

# life underwriting condensed guide /



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## AXA Equitable Underwriting Criteria — Preferred Guidelines

All Applicants			
Term Series <sup>SM</sup> , Athena Universal Life <sup>SM</sup> Series 152, Athena Indexed Universal Life <sup>SM</sup> , Incentive Life Legacy <sup>®</sup> II and Incentive Life Optimizer <sup>®</sup> II	Preferred Elite Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco Preferred Tobacco Use
All Other Products	N/A	Preferred Plus Non-Tobacco	Preferred Non-Tobacco Preferred Tobacco Use
<b>Total Cholesterol &amp; Chol/HDL Ratio</b>	220 and 5.0 and HDL > 35 or 240 and 4.5 and HDL > 35	250 and 5.0 and HDL > 35 or 270 and 4.5 and HDL > 35	270 and 6.0 and HDL > 35 or 300 and 5.0 and HDL > 35
<b>Tobacco Use</b>	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
<b>Alcohol and/or Substance Abuse</b>	No history	No history of abuse for 8 years	No history of abuse for 5 years
<b>Aviation/Private, Avocation and Occupation</b>	Permanent flat extra up to \$3.50 per thousand may be available for all products except Survivorship Incentive Life <sup>SM</sup>		
<b>Medical History/ Physical Condition</b>	No personal history of cancer (except certain skin cancers), diabetes or heart disease, even if not ratable		

## AXA Equitable Underwriting Criteria — Preferred Guidelines Cont'd

Applicants 0-69			
Term Series <sup>SM</sup> , Athena Universal Life <sup>SM</sup> Series 152, Athena Indexed Universal Life <sup>SM</sup> , Incentive Life Legacy <sup>®</sup> II and Incentive Life Optimizer <sup>®</sup> II	Preferred Elite Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco Preferred Tobacco Use
All Other Products	N/A	Preferred Plus Non-Tobacco	Preferred Non-Tobacco Preferred Tobacco Use
<b>Medication</b>	No Rx for HTN (no exceptions)	All Rx considered	All Rx considered
<b>Family History</b>	No deaths from CAD, CVD, or Ca for M or F or S < 65	No deaths from CAD or Ca for M & F < 60	No more than 1 death from CAD for M & F < 60
<b>Blood Pressure</b>	145/80 (150/90 ages 60-69)	145/90 (150/90 ages 60-69)	Non-ratable BP readings
<b>Driving History</b> mv = moving violations	No DWI, Reckless Driving No mv past 3 years ≤ age 44 No > 1 mv past 3 years ages 45-69	No DWI or Reckless Driving in 5 years No > 1 mv past 3 years ≤ age 44 No > 2 mv past 3 years ages 45-69	No DWI or Reckless Driving in 3 years No > 2 mv past 3 years ≤ age 44 for Term No > 3 mv past 3 years ages 45-69 for Term No > 3 mv past 3 years ≤ age 69 Permanent plans

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

### 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

Term Series <sup>SM</sup> , Athena Universal Life <sup>SM</sup> Series 152, Athena Indexed Universal Life <sup>SM</sup> , Incentive Life Legacy <sup>®</sup> II and Incentive Life Optimizer <sup>®</sup> II	Preferred Elite Non-Tobacco	Preferred Non-Tobacco	Standard Plus Non-Tobacco Preferred Tobacco Use
All Other Products	N/A	Preferred Plus Non-Tobacco	Preferred Non-Tobacco Preferred Tobacco Use
Height	Maximum Weight <sup>1</sup> BMI 28	Maximum Weight <sup>1</sup> BMI 29.5	Maximum Weight <sup>1</sup> BMI 31
4' 6"	116	122	129
4' 7"	121	127	133
4' 8"	125	131	138
4' 9"	130	136	143
4' 10"	134	141	148
4' 11"	139	146	154
5' 0"	144	151	159
5' 1"	148	156	164
5' 2"	153	161	170
5' 3"	158	166	175
5' 4"	163	171	181
5' 5"	168	179	186
5' 6"	174	183	192
5' 7"	179	188	198
5' 8"	184	194	204
5' 9"	190	200	210
5' 10"	195	205	216
5' 11"	201	211	222
6' 0"	207	218	229
6' 1"	212	223	235
6' 2"	218	229	241
6' 3"	224	236	248
6' 4"	230	242	255
6' 5"	236	248	261
6' 6"	242	255	268
6' 7"	249	262	275
6' 8"	255	268	282
6' 9"	261	275	289
6' 10"	268	282	296
6' 11"	274	289	304
7' 0"	281	296	311

