

life underwriting condensed guide



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AXA Underwriting Criteria — Preferred Guidelines

All Applicants			
Term, UL/VL (except COIL & SIL) Products	Preferred Elite Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco Preferred Tobacco
ISWL, COIL & SIL	N/A	Preferred Plus Non-Tobacco	Preferred Non-Tobacco Preferred Tobacco
Total Cholesterol & Chol/HDL Ratio	300 and 5.0 Ratio and HDL \geq 35	300 and 5.5 Ratio and HDL \geq 35	300 and 6.0 Ratio and HDL \geq 35
Tobacco Use	No nicotine use past 5 years	No nicotine use past 3 years	No nicotine use for past 12 months to qualify for non-tobacco use rates
Alcohol and/or Substance Abuse	No history	No history of abuse for 8 years	No history of abuse for 5 years
Aviation (Private), Avocation and Occupation	Preferred ratings may be allowed. Permanent flat extra up to \$3.50 per thousand may be available for all products as applicable.		
Medical History/ Physical Condition	No personal history of cancer (except certain skin cancers), diabetes or heart disease, even if not ratable.		

AXA Underwriting Criteria — Preferred Guidelines Cont'd

Applicants 0-69			
Term, UL/VL (except COIL & SIL) Products	Preferred Elite Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco Preferred Tobacco
ISWL, COIL & SIL	N/A	Preferred Plus Non-Tobacco	Preferred Non-Tobacco Preferred Tobacco
Medication	Rx for HTN considered if BP readings of 125/80 or better	All Rx considered	All Rx considered
Family History¹	No deaths from CAD, CVD, or Ca for M or F or S < 65	No deaths from CAD or the following Ca: breast, melanoma, colorectal, ovarian or prostate for M or F < 60	No more than 1 death from CAD for M & F < 60
Blood Pressure	140/85 (150/90 ages 60-69)	145/90 (150/90 ages 60-69)	Non-ratable BP readings
Driving History mv ² = moving violations	No DWI, Reckless Driving or license suspension in the past 5 years No > 2 mv past 3 years	No DWI, Reckless Driving or license suspension in the past 5 years No > 2 mv past 3 years	No DWI, Reckless Driving or license suspension in the past 3 years No > 3 mv past 3 years

Applicants 70 and Over			
Medication	All BP and cholesterol Rx considered	All BP and cholesterol Rx considered	All BP and cholesterol Rx considered
Family History	No criteria	No criteria	No criteria
Blood Pressure	150/90	150/90	150/90
Driving History mv ² = moving violations	No DWI, Reckless Driving or license suspension in the past 5 years No > 1 mv past 3 years	No DWI, Reckless Driving or license suspension in the past 5 years No > 2 mv past 3 years	No DWI, Reckless Driving or license suspension in the past 3 years No > 3 mv past 3 years

1 All Preferred ratings are available if death occurs from testicular, prostate, ovarian, cervical, breast or uterine cancer in a relative of the opposite sex to the Proposed Insured.

2 Includes cell phone and texting violations.

Abbreviations are as follows:

Coronary Artery Disease (CAD), Cerebrovascular Disease (CVD), Cancer (Ca), Mother (M), Father (F), Siblings (S), Hypertension (HTN), Blood Pressure (BP), Medication (Rx).

