2015-2024 Group Long-Term Disability Claim Termination Study Data Request

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CONTENTS

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Request for Data Contributions

The Group Disability Experience Committee (GDEC) of the Society of Actuaries Research Institute is requesting Group Long-Term Disability (LTD) claim termination experience data for the years 2015 to 2024. A detailed description of the data being requested can be found in Appendix A.

Purpose and Scope of the Study

The SOA Research Institute and LIMRA plan to complete an update to the 2019 Group Long-Term Disability Experience Study, which studied claim terminations. The goals of this update are to:

- compare recent LTD claim termination experience with experience from the prior study (2009-2017 experience);
- compare recent LTD claim termination experience with the 2012 Group LTD valuation table;
- support the potential development of updates to the current Group LTD valuation table, if warranted;
- analyze LTD claim experience with regard to the impact of Social Security approval on claim termination rates;
- provide LTD insurers with updated data for use in benchmarking their own experience and in setting pricing and valuation assumptions;
- support research for the development of predictive and other models that can be used for financial projections and analysis

Study Process

This Study will be designed, overseen, and peer reviewed by an SOA Research Institute volunteer project oversight group (POG). The SOA Research Institute and LIMRA, under the Experience Study Pro partnership to complete experience studies, will handle all data steps, including study construction and data privacy. Study Participants will receive significant benefits as described in the *Benefits to Study Participants* section below. A short public report with limited Study highlights will be available for free to the public.

More information on the SOA Research Institute and LIMRA experience study partnership can be found at A Powerful Partnership | SOA.

Expected Work Effort for Study Participants

If your company would like to be a Study Participant, an entity that contributes experience data to the study, the detailed description of the requested experience data can be found in Appendices A and B.

Data can be submitted in one of the following file formats, which must use the ASCII character set:

- Microsoft Excel workbook;
- Comma-separated values (.csv) file;

- Fixed width Text (.txt) using specified columns to denote data elements.
- For formats that do not match the enclosed format specifications, column headings and/or attached mapping instructions are required.

Study Results

A basic report will be publicly available and provide users with a high-level overview of broad experience trends in the industry.

The detailed Study results will be made available in a 'Standard Data Package' included in a 2026 subscription to Experience Studies Pro. The Standard Data Package may include some combination of a detailed Study report, a data visualization tool providing cross-segmentation capabilities, and a downloadable aggregated database. The Standard Data Package aims at equipping Study Participants with a tool to review a participant's experience relative to the industry and enhance pricing and valuation capabilities. Any output of the study, whether publicly available or available for purchase, will not contain any private information or any confidential contributor level information.

Benefits to Study Participants

Study Participants will be acknowledged in the Study results. Their experience data will be part of a broad industry Study that will benefit the group disability industry.

Study Participants whose data is retained for inclusion in the Study and who purchase a 2026 subscription to Experience Studies Pro will also receive the following benefits:

- the ability to see their own experience results compared to the industry results in any non-public, data visualization dashboards or excel pivot tables;
- the option to choose a group of no less than 5 peer companies from the companies who provided data to the study and receive a comparison of the aggregated results of these peer companies to their own company results;
  - o If your company is chosen to be in another company's peer group, your company's confidentiality will be protected in any peer group analysis in the following ways:
    - A peer group must contain at least five (5) companies.
    - If needed, any company with data that dominates the rest of the group (i.e., represents more than 25% of the exposure for the group) will be scaled back to 25%.
  - o If you submit data for more than one company, please contact StudyPro@soa.org if you prefer the data for all the companies to be combined as one 'company group' or kept as separate individual companies in your peer group analysis.
  - o By being a Study Participant, you acknowledge and agree that your company's data may be part of another company's peer group analysis. If you want to exclude your company's data from another company's peer group analysis, please notify StudyPro@soa.org. In this case, your company will not have the option to receive a peer group analysis.
- the opportunity to have a meeting with the SOA Research Institute and LIMRA researcher(s) who performed the analyses for the study. At this meeting, the contributor will be able to quickly gain deeper insights into the results and questions in specific areas of interest.

