THE MASTER CALL

One spine, two tracks. The aged final-expense open fused with the house script and the field underwriting shelf. Built 2026-09-10.

1	2	3	4	5	6	7	8
GET IN	**FRAME**	**DISCOVER**	**COMMIT**	**PRESENT**	**CLOSE**	**WRITE**	**LOCK**

Say the eight out loud until it is automatic. If you know which act you are in, you are never lost. You are just somewhere, doing that act's job.

TWO TRACKS, ONE SPINE

TRACK A — AGED FINAL EXPENSE
Old request, small face, burial plus a little extra. Beneficiary already named on the file. The lead is cold in time but warm in fact: they raised their hand once. **Your opener runs this track.** Product: simplified-issue whole life, $5k–$35k.

TRACK B — MORTGAGE PROTECTION
Fresh or aged request tied to a house. The stakes are a payment, not a funeral. Product: term to the loan, or a smaller permanent policy covering years of payments. **The house script runs this track.**

They share acts 2 through 8 almost exactly. The divergence is act 1 (what you are calling about) and act 5 (what you quote). Everything in the middle — the beneficiary work, the commitment ladder, the close, the application — is one call.

THE RULES THAT GOVERN BOTH

1. **The swagger is posture, never a promise.** Broker, the shelf, A-rated, forty-eight hours — all true. Nothing about returns, guarantees, or "everyone's buying."
2. **Every answer goes on paper, word for word.** The read-back at the close is the close. You cannot read back what you did not write down.
3. **Never drop the honesty hinge.** "If your health run comes back clean." It is the difference between a fast close and a rescinded one.
4. **Silence is a move.** After "I want to be your broker," after "Why not?", after "Which one's better?" — stop talking. The pause does the work.
5. **You are calling back, never calling cold.** Every open puts the file between you.

WHY THE AGED OPEN WORKS — THE MACHINERY UNDER IT

THE MOVE	WHAT IT IS DOING
"Can you hear me ok?"	Compliance test. Harvests a yes inside two seconds and makes it a conversation instead of a pitch.
"You listed your beneficiary as ___"	Their own past action is the authority. You are not a stranger; you are the follow-up to something they started.
"Oh, you're good? That makes my job easier."	Agreement disarm. You never fight a brush-off. You accept it, thank them, and keep the line open.
"Just so I can close the file out..."	False-close pretext. The guard drops because the call is ostensibly ending. The truth arrives.
"Oh. Why not?"	Naive interrogative. Two words. They argue against themselves and you say nothing.
"Too lazy, putting it off, right?"	Self-indictment. You name the unflattering reason so they can agree to it. Now they own the problem, not you.
"Do you have your death scheduled on your calendar?"	Mortality made survivable by the joke. Absurd question, certain no, another rung on the ladder.
"Didn't think so. Me neither."	Peer framing. You are in it with them, not above them.
"Which one's better?"	Self-persuasion. They say the answer out loud, so it is theirs, and it cannot be argued with later.
"So we're going to close you today."	Assumptive close, timed to land on the peak of their own logic. Said casually or it breaks.
Asking "like most people, right?" twice	Deliberate repetition. Converts a hedged "I guess so" into a real yes on the second pass.
"Obviously best friends, right?"	The overstatement. They correct you downward, you catch the correction, and now they defend the relationship to you.
"What advice do you have for me?"	The status flip. Nobody hangs up on a person they are mentoring. Best line in the script.

ACT 1 — GET IN (TRACK A)

The aged final-expense open, verbatim, with the machinery named.

TRACK A — THE AGED FINAL-EXPENSE OPEN (VERBATIM)

> "Hey… _____, can you hear me ok?"

> *Yeah.*

> "Yeah. This is Ryan. I'm reaching out to you about that life insurance request you filled out a little while ago. You listed your beneficiary as **[name]**, your **[relation]**. Do you remember doing that?"

WHY: their own handwriting is the authority. You are the follow-up, not the intrusion.

IF THEY BRUSH YOU OFF

> *I'm good.*

> "Oh. Oh, you're good? Well that makes my job easier, man, I appreciate that. So just so I can close the file out — what kind of coverage did you get in place?"

WHY: accept the win, thank them, then reopen with housekeeping. The call is ending, so the guard drops.

> *I didn't get anything.*

> "Oh. Why not?"

WHY: two words, then silence. Do not rescue them.

> *(nothing, or a shrug)*

> "Yeah — why haven't you got it in place?"

> *I don't know. A lot of phone calls.*

> "Too lazy? Putting it off? Right?"

WHY: you say the unflattering thing so they can agree to it. They now own the gap.

THE MORTALITY LADDER

> "What's gonna happen tomorrow, if you die? Because we don't hold a crystal ball, do we? Do you have your death scheduled on your calendar?"

> *No.*

> "Didn't think so. Me neither. And that's why life insurance exists."

> "What's worse — having a life insurance policy that you've been paying into each month that pays out no matter what when you die, or not having it and needing it when you're dead? Which one's better?"

> *The first one.*

WHY: they said it. It is now their position, not your pitch. Stop and let it sit.

> "Yep. So we're going to get you closed today. It's simple, ok."

WHY: assumptive close, thrown away casually. Say it like a scheduling detail.

ACT 1 — GET IN (TRACK B) + REBUTTALS

The mortgage-protection open, and the seven that are all one move.

