



ASB Financial

# Presentation Guide



*Luck is what happens when preparation meets opportunity.*

# The Key to Success

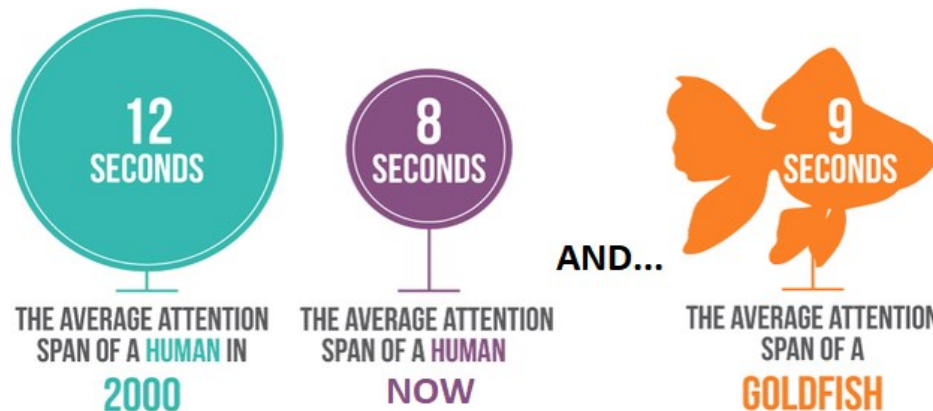
Mastering each step of the presentation cycle is the key to success. Practice and repetition will be crucial. This presentation system has the potential to make a good agent great. It is designed to facilitate and enhance your results.

## PRESENTATION CYCLE

<b>Why Use a Visual Aid?</b>	<b>3</b>
<b>STEP 1: The Warm Up</b>	<b>4</b>
<b>STEP 2: Professional Introduction</b>	<b>5</b>
<b>STEP 3: The Flip Book</b>	<b>6</b>
<b>STEP 4: Fact Finding</b>	<b>9</b>
<b>STEP 5: Provide Needs Based Solution</b>	<b>12</b>
Medicare	12
Post-Hospital Care & Life Insurance	14
Financials	15
SAGE Tuition Rewards	16
<b>STEP 6: Closing</b>	<b>17</b>
<b>STEP 7: The Warm Down</b>	<b>18</b>
<b>THE SECRET STEP: Referrals</b>	<b>19</b>

# Why Use a Visual Aid?

Before we get into the actual Presentation Cycle, let's talk about WHY we use a visual aid. Simply put, humans have a worse attention span than goldfish!



The flip book is an important visual tool that will not only help your clients pay better attention, but will also help them retain and connect to what you are saying.

**Visuals are processed 60,000 times faster than text!**



**What do people retain?**



One of the main reasons why attention spans are short is due to the sheer amount of information people are being inundated with via various technologies. This is why our flip book is formulated to be a concise and CONCEPT focused.

# Step 1: The Warm Up

This is a relationship business. The first block to building that relationship is the warm up. Although this step is the most important, it is often taken for granted and sometimes skipped. The absolute bottom line is that people buy from people they like and trust. The higher the level of comfort with the agent, and the higher the level of trust, the higher the likelihood of a successful appointment.

## **You have two main objectives during the warm up:**

### 1) Get people talking about themselves.

This can actually help in your fact finding later! Where are they from?  
What did they use to do? Do they have kids? Grandkids?

**"Everyone's favorite topic is the same: ourselves. Next time you find yourself deep in conversation, be sure to listen. Odds are, if you let the other person talk a lot about themselves, they will think you are fascinating! "**

**"According to one study, talking about oneself activates the same areas of the brain that light up when eating good food or taking drugs. Simply put: self-disclosure is gratifying. It gives a neurological buzz."**

**Let them  
do 80% of  
the talking!**

### 2) Find something you have in common. IT'S ALL ABOUT COMMONALITY!

If you can connect with your client in some area—hobbies, hometown, sports, previous work, pets, college, etc. they will stop seeing you as a sales person, and see you as someone who shares a common interest.



The discussion you have with the client during the warm up needs to be conversational. It is not an interrogation about their personal lives, but simply a tool to get them to relax and feel comfortable with you. You must listen, be sincerely interested and probe into what they are telling you so you can get an insight into what they care about.

