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INSUR/NCE **Journal**

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Something to think about...

I don't place a lot of value on sales, I place a lot of value on quality sales.

— Phil Marsillo



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The C-Suite

Future is bright for independent distribution in Canada

President and now CEO of IDC Worldsource Insurance Network Inc., Phil Marsillo, who led the firm through a "blistering" year in 2021, now has his sights set on the next five years. His focus includes regulatory change, recruitment, tuck-in acquisitions, product development and collaboration.

BY KATE MCCAFFERY

ow do you offer the right services and make sure your offerings are in tune with the market's needs, both today and in the future? What is the world going to look like in the future from a regulatory perspective or from a product development standpoint? Where is the next generation of producers going to come from? These are just a few of the strategic considerations in mind for president and recently appointed CEO of IDC Worldsource Insurance Network Inc. (IDC WIN), Phil Marsillo.

Taking over the CEO role from **Paul Brown** in July 2022 (formerly the chairman and CEO, Brown became executive chairman in July 2022), Marsillo is also the future president of the **Canadian Association of Independent Life Brokerage Agencies** (CAILBA). After becoming vice president of the organization at CAILBA's annual general meeting in May, Marsillo is expected to be appointed president of the organization at the next AGM in Quebec City in April 2023. Working collaboratively with

MGAs and carriers and regulators alike, for the betterment of Canadians, he says are among his goals for the organization.

"It's not us versus them," he says. "How do we work together as a team to find the right framework? We can all cohabitate in an environment that is competitive, but with the consumer in mind."

IDC WIN, meanwhile, a division of **Worldsource Wealth Management**, a wholly owned subsidiary of **Guardian Capital Group**, recently posted a year of

insurance sales that Guardian describes as "blistering" in its most recent quarterly report.

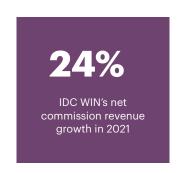
When the company acquired IDC Financial Inc. back in 2011 (Marsillo later took over as president in 2018), operating earnings were at breakeven levels. Fast forward to 2021, IDC WIN's net commission revenue grew by 24 per cent to \$61-million, including a 16 per cent increase in life insurance renewal commissions, putting those at \$27.2-million for the year.

Segregated fund and accumulation annuity assets

under administration also increased to \$9.1-billion at the end of 2021. The company attributes this success to acquisitions (of the \$61-million in net commission revenue, they say there was a \$3.6-million contribution from acquisitions completed in 2021 and in the fourth quarter of 2020), continued recruitment of top-producing advisors and "exceptionally" strong growth in the highnet-worth market. "The growth in IDC WIN's net commission revenue was driven by a record high of \$220-million in premiums on in-

surance policies sold," the company states in its 2021 annual report.

In its subsequent quarterly report, the company says a major focus for the MGA going forward will be to maintain high renewal persistency. "We continue to be very pleased with the performance of this business," they add. As of March 31, the company's total assets under administration were \$8.8-billion. Net commission revenue grew three per cent to \$15.1-milion in the first quarter. Sales volumes, they add, were also



-



I don't place a lot of value on sales, I place a lot of value on quality sales. That's important. Revenue is important, but you have to make sure it's the right revenue.

-Phil Marsillo

more modest, with premiums on policies sold coming in at \$39-million during the quarter, down from the \$55-million reported during the first quarter of 2021.

In those reports, the company adds that it will continue its efforts to build Quebec into a strong regional contributor to the overall business and continue in its campaign to make tuck-in acquisitions and recruit advisors in Quebec alongside the company's efforts in the rest of Canada.

"We are a large organization," Marsillo says. "How do you ensure what happens in one part or region of the country happens in the other parts of the country?" This strategic thinking across the board also extends

several years out. "You're not just thinking short term, you've got to look at the decision you make today and how that's going to impact (things) in five or six years."

In the immediate future, he says the firm is working to integrate several recent acquisitions in Quebec, including Aurrea Signature Inc., acquired on the last day of 2019, Copoloff Insurance Agencies (Canada) Ltd., acquired in October 2020, and AFL Groupe Financier, acquired in October 2021.

Marsillo says Aurrea is fully integrated from a back office and system branding point of view, while Colpoloff and AFL back offices have been partially converted, with the rest likely being completed by the end of the third quarter. "Some of these acquisitions were done either just prior to the onset of COVID or during COVID," he says. "I think the teams, both from the acquired companies and the people on our team as well, have done a tremendous job."

Regarding acquisitions, he says the firm is not in the business of acquiring just for the sake of acquiring, "It's got to be a cultural fit," he says. More, he adds that a lot of the conversations related to such deals are not done overnight. "Some are not going to be up on the market too, which we understand."

He also adds that he doesn't view the firm as a consolidator – the word, he says, implies that services

are stripped from the acquired firms. "That's not what we're about. We're about retaining people from the organizations we acquire. That's why it's important to have a good fit."

One of those cultural pieces is also a focus on sales quality. "I don't place a lot of value on sales, I place a lot of value on quality sales. That's important," he says. "Revenue is important, but you have to make sure it's the right revenue."

When asked what keeps the CEO up at night, he says making sure the firm is providing what advisors value, and that offerings resonate with that audience is a perennial concern. "That's what matters. If they don't value it, why are we doing it?"

The MGA's value proposition

Marsillo speaks candidly about innovation saying it is always necessary to be aware of what's next and embrace innovation, but adds that it's not always necessary to be the innovator in every case, as this can be costly. He also discusses the importance of execution and the challenges of maintaining a company's historical intelligence, while still giving the new employees, producers and executives the opportunity to move into

more senior roles. The executive is also particularly on point when talking about the role MGAs play in the value chain of insurance sales, and the value they bring to carriers and advisor relationships and ultimately to the consumer, as well.

For carriers, MGAs provide access to quality distribution. They manage compliance and training and bring new entrants to the marketplace. Product choice and competitiveness, both encouraged

by the competition for shelf space, along with the support MGAS provide to advisors, are ultimately beneficial for consumers, as well. Finally, he says MGAs are an advocate for the industry, working with governments and regulators alike. "We're part of the value chain. We play an active role in ensuring that we have the right advisors in the industry and that carriers are manufacturing and providing up to date solutions in a competitive environment," he says. "We provide support. We help advisors close sales." He adds that the company has also built an estate and tax team and employs an actuary to help advisors, as well.

He adds that independent distribution has worked well in the country, not just for carriers but for advisors and for consumers. "MGAs help advisors, help carriers and help consumers at the end of the day," he says. The future he adds, is a bright one for the industry. "I think MGAs provide tremendous value."



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CRITICAL ILLNESS INSURANCE

The industry reacts to regulator's report

Insurers have responded to a report published by Quebec regulator, the Autorité des marchés financiers, which expresses alarm about the high denial rate of critical illness insurance applications. An industry working group is exploring whether critical illness definitions could be made easier to understand, while avoiding exclusions and oversimplification.

BY ALAIN THÉRIAULT



ublished in December 2021 by the Autorité des marchés financiers (AMF), the Critical Illness Insurance Supervisory Report finds that nearly 20 per cent of claims submitted by insureds are denied. Alarmed by this high rate, the Quebec agency has asked the industry to take action to correct the situation. Conducted in 2019 with 22 insurers, the AMF's survey spans the years 2016, 2017 and 2018. The participating insurers are estimated to represent more than 95 percent of the market.

The vast majority of denied claims were for three main conditions: cancer (65 per cent), heart attack (13 per cent) and stroke (9 per cent). More than 60 per cent of these denials were related to limitations or exclusions, pre-existing conditions, failure to meet the definition, and survival and waiting periods. About five per cent of the insureds whose claims were denied requested a review. In more than 80 per cent of these cases, the insurers upheld their decision.

The AMF makes the following five recommendations to insurers:

- Avoid situations where prepared materials and advertising result in confusion for consumers or in an incorrect understanding of the
- Better help consumers properly understand the product.
- Provide insureds with post-purchase

assistance and communications to ensure they are informed and understand their rights and obligations and when to exercise them.

- Better equip the distribution channels to appropriately advise their clients.
- Facilitate the claims, complaint examination and dispute resolution processes.

Action plans

"The insurers that received a supervisory report followed up on the recommendations by submitting an action plan within the agreed-upon timeframe," AMF spokesperson Sylvain Théberge explains. In its 2020 financial institution supervisory framework, the AMF writes that the institution must generally submit an action plan within 30 to 45 days of receiving a supervisory report.

Théberge says that the action plans the AMF received include a timeline, a description of the corrective measures already taken, or both. He adds that these action plans are being implemented. "The AMF ensures that the actions taken are adequate and respond to the recommendations expressed in the supervisory report. It then follows up on the progress of the work and its implementation," he explains.

Insurers and reinsurers have told Insurance Journal that the report's findings have raised their awareness about the issue. Many firms have improved their communications to clients and advisor support. Yet product features remain intact.

"Our products are compliant, and I think they are good. I would recommend them to my family and friends. We haven't made any changes to our products, and we don't have to," says **Philippe Cleary**, Director, Actuarial Services, Individual Insurance, Savings and Retirement at **iA Financial Group**.

"On the other hand, what's super important is all the training for the sales force, the advisors. These are complex products that need to be clearly understood and explained well. That's where we need to focus our efforts, and make sure our advisors feel well-equipped." The insurer was already aware of the issues because AMF's supervision had taken place in 2019, Philippe Cleary says. "Before the report was released, we had already improved some communications to clients so they had real-time information about their claim. We provided more explanations on denied claims," he adds.

Sun Life says it is looking for ways to improve the customer experience and ensure that its customers understand living benefits products. "The AMF's report did not prompt us to make any changes to Sun Critical Illness Insurance. The last change we made was at the end of 2021. We changed the rates to make it more competitive," says Mark Arruda, Assistant Vice-president, Insurance Product Management.

Even before the report was released, the market was fairly static, Arruda continues. "While changes to price have occurred with some of the manufacturers others have not changed price in years. Relatively few product changes have occurred over the past several vears."

Brian Loewen, Vice-president, Non-participating Insurance Solutions at **Canada Life**, says he regularly reviews his products and their pricing. "In May 2020 we introduced a Term 20 CI product, offering a longer term option to clients," he says.