BMI/Build Charts

	BMI Ages up to 69			BMI Ages 70 and up		
Term, UL/VL (except COIL & SIL) Products	Preferred Elite Non-Tobacco	Preferred Non- Tobacco	Standard Plus Non-Tobacco Preferred Tobacco	Preferred Elite Non-Tobacco	Preferred Non- Tobacco	Standard Plus Non-Tobacco Preferred Tobacco
ISWL, COIL & SIL	N/A	Preferred Plus Non-Tobacco	Preferred Non- Tobacco, Preferred Tobacco Use	N/A	Preferred Plus Non-Tobacco	Preferred Non- Tobacco, Preferred Tobacco
Height	Maximum Weight BMI 28.5	Maximum Weight BMI 30.5	Maximum Weight BMI 32.5	Maximum Weight BMI 30	Maximum Weight BMI 31.5	Maximum Weight BMI 33
4' 6"	118	127	135	125	131	137
4' 7"	123	131	140	130	136	142
4' 8"	127	136	145	134	141	147
4' 9"	132	141	150	139	146	153
4' 10"	136	146	156	144	151	158
4' 11"	141	151	161	149	156	164
5' 0"	146	156	166	154	161	169
5' 1"	151	161	172	159	167	175
5' 2"	156	167	178	165	172	181
5' 3"	161	172	183	170	178	186
5' 4"	166	178	189	175	184	192
5' 5"	171	183	195	180	189	198
5' 6"	177	189	201	186	195	205
5' 7"	182	195	208	192	201	211
5' 8"	187	201	214	197	207	217
5' 9"	193	207	220	203	213	223
5' 10"	199	213	227	209	220	230
5' 11"	204	219	233	215	226	237
6' 0"	210	225	240	221	232	243
6' 1"	216	231	246	227	239	250
6' 2"	222	238	253	234	245	257
6' 3"	228	244	260	240	252	264
6' 4"	234	251	267	246	259	271
6' 5"	240	257	274	253	266	278
6' 6"	247	264	281	260	273	285
6' 7"	253	271	289	266	280	293
6' 8"	259	278	296	273	287	300
6' 9"	266	285	303	280	294	308
6' 10"	273	292	311	287	301	315
6' 11"	279	299	318	294	309	323
7' 0"	286	306	326	301	316	331

Note: BMI = Body Mass Index. Chart is unisex, maximum weight is in pounds.

Life Underwriting Requirements Ages 0–50

(See Notes Section on Page 6 for Definitions and Additional Requirements.)

Face Amounts	Issue Ages				
	0–15	16–30	31–35	36–40	41–50
\$0 to \$99,999	Non-Med ³				
\$100,000		Non-Med, ³ HOS, Blood, MVR			
\$100,001 to \$250,000					
\$250,001 to \$500,000		Paramed, HOS, Blood, MVR			
\$500,001 to \$1,999,999	Non-Med, ³ APS				
\$2,000,000		Paramed, HOS, Blood, APS, MVR			
\$2,000,001 to \$10,000,000					
Over \$10,000,000		Paramed, HOS, Blood, EKG, APS, MVR			

Life Underwriting Requirements Ages 51 and Above

(See Notes Section on Page 6 for Definitions and Additional Requirements.)

Face Amounts	Issue Ages			
	51–60	61–65	66–69	70 & Over
\$0 to \$50,000				Paramed, APS
\$50,001 to \$99,999	Paramed			
\$100,000 to \$250,000	Paramed, HOS, Blood, MVR	Paramed, HOS, Blood, APS, MVR		
\$250,001 to \$500,000		Paramed, HOS, Blood, EKG, APS, MVR		
\$500,001 to \$10,000,000				
Over \$10,000,000	Paramed, HOS, Blood, EKG, APS, MVR, (Treadmill EKG: Tobacco Users or diabetics only)			

3 Preferred Rate Classes Additional Requirements – A paramed Exam is required if Proposed Insured seeks Preferred Elite NT or Preferred NT (Preferred Plus) rates. For Proposed Insureds issue age 18 or older seeking any preferred rate, including the Standard Plus NT rate – MVR, full blood profile and HOS are required. The only rate available on juveniles 0–17 is Standard Plus (Preferred on ISWL.) This rating on juveniles will be based only on age/amount requirements.

Financial Underwriting Requirements (See Notes Section on Page 6 for Definitions.)

