

**Purpose of the Survey:**

The Task Force is conducting this survey to gain a more complete understanding of the guaranteed issue and simplified issue market, distribution and risk selection techniques. The results from the survey are a key step to refining the mortality and persistency data requests and segregating the mortality and persistency study, as appropriate.

Identifiers**Name:****Title:****Company:****Phone:****E-mail:****Guaranteed Issue Definition**

Life insurance products where there is no underwriting per se. There may be a selection process which targets the individuals to whom an offer of insurance is made (e.g. AARP members, actively at work employees of company X...). There may be different level of benefits for different subgroups (e.g. employees, spouses...).

Simplified Issue Definition

Life insurance products where there is some underwriting but not to the extent of a full application. It may be a separate product or a buy up from a guaranteed issue product subject to additional questions. Products sold on a non-medical basis under a product that is structured to be fully underwritten should not be included.

Products Covered

The survey only addresses life insurance offering coverage for at least one year. Accidental Death and travel insurance are excluded.

Other products that are not included in the survey are: Home Service, Credit Life, Group Life with group underwriting and COLI/BOLI.

Does your company sell any guaranteed or simplified issue products as defined above?

Yes

No



1. Marketing and Distribution Details

For the purposes of this survey, Direct Marketing is considered to be an insurance product marketed directly to the consumer.

PRE-NEED

1.1 If you use Pre-Need Direct Marketing, for each of the distribution methods listed in the left column that you use, please select as many of the boxes to the right that apply for that business.

	Individual Consumer	Worksite	Association	Other, please describe
Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Direct mail/email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Print Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TV/Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1.2 If you use Pre-Need, other than Direct Marketing, for each of the distribution channels listed in the left column that you use, please select as many of the boxes to the right that apply for that business.

	Funeral Home	Individual Consumer	Worksite	Association	Other, please describe
Affiliated agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Independent agents/broker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FINAL EXPENSE

1.3 If you use Final Expense Direct Marketing, for each of the distribution methods listed in the left column that you use, please select as many of the boxes to the right that apply for that business.

	Individual Consumer	Worksite	Association	Other, please describe
Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Direct mail/email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Print Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TV/Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1.4 If you use Final Expense, other than Direct Marketing, for each of the distribution channels listed in the left column that you use, please select as many

of the boxes to the right that apply for that business.

	Individual Consumer	Worksite	Association	Other, please describe
Affiliated agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Independent agents/brokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1.5 OTHER MARKETS (please describe):

1.6 If you use Other Markets, other than Pre-Need and Final Expense, for each of the distribution methods listed in the left column that you use, please select as many of the boxes to the right that apply for that business.

	Individual Consumer	Worksite	Association	Other, please describe
Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Direct mail/email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Print Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TV/Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1.7 If you use Other Markets, other than Pre-Need and Final Expense, and distribution other than Direct Marketing, for each of the distribution channels listed in the left column that you use, please select as many of the boxes to the right that apply for that business.

	Individual Consumer	Worksite	Association	Other, please describe
Affiliated agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Independent agents/brokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



2. Products (check all boxes that apply)

- Term
- Whole life
- Other (please specify)

3. Product Design

3.1 Do you have guaranteed issue products in force?

- Yes (please see Q3.1.1)

No (please skip to Q3.2)



3.1.1 Please describe if you limit the guaranteed issue offer, and if so, how do you limit it? (e.g., limiting the amount available or restricting who may obtain the coverage) Please be sure to separate each product with a blank line.

3.2 Do you have simplified issue products in force?

- Yes (please see Q3.2.1)
 No (please skip to Q4)



3.2.1 Please describe simplified issue underwriting (e.g. number of questions, use of MIB, use of commercial databases, etc...). Please be sure to separate each product with a blank line.



4. Data and Assumptions

4.1 Policies Issued in 2009

Policy Count

	0	1-500	501-2,000	2,001-5,000	5,001-20,000	20,001+
Guaranteed Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simplified Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ultimate Face Amount

	\$0	\$1-5M	\$5.1-20M	\$20.1-50M	\$50.1-200M	\$201M+
Guaranteed Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simplified Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.2 Inforce as of December 31, 2009

4.2.1 Approximate volume:

Policy Count

	0	1-5,000	5,001-20,000	20,001-50,000	50,001-200,000	200,001+
Guaranteed Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simplified Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ultimate Face Amount

	\$0	\$1-50M	\$50.1-200M	\$200.1-500M	\$500.1M-2B	\$2.1B+
Guaranteed Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simplified Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.2.2 How many calendar years of data are available?

- 1-2
- 3-5
- 6-10
- 11-20
- 21+

4.3 Claims

4.3.1 Approximate annual claims for 2009:

Claim Count

	0	1-50	51-200	201-500	501-2,000	2,001+
Guaranteed Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simplified Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Amount Paid

	\$0	\$1-500K	\$501K-2M	\$2.1-5M	\$5.1-20M	\$20.1M+
Guaranteed Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simplified Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.4 Would your company be willing to contribute data to an experience study?

- Yes
- No
- Uncertain

4.5 Are your mortality assumptions based on: (check all boxes that apply)

- Your own experience
- Consultants
- Reinsurers
- Other (please specify)
- _____

4.6 Are your persistency assumptions based on: (check all boxes that apply)

- Your own experience

- Consultants
- Reinsurers
- Other (please specify)



5. Closing

5.1 Are there any important factors potentially impacting mortality or persistency that, in your opinion, should have been considered but were not included in the survey? If yes, please elaborate:

5.2 Are you personally interested in volunteering to be on the Task Force?

- Yes
- No

You have reached the end of the survey. Clicking on the "Next Page" button will submit your survey responses, so please be sure you have completed all applicable questions. Thank you for your participation.
