_per mile. If you had to fly to the number one cancer center in Texas for example, we’ll pay $\_\_\_\_\_\_for a plane, train or bus ticket. We also pay for anyone from the family to be right there with you; $\_\_\_\_\_a day for hotel & lodging.**



**PREFERRED 4**

**ELITE 8**

**SELECT COVERAGE TRANSPORTATION & LODGING BENEFITS**

**No Lifetime Limits**

The following benefits are payable for transportation & lodging over 80 miles from home for covered cancer treatment.

**Patient Transportation**

**$2,500** Charges for your plane, train or bus round trip up to ................................................ **$2,500 60¢** For each mile by car................................................................................................................ **60¢**

Includes up to 3 appointments with a physician before your treatment begins.

**Family Member Transportation**

One member of your immediate family when the Patient Transportation Benefit is used.

**$2,500** Charges for your plane, train or bus round trip up to ................................................ **$2,500**

**60¢** For each mile by car................................................................................................................ **60¢**

If the Patient Transportation Benefit is used for a covered child, we will pay this benefit for both parents.

Family Member Transportation by auto will not be paid when the family member travels in the same car with you.

**Family Member Lodging**

When a member of your immediate family requires lodging, we will pay . . .

**$100** Charges per night up to (60 nights per confinement)............................................... **$200**

Families refer to these as “peace of mind” benefits because this gives them peace of mind knowing they can get the quality of care they want as opposed to what they can afford.

*Wouldn’t it be nice to have that option?*

MN-15

**It’s a peace of mind benefit knowing that you can get the best possible care versus just what’s closest or cheapest. Any questions on how the cancer part works, \_\_\_\_\_?** *(Turn Page)*

**Other things concern people besides cancer. Whether it’s a heart attack, a stroke, bad car wreck or even a bad case of pneumonia, there’s any number of things that could put a person in ICU. So the intensive care portion covers ICU for any reason: $\_\_\_\_\_ per day. For kids it pays half because they’re not the breadwinners. If it’s a vehicle accident, it’s usually more serious so it doubles to $\_\_\_\_per day. If you got in an accident and you were in there for 5 days, there would be a check for $\_\_\_\_\_ directly to you because it’s probably going to take a month or two to recover from that. Step down unit is a lower level, and there’s an additional accidental death benefit of $\_\_\_\_.**



**Would you agree that in addition to cancer, other events can affect your family financially?**

Heart Stroke Serious Accident Other Catastrophic

Illness

**That’s why we also provide an . . .**

**PREFERRED 4 ELITE 8**

**INTENSIVE CARE PLAN**

No Lifetime Limits

**Intensive Care**

For each day (up to 30 days) in an Intensive Care Unit\* **for ANY reason**, we will pay...

**$1,000 You or your spouse** .............................................................................................................. **$2,000**

**$30,000 Per stay up to** ......................................................................................................................... **$60,000**

**$500 Your covered children** ........................................................................................................ **$1,000**

**$15,000 Per stay up to** ......................................................................................................................... **$30,000**

\*Defined as providing the highest level of medical care for patients who are physically, critically ill or injured, including Coronary Care Unit and Pediatric and Neonatal Intensive Care Units.

**Vehicular Accident Benefit**

The Intensive Care Benefit doubles due to a vehicular accident, we will pay per day...

**$2,000 You or your spouse** .............................................................................................................. **$4,000**

**$60,000 Per stay up to** ......................................................................................................................... **$120,000**

**$1,000 Your covered children** ........................................................................................................ **$2,000**

**$30,000 Per stay up to** ......................................................................................................................... **$60,000**

Readmission 30 days after discharge begins a new hospitalization period.

MN-16

*(JUST READ OUR COMMITMENTS TO YOU)* **But \_\_\_\_, all the benefits are paid directly to you just like a paycheck. You’re free to use that however you want. Your coverage is guaranteed renewable for life, which means there’s no contract. You can cancel at any time, but we can never cancel you. It wouldn’t matter if 40 days from now you had 20 claims, we can’t drop you. And when you call customer service, there’s no automated system. Your phone call is answered by a live person, right here in the US.**



**PREFERRED 4**

**ELITE 8**

**INTENSIVE CARE PLAN**

No Lifetime Limits

**Step Down Unit**

For each day (up to 30 days) in a Step Down Unit\*, we will pay...

**$800 You or your spouse** .............................................................................................................. **$1,600**

**$400 Your covered children** ........................................................................................................ **$800**

\*A Step Down Unit may also be referred to as a Progressive Care Unit, Intermediate Care Unit, or Sub-Acute Care Unit.

**$400 Ambulance:** Transport per hospitalization .................................................................. **$800**

**$1,000 Air Ambulance:** Transport per hospitalization .......................................................... **$2,000**

**Accidental Death**

If injured in an accident and the injury causes death within 90 days of the accident...