Face Amounts	Age 69 and Below	Ages 70 and Above
\$1,000,000 to \$1,999,999	N/A	<ul style="list-style-type: none"> For Trusts: Complete Trust Document
\$2,000,000 to \$4,999,999	<ul style="list-style-type: none"> Financial Questionnaire 	<ul style="list-style-type: none"> Financial Questionnaire Inspection Report For Trusts: Complete Trust Document
\$5,000,000		<ul style="list-style-type: none"> Financial Questionnaire Inspection Report with Third-Party Documentation of Net Worth For Trusts: Complete Trust Document
\$5,000,001 to \$10,000,000		<ul style="list-style-type: none"> Financial Questionnaire Inspection Report Documentation of Net Worth by disinterested third party For Trusts: Complete Trust Document
\$10,000,001 +		<ul style="list-style-type: none"> Financial Questionnaire Inspection Report Documentation of Net Worth by disinterested third party Prior year's federal income tax statement; for business coverage, corporate business financial statements acceptable in lieu of personal income or business tax returns. Business financial statements must include Proposed Insured's/Owner's income or compensation; otherwise, copies of the client's personal or business tax returns will be required.

AXA Approved Vendors

Exams			
APPS 1-800-635-1677 www.appslive.com	ExamOne 1-877-933-9261 www.examone.com	EMSI 1-800-872-3674 www.emsinet.com	Superior Mobile Medics 1-888-506-0266 To set up new accounts: 1-800-898-3926 Ext. 259

APS Retrieval	
EMSI 1-800-472-0454 www.emsinet.com	Parameds 1-800-472-0454 www.parameds.com To set up new accounts: 718-663-4200

Inspections
EMSI 1-800-821-3879 www.emsinet.com

Notes:

- **Face Amount** is defined as all life insurance in force and applied for with AXA, MONY and/or affiliates within the past 12 months from the date of the application. This includes ultimate death benefit amounts of any policy or rider (e.g., ROPR). For Survivorship, order requirements on ½ the Face Amount, except for financial underwriting document requirements (such as trust documents, Financial Supplements or federal income tax statements), order on the full Face Amount.
- **Applicants Age 70 and Above:** Paramed exams include a Senior Questionnaire with Cognitive/Frailty tests.
- **17 Jurisdictions** — CA, CT, DC, DE, FL, GA, IL, LA, MA, MD, NJ, NY, PA, PR, SC, TX, and VA — require HOS for applicants over age 15 applying for \$50,000 to \$99,999.
- **HOS** (Home Office Specimen or Urine Specimen).
- **Paramedical Exams and Laboratory Test Results** are valid up to 12 months for Proposed Insureds under age 70; otherwise, up to 6 months.
- **MVR** (Motor Vehicle Report) will be ordered by the Home Office.
- **EKG** (Electrocardiogram): Resting EKG completed within 12 months or a Treadmill EKG completed within the past 24 months may be borrowed in lieu of a current test. Actual tracings (not the EKG report) are required.
- **Treadmill EKG** should not be requested if there is a history of coronary disease or chest pain. Treadmill EKG is required at ages 51–69, over \$10 million if the Proposed Insured is a tobacco user, diabetic or no APS is available.
- **APS** (Attending Physician Statement) is required, as indicated on the Life Underwriting Requirements charts, if the Proposed Insured had a checkup within the past year or as needed to verify the Proposed Insured’s medical history. A checkup excludes physicals completed for employment, school, insurance, military, FAA (aviation) and Department of Transportation. However, for the ages and amounts where an APS is always required, as listed in the chart below, if there were no other doctor visits, we will obtain the records for physicals completed for employment, school, etc.