TRACK B — THE MORTGAGE-PROTECTION OPEN

"**Mr. Meyer?** … My name is Ryan Kirchberger — **and I want to be your broker.**" *(beat — let it land)*

"You asked about mortgage protection on the house. Still owe about one-eighty?" *(yes)*

"Good. Then here's what happens now. I represent the top carriers in the country, and I make them compete for you. No exam. No nurse at your kitchen table. No six weeks of waiting. The application happens right here on this call, and **if your health run comes back clean**, you're covered before we hang up. The only thing that comes in the mail is a policy with your name on it."

Never drop "if your health run comes back clean." Honesty hinge.

Aged: "You asked about protecting the house a while back, and whoever was supposed to call you never did. **That's how I got so lucky.** Is it handled, or still open?"

60+, declined before, or priced out: "At your age a term big enough to pay it off costs more than most people keep. What saves the house is a year of payments, so she sells on her timeline and not the bank's. Twenty thousand, about a hundred and thirty a month, never expires, pays from day one, outside probate."

INTRO REBUTTALS — ALL SEVEN ARE THE SAME MOVE

Agree, ask, keep going. Never argue. Learn the shape and you have all of them.

THEY SAY	YOU SAY
Not interested	"Sure you are, you asked. What happened, nobody ever actually priced it for you? Let me be the first."
I'm all set / I'm good	"Oh, you're good? That makes my job easier. Just so I can close the file out, what did you get in place?"
Who is this / where'd you get my info	"You filled out a request — you listed **[name]** as your beneficiary. Do you remember that?"
I'm busy	"Perfect, I'm fast. Or seven tonight. I keep my word to the minute."
Send me something in the mail	"I will — the policy. Everything before that is two questions. Birthday first?"
I already have coverage	"Good, you're ahead of most. What's it pay, and when does it end?"
Take me off your list	"Done, you're off. Before I go — was it the timing or the money?" *(then honor it)*

Do-not-call is not a rebuttal. If they ask to be removed, remove them. Log it. Move on.

ACTS 2 & 3 — FRAME, DISCOVER

Who you are, what happens next, and everything the case needs.

ACT 2 — FRAME

THE QUALIFIER THAT SOUNDS LIKE SMALL TALK

> "Quick question for you — are you currently working, retired, or disabled?"
>
> > *Working part time.*
>
> "Yeah, working part time? I'm working too, full time. Ok. So yeah."

WHY: this is occupation and income underwriting wearing a friendly coat. "I'm working too" is similarity — you are a peer, not a salesman. **DISABLED IS A REAL ANSWER** — it routes the case (see the stop list).

THE HOT BUTTON, HANDED TO THEM

> "When you filled this request out — are you like most people, where you're trying to cover your funeral expenses and also leave a little something behind for your **[relation]**, **[name]**? What's the reason?"
>
> > *Burial, and a little extra.*
>
> "Leave a little extra? So you're like most people, right?"
>
> > *Yeah, I guess so.*
>
> "I guess so, yeah. Yeah, very common. You're like me too, when I got a policy. Ok, makes sense."

WHY: social proof gives them the acceptable answer. Asking twice converts the hedge into a yes. "When I got a policy" says you own what you sell. **WRITE THE REASON DOWN VERBATIM — IT COMES BACK AT THE CLOSE.**

THE BROKER BLOCK

> "So, _____, just so you know who you're actually speaking with — my full name is Ryan Kirchberger, and I'm a **licensed life insurance producer** in the state of **[state]**. My NPN is 21559597, you can look it up.
>
> So what does that mean? My job is pretty simple. I'm not like most guys you'd talk to, who work for one single life insurance company. I'm a broker. I'm contracted with A-rated carriers, and the whole goal here is to scan through them and shop around — to save you time, but also save you money. Does that make sense?"

WHY: authority, differentiation, and "does that make sense" harvests another yes. **PRODUCER, NOT UNDERWRITER** — the carrier underwrites, you sell; on a recorded line the wrong word is a real exposure and the authority weight is identical. Name the carriers you actually hold; the shelf grows, the sentence does not have to.

ACT 3 — DISCOVER

THE HEALTH QUICK-RUN

> "Quick health run — and I'm shopping you, not judging you. Birthday? Do you smoke, or use any nicotine at all? Any conditions or prescriptions? Heart, stroke, cancer, diabetes? Height and weight?"

WHY: "shopping you, not judging you" is the permission line. Ask nicotine as nicotine — patches, gum, pouches and vape all count at most carriers.

Route the answers live against the underwriting pages at the back. Knockouts first: if one is present, stop shopping and go to a graded or guaranteed-issue plan. Do not submit a known decline.

TRACK B ONLY — THE HOUSE

> "The payment each month? Years left on it? What's the place worth today?"

THE MONEY

> "Expenses first: what goes out each month? … And what comes in? … So what's left over, roughly?"

WHY: that leftover number is the premium budget. Never quote above it.

WHAT THEY ALREADY HAVE

> "Anything in place now?"
>
> *(work coverage)* "That's theirs, not yours. It stays with the desk when you leave. You want one with your name on it."
>
> **The golden question:** "Do you have any accounts that would pay out to your family the week after — without a court involved?"

