Group Life Experience Study—Data Requirements
November, 2010

General Information
Definitions
Exclusions

General Information
The study period includes years 2007, 2008 and 2009. Please submit exposure and claim information, gross of any reinsurance, on groups that have been insured during any portion of these four years as long as the group has been effective for at least one entire calendar during this period. The committee will use the effective date and termination date to determine the exposure and claim rate calculations.

This is a request for 5 different data sets to be submitted in an excel file.   If you are unable to submit data in this format, please contact Cindy MacDonald at the SOA office. The SOA and outside data vendor will work with participants to be as accommodating as possible.

Selected Definitions
- o Subgroup Code – an optional field used to reference a subset of a group that may have different coverage provisions or have different group characteristics. Examples include a group that covers different industries or a group that has different waiver provisions for various classes of the group.
- o Basic – Employer paid coverage.
- o Supplemental – 100% Employee paid coverage.
- o Self-Administered by the Employer – Groups where the employer calculates the premium based on the current eligible employees. No individual employee records are maintained at your company.
- o Home Office List Billed – Individual employee records are maintained at your company and used to create a premium bill for the employer group.

Exclusions
- o GUL / GVUL term coverage
- o Groups for which all insureds are fully medically underwritten (e.g., < 10 lives)
- o Conversions
- o Buyouts (of waiver reserves)
- o Paid-up (retiree lives)
- o Continuation of coverage (portability)
- o Dependents, spouses / children
- o Mass marketed, non-association
- o Stand-alone AD&D
- o Assumed reinsurance

Note: Due to the fact that this incidence study covers both mortality and morbidity (waiver), to avoid double counting, please do not submit death claim records for those insureds who died while on waiver. Also, do not submit claim records for accelerated payments where the insured has not died. If an insured has died where an accelerated payment was made before death, please record the total of the accelerated benefit and the remaining death benefit in the amount fields above.

The associated spreadsheet provides more definitions of the various data elements. Please contact Cindy MacDonald at the SOA office with any questions.

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The Society of Actuaries' (SOA) Group Life Experience Study Committee (the Committee) is in the process of updating the 2006 Group Term Life Experience Study, which covered 1999 - 2001.

The new study will cover deaths that occurred in the years. 2007 - 2009. Exposure will cover the corresponding time frame.
Data will be collected starting mid-2011.

This workbook contains the layout for the five different data files that the Committee is collecting:

Worksheet Name	Description
1. Basic - Ind Exp	Individual exposure records for basic life and AD&D
2. Basic - Self-Adm	Self-administered exposure records for basic life and AD&D
3. Supp - Ind Exp	Individual exposure records for supplemental life and AD&D
4. Supp - Self-Adm	Self-administered exposure records for supplemental life and AD&D
5. Portability	Individual exposure records for ported lives

The layout for each file is as follows:

Part 1 Group-level Data
Part 2 Exposure Data
Part 3 Claims Data

Exclusions:
Group Universal Life (GUL) / Group Variable Universal Life (GVUL)
Groups for which all insureds are fully medically underwritten
Conversions
Buyouts (of waiver of premium reserves)
Paid-up (retiree lives)
Dependents, spouses / children
Mass marketed / non-association
Stand-alone AD&D
Assumed reinsurance

Note on claims data:
This is an incidence study which covers both mortality and morbidity (waiver). To avoid double counting, if an insured died while on insured waiver, provide the waiver claim data, not the death claim.

For questions, please contact Cindy MacDonald at the SOA at cmacdonald@soa.org or 847 706-3559.

