

**APPENDICES**

**FACTORS THAT AFFECT RETIREMENT MORTALITY (FARM) PHASE II**

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## APPENDIX A

### Society of Actuaries Preferred Format of Mortality and Turnover Study Data

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## **File Type**

The preferred file type is one of:

- Excel
- Lotus
- Access
- ASCII

## **Medium**

The preferred medium is one of:

- Diskette
- CD
- Encrypted email attachment

## **File Format**

In each data file, there should be one data record (row) per member.

Because you are contributing data annually, we would expect to receive one data file for each pension plan included in your submission. Each data file would contain one record (row) for each individual who was a member for some or all of the plan year.

Please remember that you may provide the data in whatever format is most convenient to you. What we ask is that you provide us with a mapping to allow us to convert your data contribution to the “preferred format” outlined below. This will permit us to combine your data with other contributions and to complete the experience study.

Please provide whatever data is available, and leave the other fields blank. If the format you plan to use is materially different from this “preferred format”, please contact Steve Siegel – [ssiegel@soa.org](mailto:ssiegel@soa.org) or (847) 706-3578 – to discuss.

We understand that you may have difficulties providing complete data. Please do your best. Partial data is better than no data at all.

## **Desired Data**

The data requirements for the turnover study (which focuses on active lives) are more extensive than those for the mortality aspects of the analysis (where the focus is on inactive lives). We therefore understand that some contributors will prefer to provide two separate files for each plan (one for actives and one for inactives). Other contributors will want to prepare one file per plan. Please do not hesitate to do what is easiest, given the manner in which you normally store and organize your data.

To help simplify the process, we have indicated which data fields are relevant for active members only (A), for retired and other inactive members only (I), or for all plan members (B – for both types).

<b>Column<sup>1</sup></b>		<b>Data Item</b>
1	B	Plan ID (non-identifying alpha or numeric indicator) – this is to assist the researcher in referencing the plan if any follow-up is needed; we recommend a two- to five-digit identifier.
2	B	Participant ID number – these will also assist if the researcher has any questions, and they need not be a Social Security Number or Social Insurance Number. The same participant identifier should be used for a particular participant for all years during which you contribute data for a certain pension plan.
3	B	Sex (M or F or U for unisex or X for unknown)
4	B	Date of birth (dd/mm/yyyy or mm/dd/yyyy or mm/yyyy) – the day can be omitted, if privacy concerns dictate
5	A	Date of most recent hire (dd/mm/yyyy or mm/dd/yyyy or mm/yyyy) – the day can be omitted, if privacy concerns dictate
6	A	Date is of original hire, re-hire, adjusted (due to breaks in service), or unknown (O or R or A or U)
7	A	If re-hire, number of years of past service credited
8	A	Annual salary for actives, using the plan’s definition of salary (if available) (see below)
9	B	Annual accrued benefit or retirement benefit as at the beginning of the plan year (if readily available) (see below)
10	B	Beginning of Year Status indicator (see below)
11	B	End of Year Status indicator (see below)
12	A	Date of exit from active membership, if applicable and readily available (dd/mm/yyyy or mm/dd/yyyy or mm/yyyy) – the day can be omitted, if privacy concerns dictate
13	I	Date of death of an inactive member, if applicable and readily available (dd/mm/yyyy or mm/dd/yyyy or mm/yyyy) – the day can be omitted, if privacy concerns dictate
14	I	Payment upon death indicator (see below)
15	B	Form of annuity or payment, if applicable (see below)
16	A	Conditions of exit (see below)
17	B	Plan year-end for this Data Record (mm/yyyy)

<sup>1</sup> If a spreadsheet is used, the Columns above should map to columns in the spreadsheet. If an ASCII file is used, please provide data in a similar layout, along with a mapping to indicate which ASCII columns map to the Columns above.

## Explanatory Notes for a Combined Active/Inactive Data File

### Annual Salary:

We would expect that the salary provided would be the annual salary as at the beginning of the plan year. If that is unavailable, please use the most current salary available, and note what was used when you return the Plan Design Checklist.