Topics that are usually good to avoid: Politics & Religion!

## Step 2: Professional Introduction

The Professional Introduction is designed to help you transition from the Warm Up to pulling out the Flip Book. You don't want to pull the flip book out "cold" without prefacing so the client knows what to expect.

### **In your introduction, you need to cover:**

- 1) Mention that you will review who you are and about our company.
- 2) Explain what you will do for them.

Here is an example of something you might say. Whatever you choose to say, be consistent each time so it gets to flowing smoothly.

#### *(About You)*

\_\_\_\_\_ (client's name), let me tell you how I like to work with all my clients. First, I'd like to tell you about myself and my company, ASB Financial. This way you'll understand, who I am, what my company does, and how we help people like you every day.

#### *(About Them)*

More importantly though, I want to find out more about you, your goals, and how you're doing so far in reaching those goals. As we go through things today, IF I find an area where I can help you, I'll make a recommendation to you. Is that alright with you?

Fair enough? *(Then flip to the first page.)*

# Step 3: The Flip Book

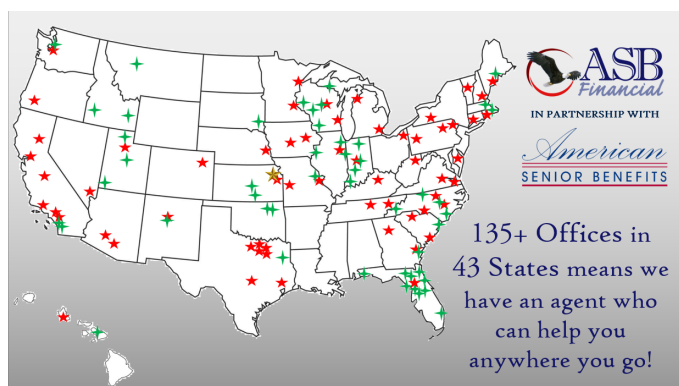
Mastering the flip book takes patience and repetition. You want to keep practicing until you can flow from page to page while maintaining a conversational tone. Once perfected, you won't need to look at the pages and you won't need to think about what you're going to say next. It will be automatic without being robotic.

## Page 1 - About Our Company



It's important to take this time to differentiate how we do business compared to the average insurance broker. For example: "The great thing about ASB is that we work with a huge selection of top-rated companies. Because of that, I can show you what fits your needs best and not just push a product on you. With Medicare, for example, there are so many companies out there, but what works for Bob down the street may not be what's best for you."

## Pages 2 & 3 - Maps



With these pages you want to convey that we are not a "mom & pop" agency, but rather a large national organization with all the backing that goes with that. We are a full service agency with a supporting team of experts in all areas.

Florida has a large snow-bird community. Make sure they know that if they ever go back up North, that we have agents in all areas that can service them.



Don't read the mission statement right off the page. It doesn't need to be said verbatim to be successfully conveyed. Use what you were talking about on the previous pages to lead into the mission statement.

For example: "Being a large company and having all those companies lets us work to a different standard than most agents. That's why our goal when we meet with people like you is to leave you better off than when we got here. It's really important to me to be able to go home at night and know that I improved your situation, even if it's just through some advice or education."



The key to this page is making sure you hit each point enough to make an impression or get a reaction, but you don't want to be too long-winded. The goal is to make sure they know what services we offer outside Medicare and why they are important. The trap here is to NOT get technical or product specific. **STICK TO CONCEPTS.**

**Medical Bills:** “A lot of people worry about the high costs, deductibles and co-pays that can come with their health care. This is the reason I’m here today is to make sure you don’t have any surprise medical expenses.”

**Independence:** “Independence is about making sure you maintain your lifestyle and not being a burden to your family. Have you noticed how hospitals are kicking people out quicker and sicker? Do you remember back in the 60s and 70s when someone got sick—let’s say they broke a hip or had a heart attack—and went into the hospital? How long were they in there? It could be 2, 3, 4 weeks or more sometimes. They’d get to stay in the hospital until they got better, right? You didn’t hear about these home care agencies and recovery centers back then, did you? It’s not like that anymore, is it? Now you see people go in on a Friday for heart surgery and they’re home on Sunday.”

