

# 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 <sup>1</sup>
ISWL, COIL & SIL	N/A	Preferred Plus Non-Tobacco	Preferred Non-Tobacco Preferred Tobacco <sup>1</sup>
<b>Total Cholesterol &amp; Cholesterol/HDL</b>	300 and 5.0	300 and 5.5	300 and 6.0
<b>Tobacco Use<sup>1</sup></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 6 years
<b>Aviation (Private), Avocation and Occupation</b>	Preferred ratings may be allowed. Permanent flat extra up to \$3.50 per thousand may be available for all products as applicable.		
<b>Medical History/ Physical Condition</b>	No personal history of cancer (except certain skin cancers), diabetes or heart disease, even if not ratable.		

<sup>1</sup> Whenever a proposed insured tests positive for nicotine (cotinine) regardless of source, tobacco user rates will be charged. Tobacco rates will be charged if the proposed insured used cigarettes, e-cigarettes or hookah within the last 12 months. Tobacco and nicotine products other than noted may qualify for NT rates.

## 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
<b>Medication</b>	All Rx considered except: Rx for BP allowed only if reading of 125/80 or better	All Rx considered	All Rx considered
<b>Family History<sup>2</sup></b>	No deaths from CAD, CVD, or Ca for M or F or S < 60	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
<b>Blood Pressure</b>	ages < 60: 140/85 (No BP RX) ages 60-69: 150/90 (No BP RX) ages 0-69: 125/80 (On BP RX)	ages < 60: 145/90 ages 60-69: 150/90	Non-ratable BP readings
<b>Driving History</b>	No DWI, Reckless Driving or license suspension in the past 5 years  No more than 2 moving violations in the past 3 years <sup>3</sup>	No DWI, Reckless Driving or license suspension in the past 5 years  No more than 3 moving violations in the past 3 years <sup>3</sup>	No DWI, Reckless Driving or license suspension in the past 3 years  No more than 3 moving violations in the past 3 years <sup>3</sup>

Applicants 70 and Over			
<b>Medication</b>	All Rx considered	All Rx considered	All 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>	No DWI, Reckless Driving or license suspension in the past 5 years  No more than 1 moving violation in the past 3 years <sup>3</sup>	No DWI, Reckless Driving or license suspension in the past 5 years  No more than 2 moving violations in the past 3 years <sup>3</sup>	No DWI, Reckless Driving or license suspension in the past 3 years  No more than 3 moving violations in the past 3 years <sup>3</sup>

<sup>2</sup> 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. All Preferred ratings are also available if death occurred from lung cancer in Proposed Insureds who have never smoked.

<sup>3</sup> 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), Blood Pressure (BP), Medication (Rx), Attending Physician Statement (APS), Motor Vehicle Report (MVR), Home Office Specimen - urinalysis (HOS).

## 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.)

Refer to the charts below for preferred class consideration. See footnotes for other details.

Face Amounts	Issue Ages				
	0-15	16-30	31-35	36-40	41-50
\$0 to \$99,999 <sup>4,5</sup>	Non-Med <sup>8</sup>	Paramed, HOS, Blood, MVR			
\$100,000 <sup>4</sup>		Paramed, HOS, Blood, MVR			
\$100,001 to \$250,000 <sup>4</sup>		Paramed, HOS, Blood, MVR			
\$250,001 to \$500,000 <sup>4</sup>		Paramed, HOS, Blood, MVR			
\$500,001 to \$1,999,999	Non-Med, <sup>8</sup> APS	Paramed, HOS, Blood, MVR			
\$2,000,000		Paramed, HOS, Blood, APS (where applicable), MVR			
\$2,000,001 to \$10,000,000		Paramed, HOS, Blood, APS (where applicable), MVR			
Over \$10,000,000		Paramed, HOS, Blood, APS (where applicable), MVR			

## Life Underwriting Requirements Ages 51 and Above

Face Amounts	Issue Ages			
	51-60	61-65	66-69	70 & Over
\$0 to \$99,999 <sup>4,5</sup>	Paramed, HOS, Blood, MVR			
\$100,000 to \$250,000	Paramed, HOS, Blood, <sup>6</sup> APS (where applicable), MVR			Paramed, HOS, Blood, <sup>6</sup> APS (where applicable), MVR
\$250,001 to \$500,000				
\$500,001 to \$5,000,000	Paramed, HOS, Blood, <sup>6</sup> EKG, APS (where applicable), MVR			
\$5,000,001 to \$10,000,000	Paramed, HOS, Blood, <sup>6</sup> EKG, <sup>7</sup> APS (where applicable), MVR			
Over \$10,000,000	Paramed, HOS, Blood, <sup>6</sup> EKG, <sup>7</sup> APS (where applicable), MVR			

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

APS Always Required	
Issue Age	Face Amount
0-15	> \$500,000
16-60	> \$5,000,000
61-69	> \$1,000,000
70+	All Amounts

<sup>4</sup> Standard rate class may be available with a Non-Med and HOS<sup>5</sup> at \$0-\$99,999. Standard rate class may be available with a Non-Med, HOS and Blood from at \$100,000-\$500,000 depending on the specific age/amount. NOTE: For juveniles, ages 0-15, Standard Plus is only rate available; ages 16-17, Standard Plus is only rate available with Non-Med and HOS<sup>5</sup>.