Regulatory expectations, including the AMF's recommendations, are key inputs within Canada Life's review process, Loewen says, adding that the insurer was already aligned with these recommendations. "We were already making changes to our marketing materials, customer facing documents and other communications to ensure that the statistics and promotional material are relevant to the product and information is presented in plain clear language," he explains.

Desjardins Insurance plans to review all documents and communications related to its critical illness insurance products," says Chantal Gagné, Vice-President, Individual Insurance. She says the insurer will also strengthen advisor training to promote better support and understanding among insureds and plan sponsors.

The AMF's supervisory report states that CI insurance represents about 3 per cent of total premiums written annually by insurers in Quebec, for all life and health insurance products, equal to approximately \$17 billion.

That percentage has likely changed little since 2018. CI insurance sales have declined since then, according to data that LIMRA shared with Insurance Journal. Premium sales dropped 3 percent between 2020 and 2021, while the number of new policies has stagnated.

Sales stagnant...at best

"In 2018, we saw a slowing of sales after 2016 and 2017 enjoyed large sales growth due to changes [in the Canada Income Tax Act]," says Matthew Rubino, LIMRA research analyst. The amendment to this federal law took effect on January 1, 2017. After realizing that the new provisions would reduce the taxsheltering ability of permanent insurance policies, advisors rushed to sell these policies starting in 2016. The frenzy continued until the end of the first quarter of 2017, because many insurers granted a grace period for submission of cases started the previous year.

The results apparently took an unforeseen turn as the pandemic progressed. "Once the tax changes came into effect sales slowed, though they seemed to level out in 2019. Once the pandemic started in 2020, sales unsurprisingly fell once again. Any growth or rebound that may have been expected in 2021 once restrictions eased did not materialize, however, as some major carriers' declines in permanent sales brought overall sales down," the LIMRA analyst explains.

Mark Arruda saw CI insurance sales decline early in the pandemic across all products as the industry adjusted to the new environment. "Sales over the past four years have been relatively flat at approximately \$135 million of new premiums each year. The industry did move to a more digital approach to doing business as a result of the pandemic," he says.

LIMRA data for the first quarter of 2022 do not herald an upswing in CI insurance sales. Premium sales













growth stalled in the first quarter of 2022 compared with Q2 2021. The number of new policies dipped by three percent during this comparison period.

"This decline is peculiar because we are seeing good growth," Philippe Cleary says, commenting on his own LIMRA figures. In 2021, iA Financial Group boosted its CI policy sales by 13 per cent and premium sales by 11 per cent versus 2020. In the second quarter of 2022, the insurer's CI policy sales advanced by 12 per cent and premium sales by 12 per cent compared with Q2 2021. "I am a firm believer in the product. I think advisors are promoting the product more and more, and doing the full financial needs analysis with their clients. When you explain the product well, people see value in it."

"At Desjardins, we have only seen a very slight decline in sales over the past three years," says Chantal Gagné. "As for the industry, we don't have specific data that would let us confirm the causes of this trend." She points out that CI insurance is an expensive product, and adds that this insurance is often not considered until after life and disability insurance needs are met. "Some clients have refused to think about weighing the benefits of critical illness insurance or possibly postponed it. This may have contributed to the decline in sales in recent years," the VP Individual Insurance

Brian Loewen pins the slower growth in CI insurance sales industry-wide to a variety of factors. For one, the pandemic may have highlighted other illnesses than the ones covered by a critical illness policy. Second, CI insurance has not received as much innovation and promotion as life insurance. "The continued focus on these other products has kept these products top of mind for advisors and likely lessened the focus on CI," he explains.

"And lastly, life insurance products have benefited more from sales to high net worth clients. We feel there is opportunity to grow CI sales by focusing on these issues," he continues.

The pandemic may have paved the way for more robust CI sales. Brian Loewen thinks the main change in the individual critical illness insurance market has been in underwriting. "Requirements were relaxed during COVID, and many of the rule changes have remained permanently," he says. He believes these changes follow the general trend of simplified underwriting, which emerged in individual life insurance.

Paul Savage, Manulife's Head of Individual Insurance, describes a movement toward simplification. As one example, the insurer has accelerated the underwriting of its Lifecheque CI product by removing the requirement for a urine test for HIV. These measures allow "many of our clients to purchase insurance by simply submitting applications or completing a teleinterview." The insurer's website states that this expedited underwriting is for applicants aged 18 to 40, for up to \$250,000 in coverage.

Savage says Manulife is also seeking to enhance its digital capabilities by revamping its e-application and e-delivery process. These improvements have reduced processing time by 10 days, he points out. "Many of the enhancements we've completed are a direct result of the increased digital demands of our customers and advisors, to ensure we're able to work and interact with them in more versatile and digital ways," Savage adds.

Denial rates: multiple causes

"The AMF says the CI insurance denial rate is too high (at 20 per cent), but this rate is comparable to that of disability insurance," Charles Tremblay, Assistant Vice-President, Claims & Litigation at Munich Re Canada (Life), points out. Many factors go into this rate, he says. "In critical illness, insurers will often include in their denial rate claims that are clearly not payable, for example for depression or a fracture," he notes.

He also mentions cancers where symptoms or investigation began within a 90-day probationary period. This condition will also be excluded for the duration of the contract. Charles Tremblay points out that this exclusion prevents anti-selection, i.e. the risk that a person who is already sick will obtain insurance.

Brian Loewen, Vice-president, Non-participating Insurance Solutions for Canada Life, points out that some claims that are refused may be paid at a later date. "This is often the case in progressive illnesses. These illnesses may not meet the definition when first submitted, but at a later date, the claim does meet the definition and is paid. For these reasons, looking at a gross claim refusal rate can be misleading," he explains.

Philippe Cleary says he has one mission in mind: To make his clients feel confident and secure about their future. "So we don't like to deny claims. I want to put the AMF's statistic into perspective. That 20 percent includes many things. Say an insured made an appointment for bypass surgery, files a claim now and it's denied. They have to claim after the procedure to be compensated," he points out. Cleary also gives the example of someone who submits their claim before the exclusion concerning their disease definition has expired. "These are all things that drive up the denial rate, but for which clients are not penalized because they will get their benefit," the Director of Actuarial Services at IA explains.

"Our denial rate for critical illness insurance is comparable to the industry," says Chantal Gagné of Desjardins Insurance. Not meeting all the conditions of the illness is "one of the most common causes of denial," she says. "For example, the disease may not have reached the stage to be eligible, but may be eligible later, if it progresses. We will monitor the situation and continue to support our policyholders and representatives to help them better understand the product, its benefits and limitations."

Desjardins says it receives claims for five main causes. In descending order: cancer, heart attack (myocardial infarction), stroke, heart valve replacement and multiple sclerosis.

Mark Arruda shared a Sun Life document showing that the insurer paid 67 per cent of critical illness benefits in 2021 for cancer claims, compared with 11 per cent for heart attack, 5 per cent for stroke and 3 per cent for multiple sclerosis. All other conditions combined accounted for 14 per cent of benefits paid. The document states that partial payout illnesses represented 5 per cent of claims in 2021, Also in 2021, Sun Life paid more than \$60 million in claims. The average claim amount was \$90,000, and the average age of the benefit recipient was 50. One in five beneficiaries was age 40 or younger.

Do the definitions need to be revised?

In the wake of the AMF's report, will the industry have to revise its benchmark critical illness insurance definitions again? A working group of the Canadian Life and Health Insurance Association (CLHIA) is seriously weighing the possibility. The group first developed benchmark definitions, also known as standard definitions, in 2009. They were updated in 2013 and again in 2018.

"Typically, the definitions are reviewed every four to five years to ensure that they continue to be relevant. At this point, the work is at an early stage and we have nothing concrete to share," Susan Murray, CLHIA's Vice President, Government Relations and Policy, told Insurance Journal via email.

The insurers involved confirm that they are participating in the discussions. At Desjardins Insurance, Chantal Gagné says meetings with the CLHIA and insurers are ongoing to discuss definitions and issues related to CI insurance products. "We have participated in these meetings and will be present for further discussions this fall," she adds.

At Munich Re Life, Charles Tremblay says his priority is to improve management and claims practices across all lines of business through reviews, training, support and consulting. He points out that the CLHIA's critical illness insurance definitions working group has not yet decided whether or not it will revise the benchmark definitions. He got this information from his colleague, Tim Meagher, VP & Medical Director, Reinsurance Solutions, Munich Re Canada (Life), who is part of this working group.

Charles Tremblay believes that the working group is facing a difficult dilemma. "Either we continue to refine the definitions in line with medical advances, which probably means more exclusions, or we simplify them and then we have to pay more claims," he says. Simplifying is a good thing, but it has to be done based on experience, he adds. That could mean accepting more causes of cancer, he says.

Sophie Clément, Assistant Vice-President of Business Development for SCOR Life Canada, echoes the challenges of simplification. "The industry covers 25 specific diseases. It's hard to define them without medical terms. That's our biggest problem. We're already hearing that the critical illness product is inaccessible because it's expensive. If we change the definitions to reduce the number of exclusions, the incidence rate will increase and the product will cost even more," she points out.

In the U.K. market, the Association of British Insurers (ABI) has completely changed its approach to critical illness, Clement continues. Instead of having standardized definitions, its members now use minimum standards. All of the ABI's information materials are written with consumers in mind. "I really like that transparency, which we don't have here. To access standardized definitions in Canada, you have to be a CLHIA member," she points out.

Introducing non-guaranteed products with annual rate reviews may be one way to simplify definitions, says Charles Tremblay. However, Munich Re's claims specialist believes that insurers, all of which offer guaranteed rates in Canada, are not ready to take this

What's more, few insurers have adopted the latest version of the benchmark definitions. Most insurers are using the ones from 2013, Tremblay points out.

Mark Arruda and Philippe Cleary are among the participants in the CLHIA working group discussions. "The most recent updates to the CII Benchmark Definitions published in 2018 by the CLHIA have been adopted by two insurers to our knowledge," Arruda says, adding that Sun Life is not one of them.

Neither is iA. "We didn't incorporate them because we didn't see any added value in doing so or any issues with our current definitions. They weren't big changes," Cleary says. If the working group "can improve the definitions, we will," he says.