Group Life Experience Study Committee
9-Sep-10

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Basic Life with Individual Exposure

Part #1 Group-Level Data	Description	Required versus Optional	Example	Comments
Type of Coverage	B = Basic (at least a partial employer contribution)	Required	B	Same for all records in this file
Administrative Code	H = Home Office List Billed	Required	H	Same for all records in this file
Group Policy Number	Identifier of Group	Required	12345	From participant's system
Subgroup Code	Identifier of subgroup or class	Optional	123	From participant's system
Effective Date	MMDDYYYY	Required	01202000	
Area	5-digit Employer Zip	Required	55423	Data vendor will need to consolidate
Industry Code	4-digit Standard Industrial Classification	Required	6029	Data vendor will need to consolidate
Type of Group	S = Single Employer	Required	S	
	O = Other			
Waiver Provision	1- Standard waiver (disabled prior to age 60/65)	Required	1	
	2 - Disableds payable as actives or 1-year extended death benefit			
	3- Disableds not covered			
	4-Other			
Termination Date	MMDDYYYY, blank if still inforce	Required		
Group Size	Number of lives at the Group Policy Level (not at the subgroup level)	Required	1,000	Approximate number of lives
Part #2 Individual Exposure Fields				
Insured ID	# ID used to trace back to billing system	Required		Do not provide Social Security Number
Individual Effective Date	MMDDYYYY	Required	01202002	
Individual Termination Date	MMDDYYYY, blank if still inforce	Required		
Date of Birth	MMDDYYYY	Required	04011974	
Sex	M=Male	Required	M	We do not want to collect any sex-unknown data
	F=Female			
Retiree	Y = Yes	Required	N	
	N = No			
	U = Unknown			
Salary	Current Amount	Optional	40,000	
Basic Life Volume	Current Volume	Required	40,000	
Basic AD&D Volume	Current Volume	Required	40,000	

Part #3 Claim Records				
Insured ID	Same as Insured ID above	Required		
Claim ID	Your internal claim ID	Required	123456	Do not provide Social Security Number
Claimant ID#	Unique to claimant, suggest adding scalar to SSN#		1234567	Do not provide Social Security Number
Waiver Indicator	Y = Yes	Required	Y	
	N = No			
Date of Disability	MMDDYYYY, last day worked + 1	Required if waiver indicator = Y	07112009	
Date Waiver Approved	MMDDYYYY	Required if waiver indicator = Y	10312009	
Date of Death	MMDDYYYY	Required if waiver indicator = N		
Basic Life Claim Amount	Claim Amount	Required	50,000	Do not include any interest payment.
Basic AD&D Claim Amount	Claim Amount	Required	50,000	Do not include any interest payment.

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Basic Life with Self-Administered Exposure

Part #1 Group-Level Data	Description	Required versus Optional	Example	Comments
Type of Coverage	B = Basic (at least a partial employer contribution)	Required	B	Same for all records in this file
Administrative Code	S = Self-Administered	Required	S	Same for all records in this file
Group Policy Number	Identifier of Group	Required	12345	From participant's system
Subgroup Code	Identifier of subgroup or class	Optional	123	From participant's system
Effective Date	MMDDYYYY	Required	01012000	
Area	5-digit Employer Zip	Required	55423	Data vendor will need to consolidate
Industry Code	4-digit Standard Industrial Classification	Required	6024	Data vendor will need to consolidate
Type of Group	S = Single Employer	Required	S	
	O = Other			
Waiver Provision	1- Disabled prior to age 60/65	Required	1	
	2 - Disableds payable as actives or 1-year			
	extended death benefit			
	3- Disableds not covered			
	4-Other			
Termination Date	MMDDYYYY, blank if still inforce	Required		
Group Size	Number of lives at the Group Policy Level (not at the subgroup level)	Required	2,000	Approximate number of lives
Part #2 Self-Administered Exposure Fields				
Study Year	**2007, 2008, 2009**	Required	2008	
Retiree	Y=Yes, 90%+ retiree population	Required		
	N = No, 0% retiree			
	O = other, retiree between 0% and 90%			
	U = unknown retiree population			
Life				
Central Age	Submit in 1-year or 5-year age bands	Required	22	Use standard central age definition if using 5-year age bands
Male - Basic Life Number of Lives		Required	25	
Male - Basic Life Volume		Required	250,000	
Female - Basic Life Number of Lives		Required	25	
Female - Basic Life Volume		Required	250,000	
AD&D				
Central Age	Submit in 1-year or 5-year age bands	Required	22	
Male - Basic AD&D Number of Lives		Required	25	
Male - Basic AD&D Volume		Required	250,000	

