Group Life Waiver-of-Premium Experience Study¾Data Requirements
October 15, 2002

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General Information
The study time period is 1/1/1993 through 12/31/2002. Please include all waiver claims that were open for any time during this study period. This should include waiver claims that were still open as of 12/31/2002 as well as those waiver claims that were incurred prior to 1/1/1993 but open as of 1/1/1993.

Below are the data specifications for the waiver study data call. Please note that you may submit two claim records for one claimant. For instance, there may be both basic and optional coverage which can be recorded in two separate records for data analysis. The key for these records will consist of Carrier Code and Claimant ID# (unique to the claimant) for the data counts.

Exclusions
— Non-US business
— Creditor life
— AD&D
— Dependent
— Administration-only claims
— Pending claims
— Denied claims
— Waiver reserve buyout
— Block takeover
— Accelerated death benefit payments (until final death benefit is paid)

Information about claim and claimant

Field	Description	Requirement
Carrier Code	Assigned by SOA	Required
Birthdate	MMDDYYYY	Required
Sex	M= Male F=Female U=Unknown	Required
Date of disability	Last Day Worked + 1	Required
Claimant ID#	Add scalar to Social security #, unique to claimant	Required
Claim ID	Id used to trace back to claim system	Required
Face Amount	Original Face Amount	Required
Termination/ Resolution Date	MMDDYYYY, Use study end date if claim is still open.	Required
Termination Reason	1 = death 2 = recovery including noncompliance with annual certification 3 = expiry or reached payable to age) 4 = transfer of risk/admin in a buyout or assumption rx agreement 5 = End of Study Period (12/31/02)	Required
Elimination Period	Number, ex. 6 or 180	Optional
Elimination Period Units	M = Months D = Days Y = Year	Optional
Date Reported	MMDDYYYY	Optional
Date Approved	MMDDYYYY	Optional
Diagnosis Code		Optional
Diagnosis Table	1 (ICD9), 2(ICD10), 3 (Other)	Optional

Participant Reasonableness checking

1. Date of Birth + 15 years < Date of Disability
2. Date of Birth + 100 years > End Date of Study
3. Termination/Resolution Date > Date of Disability
4. Date of Birth + 75 years > Date of Disability
5. Termination/Resolution Date > Date of Disability+Elimination Period
6. Termination/Resolution Date > Beginning of Study Period
7. Date of Disability <= End of Study Period
8. Date of Approval >= Date of Disability
9. Date of Approval <= Date of Termination
10. Elimination Period Units = D, M, or Y
11. Elimination Period >= 90 days or 3 months
12. Elimination Period <= 1 year, 365 days, 12 months
13. Face Amount > 0
14. Date Reported >= Date of Disability
15. Check 10 records randomly. Provide brief explanation of the review.
16. Check 10 largest claims. Provide brief explanation of the review.

Waiver of Premium Participant Survey

1. Do you check open claims against the Social Security death index? Please explain how these claims are resolved.

2. Have you had system conversions at any time during the waiver study period? Did this cause data issues that may affect the study, e.g., did the converted claims all get the same approval date? Can these claims be identified?

3. Have you had any clean up efforts during the study period? Please provide the date and describe the actions taken. Did this cause unique distortions to your data, e.g. were termination dates set at the process date or the true effective date of the termination, did you identify a large group of waivers that were previously unknown? Can these claims be identified?

4. If you included claims for living benefits, did you report the face amount remaining or the original face amount? Please provide the number of these claims.

5. Please describe your contract definition of disability. Has this changed during the study period?