Charles Tremblay says the 2018 update clarified the definition of stroke. It brought a few more exclusions to the definition of cancer, given that "the claims rate for this cause is 65 per cent," he notes. In contrast, some definitions changed very little between 2013 and 2018, including heart attack. "Others have had to be refined, based on experience. A one-year waiting period was added to the Parkinson's definition because there were too many claims," Tremblay says.

"The updates are intended to keep pace with medical developments while trying to capture as much risk as possible for underwriting," he explains. Reading these definitions that reflect the latest advances in medicine can be challenging for consumers, Tremblay admits. "In most cases, cancer that invades another organ can be covered. It doesn't have to be life-threatening. It's broader than that. Most insurers offer policyholders partial benefits for non-life-threatening cancers, 10 per cent or 25 per cent of the insured amount. These are more benign cancers, such as breast cancer in situ or skin cancer metastasis of less than one centimetre."

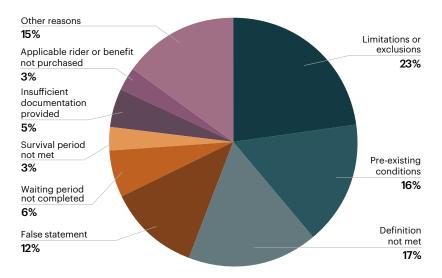
Soul searching

Hailing from a background in health and social work, Sophie Clément became an underwriting expert by working for insurers and reinsurers. She launched her career in the industry in 1996 as an underwriter for Sun Life. The Assistant Vice-President of Business Development for SCOR Life Canada believes that to revive CI sales, the industry must make this type of insurance more client centred.

A **Radio-Canada** report that aired on the program La Facture on January 15, 2019 was her epiphany moment. The report tells the story of two policyholders: A



REASONS FOR CLAIM DENIALS BY INSURERS



Source: Autorité des marchés financiers | Chart: Insurance Journal

health care worker who had a cancerous kidney removed but whose CI claim was denied because the surrounding tissue was unharmed, and an insurance broker who had a heart attack but was denied CI benefits because his electrocardiogram showed no new variations. La Facture explains that the medical jargon in policy definitions is incomprehensible to the average person. Canada Life is the insurer in the first case, and Manulife in the second.

"I adore products. I've been working with living benefits products for a long time, so I take it personally when I hear stories like these," Sophie Clément says. "When the AMF sent out its survey soon after, I assumed it was linked to the same show. The La Facture story and the AMF's survey were the two triggering events for us. We are at a crossroads.'

There seems to be a lack of understanding that can lead insureds to submit claims "that are often not payable," Clement continues. She says there are several reasons for this. "I don't blame the consumer, quite the opposite. We asked ourselves questions. We wanted to do some soul searching," she adds.

As one example, Sophie Clément and her team at SCOR launched an initiative in March 2021 called RE Imagined CI. The goal: To have a neutral platform to survey people and make recommendations, Clément explains. The group approached 11 insurers, including the five largest critical illness carriers in Canada.

According to a LIMRA report Clément cites, those insurers are, in alphabetical order: Canada Life, Desjardins, iA Financial Group, Manulife and Sun Life. Other companies in the industry have answered the call, including MGA Groupe Cloutier.

RE Imagined CI surveyed 86 living benefits specialists, not just actuaries, Clément continues. "There are also product managers, underwriters, claims and distribution people... We wanted the exercise to be multifunctional. We talked about definitions, the consumer need, and whether the product aligns well with it." To the main question, which asked whether the product provide values to the consumer, 98 per cent replied ves.

Not all advisors are as convinced. "It's become clear that some advisors are afraid of the product. Some advisors generally like it, believe in it and sell a lot of it. But others don't even want to talk about it. They don't feel comfortable with the product because they don't understand it well," says Sophie Clément. Consumers tell her that she is the first one who has talked to them about the product.

Advisors may also worry that their reputation will be tarnished or their relationship with the client damaged if a claim is denied, the underwriter continues. In addition, the word "taboo" came up in the responses. "Some advisors are afraid to talk about this product because people don't like to think they could get sick, especially when talking about children. No one wants to imagine that their child could have leukemia."

RE Imagined CI also believes in improving the customers' journey. The 86 participants' responses reflect a strong desire to do so. How to go about it is another matter, Clément says. Regarding standardized definitions, she has noted products in the market based on 2009 definitions, others based on 2013 definitions and still others based on 2018 definitions. "Can we really talk about a standard? The goal was for the advisor not to have to explain the differences between the definitions, and we're moving away from that," she says. Finding the words to talk about it and demonstrate the value of the product is part of what Clement's group does.

Sophie Clement believes that focusing more on the consumer and advisor experience is one way to make people comfortable with the product, and this will eventually boost CI insurance sales. "I think we need to rebuild the trust with consumers," she adds. RE Imagined CI plans to survey the public soon. ▲

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Snowbird travel insurance rebounds in earnest

Although inflation and economic uncertainty put a major damper on sales all summer, winter tourist travel insurance business is nearing pre-pandemic levels. Lessons learned from COVID-19 and the lifting of health restrictions have propelled sales past the 2021 level, but demand is still falling short of that seen in 2019-2020.

BY ALAIN THÉRIAULT | PHOTOS BY FREEPIK



ravel insurance business is hovering just below its pre-pandemic volume, despite a summer marked by inflation worries and economic uncertainty. Our sources confirm that the COVID-19 crisis has done wonders to raise consumers' awareness of travel insurance. In the run-up to the 2022-2023 season, winter tourists (commonly known as snowbirds) are driving demand for travel insurance. They are not the only ones: The easing of health restrictions has stoked a strong desire to get away from it all.

However, the summer has not been entirely restful for consumers, who cannot ignore the economic turmoil. According to a CIBC-sponsored survey released on June 28, 2022, 63 per cent of Canadians said they were ready and excited for travel again. But not at any cost! The survey of 1,524 Canadians conducted by Maru Public Opinion found that vacation plans remain uncertain despite intentions. Seventy-five per cent of participants said they were very concerned about the cost of travel due to inflationary pressures. Only 36 per cent of participants had travel intentions for this summer. Half of them were planning a road trip within Canada.

That being said, several sources report an upsurge in travel insurance business. Will McAleer, Executive Director of the Travel Health Insurance Association of Canada (better known as THiA) says "there's certainly outbound statistics that that would suggest a greater interest in travel insurance across the board, not just for snowbirds."

THiA's members include insurers, reinsurers, distributors and third parties offering a range of services such as medical assistance and ambulance transport. "Our members are reporting that they are seeing significant activity on the sales side," McAleer continues "What we're seeing is a significant interest in travel insurance and individuals purchasing it at a higher rate than they were. And that goes across all age demographics." The biggest increase, he says, is among younger people, who previously were less likely than snowbirds to purchase this type of insurance.

McAleer sees an upsurge in business at some companies as the winter travel season approaches. "Programs have hit the market already, where people take advantage of early bird specials. Members are telling us that their agents are really busy in providing quotes and making sales," he says.

For example, the Canadian Snowbird Association offers a discount to members who purchase *Medipac Travel Insurance* before August 31.

Optimum Reassurance, a reinsurer specializing in travel insurance, has also noticed snowbirds' enthusiasm. "The forecast for travel and travel insurance sales is very good for the winter of 2022-2023," says travel insurance director Patrick Charbonneau.

He points out that this clientele travels year-round, "but mainly in the winter season."

Patrick Charbonneau defines snowbirds as travellers 55 and older who stay for at least 30 consecutive nights in a sun destination outside of Canada. "The demographic of people over 55 has ballooned, which strongly propelled the increase in travel in this category prior to the pandemic," he explains.

Sylvain Charbonneau, president and CEO of Canassurance Blue Cross, is confident that snowbird demand will rebound. "After a pause in sales because travel was discouraged, we expect our travel insurance business to return to normal this winter," he says. Specializing in travel insurance, Canassurance

Blue Cross operates under the **Quebec Blue Cross** and **Ontario Blue Cross** brands.

Charbonneau points out that the industry has had to readjust to a major rebound following an anemic 2020-2021. "Activity has returned to a level that is hovering near its pre-pandemic level," he says.

Tour+Med Travel Insurance, a subsidiary of Humania Insurance dedicated to a snowbird clientele had to cease operations from April to August 2020. "We were in the second snowbird season last year. In 2021, there was the yo-yo of government health measures. When the restrictions were removed, in mid-October 2021, sales picked up. Customers took to the air en masse. We were caught off guard by the sales wave," VP Pierre St-Onge explains.

All in all, Tour+Med says it had an excellent season in 2021-2022. "We are back to our pre-pandemic sales. Many customers came back through our COVID-19 rider, to see if we were still as competitive," St-Onge continues. Tour+Med launched the rider in August 2020. "I took the gamble of trusting our customer base. We knew our customers understood the risk of catching COVID-19. In 2020, we did about 25 percent to 30 percent of our business. If we hadn't covered COVID-19, we would have fallen to zero."

In a column in the summer 2022 edition of CSA News, published by the Canadian

Snowbird Association, Medipac International CEO J. Ross Quigley saw the 2022 wave building quite early. "We are expecting an onslaught of new clients this year and we will be very, very busy. I recommend that you enrol in our Early Bird program NOW and avoid the lastminute rush," he wrote.

Medipac International administers and processes claims for Medipac Travel Insurance. The risk for this program is underwritten by the Ontario insurer **Old Republic Insurance Company of** Canada (Old Republic Canada). The Canadian Snowbird Association states on its website that it exclusively recommends Medipac to its members, as it has done for 25 years. Old Republic Canada also sells its own insurance brand, TIPS Travel Insurance, and provides customized products to distributors across the country.



Will McAle

Patrick Charbonneau



Tona Cantu

acquired from La Capitale by Canassuris starting, snowbirds are shopping for insurance, the phones are ringing, and we're running at full steam," Morin says, adding that "we expect most snowbirds to head south again this year."

He estimates that the volume of snowbird travel in 2022 will be about 90 per cent of that of 2019. "We keep a margin of error of plus or minus 5 per cent," François Morin adds. Among the clients who

decide not to leave, he includes those who were already planning to stop vacationing in the south within the next few years. For example, some clients told him they have sold their Florida condominiums. The pandemic just hastened their decision by a few years. A small proportion of snowbirds are still wary about COVID-19, he adds.