WHY: almost always no. It opens the gap between savings and a death benefit without you asserting anything.

ACT 4 — COMMIT

The beneficiary sequence. Nothing here is about insurance.

This act is the heart of the aged call. Nothing here is about insurance. All of it is about who they are to the person they named. Run it slowly.

ACT 4 — COMMIT: THE BENEFICIARY SEQUENCE (VERBATIM)

"Ok, _____ — we talked a little earlier, you said your **[relation]**, **[name]**, is going to be your beneficiary on the policy. So when you do pass away — because we eventually do — he's the one paying for the funeral expenses and picking up the pieces tomorrow."

> *Yeah.*

WHY: the stakes move off them and onto someone they love. People will not buy for themselves and will buy for a name.

"Awesome. I mean, you guys sound like you're good friends. Obviously you two are **[relation]**, best friends, right?"

> *Yeah, he's ok. Not that super close.*

WHY THE OVERSTATEMENT: you deliberately overshoot so they correct you. The correction is the opening.

"Yeah — but he's your blood **[relation]**, and that's why you put him down. Obviously you'd do anything for him, no matter what."

> *Yeah, definitely. That's my **[relation]**.*

WHY: now they are defending the relationship to you. They just argued your case out loud.

"So he cares about you too. And that's why he's your beneficiary."

THE STATUS FLIP

"What kind of advice do you have for me about being a good **[relation]**? I'm actually a **[relation]** too."

> *(they talk — let them)*

"Absolutely. I agree, man. Thank you for telling me that — I do love my **[relation]** too."

WHY: you asked them to mentor you. Nobody hangs up on someone they are teaching. And the whole sequence is one long compliment about the kind of person they are — people buy to stay consistent with an identity they have just been praised for. **TAKE THIS AS THE MAIN COMPLIMENT.**

LUXURY OR NECESSITY

"So let me ask you straight, _____ — is this a luxury, or is this a necessity?"

> *Necessity.*

"Right. So the question was never whether. It's which one."

WHY: the binary has only one answer they can live with saying out loud. From here the call is arithmetic.

TRACK B — PAYOFF PLAN OR PAYMENT PLAN

"Two doors, and they're two different policies with two different price tags."

Door one is the big policy. It covers the whole one-eighty — something happens, the house is paid off outright. Biggest protection, biggest monthly bill."

Door two is the smaller policy. It covers years of payments instead. The check lands, she keeps the house running, or she sells it on her schedule. A fraction of the monthly cost, and it never expires."

"Most people take door two. I would. Which one?"

THE READ-BACK — DO NOT PARAPHRASE

"_____, remember what you told me? **[their reason, word for word, from your notes]**. You said it, I wrote it down, and neither of us can unhear it."

WHY: their sentence, in their words, returned at the decision point. This is the highest-leverage line in either track, and it only exists if you wrote it down in act 2.

ACTS 5, 6 & 7 — PRESENT, CLOSE, WRITE

Credibility, the three numbers, the two objections, the application.

ACT 5 — PRESENT

> "Write this down — my name, my producer number, my cell. Look me up. I want you to. Ryan Kirchberger, NPN 21559597, (860) 803-2795."

> "Your carrier's **[X]**. A-rated. I don't place people with companies I wouldn't use myself."

THE THREE NUMBERS

> "Now grab a pen. I'm going to give you three numbers, and you're going to make one of them disappear."

> "**[high]** ... **[middle]** ... **[low]**. Cross one off. Gone."

> "Two left. Which one's yours?"

> "**That's the one I circled.** Spell your first name for me."

WHY: removal instead of selection — they are never asked to say yes, only to eliminate. "That's the one I circled" reveals you had their answer before they did. "Spell your first name" starts the application without announcing it.

Build the three around the leftover number from act 3. The middle one should be the one you want. Never lead with a number you need them to reject.

ACT 6 — CLOSE: THE TWO THAT ACTUALLY COME UP

"Let me think about it."
"Take all the time you want — right after you tell me which part. Is it the price, or is it the whether? ... If it's price: start at the bottom and raise it any time you want. Spell your first name."

"I need to talk to my spouse."
"Smart. Put her on — or both of you at seven tomorrow, and I'll hold the quote. Which is easier?"

WHY: both are split in two, and neither branch is no. Price becomes a smaller number; whether goes back to their own read-back.

THE REST OF THE CARDS

THEY SAY	YOU SAY
Can't afford it	"Most people say that right before I show them it's less than the phone bill. What's left each month after the bills?"
I've got savings	"Good, you're ahead of most. But the day it happens, the savings become the funeral fund and the family lives on nothing. This check lands day one; the savings stay for living."
Covered at work	"That's theirs, not yours. Gone when you leave. Want one with your name on it?"
PMI covers it	"PMI protects the bank. I don't work for the bank."
I'm too old / I'll get declined	"That's my problem, not yours. That's the whole reason I carry more than one carrier."
Call me next month	"I will. What changes next month?"
It's a scam	"Look me up while we're talking. NPN 21559597. I'll wait."

ACT 7 — WRITE

> "No exam — they check your social against your records. What's your social?"

> "Driver's license number and state?"

> "It goes live when the first payment clears, and the account has to match your name. Who do you bank with? Checking or savings? Account number? Routing?"

> "Who's the beneficiary — full legal name, relationship, date of birth?"

