

## The SBLI Brokerage Upsell Program

*SBLI's Upsell Program provides increased coverage options for all eligible customers with no additional underwriting requirements, and if selected, an increased commission for agents! Effective November 3<sup>rd</sup>, 2018, we are updating the process so that agents get paid even faster.*

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### **How does the Enhanced Upsell Program work?**

- **Step 1: Policy Approval**
  - When an underwriter approves a case for issue he/she will determine if the client qualifies for an increased coverage amount.
- **Step 2: Policy Issue & Upsell Offer Communication**
  - At policy issue, the owner will receive upsell coverage options either by letter in the policy package or on MySBLI.com for policies on e-Delivery (see Appendix 1).
  - An agency will be notified of the upsell offer either by email (see Appendix 2) or via a notification sent to the SBLI Agent website in the 'Requirement' section (see Appendix 3).
  - Once the policy is issued and paid agents will receive their pre-upsell commission amount in the next commission cycle, and any additional commission relating to the upsell after the policy has been re-issued.
- **Step 3: Policy Review**
  - The owner may select one of the new coverage options, pay the premium and then the policy will be re-issued. For EFTS, the premium difference will automatically be drafted.
  - The owner may also select any amount up to the maximum coverage without additional underwriting requirements by contacting their agent.
  - The policy service upsell requirement will be updated to 'Reviewed & Accepted' when the policy is re-issued on the SBLI Agent website.
  - If no response to the upsell option is received within 21 days, the applied for policy remains in effect and the policy service upsell requirement is automatically updated to 'No Response' on the SBLI Agent website.

### **How is the new coverage amount calculated?**

- Increased coverage increments are based on the difference between the face amount that the customer had applied for and the face amount maximum for the upsell opportunity.
- The customer can choose any amount that doesn't exceed the maximum specified in his/her communication. It will include up to five (5) coverage amounts and quotes depending on the unique circumstances of each case.

### **Further Information**

We are very excited to offer this opportunity and look forward to continuing our strong partnership. Please contact your General Agent with any questions.

## Appendix 1: Communications

- Letter



Policy Number: 238042323  
Insured's Name: Charles Edward Cantalopi  
Face Amount: \$100,000  
Mode: Annual

Dear Policyholder:

We are pleased to inform you that you are eligible for additional coverage without any additional underwriting requirements. Please review the options carefully, as you may want to reconsider your coverage needs.

Here is the breakdown of additional coverage amounts along with the cost of the additional coverage.

Select	Coverage	Annual	Semi-Annual	Quarterly	Monthly
<input type="checkbox"/>	\$200,000	\$308.97	\$157.58	\$80.33	\$26.88
<input type="checkbox"/>	\$300,000	\$385.94	\$196.83	\$100.34	\$33.57
<input type="checkbox"/>	\$400,000	\$490.58	\$250.20	\$127.55	\$42.68
<input type="checkbox"/>	\$500,000	\$566.74	\$289.04	\$147.35	\$49.31

If you are interested in increasing your coverage to one of the amounts listed above please take the following steps...

1. Check the appropriate box above.
2. Sign this letter where indicated below.
3. Return this letter to SBLI PO Box 4046 Woburn, MA 01888-9942 or email it to [records@SBLI.com](mailto:records@SBLI.com).

Please reply by 09-27-2018. If no election is made the enclosed policy remains inforce.

Any additional coverage will not be inforce until a new policy is issued and the additional premium payment is received. If you have elected to pay via EFT, the acceptance of a new coverage and premium amount will automatically authorize the updated debit amount. If you have elected to pay your initial premium via credit card, a new Credit Card Authorization form is required in order to process the additional premium. Please complete the Credit Card Authorization form included in this package, and return it for processing to the address above. You will receive a new policy within 7-10 days.

Sincerely,  
Underwriting Department

Please confirm request for additional coverage selected above.

Sign and Date:

\_\_\_\_\_  
Signature of Owner/Insured

\_\_\_\_\_  
Date Signed

UPSELQ-I

07/2018

- E-Delivery via MySBLI

### CONGRATULATIONS!

#### Opportunity for Additional Coverage

We are pleased to inform you that you are eligible to increase your coverage without any additional underwriting requirements! Now is the opportune time to consider accepting this offer to provide additional protection for your loved ones. Listed below is your current coverage election along with other amounts of coverage for which you have already been approved. Please review the options below carefully and decide if you want to take advantage of this opportunity.

