

## Minimal Data Contribution

A minimal data contribution consists of the fields listed below from the complete SOA-LIMRA Format, 2005 revision. For a complete lapse contribution, one can add the additional lapse fields from the 'LIMRA Data Fields' document

We request that the data is provided in the SOA-LIMRA Format, 2005 revision. Blank fill unused fields. Only submit data on US policies and do not submit Extended Term of Reduced Paid-up data. Submit both inforce and termination information.

The SOA encourages companies to submit the full data request; however, if only the minimal data is available, that information would be satisfactory and appreciated. We would like data contributors to be aware that one of the purposes of the SOA-LIMRA study is to provide a framework for companies to contribute to more than one study with one data contribution.

**Section 1 A Basic Data** From pages 1, 2 and 3 of the SOA-LIMRA Format rev 5-13-05. (All columns included except for Column 30 and Column 52.)

<b>COLUMN</b>	<b>L</b>	<b>DATA ELEMENT</b>	<b>DESCRIPTION</b>
1-3	3	COMPANY CODE	YOUR COMPANY CODE NUMBER IS
4	1	DATA TYPE	ALL RECORDS ON DATASET MUST HAVE CONSISTENT DATA TYPES. ENTER APPROPRIATE CODE: 1 = POLICY YEAR SUBMISSION 2 = CALENDAR YEAR SUBMISSION
5-24	20	POLICY NUMBER	ENTER POLICY NUMBER. FOR POLICY NUMBERS WITH LENGTH LESS THAN 20, LEFT-JUSTIFY THE NUMBER AND BLANK FILL THE EMPTY COLUMNS. ANY OTHER IDENTIFYING NUMBER CAN BE USED INSTEAD OF POLICY NUMBER FOR PRIVACY REASONS.
25-28	4	OBSERVATION YEAR	ENTER THE CALENDAR YEAR IN WHICH THE YEAR OF OBSERVATION TERMINATES.
29	1	SEX	0 = UNKNOWN OR UNABLE TO SUBDIVIDE 1 = MALE 2 = FEMALE 3 = UNISEX- UNKNOWN OR UNABLE TO IDENTIFY 4 = UNISEX - MALE 5 = UNISEX - FEMALE
31-38	8	DATE OF BIRTH	ENTER THE NUMERIC DATE OF BIRTH IN DDMMYYYY FORMAT.
39	1	AGE BASIS	0 = AGE NEAREST BIRTHDAY 1 = AGE LAST BIRTHDAY 2 = CALENDAR 3 = AGE NEXT BIRTHDAY
<b>COLUMN</b>	<b>L</b>	<b>DATA ELEMENT</b>	<b>DESCRIPTION</b>
40-41	2	AGE AT ISSUE	ENTER THE INSURANCE ISSUE AGE.

42-43	2	DURATION	ENTER THE POLICY YEAR APPLICABLE AT BEGINNING OF CURRENT CALENDAR YEAR. FOR TERM CONVERSIONS AND NONFORFEITURE ELECTIONS, ENTER POLICY YEAR FROM ISSUE OF ORIGINAL POLICY. IF UNKNOWN, LEAVE FIELD BLANK.
44-51	8	ISSUE DATE	FOR ALL ISSUES, ENTER THE 8 DIGIT CALENDAR DATE OF ISSUE IN THE FORMAT MMDDYYYY. (FOR TERM CONVERSIONS AND NONFORFEITURE ELECTIONS ENTER ISSUE DATE OF ORIGINAL POLICY. IF DATE IS UNKNOWN, LEAVE BLANK.)
53	1	NONSMOKER RISK CLASS RANK	<p>THE STANDARD CLASS IS THE LAST RANKED CLASS. THAT RANK IS THE 'NUMBER OF NONSMOKER RISK CLASSES'. IF FIELDS 54-62 NOT USED FOR INTERNAL COMPANY CODES, USE THE FOLLOWING CODES:</p> <p>0 = UNKNOWN, SUBSTANDARD OR SMOKER RISK CLASS  1 = BEST PREFERRED CLASS  2 = NEXT BEST PREFERRED CLASS AFTER 1  3 = NEXT BEST PREFERRED CLASS AFTER 2  4 = NEXT BEST PREFERRED CLASS AFTER 3  5 = NEXT BEST PREFERRED CLASS AFTER 4  6 = NEXT BEST PREFERRED CLASS AFTER 5  7 = NEXT BEST PREFERRED CLASS AFTER 6  8 = NEXT BEST PREFERRED CLASS AFTER 7  9 = NEXT BEST PREFERRED CLASS AFTER 8</p>
54-62	9	INTERNAL COMPANY CODES FOR NONSMOKER RISK CLASS RANK	<p>IF FIELD 53 NOT USED, USE INTERNAL COMPANY CODES TO INDICATE RISK CLASS RANK AND PROVIDE EXPLANATION IN SEPARATE DOCUMENT.</p> <p>IF FIELD 53 USED, LEAVE BLANK</p>
63	1	NUMBER OF NONSMOKER RISK CLASSES	<p>CODE THE NUMBER OF NONSMOKER RISK CLASSES IN EFFECT AT POLICY ISSUE DATE OR ENTER '0' AND PROVIDE EXPLANATION IN SEPARATE DOCUMENT</p> <p>THE RANK OF THE STANDARD CLASS IS EQUAL TO THE NUMBER OF NONSMOKER RISK CLASSES</p>