**$10,000 You or your spouse** .............................................................................................................. **$20,000**

**$5,000 Your covered children** ........................................................................................................ **$10,000**

*Like the cancer protection, this money is paid directly to you.*

*Your benefits begin immediately on your effective date.*

*MN-17*

**And lastly, your premium does not increase with age or because of claims. Our rates are based off age… Which age category do you guys fall in?**

**Price Build Up**

**\_\_\_\_\_\_, have you ever looked into what your health insurance would cost if you didn’t get it through work and had to pay for 100% of it on your own?**

**Some of our clients are self-employed so they don’t get health coverage through work. They’ll write checks from $700 per month on the low end, all the way up to $1200 or $1500 a month.**

**USA Today wrote about a study that found that if you didn’t get health insurance through work, it would be about $900 a month on average. Most people figure with something like this, which has over 30 benefits, and up to $30,000 per month with no limits would cost about the same. But with this, for you to cover the whole family it’s not $1200. On the very top plan it’s actually just $\_\_\_\_\_\_\_a month, $\_\_\_\_\_for the preferred, and the starter option is $\_\_\_\_\_. That’s not bad, is it?**

**That’s less than most of us will spend on our cell phone bill, internet or cable. Something like this is more of like a savings plan than an expense because…***(Turn Page)*

*(READ ROP BENEFITS)*

**Our program makes sense even if you never use it. We refund 100% of your premium after 20 years. If you pass away for any reason, it immediately goes to your beneficiary.**



SERIES 6 PRODUCTS

**Survivor Benefit Issue Age 61 & Over**

* Our program makes sense even if you never file a claim!
* If all covered adults pass away for any reason while the policy is in force, we immediately **RETURN YOUR**

**PREMIUM**, up to the stated amount, less any claims paid!

**Up to $16,000 for Elite - $8,000 for Preferred - $4,000 for Standard - $2,000 for Base**

**One of three things could happen in the future . . .**

MN-24

**Just to show you what that would look like for you, which option should I use just for an example?**

**Hopefully you never have to use this coverage and you get a check back for** **$***(monthly premium x 240).* **Now in a 20-year span something usually happens, so if you just had a small $5,000 claim, you would just get the $15,000 difference back.**

**The last possibility would be, heaven forbid, you have a large claim; like we talked about *with*** *(reference their cancer stories)* **and we paid you $60,000 or $260,000. Obviously you wouldn’t get your money back, but it did what it was supposed to do. It’s really there for you when you need it the most.**

**Transition to the Close**

**\_\_\_\_\_\_\_\_, different people like different things about this. When I was talking to \_\_\_\_\_\_\_** *(referrals / clients they know from names list)***, they just really liked that the money was paid directly to them. They said, “We know which bills can wait and which ones can’t.” They just liked the idea of being in control of how that money would be spent.**

\_\_\_\_\_\_\_\_\_ *(Referrals / Names List)* **just liked how affordable it was. They said: “It’s not going to cause us to miss any meals to have it, but it sure could help to provide some meals if we ever needed to use it.”**

**And \_\_\_\_\_\_\_** *(Referrals / Names List)* **just liked that savings piece. It’s not often that you can have great coverage while simultaneously saving for the future. But for you, what did you like the most about it?**

**What about that \_\_\_\_\_\_\_\_** *(their answer)* **part did you like?**

**And \_\_\_\_\_\_, given your situation \_\_\_\_\_\_\_***(single mom, young family, retired, etc)* **and having \_\_\_\_\_\_\_\_** *(two kids, a mortgage, household bills, etc)* **and just not having anything else like this in place currently, why WOULD having this make sense for you?**

**That’s exactly what this is for.**

**Close:** *To bring them to a decision*

**And, \_\_\_\_\_\_\_ , what everybody likes about the way we do business is it’s a really easy application. It’s just basic information, 5 simple health questions and 3 easy ways to take care of it. Before I can do that, I have to see if you’ll qualify.**

**Now just for your household, has anyone ever been diagnosed with cancer?**

**Anyone received an elevated PSA?**

**In the past 90 days been advised to have a biopsy for cancer?**

**Any heart disease, heart attack, heart condition, stroke or mini stroke?**

**AIDS or AIDS related complex?**

(*ask remaining health questions)*

**Congratulations, you qualify! Pretty simple, right?**

**\_\_\_\_\_\_\_,do you get your mail here or at the post office?**

**And the address here is?**

*At this point, if the prospect continues giving the necessary information, skip the Rebuttal 1 and continue filling out the application but If the prospect offers an objection, go to Rebuttal 1*