**Legacy:** “Legacy is all about the unexpected events in life. You want to make sure that if something happens, your family is taken care of. Are you aware that, God forbid, one of you were to pass away that the survivor would only get to keep one social security? There are ways to plan for that so you can replace the lost income.”

**Outliving Your Money:** “It used to be that people retired at 65 and lived to 76. So their social security lasted 11 years, their retirement went smoothly and everyone was happy. Now we retire at 65, sometimes even sooner, and we live to be 85 to 100 years old. So you can see why that would cause a problem for a lot of people and that’s why we help our clients map out their retirement to make sure their income lasts.”



# Step 4: Fact Finding

At this point, set aside the Flip Book (*don't put it away*) and pull out your Fact Finder.

Transition example: “What we’ll do now is just get some basic information about you and what you currently have so I can make an informed recommendation.”

The **most important** thing you need to remember when you do a fact finder is to keep it conversational. If you do nothing else right—make sure you do this right. The questions in the fact finder are purely guidelines and are NOT intended to be asked word for word. From practicing, you should develop a flow in how you move through the fact finder that keeps you and your clients comfortable and engaged.

First, you want to know them. You should have learned a lot of this in the Warm Up.

- 1) Where are they from?
- 2) Do they have kids?
- 3) Do they have grandkids?
- 4) What did they used to do? (Or currently do if not retired.)
- 5) How is their health? Do they take any prescriptions?

You don't want to start talking to them about Long Term Care or Universal Life if there is no chance of them passing underwriting. As you become more skilled at Fact Finding, you'll learn to pick your spots and customize the fact finding to the client you are speaking to.

## **Health Insurance**

- If turning 65: What kind of coverage do they currently have? What are they used to having?
- Already on Medicare: What is their current plan? Are they happy with doctor network, benefits, prescription costs, etc...?
- Do they travel a lot? Are they snow birds? Do they need to be able to use their coverage outside the immediate area?
- Are all their prescriptions covered and affordable?
- Do you receive any state assistance or Medicaid?
- Do you use the VA?

## **Asset Protection (Independence / Incidentals)**

You've already spoken to them about their Medicare so the transition is as simple as saying "As I'm sure you know, there are areas that Medicare doesn't cover."

Do you have any plan(s) in place to cover;

- In-Hospital Stays (Hospital Indemnity)
- Dental / Vision
- Post-Hospital Care
- Long Term Care
- Home Health Care

## Life Insurance - Final Expense (Legacy)

Life insurance policies are like cars—there are newer models that come out all the time. Remember, if they already have life insurance, then you don't need to convince them it's important because they already understand that. However, you do want to make sure they have enough coverage.

- **What is their benefit and how much are they paying?**
- **Do they understand what they have—term vs whole vs UL?**
- **When was the last time they reviewed their policy?**
- **How much cash value is built up?**
- **Do they have a Will and/or Trust? Was it created in Florida?**

If they don't have life insurance, then make a note of that and move on to the next section of the Fact Finder for now. Unless there's an obvious sale/serious interest here, move on. You will circle back around to this later.

## Retirement/Savings (Out-Living Your Money)

While most agents have the perception that this is the trickiest part of the fact finder, it's mostly because agents don't always approach it correctly or lose confidence when it comes to asking about their finances. In reality, this section should flow from the others. It's about being confident and asking the right questions the right way. **This is just one example.**



**OBJECTION:** If they hesitate or say “Why do you need to know that?”

**ANSWER:** “It’s my responsibility to make sure I make an educated recommendation and to do that, I have to get a feel for your income and expenses.”

# Step 5: Provide Needs Based Products

We've now completed our fact finding. Through this, we determined that the client has a need, a problem, or an area we may be able to improve. With Life Insurance and Finances, more digging will likely be needed but you should have an idea of what you'll be looking for at this point.

Most likely, you made the appointment to review their Medicare. In most cases, this is what you'll take care of first. As you become more experienced, you may realize that another area or pressing concern needs to be addressed first.

The product pages of your flip book are versatile and not necessarily meant to be flipped through in order. Move to the page you need to reinforce your point or strengthen the conversation.

## **Goals of Presenting Products**

You may think the goal is to “sell,” but in reality your goal is to discover a problem and provide a solution. If done correctly, it will sell itself.