APS Required if Proposed Insured had Checkup within the Past Year	
Issue Age	Amount
0-15	> \$500,000
16-50	≥ \$2,000,000
51-60	> \$500,000
61-65	≥ \$100,000
66-69	> \$50,000

APS Always Required	
Issue Age	Face Amount
16-60	> \$5,000,000
61-69	> \$1,000,000
70+	All Amounts

- **Prescription History and Other Pharmaceutical Data Searches** (e.g., **Script Check, Check Rx**) will be ordered by the Home Office.
- **Inspection Report:** A telephone interview with the Proposed Insured by our preferred vendor to confirm information provided on the application and questionnaires — about the Proposed Insured’s personal data, habits, insurance activity, health, finances, etc. An additional telephone interview with the Proposed Insured’s accountant, attorney or banker will be conducted by our preferred vendor to verify financial information if the Face Amount is \$5,000,000 and the Proposed Insured is issue age 70 and above.
- **Internal Data Verification** will be obtained by the Home Office for applications over \$2,000,000 up to \$10,000,000 at ages under 70.
- **Documentation of Net Worth by Independent Third Party:** Balance sheets, profit & loss statements, other pro forma documents are examples of acceptable forms of documentation.

AXA reserves the right to request or waive additional requirements whenever these are deemed necessary. The requirements submitted do not guarantee any specific underwriting rate classification.

Financial Underwriting Guidelines (See Notes Section on Page 6 for Definitions.)

Purpose	Requirements	Amounts	
Personal			
Income Replacement	<p>Working Individual – All sources of earned income, including salary, bonus or other deferred compensation or Gross Annual Earned Income</p> <p>Non-Working Spouse, Co-Breadwinner, and Other Dependent Adults – To determine if any amount is available, require income information and amount of insurance on breadwinner</p> <p>Unemployed – To determine if any amount is available, require information regarding past earnings, current assets, past and future occupation contemplated</p>	Growth Potential	
		Maximum	Ages
		30 x income	18–40
		25 x income	41–45
		20 x income	46–55
		15 x income	56–60
		10 x income	61–70
		5 x income	71–79
Estate Planning	Need clear figure of net worth	Individual Consideration	80 and up
		50–75% life expectancy x appropriate estate growth factor x applicable tax rate	
		Age	Estate Growth Factor
		< 70	7%
		70–79	6%
Juvenile	<ul style="list-style-type: none"> Equal amounts on all children Provide coverage information on application – Total life insurance in force or pending in all companies on the juvenile and on the applicant or child's parent AND reason if there are any other children in the family insured for a lesser amount 	$\frac{1}{4}$ to $\frac{1}{2}$ amount on parent or payor. Special rules apply in NY.	
		<ul style="list-style-type: none"> ≥ 80 	2%
Debt Repayment	Copy of loan agreement	Loan duration at least 5 years – 100% of loan amount	
Charitable	Cover letter explaining past interest in the charity and how the amount was determined	Replacement of past contributions	
Future Inheritance	<ul style="list-style-type: none"> Donor must be age 70 or older; If donor < 70, a detailed explanation from independent source must be submitted confirming Life Expectancy < 5 years Cover letter containing estate planning details Applicable trust documents, will, or other third-party verification of expected inheritance Verification of net worth of parent(s) or bequeather(s) 	Growth rate factor up to 3–5% for a maximum of 10 years	
Long-Term Care ServicesSM Rider (LTCSR)	LTCSR questionnaire plus other new business requirements	Maximum available, including pending plus in-force LTCSR, all companies, is lesser of \$50,000 or annual income x $\frac{3}{12}$.	
Business			
Buy-Sell	<ul style="list-style-type: none"> Insured percentage of ownership in business Cover letter regarding buy-sell arrangement Confirmation that buy-sell agreement has been executed, information regarding business partners applied in like manner 	Percent ownership x market value of business. In some cases, coverage is available based on projected value of business, not to exceed 2X market value.	
Key Person	Cover letter describing how amount was determined	10 x compensation (salary plus bonus)	
Employee Benefit	Cover letter describing how amount was determined, who is covered, formula for determining coverage amount, and size of company	Individual consideration	
Debt Repayment	Cover letter regarding amount of loan, loan duration, date loan committed, name of lender and collateral pledged to secure loan	Loan duration at least 5 years – 100% of loan amount x percent ownership of business	

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