

Permanent Health Insurance (PHI) Demands & Needs Recommendation

Please choose **ONE** code from each section.

Provider

I have recommended an income protection plan with _____ because they:

- 1A** Offered the lowest premium for the monthly benefit provided.
 - 1B** Offered the highest monthly benefit of the providers available.
 - 1C** Provided the best package of product benefits when taking into account your other protection needs, which I have included with this provider.
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Benefit Amount

The monthly income of _____ has been recommended:

- 2A** Because this is the maximum available from this provider.
 - 2B** Because this is the maximum available from the providers available to us.
 - 2C** Because having discussed the maximum available benefits, you feel this amount would be sufficient to pay for the most essential costs whilst maintaining an affordable premium.
 - 2D** Because having a lower benefit level and a longer policy term were more important to you.
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Deferred Period

The deferred period of _____ has been provided because:

- 3A** It is the shortest available from the providers available based on your occupation.
- 3B** It is the shortest available from this provider.
- 3C** It is in line with the sick pay arrangements provided by your employer.
- 3D** Although not the shortest available to you, you feel you would be able to cope with a longer period between your income ceasing and the benefit being paid as it keeps the cost of the cover affordable.
- 3E** It has taken into account the benefit period on your existing policy.

Policy Term

This policy term is _____ because:

- 4A** It is in line with your intended retirement age.
 - 4B** It is in line with your mortgage term.
 - 4C** You feel after this period you would be able to survive by using other provisions which will be available to you.
 - 4D** You do not believe that you will need your income replacing after this period.
 - 4E** A shorter policy term with a higher benefit amount was more important to you.
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Please note, where insurance is currently in place, you must choose either 5A, 5B or 5C.

Existing Insurance (to be cancelled)

- 5A** You made me aware that you have an existing income protection plan in place. However I must point out that I am not able to advise you on the products of another company and my recommendation is based on the contract features of the products on which I am authorised to advise, which you will be able to compare with your existing arrangements. You have advised me that due to the cover and benefits of the new plan, you propose to cancel your existing plan.

Existing Insurance (not to be cancelled)

- 5B** You made me aware that you have an existing income protection plan in place. However I must point out that I am not able to advise you on the products of another company and my recommendation is based on the contract features of the products on which I am authorised to advise, which you will be able to compare with your existing arrangements. You might wish to consider whether you wish to continue with two separate plans as your benefits may be affected under your plan in the event you elect to retain two products.
- 5C** As you have advised me that you intend to keep your existing plan, this was taken into consideration when calculating the new benefit levels.