<sup>1</sup> BMI = Body Mass Index

Note: 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 <sup>2</sup>				
\$100,000	Non-Med <sup>2</sup>	Non-Med <sup>2</sup> , HOS, Blood, MVR			Non-Med <sup>2</sup> , HOS, Blood
\$100,001 to \$249,999					Paramed, HOS, Blood
\$250,000					Paramed, HOS, Blood, MVR
\$250,001 to \$500,000		Non-Med <sup>2</sup> , HOS, Blood, MVR	Paramed, HOS, Blood, MVR		
\$500,001 to \$1,500,000		Paramed, HOS, Blood, MVR			
\$1,500,001 to \$1,999,999	Non-Med <sup>2</sup> , APS	Paramed, HOS, Blood, MVR			
\$2,000,000		Paramed, HOS, Blood, MVR	Paramed, HOS, Blood, APS, MVR		
\$2,000,001 to \$5,000,000		Paramed, HOS, Blood, APS, MVR			Paramed, HOS, Blood, EKG, APS, MVR
Over \$5,000,000		Paramed, HOS, Blood, APS, MVR	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	70-75	76 & Over
\$0 to \$50,000	Paramed <sup>2</sup>			Paramed <sup>2</sup> , APS	
\$50,001 to \$99,999	Paramed <sup>2</sup>		Paramed <sup>2</sup> , APS		
\$100,000 to \$249,999	Paramed, HOS, Blood	Paramed, HOS, Blood, APS		Paramed, HOS, Blood, APS, MVR	
\$250,000	Paramed, HOS, Blood, MVR	Paramed, HOS, Blood, APS, MVR			
\$250,001 to \$500,000		Paramed, HOS, Blood, APS, MVR	Paramed, HOS, Blood, EKG, APS, MVR		
\$500,001 to \$10,000,000	Paramed, HOS, Blood, EKG, APS, MVR				
Over \$10,000,000	Paramed, HOS, Blood, Treadmill EKG, APS, MVR			Paramed, HOS, Blood, EKG, APS, MVR	

**2 Preferred Rate Classes Additional Requirements** – Paramed Exam is required if proposed Insured seeks Preferred Elite NT or Preferred NT rates on Term Series<sup>SM</sup>, Athena Universal Life<sup>SM</sup> Series 152, Athena Indexed Universal Life<sup>SM</sup>, Incentive Life Legacy<sup>®</sup> II and Incentive Life Optimizer<sup>®</sup> II, or Preferred Plus on all other products. MVR, Full Blood Profile and HOS are required if applicant seeks any Preferred rate, including the Standard Plus NT rate for Term Series<sup>SM</sup>, Athena Universal Life<sup>SM</sup> Series 152, Athena Indexed Universal Life<sup>SM</sup>, Incentive Life Legacy<sup>®</sup> II and Incentive Life Optimizer<sup>®</sup> II. For all ages, including Juveniles (0–17), refer to the Product Guides for age and Face Amount limits or specific product guidelines for the Preferred rating.

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

Face Amounts	Age 69 and Below	Ages 70 and Above
\$1,000,000–\$1,999,999	N/A	· For Trusts: Complete Trust Document
\$2,000,000	<ul style="list-style-type: none"> <li>· Financial Supplement I (below age 65)</li> <li>· Financial Supplement II (ages 65 to 69)</li> </ul>	<ul style="list-style-type: none"> <li>· Financial Supplement II</li> <li>· Inspection Report</li> <li>· For Trusts: Complete Trust Document</li> </ul>
\$2,000,001–\$4,999,999		<ul style="list-style-type: none"> <li>· Financial Supplement II</li> <li>· Inspection Report with Third-Party Verification of Net Worth</li> <li>· For Trusts: Complete Trust Document</li> </ul>
\$5,000,000		
\$5,000,001–\$10,000,000	<ul style="list-style-type: none"> <li>· Financial Supplement II</li> <li>· Inspection Report with Third-Party Verification of Net Worth</li> <li>· Documentation of Net Worth</li> <li>· For Trusts: Complete Trust Document</li> </ul>	<ul style="list-style-type: none"> <li>· Financial Supplement II</li> <li>· Inspection Report with Third-Party Verification of Net Worth</li> <li>· Documentation of Net Worth</li> <li>· For Trusts: Complete Trust Document</li> <li>· Prior year's federal income tax statement</li> </ul>
\$10,000,001 +		

