# AXA Equitable underwriting strengths and niches



consistent, competitive, innovative

# Preferred with a Personal History of Cancer

Favorable factors for consideration:

- Surgically treated only, current Non-smokers, age 50 and up
- Early stage (in situ or stage I) and low grade of tumor (Grade I, well differentiated) at time of diagnosis and treatment
- 10 or more years since cure of cancer with excellent follow-up and routine preventive health care.

Applicants with a history of the following cancers are eligible for only the first level of preferred available for the product:

- Melanoma-in-situ (Clark's level 1 melanoma), without history of dysplastic nevi
- Papillary or mixed (papillary-follicular) carcinoma of thyroid
- Testicular seminoma
- Carcinoma-in-situ (or CIN/dysplasia of cervix)
- Carninoma-in-situ of colon, without subsequent adenomatous polyps.

# Preferred with a Family History of Cancer Deaths

No adverse actions for:

- Male applicants Family history in female first degree relative of uterine/cervical/ovarian cancers
- Female applicants Family history in male first degree relative of testicular or prostate cancers.

# **Cardiology Disorders**

## **Coronary Artery Disease (CAD)**

- Best offers need recent, favorable stress test result
- Many cases of mild (one or two-vessel) CAD at older ages are Standard risk
  - Good control of cardiovascular risk factors
  - No progression of disease, ischemia or arrhythmias.
- EBCT (coronary artery calcium) scores up to 74<sup>th</sup> percentile for age and gender may qualify for all Preferred classes
  - Scores in 75-89<sup>th</sup> percentile range may qualify for better than Standard with favorable imaging stress test.

#### **Valve Disorders**

• Mild cases of mitral, tricuspid or pulmonary valve insufficiency may qualify for all Preferred classes if valve is non-deformed and heart is otherwise normal.

#### **Arrhythmias**

Curative ablation treatment for atrial cardiac arrhythmias may be Standard risk after 6 months, or qualify for all Preferred classes after 2 years (assumes no underlying structural or ischemic heart disease).



# **Elderly Clients and Preferred**

- Liberal BMI/cholesterol levels
- BP up to 150/90 can get all Preferred classes at ages 60 and up
- All Preferred classes are available regardless of Family History at ages 70 and up
- At ages 70 and up, may qualify for best Preferred class even if on BP and cholesterol Rx
- At ages 70 and up, credits are available for favorable cognitive or frailty tests and NTproBNP values, which may offset impairment ratings and allow better offers.

# Respiratory

- All Preferred classes available with mild sleep apnea (AHI less than 20, 0₂ saturation > 85%)
- Successfully treated cases of sleep apnea may also qualify for all Preferred classes (must be proven with sleep study on CPAP, consistent CPAP use)
- Mild asthmatics may qualify for all Preferred classes.

## Cancer/Tumors

- Best offers require close, appropriate follow-up care
- Liberal offers on meningiomas (benign brain tumor) ages 40+, even if not removed
- Malignant Melanomas up to 1 mm thick may be Standard risk
- In-situ breast cancers at ages 50 and up usually Standard risk
- Early stage, low grade prostate cancers in older males will often be Standard
  - Offers also possible on prostate cancers with PSA recurrence, at ages 66 up
- Low grade, non-invasive papillary bladder tumors may be Standard or better.

# **Bariatric Surgery**

- Cases can be considered for all levels of Preferred after two years depending on the degree of improvement, stability of build, and effect of weight loss on all associated impairments
  - Resolution of previously rateable co-morbid conditions such as hypertension, diabetes or sleep apnea may allow for best class offers.

AXA Equitable Underwriting: Easing the requirements of life. Be sure to ask our experienced Underwriting staff about our Good Health Credit Program or any case design need. Review the <u>Life Underwriting</u>
<u>Condensed Guide</u> for complete details.

For More Information, Please Call:

#### This document refers to single impairment scenarios, not scenarios with co-morbid factors.

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