Important Dates and Study Timeline

Below is the estimated Study timeline:
- July 2025: official call for data to Study Participants
- July – September 2025: data collected from Study Participants
- September 2025 – September 2026: data aggregated and cleansed; public report and Standard Data Package assembled
- End of September 2026: Standard Data Package available for purchase

The timeliness of the data submissions is critical to meeting the above timeline of this Study. **The Study experience data is due to LIMRA by September 30, 2025.** If you would like to contribute, but find that this timing is challenging, please contact StudyPro@soa.org.

In addition, **please reply to StudyPro@soa.org with your decision to supply data for this study by July 18, 2025.**

Data Transmission Instructions

The SOA Research Institute and LIMRA have partnered to validate, compile, and aggregate the data for this effort. When you are ready to submit your data, please send an email to SOADataTransmissions@limra.com and LIMRA will send you a secure link to facilitate the data transmission.

Data Access, Ownership and Retention

The SOA Research Institute and LIMRA have partnered together to collect and process experience data for this effort. The data collected under this partnership will be processed and housed within LIMRA's existing study data infrastructure. The agreement between the SOA Research Institute and LIMRA includes provisions to ensure the data is kept secure and confidential. Only SOA Research Institute and LIMRA staff directly involved with the project will have access to the original data. SOA Research Institute volunteers working on the experience analysis and table development will not have access to original data. For more information on LIMRA's information security program, please see the LLG (LIMRA) Governing Information Security Policy in the Appendix D.

The SOA Research Institute and LIMRA will create aggregated datasets from the original data contributions for the purpose of completing this effort. These aggregated datasets will not contain any personally identifiable information (PII). All aggregated datasets compiled by the SOA Research Institute and LIMRA from the original data contributions will be the property of the SOA Research Institute and LIMRA. Only SOA Research Institute staff, LIMRA staff, or contracted independent consultants will have access to contributor-level data. The aggregated datasets may be used for future research, education or other purposes and offerings, as deemed appropriate by the SOA Research Institute or LIMRA.

APPENDIX A – Data Request Description

The study covers experience from 1/1/2015 through 12/31/2024 using a claim valuation date of 6/30/2025.

We are requesting that all carriers match the format and variable mappings as defined in this appendix. This will likely involve a conversion or mapping process from your own sources of data. If you have capacity issues or questions on the mappings, the Group LTD experience committee will assign a data buddy who can assist with these conversions.

The study period is defined as 1/1/2015 through 12/31/2024. We are requesting one row for each claim that meets both of the following conditions:
1. Claim was incurred on or prior to the study period end date of 12/31/2024
2. Claim had at least one benefit payment that covers dates within the study period (1/1/2015 to 12/31/2024) and made on or before the valuation date of 6/30/2025.

This should include claims with dates of disability prior to the study period. This data request is similar to the data request for the claims portion of the recent Group LTD Incidence Study data request to allow carriers to leverage prior data submissions.

Please provide one record per distinct claim. We understand that some carriers use multiple claim records to capture supplemental benefits, or for other reasons, and ideally these should be combined.

Exclusions

This study is intended to be restricted to fully insured Group LTD and so the following claims should be excluded from this study:

1. ASO LTD

2. No shorter term-LTD coverage: This should exclude any group with an elimination period less than 30 days OR with a benefit duration less than 24 months.

3. Any business sold on an individual policy form or contract

4. LTD contracts that have been post-porting or conversion to a retired or terminated employee trust.

5. Worksite business that is sold with a long contract guarantee and attained age rates, e.g. multi-life individual disability policies.