At Optimum Reassurance, Patrick Charbonneau says that insurance sales for snowbird trips currently range from 70 per cent to 90 per cent of the 2019 summer sales volume. The figure is closer to the 70 per cent mark when all trips are considered, not just those of snowbirds. "Across all ages, Canadians took 1.9 million trips longer than two days in May 2022,

CAA-Quebec's Public Affairs Director Nicolas **Rvan** tracked the course of his travel insurance sales for snowbirds. Compared with the previous season. 2020-2021 was marked by "a significant drop in sales and a striking increase in claims due to the exceptional

only 70 per cent of the pre-pandemic level," he

Insurance business has rebounded for snowbirds and will surpass that of 2021, says François Morin, CEO of **SecuriGlobe**, a travel insurance broker ance Blue Cross in July 2021. "The season

impact of the pandemic, which impeded our growth," he explains.

How does 2021-2022 stack up against 2020-2021? Ryan sums it up as "nicely encouraging sales growth and lower claims." He adds that his travel agencies are "on fire" in terms of travel sales, which bodes very well for sales of CAA-Quebec's insurance products. If the trend continues, Ryan predicts that the 2022-2023 season will see "a sizable wave of travel insurance sales, probably the biggest to date." CAA-Quebec offers its members the products of Orion Travel Insurance, an insurance company formed in 2013 as a result of a partnership between the CAA Club Group and the Alberta Motor Association (AMA).

Long stays and new destinations

Tona Cantu, Business Development Manager for TuGo's Eastern Ontario, Quebec and Maritimes, notes that snowbirds are staying away longer than they were before the pandemic. For example, Quebec tourists "are leaving up to the limit allowed by the Régie de l'assurance maladie du Québec (RAMQ). Quebec residents cannot stay in the province for less than 183 days per calendar year if they want to remain eligible for RAMQ health insurance. TuGo administers and processes claims for travel insurance products underwritten by iA Financial Group.

The Snowbirdadvisor.ca website states that the 183-day limit applies in several Canadian provinces, with some variations. In Newfoundland, individuals must reside in the province for at least four consecutive months in any 12-month period. Ontario and the Northwest Territories require a minimum of 153 days per 12-month period. In Nunavut, you need only be a permanent resident to qualify for the public plan.

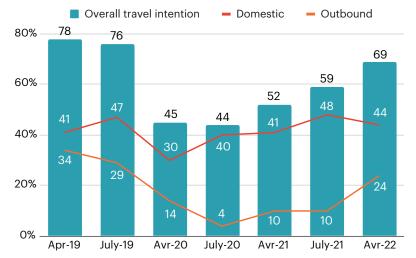
"Snowbirds are already snapping up policies for the 2022-2023 season. In general, I'm seeing an increase in trip length. I see some leaving in November, even October, and staying as long as possible," Cantu says.

At Tour+Med, Pierre St-Onge paints a similar picture. "Our snowbirds have changed their behavior: on average, trips are longer than before the pandemic, easily 10 per cent to 20 per cent," he says. Before the pandemic, it was not uncommon for a snowbird to leave in the fall for two and a half months, return at Christmas, and leave after the holiday season for a stay of the same length, St-Onge says. The insurer counts it as two trips, not one, he explains.

"Now snowbirds don't come back at Christmas," St-Onge adds. He cites COVID-19 hurdles including testing requirements and the risk of quarantine. He notes that these longer trips have had a positive effect on his premium income. At the same time, the average age of his snowbird clients has decreased.

François Morin says that destinations have diversified since the pandemic was declared. The SecuriGlobe CEO mentions that as a rule, 75 per cent to 80 per cent of snowbirds head to Florida. Although this trend continues, other destinations are becoming more popular. "We're seeing a shift in snowbirds to Mexico," Morin says. He believes that the nearly 12 per cent increase in travellers heading to this destination

SUMMER TRIP INTENTIONS, BY QUARTER*



*Total includes trips with an unported/unknown destination

Source: Conference Board of Canada quarterly travel intentions survey of Canadians 18+ (2022)

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since the pandemic began is "because everything costs less in Mexico than in the U.S.: gas, food, resort rentals, etc." points out that this destination attracted fewer than five per cent of snowbirds a few years ago.

Lastly, eight per cent of travellers choose either a European country (three to four per cent) or other U.S. states such as Texas and Arizona, Morin says. "This shift is being driven by younger snowbirds aged 55 to 70: They are less sedentary. They go away for one to two months. In Florida, snowbirds tend to stay for six months. It's too early to tell if that will change in 2022."

Nicolas Ryan shared the results of a market study conducted by CAA-Quebec in February 2021 with Insurance Journal. This study predicts that by 2030, the strongest growth should come from those over age 55, "and by 2025, the number of travelers aged 80 to 84 will grow by 30 per cent," he says.

"Quebec has seen feverish demand for cottages, RVs, pools and spas, and other recreational vehicles. This will probably affect our clients' budgets and travelling choices in the coming years," Ryan explains.

According to **Statistics Canada**, the 65+ age group has grown six times faster than the 0-14 age group. People 65 and over made up 19 per cent of the Canadian population in 2021, a 2.1 per cent increase from 2016. The population under 15 years of age represented 16.3 per cent of Canadians at the end of this period, for a decrease of 0.3 per cent versus 2016. The 15 to 64 age group represented 64.8 per cent of the Canadian population in 2021, down 1.7 per cent from 2016.



COVID-19: A wakeup call

Many feel that the pandemic has raised travel insurance awareness. Tona Cantu says that the situation created by COVID-19 has increased travellers' understanding of risk and the need for travel insurance. Will McAleer agrees that this awareness is a silver lining of COVID-19. "Travellers understand that they can't rely on their provincial medical coverage to protect them from the high cost of a medical emergency that occurs during their trip," the THiA executive director says.

"One good thing about the pandemic is that insurance issues have risen to top of mind. At first, travellers' were asking about COVID-19 coverage. We used the crisis as an opportunity to spread the message about other aspects," Nicolas Ryan points out.

Sylvain Charbonneau, at Blue Cross Canassurance, notes that COVID-19 has forced the industry and travellers to see travel insurance in a new light, "in a very uncertain economic, geopolitical and health context." Two years into the pandemic, consumers' attitudes have changed, he says. "We're getting more specific questions from customers. The pandemic has been the best awareness campaign about the importance of knowing your coverage well," he says.

At the height of the pandemic, policyholders peppered the insurer's call centres with questions. "Is COVID-19 a covered condition or not? How do living expenses work? What are the rules around managing COVID? How does returning to Canada work?" Sylvain Charbonneau says.

The pandemic has prompted the industry to go beyond simply describing product features to customers. "We realized it's not just about travel insurance benefits. It's important to guide and support policyholders. And it's important for us, as an insurer, to support advisors," Charbonneau explains. The Canassurance Blue Cross CEO also considers it essential to reassure clients. "Travelers are more anxious than before. They want answers to their questions quickly," he adds.

At Optimum Reassurance, Patrick Charbonneau says that travel insurers adapted during the pandemic by covering COVID-19 along with living expenses during a quarantine period.

Sylvain Charbonneau adds that COVID-19 is now a condition covered as a rider or as a basic inclusion in policies by most of his competitors. His company has been covering emergency medical expenses related to this condition since July 2020, "when we started selling again." He also emphasizes the strong popularity of Serenity, a no-cost service the insurer launched in the fall of 2018 that eases policyholders through flight delays by paying for access to an airport lounge or a nearby hotel room. "This is a popular service in our travel insurance coverage offering. Since the beginning of 2022, several hundred customers have requested this service directly related to delays."

According to CAA-Quebec's February 2021 market research, more than 66 per cent of travelers are concerned about catching COVID-19. "Many are looking for insurance that will cover this condition," says Nicolas Ryan. He expects this proportion to decline in 2022.

François Morin also sees this fear in travel insurance requests at SecuriGlobe. "This year, snowbirds want to be covered by a policy or rider against COVID-19. And most people are also very concerned about the quality of the insurer and the product." Morin observes that COVID-19 has catapulted product quality to the top of customers' concerns, ahead of price.

Clients want to make sure they do not run into problems if they have to make a claim. "The insurer has to be reputable and financially sound," he says. They also need to be known for excellent service in the event of a claim." SecuriGlobe distributes products from Canassurance Blue Cross, Tour+Med and TuGo.

Claims: A flurry of falls

Pierre St-Onge says he has seen all kinds of claims since the pandemic began. However, his statistics show that claims for illnesses such as pneumonia and bronchitis have decreased "because people weren't around each other." In 2021, he did not see an increase in claim frequency, but rather in severity, or the benefit amount. This amount rises each year due to inflation, he says. Claims, which had declined due to tight health restrictions, returned to normal "as people started socializing again," St-Onge explains.

In 2022, however, one cause of injury stands out. "This year there are vastly more falls than usual. It's the year of the fall, coupled with large claim amounts!" The Tour+Med CEO mentions a slew of bicycle accidents plus other causes such as falling from a roof: These incidents cause fractures or even worse outcomes. For example, two cyclists collided, leaving one in a coma. "We are not talking about 12hour hospital stays. It drags on, and the bill can easily reach US\$200,000. Are people feeling a new sense of freedom after the pandemic? Is it the desire to be active again? We can't draw any conclusions about how to select for risks upstream because falls are accidental and circumstantial."

Nicolas Ryan says that snowbirds are creatures of habit when it comes to travel. They often own the accommodations at their destination and "know the lay of the land well." Even so, the game plan has evolved. "The most noticeable transformation is that consumers want to have cancellation and interruption insurance in case of the unexpected," Ryan says.

Optimum Reassurance sees this trend as another effect of COVID-19. "Canadians are now more aware of the importance of having travel insurance coverage that covers not only health care abroad, but also trip cancellation. In addition, baggage insurance will become increasingly important, given the problems at airports," says Patrick Charbonneau.

Will McAleer points out that insurers are keeping an eye on the risks that result from the pandemic. "They have taken steps to provide coverage for medical emergencies related to COVID-19," the THiA executive director says. "In terms of trip cancellation and interruption insurance, some are closely evaluating and observing all disruptions at airports, including lost luggage and delayed flights," he continues. "Some will now state in their policy that they will not cover flight delays, while others will cover it." This disparity illustrates how important it is to read your policy carefully before purchasing insurance, he adds.

At CAA-Quebec, Nicolas Ryan notes that the pandemic has spawned new types of claims. As travel plummeted, claims for medical care at destination have dropped accordingly. Claims related to flight cancellation, trip interruption or trip cancellation (e.g., due to fear following a travel advisory) have increased.

Ryan advises insured travelers to look into the limits of their coverage. "Many people don't take the time to read their entire insurance booklet. You need to read it carefully, and ask questions. Some airlines include COVID-19 coverage in the cost of airfare. But the amounts were not always sufficient."

Ryan also notes another trend that has become more prominent since the pandemic: Claims for living expenses. He explains that these claims have arisen because of a requirement to remain at the destination as a result of quarantine or forced lockdown.

François Morin says that the 2022 (2021 winter season) claims processed by SecuriGlobe were not unusually high, "although we were worried they would be due to COVID-19." "In contrast, COVID-19 had a very significant impact on trip cancellation insurance, resulting in very high losses for insurers in 2021." This part of travel insurance includes lost luggage coverage, Morin points out, "Lost luggage coverage is usually limited to \$250, so it had little impact on overall cancellation and interruption claims," he says.

Morin believes that the cancellation benefit has not affected snowbird insurance either. He points out that this insurance consists almost exclusively of emergency medical coverage abroad. "If the snowbirds don't travel, we just refund their premium. Snowbirds don't buy trip cancellation, baggage loss or trip interruption insurance," explains François Morin. "You have to have purchased a non-refundable travel package for this coverage to pay."

Tona Cantu mentions that baggage insurance is less important for snowbirds because they travel mostly by car or trailer. "They're not the ones who get caught in airports with piles of luggage. Those tend to be the tourists or business travellers," he explains. M

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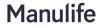


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Pandemic highlights the need for key person insurance

A key person is anyone in a company deemed to make a major contribution to the bottom line, including sales staff, a business owner, or an employee with special knowledge.

BY SUSAN YELLIN

If COVID taught us

anything it opened

up a lot of eyes as to

whether their business is

protected, whether their

family is protected and

highlights the needs that

they are well insured.

- Alana Riley

t's been called a great opportunity that's often underused, but business owners and vital employees are advised to incorporate key person insurance whether they are high net worth individuals, owners or major shareholders of a company. And

> COVID-19 has played a major role in seeing more of those plans being sold.

> "If COVID taught us anything it opened up a lot of eyes as to whether their business is protected, whether their family is protected and highlights the needs that they are well insured," said Alana Riley, Head of Head of Mortgage, Insurance and Banking at IG Wealth Management.

> In fact, COVID actually started to highlight the need for insurance altogether and the topic became increasingly more of a conversa-

tion in boardrooms. Many, they say, started to look at the what-if situations and what they could do to help themselves, their families and their companies.

At the same time, the deadly pandemic brought in online applications, e-apps and automatic insurance amounts because it was harder to get doctors and nurses to take blood and urine tests for clients, said **Anne** Topping, SVP, Sales and Marketing for PPI Advisory. Meanwhile, a number of insurers increased their limits to \$1 million or even \$2 million, said Topping.

> It is up to the advisor who knows about the client, what he/she does for a living and how

> > crucial they are to the company or family to explain

the necessity of buying key person insurance.

"Key person is not just a product, I would call it more of a concept," said Mark

Arruda, Assistant Vice-President, Insurance Product Management at Sun Life. "It's really about protection in the case of a business owner, or in the family - the key person associated with either that business or that family."

If something untoward happened to the key person, the business might not be able to function any longer and could be severely impacted in some way - everything from the firm not being able to make its sales target, or even worse - not being able to continue running the business.

A key employee can be anyone in a company deemed to make a major contribution to the bottom line, including sales staff, a business owner, or an employee with special knowledge.

Tax-free funds

Key person insurance includes life and critical illness insurance (disability can be added as well). The tax-free funds from the insurance can help keep the business running, pay to find and train a new person to a deceased person's role, offset potential losses in sales revenue and pay down business debt.

More than that, key person insurance is part of the overall ongoing planning discussions of a company. "As it relates to key business insurance, it is a product that needs to be part of the overall planning discussions," said Riley. "It really is a robust strategy – one that is often underutilized by business owners."

Business owners are often dealing with an accountant or a financial advisor who manage the business more on a personal side so that they think about personal insurance rather than the business itself, she said. "At IG," she said, "we have our financial planners at the heart of not only meeting a person's personal goals but the business and professional goals to create that holistic financial plan. "

Riley said that as Canadian small businesses continue to grow, so do the number of high net worth Canadians, adding complexities and risks to their overall financial plan. Having a financial planner who knows about both the personal and business side of a person's objectives is kev.

"Whether you are an owner of a small business or a partner in a larger company fundamentally the challenges are the same, they're just more complex," including meeting the demands of a key person's estate.

Cash value life insurance

Key person insurance is a cash value life insurance policy so that a part of every premium goes to help pay for the insurance, while another part goes toward building up cash value, accruing tax-deferred interest.

Riley recommends that advisors look into different strategies and include the person's accountant in on talks because rules can be complex and different for different provinces and the companies they are working with.



Typically, a company or organization owns the policy, pays the premiums and is the beneficiary. However, the business and a key employee can agree to split the premium payments, cash surrender and death benefit value.

Arruda said insurance companies have "wrappers" to try to present key person insurance as an idea to clients. "I think of an insurance policy or critical illness policy and they have insurance illustrations that demonstrate value, how much you have to pay in premiums and benefits offered. You can then take those values of the insurance illustrations and put them in a key person wrapper and demonstrate them to the client.'

Many advisors concentrate on high net worth clients who are also part of a business or family. This group may have an individual advisor or an individual insurance-licensed professional, but many companies are now including CPAs, the estate planning team and lawyers to determine what may be missing from an insurance plan and what they should be looking at, said Riley. M

Key person insurance is a fundamental tool for business owners

Key person insurance can cover replacement costs of an important employee, loss of business revenue and more.

BY SUSAN YELLIN

ason Lea's father started his insurance agency in 1972 with his 43-year-old partner. Times were good: the business was doing very well, both had young, thriving families. But a few years later, the partner, who never smoked and rarely drank, went out to play a game of basketball, unaware that he had a severe heart condition. After the game, he went home and took a shower. That's where he died.

But being in the life insurance business, the partner had a significant amount of key person insurance and other life insurance, so his family was fine financially. It was, said Jason Lea, as if the partner had never stopped working for the next 20 years because the policies funded all the assets that the family needed and all the assets the company needed to redeem his interest in the business.

"Key person insurance is one of the fundamental tools for business owners right now," said Lea. "Whether the business is small, medium or large protecting your company against losing your best people - including the owners in the business - key person insurance can cover replacement costs of the employee and the go-forward loss of business revenue. But it can also be a situation where if that employee is also an owner in the business it can redeem that employee's ownership interest."

Lea, CEO of **BSMG**, a brokerage general agency in Providence, R.I. working with agents and wholesalers, said the most valuable employee in a firm can be anyone from the owner to a top sales person, a scientist, engineer or key rain maker. When an insurance person asks what the firm would do if the key person wasn't around, the conversation inevitably turns to what the financial hit would be to the company if it didn't have insurance.

Concentrated risk

"If you have a concentrated risk in your business with a key person or persons it's super inexpensive to insure against that risk by using term insurance," said Lea.

While key person insurance has almost always been a term sale, many are now focusing on making that permanent insurance, said Anne Topping, SVP, Sales and Marketing for MGA PPI Advisory.

"What we try and do from that perspective is add some value to that permanent sale," said Topping. Key person insurance can be a permanent solution where the key employee can share in the benefit of the insurance. So, for example, an employer can underwrite the employee and the benefit would go to the company, the employee would invest in the over-funding part of the program so it makes it a permanent insurance and they would have the value of the cash surrender value if they need it for future use, leveraging or on death for their own estate.

A great door opener

Topping said key person insurance is a great way to get into a company – as a door opener, or discussion point. So, for example, once buy-sell needs are in order, along with group insurance for employees, discussions can naturally move to key person insurance.

She said key person insurance has now become part of a trend that can lead to bigger permanent sales and is a great way for some of PPI's corporate advisors to break into this market.

Some riders, said Topping, are already inherent in a universal life plan, which is typically more expensive than term. "So yes, they do become more expensive if you add on all of those riders to those policies. Or if you took individual CI or individual disability or individual term that does create more cost to the firms, but overall, risk and reward, the clients are covered in case anything untoward happens." Chances of CI or disability before a key employee turns 65 is quite high she said, noting that they can prove through statistics that it's better to have some of these policies. \square

How the advice business is changing

Morningstar experts discuss personalization and new ways of understanding client life phases.

KATE MCCAFFERY

n a pair of presentations made at the 2022 Morningstar Investment Conference, two of the company's experts weighed in on how the business of advice is changing.

Personalization is a trend. Better understanding where clients are at in their financial planning journey is also key.

Together, **Morningstar**'s experts pieced together for the hybrid conference's delegates, a look at the future of advice and presented a client life cycle model for understanding different life phases that is different from the 'morbid mountain' model typically taught in financial planning classes.

At the conference held in May, Marta Norton, chief investment officer, Americas, with Morningstar Investment Management LLC discussed personalization at scale for the benefit of those gathered.

She says personalization is a concept that some will recognize instantly. "When the topic of personalization comes up, some instantly recognize the concept. They understand the implications. But for a lot of us, myself included, it's a bit more opaque," she says.

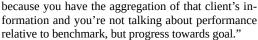
While traditionally the focus in business development has been on standardization of products and service delivery, she adds that ironically, it is technology that is enabling companies to reconnect with those consumers.

Citing statistics from McKinsey & Company, she then points out that more than 70 per cent of consumers expect personalization in their products and services.

"Personalization is expected. It's here and it's not limited to big tech, it is in wealth management," she told those gathered.

Embracing technological offerings

The frustration of doing personalization at scale is



"When we shift to a more goal-oriented financial planning process, which is partly what personalization is, it's a refocus back on the person and who their financial goals are, we find that outcomes can look meaningfully different," she says, adding that this opens up a number of behavioural coaching opportunities for advisors, as well. "This opens up so much more space for helping clients make the right decisions at the right time."

