Society of Actuaries
Cancer Experience Study Data Requirements

General Information
The study includes experience for: (dates subject to change)
- Cancer insurance policies in the United States,
- Exposure from Jan. 1, 1994 to December 31, 2003,
- Claims incurred from Jan. 1, 1994 to December 31, 2003, and
- Claims paid through December 31, 2004 and incurred in claims incurral study period.
- The exposure and claims experience is to come from the same insurance experience.

Please submit exposure and claim information, gross of any reinsurance, on insureds and groups with coverage during any portion of these years. The committee will use the effective date and termination date to determine the exposure and claim rate calculations. To avoid double reporting of experience for reinsured/sold business, please include data for periods where the business was administered by your company. For example, if a block of business was sold by Company A to Company B on December 31, 1998 and administration was switched over on July 1, 1999, Company A would submit experience for the period from the beginning of the study period and paid through June 30, 1999. Company B would submit experience for the period paid from July 1, 1999 through the end of the study period.

Below is a request with a suggested format for 3 different files:

> Exposure Records
> Claim Records
> Policy Form Details

If you are unable to submit data in this format, please contact Jack Luff at the SOA office. The SOA and an outside data vendor will work with participants to be as accommodating as possible.

Definitions for Fields
See the explanation of data fields at the end of this document.

Control Totals / Additional Information Requested
Along with your contribution to be sent to the Compiler, please include control totals, consisting of the following:

- The number of Exposure records
- The number of Claim records
- Total $ amount of claims

Also, please send to Jack Luff at the Society of Actuaries:

- A copy of the policy forms used, with benefit schedule, including for each policy form a reference to what policy form code is used to report its experience. If the Contributor has a significant number of policy forms, those that should be submitted are those with the most significant exposures or are most representative of the contributor's exposures. Also include with the policies a copy of the surgical schedule if applicable.

- A copy of the Contributor's claim incurral dating rules. Some examples are:

  - ❖ whether a company uses a diagnosis date or service date as the incurred date
  - ❖ rules to determine if a hospitalization is a continuation of a prior hospital stay or a new stay
  - ❖ rules for coding radiation/chemotherapy claims

- A description of anything believed to be unusual about the coverage provided to determine how best to record the experience for that product or group.
  Examples include:
  - ❖ Changes in claims-paying practices due to litigation
  - ❖ Group issued without underwriting

Method of Submission
The Committee would prefer contributions to be made via cartridges, diskette (size permitting) or CD ROM. If any of these are not practical, the contributor should contact Jack Luff at the SOA, or Sue Rynearson, Committee Chairperson, to determine an acceptable alternative arrangement. Contact the Compiler if any technical questions arise regarding the form of the contribution.

Privacy Protection
The SOA wants to inform all participating companies that the individual information submitted for every insured and claimant to this study will be protected from disclosure in compliance with all current laws and regulations. Additionally, company aggregate data will be kept confidential as to overall experience. Companies with a large proportion of the total experience will be scaled back to prevent this experience from dominating the study.

File #1 - Data Requirements for Insured Exposure

Primary Insured's Exposure Fields Description – Suggested Format

Field	Size	Start	End
Submitting Company Characteristics			
Submitting Company Code (assigned by SOA)	3	1	3
Original Writing Company Code (assigned by SOA)	3	4	6
Primary Insured Characteristics			
Policy Form Identification Code	7	7	13
Policyholder Identifier	12	14	25
Subgroup Code Identifier of subgroup or class	3	26	28
Issue Date YYYYMMDD	8	29	36
Effective Date YYYYMMDD	8	37	44
(= beg. date of study if inforce at beg. of study)			
Termination Date YYYYMMDD	8	45	52
(= end date of study if inforce at end of study)			
Primary Date of Birth YYYY MMDD	8	53	60
Primary Gender M=Male F=Female U=Unknown	1	61	61
Issue Channel W=Worksite O=Other U = Unknown	1	62	62
Issue State 2-character	2	63	64
Family Code I = Individual P=Primary & Spouse	1	65	65
S=One-parent Family F=Two-parent Family			
N=Family where only other choice is Individual O=Other U=Unknown			
Insured covered under a return of premium benefit? Y/N	1	66	66
Insured covered under a paid-up policy? Y/N	1	67	67
Policy Conversion? Y/N			

Suggested Submission for changes to a policyholder's coverage:
Submit multiple records with different effective and termination dates.

Example: An individual converts coverage from policy form A1 to policy form A2 on July 1, 2000.