6. Voluntary Association LTD

7. All claims that were part of a reserve buyout.

Data Request Format

Field No.	Variable	Required / Optional	Example	Comments
1)	Claim ID	Required	12345678	A unique identifier for the claim. The format of the Claim ID is specific to each participating company.
2)	Unique Policy Identifier	Optional	1234954	A unique identifier for the policy.
3)	Claim Status	Required	1	The status code for the claim as of the valuation date. Valid values include: 1 = Open 2 = Closed You may have additional statuses including in suspense, or in litigation. If you hold a reserve, list as open, otherwise closed.
4)	Termination Code	Required on closed claims	1	The reason that the claim was terminated: Blank if Claim Status = 1. Otherwise, valid values include: 1 = Death 2 = Maximum contractual duration (e.g. age 65/SSNRA) reached (this does not include claims reaching internal limits such as Mental & Nervous) 3 = Termination due to expiration of benefits subject to internal limits such as Mental & Nervous 4 = Recovery 5 = Settlement (considered a settlement if the amount paid is in excess of 6 months of monthly benefit)
5)	Date of Birth	Required	19750505	The claimant's date of birth - YYYYMMDD
6)	Date of Disability	Required	20190701	The date that the claimant became disabled - YYYYMMDD
7)	Benefit Commencement Date	Required	20191001	The effective date of the first payment - YYYYMMDD
8)	First Paid Date	Required	20191015	The date the first disability payment was made (check cutting date) - YYYYMMDD
9)	Liability Termination Date / Maximum Paid Through Date	Required	20201201	The date specifying the end of the liability (not the calendar date of the action). This is typically the date through which claims are paid. - YYYYMMDD
10)	Claim Maximum Date / Contractual Benefit End Date	Required	20420701	The date that the contractual maximum duration was, or will be, reached not including any internal limits (i.e., Mental & Nervous, Self-reported, etc.) - YYYYMMDD

11)	Sex	Required	1	Valid values include: Blank = Unknown 1 = Male 2 = Female Companies should make every attempt to determine sex for each claim.
12)	Primary Diagnosis Code	Required	I25.118	The original primary ICD-9 or ICD-10 code of the sickness or accident that caused the disability. If not available, current diagnosis code is acceptable.
13)	Primary Diagnosis Code Type	Required	1	Valid values include: Blank = Unknown 1 = ICD-9 2 = ICD-10
14)	Secondary Diagnosis Code	Required, if applicable	I25.118	The secondary ICD-9 or ICD-10 code of the sickness or accident that caused the disability, if applicable.
15)	Secondary Diagnosis Code Type	Required, if applicable	1	Valid values include: Blank = Unknown 1 = ICD-9 2 = ICD-10
16)	Tertiary Diagnosis Code	Required, if applicable	I25.118	The tertiary ICD-9 or ICD-10 code of the sickness or accident that caused the disability, if applicable.
17)	Tertiary Diagnosis Code Type	Required, if applicable	1	Valid values include: Blank = Unknown 1 = ICD-9 2 = ICD-10
18)	Gross Benefit Amount	Required	12523	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. Integer (e.g. 100000, 45000, etc.)
19)	COLA Benefit Indicator	Required	2	Indication as to whether a claim has a COLA benefit of any kind. Valid values include: Blank = Unknown 1 = Yes 2 = No
20)	Claimant Elimination Period	Required	90	The elimination period for the claim expressed in days.
21)	Limited Own Occ Claim Indicator	Required	1	Indication as to whether claim is subject to limited Own Occ period (includes SS definition). Valid values include: Blank = Unknown 1 = Yes 2 = No

22)	Length of Own Occupation Period	Required if Limited Own Occ is Indicator = 1	24	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. Enter 999 for unlimited.
23)	Mental & Nervous Benefit Limit Indicator	Required	2	Indication as to whether the plan for this claim contains a Mental & Nervous benefit period limit. Valid values include: Blank = Unknown 1 = Yes 2 = No
24)	Mental & Nervous Benefit Period Limit	Required if M & N Benefit Limit Indicator = 1	24	The length of time expressed in months that the claimant is entitled to receive benefits with a Mental & Nervous diagnosis. Enter 999 for unlimited.
25)	Drug & Alcohol Benefit Limit Indicator	Required	1	Indication as to whether the plan for this claim contains a Drug & Alcohol benefit period limit. Valid values include: Blank = Unknown 1 = Yes 2 = No
26)	Drug & Alcohol Benefit Period Limit	Required, but only applicable if D & A Benefit Limit Indicator = 1	24	The length of time expressed in months that the claimant is entitled to receive benefits with a Drug & Alcohol diagnosis. Enter 999 for unlimited.
27)	Other Diagnoses Benefit Limit Indicator	Required	1	Indication as to whether the plan for this claim contains a benefit period limit for diagnoses other than Mental & Nervous or Drug & Alcohol. Valid values include: Blank = Unknown 1 = Yes 2 = No
28)	Other Diagnoses Benefit Period Limit	Required, but only applicable if other Benefit Limit Indicator = 1	24	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 or Drug & Alcohol. Enter 999 for unlimited.
29)	STD Indicator	Required	1	This variable should identify LTD claims that are accompanied by a STD claim from your company (including ASO). Valid Values: 1 = with Fully-Insured STD 2 = with ASO STD 3 = with STD, but not known whether ASO or Fully Insured 4 = No STD with your company Blank = Unknown
30)	PFML Indicator (Medical Leave Only)	Required	1	This variable should identify LTD claims that are accompanied by a paid medical leave claim under PFML coverage from your company (including ASO). Do not include family leave claims. Valid Values: 1 = with Fully-Insured PFML