### **1) Show your knowledge and credibility**

You have to know about the topic you're discussing. This doesn't mean you have to have all the answers, but know the concepts and where to get answers.

### **2) Relate the information to their specific situation**

Refer back to information they've given you on themselves. This demonstrates that you've been listening. If you are discussing life insurance and they had mentioned wanting to leave an inheritance, refer to the benefit to their kids and grandkids. It seems obvious but this simple idea often gets overlooked.

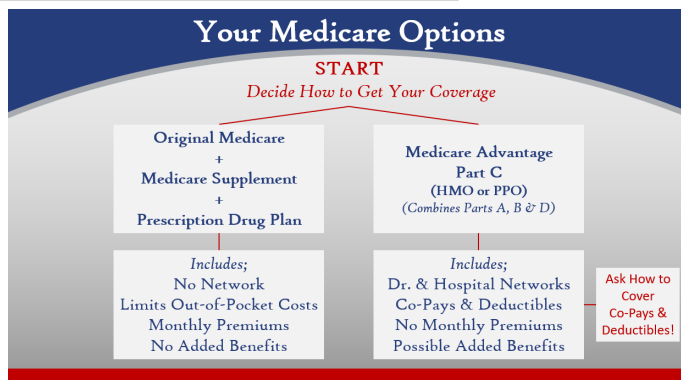
### **3) Overcome objections before they come up**

If you are presenting an annuity, one of the concerns that the client will have is whether or not their investment with you would be safe and secure. Before they can ask this question, show them that our product is safe. Anticipate their possible objections before say them. This takes practice and experience.

### **4) Speak in a language the client understands**

You will be tempted to use too much “insurance jargon” and go too technical. Explain the coverage in plain English. It's the difference between showing them the “Features” and showing them the “Benefits.” Features are characteristics of the product while Benefits are what those features would provide the client.

## Pages 6 & 7 - Medicare



Benefits	A	B	C*	D	F*	G	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%**
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%							
Part B excess charges					100%	100%				
Foreign Travel Emergency (up to plan limits)			80%	80%	80%	80%			80%	80%

\*Plans C and F only available if Part A was effective prior to 01/01/2020.  
\*\*Plan N Part B coinsurance includes small copayment for office visits and emergency room visits.

Out of pocket limits apply

Your approach here will be different depending on if they are T65 or already on a plan. If they are new to Medicare, this page is designed to help narrow down the direction your Medicare presentation will take. If they are already on a plan, use this page to better explain what they have and the alternative.

### Make sure they understand:

- The difference between Original Medicare and Medicare Advantage (Part C.)
  - Original Medicare: Managed and overseen by the federal Center for Medicare Services (CMS.)
  - Part C: Managed and overseen by a private insurance company. Bundles Parts A, B & D into one plan.
- How being on Original vs Part C affects their coverage, benefits and out-of-pocket costs.
- Now is the time to pull out your Medicare Summary or Worksheet to review the costs of Parts A & B.

**ASB Financial** **MEDICARE 2022**  
Parts A & B Summary

**PART A: In-Patient Hospital**  
(Free if you have a minimum of 40 quarters of qualified employment.)

	Medicare Pays	You Pay
Days 1-60	All but \$1,556	\$1,556 (up to 6 times per year)
Days 61-90	All but \$389 per day	\$389 per day
Days 91-150	All but \$778 per day (Days 91-150 are lifetime reserve days. Once used, they are gone forever.)	\$778 per day
Days 151+	Nothing	100% of Costs

**SKILLED NURSING CARE:** Approved facilities only. Must have been admitted to hospital a minimum of 3 days & be treated for the same illness which caused you to enter the hospital. Must show daily progress.

	Medicare Pays	You Pay
Days 1-20	All Approved Costs	Nothing
Days 21-100	All but \$194.50 per day	\$194.50 per day
Days 101+	Nothing	100% of Costs

**PART B: Out-Patient Services (i.e. Doctors, Specialists, ER)**  
\$170.10 per month deducted from your Social Security. Amount can vary based on income.

	Medicare Pays	You Pay
First Annual Expense	All but \$233.00 per year	\$233.00 per year deductible
All Approved Expenses	80%	20%
Excess Charges	Nothing	100% of Excess (While not common, excess charges can be up to 15% beyond Medicare allowable costs.)

