WEALTHCARE FINANCIALS

GME Outreach Email + Lunch-and-Learn Script

Part One: GME Program Outreach Email

Subject: Free Financial-Wellness Talk for Your Residents — No Products, No Pressure

Dear [Program Director / GME Coordinator],

I want to be straightforward about what this email is — and what it is not. It is not a sales pitch. It is an invitation to offer your residents a complimentary, hour-long financial-wellness session that addresses questions they are already asking but rarely have the structured time to explore: How do I protect my income if I get sick or hurt? What should I know about disability coverage while I am still in training? How does my loan situation shape my financial decisions right now?

My name is Kris Schwartz. I founded Wealthcare Financials in 2019, and our agency works with The Guardian Life Insurance Company of America. Before moving into financial services, I spent years in the technology industry, which gave me an appreciation for plain-language communication and practical problem-solving. I hold Series 6 and Series 63 registrations and work with more than 40 carrier partnerships, which means I can offer residents an honest, broad view of their options rather than a narrow one.

The session I am proposing costs your program nothing. Residents leave with educational frameworks they can use immediately, regardless of whether they ever speak with me again. I am happy to deliver it over a lunch your department provides, or I can arrange light refreshments — whatever works best for your schedule and budget. The talk runs approximately 50 to 60 minutes with time for Q&A.

If this sounds like a fit for your residents, I would welcome a brief call or email exchange to find a date. You are also welcome to forward this message to a program coordinator or chief resident who manages scheduling.

Thank you for the work you do supporting the next generation of physicians and dentists.

Warm regards,
Kris Schwartz
Founder, Wealthcare Financials
An Agency of The Guardian Life Insurance Company of America
[Phone] | [Email] | [Website]

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Part Two: Lunch-and-Learn Session Outline and Speaker Script

Format: 50–60 minutes | Live presentation with Q&A | Appropriate for PGY-1 through PGY-5 and fellows

Speaker Preparation Note

This session is educational by design. The goal is to give residents a clear mental framework for the financial decisions they face during training, with enough specificity that the information feels actionable — not so much product detail that the room feels like a sales environment. Speak conversationally. Use the script below as a guide, not a word-for-word read. Pause for questions throughout.

Opening — Minutes 0 to 5

[Speaker note: Walk in, introduce yourself briefly, and acknowledge the room before launching into content. Residents are skeptical of outside speakers. Earn the room early by demonstrating that you understand their situation.]

"Thank you for letting me join you for lunch. I know your time is genuinely limited, so I want to make sure every minute here is useful to you — not useful to me. My name is Kris Schwartz. I founded a financial services agency called Wealthcare Financials, and I work with physicians and dentists at various stages of training and practice. I have a BBA in Marketing from the University of Texas at San Antonio, and before I moved into financial services, I spent time in the technology industry. I tell you that because I tend to think in systems and plain language rather than jargon.

"Here is how I want to use our time today: I am going to walk through three questions that come up consistently among residents. I will give you real information, not vague generalities. At the end, I will take any questions you have — about the content, about your own situation, or about anything financial you have been wondering about. Nothing you ask here obligates you to anything. This is genuinely just a conversation."

Segment One: The Income-Protection Gap — Minutes 5 to 20

[Speaker note: This segment uses verified statistics. State them clearly and let them land. Do not editorialize with fear language — let the numbers speak.]

"Let me start with a number that surprised me the first time I encountered it. According to the Social Security Administration, a working person has roughly a one-in-four chance of experiencing a disability before they reach retirement age. One in four. That is not a fringe risk.

"Now here is the context that makes that number matter for physicians specifically. You are entering — or you are already in — a career that required an enormous investment of time and money. Your ability to practice medicine is the asset that makes everything else possible: your ability to repay loans, support a family, build savings, pursue the specialty you trained for. If that ability is disrupted, even temporarily, the financial consequences can be significant.

"And yet, according to the 14th Annual Guardian Workplace Benefits Study from 2025, only 43 percent of working Americans owned disability insurance that year. That means the majority of working people — including many physicians — carry this risk without a formal plan to address it.

[Pause for questions or reactions before continuing.]

Segment Two: What Makes Physician Disability Coverage Different — Minutes 20 to 35

"When most people think of disability insurance, they think of whatever their employer offers as a group benefit. Group coverage can be a starting point, but it has characteristics that may not serve physicians well over a full career. One of the most important is portability — group coverage is typically tied to your employment. If you leave that employer, the coverage generally does not follow you.

"Individual disability insurance policies — policies you own personally — work differently. One policy design worth understanding is what carriers call an 'own-occupation' definition of disability. Under an enhanced own-occupation definition, a physician who cannot perform the material duties of their specific specialty may qualify for benefits even if they are capable of working in another capacity. For a surgeon, a radiologist, or a dentist, that distinction can be significant.

