

SERFF Tracking Number: ELAS-128271921 State: Arkansas
Filing Company: AXA Equitable Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Authorization Form 152-10AFB
Project Name/Number: Additional Application for use with Accidental Death Benefit Policy /152-10AFB

Filing at a Glance

Company: AXA Equitable Life Insurance Company

Product Name: Authorization Form 152-10AFB SERFF Tr Num: ELAS-128271921 State: Arkansas

TOI: H02I Individual Health - Accident Only SERFF Status: Closed-Approved-
Closed State Tr Num:

Sub-TOI: H02I.000 Health - Accident Only Co Tr Num: State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Disposition Date: 04/23/2012

Authors: Audrey Arnold, Samra
Mekbeb, Sabrena Lallmohamed,
Jillian Rios

Date Submitted: 04/18/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Additional Application for use with Accidental Death
Benefit Policy

Status of Filing in Domicile: Not Filed

Project Number: 152-10AFB

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 04/23/2012

State Status Changed: 04/23/2012

Deemer Date:

Created By: Jillian Rios

Submitted By: Jillian Rios

Corresponding Filing Tracking Number:

Filing Description:

April 18, 2012

Jay Bradford, Insurance Commissioner

Arkansas Department of Insurance

1200 West Third Street

Little Rock, AR 72201-1904

SERFF Tracking Number: ELAS-128271921 State: Arkansas
Filing Company: AXA Equitable Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: Authorization Form 152-10AFB
Project Name/Number: Additional Application for use with Accidental Death Benefit Policy /152-10AFB

RE: AXA Equitable Life Insurance Company (AXAEQ)

AXA Equitable's FEIN: 13-5570651

AXA Equitable's NAIC #: 0968-62944

Form 152-10AFB, Authorization Form

SERFF Tracking Number: ELAS-128271921

Dear Commissioner:

We are filing for approval the above referenced Authorization Form 152-10AFB. This is a new form and does not replace any existing form previously approved by your Department. This form will be used as an application for Accidental Death Benefit Policy form 152-10, approved by your Department on August 23, 2011, State Tracking Number: 49608. This will be used in addition to previously approved Authorization Form 152-10AF, that was approved on the same date as the policy. However, this new Authorization Form is intended initially to be used for annuity and other non-life clients.

There are no health questions on this submitted form. Issue of the policy is guaranteed. The primary difference between the currently submitted Authorization Form 152-10AFB and the previously approved form 152-10AF is that the form 152-10AFB offers up to 4 benefit option amounts (i.e. face amounts of the Accidental Death Benefit Policy) for selection by the potential policy owner (only one amount may be selected). The offered amounts will all be within the range of \$50,000 to \$500,000, which was the policy face amount range in the Statement of Variability filed with and accepted for this policy. The previously approved Authorization Form offered only one amount that could be accepted or not. There was no choice as to face amount.

As indicated with our original filing, the policy will initially be offered by direct marketing to certain owners of existing in force policies and contracts issued by AXA Equitable or affiliated companies, but subsequently may also be sold directly to clients by our regular agency force and via brokerage channels.

The Flesch readability score for form 152-10AFB is 54.82.

Enclosed is a Statement of Variability for Authorization Form 152-10AFB.

Please call John Finneran at (212) 314-2922 if you have any further questions or need additional information regarding this filing.

Sincerely,
Leah Tomberlin
Vice President
State Narrative:

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Company and Contact

Filing Contact Information

Leah Tomberlin, Vice President Leah.Tomberlin@axa-equitable.com
 1290 Avenue of The Americas 13th Floor 212-314-3068 [Phone]
 New York, NY 10104 212-314-4820 [FAX]

Filing Company Information

AXA Equitable Life Insurance Company CoCode: 62944 State of Domicile: New York
 1290 Avenue of the Americas, 14-10 Group Code: 968 Company Type: LIFE Insurance
 New York,, NY 10104 Group Name: State ID Number:
 (212) 314-2921 ext. [Phone] FEIN Number: 13-5570651

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXA Equitable Life Insurance Company	\$50.00	04/18/2012	58088039

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/23/2012	04/23/2012

SERFF Tracking Number: ELAS-128271921 *State:* Arkansas
Filing Company: AXA Equitable Life Insurance Company *State Tracking Number:*
Company Tracking Number:
TOI: H02I Individual Health - Accident Only *Sub-TOI:* H02I.000 Health - Accident Only
Product Name: Authorization Form 152-10AFB
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Disposition

Disposition Date: 04/23/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ELAS-128271921 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Authorization Form	Approved-Closed	Yes

SERFF Tracking Number: ELAS-128271921 State: Arkansas
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Form Schedule

Lead Form Number: 152-10AFB

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/23/2012	152-10AFB	Application/ Enrollment Form	Application/ Authorization Form	Initial		54.820	AXA Multi Offer Auth Form-FINAL.pdf

AUTHORIZATION FORM

Accidental Death Benefit Policy
Issued by AXA Equitable Life Insurance Company
1290 Avenue of the Americas
New York, NY 10104



Eligible Insured Person: [John Doe]	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Eligible Policyowner: [John Doe]	Eligible Insured's Date of Birth: <u>MM</u> / <u>DD</u> / <u>YYYY</u>
Address: [123 Main Street Anywhere, XX 12345]	Social Security Number of Eligible Insured Person: _____ - _____ - _____
	Daytime Tel. Number: _____ - _____ - _____
	Email: optional _____

Please correct pre-filled information above if necessary**.