<b>COLUMN</b>	<b>L</b>	<b>DATA ELEMENT</b>	<b>DESCRIPTION</b>
64	1	SMOKER RISK CLASS RANK	THE STANDARD CLASS IS THE LAST RANKED CLASS. THAT RANK IS THE 'NUMBER OF SMOKER RISK CLASSES'. IF FIELDS 65-73 NOT USED FOR INTERNAL COMPANY CODES, USE THE FOLLOWING CODES: 0 = UNKNOWN, SUBSTANDARD OR NONSMOKER RISK CLASS 1 = BEST PREFERRED CLASS 2 = NEXT BEST PREFERRED CLASS AFTER 1 3 = NEXT BEST PREFERRED CLASS AFTER 2 4 = NEXT BEST PREFERRED CLASS AFTER 3 5 = NEXT BEST PREFERRED CLASS AFTER 4 6 = NEXT BEST PREFERRED CLASS AFTER 5 7 = NEXT BEST PREFERRED CLASS AFTER 6 8 = NEXT BEST PREFERRED CLASS AFTER 7 9 = NEXT BEST PREFERRED CLASS AFTER 8
65-73	9	INTERNAL COMPANY CODES FOR SMOKER RISK CLASS RANK	IF FIELD 64 NOT USED, USE INTERNAL COMPANY CODES TO INDICATE RISK CLASS RANK AND PROVIDE EXPLANATION IN SEPARATE DOCUMENT. IF FIELD 64 USED, LEAVE BLANK.
74	1	NUMBER OF SMOKER RISK CLASSES	CODE THE NUMBER OF SMOKER RISK CLASSES IN EFFECT AT POLICY ISSUE DATE OR ENTER '0' AND PROVIDE EXPLANATION IN SEPARATE DOCUMENT THE RANK OF THE STANDARD CLASS IS EQUAL TO THE NUMBER OF SMOKER RISK CLASSES

**Section 1 B Termination Data** From pages 3 and 4 of the SOA-LIMRA Format rev 5-13-05. Use only Cause of Termination (column 75) and Termination Date (columns 86-93).

<b>COLUMN</b>	<b>L</b>	<b>DATA ELEMENT</b>	<b>DESCRIPTION</b>
75	1	CAUSE OF TERMINATION	0 = VOLUNTARY (TYPE UNKNOWN), OR UNABLE TO SUBDIVIDE 1 = REDUCED PAID-UP 2 = EXTENDED TERM 3 = OTHER, VOLUNTARY 4 = DEATH (NO ADB PAID) 5 = DEATH (ADB PAID) 6 = DEATH (UNKNOWN WHETHER ADB PAID) 9 = TERM CONVERSION (UNKNOWN WHETHER A OR B) A = ATTAINED AGE TERM CONVERSION B = ORIGINAL AGE TERM CONVERSION C = COVERAGE EXPIRED OR CONTRACT REACHED MATURITY D = SURRENDERED FOR FULL ACCOUNT VALUE E = LAPSE DUE TO INSUFFICIENT CASH VALUE F = LAPSE DUE TO NON-PAYMENT OF PREMIUM Z = IN FORCE
86-93	8	TERMINATION DATE	FOR ALL POLICIES THAT HAVE TERMINATED, ENTER THE 8 DIGIT CALENDAR DATE OF TERMINATION IN THE FORMAT MMDDYY, FOR POLICIES THAT ARE STILL INFORCE, LEAVE BLANK.

