TRANSACTIONS OF SOCIETY OF ACTUARIES 1954 REPORTS

II. MORTALITY ON POLICIES FOR LARGE AMOUNTS

THIS report deals with the findings of the latest in a series of intercompany studies of the mortality on policies for large amounts. In 1934, the Joint Committee on Mortality outlined a program for such investigations (TASA XXXV, 347-52). The first report covered the experience on the issues of 1934 and 1935 to anniversaries in 1936; it was presented in TASA XXXVIII, 186-87. Subsequent reports covering the experience on the issues of 1934 and later years traced to successive policy anniversaries appeared in the Transactions for each of the years from 1938 to 1942 inclusive (TASA XXXIX, 99-102; TASA XL, 224-26; TASA XLI, 210-13; TASA XLII, 136-39; TASA XLIII, 122-26). The studies were suspended for the duration of the war. In 1949, the experience on the issues of 1934 and later years was brought up to 1948 anniversaries, with subdivisions from 1941 to 1946 policy anniversaries (covering the war period) and from 1946 to 1948 anniversaries; it was presented in TSA I, 594-605. New instructions, clarifying and modifying slightly the definitions of the policies to be included and the classifications used in the investigation of policies for large amounts, were issued in connection with that study. The present study takes up the experience of the issues of 1934 through 1952 from 1948 to 1953 anniversaries on the basis of the revised instructions just referred to (see Appendix to Report, TSA) I. 602-605).

As in previous studies, the expected deaths in the present investigation were calculated by use of the ungraduated rates of mortality for corresponding issue ages, years of issue and periods of exposure, derived or extrapolated from the Committee's data for the annual reports on the mortality of standard Ordinary medically examined issues for all amounts during the first fifteen policy years of insurance. (Since the present study covers some experience beyond the first fifteen policy years of insurance, it was necessary to draw on the unpublished experience between 1948 and 1951 anniversaries for mortality rates applicable to policy years beyond the fifteenth and to extrapolate these rates to cover the full range of the current experience.)

The names of the nineteen contributing companies and their proportionate contributions to the total exposure in this study are given in Table A of the Appendix. It may be noted that about 90% of the exposure in the present investigation was contributed by the sixteen companies which contribute to the annual studies of the mortality on standard Ordinary

medically examined issues during the first fifteen policy years of insurance, but the relative proportion of the experience contributed by each of the sixteen companies was somewhat different in the two investigations. There is reason to believe that the mortality of the sixteen companies contributing to the study of the standard Ordinary medically examined issues (all amounts), which forms the basis for the expected deaths in this study, is higher than the mortality on the corresponding standard Ordinary medically examined issues of the nineteen companies contributing to this study weighted in the proportions of their contributions to this study. As a result there may be an overstatement of the expected deaths, and therefore an understatement of the mortality ratios. It is estimated that this understatement of mortality ratios on policies for large amounts could not, however, have exceeded 2 percentage points in the aggregate.

The findings of the present study, covering the experience on the issues of 1934 and later years between anniversaries in 1948 and 1953 for a maximum of nineteen policy year durations, are based on an exposure of \$21,786,872,000 and actual claims of \$109,493,000, excluding war deaths in the Korean War. Such war deaths were excluded from the actual claims and also from the death rates used for computing the expected deaths.

As in previous reports, the experience has been analyzed by age at issue, duration, and classification amount, in each case with further subdivision into permanent and term insurance categories, the plan classification at the time of issue being retained during the life of a policy.

EXPERIENCE BY AGE AT ISSUE, DURATION, CLASSIFICATION AMOUNT AND PLAN OF INSURANCE.

The results of the experience by age at issue and plan are summarized in Table 1, those by policy year duration and plan in Table 2, and those by classification amount and plan in Table 3. The number of lives terminated by death is shown in parentheses after the amount of actual claims in each plan of insurance category; duplications have been eliminated in arriving at the number of deaths for all plans combined, for all ages at issue combined, for all policy years combined, and for all classification amounts combined.

