

Cancer Flashcards 1–10: Awareness & Relevance

1. Objection: “I don’t need cancer insurance.”

Response: “Most people think that—until they see how common and expensive a diagnosis is. Can I show you what the average out-of-pocket cost looks like?”

2. Objection: “Cancer doesn’t run in my family.”

Response: “Totally understandable. Today, most cases occur with **no family history**. Want a quick look at the actual risk factors?”

3. Objection: “I’m healthy.”

Response: “That’s great—and that’s *exactly* when coverage is most affordable. What’s your plan *if* something changes?”

4. Objection: “I don’t think I’ll ever get cancer.”

Response: “I hope you never do. This coverage is about **protecting your finances**, not predicting your future.”

5. Objection: “I already have health insurance.”

Response: “Perfect—this doesn’t replace it. It pays *you*, not hospitals, so you can cover deductibles, travel, lost wages, and more.”

6. Objection: “This isn’t a priority for me.”

Response: “I understand. Most people only realize the need during a crisis. Can I at least show you how inexpensive peace of mind can be?”

7. Objection: “I’ll just save money instead.”

Response: “Smart thought—but a diagnosis could cost tens of thousands immediately. Insurance delivers **instant liquidity** when you need it most.”

8. Objection: “I’m not worried about cancer.”

Response: “Good. This isn’t about fear—it’s about **financial preparedness**. Want to see how the plan works?”

9. Objection: “Isn’t this unlikely?”

Response: “Statistically, it’s one of the most common major illnesses. The question isn’t fear—it’s readiness.”

10. Objection: “My spouse/partner won’t want this.”

Response: “Totally fair. Would you like a simple one-page summary you can share with them?”

Cancer Flashcards 11–20: Cost, Budget, & Affordability

11. Objection: “It’s too expensive.”

Response: “I hear you. Most plans are less than a daily cup of coffee. What budget range feels comfortable?”

12. Objection: “I don’t want another bill.”

Response: “Understood. Think of this as trading a small, predictable cost for protection from a huge, unpredictable one.”

13. Objection: “Can’t afford it right now.”

Response: “I get it. Let’s look at the lowest-cost option so at least you’re protected.”

14. Objection: “Why is it priced this way?”

Response: “Rates are tied to age and benefit amount. Want me to walk you through a smaller benefit to start?”

15. Objection: “I’ll get it later when I have more money.”

Response: “Makes sense. The challenge is: prices rise with age, and eligibility can change overnight. Want to see the difference between today vs waiting?”

16. Objection: “It seems overpriced.”

Response: “Let’s compare the premiums to typical cancer-related costs. Small premium, big benefit.”

17. Objection: “What if I never use it?”

Response: “That’s the ideal outcome! This is about financial security—like car or home insurance.”

18. Objection: “Why pay monthly?”

Response: “Monthly keeps it affordable, and coverage never lapses unexpectedly.”

19. Objection: “Are there cheaper options?”

Response: “Yes. We can tailor benefits to your budget. Want to customize it?”

20. Objection: “Can I pause payments?”

Response: “Coverage only stays active with premiums. But we can choose a cost level that won’t strain your budget.”

Cancer Flashcards 21–30: Coverage, Benefits, & Claims

21. Objection: “What exactly does this cover?”

Response: “It pays a **lump sum directly to you** upon diagnosis. No receipts. No restrictions. Use it however you need.”

22. Objection: “How fast does it pay out?”

Response: “Typically within days of diagnosis confirmation.”

23. Objection: “Why do I need cash if I have medical insurance?”

Response: “Because medical insurance doesn’t cover lost wages, travel, mortgage, or out-of-network care.”

24. Objection: “Sounds too good to be true.”

Response: “I get that reaction a lot. It’s simply designed for financial shock absorption. Want to see sample claim payouts?”

25. Objection: “Are there limitations?”

Response: “A few—like waiting periods—but I’ll walk you through every detail so there are zero surprises.”

26. Objection: “What if my diagnosis is small or early?”

Response: “Most plans pay out regardless of stage. Want to check how this one handles it?”

27. Objection: “Does it cover reoccurrence?”

Response: “Yes—most plans include recurrence benefits after a certain period.”

28. Objection: “Is the payout taxed?”

Response: “No—benefits are typically **tax-free**.”

29. Objection: “Can it deny my claim?”

Response: “Claims are straightforward—diagnosis from a licensed physician triggers payment.”

30. Objection: “Are pre-existing conditions covered?”

Response: “There are rules, but many conditions don’t disqualify you. Want to review eligibility?”

Cancer Flashcards 31–40: Trust, Credibility, & Decision Confidence

31. Objection: “I’m worried this won’t work when I need it.”

Response: “Totally understand. These policies have strong claim histories. Want to see real payout examples?”

32. Objection: “Is this legit?”

Response: “Absolutely—this is a regulated insurance product. Nothing vague or risky.”

33. Objection: “Sounds like a sales pitch.”

Response: “Fair. I’m here to educate, not pressure. Let’s just explore whether it makes sense.”

34. Objection: “How do I know this company is solid?”

Response: “Great question—this carrier has strong financial ratings. Want to look at them?”

35. Objection: “What’s the catch?”

Response: “No catch. Small premium, big payout during a tough time. I’ll show you everything in writing.”

36. Objection: “I had a bad experience with insurance before.”

Response: “Sorry to hear that. These policies are very simple—diagnosis, payout. Nothing complicated.”

37. Objection: “I’m skeptical.”

Response: “Good. Let’s walk through the details so you can feel confident.”

38. Objection: “I need more information.”

Response: “Absolutely. What specific question should we unpack first?”

39. Objection: “I don’t want to get stuck.”

Response: “You won’t. Coverage is month-to-month, and you’re never locked in.”

40. Objection: “This feels rushed.”

Response: “No problem—let’s slow the conversation down. What would help you feel comfortable?”

Cancer Flashcards 41–50: Timing, Spouse, and Action Steps

41. Objection: “I want to think about it.”

Response: “Absolutely. What information can I give you that will help your decision?”

42. Objection: “I want to talk to my spouse first.”

Response: “Smart—this is a family decision. Want me to create a simple summary you can share?”

43. Objection: “Can you call me back later?”

Response: “Sure. What time works best so you won’t feel rushed?”

44. Objection: “Why should I do this now?”

Response: “Rates increase with age, and eligibility can change overnight. Today locks in protection.”

45. Objection: “I haven’t had cancer before—why plan for it?”

Response: “Because the *first* diagnosis is the most financially devastating.”

46. Objection: “I want to research more.”

Response: “Great—what sources do you want to review? I can send credible ones.”

47. Objection: “I’m still unsure.”

Response: “No problem. What unanswered question is holding you back?”

48. Objection: “Maybe later.”

Response: “Totally understandable. Just know: later often becomes never. Want to see the cost difference between now vs waiting?”

49. Objection: “This isn’t urgent.”

Response: “Most people feel that way—until something happens. Coverage is cheapest when you’re healthy.”

50. Objection: “I just don’t know.”

Response: “Let’s make it simple. What’s most important to you—cost, coverage amount, or peace of mind?”