

Field Underwriting Guide



Medical and Non-Medical Considerations



Overview

This Field Underwriting Guide is designed to provide you with an underwriting reference tool on life underwriting at AXA. The guide is organized into sections that provide information on Medical and Non-Medical Conditions, Financial Underwriting, Retention and Reinsurance, Professional Athletes and the Long-Term Care ServicesSM Rider (LTCSR). We hope you find this guide useful and helpful in determining the best possible underwriting decision for your clients.

Table of Contents

Overview	
Medical and Non-Medical Conditions Guide	1
Financial Underwriting Guidelines	14
AXA Retention Guidelines	15
Professional Athletes, Entertainers and Other High-Profile Individuals	17
LTCSR	18



The chart for the Medical and Non-Medical Conditions includes the following information:

Medical or Non-Medical Condition	Questions to Ask	Best Case	Better Than Standard Consideration Possible? (Y/N)	Decline to Offer or Worst Case
Includes conditions frequently encountered; it is not an all-inclusive list. Conditions are listed alphabetically (cancers are listed separately by type of cancer).	Includes the specific details required to assess the risk, such as the pertinent factors impacting the underwriting decision. This information will help the underwriter make the most competitive decision.	Provides the most likely best rate class for the most favorable case presentations.	Indicates if preferred rates can be considered for the most favorable presentations, subject to all preferred criteria being met.	Includes a list of factors that would lead to an unfavorable underwriting decision. NOTE: For more complex or highly substandard scenarios, contact your AXA Underwriter, as an informal submission may be recommended.

Please note this guide provides a high-level overview of the factors considered during the underwriting review and the likely outcome. It is not a complete underwriting manual. The possible outcomes for the listed conditions address the life portion of the coverage only and do not include information for consideration of the Long-Term Care ServicesSM Rider. For more details about the Long-Term Care ServicesSM Rider, please refer to the Long-Term Care Services RiderSM Technical Guide.

Also reference the AXA Life Underwriting Condensed Guide for information about our age and amount underwriting requirements and preferred criteria, as well as various other underwriting marketing flyers that complement both guides.

Information contained in this guide is current as of the date of publication. Please note details are subject to change at any time. If you have any questions or a specific condition is not included in this guide, contact your AXA Underwriter for assistance. If you wish to ensure that you have the latest information, you should contact your AXA Underwriter.

Field Underwriting Guide: Medical & Non-Medical Conditions

Medical or Non-Medical Condition	Questions to Ask	Best Case	Better Than Standard Consideration Possible? (Y/N)	Decline to Offer or Worst Case
Alcoholism	<ul style="list-style-type: none"> date of last use or length of abstinence date/length of rehab treatment number of relapses history of DUI or other driving offenses member in support group any psychiatric disorders or other medical disorders any history of marital or job instability details of past and present levels of alcohol consumption any participation in a hazardous sport or occupation <p>Please see Substance Usage Questionnaire</p>	<ul style="list-style-type: none"> no current alcohol or drug use and no alcohol or drug use in the past 10 years normal Liver Function Tests (LFT)/negative alcohol marker favorable Motor Vehicle Report (MVR) single rehab and/or rehab history greater than 10 years ago no secondary medical impairments 	Y	<ul style="list-style-type: none"> more than 1 relapse polysubstance abuse occupation involving alcohol current use adverse MVR abnormal LFTs positive alcohol marker
Angioplasty		See Coronary Artery Disease (CAD)		
Asthma	<ul style="list-style-type: none"> age of onset frequency/severity of attacks type/frequency of medication any hospital admissions any limitation of activities any smoking history 	<ul style="list-style-type: none"> non-smoker symptoms controlled Pulmonary Function Test (PFT) normal no chronic daily medication other than inhaled steroid no hospitalizations or ER visits no loss of work due to asthma symptoms, on average, less than twice per month, brief (hours) and of low intensity 	Y	<ul style="list-style-type: none"> smoker daily attacks regardless of continual medication multiple hospitalizations in past year or mechanical ventilation markedly abnormal PFT poor response to treatment and high dose of inhaled corticosteroids
Atrial Fibrillation	<ul style="list-style-type: none"> age at onset duration of atrial fibrillation type of treatment frequency of attacks any associated symptoms and complications any underlying cardiac disease 	<ul style="list-style-type: none"> ablation therapy, all ages stable x 5 years with no recurrence recent normal cardiac evaluation 	Y	<ul style="list-style-type: none"> current on exam or within 1 yr with no evaluation new onset after age 75 other risk factors for stroke including prior history of stroke or TIA, hypertension, diabetes, embolism, left atrial enlargement, ventricular hypertrophy
Aviation	<ul style="list-style-type: none"> total number of solo hours, annually number of solo hours, next 12 months, last 12 months any flight certifications and type of aircraft any accident history any special aviation activity (instructor, crop dusting, bush pilot, paid or non-paid, etc.) medical impairment history <p>Please see Aviation Questionnaire</p>	<ul style="list-style-type: none"> private pilots > 100 solo hours 200 or less hours/annually age > 26 no medical impairments or no medical impairments that could impact aviation activity Aviation Exclusion Rider may apply if available in contract state 	Y - Up to \$3.50/\$1,000 may be allowed	<ul style="list-style-type: none"> flying over 600 hours/year associated ratable medical impairments <100 solo hours