Read the health questions **exactly as written on the application**. A clean sale rescinded at claim is worse than no sale. If an answer contradicts what they told you in act 3, stop and re-shop the case before you submit.

ACT 8 — LOCK

The policy has to survive the next forty-eight hours.

ACT 8 — LOCK: THE POLICY HAS TO SURVIVE THE NEXT 48 HOURS

More policies are lost in the two days after the sale than in the call itself. This act is not optional.

THE CEMENTING CLOSE, ON THE SAME CALL

> "_____, you did the right thing today, and I mean that. Here's what happens next, so nothing surprises you."

> "You're going to get a call or a letter from **[carrier]** — that's normal, that's them, not me. Your first draft comes out on **[date]**. The policy shows up in the mail in about two weeks with your name on it."

> "Now — somebody in your life is going to hear about this and tell you it was a bad idea. It happens on about half my policies. When it does, don't cancel anything. Call me. That's what my number is for."

WHY: you inoculate the objection before it arrives, and you name the person who will raise it. When it happens exactly as you said, your credibility goes up instead of down.

EMERGENCY CONTACTS

> "Last thing on the application — if the carrier can't reach you, who do they call? Name and number. And is that the same person as **[beneficiary]**?"

WHY: persistency. A policy with a second contact lapses far less. It is also a second name on the file.

SAVE MY NUMBER

> "Save my number right now, while we're on. Ryan Kirchberger. **You just got a broker.** It's submitted. Forty-eight hours, I call you either way. I keep my word to the minute."

Then text the card link, so the callback shows a name and a face: **ryankirchberger.pages.dev**

THE APPROVAL CALL — 48 HOURS, WHATEVER THE ANSWER

> **Approved:** "_____, you're approved. **[carrier]**, **[face]**, **[premium]**, effective **[date]**. You're covered. Anybody in your life you'd want me to take care of the same way?"

> **Declined or rated:** "That carrier passed. That's exactly why I carry more than one. Here's what I've already got lined up instead — give me until **[time]**."

WHY: calling on a decline is what makes you a broker instead of a guy with a quota. Most agents go silent, and that silence is where their book goes to die.

THE REFERRAL, WHILE THEY'RE PLEASED

> "One more thing. Who do you know that's overpaying — or carrying nothing at all? I take care of them, and you look like the genius who sent me."

> **Beneficiary version:** "Nothing's wrong — **[name]** set this up. Write down my name and the claim number. … He covered you. What covers your side?"

WHAT GOES IN THE LOG THE MOMENT YOU HANG UP

- Their reason, **verbatim** — not your summary of it
- Beneficiary name, relation, and anything they said about the relationship
- Every health answer, with the carrier you routed to and why
- The three numbers you gave and which one they crossed off
- The exact objection, in their words, if it did not close
- Callback time, on the calendar, not in your head

A repeated objection is a defect in the opener, not a defect in you. Three of the same objection in a day means the script changes that night.

UNDERWRITING — THE STOP LIST

Knockouts, nicotine, build. Run this before you quote.

Run this page before you quote anything. A knockout present means you stop shopping and route to graded or guaranteed issue. Submitting a known decline costs the client time, costs you the case, and marks the file.

KNOCKOUTS — A YES HERE ENDS THE STANDARD SHELF

1. HIV/AIDS, ever.
2. Currently bedridden, in a hospital, nursing home, skilled facility, or hospice; receiving home health care; needing help with daily activities; wheelchair or scooter for a chronic illness.
3. Home oxygen (sleep-apnea CPAP is exempt everywhere; a nebulizer is exempt unless for COPD).
4. Dialysis or end-stage kidney disease.
5. Organ or bone-marrow transplant, had or advised.
6. ALS, Alzheimer's or any dementia, Huntington's, Down syndrome, cerebral palsy, cystic fibrosis, sickle cell (most carriers).
7. Congestive heart failure, ever, at Foresters, MoO, AHL, Americo, FE Express. Implanted defibrillator at MoO, AHL, Americo.
8. Cancer that spread, came back, or occurred more than once; active cancer; cancer treated within 2 years at MoO, Transamerica, AHL (Corebridge: graded to 24 months).
9. Terminal illness (12 months; Americo 24).
10. Surgery, tests, or a hospitalization advised in the last 12 months with the result unknown.
11. Insulin shock, diabetic coma, or an amputation from disease.
12. Alcohol or drug treatment, or illegal drug use, within 2 years: decline at Transamerica and FE Express; graded or modified elsewhere; graded at Americo (Select 3).
13. Felony or incarceration: current = decline at FE Express and Corebridge; MoO graded 2 years; Transamerica decline 0-3 years.
14. Outside the build chart at every carrier that publishes one (Foresters, MoO, Transamerica, Americo, Corebridge, UHL).