<sup>5</sup> For CA, CT, DC, DE, FL, GA, IL, LA, MA, MD, NJ, NY, PA, PR, SC, TX and VA - require HOS > age 15 at \$50,000-\$99,999.

<sup>6</sup> NT Pro BNP is required at certain ages and amounts as part of the insurance blood profile.

<sup>7</sup> Treadmill EKG will only be needed if the Proposed Insured is a Tobacco user or Diabetic or no APS is available; otherwise a resting EKG and hemoglobin A1c and NT ProBNP are required.

<sup>8</sup> Nonmed - Application and Medical Information Questionnaire (MIQ).

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

Face Amounts	Age 69 and Below	Ages 70 and Above
\$2,000,000 to \$5,000,000	<ul style="list-style-type: none"> <li>Financial Questionnaire</li> <li>Internal Data Verification (IDV)</li> </ul>	<ul style="list-style-type: none"> <li>Financial Questionnaire</li> <li>Internal Data Verification (IDV)</li> <li>For Trusts: Complete Trust Document</li> </ul>
\$5,000,001 to \$10,000,000	<ul style="list-style-type: none"> <li>Financial Questionnaire</li> <li>Internal Data Verification (IDV)</li> </ul>	<ul style="list-style-type: none"> <li>Financial Questionnaire</li> <li>Inspection Report</li> <li>Documentation of Net Worth by disinterested third party</li> <li>For Trusts: Complete Trust Document</li> </ul>
\$10,000,001 +	<ul style="list-style-type: none"> <li>Financial Questionnaire</li> <li>Internal Data Verification (IDV)</li> <li>Documentation of Net Worth by disinterested third party</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Financial Questionnaire</li> <li>Inspection Report</li> <li>Documentation of Net Worth by disinterested third party</li> <li>For Trusts: Complete Trust Document</li> <li>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.</li> </ul>

## AXA Approved Vendors

Approved Paramedical/Medical Examination Vendors		
<p><b>APPS</b> (American Para Professional Services) 1-800-635-1677 <a href="http://www.appslive.com">www.appslive.com</a></p>	<p><b>EMSI</b> (Examination Management Services Inc.) 1-800-872-3674 <a href="http://www.emsinet.com">www.emsinet.com</a></p>	<p><b>ExamOne</b> (a Quest Diagnostics Company) <a href="http://portal.examone.com">portal.examone.com</a> please note: online orders only</p>

Approved APS Retrieval Services	
<p><b>EMSI</b> (Examination Management Services Inc.) 1-800-472-0454 <a href="http://www.emsinet.com">www.emsinet.com</a></p>	<p><b>Parameds.com</b> 1-888-766-3999 or 1-718-575-2000 <a href="http://www.parameds.com">www.parameds.com</a></p>

Approved Laboratory Testing Services
<p><b>CRL</b> (Clinical Reference Lab)</p>
Approved Inspection Report Service
<p><b>EMSI</b> (Examination Management Services Inc.)</p>

9 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 or above.

## 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, Inspection Report, 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.
- **Paramedical Exams and Laboratory Test Results** are valid up to 12 months for Proposed Insureds under age 70; otherwise, up to 6 months. Requirements completed for another carrier will be considered on a case by case basis. AXA reserves the right to request additional requirements if our specifications are not met.
- **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 six months 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 above, if there were no other doctor visits, we will obtain the records for physicals completed for employment, school, etc.
- **RX Check (Prescription History and Other Pharmaceutical Data Searches)** 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.
- **Internal Data Verification (IDV) (aka e-Inspection Report)** 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><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	
Estate Planning	Need clear figure of net worth	50–75% life expectancy x appropriate estate growth factor x applicable tax rate	
		Age	Estate Growth Factor
		< 70	7%
		70–79	6%
		≥ 80 2%	
Juvenile	<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, WA.	
Debt Repayment	Copy of loan agreement	Loan duration at least 5 years – 100% of loan amount	
Charitable	Cover letter explaining interest in the charity and how the amount was determined	Replacement of financial and/or service contributions	
Future Inheritance	<ul style="list-style-type: none"> <li>Donor must be age 70 or older; If donor &lt; 70, a detailed explanation from independent source must be submitted confirming Life Expectancy &lt; 5 years</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	
Long-Term Care Services <sup>SM</sup> 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 <sup>3</sup> / <sub>12</sub> .	
Business			
Buy-Sell	<ul style="list-style-type: none"> <li>Insured percentage of ownership in business</li> <li>Cover letter regarding buy-sell arrangement</li> <li>Confirmation that buy-sell agreement has been executed, information regarding business partners applied in like manner</li> </ul>	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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