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Attention Deficit Disorder (ADD, ADHD)	<ul style="list-style-type: none"> • age at diagnosis • extent and results of diagnostic evaluations • predominant symptoms • type of treatment • names of medications and dosages • other mental or nervous disorders • any adverse MVR • any criminal history • any concerns with occupation/school performance 	<ul style="list-style-type: none"> • proposed insured is > age 30 • no other psychiatric diagnoses or personality disorders • no history of alcohol or drug abuse • no adverse MVR information • no criminal history • no history of hospitalization • no history of mood symptoms or attempted suicide • no missed work or school of > 1 week • no treatment or medication for ADHD or mood symptoms in the last 5 years 	Y	<ul style="list-style-type: none"> • adults with 1 or more of the following: explosive temper, relationship or work difficulties, impulse buying, motor vehicle accidents, alcohol or substance abuse, depression, conduct or personality disorder or arrest history • children with severe disorder demonstrating 1 or more of the following: significant aggression or violence, conduct disorder (CD), personality disorder, or alcohol or substance misuse
Avocation	<ul style="list-style-type: none"> • type of activity with complete details • frequency of activity including dates • overall experience • location of activity • any license or certification • member of any organization or club <p>Please see Avocation Questionnaire</p>	<ul style="list-style-type: none"> • Individual Consideration • Racing Activity Exclusion Rider may apply if available in contract state 	Y – up to \$3.50/\$1,000 may be allowed	<ul style="list-style-type: none"> • Individual Consideration
Basal Cell Carcinoma	<ul style="list-style-type: none"> • date of diagnosis • type of treatment • date treatment completed • lesion completely removed • any recurrence • lesion removed/complete excision 	<ul style="list-style-type: none"> • current or past, superficial only, non-invasive • regular annual medical follow-up • no single lesion > 1.5 cm • if more than 3 skin cancers have ever been diagnosed, time since last occurrence > 1 year • complete excision 	Y	<ul style="list-style-type: none"> • stage 4/invasion to adjacent tissues, nodes or other organ systems • incomplete or no excision • no dermatology follow-up
Bladder Cancer	<ul style="list-style-type: none"> • date of diagnosis • type of treatment • date treatment completed • tumor removed/complete excision • any recurrence • staging/grading of tumor 	<ul style="list-style-type: none"> • low grade, non-invasive • early stage 0 or 1 • non-smoker • good follow-up • complete excision of tumor 	N	<ul style="list-style-type: none"> • invasion to adjacent tissues, nodes or other organ systems • incomplete or no excision • stages 3, 4 • no routine medical follow-up

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Blood Pressure	<ul style="list-style-type: none"> • type of treatment • current and past year's blood pressures • all medications being taken • other cardiac risk factors • any cardiac testing • any evidence of renal disease 	<ul style="list-style-type: none"> • stable, well controlled, 140/85 or less (150/90 or less for ages 60+) • refer to the Life Underwriting Condensed Guide 	Y	<ul style="list-style-type: none"> • uncontrolled blood pressure with or without treatment • systolic >180 or diastolic >110 • low blood pressure (90 mm Hg or lower with symptoms)
Breast Cancer	<ul style="list-style-type: none"> • date of diagnosis • type of treatment • date treatment completed • tumor completely removed • any recurrence • any other cancer history • staging and grading of tumor • estrogen receptor testing • lymph node analysis • any current medications 	<ul style="list-style-type: none"> • carcinoma in-situ Stage T 0 • confirmed complete excision • no other cancer history • lymph nodes negative • regular medical follow-up • negative mammograms 	N	<ul style="list-style-type: none"> • positive lymph nodes • metastasis or invasion to adjacent tissues, or other organ systems • stage 4/poorly differentiated • recurrence • no regular medical follow-up • incomplete or no removal/excision
Build	<ul style="list-style-type: none"> • body mass index (BMI) or height and weight • any recent weight loss and reason 	<ul style="list-style-type: none"> • refer to the Life Underwriting Condensed Guide <p>For ages up to 69:</p> <ul style="list-style-type: none"> • Preferred Elite Non-Tobacco: Max BMI 28.5 • Preferred Non-Tobacco: Max BMI 30.5 • Standard Plus: Max BMI 32.5 <p>For Ages 70 and up:</p> <ul style="list-style-type: none"> • Preferred Elite Non-Tobacco: Max BMI 30 • Preferred Non-Tobacco: Max BMI 31.5 • Standard Plus: Max BMI 33 	Y	<ul style="list-style-type: none"> • underweight: BMI < 18.5 • unexplained recent weight loss particularly in the elderly
CABG		See Coronary Artery Disease (CAD)		