### Annual Accrued Benefit or Retirement Benefit:

If possible, please submit accrued benefits that have been converted to the plan's normal form of payment.

### Beginning of Year Status Indicators:

N = new entrant during plan year, not a member at the beginning of the plan year  
T = transfer in during plan year, not a member at the beginning of the plan year  
E = rehired and re-entered the plan during the year (a special case of N or T above); if past service is granted, please use notional date of entry and actual accrued benefit  
A = active member at beginning of plan year  
R = retiree in pay status  
B = beneficiary in pay status  
L = disabled per Social Security definition in U.S., per plan definition in Canada – may or may not be receiving plan benefits  
G = disabled per other than Social Security definition (U.S. only) – may or may not be receiving plan benefits  
D = deferred vested member (not disabled)  
U = beneficiary in deferred status  
I = inactive at beginning of plan year, and no other code applies

### End of Year Status Indicators:

A = active member at end of plan year  
T = non-vested termination during the plan year  
V = vested termination during the plan year (fully or partly)  
R = retired  
L = disabled per Social Security definition in U.S., per plan definition in Canada  
G = disabled per other than Social Security definition (U.S. only)  
**D = deferred vested member (not disabled)**  
**Z = died during the plan year (condition of exit code would normally be N)**  
B = beneficiary in pay status  
X = transferred to another plan of the same employer or different employer, through reciprocal transfer agreement, or as a result of merger, acquisition or divestiture  
**I = inactive at end of plan year, and no other code applies**

### Conditions of Exit Indicators:

N = normal departure, no special conditions  
(event can occur before, on, or after normal retirement age, and would include death)  
D = downsizing, plant closure, etc.  
W = temporary incentive to leave (severance window, early retirement window, etc. – either inside or outside the plan)  
F = a frozen benefit remains in the plan (use only with end of year status X)

X = benefits and assets transferred to the new plan (use only with end of year status X)  
U = beneficiary in deferred status  
O = other

Payment Upon Death Indicator (applies only when death has occurred):

N = benefits cease on death, no other benefits payable from the plan  
J = spouse to receive annuity (immediate or deferred) or lump sum death benefit  
S = payments to be made to survivors other than the member's spouse (payments may be immediate or deferred)

Form of Annuity or Payment:

L = immediate lump sum  
P = immediate pension (life-contingent annuity)  
C = immediate pension (other than life-contingent annuity)  
D = deferred pension (life-contingent annuity)  
E = deferred pension (other than life-contingent annuity)  
U = unknown  
O = other

### **Explanatory Notes Relevant to Active Lives Only**

Annual Salary:

We would expect that the salary provided would be the annual salary as at the beginning of the plan year. If that is unavailable, please use the most current salary available, and note what was used when you return the Plan Design Checklist.

Annual Accrued Benefit or Retirement Benefit:

If possible, please submit accrued benefits that have been converted to the plan's normal form of payment.

Beginning of Year Status Indicators:

N = new entrant during plan year, not a member at the beginning of the plan year  
T = transfer in during plan year, not a member at the beginning of the plan year  
E = rehired and re-entered the plan during the year (a special case of N or T above); if past service is granted, please use notional date of entry and actual accrued benefit  
A = active member at beginning of plan year  
D = deferred vested member  
I = inactive at beginning of plan year, and no other code applies

End of Year Status Indicators:

A = active member at end of plan year  
T = non-vested termination during the plan year  
V = vested termination during the plan year (fully or partly)  
R = retired  
L = disabled per Social Security definition in U.S., per plan definition in Canada – may or may not be receiving plan benefits  
G = disabled per other than Social Security definition (U.S. only) – may or may not be receiving plan benefits

D = deferred vested member (not disabled)

Z = died during the plan year (condition of exit code would normally be N)

X = transferred to another plan of the same employer or different employer, through reciprocal transfer agreement, or as a result of merger, acquisition or divestiture

I = inactive at end of plan year, and no other code applies

Conditions of Exit Indicators:

N = normal departure, no special conditions

(event can occur before, on, or after normal retirement age, and would include death)

D = downsizing, plant closure, etc.