The main features of the experience as brought out in Tables 1, 2, and 3 may be summarized as follows:

1. In the aggregate, the mortality on policies for large amounts was significantly lower than on corresponding standard Ordinary medically examined issues for all amounts of insurance. In particular, a standard deviation of 2% was associated with the aggregate mortality ratio of 88% on permanent plans, so that by the usual tests of statistical significant plans is a standard to the statistical significant plans is a standard to the standard plans is a standard to the standard plans is a standard plan to the standard plan to the

LARGE AMOUNT ISSUES OF 1934 TO 1952 EXPERIENCE BETWEEN 1948 AND 1953 ANNIVERSARIES BY AGE AT ISSUE AND PLAN OF INSURANCE Expected Deaths Based on Corresponding Standard

Ordinary Medical Issues Experience
(Amounts Shown in \$1,000 Units)

PERMANENT PLANS TERM PLANS ALL PLANS AGES AT ISSUE Mor-Expected Actualt Mortality Actualf Expected Actualf Expected Mortality tality Claims Claims Claims Ratio Claims Claims Claims Ratio Ratio 10-29..... \$ 3,796 (52)\$ 2,687 141% 221 \$ 447 (6)\$ \$ 4,243 (55)\$ 2,908 146% 30-39.... 16,549 (288)15,841 104 2,611 (58)2,625 99% 19,160 (320)18,466 104 40-49.... 39,642 (651)44,152 7,263 (147) 7.686 90 94 46,905 (753)51,838 90 50-59 30,319 (474) 39,307 77 3.189 (62) 4.278 75 33,508 (514)43,585 77 60 and over. 5,652 (107)7,098 80 25 (1)166 5,677 (107)7,264 78 All.... \$95,958 (1,507) \$109,085 88% \$13,535 (268) \$14 976 90% 88% \$109,493 (1,671) \$124,061

[†] Number of lives involved shown in parentheses.

^{*} Less than 10 lives terminated by death.

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TABLE 2

LARGE AMOUNT ISSUES OF 1934 TO 1952 EXPERIENCE BETWEEN 1948 AND 1953 ANNIVERSARIES

BY DURATION AND PLAN OF INSURANCE

Expected Deaths Based on Corresponding Standard

Ordinary Medical Issues Experience

(Amounts Shown in \$1,000 Units)

POLICY		PERMANENT PLANS			Ter	M PLANS		ALL	PLANS			
YEARS	Actual† Claims		Expected Claims	Mortality Ratio	Actual† Claims	Expected Claims	Mortality Ratio	Actual† Claims	Expected Claims	Mortality Ratio		
1- 2	\$ 8,953 16,945 24,768 28,768 16,524	(165) (292) (417) (513) (237)	\$ 9,151 17,231 27,534 35,539 19,630	98% 98 90 81 84	\$ 1,983 (38) 3,764 (63) 2,945 (68) 3,050 (71) 1,793 (37)	\$ 2,395 3,662 3,595 3,603 1,721	83% 103 82 85 104	\$ 10,936 (191) 20,709 (337) 27,713 (464) 31,818 (562) 18,317 (266)	\$ 11,546 20,893 31,129 39,142 21,351	95% 99 89 81 86		
All	\$95,958 (1	,507)	\$109,085	88%	\$13,535 (268)	\$14,976	90%	\$109,493 (1,671)	\$124,061	88%		

[†] Number of lives involved shown in parentheses.

Note.—Mortality ratio in italics where less than 50 but not less than 10 lives terminated by death.

TABLE 3

LARGE AMOUNT ISSUES OF 1934 TO 1952 EXPERIENCE BETWEEN 1948 AND 1953 ANNIVERSARIES

BY CLASSIFICATION AMOUNT AND PLAN OF INSURANCE Expected Deaths Based on Corresponding Standard

Ordinary Medical Issues Experience

(Amounts Shown in \$1,000 Units)

CLASSIFICA-		PERMAN	ENT PLANS		Ter		ALL PLANS				
Amount	Actua Clain		Expected Claims	Mortality Ratio	Actual† Claims	Expected Claims	Mortality Ratio	Actual Claims		Expected Claims	Mortality Ratio
\$50,000-											
99,999	\$23,481	(630)	\$ 26,245	89%	\$ 4,057 (115)	8 3.883	104%	\$ 27,538	(715)	\$ 30,128	91%
\$100,000-											-
199,999	34,711	(660)	40.797	85	5,335 (111)	6, 200	86	40,046	(734)	46,997	85
5200,000-					·						1
499,999	28,880	(322)	30,882	94	3.048 (45)	3,791	. 80	31,928	(353)	34,673	92
\$500,000-					· ;						
999,999	6,191	(41)	7.783	80	765 (6)	840	*	6,956	(45)	8,623	81
\$1,000,000	,	`		:	′						
and over	2,695	(13)	3,378	80	330 (2)	262	*	3,025	(14)	3,640	83
All	\$95,958 (1,507)	\$109,085	88%	\$13,535 (268)	\$14,976	90%	\$109,493 (1,671)	\$124,061	88%

[†] Number of lives involved shown in parentheses.

