Group Long Term Disability Experience Study - Data Requirements
December 31, 2007

General Information

The study time period is 1/1/1997 through 12/31/2006. The Valuation Date for the study is 12/31/2007. Please include all fully insured group long term disability claims that were open for any time during this study period and had at least one benefit payment. This should include claims that were still open as of 12/31/2006 as well as those claims that were incurred prior to 1/1/1997 but open as of 1/1/1997. However, please exclude all claims that were part of a reserve buyout.

Below are the data specifications for the study.

Data Fields

The required data fields are listed below.

Field	Description	Requirement
Carrier Code	Assigned by Vendor (if known)	All Claims
Claim Number	A unique identifier for the claim. The format is specific to each participating company.	All Claims
Claim Status	The most recent status code for the claim. Value values include: - Open - Closed	All Claims
Termination Code	The reason that the claim was terminated. Valid values include: - Death - Maximum contractual duration (e.g. age 65) reached (this does <u>not</u> include claims reaching internal limits such as M&N) - Termination due to expiration of benefits subject to internal limits such as M&N - Recovery - Settlement (considered a settlement if the amount paid is in excess of 6 months of monthly benefit)	Required on closed claims
Date of Birth	The claimants date of birth	All Claims
Date of Disability	The date that the claimant became disabled	All Claims
Benefit Commencement Date	The effective date of the first payment	All Claims
First Paid Date	The date the first disability payment was made (check cutting date)	All Claims
Liability Termination Date	The date specifying the end of the liability (not the calendar date of the action)	Required on closed claims
System Close Date	The date the claim was closed on the system. Last date a reserve was held, or last date a benefit payment was made, are also acceptable.	Required on closed claims

Claim Maximum Date	The date that the contractual maximum duration was, or will be, reached <u>not</u> including any internal limits (i.e., M&N, Self-reported, etc.)	All Claims
Gender	Valid values include: - Male - Female - Unknown Companies should make every attempt to determine gender for each claim.	All Claims
Diagnosis Code	The original primary ICD9 code of the sickness or accident that caused the disability. If not available, current diagnosis code is acceptable.	All Claims
Gross Benefit Amount	The base contractual amount of the monthly gross benefit that the claimant is entitled to. If only the current gross benefit amount, including COLA impact, is available, that is acceptable.	All Claims
COLA Benefit Indicator	Indication as to whether a claim has a COLA benefit of any kind. Valid values include: - Yes - No - Unknown	All Claims
Claimant Elimination Period	The elimination period for the claim expressed in days.	All Claims
Limited Own Occ Claim Indicator	Indication as to whether claim is subject to limited own occ period (includes SS definition). Valid values include: - Yes - No - Unknown	All Claims
Length of Own Occupation Period	The length of time expressed in months that the claimant is entitled to receive benefits while being unable to perform their own occupation, as specified in the plan.	Required if Limited Own Claim ="Yes"
Mental & Nervous Benefit Limit Indicator	Indication as to whether the policy for this claim contains a Mental & Nervous benefit period limit. Valid values include: - Yes - No - Unknown	All Claims
Mental & Nervous Benefit Period Limit	The length of time expressed in months that the claimant is entitled to receive benefits with a Mental & Nervous diagnosis	Required if Mental & Nervous Benefit Limit Indicator="Yes"
Other Diagnoses Benefit Limit Indicator	Indication as to whether the policy for this claim contains a benefit period limit for diagnoses other than Mental & Nervous. Valid values include: - Yes - No - Unknown	All Claims
Other Diagnoses Benefit Period Limit	The length of time expressed in months that the claimant is entitled to receive benefits subject to benefit period limit for diagnoses other than Mental & Nervous	Required if Other Diagnoses Benefit Limit Indicator="Yes"

Social Security or STRS/PERS Status	The status of the social security application for the claimant. Valid values include: - Approved - Not approved - Ineligible - Unknown	All Claims
Award Notification Date	The date the Social Security or STRS/PERS award first became known	Required if Social Security or STRS/PERS Status= "Approved"
Settlement Amount	Dollar amount paid for a claim settlement	Required on closed claims with termination code= "Settlement"

Note: All dates should be entered in the format MM-DD-YYYY.