



## **Annuity Shopper Brokerage Service**

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Publishers of *Annuity Shopper* magazine

*From the desk of Hersh Stern*

### **Medically Underwritten Annuities** **(Rated Age Annuities)**

A person with a serious medical condition may qualify for an annuity which pays them greater than normal income. This occurs when an insurance company determines that the person's actuarial age is older than their chronological age. The level of income calculated based on a so-called "rated age" is usually greater because the insurance company expects the duration of the income stream to be shorter, i.e., the company expects to make fewer payments.

What constitutes a "Serious Medical Condition"?

The following are examples of "ratable" conditions. This is not intended to be an exhaustive list. There are other conditions which may qualify for "rated age" underwriting. To discuss your specific situation with us call 866-866-1999. We would be glad to review this with you.

Alzheimer's	Heart Attack, Angina, Disease	Muscular Dystrophy
Alcoholism	High Blood Pressure	Obesity with complications
ALS (Lou Gehrig's Disease)	Hodgkin's Disease	Organ Transplant
Angioplasty or Heart Surgery	Injury Due to Falls or Imbalance	Organic Brain Syndrome
Cancer (except for basal cell)	Leukemia	Paraplegia or Quadriplegia
Chronic Hepatitis/Hepatitis C	Liver Disease	Parkinson's Disease
Congestive Heart Failure (CHF)	Lymphoma	Renal Failure
Cirrhosis of the Liver	Melanoma or Metastatic Cancer	Stroke
Diabetes with complications	Mental Illness	Transient Ischemic Attack
Emphysema/COPD	Multiple Sclerosis (MS)	Vascular Disease

How do I apply for a "Rated Age" determination?

It is a lot simpler to apply for a rated age determination than to apply for a life insurance policy. You do not have to meet with a para-med or undergo any special physical examinations. Just send us copies of your most recent doctor and hospital records (written within the past five years) including pathology reports, labwork, and hospital admissions and discharge reports. Our insurance companies will review your records and report their findings to us within a few days.

**To obtain a medically underwritten annuity quotation send your medical records and a signed Authorization to Release Information form (see attached) to any of these addresses:**

**Mail to: H. Stern, WebAnnuities using address in masthead.**

**E-mail to: [HS @ WEBANNUITIES . NET](mailto:HS@WEBANNUITIES.NET) (dot net)**

**Fax to: 866-866-2232**

## Authorization to Release Information

I do hereby authorize any of the following to release and furnish any and all personal information or records available regarding me, as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment, including any information regarding drugs or alcoholism, and any other non-medical information regarding me, to \_\_\_\_\_ (agent) and Hersh Stern, WebAnnuities.com (here forth known as 'Insurance Agency').

1. Any licensed physician or medical practitioner
2. Any hospital, clinic, or other medically related facility
3. Any insurance, or reinsurance company, including, but not limited to, AIG, Allstate, American General, AVIVA, Genworth, Jefferson Pilot, Lincoln Benefit, OM Financial (F&G), Presidential, Protective, United of Omaha, US Life.
4. The Medical Information Bureau, Inc.
5. Any consumer reporting agency
6. Past and present employers

I understand that the information obtained by use of this authorization will be used by Insurance Agency and the life insurance companies it, and it's agents, represent, to determine eligibility for insurance and/or benefits under new or existing life insurance and annuity policies. Information obtained hereby will not be released to any person or organization except to insurance, and reinsurance, companies and other persons or organizations performing business or legal services except as is needed in order to obtain insurance rate and benefit information, or as may be otherwise lawfully required, or as I may further authorize.

I authorize the Medical Information Bureau, Inc., to release such records and information as they possess regarding any diagnosis, treatment and/or prognosis with respect to any physical or mental condition and any other non-medical information of me to any of the life insurance companies who have received a copy or facsimile of this authorization from Insurance Agency.

I know that I may request and receive a copy of this authorization. I agree that a photographic or a facsimile copy of this authorization and application shall be as valid as the original. I agree that this authorization shall be valid for one and one-half years from the date shown below.

In signing below, I authorize any institution that has received any of the above records through Insurance Agency to return such records to same, or to any of its representatives, upon request. I further authorize any such institution to share such nonpublic personal medical and financial information, analysis, and conclusions as it may have about me with Insurance Agency, or its representatives.

I specifically authorize all of the information collected under this authorization to be shared on a "need to know" basis with the staff, associates, and affiliates of Insurance Agency and companies that do or may provide insurance and/or investment products or services to or through the agents affiliated with Insurance Agency.

Insurance Agency and its associates do not share, sell, or distribute nonpublic personal information to any other parties except as outlined above and authorized under this document.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Date signed**

### **Instructions:**

**Fax to: (866) 866-2232 (toll free) or (732) 792-9777, or**

**Email to: [HS @ WEBANNUITIES . NET](mailto:HS@WEBANNUITIES.NET) (dot net), or**

**Mail to: Hersh Stern, WebAnnuities, 28 Harrison Ave, D209, Englishtown, NJ 07726. Ph: (866) 866-1999 (toll free) or (732) 792-1011**

Use this letter to request medical information from your doctor. Snip off these instructions and add your name and address in the letterhead section.

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I am considering the purchase of a medically-underwritten annuity to supplement my income. This type of annuity may offer me a higher level of income (or are offered at a reduced cost) if I can demonstrate to the insurance company that I have a medical condition which reduces my life expectancy. To that end, I am requesting that you please send a copy of my records covering the past five years to the address(es) listed below. The insurance companies are particularly interested in the following information:

1. Reports reflecting significant conditions preceding the primary condition
2. Reports of medical examinations at the time of diagnosis
3. Reports of significant hospitalizations, surgeries or rehabilitation
4. Hospital discharge summaries

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Send a copy of my records to (check all which apply):

My address (see above)

Hersh Stern, General Agent, WebAnnuities  
28 Harrison Ave., Bldg. D #209, Englishtown, NJ 07726 (tel: 800-872-6684)

Other: