

Facultative Case Submission Cover Letter

Underwriter Name	Phone Number
Name	
New Coverage	
	Internal Amount: \$
	External Amount: \$
	Retention: \$
Current Inforce	
	Internal Amount: \$
	External Amount: \$
	Replacement Amount: \$
UTL: \$	
Internal Medical Rating:	
External Medical Rating:	
Medical/Financial Summary:	
Additional Background:	
x Additional medical records requested but not available	
x Unable to obtain additional financial documentation	
x Making a decision that does not follow normal underwriting guidelines {Explain why this decision would make sense}	
x Additional medical records requested but not available	