				2 = with ASO PFML 3 = with PFML, but not known whether ASO or Fully Insured 4 = No PFML with your company Blank = Unknown
31)	Taxability of Benefits	Required	T	This variable should indicate the tax status of LTD benefits. T = 100% Taxable N = Non-Taxable P = Partial Taxability Blank = Unknown
32)	Monthly Salary	Required	10000	This variable should show the claimants' pre-disability monthly earnings based on the earnings definitions in the LTD contracts. Integer (e.g. 100000, 45000, etc.) Unknown salaries should be coded as "0"
33)	State of Workplace	Required	ME	This variable should indicate claimants' state of workplace as of the most recent valuation date. If the state of workplace is not available, the state of the policy should be provided. 2-digit alphabetical character (e.g. ME, CA, etc.) Unknown states of residence should be Blank
34)	Claimant's State of Residence	Required	TX	This variable should indicate claimants' states of residence as of the most recent valuation date. 2-digit alphabetical character (e.g. ME, CA, etc.) Blank if unknown
35)	Current SS Status	Required	Y	SS Status as of Valuation Date (6/30/2025). Treat PERS/STRS as equivalent to SS Y = Yes (approved) P = No, pending review by Social Security D = No, denied by Social Security and no longer appealing I = No, ineligible for Social Security N = No, unknown reason Blank = Unknown
36)	SS Award Date	Required	20200101	The date the SS award was approved, or best estimate - YYYYMMDD. If item 30 is N or Blank, this field should be Blank. If item 30 is coded Y and the SS Award Date is unknown, code this field Blank.
37)	Net Benefit	Optional	12523	The current ongoing net monthly benefit that the claimant is entitled to receive. For closed claims, this should be the net monthly benefit as of the Liability Termination Date. Blank if unknown.
38)	Standard Industrial Classification (SIC) Code	Required	8049	This variable should identify the industry that a claimant's employer group was operating in as of the LTD date of disability, as defined by the Standard Industrial Classification system. Most recent SIC code is acceptable.

				4 Digit numerical character (e.g. 0111, 8211, etc.) Unknown SIC's should be coded as Blank
39)	Case Size	Required	100	The number of LTD <u>covered</u> lives associated with the group policy (as of most recent date is acceptable). Blank if unknown.

APPENDIX B – Data Submission Guidelines and Data Validation Checks

For this study, study data will be assembled and processed by the SOA and LIMRA, with validation rules specified by the GDEC. The Committee will then make decisions about how to handle data integrity issues, which can include excluding data, using default fixes, or potentially asking for a resubmission. In order to streamline this process, it will be helpful if the submitting companies do their own validation prior to submission. The validation rules are listed below, along with some suggestions as how to handle discrepancies that arise.

One point to note is that we expect many carriers to participate and so there should be sufficient data for a very robust study, which means it is less important for the submissions to be 100% complete than it is for the submissions to be mostly free of data integrity issues. This means that if you have policies or blocks of business with significant data quality issues, or for which you have significant difficulty capturing the required data, or which do not meet the normal definition of long-term disability, then you should feel free to drop this business from the study.

Each carrier will be assigned a data buddy that can help with the validation and provide advice on how to handle data validation issues.

1) Claim ID: A unique identifier for the claim. The format of the Claim ID is specific to each participating company. This will be used to identify particular claims if there are issues that need to be addressed via data questions. There should be no duplicate Claim IDs.

2) Unique Policy Identifier: This is an optional identifier for the policy under which the claim occurred.

3) Claim Status: The allowed values are 1 or 2 for open and closed. There could be many additional statuses associated with claims; the general rule is that if you are holding a reserve for expected payments other than for survivor benefits or due to an expectation of potential reopen, then the claim should be counted as Open. If the claim is listed as closed, we will look for a Termination Code and Liability Termination Date. Claims that are closed but with a reserve for potential future reopening should be considered closed.