"Policies can also be structured as noncancelable and guaranteed renewable, which means — as long as premiums are paid — the carrier cannot cancel the policy, cannot raise the premium, and cannot change the terms. For a resident who is young and in good health, locking in coverage under those conditions may be worth considering.

"I want to acknowledge something honestly: qualifying for individual disability insurance typically involves medical underwriting. That means answering health questions, sometimes completing a medical exam, and the carrier evaluating your application. Not everyone qualifies. Pre-existing conditions, certain health histories, and other factors can affect the outcome.

"There is, however, a pathway that is relevant specifically to residents and fellows, and it is one of the reasons I find it worth having this conversation during training rather than after. It is called a Guaranteed Standard Issue program, or GSI."

GSI — The Residency Window

"Certain residency and fellowship programs at participating institutions have negotiated access to what are called GSI programs. Under a GSI program, residents and fellows can obtain individual disability insurance coverage with no medical underwriting. You answer no health questions. Your application is not evaluated based on your medical history. If your program participates, you may be eligible simply by virtue of being a resident or fellow in that program.

"GSI policies often also include a resident discount on premiums — and in many cases, that discount stays with the policy for life. The coverage you obtain as a resident is coverage you own personally, independent of whichever health system or practice employs you after training.

"The practical implication: residency may represent the lowest-barrier, lowest-cost window to obtain this type of coverage that you will ever have. Once you are in practice and applying through standard

"I cannot tell you whether your program participates in a GSI arrangement without looking into it specifically. That is something I can research for you after today, without any obligation on your part."

Segment Three: Student Loans and How They Interact With Your Protection Planning — Minutes 35 to 48

"The third topic I want to cover is one that has become more timely recently: student loans. Most of you in this room carry significant federal loan balances from medical or dental school. That debt shapes a lot of financial decisions during training and early practice, and there are some things worth knowing about the current landscape.

"For residents who are following changes in federal legislation, the One Big Beautiful Bill Act — signed into law on July 4, 2025 — makes notable changes to graduate federal lending beginning July 1, 2026. Under those changes, federal graduate loan borrowing for medical and dental school is capped at $50,000 per year, with a $200,000 lifetime limit. Grad PLUS loans are eliminated for new borrowers.

"I am not here to offer legal or tax advice. But those figures represent a significant shift in how future medical students finance their education, which has downstream implications for the profession and for how programs think about financial wellness education.

"There is also a provision in that law that is directly relevant to disability insurance: federal student loan discharge upon death or total and permanent disability is permanently tax-free. Before, that could be a complicated tax situation for borrowers. The provision removes one layer of financial consequence from a worst-case scenario. Again — I am sharing this because it is worth knowing, not because it changes what you should do today.

"The broader point I want to make about loans and income protection is this: your loan repayment depends on your income. Your income depends on your ability to practice. Anything that protects your income — including a well-structured disability policy — is also, indirectly, protecting your ability to service your debt. These pieces of your financial picture are connected, and it is worth thinking about them together rather than in isolation."

Closing and Q&A — Minutes 48 to 60

"I want to leave plenty of time for questions, so let me wrap up with a brief summary of what I hope you are taking away from today.

- The risk of a disabling illness or injury before retirement is real and statistically significant — not a remote possibility.
- Most working Americans do not have a formal plan to address that risk, and physicians are not exempt from that gap.
- Residency may be the most accessible window you will have to obtain individual disability coverage, particularly if your program offers a GSI arrangement.
- Your student loans and your income protection are connected parts of a single financial picture, and changes in the lending landscape are worth monitoring.

"What questions do you have?"

[Speaker note: Allow genuine open Q&A. Common questions include: 'What if my program doesn't have GSI?' — answer by offering to look into their specific program. 'How much coverage do I need?' — acknowledge that the right amount depends on individual circumstances and that you would need to understand their full picture before making any suggestion. 'Can I get coverage if I have a pre-existing condition?' — explain that standard underwriting evaluates health history and outcomes vary; a GSI program, if available, removes that variable. Never promise approval or specific benefit amounts.]

Post-Session Follow-Up Protocol

After the session, provide each resident who is interested with a brief, one-page summary document (prepared separately) that recaps the GSI concept, the own-occupation definition, and contact information. Do not leave product applications in the room — the session's credibility depends on it feeling educational rather than transactional. Any resident who wants to explore their options further should initiate that conversation individually.

Send a thank-you note to the program coordinator within 24 hours. Reference something specific from the session to demonstrate genuine engagement. Offer to return the following year or to speak with a different cohort.

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