^{*} Less than 10 lives terminated by death.

Note.—Mortality ratio in italics where less than 50 but not less than 10 lives terminated by death.

nificance, the aggregate mortality on permanent plans can be regarded as having been significantly lower than 95% of that on corresponding standard Ordinary medically examined issues. Since a standard deviation of 5% was associated with the aggregate mortality ratio of 90% on term plans, that ratio was within the normal range of variation of the mortality on corresponding standard Ordinary medically examined issues.

- 2. In general, the mortality ratios decreased with advancing age at issue. The mortality for ages under 30 at issue exceeded that on corresponding standard Ordinary medically examined issues, on both permanent and term plans; however, because of the relatively small numbers of claims the mortality ratios at these ages were not statistically significant. On the other hand, the very low mortality ratios (80% or less) experienced at ages 50 and over were statistically significant. The very favorable experience on policies for large amounts at ages 50 and over is believed to reflect the effects of very careful selection of older applicants by means of multiple medical examinations, electrocardiograms, X-rays of the chest, free use of physicians' statements, etc. To a very minor extent the highly favorable experience at these ages may also reflect an understatement of mortality ratios due to the fact that the mortality on standard Ordinary medically examined issues of the companies contributing to the large amounts study may have been somewhat lower than that of all the companies contributing to the study of the corresponding standard Ordinary medically examined issues (all amounts).
- 3. There was no clear-cut trend in the mortality by policy year duration, although the mortality ratios for the first five policy years were generally somewhat higher than those for the subsequent policy years.
- 4. Because of the relatively small numbers of claims in the classification amounts \$500,000 and over, it is difficult to draw a definite conclusion about the trend in the mortality by classification amount. The classification amounts \$500,000 and over on the permanent plans had the most favorable mortality ratios.

Details of the mortality on policies for large amounts by age at issue and policy year duration, by age at issue and classification amount, and by policy year duration and classification amount, each by plan of insurance, are presented in Tables B, C, and D of the Appendix.

COMPARISON WITH PREVIOUS EXPERIENCE

A comparison of the experience between 1948 and 1953 anniversaries with that for the period between 1941 and 1948 anniversaries and that for

the period between 1934 and 1941 anniversaries is given in Table 4, by age at issue, policy year duration, classification amount and plan of insurance. The main features of the comparison as brought out in this table may be summarized as follows:

1. In the aggregate, there has been remarkably little variation over the years in the mortality ratios on permanent plan policies for large

TABLE 4

COMPARISON OF MORTALITY RATIOS ON LARGE AMOUNT ISSUES OF 1934 TO 1952
EXPERIENCE BETWEEN 1934-41, 1941-48 AND 1948-53 ANNIVERSARIES
BY AGE AT ISSUE, DURATION, CLASSIFICATION AMOUNT AND PLAN OF INSURANCE
Expected Deaths Based on Corresponding Standard
Ordinary Medical Issues Experience

	PERM	ANENT]	PLANS	т	ERM PLA	NS	A	ALL PLAN	íS
	1934- 41	1941- 48	1948- 53	1934- 41	1941- 48	1948 53	1934- 41	1941- 48	1948- 53
Ages at Issue									
10–39	80%	100%	110%	168%	168%	107%	93%	108%	109%
40-49.	73	89	90	114	107	94	81	92	90
50 and over	95	78	78	107	91	72	96	79	77
All	85%	86%	88%	119%	112%	90%	90%	89%	88%
Policy Years									
1- 2	†	90%	98%	+	81%	83%	+	89%	95%
3- 5	ŧ	95	98	ŧ	139	103	†	101	99
6–10	† I	84	90	† I	109	82	İtl	87	89
11 and over	Ť	78	82	†	105	91	†	80	83
All	†	86%	88%	†	112%	90%	†	89%	88%
Classification Amount									
\$ 50,000-\$ 99,999	+	91%	89%	+	118%	104%	84%	95%	91%
\$100,000-\$199,999	† Ì	90	85	+ !	100	86	104	91	85
\$200,000-\$499,999	+ 1	89	94	+ 1	128	80	88	93	92
\$500,000 and over	†	61	80	†	94	*	72	64	81
All	t	86%	88%	†	112%	90%	90%	89%	88%

[†] Not available.