W = temporary incentive to leave (severance window, early retirement window, etc. – either inside or outside the plan)

F = a frozen benefit remains in the plan (use only with end of year status X)

X = benefits and assets transferred to the new plan (use only with end of year status X)

U = conditions unknown

O = other

Form of Annuity or Payment:

L = immediate lump sum

P = immediate pension (life-contingent annuity)

C = immediate pension (other than life-contingent annuity)

D = deferred pension (life-contingent annuity)

E = deferred pension (other than life-contingent annuity)

U = unknown

O = other

### **Explanatory Notes Relevant to Inactive Lives Only**

Annual Accrued Benefit or Retirement Benefit:

If possible, please submit accrued benefits that have been converted to the plan's normal form of payment.

Beginning of Year Status Indicators:

I = inactive at beginning of plan year, and no other code applies

R = retiree in pay status

B = beneficiary in pay status

L = disabled per Social Security definition in U.S., per plan definition in Canada – may or may not be receiving plan benefits

G = disabled per other than Social Security definition (U.S. only) – may or may not be receiving plan benefits

D = deferred vested member (not disabled)

U = beneficiary in deferred status

End of Year Status Indicators:

A = active member at end of plan year

T = non-vested termination during the plan year

V = vested termination during the plan year (fully or partly)

R = retiree in pay status

B = beneficiary in pay status  
L = disabled per Social Security definition in U.S., per plan definition in Canada – may or may not be receiving plan benefits  
G = disabled per other than Social Security definition (U.S. only) – may or may not be receiving plan benefits  
U = beneficiary in deferred status  
D = deferred vested member (not disabled)  
Z = died during the plan year (condition of exit code would normally be N)  
I = inactive at end of plan year, and no other code applies

Payment Upon Death Indicator (applies only when death has occurred):

N = benefits cease on death, no other benefits payable from the plan  
J = spouse to receive annuity (immediate or deferred) or lump sum death benefit  
S = payments to be made to survivors other than the member's (payments may be immediate or deferred)

Form of Annuity or Payment:

L = immediate lump sum  
P = immediate pension (life-contingent annuity)  
C = immediate pension (other than life-contingent annuity)  
D = deferred pension (life-contingent annuity)  
E = deferred pension (other than life-contingent annuity)  
U = unknown  
O = other

### **Instructions to Firms Submitting Data in own Format**

We expect that most contributors will choose to use their own format, the format in which the data is currently available.

There should be one data record per member. All data records should be combined into one data file per pension plan.

Each data file would contain one record (row) for each individual who was a member for some or all of the plan year.

Please indicate the codes and/or formats used for:

- Sex
- Dates
- Status/death indicators
- Conditions of exit

Please indicate the mapping of your status codes to the study's standard codes.

Please indicate the mapping of your data records to the study's standard data format.



## **Integrity Checks**

Prior to submitting your data contributions, please perform the following integrity checks:

- Confirm that there are no blanks in the sex field.
- Confirm that the dates of birth are such that attained age is greater than or equal to 15 and less than 80 for active lives, and with an upper limit of 110 for inactive lives.
- Confirm that the dates of hire are such that age at hire is greater than or equal to 15 and less than 70.
- Confirm no annual salaries are beyond reasonable minimums and maximums for the pension plan in question. In general, we don't expect to see the rate of annual pay to be under \$10,000 and we expect to see very few rates of annual pay over \$300,000. Where extremely high or low salaries are valid, you may wish to include an explanatory note to that effect with your data submission.
- Confirm that there are no blanks in the status indicator field.
- Confirm that the date of exit is no more than twelve months prior to the plan year-end.
- Confirm that there is a date of exit (if readily available) and a condition of exit for every data record with an end of year status indicator of other than A. This applies primarily to the active lives.
- Confirm that the date of death is no more than twelve months prior to the plan year-end.
- Confirm that there is a date of death (if applicable) and payment upon death indicator for every record indicating a death within the plan year.

