

Critical Illness Protection Liability Waiver

I _____ client name _____, acknowledge that during the time period of _____ to _____ my advisor _____ dedicated ___ hours to fully explain the catastrophic economic risks my family could face if I were to contract a critical illness and how these risks could be alleviated if I were to purchase affordable Critical Illness Insurance.

My advisor dedicated time to carefully explain:

- 1 out of 4 adults will contact a critical illness of some kind before age 65
- Many forms of critical illness do not qualify/trigger traditional long term disability income payments which is why critical illness insurance is an important and necessary “gap protector” in my defensive financial strategies
- Selective out of country premier medical services can increase my chances of recovery and survival, but can cost over \$100,000 USD in travel and treatment costs
- New designer drugs can often increase my chances of surviving a critical illness but many of these expensive drugs are classified as “experimental” and therefore are sometimes not covered by traditional health insurance plans
- A critical illness can take a tremendous emotional toll on family members. Having a large, tax-free sum of money on hand to pay bills, take time off work or pay for specialized treatment paths can greatly lesson the stress on a family and foster a more positive mental and emotional outlook for the whole family
- Critical illness insurance can be very affordable when purchased a 10 year term basis. It can also be purchased on a zero cost basis where 100% of the premium is returned to me if I do not suffer a critical illness. This strategy is sometimes referred to as a zero coupon health bond.

My spouse _____ and I acknowledge that advisor _____ has performed his/her fiduciary duty in taking the time and care to explain this family protection strategies to us. We acknowledge that most families are never educated or even made aware of these options and in lieu of payment for her service, we will endeavor to refer our family and friends to advisor _____ so that they can also benefit from these important family protection discussions.

I _____ have decided not to proceed with advisor’s recommendation to protect myself with critical illness insurance. My spouse and I further acknowledge that we absolve advisor _____ of any responsibility or liability should a premature death, disability or critical illness occur.

X _____

Client

x _____

Spouse

How Concerned Would You and Your Family Be?

On a scale of 1 to 10, how concerned and stressed would you be about your family's financial security if:

1-10 (1 = least concerned, 10 = most concerned)	Rating	Insured? (Y/N)	Premium if Insured
Your car was damaged in an accident			
You suffered a heart attack			
You had a house fire			
You were diagnosed with cancer			
Your (or your spouse's) wedding ring was stolen			
You suffered a stroke			
You die prematurely			