TOBACCO AND NICOTINE — ASK IT AS NICOTINE, NOT AS SMOKING

CARRIER	LOOK-BACK	WHAT COUNTS
Foresters PlanRight	12 months	No tobacco or nicotine of any kind
Foresters Strong Foundation	12 months, cigarettes only	Cigars, pipe, chew, patches, vape, marijuana allowed at non-tobacco
Mutual of Omaha (both)	12 months	Any nicotine incl. gum, patch, cigar, vape; no cigar exception on simplified issue; marijuana ok
Transamerica FE	12 months	Marijuana within 24 mo = graded (older guide)
Corebridge Select-a-Term	12 / 36 / 60 months	Standard Plus / Preferred / Preferred Plus; occasional cigar exception with clean cotinine
Banner OPTerm	12 / 24 / 36 months	Standard / Preferred / Preferred Plus; pouches, gum, patches, vape all count; one cigar a month exception
Americo Eagle Select	12 months	Nicotine class on Select 1 and 2; Select 2 nicotine to age 75
Americo Instant Decision Term	24 months	Any nicotine product
United Home Life	12 months	No nicotine, e-cigarettes, or vaping
Kansas City Life	Unverified	Licensed in MA; quit period not published
SBLI EasyTrak	Nicotine / non-nicotine classes	Quit period not published; Living Legacy FE discontinued 2026-03-09

BUILD — MAXIMUM WEIGHT BY HEIGHT

HEIGHT	FINAL EXPENSE	TERM
5'0"	214 (MoO) / 201 (Foresters Level)	203 Standard at 5'4" (Banner)
5'4"	239 (MoO) / 229 (Foresters)	203 (Banner Standard)
5'8"	268 (MoO) / 260 (Foresters)	231 (Banner Standard)
6'0"	300 (MoO) / 292 (Foresters)	261 (Banner Standard)
6'4"	325 (Foresters)	293 (Banner Standard)

Outside the chart at every carrier that publishes one means the case is a knockout. Ask height and weight in the same breath as the birthday, so it never feels like the moment it became a problem.

UNDERWRITING — CONDITIONS

Where the case goes.

They name the condition, you name the carrier. That speed is the entire advantage of being a broker instead of a captive agent.

CONDITIONS — WHERE THE CASE GOES

CONDITION	TERM	FE LEVEL	NOTES
Type 2 diabetes, pills, no complications, diagnosed at 45 or older	Foresters Strong Foundation; MoO Term Express; Banner/Corebridge rated by A1c	Transamerica Standard	Ask A1c if they know it. Add tobacco or a Table 2 build and MoO Term Express declines.
Diabetes diagnosed before 45 (Term Express) / before 20 (Transamerica)	MoO Term Express declines; Foresters term case by case; Corebridge declines juvenile onset under 20	Foresters (onset age does not matter); Americo	Onset age is the question, not the drug.
Insulin, no complications	Usually no on simplified term; Banner/Corebridge full underwriting by control	Foresters (any onset); MoO if diagnosed 45+; Transamerica Standard; UHL Deluxe	Units a day and any complications decide the rest.
Diabetes with neuropathy, retinopathy, or kidney involvement	Decline (MoO, Corebridge 'complicated diabetes')	Foresters if the nerve/kidney drug is over 2 years old	Amputation, insulin shock, or coma = decline everywhere.
Heart attack, stent, or bypass under 12 months ago	Decline / postpone (Banner and Corebridge: MI within 6 months)	None	The clock: 12 months, then 24.
Heart attack, stent, or bypass 12 to 24 months ago	Rated at full underwriting; simplified term mostly no	Transamerica Standard; Foresters Standard (13-24 mo)	Ask the month. Two days past the anniversary changes the tier.
Heart attack, stent, or bypass over 2 years ago, stable	Full underwriting, rated; Foresters non-med may decline	Foresters Preferred; MoO Level; Transamerica Preferred/Standard; Americo Eagle Select 1 or 2 (if past the 12-month lookback)	Get the cardiologist's name for the record.
Congestive heart failure, ever	Decline	None	Decline at Foresters, MoO, AHL, Americo, FE Express, Corebridge if with defibrillator. Entresto or a diuretic + digoxin combo is the tell.
Atrial fibrillation on a blood thinner	Full underwriting; simplified term mostly no (Eliquis ineligible at MoO TLE)	Foresters Level; Transamerica Standard	A past clot is not afib. Ask what the thinner is for.
Stroke or TIA	Postpone / decline (Corebridge within 1 yr; Banner postpone)	Foresters over 2 yrs; MoO over 2 yrs; Transamerica Standard; AHL Standard after 2 yrs	Date of the event, and whether they walk and drive.
Cancer treated within the last 2 years (not basal/squamous skin)	Decline (current treatment)	None	Type, date of last treatment, and whether it ever came back.
Cancer 2 to 4 years out, no recurrence	Full underwriting, rated; Banner wants 12+ months and a call	Transamerica Standard; Foresters after 3 yrs	Hormone therapy still running (tamoxifen, Lupron) may read as active; ask.
Cancer over 4 years out	Full underwriting, often standard	Everywhere	Two or more cancers, or a recurrence, is a knockout regardless of date.
COPD or emphysema, no oxygen	Decline at MoO TLE and Corebridge if severe; Banner if hospitalized within 1 yr	Transamerica FE Express Select (mild); AHL Standard (not MA)	Inhaler count matters at Transamerica. Oxygen = decline.
Asthma, controlled	Yes (severe chronic asthma declines at MoO TLE)	Everywhere	Confirm it is asthma, not COPD relabeled.
Hepatitis C, treated and cured	Full underwriting by liver labs	Transamerica Standard if cured over 24 mo; Foresters Standard tier	Cure date and any cirrhosis. Cirrhosis is a decline.
Parkinson's, independent in daily living	Decline at MoO TLE (Sinemet); full underwriting rated	Transamerica Standard; AHL day-one level (not MA)	Ask about falls, walking aids, and self-care.
Bipolar or schizophrenia, stable	MoO TLE ineligible on the drugs; full underwriting by history	Foresters (psychotic disorder, controlled, Level)	Psychiatric hospitalization within 2 years is graded at MoO.
Alcohol or drug treatment within 2 years, or current Suboxone/methadone	Decline (Corebridge 2-3 yrs; Banner 2-3 yrs)	None	Sobriety date is the tier. Over 4 years: Transamerica Standard, over 10 Preferred.
DUI within 2 years	Top classes gone at Banner; Corebridge two DUIs in 5 yrs = decline	Foresters (not a health question)	Ask about license status.
Oxygen, dialysis, dementia, transplant, HIV, hospice, bedridden, ALS	Decline	None	Do not quote level. Say so kindly, and place what can be placed.

