



Thank you for doing business with ASB Financial. We realize that you have a choice in who you work with and we truly appreciate that you chose us.

We want to be certain your experience has been both educational and pleasant. Assisting those in our community is our passion and we take service after the enrollment just as seriously as at the time of the enrollment. For this reason, we encourage you to contact your agent at any time you may have questions or concerns.

Your Agent: \_\_\_\_\_

Your Agent's Phone # \_\_\_\_\_

In order to be sure that your needs have properly been discussed, your agent will be back to complete a value-added delivery with you. At that time, the agent will make certain that everything was processed and entered correctly, as well as review the benefits with you. This is our way of being certain that each client receives the same opportunities as the next and is protected to the best of our abilities.

Your Agent will:     contact you on     be back on

Date: \_\_\_\_\_

Time: \_\_\_\_\_



## VALUE-ADDED CHECKLIST

- Is all your information correct? (Name, DOB, SS#, Address, Phone Number, etc.)
- Agent contact information. (We recommend adding your agent into your cell.)
- Do you understand how all your benefits work? Review of what the plan does not cover.
- Has each area of protection been touched on?
  - Medicare / Drug Plans
  - Critical Care / Accidentals / Options to cover costs in Medicare
  - Post-Hospital Care / Extended Care / Home Health Care
  - Life Insurance Review / Final Expense Planning
  - Social Security Income Replacement Options
  - Safe Money Alternatives / Lifetime Income
- Does your policy qualify for Tuition Rewards?
- How to help others. After seeing the value of meeting with us, we would appreciate introductions to friends and family we may be able to assist:

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- Provide email to receive our informative monthly newsletter:

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- Annual reviews and updates.

**All checked items have been reviewed with me.**

Client Name (Printed): \_\_\_\_\_

Client Signature: X \_\_\_\_\_