**Section 1 C Risk Data** From pages 4-9 of the SOA-LIMRA Format rev 5-13-05. Uses only Underwriting Requirements (column 104), a Substandard Field (column 106), Smoker Status (column 112), and either Plan (columns 109-110) or Policy Form Code (columns 123-130.)

<b>COLUMN</b>	<b>L</b>	<b>DATA ELEMENT</b>	<b>DESCRIPTION</b>
104	1	TYPE OF UNDERWRITING REQUIREMENTS	IF UNABLE TO DISTINGUISH BETWEEN UNDERWRITTEN AND NOT UNDERWRITTEN, USE CODE Z FOR POLICIES NOT UNDERWRITTEN, USE CODE 9 AND COMPLETE COLUMN 114 Z = UNDERWRITTEN/NOT UNDERWRITTEN STATUS UNKNOWN OR UNABLE TO SUBDIVIDE 0 = UNDERWRITTEN, BUT TYPE UNKNOWN OR UNABLE TO SUBDIVIDE 1 = MEDICAL 2 = PARAMEDICAL 3 = NONMEDICAL (COMPLETE SET OF MEDICAL HISTORY QUESTIONS, USING TRADITIONAL NONMEDICAL FORM) 4 = SIMPLIFIED OR LIMITED UNDERWRITING (LESS THAN A COMPLETE NONMEDICAL SCREENING) 5 = NONMEDICAL AND SIMPLIFIED COMBINED (UNABLE TO SUBDIVIDE) 9 = NOT UNDERWRITTEN
106	1	PREMIUM CLASS (SUBSTANDARD ISSUES)	LEAVE BLANK IF NOT SUBSTANDARD. 0 = SUBSTANDARD, BUT DEGREE UNKNOWN OR UNABLE TO SUBDIVIDE 1 = SLIGHTLY SUBSTANDARD (UNDER 175%) 2 = MODERATELY SUBSTANDARD (175% TO 250%) 3 = HIGHLY SUBSTANDARD (OVER 250%) 5 = FLAT EXT. PREM. OVER \$5 TO \$10 6 = FLAT EXT. PREM. OVER \$10 7 = SLIGHTLY SUBSTANDARD WITH FLAT EXT. PREM. 8 = MODERATELY SUBSTD WITH FLAT EXT. PREM. 9 = HIGHLY SUBSTD WITH FLAT EXT. PREM. A = FLAT EXT. PREM. OF \$3 OR LESS B = FLAT EXT. PREM. OVER \$3 TO \$5 C = FLAT EXT. PREM. AMOUNT UNKNOWN

<b>COLUMN</b>	<b>L</b>	<b>DATA ELEMENT</b>	<b>DESCRIPTION</b>
109-110	2	PLAN	<p>EXCLUDE FROM CONTRIBUTION SPOUSE AND CHILDREN INSURED UNDER FAMILY POLICIES OR RIDERS.</p> <p>00 = ALL PLANS COMBINED OR UNABLE TO SUBDIVIDE</p> <p><b><u>Traditional Whole Life Plans:</u></b>  10 = TRADITIONAL FIXED PREMIUM  FIXED BENEFIT PLAN PERMANENT PLAN  15 = FIRST TO DIE WHOLE LIFE PLAN (SUBMIT SEPARATE RECORDS FOR EACH LIFE)  16 = SECOND TO DIE WHOLE LIFE PLAN (SUBMIT SEPARATE RECORDS FOR EACH LIFE)  30 = PERMANENT LIFE (TRADITIONAL) WITH TERM  50 = PERMANENT PLANS 10,15,16,30,40 COMBINED (I.E. UNABLE TO SEPARATE THESE PLANS)  60= SINGLE PREMIUM WHOLE LIFE  74 = ECONOLIFE (PERMANENT LIFE WITH LOWER PREMIUMS IN THE EARLY DURATIONS)</p> <p><b><u>TERM INSURANCE PLANS:</u></b>  20 = TERM (TRADITIONAL LEVEL BENEFIT AND ATTAINED AGE PREMIUM)  21 = TERM (LEVEL DEATH BENEFIT WITH GUARANTEED LEVEL PREMIUM FOR 5 YEARS)  22 = TERM (LEVEL DEATH BENEFIT WITH GUARANTEED LEVEL PREMIUM FOR 10 YEARS)  23 = TERM (LEVEL DEATH BENEFIT WITH GUARANTEED LEVEL PREMIUM FOR 15 YEARS)  24 = TERM (LEVEL DEATH BENEFIT WITH GUARANTEED LEVEL PREMIUM FOR 20 YEARS)  25 = TERM (DECREASING BENEFIT)  26 = TERM (LEVEL DEATH BENEFIT WITH GUARANTEED LEVEL PREMIUM FOR PERIOD OTHER THAN 5, 10, 15 OR 20 YEARS)  40 = SELECT AND ULTIMATE TERM (I.E. WHERE PREMIUM DEPENDS ON BOTH ISSUE AGE AND DURATION)  55 = TERM PLANS 20,25,40,77 COMBINED (I.E. UNABLE TO SEPARATE THESE PLANS)  77 = ECONOMATIC TERM</p> <p><b><u>UNIVERSAL LIFE PLANS:</u></b>  61 = SINGLE PREMIUM UNIVERSAL LIFE  70 = UNIVERSAL LIFE (DECREASING RISK AMOUNT)  71 = UNIVERSAL LIFE (LEVEL RISK AMOUNT)  72 = UNIVERSAL LIFE (UNKNOWN WHETHER CODE 70 OR CODE 71)  73 = SECOND TO DIE UNIVERSAL LIFE PLAN</p> <p><b><u>VARIABLE LIFE PLANS:</u></b>  80 = VARIABLE LIFE  81 = VARIABLE UNIVERSAL LIFE (UNKNOWN WHETHER CODE 82 OR CODE 83)  82 = VARIABLE UNIVERSAL LIFE (LEVEL RISK AMOUNT)</p>