## AXA Equitable Approved Vendors

Exams			
<b>APPS</b> 1-800-635-1677 www.appsnational.com	<b>ExamOne</b> 1-877-933-9261 www.examone.com	<b>E M S I</b> 1-800-872-3674 www.emsinet.com	<b>Portamedic/Hooper Holmes</b> 1-800-782-7373 www.portamedic.com

APS Retrieval	
<b>E M S I</b> 1-800-472-0454 www.emsinet.com	<b>Source Access</b> 1-800-550-3781 www.1sourceaccess.com

Inspections	
<b>E M S I</b> 1-800-821-3879	<b>Infolink</b> 1-800-443-1417

## Notes:

- **Face Amount** is defined as all life insurance in force and applied for with AXA Equitable, 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 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 also be ordered by the Home Office on all Term products at ages 41–69.
- **EKG** (Electrocardiogram): Resting EKG made within 12 months or a Treadmill EKG made 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, chest pain, or insulin-dependent diabetes.
- **APS** (Attending Physician Statement) is required, as indicated on the Life Underwriting Requirements charts, if the Proposed Insured had a checkup within two years of the date of the application.
- **Prescription History and Other Pharmaceutical Data Searches** (e.g., **Script Check, Check Rx**) will be ordered by the Home Office with a paramedical exam (in lieu of MD exams, which have been eliminated) at ages 16–69 over \$10 million, ages 70–75 over \$5 million, ages 76–80 over \$1 million, and all amounts for ages 81 and above.
- **Inspection Report:** A telephone interview with the Proposed Insured to confirm information already asked on the application and supplements — about a Proposed Insured’s personal data, habits, insurance activity, health, finances, etc.
- **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.
- **Third-Party Verification of Net Worth:** A telephone interview of the Proposed Insured’s accountant, attorney, or banker conducted by our preferred vendor.
- **Documentation of Net Worth:** Balance sheets, profit & loss statements, other pro forma documents are examples of acceptable forms of documentation.

**AXA Equitable 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
<b>Personal</b>		
<b>Income Replacement</b>	<p><b>Working Individual</b> – All sources of earned income, including salary, bonus or other deferred compensation or Gross Annual Earned Income</p> <p><b>Non-Working Spouse, Co-Breadwinner, and Other Dependent Adults</b> – To determine if any amount is available, require income information and amount of insurance on breadwinner</p> <p><b>Unemployed</b> – 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
	Individual consideration      80 and up	
<b>Estate Planning</b>	Need clear figure of net worth	50-75% life expectancy x appropriate estate growth factor x applicable tax rate
<b>Juvenile</b>	<ul style="list-style-type: none"> <li>· Equal amounts on all children</li> <li>· 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</li> </ul>	¼ to ½ amount on parent or payor. Special rules apply in NY
<b>Debt Repayment</b>	Copy of loan agreement	Loan duration at least 5 years – 100% of loan amount
<b>Charitable</b>	Cover letter explaining past interest in the charity and how the amount was determined	Replacement of past contributions
<b>Future Inheritance</b>	<ul style="list-style-type: none"> <li>· Donor must be age 75 or older</li> <li>· Cover letter containing estate planning details</li> <li>· Applicable trust documents, will, or other third-party verification of expected inheritance</li> <li>· Verification of net worth of parent(s) or bequeather(s)</li> </ul>	Growth rate factor up to 3-5% for a maximum of 10 years
<b>Business</b>	<ul style="list-style-type: none"> <li>· Insured's percentage of ownership in business</li> <li>· Current balance sheet/cover letter</li> </ul>	
<b>Buy-Sell</b>	Confirmation that buy-sell agreement has been executed, information regarding business partners applied in like manner	Percent ownership x market value of business
<b>Key Person</b>	Cover letter describing how amount was determined	10 x compensation (salary plus bonus)
<b>Employee Benefit</b>	Cover letter describing how amount was determined, who is covered, formula for determining coverage amount, and size of company	Individual consideration
<b>Debt Repayment</b>	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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