The flip side of this is that continuing to focus solely on portfolio performance and benchmarks can be detrimental to the client's outcome, as behaviours like performance chasing, for instance, are proven to erode portfolio values.

"If we can get investors to reach their financial goals more effectively, with more efficiency than we're all winning with that. And at its essence, it's my view that personalization is a shift; it's a shift away from a focus that's solely based on the portfolio, and its performance, back to why we're all investing in the first place, to reach our individual financial goals."

Friction points

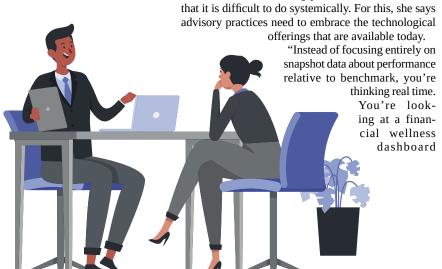
The friction points in getting to this state, however, are not to be discounted. Among the challenges advisors face in developing their practices to allow for client personalization, the first is that the solutions often feel very complex.

"Anytime someone's moving from one structure to another, there's always going to be friction, especially when we're talking about digital tools that maybe we're less familiar with or there's a learning curve before using them," she says. "I think the due diligence to understand the different vendors and who's providing what, and how it fits you're your practice, I think that's a meaningful time commitment. I don't think we should shy away from saying there's going to be some friction there."

Those who do embrace these developments, however, do stand poised to benefit. "For the advisors who embrace it, who understand how to use it, I think they'll find that the insights and the practices that they have 10 years from now are going to look pretty different than the practices they have today."

The real financial planning lifecycle

To provide additional insight into understanding clients, then, Morningstar's director of behavioural science, Sarah Newcomb, in a separate presentation, discussed a new model for understanding clients and their different life stages that is different from the mountain line graph which maps net worth (and corresponding planning strategies) to the client's age.



"The issue I have with this model, personally, is that this describes very few people. Very few people start out above the zero line and stay there their entire lives. Very few people run into no major setbacks. Very few people are following this path."

Instead, she suggests advisors think of clients as being in different modes. "Life modes are a little bit different. A mode is like being in a gear. It describes the state of your financial life at a point in time.

The seven modes identified by Newcomb and her group are: Chaos, survival, stability, growth, accelerated growth, decumulation and legacy.

Chaos

This person's net worth is negative and trending to stay negative. The prospect likely needs debt counselling, rather than financial planning. Many times people in this state are thinking in terms of days, not years and definitely not decades. "They need to focus on their support network, getting organized and opening their mail," Newcomb says. "You need to get them to get their mindset from focusing on days. Just stretch it out two weeks."

Debt management in this stage of life may consider consolidation and possibly bankruptcy filings.

Survival

Your client's net worth is hovering around zero. Things are a struggle to keep that number above zero.

"You want to try to extend their planning horizon from weeks to months. You want them to get a full account inventory, you want them to create a cashflow calendar and automate everything they can. They need to do a threat assessment to see what's threatening that little bit of stability that they have."

Stability

"In stability mode, your net worth is trending around zero, but positive. It's not trending up, it's trending flat," she says. In stability, clients should review their mental time horizons, as well, risk management, and investing plans. "The same things you would do for any financial planning client." Clients in this stage of life can probably only afford essential insurance at this point.

Growth

In growth, a client has positive net worth that is gradually trending on the positive side. Here the planning horizon can extend from years to decades, Newcomb says. Automate everywhere. Do balance sheet tracking as much as you can. Debt management comes in here as well.

She adds that minimizing bad debt and helping clients understand why some debt can actually be ok to carry are two areas of focus for clients with growing net worth. "You can help the see where they might be able to direct some of their resources into creating income streams," she says.

Focus should also be on managing cashflow, the ultimate goal being to maximize their savings and risk management. Clients in this stage can start to be fully insured. Start to think about tax optimization.

A life mode is like being in a gear. It describes the state of your financial life at a point in time.

Sarah Newcomb

Accelerated growth

Planning horizons when accelerated growth is the state of a client's financial picture, begins to span from decades to generations. "Accelerated growth isn't necessarily the goal for everybody. It could mean that they're making great decisions, or it could mean that they're overly exposed to risk," she says.

"Accelerated growth isn't necessarily a goal, it's simply a mode that their finances are in. you'd want to examine whether that accelerated growth is stable and healthy." Clients in this stage can probably afford to be fully insured.

Decumulation

This stage is generally defined by past positive net worth, but the trend in that net worth is negative. Here, age matters. "If someone is in decumulation at 25, that might be a problem, but it also depends on the magnitude of their net worth."

Legacy

Defined as positive net worth that is predicted to stay positive beyond expected mortality. Net worth is not trending negative enough that it would run out in the client's lifetime.

In this stage, estate considerations, philanthropy and executors are all part of the conversation. "You want a clear, long-term strategy," she says, adding that the effort can also include the start of developing family governance and intergenerational wealth transfer planning. "This is where somebody can make their money last 100 years or more if they plan."

Overall, Newcomb suggests advisors set short term goals that correspond with the client's circumstances and empower them to move on to the next mode. "That's the concept. Again, all models are wrong. Some are useful, some are a little more useful than others," she says.

"Many people start their lives in legacy mode. Some people will spend their entire lives and survival are bouncing between stability and survival, or all the way back to chaos and back, someone who starts in chaos and wins the lottery, they jump up to legacy. But if they haven't learned financial management, they'll probably end up in back in chaos before long," she says, pointing out that decumulation, for instance, doesn't always happen at end of life. "So just like the lifecycle model, each one of these modes corresponds to certain skills, and certain habits of mind and behavior."

She adds that there are an infinite number of paths that people can go through during their lifetimes. Understanding where they've been, she says, provides advisors with a lot of good information about how clients think. "These life modes help you to figure out where people have been and where they want to go," she says. Λ

Policy, not prohibition: Actuaries advocate for the use of big data

Actuaries are calling on governments and regulators to address social inequalities through policy, rather than by restricting the information available to insurers and professionals who work in actuarial science and rate setting.

BY KATE MCCAFFERY

he Canadian Institute of Actuaries (CIA) and Canada's actuaries support using big data in risk classification with the right protections in place, to help reduce risk and establish insurance costs that better reflect the underlying risk," the CIA writes in its July 2022 statement, Big data and risk classification: Understanding the actuarial and social issues.

It says big data-derived risk classification factors serve an important purpose that protects the underlying mechanisms of an insurance market. "The increasing prevalence of big data in pricing and underwriting within private, competitive insurance markets can be a benefit to society provided appropriate policy protections are in place. The CIA recommends that big-dataderived risk classification factors are not restricted beyond the ethical data collection practices, privacy laws and information security requirements necessary to protect consumers," they state.

"The risk classification systems used by insurance companies should be actuarially fair; that is, each individual should be charged a cost that reflects that individual's statistical expectation of their exposure to insured claims, according to all data collected about that individual."

They continue, saying "actuaries can contribute valuable expertise to the discussion of how to address any potential conflicts between actuarial fairness and social fairness," they add before saying "prior restraint on the use of big data is not the appropriate means by which to address these issues. As well, increased uncertainty creates a higher level of risk, which in turn has the potential to increase insurance costs."

The availability of products was also raised as a concern, saying data access makes insurance more broadly available.

Innovation and evolution

"As actuaries, we believe in thoughtful innovation and evolution in the use of big data, while ensuring that the public interest is at the forefront of insurance and policymaking," they state.

"The recent emergence of big data has allowed insurers to make increasingly more refined pricing decisions," they write. "However concerns have been raised that the use of big data to generate a reflection of the underlying risk could lead to social inequities. As such, there have been calls to limit or restrict the use of big data in risk classification decisions."

They add that the institute believes that the use of big data to gain insight serves and important place in the healthy functioning of insurance markets. "Accordingly, its use should be permitted, subject to critically important limitations." The statement also calls for scientific study, examines the complexities of bias and fairness, the industry's current uses of data in pricing and risk transfer and risk classification.

"If risk classification did not take place, there would be significant cross-subsidization when it comes to the pricing of insurance – one class of individuals pays more to transfer their financial risk than the true cost and another class pays less," they write. Later in the paper they add that, for insurance, "big data has the potential to significantly improve the classification of risk as it allows the insurer to use information that more accurately aligns with the true underlying risk."

Risk segmentation

In discussing the statement with the *Insurance Journal*, **Emile Elefteriadis**, co-chair of the CIA task force on risk classification says the effort is a proactive response to some of the emerging issues around the use of big data and risk segmentation.

"What elements should or shouldn't be allowed? What are the ethical and privacy implications of big data and insurance? What are the consequences of restricting the usage of information by insurers? The CIA encourages governments and regulators not to take an overly restrictive approach to data access for insurance rate making," he says. "The insurance industry, working collectively through its industry associations, involving other stakeholders, could do this effectively and responsibly using a principles-based approach."

Unintended consequences

He adds that the CIA discourages the restrictions on the use of data, mainly due to the unintended consequences that could arise. "It could reduce the availability or affordability of insurance for the population at large." He adds that it could also stifle innovation. "There are opportunities to better serve Canadians The CIA encourages governments and regulators not to take an overly restrictive approach to data access for insurance rate making.

- Emile Elefteriadis

through more tailored solutions and solutions that can actually help reduce risk," he adds. "These programs rely on big data. Public policy measures could utilize thoughtful interventions that address the needs of vulnerable communities directly."

Overall, he adds that the CIA believes the use of big data is appropriate, given that access creates improved insights about risk and its contributing factors. "Conversely, restricting access to such data could adversely impact the availability or price of insurance for individuals."