	Record 1	Record 2
Submitting company code	123	123
Original Writing Company Code	123	123
Policy form identification code	A1	A2
Policyholder identifier	CA123456	CA123456
Subgroup code identifier	2	2
Issue date	19990701	19990701
Effective date	19990701	20000701
Termination date	20000630	20010630
Primary Date of Birth	19620621	19620621
Primary Gender	F	F
Issue Channel	W	W
Issue State	NC	NC
Family Code	I	I
Insured covered ROP	N	N
Insured covered Paid-Up Policy	N	N
Policy conversion	N	Y

If the original issue date is not available, please put in conversion effective date.

File #2 - Data Requirements for Claims

Claim Fields Description – Suggested Format

Field	Size	Start	End
Submitting Company Characteristics			
Submitting Company Code (assigned by SOA)	3	1	3
Original Writing Company Code (assigned by SOA)	3	4	6
Primary Insured Characteristics			
Policyholder Identifier	12	7	18
Claim Data			
Amount Paid (rounded to nearest whole $)	8	19	26
Diagnostic codes/Procedure codes	10	27	36
Benefit code/Benefit description **See List Below**	3	37	39
Date of initial diagnosis of cancer			
(first incurral date) YYYYMMDD	8	40	47
Incurred date YYYYMMDD	8	48	55
Date of payment YYYYMMDD	8	56	63
Days of hospitalization or number of treatments	4	64	67
Claimant age at time of claim	3	68	70
Claimant gender M=Male F=Female U=Unknown	1	71	71
Relationship code P=Primary S=Spouse C=Child U=Unknown	1	72	72

We only want claim information for the following benefits:

Suggested benefit codes

Initial diagnosis/1st Occurrence of cancer	FOC
Hospitalization	HOS
Radiation	RAD
Chemotherapy	CHM
Blood or Plasma	BLD
Surgical Schedule	SUR
Prescription Drugs	DRG
Anti-Nausea/Side Effect Drugs	NAU
Immunotherapy	IMM

If Radiation and Chemotherapy are combined in your database, please use code RCM

File #3 – Policy Form Details
Policy Form Identification Code
Number of family tiers
Does the form offer a ROP feature? Y/N
    If yes, is it optional? Y/N
Does the form offer a paid-up feature? Y/N
    If yes, is it optional? Y/N
Has the form ever been rerated? Y/N
Ratio of average current rate to original rate

Benefit Provisions
  Benefits Y/N
    Lump Sum/First Diagnosis Benefit
    Hospital Benefit
    Surgical Schedule
    Blood/Platelets/Plasma
    Prescription drugs
    Radiation and Chemotherapy
    Immunotherapy
  Benefit Type – ACT=Actual Charge   RAC=Reasonable and Customary
                CAP = Actual Charge to Cap   IND = Fixed Indemnity
    Hospital Benefit
    Surgery Benefit
    Blood Benefit
    Drug Benefit
    Radiation and Chemotherapy
    Immunotherapy
  Daily Maximum per covered insured
    Hospital Benefit
    Surgery Benefit
    Blood Benefit
    Drug Benefit
    Radiation and Chemotherapy
    Immunotherapy
  Monthly Maximum per covered insured
    Hospital Benefit
    Surgery Benefit
    Blood Benefit
    Drug Benefit
    Radiation and Chemotherapy
    Immunotherapy
  Annual Maximum per covered insured
    Hospital Benefit
    Surgery Benefit
    Blood Benefit
    Drug Benefit

Radiation and Chemotherapy
Immunotherapy
Lifetime Maximum per covered insured
Hospital Benefit
Surgery Benefit
Blood Benefit
Drug Benefit
Radiation and Chemotherapy
Immunotherapy

Description of Data Fields

File #1 - Exposure

Submitting Company Code – (assigned by the SOA) This field is to be used to identify the company submitting the data. We would like to avoid double reporting of experience. If the business was sold or is being administered by another company, only the company administering the data records needs to submit the experience.

Original Writing Company Code – (assigned by the SOA) If available, this field will be used to identify the company that originally issued the policy.

Policy Form Identification Code – Code used to identify a separate cancer insurance form with differences in benefits, underwriting, or other features that might significantly affect experience. This code does not necessarily have to be the same as the policy form number used in product filings. It will be used to connect the exposure and claims experience with the policy so we can identify how policy features affect experience.

Policyholder Identifier – Code used to distinguish policyholders from each other. Does not necessarily need to be the same as the actual policyholder number used at your company.

Subgroup Code Identifier of subgroup or class – Use this code to distinguish blocks of business that have distinct underwriting, marketing, or other features that might affect claims experience.

Issue Date – The original issue date of this policy.

Effective Date – The beginning of the period of exposure for this record. If this is the first record for this policy, the effective date will be the later of issue date or the beginning of the study period. For subsequent records, the effective date will be the date that the change in coverage starts.

Termination Date – The end of the period of exposure for this record. The termination date will be the earlier of the last date of policy coverage and the end of the study period.