NOTE. - Mortality ratio in italics where less than 50 but not less than 10 lives terminated by death.

amounts; however, the aggregate mortality ratio of 88% for the period between 1948 and 1953 anniversaries was the highest of the ratios for the three periods considered. On the other hand, the mortality ratios on term policies for large amounts have declined during this period.

2. During the period between 1934 and 1941 anniversaries, in the experi-

^{*} Less than 10 lives terminated by death.

ence on the permanent plans the mortality ratio was relatively highest at issue ages 50 and over; in the later two periods the mortality ratio at these ages was relatively lowest and quite favorable. On the other hand, the mortality ratio on the permanent plans at issue ages under 40 was quite favorable during the period between 1934 and 1941 anniversaries but relatively highest in the later two periods.

- 3. Mortality on the term plans has declined most sharply at the younger ages, where it nevertheless remains highest; the mortality ratio on term plans at ages 50 and over, which was relatively lowest (but over 100%) during the period between 1934 and 1941 anniversaries, has also declined materially.
- 4. There has been no clear-cut trend in mortality by policy year, which has been generally highest in the first five policy year durations.
- 5. The indications are that policies involving classification amounts of \$500,000 and over were very carefully underwritten with resulting favorable mortality.

EXPERIENCE BY CAUSE OF DEATH

An analysis of the experience by cause of death on policies for large amounts is presented in Table 5. The expected deaths by cause were calculated on the basis of the corresponding distribution of deaths by cause on standard Ordinary medically examined issues during the period from 1950 to 1953 anniversaries. (For policy years beyond the fifteenth it was necessary to extrapolate from the published figures.)

From Table 5 it will be noted that accidents and homicide were the only causes to show higher mortality on policies for large amounts than on corresponding standard Ordinary medically examined issues, when comparisons are limited to causes responsible for more than a few deaths. In the previous study of the experience under large amount policies the mortality from these causes was also found to be higher than average. In the current study the excess mortality from accidents and homicide was not limited to any specific age range. Of the 192 deaths due to accidents and homicide, 45 resulted from aviation accidents and 67 from motor vehicle accidents. This unusually high proportion of aviation deaths was associated with an appreciable amount of private flying, as indicated in Table 6.

The private aircraft were generally owned either by the insured or by a company with which the insured was connected. Of the \$2,096,000 paid on the 31 lives where the insured at death was a pilot or passenger in a private aircraft, only \$74,000 (9 lives) represented payment of reduced amounts due to aviation exclusion provisions, and \$50,000 (1 life) repre-

TABLE 5

Large Amount Issues of 1934 to 1952 Experience between 1948 and 1953 Anniversaries

BY CAUSE OF DEATH

Expected Deaths Based on Corresponding Standard Ordinary Medical Issues Experience† (Amounts Shown in \$1,000 Units)

Cause of Death	Committee 1950 Code	Number of Lives Who Died	Proportion of All Deaths	Actual Claims	Expected Claims	Ratio of Actual to Ex- pected				
			PERMAN	VENT PLANS						
Tuberculosis (all forms) Malignant neoplasms Diabetes mellitus	01, 02 18-33 37	6 314 12	00% 21 1	\$ 283 22,056 992	\$ 514 22,777 683	• 979, 145				
Vascular lesions of cen- tral nervous system.	42	103	7	7,046	7,202	98				
Diseases of the heart and circulatory system Pneumonia and influen-	49-55	669	45	41,152	50,797	81				
za	56-59	21	1	1,038	1,126	92				
Accidents and homicide	88-96, 98	168	11	10,021	8,121	123				
Suicide	97	44	3	3,100	3,282	94				
All other causes and Un- known	Residual	170	11	10,270	14,583	70				
All Causes		1,507	100%	\$ 95,958	\$109,085	88%				
	TERM PLANS									
Tuberculosis (all forms)	01,02	0	0%	\$ 0	\$ 68	*				
Malignant neoplasms	18-33	43	16	2,294	3,129	730				
Diabetes mellitus	37	0	0	0	75	*				
Vascular lesions of cen-	42	14	5	550	814	68				
tral nervous system. Diseases of the heart and	42	14	3	330	614	1				
circulatory system	49-55	125	47	6,694	6,834	98				
Pneumonia and influen-				4==	120					
Za	56-59	4	$\frac{1}{13}$	175	139 1,385	110				
Accidents and homicide. Suicide	88–96, 98 97	34 13	5	1,517 580	513	113				
All other causes and Un- known	Residual	35	13	1,725	2,019	85				
All Causes		268	100%	\$ 13,535	\$ 14,976	90%				

[†] Distribution of expected deaths by cause based on 1950-1953 experience.

