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DAILY NEWS

Sell DI Insurance With Conviction

By Linda Koco

No one is immune from disability, and yet too many people subconsciously think "It's not going to happen to me!" said Rosemarie Rossetti, Ph.D., in a focus session here at the annual meeting of the Million Dollar Round Table.

But disability does happen. Rossetti knows. It happened to her.

Now a motivational speaker and the president of Rossetti Enterprises Inc., Columbus, Ohio, she showed photos of herself before her own disability, which occurred 10 years ago while she was taking a bicycle ride with her husband.

She also showed photos of her after—in the hospital, in rehab, in wheelchair, and in her new life.

What happened to cause such a devastating reversal? A three-and-a-half ton tree fell on her during the ride, she said.

She went unconscious, only to awaken in "excruciating pain, not able to move a muscle from the



▲ Rosemarie Rossetti

waist down." At the hospital, she learned that her back and neck were broken, that a hip bone had been grafted to her spine, that she had a spinal cord injury—and that there was no cure. After 5 weeks of therapy, she returned home to resume life in a 2-story house.

"Did I ever think it would happen to me? No."

So, too, with clients, she said. They think it won't happen to them. But it can happen to anyone. "No one is immune."

She said her purpose in speaking to the MDRT is to advocate about this for consumers, so they learn the "critical importance of disability income insurance" based on her first-hand experience. She said she also wants to let people know how disability changed her life and how receiving her DI check every month made all the difference.

"My life has been buoyed by disability insurance," Rossetti said. "I would not be as successful as I am today had I not had my income protected."

In speeches, she points out that there are "some-

where around 53 million people in this country" who are disabled. Many people in her audiences tell her they don't have disability insurance but they now wish they did, she said, noting it is now too late for them.

Rossetti said that, at the time of her accident, she owned two businesses—a speaking, training, and consulting company, and a publishing company. She had operated both out of her home.

But her life had changed in an instant, she said. That two-story home now presented inaccessibility problems. She said she couldn't get to the door due to steps on the porch. She couldn't move all through the house due to steps to the second floor and basement. She couldn't get into the house nor go through certain doorways in her wheelchair.

The kitchen sink was too high to reach from the wheelchair, and it had no knee space under it. The oven door got in her way when trying to move food in or out. The microwave, located over the stovetop, was out of reach.

She stopped all business, reducing the two-income family to one income. Her husband was in sales, but she said his sales "plummeted," since he was now spending much of his time caring for her. They hired a personal care attendant, paid for out of the check book, got therapy, and made many other changes.

DI Insurance, continued



► **DI Insurance, continued**

That's the reality of having a disability, Rossetti summed up. "Your life changes, your spouse's life changes, and everyone around you is affected by your disability. The income stops, and one person's disability affects the income of other people around you who are there to help you. The expenses keep coming, however. Expenses like the mortgage and car payments, groceries, gasoline, taxes, medical bills, prescriptions, and utility bills."

Now think about the "potential power" of the DI product, she continued. And "realize the disservice you might be doing now by not selling more policies." DI is a product that helps people limit risks, she stressed.

To help professionals sell more DI, she offered an analogy to needing to get a tetanus shot every 10 years.

"I don't like shots. I'm sure not many of you like them either. But once every 10 years are you willing to go to the doctor and get your shot?...I'd be willing to get a shot so I didn't have painful spasms and the inability to swallow, wouldn't you?..."

"Well, maybe this is an analogy you can just kind of tuck away some time when you're with a potential DI client; ask them if they got their tetanus shot recently, and why they feel this shot is needed. This will help them recognize that it is possible that they could have an accident some day and get tetanus, so they go to their doctor for insurance."

The reality of having a disability, says Rossetti, is that "your life changes, your spouse's life changes, and everyone around you is affected by your disability."

People do many things to limit risks, she noted, citing wearing seatbelts, bike helmets and motorcycle helmets. "Isn't it a fact that (these things) do prevent injury or death after an accident?"

So, she continued, why not ask clients: "Is it possible that an accident can happen in your life?" "What else in your life are you doing to ensure that you can recover after an accident?"

DI is, in her view, "the most under-sold product in the entire insurance industry." Why is that? she asked.

One reason she suggested is that advisors are not trained, when they enter the insurance industry, to sell DI first. "I heard that less than 1% of insurance companies actually train new agents to sell DI before life insurance," she said.

Why sell DI first before life insurance? The statistics show that, in any given year, people are more likely to have a disability and live than to have an injury or disease and die, she answered.

"So, if you're a betting person, play the odds....A DI policy is worth more to an individual who lives after a disability than the life insurance."

DI is undersold in the industry, she reiterated. It's up to insurance professionals to "look at the priorities and make a call to clients to talk about DI first, rather than life insurance."

DI policies are more complicated than other insurance products, she allowed. The result is that DI products are "awfully difficult" for lay people to understand.

"Can't you simplify the policies?" She asked.

"Can't you bundle and package features and introduce a policy in real non-insurance jargon so a business owner will understand it?"

Another suggestion: "get your message out there in the mass market," said Rossetti, explaining that "the public does not see many ads for DI."

Still another suggestion: "the insurance companies need to do more DI sales training," she said.

Rossetti reviewed the kinds of expenses she incurred due to her accident. These included hospital bills, the personal care attendant, the \$10,000 electric lift, the raised toilet seat, the shower bench, the \$2,500 wheelchair, the home modifications, and a van with modifications so that she can drive with hand controls.

"These are staggering costs!" she declared. "Where's that money going to come from? Who's going to pay for all of these expenses?"

Health insurance does cover many hospital and care-related expenses, she allowed, and Social Security Disability Income will pay for some very severe disability cases. But even if SSDI does pay, she said, "the average monthly benefit currently is \$938. The maximum for an individual is \$623. I don't know about you, but could you live on that a month?"

If, after learning about disability and DI insurance, potential clients still refuse to buy a DI policy, said Rossetti, "slide a waiver over to them and say, 'All right, I gave you the facts, and contrary to my best judgment, you're still not going to buy DI, so I need you to sign this today so that if something every happened to you, you're not going to come after me in court.'"

Then, she said, "try to close the sale again."