This preliminary review eases the work of the researcher, and minimizes the number of questions that will be asked of you as the researcher conducts their analysis.

## **Industry Category**

In the Plan Design Checklist, please use the Standard Industry Codes as outlined in the pages that follow. We have included them in this package for your convenience in completing the Plan Design Checklist.

## **Standard Industry Codes**

These industry titles and definitions are based, in general, on the Enterprise Standard Industrial Classification System authorized by the Requisitory and Statistical Analysis Division, Officer of Information and Regulatory Affairs, Office of Management and Budget, in the United States. These codes are used to classify enterprises by type of activity in which they are engaged.

·  
·  
·

[A listing of the SIC codes follow]

**Plan Design Checklist - 2002 SOA Turnover Study**

Plan Sponsor ID: \_\_\_\_\_

Plan ID: \_\_\_\_\_ (should match first column of data file)

Organization	Pay Type	Plan Design is Determined By
Multi-employer private plan	More than 90% Hourly	Employer
Single-employer private plan	More than 90% Salaried	Collective Bargaining
Multiple-employer private plan (US)	Other combination	Other
Public sector plan	Don't know	Don't know

**Standard Industry Code (see listing provided for assistance)**

SIC is: \_\_\_\_\_

**Location of Plan Members**

United States	Canada	More than 50% of members are located in a metropolitan area with population of:
Province or State: _____ (if more than 50% of members are in one location)		more than 1 million      100,000 - 1,000,000
or		under 100,000
Members are widely dispersed		or
		Not sure of size but city/town is: _____
		or
		Members are widely dispersed

**Benefit Structure**

Stand-alone defined benefit	Benefit Formula is:	
Defined benefit, also have defined contribution	FAP    %/    %	Life cycle/pension equity
Defined benefit, not sure of other programs	CAP    %/    %	Cash balance
Defined contribution, not sure of other programs	Flat dollar	Other: _____
	Integrated with Social Security/CPP/QPP	_____ Y    N

**Plan Design**

Credited service:	Vesting pattern:
Based on membership/plan participation	Clif    or    Stepped pattern
Based on employment	f
Plan Eligibility : Earliest age/service for plan participation _____	Fully vested at end of year:
	2                      7
	5                      Other: _____
Upon re-hire following breaks in service, is recovery or purchase of past service allowed:	Eligibility for Post-Retirement health benefits:
Yes                      No	More than 90% of members      Other mixture
Not sure	Less than 10% of members      Not sure
Does Plan offer disability benefits?	Definition of Salary:
Yes                      No	Base only
	Includes bonuses and commissions
	Includes overtime
Earliest age/service for any early retirement _____	Multiple definitions
	Salary provided is:

Earliest age/service for unreduced retirement benefits _____	Capped by IRS/CCRA max or Uncapped
Plan year-end (day/month): _____	
Normal form of pension: _____	

Significant Events during the Experience Period					
Merger	No	Yes	Plan year ending: _____		
Acquisition	No	Yes	Plan year ending: _____		
Divestiture	No	Yes	Plan year ending: _____		
Early retirement window	No	Yes	Plan year ending: _____	# or % eligible:	_____
Other incentives to leave	No	Yes	Plan year ending: _____	# or % eligible:	_____
Downsizing, plant closure, etc	No	Yes	Plan year ending: _____		
Outsourcing of non-core functions	No	Yes	Plan year ending: _____		
Plan termination	No	Yes	Plan year ending: _____		
Substantial plan provision changes	No	Yes	Plan year ending: _____		
Significant number of rehires	No	Yes	Plan year ending: _____		

Clarification of Data		
Data Supplied: all employees only plan participants	Non-vested terminations: include deaths exclude deaths	Vested terminations: include deaths exclude deaths
Other comments concerning the data:		