NOTE.—Mortality ratio in italics where less than 50 but not less than 10 lives terminated by death.

^{*} Less than 10 lives terminated by death.

TABLE 5-Continued

Cause of Death	Committee 1950 Code	Number of Lives Who Died	Proportion of All Deaths	Actual Claims	Expected Claims	Ratio of Actual to Ex- pected				
	ALL PLANS									
Tuberculosis (all forms) Malignant neoplasms Diabetes mellitus Vascular lesions of central nervous system Diseases of the heart and circulatory system Pneumonia and influenza Accidents and homicide. Suicide All other causes and Un-	18 ² -33 37 42 49-55 56-59 88-96, 98 97	6 341 12 112 735 24 192 53	0% 20 1 7 44 1 12 3	\$ 283 24,350 992 7,596 47,846 1,213 11,538 3,680	\$ 25,906 758 8,016 57,631 1,265 9,506 3,795	94% 131 95 83 96 121 97				
All Causes	Residual	196	12 100%	\$109,493	\$124,061	72 88%				

sented payment under a policy on which an extra premium was charged because of the aviation hazard.

Mortality from diseases of the heart and circulatory system was significantly lower on permanent plan policies for large amounts than on corresponding standard Ordinary medically examined issues. In the pre-

TABLE 6
LARGE AMOUNT ISSUES OF 1934 TO 1952
EXPERIENCE BETWEEN 1948 AND 1953 ANNIVERSARIES
DEATHS FROM AVIATION ACCIDENTS

Aviation Status at Death	Number of Lives	Amounts Paid
Pilot of Private AircraftPassenger in Private Aircraft.	23 8	\$1,175,000 921,000
Air Transport Passenger in Military Aircraft	13 1	749,000 50,000
All	45	\$2,895,000

vious study of the mortality under large amount policies the relative mortality from these causes was also found to be low. The low mortality from these causes appears to be a reflection of the very careful selection of large amount risks at the older ages.

APPENDIX

TABLE A

CONTRIBUTING COMPANIES

	Proportion of
Company	Total Exposures
Northwestern Mutual	. 14.5%
Equitable, N.Y	. 10.2
Mutual Benefit	. 9.3
Prudential	. 7.8
New England Mutual	. 6.9
Massachusetts Mutual	. 6.6
Metropolitan	. 6.4
John Hancock	. 5.3
Connecticut Mutual	. 4.8
Mutual Life, N.Y	. 4.7
New York Life	. 4.7
Aetna	. 3.4
Connecticut General	. 3.3
Travelers	. 3.2
Penn Mutual	. 3.1
Provident Mutual	. 2.5
Sun Life, Canada	. 1.6
Phoenix Mutual	9
Canada Life	8
Total	. 100.0%

TABLE B

LARGE AMOUNT ISSUES OF 1934 TO 1952 EXPERIENCE BETWEEN 1948 AND 1953 ANNIVERSARIES BY AGE AT ISSUE, DURATION, AND PLAN OF INSURANCE EXPECTED DEATHS BASED ON CORRESPONDING STANDARD ORDINARY MEDICAL ISSUES EXPERIENCE

(Amounts Shown in \$1,000 Units)

