**So, you are a new Agent,**

[**https://benefitsstore.com/broker-resource-center/**](https://benefitsstore.com/broker-resource-center/)

**Prospect Questionnaire & Greeting**

Hello, Thank you for calling the Benefits Store, this is \_\_\_\_\_\_\_\_\_\_\_\_\_\_. How may I help you?

Listen, Listen, Listen, and take notes.

*Then ask about the following if they have not already shared with you*.

Thank you for that information, let me ask you a few questions to make sure I understand your situation clearly.

**Coverage Needs**

Will this coverage be for you only or do you need to cover family members?

**Program/Plan Needs**

What type of medical/dental/vision plan do you have now? (PPO/HMO)

Which insurer provides the coverage?

How long have you been with them?

Do you have a deductible? Do you recall the amount?

**Medical Needs:**

Do you (or your family members) have any recent or on-going medical issues?

Can you tell me about them?

Do you (or your family members) need to take prescription drugs on a regular basis?

Are they Brand Name or Generic or Both?

Do you (or your family members need to have regular lab testing for a condition?

Do you have physicians you absolutely want to continue to go to?

Who are they? Can you provide the exact spelling of their name and their specialty?

**Dental Needs:**

Do you (or your family members) have any recent or on-going dental issues?

Can you tell me about them?

Do you (or your family members) need Orthodontia (braces) coverage? Implant coverage?

Do you have dentist\*(s) you absolutely want to continue to go to?

Who are they? Can you provide the exact spelling of their name and their specialty?

(Please remember that most PPO dental plans have a waiting period and all have a maximum benefit per year, so if the prospect has been without dental coverage, their best plan choice will be an HMO plan option so they have immediate coverage

**Vision Needs:**

Do you (or your family members) have any recent or on-going vision issues?

Can you tell me about them?

Do you have optometrists you absolutely want to continue to go to?

Who are they? Can you provide the exact spelling of their name and their specialty?

**Other Coverage Needs:**

**ID Shield – Yes, this is a need everyone has, let me refer to our benefit summary page.**

**Legal Shield – Yes this a need everyone has, let me refer to our benefit summary page.**

**Life – Let me take your contact information and what you would like to see, we will have our Broker contact you.**

**Disability – Let me take your contact information and what you would like to see, we will have our Broker contact you.**

**LTC – Let me take your contact information and what you would like to see, we will have our Broker contact you.**

**Medicare – Let me take your contact information and what you would like to see, we will have our Broker contact you.**