## APPENDIX B

### RECORD FORMAT FOR JOINT SOA & LIMRA EXPERIENCE STUDIES

COLUMN NUMBERS	G T H	DATA ELEMENT	DESCRIPTION
-----			
I.A		BASIC DATA	
-----			
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
30	1	TERRITORY CODE	0 = UNKNOWN OR UNABLE TO SUBDIVIDE 1 = U.S. 2 = CANADA 9 = OTHER
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 3 = CALENDAR 4 = AGE NEXT BIRTHDAY
40-41	2	AGE AT ISSUE	ENTER THE INSURANCE ISSUE AGE. FOR TERM CONVERSIONS AND NONFORFEITURE ELECTIONS, ENTER THE ORIGINAL ISSUE AGE.
42-43	2	DURATION	ENTER THE POLICY YEAR APPLICABLE AT BEGINNING OF CURRENT CALENDAR YEAR FOR DURATIONS 01-20, AND FOR LATER DURATIONS, IF POSSIBLE. IF DURATION OF ULTIMATE DATA IS UNKNOWN, ENTER XX. 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.)

52-61 10 LAB TEST ID ENTER THE LAB TEST LINK. THIS IS THE IDENTIFIER LINKING THE POLICY TO THE LAB TEST RESULTS IN THE LAB ONE FORMAT. (LEFT FILL UNUSED CHARACTERS WITH BLANKS.)

62-63 2 LEAVE BLANK

ADJUST FOLLOWING COLUMN NUMBERS BY 10

I.B TERMINATION DATA

ADJUST FOLLOWING COLUMN NUMBERS BY 10

54 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

M 55-56 2 CAUSE OF DEATH ENTER THE CAUSE OF DEATH CODE FROM APPENDIX A. IF POLICY DID NOT TERMINATE BY DEATH, LEAVE FIELD BLANK.

57-62 6 IDC CODE ENTER THE ICD-9 CODE THAT RELATES TO CAUSE OF DEATH IF POLICY DID NOT TERMINATE BY DEATH, LEAVE FIELD BLANK

63 1 TIME OF TERMINATION 0 = UNKNOWN OR UNABLE TO SUBDIVIDE  
1 = TERMINATION OCCURRED BEFORE POLICY ANNIVERSARY  
2 = TERMINATION OCCURRED ON ANNIVERSARY  
3 = TERMINATION OCCURRED AFTER ANNIVERSARY

64-71	8	TERMINATION DATE	FOR ALL POLICIES THAT HAVE TERMINATED, ENTER THE 8 DIGIT CALENDAR DATE OF TERMINATION IN THE FORMAT MMDDYYYY. FOR POLICIES THAT ARE STILL IN FORCE, LEAVE BLANK.
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72-73	2	LEAVE BLANK	
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I.C RISK DATA

74-75	2	MARKETING TYPE	00 = UNKNOWN OR UNABLE TO SUBDIVIDE 01 = PENSION 02 = INDUSTRIAL 03 = SMALL GROUP 04 = DIRECT RESPONSE/MAIL OR MASS MEDIA 05 = SALARY DEDUCTION 06 = TELEMARKETING 07 = INTERNET 08 = WORK SITE 10 = REGULAR MARKETING 11 = REGULAR MARKETING - AGENT 12 = REGULAR MARKETING - BROKER 20 = OTHER SPECIAL MARKETING
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76	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 81. TYPE OF UNDERWRITING IS BY RULE NOT CAUSE
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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

77	1	PREMIUM CLASS (STANDARD	LEAVE BLANK IF SUBSTANDARD. 0 = UNKNOWN OR UNABLE TO SUBDIVIDE
----	---	-------------------------	---

ISSUES)

1 = PREFERRED RISK (USING CRITERIA OTHER THAN  
 PRIMARILY NONSMOKER STATUS)

2 = STANDARD UNDER REGULAR RULES (INCLUDE BOTH  
 SMOKERS AND NONSMOKERS)