•		Perm	ANENT PLA	เพร	TE	RM PLANS	3	А	LL PLANS	
Ages at Issue	Policy Years	Actual Claims	Expected Claims	Mor- tality Ratio	Actual Claims	Expected Claims	Mor- tality Ratio	Actual Claims	Expected Claims	Mor- tality Ratio
10-29	1- 2 3- 5 6-10 11-15 16-19	474 972 470 922 958	\$ 405 573 502 792 415	117% 170 116	\$ 0 57 50 90 250	\$ 65 61 32 45 18	* * * * * * * * * * * * * * * * * * * *	\$ 474 1,029 520 1,012 1,208	\$ 470 634 534 837 433	101% 162 * 121
	All	\$ 3,796	\$ 2,687	141%	\$ 447	\$ 221	*	\$ 4,243	\$ 2,908	146%
30~39	1- 2 3- 5 6-10 11-15 16-19	\$ 1,666 3,514 4,009 4,852 2,508	\$ 1,479 2,655 3,795 5,103 2,809	113% 132 106 95 89	\$ 526 502 582 731 270	\$ 476 656 620 603 270	111% 77 94 121	\$ 2,192 4,016 4,591 5,583 2,778	\$ 1,955 3,311 4,415 5,706 3,079	112% 121 104 98 90
	All	\$16,549	\$ 15,841	104%	\$ 2,611	\$ 2,625	99%	\$ 19,160	\$ 18,466	104%
40-49	1- 2 3- 5 6-10 11-15 16-19	\$ 3,718 6,271 11,108 11,957 6,588	\$ 3,339 6,995 11,526 14,113 8,179	111% 90 96 85 81	\$ 1,002 2,333 1,519 1,429 980	\$ 1,105 1,797 1,844 1,958 982	91% 130 82 73 100	\$ 4,720 8,604 12,627 13,386 7,568	\$ 4,444 8,792 13,370 16,071 9,161	106% 98 94 83 83
	All	\$39,642	\$ 44,152	90%	\$ 7,263	\$ 7,686	94%	\$ 46,905	\$ 51,838	90%
50~59	1- 2 3- 5 6-10 11-15 16-19	\$ 2,645 5,220 7,945 9,241 5,268	\$ 3,265 6,107 10,114 12,979 6,842	81% 85 79 71 77	\$ 455 872 794 800 268	\$ 717 1,085 1,068 962 446	* 80% 74 83 *	\$ 3,100 6,092 8,739 10,041 5,536	\$ 3,982 7,192 11,182 13,941 7,288	78% 85 78 72 76
	All	\$30,319	\$ 39,307	77%	\$ 3,189	\$ 4,278	75%	\$ 33,508	\$ 43,585	77%
60 and over	1- 2 3- 5 6-10 11-15 16-19	\$ 450 968 1,236 1,796 1,202	\$ 663 901 1,597 2,552 1,385	68% 107 77 70 87	\$ 0 0 0 0 25	\$ 32 63 31 35 5	*	\$ 450 968 1,236 1,796 1,227	\$ 695 964 1,628 2,587 1,390	65% 100 76 69 88
	All	\$ 5,652	\$ 7,098	80%	\$ 25	\$ 166	*	\$ 5,677	\$ 7,264	78%
AU	1- 2 3- 5 6-10 11-15 16-19	\$ 8,953 16,945 24,768 28,768 16,524	\$ 9,151 17,231 27,534 35,539 19,630	98% 98 90 81 84	\$ 1,983 3,764 2,945 3,050 1,793	\$ 2,395 3,662 3,595 3,603 1,721	83% 103 82 85 104	\$ 10,936 20,709 27,713 31,818 18,317	\$ 11,546 20,893 31,129 39,142 21,351	95% 99 89 81 86
	Ali	\$95,958	\$109,085	88%	\$13,535	\$14,976	90%	\$109,493	\$124,061	88%

^{*} Less than 10 lives terminated by death.

NOTE.—Mortality ratio in italics where less than 50 but not less than 10 lives terminated by death.

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TABLE C

LARGE AMOUNT ISSUES OF 1934 TO 1952

EXPERIENCE BETWEEN 1948 AND 1953 ANNIVERSARIES

BY AGE AT ISSUE, CLASSIFICATION AMOUNT, AND PLAN OF INSURANCE

EXPECTED DEATHS BASED ON CORRESPONDING STANDARD ORDINARY MEDICAL ISSUES EXPERIENCE (Amounts Shown in \$1,000 Units)