**Rebuttal 1:** *Request for More Information*

**I totally understand how you feel, \_\_\_\_\_\_\_. A lot of families have felt the same way until they realized what this could mean for their family. This was actually the Trowbridge family, and they said:** *(read Trobridge Claim)* **“Life is full of surprises. When we first enrolled with Family Heritage, we hoped we’d never use it. Two months after getting our policy, our 4-year old son was diagnosed with leukemia. This policy helps cover expenses we never thought about. During the last year, we made numerous trips to Sioux Falls and had numerous hospital days. This covers all the gas, food, and lost wages while our son goes through chemotherapy. As a parent, when one of your children is sick, so are you. Having the money from this policy really cuts down on the worries. It allows you to focus on everything important, not worry where the next nickel and dime will come from.”**

**Because in their first year\_\_\_\_\_\_\_, we paid them $29,000. Not that they ever planned on using it, it just happened. I hope that you guys never have to go through anything like that, but we never can tell, can we?**

**And if all this policy did was give you the peace of mind knowing you can focus on getting healthy instead of worrying about the bills, it would be all worth it, wouldn’t it? Especially if you don’t use it, you just get all your money back. That just makes sense, doesn’t it?**

*(go back to the application)***When it comes to the application part, the best phone number to reach you at is?**

**Continuing the Application**

**Different folks take care of it differently. Most everybody just does the monthly option because there’s no discount on semiannual or annual. Which one works best for you?**

**And for that part, if you just want to grab a voided check, I can finish filling out the application here.**

**\_\_\_\_\_\_ (first name), you actually get to pick which day you want it drafted out, which day works best for you guys?**

**I just need your signature. One right there, one right there, and one right there.**

**SOLIDIFYING THE SALE**

**Now Betty, here is how this works. I will fax all the applications from this week to our Home Office. Most applications are reviewed and effective within a week from the date that they are received, as long as they are correct. Once your application is approved, the Intensive Care coverage will go into effect immediately, and that’s when your 30 day waiting period will start for the Cancer part of the plan.**

**You should receive your policy from the Home Office in about 3 weeks. While your waiting for your policy, I’m going to leave you with these brochures that summarize everything that’s in your plan. For the Cancer part of the plan this is your coverage you have** *(mark accordingly*). **For the Intensive Care part, this is the coverage you have** *(mark accordingly).* **I would encourage you to keep these brochures with your policy in a safe place.** *(Write their reason for getting it on the Brochure)*

**Also, most people feel it is important to keep my name and phone number in their cell phone. Here is my card.**

**Great, thanks for spending a few minutes with me! One more thing...**

**REFERRALS**

**Betty, I primarily work from referrals, as you can see here.** *(show completed referral sheets from other clients)* **So** *(use client name)* **thought of 9 folks. And** *(another name)* **found 9 folks in their phone.** *(Client name)* **also thought of 9 folks. Don’t worry whether you think they will sign up. Like** *(client)* **said, she’d hate for something to happen to someone she cares about, and they hadn’t at least heard about it.**

**And Betty, I actually throw a contest that if any three people you referred to me enroll, I get you a gift card to your favorite restaurant. What’s your favorite restaurant?** *(break eye contact, pen to paper)*

**Most just use their cellphone or address book.** *(hand them referral sheet to fill out and break eye contact)* **I’ll finish filling out paperwork.**

**Do you have any siblings or cousins in the area? Know anyone who’s self-employed? Who do you hang out with on the weekends? Who handles the benefits at your work?**

**Most people grab their phone and scroll through their contacts. You’ve probably got 200 contacts. I don’t need all 200, just 9!**

*(go back through and “layer” the needed information for the referrals: work, best time to catch them, phone, address, etc…)*

**I always say a special thanks for referrals because you never know who might really need it. I always hear “I wish so and so would have had this…”**

**Your actual policy will come in the mail in two weeks. But if you have any questions about that, just call me because that’s what I’m here for.**

**Thanks!**

**2nd Rebuttal**

I totally understand how you feel. Usually most people ask themselves three questions to help them make the best decision. One is; not that you ever plan on it, but do you think it’s at all possible that anyone in the family could go through something serious health-wise like cancer in the future?

Two is; would the thousands of dollars that we pay you help out if something did happen?

And the last one is; $\_\_\_\_ a week… That wouldn’t cost you guys to miss any meals, would it?

But it probably could provide some meals if something were to happen. Most people figure; “why take a chance- especially when you get all your money back?” That just makes sense, doesn’t it?

*(go back to the application):* Most everybody just does monthly because there’s no discount for semi-annual or annual. Which one works best for you?

If you just want to grab your checkbook, I’ll finish filling out this part right here.

**3rd Rebuttal**

\_\_\_\_\_\_\_\_\_, this is just the application. Hopefully you never have to go through something like this, but if something happens right away, you’re covered. It’s really nice because your actual policy will come in the mail in two weeks. How this works is we just get the application started today. In 30 days, we’ll actually do a policy review. Once you have your physical policy, you can comb through that, ask any new questions, and make sure it still makes sense. It really takes the pressure off of you guys. But, we never know what tomorrow holds in store. Does that make sense?

*(go back to the application):* And for the application, we just need a voided check and I can finish this up right here.