STANDARD/PREFERRED UNDER SPECIAL PROGRAM OR  
 PRODUCT INVOLVING HIGHER MORTALITY  
 PERCENTAGE MAXIMUM THAN REGULARLY USED.  
 (E.G., 150% OR 200% INSTEAD OF 125%):

3 = WOULD HAVE BEEN SUBSTANDARD UNDER  
 REGULAR RULES

4 = UNABLE TO DETERMINE WHETHER STANDARD OR  
 SUBSTANDARD UNDER REGULAR RULES  
 (IF KNOWN TO BE STANDARD UNDER REGULAR  
 RULES, USE CODE 2)

STANDARD/PREFERRED BECAUSE OF SPECIAL  
 DISCOUNTS FOR NONSMOKERS:

5 = WOULD HAVE BEEN SUBSTANDARD UNDER REGULAR  
 RULES

6 = UNABLE TO DETERMINE WHETHER STANDARD OR  
 SUBSTANDARD UNDER REGULAR RULES  
 (IF KNOWN TO BE STANDARD UNDER REGULAR  
 RULES, USE CODE 2)

73 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

74 1 SUBSTANDARD REASON CODE 0 = KNOWN TO BE SUBSTANDARD BUT REASON UNKNOWN  
 OR UNABLE TO SUBDIVIDE  
 1 = MEDICAL  
 2 = AVIATION  
 3 = OCCUPATION  
 4 = HAZARDOUS SPORTS  
 5 = MOTOR VEHICLE RECORD  
 8 = COMBINATION OF ABOVE  
 9 = OTHER

75 1 REINSURANCE STATUS INCLUDE ONLY REINSURANCE DIRECT PREMIUM.  
 0 = UNKNOWN OR UNABLE TO SUBDIVIDE  
 1 = NOT REINSURED  
 2 = REINSURED (FULLY OR PARTIALLY) - WOULD  
 HAVE BEEN STANDARD EVEN WITHOUT REINSURANCE  
 3 = REINSURED (FULLY OR PARTIALLY) - WOULD NOT  
 HAVE BEEN STANDARD WITHOUT REINSURANCE  
 4 = REINSURED (FULLY OR PARTIALLY) UNKNOWN  
 WHETHER CODE 2 OR 3 OR UNABLE TO SUBDIVIDE  
 INTO CODES 2 AND 3  
 5 = REINSURED (FULLY OR PARTIALLY) SUBSTANDARD

76-77

2 PLAN

EXCLUDE FROM CONTRIBUTION SPOUSE AND CHILDREN INSURED UNDER FAMILY POLICIES OR RIDERS.  
 00 = ALL PLANS COMBINED OR UNABLE TO SUBDIVIDE  
 10 = PERMANENT LIFE (TRADITIONAL FIXED PREMIUM FIXED BENEFIT PLAN)  
 15 = FIRST TO DIE PERMANENT LIFE PLAN (SUBMIT SEPARATE RECORDS FOR EACH LIFE)  
 16 = SECOND TO DIE PERMANENT LIFE PLAN (SUBMIT SEPARATE RECORDS FOR EACH LIFE)  
 20 = TERM (TRADITIONAL LEVEL OR ATTAINED AGE PREMIUM)  
 25 = TERM (DECREASING BENEFIT)  
 30 = PERMANENT LIFE (TRADITIONAL) WITH TERM ELEMENT OR RIDER  
 40 = SELECT AND ULTIMATE TERM (I.E., WHERE PREMIUM DEPENDS ON BOTH ISSUE AGE AND DURATION)  
 50 = PERMANENT PLANS 10,15,16,30,40 COMBINED (I.E. UNABLE TO SEPARATE THESE PLANS)  
 55 = TERM PLANS 20,25,40,77 COMBINED (I.E. UNABLE TO SEPARATE THESE PLANS)  
 60 = SINGLE PREMIUM LIFE  
 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)  
 74 = ECONOLIFE (PERMANENT LIFE WITH LOWER PREMIUM IN EARLY DURATIONS)  
 77 = ECONOMATIC TERM  
 80 = VARIABLE LIFE  
 81 = VARIABLE UNIVERSAL LIFE (UNKNOWN WHETHER code 82 CODE 82 OR 83)  
 82 = VARIABLE UNIVERSAL LIFE (LEVEL RISK AMOUNT)  
 83 = VARIABLE UNIVERSAL LIFE (DECREASING RISK AMOUNT)

USE THE FOLLOWING CODES ONLY IF EXPERIENCE IS ALSO SUBMITTED UNDER SECTION II.D.