4) Termination Code: Blank or 1-5: These codes match the most recent LTD Term study. Any reason for termination other than the explicitly defined values of Death, Max Duration, M&N or other contractual limits, and Settlement should be coded as Recovery or code 4. Settlement is defined as a lump payment that exceeds six months of net benefit. A claim that is closed after paying off less than six months of expected benefit should count as a recovery with the Liability Termination Date being the end of the payout period. The code should be Blank if the Claim Status value is 1 (open). If there are other values on open claims, we will reset these to Blank.

5) Date of Birth: This should be a valid date. If you only have age and not date of birth, fill in the date of birth by subtracting the age in years from the Date of Disability. In addition, the age implied by the date of birth and the date of disability should be greater than 14 or less than 120.

6) Date of Disability: Should be a valid date on or prior to the end of the study (12/31/2024). All claims with a Date of Disability on or prior to 12/31/2024 that had at least one benefit payment between the study start date of 1/1/2015 and the valuation date of 6/30/2025 should be provided. This means that some Dates of Disability will be prior to 1/1/2015 to the extent that your company had Group LTD policies in force before 2015.

7) Benefit Commencement Date: Should be a valid date on or after the Date of Disability. This should be defined as the first day on which a claimant is eligible for benefit. Normally, this would be the end of the elimination period and the difference between this date and the date of loss should equal to the plan elimination period in days, but there are instances when the date will differ to due salary continuation or some other reason. If there are a high proportion of claims where the Benefit Commencement Date differs from the Claimant Elimination Period then we will ask the carrier to review.

8) First Paid Date: Should be a valid date on or after the date of loss and on or prior to the claim valuation date of 6/30/2025. If the date is after the valuation date, the claim will be discarded.

9) Liability Termination Date/Maximum Paid Through Date: Should be a valid date on or after the Benefit Commencement Date. This is the date through which benefits have been paid. If a claim was closed and paid off with an amount equal to less than six months of benefit, then the date should be equal to the date through which the claimant would have been paid had the claim been paid the current net benefit each month. If the amount is more than six months of net benefit, then the claim counts as "Settled" and the date should be set to the date the claim was closed. If the Liability Termination Date is after the end of the study period then the claim will be counted as open. This field is required for all claims with a current status of closed.

10) Claim Maximum Date/ Contractual Benefit End Date: This is the plan maximum date, not counting any benefit limits due to diagnosis such as Mental and Nervous or Drug and Alcohol.

11) Sex: This should be Blank, 1, or 2. Code sexes other than Male or Female as Blank.

12) Primary Diagnosis Code: This should be a valid ICD-9 or ICD-10 code. We have also requested this as the original code, but if all that is available is the current code, then please submit the current code. We will make an effort to convert apparent invalid codes if they are near a valid code or look to be a shortened version of a valid code. If the code does not map at all to valid codes, it will be converted to Blank or unknown.

13) Primary Diagnosis Code Type: should be Blank, 1 or 2.

14) Secondary Diagnosis Code: This should be the secondary ICD-9 or ICD-10 code of the sickness or accident that caused the disability, if applicable. This will be used to study comorbidities. We will attempt to convert apparent invalid codes if they are near a valid code or look to be a shortened version of a valid code. If the code does not map at all to valid codes, it will be converted to Blank or unknown.

15) Secondary Diagnosis Code Type: should be Blank, 1 or 2.

16) Tertiary Diagnosis Code: This should be the tertiary ICD-9 or ICD-10 code of the sickness or accident that caused the disability, if applicable. This will be used to study comorbidities. We will attempt to convert apparent invalid codes if they are near a valid code or look to be a shortened version of a valid code. If the code does not map at all to valid codes, it will be converted to Blank or unknown.

17) Tertiary Diagnosis Code Type: should be Blank, 1 or 2.

18) Gross Benefit Amount: This should be greater than zero.

19) COLA Benefit Indicator: This should be Blank, 1 or 2. Any COLA provision of any type should be listed as 1.