UNDERWRITING — MEDICATIONS

What the carrier reads into the prescription.

How to use this live: they name a drug, you find the row, and the row tells you what the carrier will read into it. The drug is rarely the problem. What the drug implies is.

MEDICATIONS — WHAT THE CARRIER READS INTO IT

DRUG	SIGNALS	WEIGHT	NOTE
Metformin	Type 2 diabetes, oral	Fine	Level nearly everywhere. Onset age matters: MoO graded if diagnosed under 45 (Term Express declines under 45); Transamerica graded if onset under 20.
Januvia, Jardiance, Farxiga	Type 2 diabetes; Jardiance/Farxiga also for heart failure or kidney disease	Ask dates	Fine for diabetes. If for heart failure or CKD it is a CHF/kidney signal, which is a decline at Foresters, MoO, AHL, Americo.
Ozempic, Trulicity, Mounjaro	Type 2 diabetes, or weight loss	Ask dates	Fine for diabetes. Weight-only use: check the build chart; unexplained loss over 10 lbs is graded at MoO and Corebridge.
Insulin (Lantus, Humalog, Novolog, Basaglar)	Insulin-treated diabetes	Ask dates	Level at Foresters regardless of onset; MoO level if diagnosed 45+ with no complications; Transamerica Standard; UHL Premier excludes, Deluxe accepts. Ask onset age, units a day, any complications.
Lyrica, gabapentin, Neurontin, Cymbalta (if for neuropathy)	Diabetic neuropathy when paired with a diabetes drug	Graded likely	Diabetes drug + nerve drug within 2 years = Modified at Foresters, graded at MoO. Non-diabetic use (pain, seizures, depression) is level.
Lisinopril, losartan, amlodipine, metoprolol, atenolol	Blood pressure	Fine	Level. Watch the combo: spironolactone + loop diuretic + ACE/beta-blocker reads as CHF at Foresters; beta-blocker + blood thinner reads as afib.
Atorvastatin, Lipitor, Crestor, statins	Cholesterol	Fine	Level everywhere.
Plavix (clopidogrel), Brilinta, Effient	Stent, heart attack, stroke, or PAD	Ask dates	MoO asks the reason. Tier follows the cardiac clock: MoO decline inside 12 months, graded to 2 years; Foresters Basic under 2 years; AHL modified 1 year; Americo Select 3 (graded) inside 12 months.
Eliquis, Xarelto, Pradaxa	Atrial fibrillation, OR a past clot (DVT/PE)	Ask dates	The distinction is the whole answer. Afib = irregular rhythm: MoO graded within 2 years, Americo Select 3 (graded) within 12 months. A resolved clot over 2 years old is level at Foresters and Transamerica. MoO Term Express: ineligible.
Warfarin, Coumadin	Afib, clots, or a mechanical valve	Ask dates	Same distinction as above. Valve replacement within 2 years = Modified at Foresters.
Nitroglycerin, Nitrostat, Imdur, isosorbide	Angina, coronary disease	Graded likely	Foresters: first fill under 2 years Modified, over 2 years Level. Transamerica: within 12 months graded, 13-24 standard, over 2 years preferred. Americo: angina within 12 months = Select 3 (graded).
Lasix, furosemide, Bumex, torsemide	Edema, blood pressure, CHF, kidney	Ask dates	Get the reason. For blood pressure or ankle swelling: usually level. For heart failure: decline at most carriers.
Digoxin, Lanoxin	Afib or heart failure	Graded likely	MoO asks the reason; Term Express ineligible. Foresters counts it toward the CHF combo.
Entresto, carvedilol/Coreg (for CHF)	Heart failure, cardiomyopathy	Decline / GI	CHF is a knockout at Foresters, MoO, AHL, Americo, Transamerica FE Express. Transamerica Solutions: graded. Coreg for plain blood pressure is fine; ask.
Amiodarone, Multaq	Serious arrhythmia	Graded likely	MoO Living Promise graded; Term Express ineligible.
Ranexa	Chronic angina	Graded likely	MoO graded-eligible drug. Same cardiac clock as nitroglycerin.
Spiriva, Anoro, Tudorza, Daliresp, Breztri	COPD, emphysema	Graded likely	MoO graded (COPD ever); Foresters Standard tier; Transamerica graded; Americo Select 3 (graded). Exceptions that write level: AHL Standard (not sold in MA), CICA (not MA). COPD with oxygen = decline everywhere.
Advair, Symbicort, Dulera, Trelegy	Asthma OR COPD	Ask dates	Asthma = level (Foresters Level). COPD = graded per the row above. Transamerica: six or more inhaler fills in 12 months = Standard. Ask which.
Albuterol, ProAir, Ventolin	Asthma rescue inhaler (or COPD)	Fine	Level if asthma. Confirm not COPD. MoO Term Express declines chronic severe asthma.
Prednisone, long-term	COPD, RA, lupus, transplant, cancer	Ask dates	The weight follows the condition it is for. Short courses for a cold or a rash are nothing.
Oxygen at home (not CPAP)	Respiratory failure	Decline / GI	Knockout at Foresters, MoO, AHL, Americo, Corebridge. Sleep-apnea CPAP is exempt everywhere; a nebulizer is exempt unless for COPD.
Aricept (donepezil), Namenda, Exelon, Razadyne	Dementia, Alzheimer's	Decline / GI	On every carrier's ineligible list. Only guaranteed issue, and often not even that.
Sinemet, carbidopa-levodopa, Azilect, Mirapex	Parkinson's	Graded likely	MoO graded (4-year); Foresters Standard tier if independent in daily living; Transamerica Standard. Ask about walking and self-care.
Keppra, Dilantin, Lamictal, Depakote (for seizures)	Seizure disorder	Ask dates	Control decides. Transamerica: six or more seizures in 12 months graded. Ask the date of the last seizure. Depakote/Lamictal can also mean bipolar; ask.