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<p>Cholesterol and Cholesterol/HDL Ratio and Triglycerides</p>	<ul style="list-style-type: none"> • type of treatment • results of current and past lipid tests • any associated impairments • other cardiac risk factors 	<p>For Cholesterol and Cholesterol/HDL ratio:</p> <ul style="list-style-type: none"> • Preferred Elite Non-Tobacco: Total cholesterol 300 or less, Chol/HDL ratio 5.0 or less • Preferred Non-Tobacco: Total cholesterol 300 or less, Chol/HDL ratio 5.5 or less • Standard Plus: Total cholesterol 300 or less, Chol/HDL ratio 6.0 or less <p>For Triglycerides:</p> <ul style="list-style-type: none"> • all levels of preferred for fasting specimens up to 300 (Fasting is defined as ≥ 6 hours postprandial) • all levels of Preferred up to 375 for non-fasting specimens • refer to the Life Underwriting Condensed Guide 	<p>Y</p>	<ul style="list-style-type: none"> • Cholesterol > 350 • Cholesterol/HDL ratio > 20 • low Cholesterol < 120 • Triglycerides > 1,500
<p>Colon Cancer and Colon Polyps</p>	<ul style="list-style-type: none"> • date of diagnosis • type of treatment • date treatment completed • tumor completely removed • any recurrence • any other cancer history • staging and grading of tumor • date/result of recent colonoscopies 	<ul style="list-style-type: none"> • colon polyps: complete excision or current and confirmed stable on follow-up colonoscopy within 3 years, no suspicion of dysplasia, malignancy or familial syndrome • non-smokers • carcinoma-in-situ with no subsequent colon polyps • tumor grade 1/well differentiated • surgical treatment only (no radiation or chemotherapy) • current age > 50 • 10 or more years since remission of cancer • excellent medical follow-up and routine preventative care • no other cancer history 	<p>Y</p>	<ul style="list-style-type: none"> • positive nodes • metastasis • stage 4 poorly differentiated • recurrence • no medical follow-up • no treatment or treatment unsuccessful

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Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> • type of disease • severity of symptoms and progression • type of treatment and/or medications • tobacco-use history • results of recent/current PFTs • any hospital admissions • any use of oxygen 	<ul style="list-style-type: none"> • non-smoker • PFTs normal • no symptoms • no hospitalizations • no limitation on physical activity • no oral steroids 	Y	<ul style="list-style-type: none"> • rapidly progressive disease • severely abnormal or worsening PFTs • surgery or lung transplant • other signs of significant disease (unable to work, home oxygen use, pulmonary heart failure or cor pulmonale)
Coronary Artery Disease (CAD) - Heart Attack/Bypass/CABG/PTCA/Stent/Angioplasty	<ul style="list-style-type: none"> • age of onset • location/severity of disease • type of treatment and/or medications • date/results of cardiac tests • any secondary or associated Impairments • time since last occurrence of angina, myocardial infarction or surgical intervention • exercise capacity or any functional limitations 	<ul style="list-style-type: none"> • single vessel disease • onset over age 70+ • no heart attack • normal heart function with favorable ejection fraction 55% and higher • regular cardiac follow-up • recent favorable imaging stress test • non-smoker • no diabetes • well controlled cardiac risk factors 	N	<ul style="list-style-type: none"> • current age under 40 • diffuse or progressive disease • more than 4 bypass grafts • lack of routine medical follow-up • other severe vascular disease • frequent, worsening angina • poor cardiac risk factors • smoker • other significant medical conditions present
Crohns – pancolitis	<ul style="list-style-type: none"> • age of onset • severity of disease • frequency of flare-ups and date of last major attack • type of treatment, duration and dosage • history of hospital admissions • any weight loss • any associated impairments or complications • date/result of recent colonoscopies • details of any surgical treatment 	<ul style="list-style-type: none"> • from last attack over 3 years since last major attack • currently in remission and no longer on treatment • stable build and stable symptoms • routine medical follow-up • recent favorable colonoscopy 	N	<ul style="list-style-type: none"> • age < 20 • extensive or pan colitis • moderate to severe symptoms • underweight or recent weight loss • complications such as anemia, liver disease with current LFT > 3x normal • pericholangitis or sclerosing cholangitis • surgery contemplated

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Depression	<ul style="list-style-type: none"> • age of onset • type of treatment • severity of symptoms • any suicide attempts/ideation • any hospital admissions • any associated social or medical impairments 	<ul style="list-style-type: none"> • no diagnosis of bipolar disorder • over age 30 and under age 65 • no other psychiatric diagnoses or personality disorders • no history of alcohol or drug abuse • no adverse MVR • no history of suicidal thoughts or attempts • no related hospitalization or disability • stable work and family life • working full time and using medications as prescribed 	Y	<ul style="list-style-type: none"> • current disability • recent hospitalization, suicide attempt or ideation • associated with alcohol and/or drug misuse
Diabetes	<ul style="list-style-type: none"> • age of diagnosis • type of diabetes • type of treatment • degree of control (A1C level) • any secondary complications • other associated impairments 	<ul style="list-style-type: none"> • adult onset Diabetes Type II • current age 40 or older • A1C less than 7.0 • no related conditions or complications 	N	<ul style="list-style-type: none"> • poor control (A1C level > 10) • acute or chronic complications • severe CAD, peripheral vascular disease or cerebrovascular disease • non-compliance with treatment
Driving History/MVR	<ul style="list-style-type: none"> • type/date of infraction(s) • any history of Driving Under the Influence (DUI)/ Driving While Intoxicated (DWI) • any history of accidents • any history of suspended license 	<ul style="list-style-type: none"> • no DUI/DWI • no Reckless Driving in past 5 years • up to age 69: No more than 2 moving violations in past 3 years (including cell phone and texting violations) • age 70 and up: No more than 1 moving violation in past 3 years (including cell phone and texting violations) • refer to Life Underwriting Condensed Guide 	Y	<ul style="list-style-type: none"> • numerous or frequent infractions within past 3 years • DUI/DWI history with alcohol/drug abuse • history of > 2 DUI/DWIs • currently driving with a suspended license
Drug Use/ Abuse (See Marijuana use below)	<ul style="list-style-type: none"> • need all usage and type of drugs past and present • date last used • any history of DUI/DWI 	<ul style="list-style-type: none"> • admitted on application • rehab completed for 1 substance over 8 years ago with no relapse • full-time employment • favorable driving record • favorable insurance lab tests 	Y	<ul style="list-style-type: none"> • current alcohol or drug use criticism • abnormal lab results • any relapses • history includes more than 1 substance use/abuse • unemployed • more than 1 episode of inpatient or outpatient treatment • criminal history • ratable driving record
Marijuana Use	<ul style="list-style-type: none"> • frequency • date last used • any history of DUI/DWI 	<ul style="list-style-type: none"> • marijuana use only: less than 1x per month on average • full-time employment • no other alcohol or drug abuse • no other social criticisms 	Y	<ul style="list-style-type: none"> • marijuana used in conjunction with other substances