	0	Pe	RMANENT PLAN	NS		TERM PLANS			ALL PLANS	
Ages at Issue	Classification Amount	Actual Claims	Expected Claims	Mortality Ratio	Actual Claims	Expected Claims	Mortality Ratio	Actual Claims	Expected Claims	Mortality Ratio
10–29	\$ 50,000- 99,999 100,000-199,999 200,000-499,999 500,000-999,999 1,000,000 and over	\$ 866 1,400 813 335 382 \$ 3,796	\$ 1,062 1,009 452 117 47 \$ 2,687	82% 139 * * * 141%	\$ 97 200 0 0 150 \$ 447	\$ 114 73 29 2 3 \$ 221	* * * * *	\$ 963 1,600 813 335 532 \$ 4,243	\$ 1,176 1,082 481 119 50 \$ 2,908	82% 148 * *
30-39	\$ 50,000- 99,999 100,000-199,999 200,000-499,999 500,000-999,999 1,000,000 and over	\$ 5,324 7,032 3,256 862 75	\$ 4,981 6,100 3,705 739 316	107% 115 88 *	\$ 1,168 1,033 285 125 0	\$ 973 1,078 474 70 30	120% 96 * *	\$ 6,492 8,065 3,541 987 75	\$ 5,954 7,178 4,179 809 346	146% 109% 112 85 *
40-49	* 50,000– 99,999 100,000–199,999 200,000–499,999	\$16,549 \$ 9,190 14,107 12,599	\$ 15,841 \$ 9,914 16,935 12,839	104% 93% 83 98	\$ 2,611 \$ 2,063 2,855 1,965	\$ 2,625 \$ 1,916 3,296 1,977	99% 108% 87 99	\$ 19,160 \$ 11,253 16,962 14,564	\$ 18,466 \$ 11,830 20,231 14,816	95% 84 98
	500,000–999,999 1,000,000 and over All	2,258 1,488 \$39,642	3,042 1,422 \$ 44,152	90%	380 0 \$ 7,263	390 107 \$ 7,686	94%	2,638 1,488 \$ 46,905	3,432 1,529 \$ 51,838	90%

^{*} Less than 10 lives terminated by death.

Note.—Mortality ratio in italics where less than 50 but not less than 10 lives terminated by death.

TABLE C-Continued

		P£	RMANENT PLAI	1 8		Term Plans			ALL PLANS	
AGES AT ISSUE	CLASSIFICATION AMOUNT	Actual Claims	Expected Claims	Mortality Ratio	Actual Claims	Expected Claims	Mortality Ratio	Actual Claims	Expected Claims	Mortality Ratio
0-59	\$ 50,000-99,999 100,000-199,999 200,000-499,999 500,000-999,999 1,000,000 and over	\$ 6,710 9,715 10,656 2,488 750	\$ 8,221 14,181 11,984 3,460 1,461	82% 69 89 72	\$ 704 1,247 798 260 180	\$ 858 1,720 1,252 334 114	82% 73 64 *	\$ 7,414 10,962 11,454 2,748 930	\$ 9,079 15,901 13,236 3,794 1,575	82% 69 87 72
	All	\$30,319	\$ 39,307	77%	\$ 3,189	\$ 4,278	75%	\$ 33,508	\$ 43,585	77%
0 and over	\$ 50,000- 99,999 100,000-199,999 200,000-499,999 500,000-999,999 1,000,000 and over	\$ 1,391 2,457 1,556 248 0	\$ 2,067 2,572 1,902 425 132	67% 96 82 *	\$ 25 0 0 0 0	\$ 22 33 59 44 8	* * * * *	\$ 1,416 2,457 1,556 248 0	\$ 2,089 2,605 1,961 469 140	68% 94 79 *
	All	\$ 5,652	\$ 7,098	80%	\$ 25	\$ 166	*	\$ 5,677	\$ 7,264	78%
All	\$ 50,000-99,999 100,000-199,999 200,000-499,999 500,000-999,999 1,000,000 and over	\$23,481 34,711 28,880 6,191 2,695	\$ 26,245 40,797 30,882 7,783 3,378	89% 85 94 80 80	\$ 4,057 5,335 3,048 765 330	\$ 3,883 6,200 3,791 840 262	104% 86 80 *	\$ 27,538 40,046 31,928 6,956 3,025	\$ 30,128 46,997 34,673 8,623 3,640	91% 85 92 81 83
	Ali	\$95,958	\$109,085	88%	\$13,535	\$14,976	90%	\$109,493	\$124,061	88%

TABLE D

LARGE AMOUNT ISSUES OF 1934 TO 1952 EXPERIENCE BETWEEN 1948 AND 1953 ANNIVERSARIES

BY DURATION, CLASSIFICATION AMOUNT, AND PLAN OF INSURANCE

EXPECTED DEATHS BASED ON CORRESPONDING STANDARD ORDINARY MEDICAL ISSUES EXPERIENCE (Amounts Shown in \$1,000 Units)