UNDERWRITING — MEDICATIONS (CONT.)

What the carrier reads into the prescription.

MEDICATIONS, CONTINUED

DRUG	SIGNALS	WEIGHT	NOTE
Copaxone, Tecfidera, Ocrevus, Avonex, Rebif	Multiple sclerosis	Graded likely	MoO graded (4-year); Term Express ineligible; Transamerica Standard. Ask about mobility.
Lexapro, Zoloft, Prozac, Celexa, Wellbutrin, trazodone	Depression, anxiety	Fine	Level everywhere when controlled. Wellbutrin (bupropion) is also Zyban for quitting smoking; ask.
Xanax, Klonopin, Ativan	Anxiety, panic	Fine	Level. Confirm no substance-abuse history; a psychiatric hospitalization within 2 years is graded at MoO.
Adderall, Vyvanse, Ritalin	ADHD	Fine	Not on FE lists. Ask the reason.
Lithium	Bipolar	Graded likely	MoO graded (bipolar within 4 years); Term Express ineligible; Corebridge graded (36 months); UHL Premier excludes.
Seroquel, Abilify	Bipolar or schizophrenia, OR add-on for depression, OR sleep (Seroquel off-label)	Ask dates	MoO asks the reason. For depression: level. For bipolar or schizophrenia: graded at MoO and Corebridge.
Zyprexa, Risperdal, Geodon, Invega, Latuda, Haldol, clozapine	Schizophrenia, bipolar	Graded likely	MoO graded; Term Express ineligible. Ask about hospitalizations in the last 2 years.
Suboxone, buprenorphine, Sublocade	Opioid dependence, in treatment	Graded likely	Treatment within 2 years: decline at Transamerica; Basic at Foresters; modified at AHL; graded at MoO; graded (Select 3) at Americo; Over 2 years clean, doors reopen.
Methadone	Opioid dependence OR chronic pain	Graded likely	Same 2-year clocks. Term Express ineligible. Ask which use.
Naltrexone, Vivitrol, Antabuse, Campral	Alcohol or opioid dependence	Graded likely	MoO graded; Foresters Modified within 2 years. Ask the sobriety date; it is the tier.
OxyContin, oxycodone, Percocet, fentanyl patch, morphine (chronic)	Chronic pain, or cancer pain	Graded likely	Transamerica: six or more narcotic fills in 12 months = graded. Morphine: Term Express ineligible. Cancer pain = current cancer, decline. Ask reason and how often it is filled.
Tamoxifen, Arimidex (anastrozole), Femara (letrozole)	Breast cancer, adjuvant, taken 5-10 years after	Ask dates	The date decides. Cancer within 2 years: decline at MoO, Transamerica, AHL; within 4 years graded at MoO; Foresters Basic if first fill under 3 years. Past those clocks: level.
Lupron, Eligard, Zoladex, Xtandi, Zytiga	Prostate cancer under hormone treatment	Decline / GI	MoO ineligible. Active treatment reads as current cancer on level products. Transamerica Solutions may write Standard if onset over 2 years; ask.
Gleevec, Imbruvica, Revlimid, Keytruda, Opdivo, Rituxan	Leukemia, lymphoma, myeloma, active cancer	Decline / GI	MoO ineligible. Foresters: current cancer no coverage. Universal knockout while active.
Methotrexate	Cancer OR rheumatoid arthritis	Ask dates	For RA: FE mostly level (MoO Term Express declines moderate-severe RA). For cancer: active treatment, decline.
Humira, Enbrel, Remicade, Xeljanz, Rinvoq	Rheumatoid arthritis, Crohn's, psoriasis	Ask dates	FE usually level. MoO Term Express declines moderate-severe RA on these. Lupus within 4 years graded at MoO.
Plaquenil, Benlysta	Lupus	Ask dates	MoO graded within 4 years; Foresters Basic within 2 years.
Biktarvy, Genvoya, Atripla, Stribild, Dovato	HIV	Decline / GI	HIV is a knockout on every level product here. Truvada and Descovy can be PrEP (prevention), which is not HIV: MoO asks the reason.
Harvoni, Epclusa, Mavyret	Hepatitis C, treated	Ask dates	MoO: hep C ever = graded. Transamerica: cured over 24 months = Standard. Foresters chronic hepatitis = Standard tier. Get the cure date.
Renvela (sevelamer), PhosLo, Veltassa, Lokelma, Epogen	End-stage kidney disease, dialysis	Decline / GI	Dialysis is a knockout at Foresters, MoO, AHL, Americo, UHL, Transamerica FE Express. CKD stage 4-5 without dialysis: graded at Transamerica, MoO within 4 years.
Prograf (tacrolimus), cyclosporine, CellCept	Organ transplant	Decline / GI	Transplant, had or advised, is a Part One question everywhere. Corneal transplant is exempt at Transamerica.
Synthroid (levothyroxine), Flomax, Viagra/Cialis, omeprazole, allergy meds, vitamins	Thyroid, prostate, ED, reflux	Fine	Not on any list. Cialis can also be Adcirca for pulmonary hypertension (Term Express ineligible); ask if the dose is daily.
Chantix, Zyban, nicotine patch or gum	Quitting tobacco	Ask dates	A fill inside the last 12 months means tobacco rates at every carrier with a 12-month rule. Nicotine replacement counts as nicotine at MoO, Banner, Americo, UHL.
Wegovy, Zepbound, Saxenda, phentermine	Weight loss	Ask dates	Check the build chart at the current weight. Foresters and Banner add back half of weight lost in the last 12 months. MoO and Corebridge treat unintentional loss over 10 lbs as graded.