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Emphysema		see Chronic Obstructive Pulmonary Disease (COPD)	N	
Epilepsy	<ul style="list-style-type: none"> • age of diagnosis • cause/type • date of last seizure • number of seizures per year • type of treatment • any history of complete neurological evaluation • any diagnostic tests • any complications or associated impairments 	<ul style="list-style-type: none"> • single seizure or epilepsy diagnosed before age 30 and not ratable • no seizures in last 5 years • no drug/alcohol abuse • complete neurological investigation including CT scan normal 	Y	<ul style="list-style-type: none"> • first seizure or episode of Status Epilepticus within 1 year or cause unknown. • more than 12 seizures per year in past year • drug/alcohol abuse/misuse • increasing frequency/severity of seizures
Family History	<ul style="list-style-type: none"> • family history details, ages and causes of death 	<ul style="list-style-type: none"> • no deaths from CAD, CVD, or cancer for mother, father, or sibling less than age 60 • if death occurs from testicular, prostate, ovarian, cervical, breast or uterine cancer in a relative of the opposite gender of the Proposed Insured • acceptable if death of relative occurred due to lung cancer and the Proposed Insured has never smoked • refer to Life Underwriting Condensed Guide 	Y	<ul style="list-style-type: none"> • Individual Consideration • certain genetic disorders
Foreign Nationals	<ul style="list-style-type: none"> • country of citizenship • foreign travel • permanent U.S. residency • type of visa 	<ul style="list-style-type: none"> • Individual Consideration 	Y	<ul style="list-style-type: none"> • Individual Consideration
Foreign Travel	<ul style="list-style-type: none"> • city/country of destination • frequency/duration of travel • country of citizenship and residence • purpose of travel 	<ul style="list-style-type: none"> • maximum 12 weeks within a 12-month period to countries not at risk • medical condition(s) not contraindicated to travel 	Y	<ul style="list-style-type: none"> • travel to area of high risk or countries with travel warnings or advisory posted • Individual Consideration for American citizens who travel outside U.S. > 12 weeks per year
Gastric Bypass	<ul style="list-style-type: none"> • weight prior to surgery • date of surgery • current weight • complications, if any • type of surgery 	<ul style="list-style-type: none"> • surgery 2 or more years ago with no complications • weight stable for at least 6 months • no jejunioleal bypass 	N	<ul style="list-style-type: none"> • surgery within 3 months, with complications, or jejunioleal bypass • weight not stabilized

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Hepatitis B/C	<ul style="list-style-type: none"> • age of diagnosis • HBV-DNA results (for Hep B) and date completed • HCV-RNA results (for Hep C) and date completed • biopsy date and results • current liver function tests • current alcohol use • treatment recommended/completed 	<ul style="list-style-type: none"> • normal LFTs • no viral load • liver biopsy Stage 0 or at worst stage 1 to 2 fibrosis • successfully completed treatment regimen • asymptomatic • no alcohol use 	N	<ul style="list-style-type: none"> • diagnosis within 6-12 months • markedly elevated LFTs • elevated AFP • co-infection with Hepatitis B or C • symptomatic without biopsy or liver biopsy Stage 3 or 4 fibrosis regardless of symptoms • cirrhosis • failed or incomplete treatment • regular alcohol use
Kidney Disease		<ul style="list-style-type: none"> • See Renal Insufficiency 		
Kidney Transplant	<ul style="list-style-type: none"> • reason for transplant • date of transplant • donor type • current kidney function tests • other medical impairments 	<ul style="list-style-type: none"> • single transplant after 12 months or multiple transplants after 5 years highly substandard, if insurable • stable, normal Kidney Function Tests (KFT) • no hypertension, CAD or diabetes • ages 21 and older 	N	<ul style="list-style-type: none"> • elevated KFTs • diabetic • uncontrolled hypertension, coronary artery disease • history of organ rejection, sepsis, complications with immunosuppression or poor compliance with therapy • transplant done under age 21 • transplant within 1 year of application (single), within 5 years (multiple)
Leukemia	<ul style="list-style-type: none"> • type of leukemia • age at diagnosis • treatment dates (start and stop) • complete remission date • any recurrences (Informal submission recommended) 	<ul style="list-style-type: none"> • more than 5-10 years disease-free; acute form, depending upon type • in general, age over 15 with or without stem cell or bone marrow transplant or prophylactic cranial irradiation, highly substandard 	N	<ul style="list-style-type: none"> • diagnosis within 5-10 years, depending on type • relapse(s) • delay in remission • unsuccessful treatment • offer may not be available for Chronic Leukemia, especially under age 55
Lymphoma	<ul style="list-style-type: none"> • age of diagnosis • stage, grade and type • treatment dates (start and stop) • any recurrence • pathology (informal submission recommended) 	<ul style="list-style-type: none"> • more than 5 years since treatment ended • stage 1A (Hodgkin's type) confined to 1 group of lymph nodes without weight loss, night sweats or fever • single episode • no recurrence • some non-Hodgkin's lymphomas (stage 1 and 2) may be considered standard 3-5 years after treatment ends and complete remission 	N	<ul style="list-style-type: none"> • recurrence • unsuccessful or no treatment • no biopsy • some low grade (less common) forms of non-Hodgkin's lymphoma • higher grade non-Hodgkin's lymphoma

