GENISTAR
Financial Freedom For All

Quality Assurance File Review Checklist

This checklist is to be used to check the file for each client individually.

Client:		**G-code:**	
Writing Agent:		**G-code:**	
EVP:		**G-code:**	

Fact Find		
If you answer 'NO' to a question, please correct BEFORE submitting business.	**Yes**	**No**
Is there a written note *(under general questions at end of FF is suitable)*, to indicate that the IDD and Privacy Notice was emailed *(date to be included)* to the client before first appointment?	☐	☐
Is there a written note indicating when the first appointment was held with the client?	☐	☐
Is the address correctly recorded? *(This can lead to delay in the form of ID request if incorrectly inputted)*	☐	☐
Have you included the clients' National Insurance Number to help with identity checks if needed?	☐	☐
Is occupation clear and are there soft facts added to additional notes to provide clarity?	☐	☐
Is income and expenditure recorded accurately? *(e.g., if the policy is for Partner only and they bring in no income because they are the homemaker, the other Partner's income needs to be noted, particularly in the event of them not taking out a policy themselves. Please provide any additional notes that would provide greater clarity?*	☐	☐
Has the 'other' expenditure been broken down in the additional notes section and does it match the total?	☐	☐
Have you noted what aspects of Vitality are of particular interest to the client? *(e.g., length of policy; illness cover; optimiser; benefits and rewards, amounts of the different cover required)*	☐	☐
Is the interest in Serious Illness Cover explained fully? *(e.g., full explanation - 'Income in the event of a serious illness.' rather than 'income when needed')*	☐	☐
In General section under 'BUDGET' has client indicated there is surplus income for goals and dreams?	☐	☐
Does the client have dependents? *If so please ensure the residency has been set for the dependents*	☐	☐
Is there evidence to confirm that any leaflets or documents were provided to the client and which ones?	☐	☐

Is there a valid reason for protection also in the clients' own words? *(Retirement is not a valid reason for protection)*	☐	☐
Are there plenty of soft facts around how the client was introduced to Genistar and their circumstances and needs?	☐	☐
Are there sufficient notes on if the client has previously/currently held a policy and reason for cancelling or replacing has been noted. Please ensure both the FF and quote page match if the client is replacing their existing cover. Also, please ensure that clients do not cancel any existing cover until their new policy is in force.	☐	☐
If the client has disclosed any medical conditions, have you run the details through SPECTRA to see possible underwriting outcomes?	☐	☐
Have you discussed possible underwriting outcomes with the client? *(e.g., loaded, cancelled, postponed, exclusions.)*	☐	☐
If you answered 'Yes' to 'Do you have any vulnerabilities/special considerations?', is there sufficient and clear notes made in the Fact Find? *(If the client has disclosed or you observed any vulnerabilities, please ensure to make sufficient notes in the Fact Find. If the client is observed as being vulnerable, what extra support have you provided to the client if needed?)*	☐	☐
Has the Fact Find been signed accurately? *(Clients must sign with their full name)*	☐	☐

Protection Options & Statement of Price		
If you answer 'NO' to a question, please correct BEFORE submitting business.	**Yes**	**No**
Does the quote reflect the client's protection needs on the Fact Find? If not has this been explained?	☐	☐
Does the SOP and Quote on Genistar match?	☐	☐
Is the premium for the policy no greater than 75% of client's disposable income *(net income)*? Please ensure the FGP does not have a negative balance as the application will be reset	☐	☐
Do the 'Comments' reflect the KEY FEATURES of the quote? *(e.g., level or indexed; what life cover pays out for in event of death; how long policy lasts for and why; how many illnesses covered; what amount of SIC provides cover for; any other benefits like family cover, cancer relapse, boosted, protected)*	☐	☐
Is there evidence noted on file to support that the policy and benefits on the SOP were discussed with the client and chosen by them in the Fact Find?	☐	☐
Has the chosen SOP been provided to the client and are there notes to confirm that the SOP was provided to the client?	☐	☐
When selecting an option is there a full description of how the client's choice suits their needs and why they have chosen that option?	☐	☐

Electronic Submission (ESD)

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If you answer 'NO' to a question, please correct BEFORE submitting business.	**Yes**	**No**
Does the smoker status match disclosure in Fact Find?	☐	☐
If the client has disclosed medication in the Fact Find has this been recorded within the ESD?	☐	☐
Does the occupation(s) match the Fact Find descriptions and are there additional notes?	☐	☐
Is the height/weight recorded correctly? *(If any doubt during carryback please double check with client)*	☐	☐
Is the client a legal permanent UK resident and is the selection recorded correctly?	☐	☐
For any client's personal medical questions answered 'Yes', are there full additional notes to explain and for which client it relates to? *(e.g. when first occurred, medications being taken full details of medical investigations and clarification of whether all is resolved or still undergoing further investigation/appointments.)*	☐	☐
For any other disclosures answered 'Yes', are there full additional notes in the Fact Find? *(For example, hazardous activities like sky diving, any drug or alcohol related, family medical history and residing/travelling abroad from Vitality's listed countries, please ensure to select 'Yes' for 'Are there any other disclosures' question in the Fact Find.)*	☐	☐
Are the GP details accurate? *(Please ensure the GP address is a registered GP and the client is also a registered patient. This will ensure smoother communications when Vitality team request for medical history through the client's GP.)*	☐	☐
Has a suitable direct debit date and start date been entered? *(Please note, always be led by direct debit date -which cannot be greater than 28th, start date should be date after the direct debit date or in the case of 28th being chosen-it is the 1st. Please ask upline for clarity if unsure.)*	☐	☐

Please complete this for 'Submissions Only' client applications.

Submissions Only – Fact Find		
If you answer 'NO' to a question, please correct BEFORE submitting business.	**Yes**	**No**
Does this application include PMI or IP? *If so please ensure a full fact find and FGP is filled*	☐	☐
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Is the address correctly recorded? *(This can lead to delay in the form of ID request if incorrectly inputted)*	☐	☐
Have you included the client's NI insurance number to help with identity checks if needed?	☐	☐
Is occupation clear and are there soft facts added to additional notes to provide clarity?	☐	☐
Is income and expenditure recorded accurately? *(e.g., if the policy is for Partner only and they bring in no income because they are the homemaker, the other Partner's income needs to be noted, particularly in the event of them not taking out a policy themselves. Please provide any additional notes that would provide greater clarity?*	☐	☐
Has the 'other' expenditure been broken down in the additional notes section and does it match the total?	☐	☐
If you answered 'Yes' to 'Do you have any vulnerabilities/special considerations?', is there sufficient and clear notes made in the Fact Find? *(If the client has disclosed or you observed any vulnerabilities, please ensure to make sufficient notes in the Fact Find. If the client is observed as being vulnerable, what extra support have you provided to the client if needed?)*	☐	☐
Has the Fact Find been signed accurately? *(Clients must sign with their full name)*	☐	☐

Any additional comments