20) Claimant Elimination Period: This should be greater than 14 and less than 730. If the plan is for a specified number of months, you can either use the 30-day convention (3 months = 90 days) or subtract the Date of Disability from the expected Benefit Commencement Date (which could be 91 or 92 days). We will check the Claimant Elimination Period against the Benefit Commencement Date. A commencement date less than the Date of Disability plus Claimant Elimination Period will be reviewed. If there are a few commencement dates greater than this date then we will let them flow through. If there are a high proportion we will ask the carrier to review.

21) Limited Own Occ Claim Indicator: Should be Blank, 1 or 2.

22) Length of Own Occupation Period: Should be an integer between 0 and 120, or 999. Values greater than 120 will be assumed to be unlimited. We look for discrepancies between the Own Occ Indicator and this field, flagging values of 1 with Unlimited Own Occ or values of 2 with a limit. If there are a few discrepancies we will likely force consistency, but if there are many, we will ask the carrier to review. Enter 999 if unlimited. Blank if unknown.

23) Mental & Nervous Benefit Limit Indicator: Should be Blank, 1 or 2

24) Mental & Nervous Benefit Period Limit: Should be an integer between 0 and 120, or 999. Values greater than 120 will be assumed to be unlimited. We look for discrepancies between the M&N Indicator and this field, flagging values of 1 with Unlimited M&N or values of 2 with a limit. If there are a few discrepancies we will likely force consistency, but if there are many we will ask the carrier to review. Enter 999 if unlimited. Blank if unknown.

25) Drug & Alcohol Benefit Limit Indicator: Should be Blank, 1 or 2

26) Drug & Alcohol Benefit Period Limit: Should be an integer between 0 and 120, or 999. Values greater than 120 will be assumed to be unlimited. We will look for discrepancies between the D&A Indicator and this field, flagging values of 1 with Unlimited D&A or values of 2 with a limit. If there are a few discrepancies we will likely force consistency, but if there are many, we will ask the carrier to review. Enter 999 if unlimited. Blank if unknown.

27) Other Diagnoses Benefit Limit Indicator: Should be Blank, 1 or 2

28) Other Diagnoses Benefit Period Limit: Should be an integer between 0 and 120, or 999. Values greater than 120 will be assumed to be unlimited. We will look for discrepancies between the D&A Indicator and this field, flagging values of 1 with Unlimited D&A or values of 2 with a limit. If there are a few discrepancies we will likely force consistency, but if there are many, we will ask the carrier to review. Enter 999 if unlimited. Blank if unknown.

29) STD Indicator: Should be Blank, 1-4.

30) PFML Indicator (Medical Leave Only): Should be Blank, 1, 2, 3, or 4. This variable should identify LTD claims that are accompanied by a paid medical leave claim under PFML coverage from your company (including ASO). Do <u>not</u> include family leave claims.

31) Taxability of Benefits: Allowed values are T, N, P, or Blank (for unknown).

32) Monthly Salary: This should be between $100 and $10M.

33) State of Workplace: Should be a valid two-digit state abbreviation. If the code is not valid it will be counted as unknown. Note that we have asked for State of Workplace of the claimant. If this is not known you can enter the domicile state for the Policy.

34) Claimant's State of Residence: Should be a valid two-digit state abbreviation. If the code is not valid it will be counted as unknown.

35) Current SS Status: Should be Blank, Y, P, D, I, or N. This identifies whether there is a known SS award. Other awards such as PERS or STRS disability should be treated like SS. Retirement SS should not be counted as an SS award. Use "P" if the claimant is eligible for a Social Security award and has not yet been denied one. Use "D" if the claimant has been denied a Social Security award and is no longer appealing. Use "I" if the claimant is ineligible for a Social Security award. If the claimant has no known Social Security award and the reason is unknown, provide "N".

36) SS Award Date: Should be a valid date between the Date of Disability and the Claim Valuation Date. This field is intended to indicate when the insured was notified of the award rather than the effective date of the award. We will check the distribution of dates relative to the Date of Disability. If there are a high proportion in the sixth month of duration, then we will ask the carrier to review to make sure we are not getting the effective dates of the awards. If there are a small number of invalid dates, then we will address. If there are large number of invalid dates, then we will ask the carrier to review.

37) Net Benefit: Should be Blank or between 0 and 100K. This is the current ongoing Net Benefit amount. This amount can be greater than the Gross Benefit Amount due to COLA or supplemental benefits. We will look for significant outliers, such more than 10 times the Gross Benefit Amount and then treat as unknown. For closed claims, this should be the net monthly benefit as of the Liability Termination Date.