Note: The eligible insured person's age on the nearest birthday must be between 18 and 70 on the date the insurance becomes effective to be eligible for this coverage.

BENEFIT OPTION

Check (✓) the Accidental Death Benefit you desire (check only one): [\$00000]

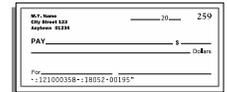
- | | | | |
|--|--|--|--|
| <input type="checkbox"/> [\$00000]
[\$00.00] per month*
[\$00.00] annually |
|--|--|--|--|

Beneficiary: If no beneficiary is named or if none survive, the beneficiary will be: (1) the Eligible Insured Person's surviving children, if any, in equal shares; or (2) if the Eligible Insured Person has no surviving children, the Eligible Insured's estate.

Total percentage must equal 100% for each category of beneficiary. If percentage shares are left blank, the shares will be deemed equal. If beneficiary is a Trust other than the Owner, include full name and date of Trust.

Full Name (Please Print Clearly)	Relationship to Insured	Beneficiary Type	(%) Percentage
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

Payment Method: Please select either to pay premiums monthly* (by electronic funds transfer, with the initial premium paid by check) or annually. Please make the check payable to AXA Equitable Life Insurance Company.



Authorization for Monthly Electronic Funds Transfer

Enclosed is a check for the initial monthly premium. For subsequent premiums, I authorize payment by Electronic Funds Transfer to be automatically drawn monthly from the account of the check used to pay the initial premium. I understand that this arrangement will stay in effect until terminated by me, the Company, or my bank, or by termination of the account or my bankruptcy. If payment is dishonored for any reason, AXA Equitable shall be under no liability whatsoever, even if forfeiture of the insurance occurs as a result of the dishonor.

Annual Premium

Enclosed is a check for the initial annual premium. I will be billed for subsequent annual premiums.

I understand that the Accidental Death Benefit Policy is not valid unless AXA Equitable receives a properly completed authorization form along with a valid check for the initial premium no later than [Month 00, 2012]. Coverage will take effect once AXA Equitable has received*** the above. I have read the fraud warning on the next page that is applicable to my jurisdiction.

Signature of Eligible Policyowner	[John Doe]	_____/_____/_____ Today's Date
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* If you pay your premium monthly, the total premium you pay each year will be more than the annual premium.

** This product will only be issued in jurisdictions where it is approved for sale.

*** For authorization forms received on the 29th, 30th or 31st of the month, the effective date of the policy will be the 1st of the following month. However, coverage will take effect on the date AXA Equitable receives the above.

IMPORTANT – PLEASE MAIL AUTHORIZATION FORM BY: [MONTH 00, 2012]

[Agent ID #]

<1>

[Agent Name]

FRAUD WARNINGS

Arkansas, Louisiana, New Mexico, Rhode Island, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following words: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Maine, Tennessee, Virginia and Washington: WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Florida: Any person who knowingly and with an intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement that is material to the interests of an insurer may be guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

All Other States: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	04/23/2012
Comments:		
Attachment: AR Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	04/23/2012
Bypass Reason: n/a		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	04/23/2012
Bypass Reason: n/a		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	04/23/2012
Bypass Reason: n/a		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability	Approved-Closed	04/23/2012
Comments:		
Attachment: Statement of Variability -152-10AFB.pdf		

AXA Equitable Life Insurance Company

CERTIFICATION OF READABILITY

AXA Equitable Life Insurance Company has reviewed the enclosed form and certifies that this form meets the minimum Flesch Scale Readability requirements.

<u>FORM NO.</u>	<u>SCORE</u>
152-10AFB	54.82

BY: 

Signature

Leah Tomberlin

Name

Vice President

Title

April 18, 2012

Date

AXA EQUITABLE LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
Authorization Form
Form Number: 152-10AFB
As of April 10, 2012

Eligible Insured Person: [John Doe]	Varies based on the individual purchasing coverage
Eligible Policyowner: [John Doe]	Varies based on the individual purchasing coverage
Address: [123 Main Street, Anywhere, USA 12345]	Varies based on the Insured Person's home address
Benefit Option: Accidental Death Benefit:[\$00000], [\$00.00] per month, [\$00.00] annually	[\$00000] The range will be \$50,000-\$500,000. The prospective Policyowner can select one of the four options available. [\$00.00] per month, [\$00.00] annually – Premium will vary based on the Face Amount
I understand that the Accidental Death Benefit Policy is not valid unless AXA Equitable receives a properly completed authorization form along with a valid check for the initial premium no later than [Month 00, 2012]. Coverage will take effect once AXA Equitable has received*** the above.	[Month 00, 2012] will be 15-120 days from the date of the offer
[Agent's ID #]	This will be in or out; if in, the AXA Equitable Life Insurance Company Agent Code
<1>	Varies based upon method of distribution, for internal use only.
[Agent Name]	This will be in or out; if in, the name of the Agent