

**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, ING, 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**

<b>Primary Insured</b>	<b>Age if Living</b>	<b>Age of Death</b>	<b>Cause of Death</b>
Mother			
Father			
Sibling			
<b>Secondary Insured</b>			
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

