

Application Part 2 (SI) To:
Medical and Non-Medical Questions
Individual Life Insurance

AXA Equitable Life Insurance Company
Home Office: 1290 Avenue of the Americas, New York, NY 10104

1. **Proposed Insured:**

First Name Middle Initial Last Name

a. Height: ____ft. ____in. Weight: ____ lbs. Birth Date _____ Male ____ Female ____

b. Proposed Insured's Attending Physician(s) Information: Has the proposed insured consulted a physician, practitioner, therapist, psychologist, or psychiatrist either in their office or in a hospital?

____ Yes ____ No

Include Physician's Name, Address and Tel.# for Insured. (If none, so state.)

c. Date and reason last consulted if within the last 5 years: _____

d. What treatment was given or recommended? (If none, so state.) _____

For each 'Yes' answer below give full details in item #14.

2. **Has the Proposed Insured:**

a. Ever been diagnosed with or treated for heart trouble, high blood pressure, chest pain, circulatory disorder, diabetes, tumor, cancer, kidney, respiratory, epilepsy or any other neurological disorder?

____ Yes ____ No

b. In the last 5 years, consulted a physician, or been examined or treated at a hospital or other medical facility? (Include medical checkups in the last 2 years. Do not include colds, minor injuries or normal pregnancy.)

3. **Ever smoked:**

a. Cigarettes?

____ Yes ____ No

b. Ever used any other form of tobacco?

____ Yes ____ No

If "Yes" to a. or b., give type of tobacco used _____, date of last use _____,
date cigarette last smoked_____.

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4. **In the last 10 years:**
- a. Used, except as legally prescribed by a physician, tranquilizers, barbiturates or other sedatives; marijuana, cocaine, hallucinogens or other mood-altering drugs; methadone or other narcotics; amphetamines or other stimulants; or any other illegal or controlled substances? ___ Yes ___ No
 - b. Received counseling or treatment regarding the use of alcohol or drugs including attendance at meetings or membership in any self-help group or program such as Alcoholics Anonymous or Narcotics Anonymous? ___ Yes ___ No
 - c. Has the Proposed Insured received medical treatment or prescription drugs for any disease, condition, or disorder not indicated in prior Health Questions? ___ Yes ___ No

5. **In the last 10 years:**
- a. Diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)? ___ Yes ___ No

In the last 5 years:

- b. Treated by a member of the medical profession for AIDS or ARC? ___ Yes ___ No

6. Family History	Age if living	Cause of Death	Age at Death
Father			
Mother			
Sibling			

General Information

- 7. Ever had a driver's license suspended or revoked, or within the last 5 years, been convicted of reckless or negligent driving or driving under the influence of alcohol or drugs? ___ Yes ___ No
- 8. Any plans to travel or reside outside the United States within the next 2 years? ___ Yes ___ No
- 9. Have you been disabled for 2 or more weeks within the last 2 years? ___ Yes ___ No
- 10. In the last year flown other than as a passenger or plan to do so? ___ Yes ___ No
- 11. Engaged within the last year or any plan to engage in motor racing on land or water, underwater diving, skydiving, ballooning, hang gliding, parachuting or flying an ultra-light aircraft? ___ Yes ___ No
- 12. Ever had an application for life or health insurance that was declined, required an extra premium or other modification? ___ Yes ___ No
- 13. In the last 10 years, have you been convicted of, or pled, "no contest" to a felony, or are current felony charges pending? ___ Yes ___ No

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Dated at _____ on _____ X _____
City State Mo. Day Year Signature of Proposed Insured

Signature of Licensed Financial Professional _____

Print Licensed Financial Professional's Name _____