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Melanoma	<ul style="list-style-type: none"> • date of diagnosis • thickness (pathology report is beneficial) • location of lesion • treatment type and dates • any recurrences or > than 1 melanoma • number of other atypical skin cancers • family history • pathology 	<ul style="list-style-type: none"> • single melanoma. • in-situ, Clark level I, well differentiated • complete surgical removal • no radiation or chemo • no recurrence or dysplastic nevi • yearly dermatology follow-up • over age 50 • non-smoker 	Y (best case only, may be standard plus)	<ul style="list-style-type: none"> • stage IIA or higher • chemo or radiation • metastatic to adjacent tissue, lymph nodes or other organs • incomplete or no removal • simultaneous melanomas • Familial Melanoma Syndrome • Dysplastic Nevi Syndrome with personal history of melanoma
Memory Loss	<ul style="list-style-type: none"> • date symptoms started • results of neurological exam • stable or increasing in severity • medications taken • any history of other medical impairments 	<ul style="list-style-type: none"> • history of mild cognitive impairment (not current) • reversible cause > 2 years since recovery • favorable/normal cognitive screening tests and neurological exam • normal Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs) independent, normal social and occupational function • favorable MVR • no concurrent depression or significant anxiety disorders • no alcohol or drug abuse • no history of head injury or stroke 	N	<ul style="list-style-type: none"> • current or non-reversible memory loss with or without loss of occupational or social function • abnormal neurocognitive screening tests • diagnosis of dementia or Alzheimer's • no neurological exam • increasing in severity or frequency of memory loss • on medications for dementia • significant depression • abuse • Cruetzfeld-Jakob disease, vascular dementia pre-senile/senile dementia
Multiple Sclerosis	<ul style="list-style-type: none"> • date of diagnosis • first symptoms (date and type) • frequency of attacks • current residuals • subtype if known • symptomatic or in remission • disability current or past • if in remission - how long • history of depression 	<ul style="list-style-type: none"> • older age at diagnosis (over 40) • at least 1 year since diagnosis • relapsing/remitting type with no residual impairment • no side effects of treatment • benign MS, stable with no signs/symptoms for 5 years • full-time employment • no history of disability • normal ADL and IADL 	N	<ul style="list-style-type: none"> • cognitive impairment • neurogenic bowel or bladder • rapid progression of disease • treatment with stem cell transplant • disabled • requiring assistance with ADLs or IADLs • wheelchair-dependent

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Monoclonal Gammopathy of Undetermined Significance (MGUS)	<ul style="list-style-type: none"> • date of diagnosis • symptoms at time of diagnosis • symptoms currently present • medication(s) taken • medical history of other impairments 	<ul style="list-style-type: none"> • favorable and complete evaluation by hematologist • regular medical follow-up • diagnosis made greater than 2 years ago, asymptomatic, stable or no rise in M (monoclonal) protein, or no longer present 	N	<ul style="list-style-type: none"> • less than 2 years since discovery/diagnosis • rising M protein level • significant symptoms • disability • not evaluated by physician/hematologist • no regular, routine medical care
Parkinson's Disease	<ul style="list-style-type: none"> • severity of current symptoms • type of treatment • disabilities, if any 	<ul style="list-style-type: none"> • age 60 and up • mild • no disability or dementia • stable with no or minimal progression • localized tremor confined to fingers, no rigidity, no treatment required 	N	<ul style="list-style-type: none"> • intellectual deterioration, dementia, severe disability • rapid progression
Peripheral Vascular Disease	<ul style="list-style-type: none"> • age at diagnosis • severity of current symptoms • treatment/surgery • current activity level • any other vascular disease 	<ul style="list-style-type: none"> • negative for CAD • no restriction to activity level • non-smoker • no symptoms • good control of lipids, blood pressure and other cardiovascular risk factors • regular medical follow-up 	N	<ul style="list-style-type: none"> • severe symptoms • smoker • any complications or other associated impairments • severe ischemia, heart disease, abnormal EKG or CVD, pain at rest, ischemic ulcers, gangrene, amputation
Polycythemia Vera	<ul style="list-style-type: none"> • age at diagnosis • results of most recent CBC • type of treatment • any complications 	<ul style="list-style-type: none"> • age 41-65 and duration over 2 years • well controlled with phlebotomy treatment, no complications • ratable at best • non-smoker 	N	<ul style="list-style-type: none"> • age 41-65 diagnosed 1 year or less • age >65 and diagnosis less than or equal to 2 years with the presence of CVD risk factors, decreased function capacity or other significant impairment • use of cytotoxic drugs or radioactive phosphorus • complications