**CURRENT OPTION: \$350,000.00 COVERAGE, \$654.65/ANNUAL**

**KEEP MY \$350,000.00 COVERAGE**

▶ **\$400,000.00 COVERAGE, \$737.88/YR | \$376.32/SEMI | \$191.85/QTR | \$64.20/MO**

▶ **\$500,000.00 COVERAGE, \$778.04/YR | \$396.80/SEMI | \$202.29/QTR | \$67.69/MO**

Additional coverage will not be inforce until a new policy is issued and the additional premium payment is received. If you have elected to pay via EFT, the acceptance of a new coverage and premium amount will automatically authorize the updated debit amount. If you have elected to pay your initial premium via credit card, you will have the option to pay the additional premium on mySBLI when the new policy is issued. You will receive a new email link to sign onto mySBLI (using your existing user ID and password) to retrieve the new policy within a few days.

## Appendix 2 - Automatic Email Communication

**From:**  
**Sent:** Thursday, October 25, 2018 8:33 AM  
**To:**  
**Subject:** SBLI: Client Notified Policy Package/With Upsell Available - 268001421/Asadi

**SBLI**  
— SINCE 1907 —

Policy Number : 268001421  
Insured Last Name : Asadi  
Face Amount : \$1,000,000

Agency : SelectQuote Insurance Services (01511)  
Agent : Brian Richard Dewree (26070)  
Drop Ticket : (No)

• Client has been notified that policy package is available for review and Signature on client portal

**Coverages**

Plan Type	Coverage Status	Gender	Smoker	Rate Class Applied For	Rate Class Approved	Flat Extra Rating	Mortality Rating
T20 Effective 04-01-12	Pending	Female	N	01 Preferred Plus Non-Nicotine	01 Preferred Plus Non-Nicotine	0.00	

**Requirements**

Requirement	Seq No	Status	Date	Comments
Cash With Application	001	Ordered	10/24/2018	
Upsell Offered	001	Ordered	10/24/2018	
E-Delivery of Contract In Process	001	Ordered	10/25/2018	

If you need further assistance or information, please visit [SBLI Agent](#) or contact:  
Customer Service : 1-800-224-7254

**PLEASE DO NOT REPLY TO THIS MESSAGE.**  
This is a system-generated email. Replies will not be read or forwarded for handling.  
This message, together with any attachments, is confidential and provided only for the use of the intended individual or entity. If you are not the intended recipient, you are hereby notified that any use, dissemination or copying of this message or any attachment is strictly prohibited.  
If you have received this message in error, please forward to us at [ProductionSupport@Sbl.com](#) and delete this message, along with any attachments from your computer/system.  
Testing Only : To Email before override : [mcusack@Sbl.com](#)

## Appendix 3 - SBLI Agent Website

**Coverages**

Underwriting Information											
Plan Type	Coverage Status	Insured	DOB	Gender	Smoker	Face Amount	Underwriter	Rate Class Applied For	Rate Class Approved	Flat Extra Rating	Mortality Rating
T10 Effective 04-01-12	Issued and Paid	Bryan Ismissing	05/14/1985	Male	Yes	\$200,000.00		05 Preferred Nicotine	05 Preferred Nicotine	.00	

**Loan Detail**

Loan Balance	Interest Rate	Interest Due
\$0.00	0.00%	\$0.00

**Dividend Detail**

Dividend Option	Dividend on Deposit	PUA Balance	One Year Term Balance
NOT APPLICABLE	\$0.00	\$0.00	\$0.00

**Requirements** [Email Records](#) | [Go to APPS Website](#) | [Go to EMSI Website](#) | [Go to J&H Website](#)

Requirement	Seq No	Status	Date	Doctor	Comments
Upsell Offered	001	Ordered	10/10/2018		
E-Delivery Contract In Process	001	Ordered	10/11/2018		
Cash With Application	001	Completed	10/10/2018		
Initial Review	001	Completed	10/10/2018		
EFT Authorization	003	Completed	10/10/2018		
Quality Check	001	Completed	10/10/2018		
EFT Authorization	001	Cancelled	10/10/2018		
EFT Authorization	002	Cancelled	10/10/2018		

**Correspondence** - there are no letters associated with this client or policy.

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