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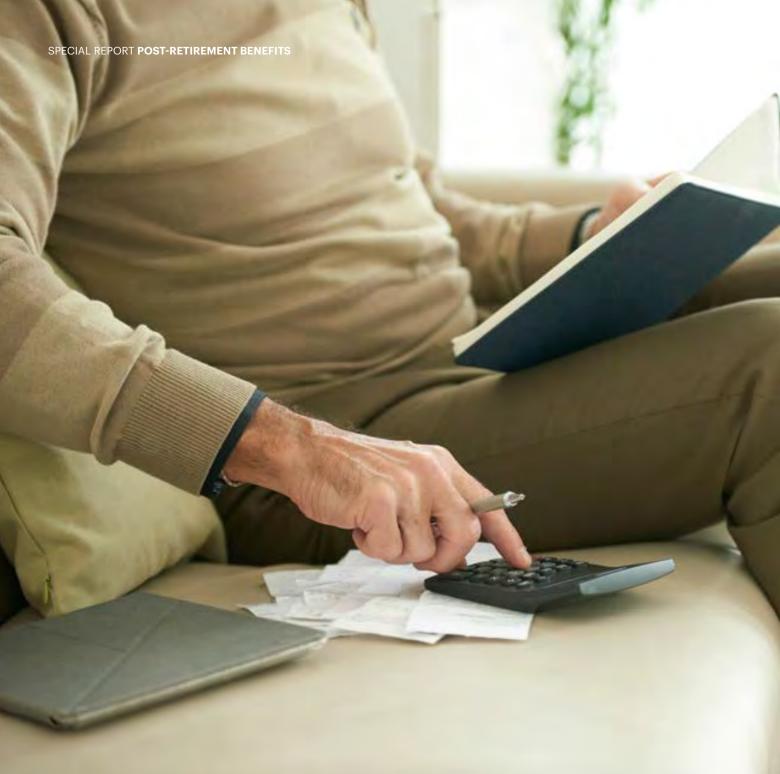


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Help your clients evaluate their post-retirement options

Clients may have some important choices to make when transitioning into retirement. Should they convert group coverage to a post-retirement benefit plan? Should they take a lump sum in lieu of a pension? Advisors can provide valuable guidance during this critical period.

Post-retirement insurance offers clients a safety net

Health and dental care costs can add up during retirement.

ver the next two decades, Canada's population of senior citizens is expected to grow by 68 per cent, spurring the need for many of those who don't currently get post-retirement benefits to come up with their own funds to pay for what could be very costly benefits.

"It's a challenge," said Allan Sabat, Partner, Group Benefits, The Consulting House Inc. in Toronto. Sabat said those who never had or are no longer part of a group post-retirement plan may have to come up with as much as \$600-\$1,000 a month, depending on what they want in terms of health coverage.

For example, he said soon-to-be retirees have only 30 days to confirm they will continue with an individual life insurance policy they had with their company. If they go to an advisor they may be able to get insurance with a 10- or 20-year term option, universal life, term 65 and term 100 policies, but not an individual plan.

Even then, said Sabat, life insurers will only give employees who are over 65 policies up to \$200,000. "We often tell our clients that life insurance from your employer is great but it's only a base coverage. We recommend that you buy something [outside the company] that is customized to yourself and your family and then you can take it with you wherever you go.

"Group insurance is great but it's not meant to replace all of your assets should you pass away."

Ask what is important

When it comes to other benefits, advisors ask retirees what's important to them when it comes to a good drug plan or physiotherapy, for example.

Those who leave a group-sponsored plan at one insurer can convert to most other healthcare providers with the needed product, often with have 30 days (before or after official retirement) to convert.

Sabat said he can try to cobble together a health plan for those without a company plan, but he said once they take a plan, they're locked in. He said those in this group can really only go into a lower-cost plan, not a plan with more benefits because that would require medical underwriting.

"It's very hard when you're trying to help somebody out," said Sabat. "Let's say you were paying \$100 a month for your whole family to be covered under a group plan [while you were working] and then they get that sticker shock of benefits that are going to be capped – maybe \$2,500 drug coverage. You're going to have limited dental that will eventually increase over the years and it will cost you \$600 a month for dental. A lot of people don't want to do it. It's not very popular unless you are going to use the plan and get your value out of it."

There is a proposal in the federal Liberal-NDP agreement to create a national dental care program for lowincome Canadians. Anyone making less than \$70,000 a year would not have to make co-pays once that plan moves ahead. Dental fees would be fully covered by the government for any person or family with an income under \$70,000, including seniors.

The program is expected to be fully implemented by 2025 under the proposed timeline.

Revamp needed

Darren Abrahams, president of SC Insurance in Toronto, said insurers should be revamping and updating their post-retirement benefits to provide clients with more varied, flexible products and services that they will need as they get older.

ONTARIO'S RETIRED TEACHERS INSURANCE PLAN OFFERS CHOICE AND FLEXIBILITY

So, what makes a good retirement health and dental plan? Insurance brokers often point to organizations like the Retired Teachers Insurance Plan in Ontario (RTIP) as being accommodating, with retirees able to take advantage of higher maximums in three drug and dental plans as retirees themselves age.

"Having choice and flexibility within the plan has always been very important to us," said Chris Floyd, president Individual Insurance Services with the Ontario Teachers Insurance Plan (OTIP) in Waterloo, ON.

"Having the ability to have different drug maximums as you go through different stages of retirement [is key]. A teacher on average retires at age 58, so their health is very different at 58 than it is at 68 or 78," said Floyd.

When it comes to retiree health, the drug maximums range from \$750 to \$4,000. The plan also has dental, travel, home, auto and life insurance products

With its top health plan, members can receive \$4,000 in prescription drug coverage (85 per cent reimbursement); vision care of \$375 a person every two years with 80 per cent reimbursement as well as unlimited semi-private hospital accommodation with 100 per cent coinsurance. At this highest level, a single plan member pays \$133.90 a month, while a couple would submit just over \$263 a month and a family around \$312 a month.

There are currently about 46,000 policies in the RTIP plan.

At the beginning of this year, coverage switched from being provided by Manulife and administered by OTIP to now being provided directly by OTIP. It also recently moved to a new digital, self-service platform that lets members go in and receive renewals, submit their claims and generally provides a better customer experience for members, said Floyd.

"We're seeing very positive growth within the plan," said Floyd. "Transitioning all the members to the platform within the past six months, getting through COVID and getting members back to travelling, we want to help them by giving them peace of mind and letting them know that they have great products behind them."

At one time long-term care insurance was touted as the product to solve many post-retirement benefit ailments, but since the industry has done away with LTC, finding the product that's best for a client can be a difficult road to hoe.

Abrahams said he has retirees come to him who have left their group plan, but now find the products they need may be limited. "You get a bit of dental, some hospital coverage hopefully, out of country is still a big one, but not all of them have the best coverage so you have to supplement," said Abrahams. "When it comes to what I think people really need it would be a hybrid product - somewhere between long-term care insurance and your traditional health and dental plan."

For example, MyDignity, a CARP home assistance plan has created proprietary insurance plans that provide the necessary resources for when people are no longer independently able to care for themselves.

"Insurers need to evolve their existing health insurance products. Instead of offering their existing health insurance products for a longer period of time, they need to evolve those products to be a retiree-focused product that includes certain benefits that they might have needed pre-retirement and that makes it more valuable to keep into your later years," said Abrahams.

Manulife provides retirement benefits to its group benefits clients and those who are within 60 days of retirement can apply without any underwriting, said Nina Desai, AVP, National Account Manager, Manulife. It also has a plan that is intended to target retirees but that can be purchased at any time.

Typically, people who join a company are automatically insured if its program is available through a group benefits plan. As people continue to work at the company and age they never think about whether they will qualify for a certain level of health and dental benefits. "Then, unfortunately, what happens is when an individual retires they have two sides: if I apply for

coverage, I will get exactly or close to what I had with my employer or the government is going to cover all my healthcare expenses. And unfortunately, neither is accurate."

Out-of-pocket expenses

The government does provide some coverage for those over 65 for prescription drugs and some services, but there are a multitude of other health services ranging from different types of drugs to dental procedures that become more frequent as individuals age, said Desai. Some of these specialist services or outof-pocket expenses can be considerably higher than an individual on a fixed income can afford.

With Manulife's Follow Me program people can apply for health and dental coverage without any underwriting, but with benefits that are "in some cases just as robust as reasonable group benefit plans would have had when they were employed by a company," said Desai.

Guaranteed health and dental

Manulife has started seeing more interest in guaranteed health and dental products, so it launched its own enhanced health and dental plan earlier this year, she said. With this product, people don't need to be 60 days out from retirement or leaving a group benefits

Having insurance in place during retirement provides people with a safety net, said Desai. "You may pay a few hundred dollars more than what your outof-pocket would be for the first year or two but that quickly changes as individuals age and their health changes and their health care costs increase. Having that additional coverage for the Follow Me health and dental plan really provides that safety net to protect individual's fixed income as they get older."

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Defined benefit pensions: What to know before taking a lump sum

Those weighing whether to take their pension or a lump sum should seek professional advice.

ith higher interest rates affecting everything from the cost of a home to groceries, it's not surprising some people may be thinking about taking out a lump sum from their defined benefit pension plan on retirement. But if they can and do, they should know they take on all the subsequent risks themselves.

"Plan members definitely need financial advice [when it comes to these issues] It's a very important decision – take a pension or take a lump sum. Getting professional advice at that time is probably well advised for most people," said Jason Vary, President of Actuarial Solutions Inc. in Oakville, ON.

Pension assets lost about 15 per cent from January to mid-July this year, which reflect the losses in both equity and bond markets, said Gavin Benjamin, Partner. Retirement & Financial Solutions at LifeWorks in Toronto.

But on the positive side, the increased interest rates that have led to a higher inflation environment are now reducing pension plan liabilities for most plans, said Benjamin.

'If you see the big increase in long-term interest rates as related to the increase in inflation, it's actually meant that a lot of pension plans have basically held their ground with regards to their funded position overall,"



A lot of pension plans are still in a pretty healthy financial position at this point.



- Gavin Benjamin

he said. "A lot of pension plans are still in a pretty healthy financial position at this point." Some pension plans have made it their practice to include periodic cost of living increases to retirees. Benjamin believes that if high inflation continues, there may be pressure to make these increases, particularly from unions. But even if a pension plan is well funded, he said there are accounting costs and potential funding cost implications for providing the cost of living benefits to retirees on an ad hoc basis.

Purchasing power erosion

The current situation is not great for retirees because inflation can erode the purchasing power of their pensions and it's rare that pensions are automatically indexed in the private sector, he said.

Vary said when people terminate 10 years before normal retirement age they are guaranteed to be eligible to receive a lump sum. However, members aren't always eligible for a lump sum if they retire on or after age 55. Pension Benefit Acts across Canada only require the portability of getting a lump sum if members are more than 10 years from the normal retirement age, which is typically 65.