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Prostate Cancer	<ul style="list-style-type: none"> • date of diagnosis • type of treatment • date treatment completed • any recurrence • any other cancer history • current/recent PSA 	<ul style="list-style-type: none"> • Gleason 6 or lower • organ confined • treated with prostatectomy • treatment completed > 2 years ago • active surveillance with PSA levels which are < 0.2 	N	<ul style="list-style-type: none"> • Gleason 8 to 10 or Stage 4 • abnormal current PSA levels • unsuccessful treatment • distant metastasis
Pulmonary Nodules	<ul style="list-style-type: none"> • date and age at diagnosis • tobacco usage • type of follow-up and date • date and results of any CT scans 	<ul style="list-style-type: none"> • no risk factor for malignancy • nodules: <ul style="list-style-type: none"> • < or = to 4mm • If 5-6 mm and diagnosed > 12 month • If 7-8 mm and diagnosed > 18 months • Over 8mm stable for > 2 years 	Y	<ul style="list-style-type: none"> • malignant, or with personal history of any cancer or lung disease • present on current radiologic study and no history films for comparison • less than 1 year since diagnosed • increasing size of nodules
Renal Insufficiency	<ul style="list-style-type: none"> • date of diagnosis • type of disease (acute or chronic) • type of treatment • current KFTs • any complications or other associated impairments 	<ul style="list-style-type: none"> • acute condition due to a reversible cause that was identified and successfully treated • normal KFTs • normal blood pressure • regular medical follow-up • no other significant medical conditions 	Y	<ul style="list-style-type: none"> • severely abnormal, or deteriorating KFTs and/or abnormal urinalysis • rapidly progressive • currently on dialysis • disabling • in combination with CAD, HTN or DM • no medical follow-up
Rheumatoid Arthritis	<ul style="list-style-type: none"> • age at diagnosis • type of treatment • current activity level • location of affected joints • how many joints affected • duration of AM stiffness • any activity limitations • level of function • any pain • any complications or other associated impairments 	<ul style="list-style-type: none"> • mild disease • minimal pain, slight stiffness, minimal swelling, no deformity • no continuous treatment • no disability • able to carry out all ADLs • no erosions on X-ray • negative Rheumatoid Factor (RF) 	Y	<ul style="list-style-type: none"> • severe, chronic active disease • moderate or marked deformities • lesions/nodules • pulmonary fibrosis • serious restrictions of movement, unable to carry out most or all ADLs • continuous treatment, including the use of oral steroids, DMARD's - Disease Modifying Antirheumatic Drugs • positive Rheumatoid Factor (RF)
Sleep Apnea	<ul style="list-style-type: none"> • age at diagnosis and duration • sleep study results • type of treatment • compliance to CPAP if prescribed • any follow-up sleep studies 	<ul style="list-style-type: none"> • favorable follow-up sleep study confirming resolution of sleep apnea • successfully treated • documented compliance with prescribed treatment > 1 year 	Y	<ul style="list-style-type: none"> • no treatment for severe sleep apnea • chronic obstructive lung disease • motor vehicle accidents • decreased memory • significant heart arrhythmias or other cardiac impairments