Policy	CLASSIFICATION	PE	RMANENT PLAN	vs.		TERM PLANS			ALL PLANS	
YEARS	Amount	Actual Claims	Expected Claims	Mortality Ratio	Actual Claims	Expected Claims	Mortality Ratio	Actual Claims	Expected Claims	Mortality Ratio
1- 2	\$ 50,000- 99,999 100,000-199,999 200,000-499,999 500,000-999,999 1,000,000 and over	\$ 2,917 3,600 2,174 262 0	\$ 2,517 3,552 2,337 529 216	116% 101 93 *	\$ 516 1,051 416 0	\$ 718 958 526 134 59	72% 110 * *	\$ 3,433 4,651 2,590 262 0	\$ 3,235 4,510 2,863 663 275	106% 103 90 *
	All	\$ 8,953	\$ 9,151	98%	\$ 1,983	\$ 2,395	83%	\$ 10,936	\$ 11,546	95%
3- 5	\$ 50,000- 99,999 100,000-199,999 200,000-499,999 500,000-999,999 1,000,000 and over	\$ 4,947 6,651 4,670 527 150	\$ 4,616 6,929 4,408 981 297	107% 96 106 *	\$ 1,181 1,266 802 515 0	\$ 1,063 1,500 785 239 75	111% 84 * *	\$ 6,128 7,917 5,472 1,042 150	\$ 5,679 8,429 5,193 1,220 372	108% 94 105
	All	\$16,945	\$ 17,231	98%	\$ 3,764	\$ 3,662	103%	\$ 20,709	\$ 20,893	99%
6–10	\$ 50,000- 99,999 100,000-199,999 200,000-499,999 500,000-999,999 1,000,000 and over	\$ 5,981 9,015 8,128 1,159 485	\$ 6,684 10,761 7,650 1,939 500	89% 84 106 *	\$ 1,378 1,142 400 25 0	\$ 952 1,533 867 196 47	145% 74 * *	\$ 7,359 10,157 8,528 1,184 485	\$ 7,636 12,294 8,517 2,135 547	96% 83 100 *
	All	\$24,768	\$ 27,534	90%	\$ 2,945	\$ 3,595	82%	\$ 27,713	\$ 31,129	89%

^{*} Less than 10 lives terminated by death.

NOTE.—Mortality ratio in italics where less than 50 but not less than 10 lives terminated by death.

TABLE D-Continued

Ромсу	C	PE	RMANENT PLA	NS		Term Plans			ALL PLANS	
YEARS	Classification Amount	Actual Claims	Expected Claims	Mortality Ratio	Actual Claims	Expected Claims	Mortality Ratio	Actual Claims	Expected Claims	Mortality Ratio
11-15	\$ 50,000- 99,999 100,000-199,999 200,000-499,999 500,000-999,999 1,000,000 and over	\$ 6,303 11,088 9,024 2,125 228 1,220 \$ 8,171 12,975 10,612 2,561 1,220		77% 85 85 83 *	\$ 723 1,167 805 175 180	\$ 812 1,549 1,020 176 46	89% 75 79 *	\$ 7,026 12,255 9,829 2,300 408	\$ 8,983 14,524 11,632 2,737 1,266	78% 84 84 84 *
	All	\$28,768	\$ 35,539	81%	\$ 3,050	\$ 3,603	85%	\$ 31,818	\$ 39,142	81%
16-19	\$ 50,000- 99,999 100,000-199,999 200,000-499,999 500,000-999,999 1,000,000 and over	\$ 3,333 4,357 4,884 2,118 1,832	\$ 4,257 6,580 5,875 1,773 1,145	78% 66 83 119	\$ 259 709 625 50 150	\$ 338 660 593 95 35	* 107% 105 *	\$ 3,592 5,066 5,509 2,168 1,982	\$ 4,595 7,240 6,468 1,868 1,180	78% 70 85 116
	All	\$16,524	\$ 19,630	84%	\$ 1,793	\$ 1,721	104%	\$ 18,317	\$ 21,351	86%
A ll	\$ 50,000- 99,999 100,000-199,999 200,000-499,999 500,000-999,999 1,000,000 and over	\$23,481 34,711 28,880 6,191 2,695	\$ 26,245 40,797 30,882 7,783 3,378	89% 85 94 80 80	\$ 4,057 5,335 3,048 765 330	\$ 3,883 6,200 3,791 840 262	104% 86 80 *	\$ 27,538 40,046 31,928 6,956 3,025	\$ 30,128 46,997 34,673 8,623 3,640	91% 85 92 81 83
	All	\$95,958	\$109,085	88%	\$ 13,535	\$14,976	90%	\$109,493	\$124,061	88%