**ASB Financial** **MEDICARE CHARGES SUMMARY**

**PART A**  
In-Patient Hospital

Free if you have a minimum of 40 quarters.

Deductible Cost: \$ \_\_\_\_\_ **YOU PAY**

Skilled Nursing Care

Days 1-20 \$ \_\_\_\_\_ **MEDICARE PAYS**

Days 21-100 \$ \_\_\_\_\_ **YOU PAY**

Days 101+ \$ \_\_\_\_\_

**PART B**  
Doctors, E.R., Miscellaneous

Monthly Premium: \$ \_\_\_\_\_ **YOU PAY**  
\*Can vary based on income.

Coinurance Cost: \_\_\_\_\_ % **MEDICARE PAYS**  
\_\_\_\_\_ % **YOU PAY**

Deductible Cost: \$ \_\_\_\_\_ **YOU PAY**

## Page 8 - Independence / Post-Hospital Care

**Independence / Post-Hospital Care**

3 in 4 adults will need some type of extended care in their lives.  
The average length of extended care is 2.5 years.  
www.longtermcare.gov

**Cost of Care in Florida in 2020**

Home Health Aide	\$3,813 per month
Assisted Living	\$3,700 per month
Nursing Home (Private Room)	\$9,703 per month

www.genworth.com/costofcare

**How will you pay for your care?**

- Self-Insure
- Insurance Policy
- Hybrid Policy
- Medicaid (Spend-down w/ limited options)

This page should be used when you're having a conversation about Post-Hospital Care. These are SOURCED statistics so it's a great way to reinforce your conversation since it's not you making the statement. Keep in mind these are average costs so higher quality care will be more. Don't forget to tell them what Medicare does and does not cover for Post-Hospital Care.

## Page 9 - Life Insurance Policy Review

**Life Insurance Policy Review**

- ✓ Do you know where your policy is?
  - ✓ When was the last time your policy was reviewed?  
*Are your beneficiaries correct?*
- ✓ Do your beneficiaries know about the life insurance you currently have?  
*If a claim is not filed after your death, no benefits will be paid.*
  - ✓ Are you still paying premiums?  
*Some older policies can be set up to pay for themselves.*
- ✓ Some life insurance policies can be outdated in their structure or pricing.  
*Could you be paying too much? Do you have enough coverage?*
  - ✓ How much cash value do you have and what is the best way to utilize it?

This is a great page to pull out when someone already has existing Life Insurance in place. It lays out very simply why it's so important to review their policy. Here's a great analogy to use: "Life Insurance is like owning a car. It may run well when you first get it, but it needs maintenance over time and eventually you notice the newer models have additional features that you don't have. Your policy is the same way, it needs to be checked regularly and you may find there are newer policies out there that can offer you more benefits."

Also, don't forget that the CSO Mortality Tables (used to calculate Life Insurance rates) were updated in 2017 — the first time since 2001. Insurers were mandated to put these in effect by January 1, 2020. This made Life Insurance MORE AFFORDABLE, so if someone's policy was purchased prior to 2020, they need to review it!



**What is Your Risk Tolerance?**

Our **11 question** money risk analysis gives you a deeper understanding of your overall risk preferences.

Our Color of Money report is a powerful tool to help you prepare for the retirement you've always wanted.