Field Underwriting Guide: Medical & Non-Medical Conditions

Medical or Non-Medical Condition	Questions to Ask	Best Case	Better Than Standard Consideration Possible? (Y/N)	Decline to Offer or Worst Case
Stroke	<ul style="list-style-type: none"> • date and age at diagnosis • number of strokes • cause • type of treatment • residuals or limitations • any tobacco usage • any Diabetes/CAD/ Cardiovascular conditions 	<ul style="list-style-type: none"> • cause known (trauma, oral contraceptive, congenital heart defect such as Atrial Septal Defect or Patent Foramen Ovale with corrective cardiac repair) and treated • no residuals or disability • single event • non-smoker • clinically stable for 4 years • negative CAD work-up 	N	<ul style="list-style-type: none"> • occurrence within 12 months or under age 40 • severe residuals • multiple strokes • disabled • other cardiovascular disease, peripheral vascular disease, or poorly controlled diabetes • smoker • impaired cognitive function
Tobacco Use	<ul style="list-style-type: none"> • frequency of use • type of tobacco/nicotine use • date usage stopped, if applicable 	<ul style="list-style-type: none"> • no tobacco usage and negative urine specimen • refer to Life Underwriting Condensed Guide • note: celebratory cigar usage (12 cigars or less per year) and urine is negative can be considered for all preferred classes and non-tobacco rates 	Y	<ul style="list-style-type: none"> • tobacco rates apply if tobacco usage admitted and/or nicotine in urine is positive • refer to Life Underwriting Condensed Guide
Thyroid Disorders	<ul style="list-style-type: none"> • age at diagnosis • type and extent of disease • date and type of treatment • any other impairments • biopsy results if performed 	<ul style="list-style-type: none"> • history of hyperthyroid disease/Graves disease, resolved • mild hypothyroidism 	Y	<ul style="list-style-type: none"> • uncontrolled and symptomatic • recurrent hyperthyroidism with cardiac impairments • diagnosis within 3 months
Ulcerative Colitis	<ul style="list-style-type: none"> • date of diagnosis and duration • type and extent of disease • severity and frequency of attacks • type of treatment • current height and weight • date of last colonoscopy and results • any hospitalizations or surgeries • biopsy results if performed 	<ul style="list-style-type: none"> • current age 20 years or older • mild disease limited to rectum or sigmoid • diagnosed >5 years and no evidence of progression • normal weight • regular colonoscopy shows normal results or minimal disease • no continuous (> 3 months) treatment, no biologic medications or immunosuppressants within 1 year • no history of surgery • normal lab tests 	Y	<ul style="list-style-type: none"> • recent hospitalization or surgery • extensive or pancolitis • moderate to severe symptoms • recent weight loss or underweight • complications such as anemia or liver disease

Financial Underwriting Guidelines

For personal and business financial guidelines, refer to the Life Underwriting Condensed Guide.

Juveniles

- Ages 0 to 14.5 years.
- Individual coverage: must be at least standard risk to be eligible for coverage; rate class limited to standard plus only.
- Children's Term Rider (CTR): not available if the rating on the base insured is over table D.
- Equal amounts of coverage on each child (total life insurance in force and/or pending across all companies).
- Deviations from guidelines require written explanation and/or documentation.
- Face amount dependent upon amount in force and/or pending life insurance across all companies on each parent.
- Signature of the parent or legal guardian is required on the application.
- Agent must see the child within the last 3 months of taking the application. If agent cannot see child due to residing in different state, an APS from child's physician will be needed.
- APS records required at face amounts > \$500,000.
- Check with Home Office for other state limitations or restrictions on amount of insurance applied for (see below).

Special rules apply for coverage amount allowed on juveniles

- **N.Y.:** Ages 0-4 ½: \$50,000 or 25% or amount of coverage in force and applied for on the applicant, whichever is greater; Ages >4 ½ to 14 ½: \$50,000 or 50% or amount of coverage in force and applied for on the applicant, whichever is greater.
- **Non N.Y.:** Ages 0-14 for amounts ≤ \$100,000: \$50,000 or 50% of amount of coverage in force and/or applied for on the parent or applicant, whichever is greater; Ages 0-14 for amounts > \$100,000: 50% of the amount of coverage in force and/or applied for on parent or applicant.
- Amounts > \$2,000,000 require additional underwriting review and are accepted on an individual consideration basis.

Charitable Owner or Charitable Beneficiary

- Full name of charity with tax ID number.
- Proposed Insured's role and/or contribution to charity (i.e., volunteer time/hours, financial contributions, board member, etc.) must be provided in agent cover letter and include rationale for amount applied for.

Charitable Legacy Rider

- Up to 1% base policy, maximum \$100,000.
- Must be qualified 501c organization.
- Rider amount counts toward AXA retention.

Future Inheritance

- Donor/bequeather must be age 70 or older. If less than age 70, detailed explanation from an independent source is needed confirming life expectancy less than 5 years.
- Cover memo containing estate planning details.
- Applicable trust documents, bequeather's Last Will and Testament, or other third-party verification of expected inheritance is needed.
- Verification of net worth of parent(s) or bequeather(s).
- Amount consideration: growth rate factor up to 3-5% for a maximum of 10 yrs.

AXA Retention Guidelines

Additional automatic reinsurance above internal retention limits may be available. Consult Home Office Underwriter for parameters and limits.

Exceptions to underwriting guidelines, use of AXA's underwriting credit program or other underwriting programs restrict the coverage to AXA retention only. Any excess over retention requires facultative reinsurance in these circumstances.

See special categories on page 16 for reduced retention limits.

Single Life Retention Limits ^{1,2,3}			Joint Life Retention Limits ^{1,3}		
Issue Age	Single Life Retention	Rating Maximum	Issue Age	Joint Life Retention	Rating Maximum
0-14	Refer to Juvenile parameters on pg. 14		20-70	\$25,000,000 \$10,000,000	Standard or better – Table C Table D or higher
15-19	\$20,000,000 \$10,000,000	Standard or better – Table C Table D or higher	71-74	\$15,000,000 \$5,000,000	Standard or better – Table C Table D or higher
20-70	\$20,000,000 \$10,000,000	Standard or better – Table C Table D or higher	75	\$15,000,000 \$5,000,000	Standard or better – Table C Table D or higher
71-74	\$15,000,000 \$5,000,000	Standard or better – Table C Table D or higher	76-80	\$10,000,000 \$2,500,000	Standard or better Table B or higher
75	\$15,000,000	Standard or better	81-85	\$5,000,000 \$2,500,000	Standard or better Table B or higher
76-80	\$10,000,000	Standard or better	86-90	\$2,500,000 \$0	Standard or better Table B or higher
81-85	\$5,000,000	Standard or better			

1 Backdating to save age is available according to normal procedures but cannot be used to secure higher retention limits. The retention limit at the age prior to backdating will apply.