Portability at retirement

There are some plans that do allow portability at retirement. In these cases, those eligible for a lump sum have a choice between taking that money or taking an immediate or deferred pension. It's rare that they are forced to take the lump sum, he said.

One of the advantages of a defined benefit plan is that retirees get a monthly pension for the rest of their lives. They don't have to worry about how long they will live, how to invest the money or what interest rates are doing.

"[But] if you take the lump sum, now it's your problem. What do you do with that money? Are you going to invest it in the stock market, in GICs, and those kinds of things? Stock markets move – down about 28 per cent this year – so you can't guarantee anything in the market. So you get the risk on your shoulders if you take a lump sum. In my opinion, the member needs to think very, very carefully about what decision to make – and the lump sum shouldn't be the default," said Vary. "My opinion is that you should stick with the monthly pension plan because that's not a bad choice."

Tax implications

In addition, taking a lump sum means the potential for getting taxed on the income. That's because the Income Tax Act limits the amount a person can transfer directly from a registered defined benefit pension plan into a LIRA or locked-in RRSP. A person might be eligible for say, \$100,000 or \$1 million but probably more than half of the lump sum is over the limit and is taxable in the year the member receives it. "So they can only tax shelter the portion that is above the maximum transfer limits, or put a lump sum into an RRSP and then invest back and withdraw that in retirement."

Life expectancy

Those who take a lump sum often prefer to manage their own money and be responsible for those decisions, said Vary. And if, for example, a retiree is ill and is expecting a short life span, taking out a lump sum might be the best decision for that person.

Another positive about the current financial situation is that the decrease in pension plan liabilities so far this year has combined with the high interest rates and provided pension plans with the opportunity to derisk, said Benjamin.

"Examples of potential derisking opportunities could include adopting a lower risk investment strategy, purchasing a group annuity from an insurance company to settle some of the plan obligations, and there may be the chance of winding up the pension plan if that's an objective," said Benjamin. "Given the market volatility that we're experiencing, potential derisking opportunities are there, but they could be short-lived if financial market conditions do change." \textstyle{\textstyle{\textstyle{1}}}



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Navigating client conversations about volatility

Clients worried about volatility? Three certified financial planners weigh in to help bolster your responses.

BY KATE MCCAFFERY

ou've no doubt already formulated some kind of response to questions about what to do in the face of volatility. The advice we give you may not be a surprise to anyone well versed in planning, but seeing it repeated, we hope can help bolster your convictions and perhaps help polish your client responses.

In short, volatility is not new, but we have enjoyed a period of relative calm that has left many investors, particularly anyone relatively new to investing, without a full understanding about what volatility means and actually looks like – until recently.

Client behaviour

"One of the most difficult things that we have to manage as advisors isn't necessarily the market, it's the behaviour of our clients. We understand what needs to be done, but conveying that message to the financial planner (CFP) and principal of **Dewdney &** Co., Christopher Dewdney. "Each client needs to be handled on an individual basis.

Volatility, he says, is a good thing, a natural part of market investing, and something which should be embraced, particularly if the client in question has disposable income or additional capital to deploy. "It is natural, it's healthy for markets and it is something that will always be there.

CFP, Jason Heath, of Objective Financial Partners Inc., adds that when investing in stocks or bonds, the results are not going to be a straight line, the way it might be if the client were invested in a GIC. "Volatility is definitely part of investing."

Market timing

"It exists. It's always present," agrees vice president and advisor with Zavitz Insurance and Wealth, Justine Zavitz, who adds that market timing is another key piece to consider at times like this. "No one can the best time to buy or sell is, so we need to stick with the (financial) plan, knowing that volatility is there.'

Regarding market timing, Heath points out that trying to time the markets presents about the same odds of success that might be had from flipping a coin. "Trying to pick the right time to sell, then the right time to buy back in, you need to be right, not just once, but twice. It's very difficult to do. Generally speaking, when you look at a long period of time, the best outcomes are had by those who stay invested."

Volatility risk

collateral about volatility risk and how behaviour with a portfolio can dictate how an investor will do over time, has led to a higher level of awareness among most of her clientele. "I find, at the very least for my you don't want to be selling at this point in time. It is terrifying to watch your portfolio go down and we all feel it, but the best thing to do is stay with it. I find that they all kind of inherently know that already,' she says. "I don't know if that is (because) we have these discussions before we jump into these things or people are starting to understand a lot more how behaviour drives the market just as much as economic indicators drive the market.

Heath meanwhile says if people have been set up with the fact that their investments are down, but that they're generally resigned to the fact that this is part of the long-term investing process. "The people I find that are most at risk in a time of volatility like this, about the upside and downside," or they are those who are investing without advice.

He adds that do-it-vourself investors have also enjoyed a reasonably good run over the past 10 years. Many, particularly those invested in riskier assets smaller companies, technology stocks, meme stocks and cryptocurrency – are being taken by surprise by the volatility they've not experienced in the past. "It's

"Hopefully people will be prepared for this, but not everybody will be," he adds. "You don't have to feel good about what's happening right now, but you do need to know that it's part of the investment process."

In reality, they say for those with a long-term time horizon of five years or more, it's unlikely that investments will be lower if investments are left to recover from bouts of volatility. For those who are drawing from their investments, however, even withdrawing five per cent each year still leaves 95 per cent or more of their investments invested to benefit from a recovery. "Just be careful about any knee-jerk reactions, regardless of where you are," says Heath, referring to the different reactions accumulating and decumulating clients might have.

Zavitz points out that it helps to return to a client's financial plan and point out what they need to be earning each year to make that plan work – if clients enjoyed substantial returns in one year, these generally offset years with more lackluster performance. "Perhaps as markets start to rebound, we should reconsider the risk questionnaire (with that client) and whether or not it's still suitable," she says.

Heath agrees, saying clients should also maintain consistent discipline when it comes to asset allocation. If some clients today are invested in stocks because they've not been able to earn suitable returns from their fixed income portfolios, now might be the time to revisit that assumption and rebalance. "GICs are much more competitive now than they've been in 15

As for war, high interest rates and extremely high inflation, Dewdney points out that investors have gone through all of the above before. "Fundamentally, nothing has changed," he says, echoing the sentiment expressed by all three advisors: "The most important thing is to stay calm and stick with the plan." A





What's the most important ingredient?

Question: What's the most important ingredient for success in the life insurance and financial business?

If there were one thing you had to have to be a success, you'd want to have it, wouldn't you? There are lots of possibilities in terms of talents, skills, attitudes, and character. And of course, they are all important and critical to your outcomes.

But there is one debate that has been concluded. It's your HQ and not your IQ that determines the success you will have in your business. It's been proven time and again that the higher your HQ, the higher your production. The same cannot be said for your IQ.

A lot of people believe that IQ, or your Intelligence Quotient, makes the difference for business success. You know, the smarter you are the more you will achieve.

But they're wrong. Sadly, and perhaps counterintuitively, unproductive, and unprofitable geniuses are far too common. In fact, IQ might even be an impediment to full and total achievement in the business. It takes

Intelligence can be an impediment because it can induce you to reduce your sales relationship to the facts and figures. It encourages the thinking that essential financial security decisions are logical and not emotional. It can make our client relationships technical and interpersonal. That mistake will hold you back forever.

But, if you have a high HQ or Helping Quotient when you work with your clients, you are bound to excel. And the amount of help you provide your clients and prospects is directly related to your business achievements. When you help more, you sell more. When you help more people want to buy more. The more you help the more valuable you are.

And, helping doesn't take intelligence. It takes caring. The idea is contained in the old maxim - "They want to know how much you care before they care how much you know."

Your desire to help is much more important than your level of intelligence. While both are necessary for success, intelligence is not sufficient to be a valued advisor but the sincere desire to help is.

Here's how can you help your clients more:

- Speak their language and keep it simple. Know your presentation well enough that you can customize it to use the same sort of words they use to describe what's important in their lives. For instance, not "premiums" but "deposits". Forget the industry and technical jargon and speak the way you would over a cup of coffee with a good friend about what matters to them. That's very helpful.
- Be easy to work with. Use virtual meetings if that makes it easier for them. Visit them if that's what they need.
- Do as much of their homework for them as you can. Don't get them to list all their assets for you. Get them to give you their documents and you create the list. Same goes for policies. Gather them up and then give them a report rather than asking for the portfolio.
- Solve their problems first and fast. Be sure they get what they want first. Whatever you intend to do always ask: "Obviously you had a reason for agreeing to meet with me today, would you mind telling me what that is?" Then do what they want right then. That's helping.
- Lead your prospects to where they want to go and then where they ought to go if they knew what you know. There is more to advising than answering questions and doing what they want. "Take them by the hand" and help them make important decisions that they wouldn't make on their own without your help. Lead them to help
- Provide the relevant information they need to make the decisions they have to make to achieve the goals they want to accomplish. Don't suppose they can figure out what to do on their own. Help them by giving them the information that shows them the way.
- Check in regularly to be sure that everything is going according to plan. Be sure to respond to their written, digital, or voice queries quickly. Thinking that they are forgotten is not helpful to your success with them.
- Remember that "value added only comes from doing the unexpected" – "when you do more than you are paid to do, inevitably you will be paid for more than you did". Find ways of providing unexpected help - maybe for their spouses or their children.
- Follow up and follow through on every promise. It is the key to being
- Leave nothing important to chance. You are responsible for ensuring that their plans move forward. Be pleasantly persistent with reminders of what they want to accomplish, and you help more than

Helping is about building your client's peace of mind for their essential financial security. When you do that, you help enhance their quality of life. That's the biggest help of all.

Truly, when you help more, you do sell more.

For more information on the tools to use to build your brand, check out Advisorcraft.com.

Jim Ruta's mission is simple - to preserve, promote and propel the financial advisor business. A former insurance advisor and executive manager of a 250-advisor agency, Jim is a highly regarded coach, author, podcaster and keynote speaker. He has spoken 4 times at the MDRT Annual Meeting including the Main Platform. Jim Ruta is an Executive Coach and Keynote speaker specializing in life insurance advisors and leaders. He works with top advisors around the world and re-energizes audiences with his deep insight and passion.

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