



## **Annuity Shopper Brokerage Service**

28 Harrison Ave, D-209

Englishtown, NJ 07726

(800) 872-6684

Fax: (732) 521-5113

*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 800-872-6684. 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 Disclose Information (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: 732-521-5113**

*Purpose: Allows insurance companies to review your medical records.*

## **Authorization to Disclose Information**

I hereby consent to any physician or medical practitioner; any hospital, clinic, or health care facility; any insurance or reinsurance company; any insurance support organization or my employer, disclosing to my Agents named below, or any participating insurance company not herein named, all information they have pertaining to medical consultations, treatments or surgeries; hospital confinements for any physical and mental conditions; or use of drugs or alcohol. My Agents are authorized to disclose any information gathered solely for the purpose of applying for or receiving quotes on life insurance products and annuity contracts offered participating insurance companies.

Names of Agents ('Agents'): Hersh Stern\_\_\_\_\_.

I understand the information may be used by participating insurance companies, and the Agents, to determine eligibility for life insurance and annuities.

I have received a copy of this consent from the Agents. I agree that a photocopy of this consent will be as valid as the original.

I agree this consent will be valid for 24 months from the date it is signed. I understand I may at any time write to the Agents or any participating insurance companies to revoke this authorization and that revocation will take effect when my written request is received.

I have read the above statements or they have been read to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signed at City and State

\_\_\_\_\_  
Date Signed

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

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Full Address

### **Instructions:**

**Fax to: 1-866-866-2232 (toll-free)**

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

**Mail to: Hersh Stern, WebAnnuities  
28 Harrison Ave, Suite 908,  
Englishtown, NJ 07726.**

**Phone: 1-866-866-1999 (toll-free)**

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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Dr. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear Dr. \_\_\_\_\_

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 home address:

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