Primary Date of Birth - DOB of the primary insured, if available. Age at issue if DOB not available.

Primary gender – If this information is available, the gender of the primary insured.

Issue Channel – If this policy was issued to an individual, and the marketing method was to offer sales to multiple employees at their worksite, and the employer offers some type of assistance in collecting and remitting premiums for this policy, enter W for worksite.

Issue State – Use the standard 2 character abbreviations for the 50 states in the U.S., and please include a list of abbreviations used for other geographical entities.

Family Code – Distinguishes who is covered

Suggested Codes:	I = Individual	P = Primary & Spouse
	S = One-parent Family	F = Two-parent Family	O = Other

Insured covered under a return of premium benefit? Y/N Include Y if the policyholder had a Return of Premium type benefit

Insured covered under a paid-up policy? Y/N Include Y if the policy was in a paid-up status.

Policy Conversion? Y/N Include Y if the policy was converted from another Cancer policy, with or without new underwriting

File #2 - Claims

Please include separate data records for distinct benefits, even if the benefits were paid in a single payment.

Some of these fields are the same as in the Exposure file and are used to match claims to exposure. The Policyholder Identifier will be used to get policy and policyholder information from the exposure records.

Amount Paid – Rounded to nearest $

Diagnostic codes/Procedure codes – An example would be the ICD-9 codes which can be used to specify the type of cancer.

Benefit code/Benefit description – Please include only claims for the benefits listed in the Claims File field description. Include other claims if unsure about classification and please include separate codes with descriptions sent with data.

Date of initial diagnosis of cancer – Include the date the claimant was first diagnosed with cancer even if this benefit payment was for a later treatment.

Incurred date – Include the incurred date as defined by your company. Please also include a description of your company's incurral-dating methods.

Date of payment – Date claim was paid.

Days of hospitalization or number of treatments – If the benefit was for hospitalization, include the number of days for which this payment was made. If the benefit was for radiation, chemotherapy, or other recurring or separate treatments, include the number of treatments for which this payment was made. For First Diagnosis of Cancer or other single occurrence benefits, you may leave blank.

Claimant age at time of claim – Please include the age of the person who received treatment, if available.

Claimant gender M=Male F=Female U=Unknown – Please include the gender of the person who received treatment, if available.

Relationship code P=Primary S=Spouse C=Child – Please include the relationship to the primary insured of the person who received treatment.

File #3 – **Policy Forms**

The purpose of this file is to contain policy form details. The Policy Form Identification Code is to be made up by each submitter for each policy form included in the data submitted. This simplifies the data records in the exposure and claims files because the policy form detail will not have to be included in each claim or exposure record. This file is expected to have far fewer records than the other files but the format is left open in order to provide the submitter with more flexibility in providing important benefit and other policy provision details.

Policy Form Identification Code – Assigned by submitting company. Used to match exposure and claim records to specific policy form details.

Number of family tiers – 2=Individual and 2-Parent Family options only
3=Individual, 2-Parent Family, and 1-Parent Family options
4=Individual, 2-Parent Family, 1-Parent Family, and 2-Adult options

Does the form offer a ROP feature? – Return of Premium or similar benefit

Does the form offer a paid-up feature? – Include yes if it possible to be in a paid-up status

Has the form ever been rerated? – Include yes if premium rates have been changed.

Ratio of average current rate to original rate – Cumulative effect of all rerates for this policy

We would like to receive the following information on each of the major benefits included in this study:

Benefits – The $ amount paid or paid-up-to for each of the following benefits. (If the amount payable is unlimited, leave blank and indicate in the next section, Benefit Type):
  Lump Sum/First Diagnosis Benefit
  Hospital Benefit
  Surgical Schedule
  Blood/Platelets/Plasma
  Prescription drugs
  Radiation and Chemotherapy
  Immunotherapy
Benefit Type – Identify the policy provision for determining the amount to be paid for each single incident of the major benefits included.
- ACT=Actual Charge – This is for benefits which pay unlimited benefits equal to the actual charge. Daily, Monthly, and other caps are to be entered in later sections.
- CAP = Actual Charge to Cap – Include this code if the benefit is actual charge but is capped per incident of this benefit. Daily, Monthly, and other caps are to be entered in later sections.
- IND = Fixed Indemnity – Include this code if the benefit is a fixed amount.

Please list the following caps for each of the major benefits. Some benefits will have multiple caps. For caps which do not apply, leave blank or enter 0(zero).
- Daily Maximum per covered insured
- Monthly Maximum per covered insured
- Annual Maximum per covered insured
- Lifetime Maximum per covered insured

Please also list any other policy provisions which might affect claim incidence or severity. The SOA and this Committee will make every reasonable effort to work with the Submitting Companies in order to include their experience in our study.