<b>COLUMN</b>	<b>L</b>	<b>DATA ELEMENT</b>	<b>DESCRIPTION</b>
109-110	2	PLAN (continued)	<b>VARIABLE UNIVERSAL LIFE PLANS:</b> 83 = VARIABLE UNIVERSAL LIFE 84 = SURVIVORSHIP VARIABLE UNIVERSAL LIFE PLAN  <b>USE THE FOLLOWING CODES ONLY IF EXPERIENCE IS ALSO SUBMITTED UNDER SECTION II.D.</b> 98 = EXTENDED TERM 99 = REDUCED PAID
112	1	SMOKER STATUS	0 = UNKNOWN 1 = NO TOBACCO USAGE 2 = NONSMOKER 3 = CIGARETTE SMOKER 4 = TOBACCO USER
123-130	8	POLICY FORM CODE	PLEASE ASSIGN A PLAN CODE OF 8 CHARACTERS OR LESS TO EACH POLICY RECORD SUBMITTED TO THE STUDY. THE POLICY FORM CODE SHOULD IDENTIFY THE POLICY FORM UNDER WHICH THE POLICY WAS ISSUED. THIS WILL ALLOW COLLECTION OF BASIC INFORMATION ON PRODUCT DESIGN AND FEATURES FOR EACH GENERATION OF PRODUCTS. THIS CAN HELP IDENTIFY HOW CHANGES IN POLICY FEATURES OR OPTIONS MAY BE IMPACTING MORTALITY AND/OR PERSISTENCY RESULTS.

**Section III Exposure and Claims Data** From page 15 of the SOA-LIMRA Format rev 5-13-05.  
 Uses only Exposure (columns 211-222) and Actual Claim (columns 235-244)

### III EXPOSURE AND CLAIMS DATA

NOTE 1 : FOR POLICIES WITH INCREASING, DECREASING, OR VARIABLE ELEMENTS, THE AMOUNTS IN EXPOSURE AND CLAIM FIELDS MUST BE CONSISTENT. AN EQUIVALENT LEVEL AMOUNT MAY BE USED IN SUCH CASES. IF INITIAL AMOUNT OR CURRENT AMOUNT IS UNKNOWN, LEAVE THAT FIELD BLANK. IF CURRENT AMOUNT IS THE SAME AS INITIAL AMOUNT, LEAVE CURRENT AMOUNT FIELD BLANK.

NOTE 2 : INCLUDE ONLY AMOUNT PAID WHEN AMOUNT IS LIMITED BECAUSE OF A SUICIDE, CONTESTED, OR COMPROMISED CLAIM, OR EXCLUSION CLAUSE.

<b>COLUMN</b>	<b>L</b>	<b>DATA ELEMENT</b>	<b>DESCRIPTION</b>
211-222	12	EXPOSURE INITIAL AMOUNT	ENTER INITIAL FACE AMOUNT OF POLICY EXACT DOLLAR: E.G., CODE \$265,800 AS 000000265800. SEE NOTE 1.
235-244	10	ACTUAL CLAIM (INITIAL AMOUNT)	ENTER EXACT DOLLAR AMOUNT. SEE NOTES 1 AND 2.