

How Underwriting Upsell Works

Upon final approval, if the proposed insured financially qualifies for a higher face amount, Underwriting will provide an alternate "upsell" face amount. This offer will be communicated in the approval email. This face amount is what the insured qualifies for without additional underwriting requirements. The applicant can accept or reject this higher face amount.



Benefits for your client

- Higher initial death benefit to meet their needs
- Opportunity for more living benefits
- No additional underwriting to qualify

Benefits for you

- More death benefit for client
- Increased target premium
- Flexibility to adjust death benefit up to the maximum upsell amount

Who qualifies?

- Approvals at Table 2 underwriting class or better, tobacco and non-tobacco
- Cases can be split into different policies and/or policy types as long as the total of the policies stays within the maximum offered amount.
- Ages 18 50
 - \$25,000-\$250,000 for paper applications with physical measurements only. If a full paramed was obtained, upsell will be offered at the maximum amount for which the insured financially qualified, provided no additional Underwriting requirements are needed.
 - \$250,001-\$2,999,999 for SimpleSubmit® e-app and traditional applications with a completed full paramed exam.
- Ages 51-70
 - \$25,000-\$2,999,999*

Your steps

- **1. MGA:** Watch for upsell offers in approval emails from underwriting and then communicate the upsell amount to the agent.
- **2. Agent:** If the applicant decides to purchase a higher face amount, contact your MGA Case Manager. If the applicant does not want to take advantage of the upsell underwriting offer, no action is required.
- 3. MGA: If the applicant decides to purchase a higher face amount, contact your New Business Case Manager.

Questions? Call your New Business MGA.

*Medical records are required for ages 51-60 for amounts at \$2,000,001 and above if the client has been to a doctor in the last 24 months. Medical records are required for ages 61-70 for amounts at \$1,000,001 and above if the client has been to the doctor in the last 12 months.

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