Female - Basic AD&D Number of Lives		Required	25	
Female - Basic AD&D Volume		Required	250,000	
Part #3 Claim Records				
Claim ID	Your internal claim ID	Required		Do not provide Social Security Number
Claimant ID#	Unique to claimant, suggest adding scalar to SSN#			Do not provide Social Security Number
Date of Birth	MMDDYYYY	Required		
Sex	M=Male	Required		We do not want to collect any sex-unknown data
	F=Female			
Retiree	Y = Yes	Required		
	N = No			
	U = Unknown			
Waiver Indicator	Y = Yes	Required	Y	
	N = No			
Date of Disability	MMDDYYYY, last day worked + 1	Required if waiver indicator = Y	07112009	
Date Waiver Approved	MMDDYYYY	Required if waiver indicator = Y	10312009	
Date of Death	MMDDYYYY	Required if waiver indicator = N		
Basic Life Claim Amount	Claim Amount	Required	50,000	Do not include any interest payment.
Basic AD&D Claim Amount	Claim Amount	Required	50,000	Do not include any interest payment.

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Supplemental Life with Individual Exposure

Part #1 Group-Level Data	Description	Required versus Optional	Example	Comments
Type of Coverage	S = Supplemental or Voluntary (100% employee paid)	Required	S	Same for all records in this file
Administrative Code	H = Home Office List Billed	Required	H	Same for all records in this file
Group Policy Number	Identifier of Group	Required	2345	
Subgroup Code	Identifier of subgroup or class	Optional	23	
Effective Date	MMDDYYYY	Required	01012000	
Area	5-digit Employer Zip	Required	55423	Data vendor will need to consolidate
Industry Code	4-digit Standard Industrial Classification	Required	6024	Data vendor will need to consolidate
Type of Group	S = Single Employer O = Other	Required	S	
Waiver Provision	1- Disabled prior to age 60/65 2 - Disableds payable as actives or 1-year extended death benefit 3- Disableds not covered 4-Other	Required	3	
Termination Date	MMDDYYYY, blank if still inforce	Required		
Group Size	Number of lives at the Group Policy Level (not at the subgroup level)	Required		
Guaranteed Issue amount	If expressed as a salary multiple	Optional		
Guaranteed Issue amount	If expressed as a fixed amount	Optional		
Part #2 Individual Exposure Fields				
Insured ID	# ID used to trace back to billing system	Required		Do not provide Social Security Number
Individual Effective Date	MMDDYYYY	Required	1202002	
Individual Termination Date	MMDDYYYY, blank if still inforce	Required		
Date of Birth	MMDDYYYY	Required	4011974	
Sex	M=Male F=Female	Required	M	We do not want to collect any sex-unknown data
Retiree	Y = Yes N = No U = Unknown	Required	N	
Salary	Current Amount	Optional		

Supplemental Life Volume	Current Volume	Required		
Supplemental AD&D Volume	Current Volume	Required		
Part #3 Claim Records				
Insured ID	Same as Insured ID above	Required		
Claim ID	Your internal claim ID	Required	123456	Do not provide Social Security Number
Claimant ID#	Unique to claimant, suggest adding scalar to		1234567	Do not provide Social Security Number
Waiver Indicator	Y = Yes	Required	N	
	N = No			
Date of Disability	MMDDYYYY, last day worked + 1	Required if waiver indicator = Y		
Date Waiver Approved	MMDDYYYY	Required if waiver indicator = Y		
Date of Death	MMDDYYYY	Required if waiver indicator = N	02202009	
Supplemental Life Claim Amount	Claim Amount	Required	50,000	Do not include any interest payment.
Supplemental AD&D Claim Amount	Claim Amount	Required	50,000	Do not include any interest payment.