UNDERWRITING — THE SHELF

Quote only what you can write.

Status is the first column for a reason. Quote only from a carrier you can actually write today. Foresters is appointed but not writable in Massachusetts until the fraternal licence lands.

THE SHELF

CARRIER / PRODUCT	STATUS	AGES	FACE AMOUNTS
Foresters PlanRight (FE whole life)	CONTRACTED #956595 - MA FRATERNAL APPOINTMENT PENDING	50-80 (81-85 reduced)	Preferred $5k-$35k; Standard to $20k; Basic to $15k
Foresters Strong Foundation (non-med term)	CONTRACTED #956595 - MA FRATERNAL APPOINTMENT PENDING	18-80	$50k min; $500k to age 55; $250k at 56+
Mutual of Omaha Living Promise (FE)	Pending	Level 45-85; Graded 45-80	Level $2k-$50k; Graded $2k-$20k
Mutual of Omaha Term Life Express	Pending	18-75 (shorter terms at older ages)	$25k to $550k (18-50), $450k (51-60), $350k (61-75)
Transamerica Immediate Solution / 10-Pay / Easy Solution (FE)	Pending	0-85; Easy (graded) 18-80	To $50k (0-55), $40k (56-65), $30k (66-75), $25k (76-85); Easy $1k-$25k
Transamerica FE Express Solution (2024)	Pending	18-85; Graded 18-80	$5k-$50k to age 75, $25k at 76-85; Graded $5k-$25k
Corebridge (was AIG) SimpliNow Legacy (FE)	Pending	50-80	Level (Legacy Max) $25k-$35k by age; Graded $25k; GI 50-85 $5k-$25k
Corebridge Select-a-Term	Pending	20-80	$100k min
SBLI Living Legacy (FE): DISCONTINUED	Gone	n/a	n/a
SBLI EasyTrak Digital Term	At carrier	18-74 by term	$100k-$1M instant (18-50), $500k (51-60)
Banner / LGA OPTerm	At carrier	20-75 (10/15 yr); younger caps on longer terms	$100k min; accelerated to $5M ages 20-60, $500k ages 61-70
Kansas City Life Signature Term Express	At carrier	Not published	$50k-$300k
Americo Eagle Select 1 / 2 / 3 (FE) (replaced Eagle Premier and Eagle Guaranteed)	Prior appointment; confirm status	Select 1: 40-85; Select 2: 40-85 (nicotine to 75); Select 3: 40-75	Select 1 and 2: $5k-$50k level; Select 3: $5k-$25k, 2-year graded
Americo Instant Decision Term (Home Mortgage Series)	Prior appointment; confirm	20 to 50-75 by product	$25k-$450k, no paramed
United Home Life Express Issue / Deluxe / Premier / Provider	Pending	20-80 (EIWL 25-80)	EIWL $2k-$25k (graded); Deluxe $5k-$50k; Premier to $100k; Provider to $150k
Liberty Bankers SIMPL (FE)	At carrier	18-80	varies
American Home Life (AHL) Patriot Series (FE)	Invited	40-89	$2,500 to $50k by age
Royal Neighbors Ensured Legacy (FE)	Not contracted	50-85	$5k-$40k
CICA Life Superior Choice (FE)	Not contracted	0-85	$1k-$30k

Full tier, rider, and graded-period detail lives in the 11-page Field Underwriting Guide (sheet 07 of the kit). This page is the mid-call view.