**Build confidence in your retirement.**

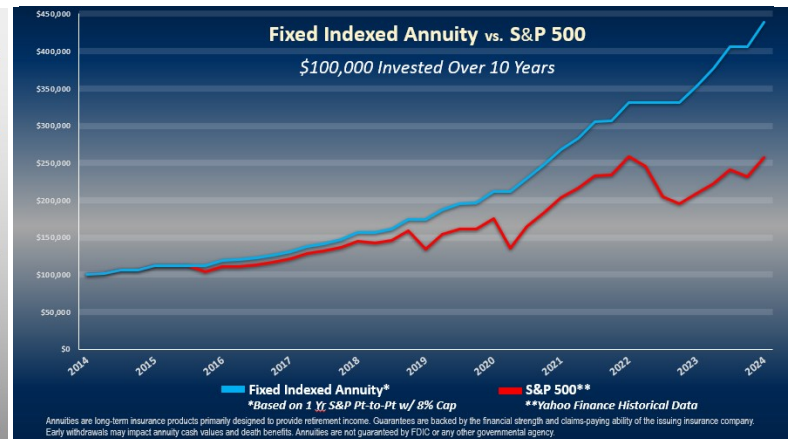
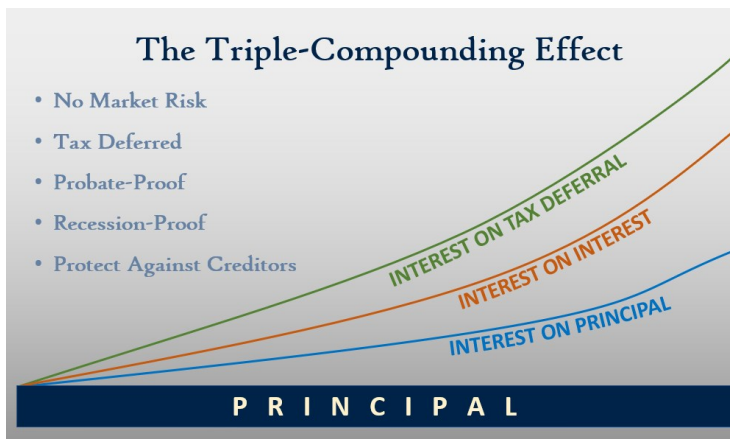
**FINANCIAL OVERVIEW**

**RETIREMENT COMPASS**

**SOCIAL SECURITY MAXIMIZATION**

When getting into a financial discussion with someone who has investments in stocks or variable accounts, it's extremely beneficial to have them do a "complimentary Risk Tolerance Analysis." A quick 11 questions will give the client their risk tolerance score. You will find many people are over-invested in high-risk products when their own answers show that they should be more conservative. (A score of 25 shows that they shouldn't have more than 25% of assets at risk.)

## Pages 11 & 12 - Benefits of Fixed Indexed Annuities




Use these pages to help better explain the benefits of our "Safe Money" options. The Triple-Compounding graphic makes it easy to explain how our Growth-Focused Annuities build over time. It also adds some other great benefits in simple bullet points.

The line graph shows the performance of someone invested in our Annuity over 15 years vs. someone invested in the S&P 500. We demonstrate 15 years to show the 2008/2009 recession as well as the 2019 and 2020 crashes.

When individuals start to get into their mid-50s, they need to start changing their mindsets from Wealth Accumulation to Risk Management. They no longer have 20 years to recover from large market losses.

By planning your retirement and insurance needs through an American Senior Benefits agent, you will have access to Tuition Rewards™, a unique scholarship program.

When your registered loved one attends one of 430\* participating private colleges, you will get to use your points to reduce their tuition by as much as 25% per year. Remaining credits can be used by another registered loved one. See official materials for details.




**HOW TO EARN TUITION POINTS**

**ANNUITIES**  
Points equal 5% of the annuity cash value at the end of each year.

**CASH VALUE LIFE INSURANCE**  
Points equal the first year's paid premium. Minimum award is 1,000 points. Maximum awarded is 5,000 points. Years two and on will accumulate 2,000 points per year.

**MEDICARE SUPPLEMENT**  
Points awarded the first year are 1,000. Year two and on will accumulate 100 points per year.

**Tuition Rewards**  
*Making dreams come true*



SAGE's Tuition Rewards program that we are able to offer is exclusively built for American Senior Benefits. It is an amazing value-added-benefit that we can offer our clients at no cost to them. Sadly, it's sorely under utilized.

This program can be offered with our Annuities, Cash-Value Life Insurance and Medicare Supplements. It can cover up to 25% of tuition for up to 4 years.

**SUPER BONUS:** This program makes it so easy to get referrals! You can offer your clients 500 bonus tuition points per referral up to 5 referral appointments! How awesome is that!?

Look in Dropbox to find all the details you need on Tuition Rewards, including how to register as an agent, how points work and how to enroll clients.



# Step 6: Closing

Closing is the most misunderstood step in the presentation. Closing does not mean saying, “So, do you want to buy this?” Asking for a close is nowhere near that literal. It should be a natural and logical progression for them to take action following the previous steps.