38) Standard Industrial Classification (SIC) Code: Should be a valid SIC code.

39) Case Size: Should be Blank or between 1 and 1M. Ideally this would be the group size at the Date of Disability, but this also could be whatever is on record for the policy.

APPENDIX C – Confidentiality of Data

The SOA Research Institute and LIMRA have been conducting industry research studies for many years and realize the importance of maintaining utmost confidentiality of data. All data will be treated with complete confidentiality. Detailed, aggregate results will be compiled in summary reports which will be available to purchasing companies. Some select, high-level results may also be used in public reports and public forums such as conference presentations, press releases and articles in trade publications.

No information from individual participating companies will be identified, nor will the data be shown in a fashion whereby individual company results can be identified either in the summary report or the public forums listed above. The SOA Research Institute and LIMRA reserves the right to release confidential information under a valid order created by a court or government agency. A list of all participating companies will be included in the report.

APPENDIX D - LLG Governing Information Security Policy

LLG Information Technology has created and maintains a comprehensive information security program called Governing Information Security Policy for LLG. This program covers information security, risk assessment, and privacy for all LLG IT activities. The program ensures that LLG has in place adequate technical, administrative, and physical safeguards to protect sensitive information. LLG's Chief Information Security Officer is the owner of the program document, and reviews and updates it annually.

1. ZERO TRUST ARCHITECTURE MODEL

LLG's security model is centered on the belief that devices are not to automatically trusted inside or outside our perimeters. All connections must verify and continually be verified they meet a defined set of requirements before being granted access as well as ongoing access.

2. PHYSICAL SECURITY

LLG has industry best practice physical controls to protect staff, information, and guard against intrusion theft, damage, and unauthorized access. A badge reader system controls access to LLG's facilities, computer rooms, and areas where sensitive information is stored. Employees, contractors, and consultants have photo ID badges that must be prominently displayed. Visitors and third parties must be provided with badges that are prominently displayed at all times during their use of LLG's buildings. LLG IT maintains procedures to ensure that computer and communications rooms are secured and protected from fire.

3. DATA STORAGE

The physical storage location of data is Windsor, CT. The core physical infrastructure that includes physical hardware asset management, security, data protection, and networking services is managed by LLG staff. All systems are managed, monitored, and operated by LLG.

4. END-POINT PROTECTION

LLG Information Technology department develops, maintains, and revises as needed, a manual of procedures that govern the following:

- Use of software to protect the computing environment from viruses and other malicious tools
- Updating the computing environment with "patches" for known vulnerabilities
- Restricting the ability of unprotected systems to access the environment
- Installed and running on all LLG connected computers is an industry approved end-point protection software program that is updated regularly. Definitions are set to update daily.

About The Society of Actuaries Research Institute

Serving as the research arm of the Society of Actuaries (SOA), the SOA Research Institute provides objective, data-driven research bringing together tried and true practices and future-focused approaches to address societal challenges and your business needs. The Institute provides trusted knowledge, extensive experience and new technologies to help effectively identify, predict and manage risks.

Representing the thousands of actuaries who help conduct critical research, the SOA Research Institute provides clarity and solutions on risks and societal challenges. The Institute connects actuaries, academics, employers, the insurance industry, regulators, research partners, foundations and research institutions, sponsors and non-governmental organizations, building an effective network which provides support, knowledge and expertise regarding the management of risk to benefit the industry and the public.

Managed by experienced actuaries and research experts from a broad range of industries, the SOA Research Institute creates, funds, develops and distributes research to elevate actuaries as leaders in measuring and managing risk. These efforts include studies, essay collections, webcasts, research papers, survey reports, and original research on topics impacting society.

Harnessing its peer-reviewed research, leading-edge technologies, new data tools and innovative practices, the Institute seeks to understand the underlying causes of risk and the possible outcomes. The Institute develops objective research spanning a variety of topics with its strategic research programs: aging and retirement; actuarial innovation and technology; mortality and longevity; diversity, equity and inclusion; health care cost trends; and catastrophe and climate risk. The Institute has a large volume of topical research available, including an expanding collection of international and market-specific research, experience studies, models and timely research.

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Society of Actuaries Research Institute

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