



Facultative Case Submission Cover Letter

Underwriter Name _____

Phone Number _____

Name

Age

Sex

Product(s)

Individual:

Survivorship:

New Coverage

Internal Amount: \$

External Amount: \$

Retention: \$

Current Inforce

Internal Amount: \$

External Amount: \$

Replacement Amount: \$

UTL: \$

Internal Medical Rating:

External Medical Rating:

Medical/Financial Summary:

Additional Background:

- Additional medical records requested but not available
- Unable to obtain additional financial documentation
- Making a decision that does not follow normal underwriting guidelines
{Explain why this decision would make sense}
- Additional medical records requested but not available