## **Keys of Closing: Both are Required for a Successful Sale**

### **Need.**

Will this improve the clients situation, provide a solution to a concern and/or fix a problem?

### **Affordability.**

Does this product make financial sense for the client? Now and in the future? Writing good, clean business will improve your issue rates and improve your persistency.

## **Anticipate Objections**

The easiest way to become a successful closer is to perfect a presentation that overcomes objections. By addressing reasons they may have for not taking action before they arise, the close becomes easier.

One great way to overcome objections is as simple as having done a good job listening. If they object to the product, simply remind them of their own comments during your presentation.

Common Objection: “I need to think about it.”

Try: “I understand, in fact there are a couple of things you should think about, such as...” *or* “Obviously, you have a good reason for saying that. I want to make sure that I’ve explained everything properly while I’m still here, so do you mind if I ask exactly what you need to think about?” Now you’ve redirected their comment instead of having to overcome it.

Effective closers know what to say when the client gives them a reason not to buy. Ineffective closers don’t. It’s that simple.

### **Closing is a practiced and learned skill.**

You get better by doing. If you run across an objection you don’t know how to answer, ask someone and learn how to answer it in the future.

# Step 7: The Warm Down

We've recommended a solution and the prospect agreed and purchased our product. The paperwork was completed. Our work is done, right? Absolutely not! Too many times new agents are so afraid that the client will change their minds that they hurry and pack up so they can get out before anything bad happens. This is a huge mistake. If they have doubts, you didn't do your job properly and you need to answer those concerns before you leave. The last thing you want happening is submitting the policy, getting paid and then finding out the client has reconsidered and no longer wants the product.

## **After the Close Checklist**

**Emotion Check.** Some clients are secure in the decision they made, but sometimes they reconsider. One thing you can do to prevent this from happening is to ask them, after the emotions of the buying process are done, how they feel. It is important to say to the client, "I want to ask you an important question. How do you feel, right now, about the decision you've made today?" The crucial thing here is that they tell you the reasons they went forward instead of you telling them the reasons.

**Repetition.** Usually your client will be able to give you a reason or two why they have moved forward, oftentimes it may be necessary to remind them of the benefits of having coverage through you and having you as their agent.

**Next Steps.** Always explain the next steps (para-med, suitability, etc.) as well as the timeline in which they will happen. Don't leave them with any uncertainty about what's going on with their policy. (Over-estimating the timeline is always safer!)

**Relationship.** Spending time with your client after the product is written is an easy way to make them more comfortable. It will make them see that you will provide the service you promised them during the presentation and solidify the relationship.

# THE SECRET STEP: Referrals

Too many agents forget this step. Everyone knows that working referrals is the best way to grow their business and strengthen their relationships with their clients, but often times it's not done.

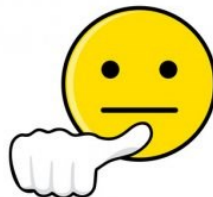
## Referral Statistics



**83%**  
are willing to refer after a good experience.



**19%**  
refer without being directly asked.



**77%**  
of referrals will never be had because no one asked.



DON'T: Leave business cards behind with "give this to anyone who could use me."  
This is way too passive! Clients will rarely think to hand your card out or will lose them.

## Approaches to Referrals

\*Make sure all your papers/business materials are put aside/away before you start your Warm Down. Sit back, relax. This changes the mood from business to casual.

### Value.

What you have to offer has huge value. Ask them if they see value in what you just did with them today. "This is the reason I love what I do. The best part of my day is being able to sit with people just like you and helping them. We were fortunate to be able to connect *on that call/while going around the neighborhood/at that event*. The truth is that I'd much rather use my time helping people than beating the bushes so is there anyone you could introduce me to that I could help the way I've helped you today?"

### The Call.

Have them call the person right then and there to make the introduction. It's harder for them to say no to an appointment with the family/friend right there!

### Introductions.

Carry a notebook that says "Introductions" on the front. Just leave it on the table throughout the meeting without referring to it. They'll know what it is. Don't use the word referral! "Who could you introduce me to..." Don't start with an empty notebook. Make sure there are names and numbers written in with different handwritings. Everyone likes to be part of a crowd but no one wants to be first.

Referrals should be a natural and automatic part of the Warm Down. As with everything else in this guide, practice makes perfect!!