Supplemental Life with Self-Administered Exposure

Part #1 Group-Level Data	Description	Required versus Optional	Example	Comments
Type of Coverage	S = Supplemental or Voluntary (100% employee paid)	Required	S	Same for all records in this file
Administrative Code	S = Self-Administered	Required	S	Same for all records in this file
Group Policy Number	Identifier of Group	Required	2345	
Subgroup Code	Identifier of subgroup or class	Optional	23	
Effective Date	MMDDYYYY	Required	1012000	
Area	5-digit Employer Zip	Required	55423	Data vendor will need to consolidate
Industry Code	4-digit Standard Industrial Classification	Required	6024	Data vendor will need to consolidate
Type of Group	S = Single Employer O = Other	Required	S	
Waiver Provision	1- Disabled prior to age 60/65 2 - Disableds payable as actives or 1-year extended death benefit 3- Disableds not covered 4-Other	Required	3	
Termination Date	MMDDYYYY, blank if still inforce	Required		
Group Size	Number of lives at the Group Policy Level (not at the subgroup level)	Required		
Guaranteed Issue amount	If expressed as a salary multiple	Optional		
Guaranteed Issue amount	If expressed as a fixed amount	Optional		
Part #2 Self-Administered Exposure Fields				
Study Year	**2007, 2008, 2009**	Required		
Retiree	Y=Yes, 90%+ retiree population N = No, 0% retiree O = other, retiree between 0% and 90% U = unknown retiree population	Required		
Life				
Central Age	Submit in 1-year or 5-year age bands	Required	22	Use standard central age definition if using 5-year age bands
Male - Supplemental Life Number of Lives		Required	25	
Male - Supplemental Life Volume		Required	250,000	
Female - Supplemental Life Number of Lives		Required	25	
Female - Supplemental Life Volume		Required	250,000	
AD&D				

Central Age	Submit in 1-year or 5-year age bands	Required	22	
Male - Supplemental AD&D Number of Lives		Required	25	
Male - Supplemental AD&D Volume		Required	250,000	
Female - Supplemental AD&D Number of Lives		Required	25	
Female - Supplemental AD&D Number of Lives		Required	250,000	

Part #3 Claim Records

Claim ID	Your internal claim ID	Required		Do not provide Social Security Number
Claimant ID#	Unique to claimant, suggest adding scalar to			Do not provide Social Security Number
Date of Birth	MMDDYYYY	Required		
Sex	M=Male F=Female	Required		We do not want to collect any sex-unknown data
Retiree	Y = Yes N = No U = Unknown	Required		
Waiver Indicator	Y = Yes N = No	Required	Y	
Date of Disability	MMDDYYYY, last day worked + 1	Required if waiver indicator = Y	07112009	
Date Waiver Approved	MMDDYYYY	Required if waiver indicator = Y	10312009	
Date of Death	MMDDYYYY	Required if waiver indicator = N		
Supplemental Life Claim Amount	Claim Amount	Required	50,000	Do not include the interest payment.
Supplemental AD&D Claim Amount	Claim Amount	Required	50,000	Do not include the interest payment.

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Ported Lives

Part #1 Group-Level Data	Description	Required versus Optional	Example	Comments
Type of Coverage	P = Ported Lives	Required	P	Same for all records in this file
Part #2 Individual Exposure Fields				
Insured ID	# ID used to trace back to billing system	Required		Do not provide Social Security Number
Individual Effective Date	MMDDYYYY	Required		
Individual Termination Date	MMDDYYYY, blank if still inforce	Required		
Date of Birth	MMDDYYYY	Required		
Sex	M=Male F=Female	Required		We do not want to collect any sex-unknown data
Portable Life Volume	Current Volume	Required		
Part #3 Claim Records				
Insured ID	Same as Insured ID above	Required		Do not provide Social Security Number
Claimant ID#	Unique to claimant, suggest adding scalar to	Required		Do not provide Social Security Number
Waiver Indicator	Y = Yes N = No	Required	N	
Date of Disability	MMDDYYYY, last day worked + 1	Required if waiver = Y		
Date Waiver Approved	MMDDYYYY	Required if waiver = Y		
Date of Death	MMDDYYYY	Required if waiver = N		
Portable Life Claim Amount	Claim Amount	Required	25,000	Do not include the interest payment.