2 AXA's retention is available for BrightLife® Term One® ages 86-99 up to \$250,000 at Standard rating only.

3 For combination of individual and survivorship coverage or one life uninsurable on survivorship policies, consult Home Office Underwriter for parameters.

Jumbo Limits ^{1,2,3,4}	
Issue Age	Jumbo Limit
80 and under	\$65,000,000
81-85	\$50,000,000
86 up	\$0
IUP or Foreign Business	\$35,000,000

1 Jumbo limit is defined as the total amount applied for in all companies, plus ALL inforce amounts in ALL companies, including replacements.

2 AXA's Estate Protection Rider (EPR), Charitable Legacy Rider® (CLR), and Return of Premium Rider Death Benefit (ROPR) count toward AXA retention and the jumbo limit.

3 Backdating to save age is available according to normal procedures but cannot be used to secure higher jumbo limits. The jumbo limit at the age prior to backdating will apply.

4 For combination of individual and survivorship coverage or one life uninsurable on survivorship policies, consult Home Office Underwriter for parameters.

Special Categories and Reduced Retention Limits**

On joint life cases, except for aviation, both lives must be in a special category before reduced retention is employed.

- **Private pilots:** If Aviation Exclusion Rider (AER) is permissible and elected, regular retention limits may be available.
- **Ratable avocations, hazardous sports or occupations:** Regular retention limits may apply if exclusion rider is permissible and elected for the policy.
- **Foreign risks:** For Brokerage Channel, consult Home Office Underwriter to determine if foreign risk is eligible for coverage. Retail Advisors, consult International Underwriting Program (IUP).
- **Non-immigrants** (those not intending to remain or temporarily residing in the United States): Consult Home Office Underwriter — type of visa is required for discussion.
- **Immigrants** (those intending to remain in the United States, currently reside full time in the United States and/or have 3 years of continuous U.S. residence): Permanent visa type is required.
- **Americans living abroad:** For Brokerage Channel, consult Home Office Underwriter to determine if policy can be taken under U.S. Expatriate Program (USEUP).
- **Military personnel:** Consult Home Office Underwriter for more information.

**Any excess over AXA retention requires facultative reinsurance.

Professional Athletes, Entertainers and Other High-Profile Individuals

- All term and permanent life insurance products available up to AXA's full retention limit for personally owned coverage.
- 10-year level term and Annual Renewable Term (ART) available up to AXA's full retention for business or team-owned coverage.
- Term plans available only with business contracts 2 years or greater. For professional athletes, a copy of the contract may be used in lieu of a financial questionnaire, third-party financial verification, and prior year's federal income tax return for applications over \$10,000,000.*
- Levelized compensation schedule applies.
- No automatic reinsurance capacity. Facultative reinsurance may be considered for excess over retention.
- No team limits on business-owned (or team-owned) term insurance coverage.
- Reduced retention (\$10,000,000) if the professional athlete is a U.S. visa holder (not a U.S. citizen) with country of citizenship A, B or C class countries. Must have a residence in the United States and reside in the United States the majority of the year. Other parameters may apply for the foreign athlete, please consult with a Home Office Underwriter.

* Underwriting reserves the right to secure any of the aforementioned requirements, if warranted.

Long-Term Care ServicesSM Rider

Long-Term Care ServicesSM Rider

AXA's liberalized criteria for determining eligibility for the Long-Term Care ServicesSM Rider makes the rider available to more clients than ever.

LTCSR may be considered for eligibility with the following:

- Single life permanent policies, including substandard ratings up to Table D (except certain illnesses, impairments or conditions relating to morbidity regardless of the mortality risk or rating).
- Single life permanent policies with a flat extra due to a non-medical reason no worse than the equivalent of Table D.
- Single life permanent policies submitted through the Preferred Client Program.
- Single life term conversions and replacements.
- Foreign nationals living in the United States with a strong U.S. nexus and proof of permanent ties or intent to remain in the United States permanently.
- U.S. citizens temporarily living abroad.

The LTCSR is not available where:

- Substandard underwriting worse than the equivalent of Table D and/or medical flat extras are on the policy.
- DDW or DPW is elected and rated (in this case the policy may have LTC or DDW/DPW, but not both).
- DDW or DPW is elected and is declined for certain impairments.
- Reinsured policies (excluding ARC), Simplified Underwriting or International Underwriting Program.
- Policy includes the Cash Value Plus Rider, Return of Premium Rider, or where policy was issued as a result of exercising an Option to Purchase Additional Insurance (OPAI) Rider.
- Use of qualified plans or plans otherwise subject to ERISA.
- Owner is eligible for Medicaid.

A complete summary of the LTCSR underwriting criteria is available in the LTCSR Technical Guide.

Underwriting information contained in this guide is up to date as of May 2018.

All underwriting guidelines are subject to change. AXA Equitable reserves the right to take underwriting action other than stated in this guide, if necessary.

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