98 = EXTENDED TERM  
 99 = REDUCED PAID-UP

78 1 PREMIUM STATUS

FOR POLICIES UNDER EXTENDED TERM OR REDUCED PAID UP PROVISIONS, USE CODE 9.  
 0 = UNKNOWN OR UNABLE TO SUBDIVIDE  
 1 = PREMIUM PAYING  
 2 = FULLY PAID-UP  
 9 = OTHER

79 1 SMOKER STATUS

0 = UNKNOWN  
 1 = NO TOBACCO USAGE  
 2 = NONSMOKER  
 3 = CIGARETTE SMOKER  
 4 = TOBACCO USER

80 1 REPLACEMENT

0 = UNKNOWN OR UNABLE TO SUBDIVIDE  
 1 = INTERNAL (REPLACEMENT OF OWN COMPANY'S POLICY)  
 2 = EXTERNAL (REPLACEMENT OF ANOTHER COMPANY'S POLICY)  
 3 = NOT EXTERNAL, UNKNOWN WHETHER INTERNAL  
 9 = NOT A REPLACEMENT



81	1	POLICY CONVERSION/ GIO EXERCISE	<p>LEAVE BLANK IF TYPE OF UNDERWRITING REQUIREMENTS NOT CODED AS "9".</p> <p>A = TERM CONVERSION (BEFORE END OF CONVERSION PERIOD)  B = TERM CONVERSION (AT END OF CONVERSION PERIOD)  C = TERM CONVERSION (TIME UNKNOWN OR COMBINED STATUS)  E = GROUP CONVERSION TO ORDINARY ISSUE (EXCLUDING FEGLI &amp; SEGLI)  F = GUARANTEED ISSUE (ACTIVELY AT WORK OR SIMILAR REQUIREMENT ONLY)  G = FAMILY DEPENDENT CONVERSION  J = GUARANTEED ISSUE (NOT ACTIVELY AT WORK OR SIMILAR REQUIREMENT)  K = REGULAR GIO EXERCISE  L = SPECIAL GIO EXERCISE (I.E. BIRTH, MARRIAGE)  M = OTHER GIO EXERCISE  N = TYPE OF GIO EXERCISE UNKNOWN  Y = UNKNOWN OR UNABLE TO SUBDIVIDE</p>
82-83	2	STATE/PROVINCE AT ISSUE	<p>FOR U.S. POLICIES, ENTER THE 2-CHARACTER STATE CODE.  FOR CANADIAN POLICIES, ENTER THE PROVINCE CODE.</p>
84-89	6	RESIDENCE AT ISSUE	<p>FOR U.S. POLICIES, ENTER THE 5-DIGIT ZIP CODE  FOR CANADIAN POLICIES, ENTER THE 6-DIGIT  POSTAL CODE. LEFT JUSTIFY IF FEWER THAN 6 CHARACTERS  ARE USED. IF ANOTHER CODE IS USED, SUBMIT A COPY OF IT.</p>
90-91	2	LEAVE BLANK	

-----  
 II.A LARGE AMOUNT DATA (LEAVE BLANK IF NOT APPLICABLE OR NOT AVAILABLE)  
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92	1	CLASSIFICATION AMOUNT CODE	CLASSIFICATION AMOUNT IS THE TOTAL INSURANCE IN FORCE AND APPLIED FOR IN ALL COMPANIES. 0 = UNKNOWN OR UNABLE TO SUBDIVIDE 5 = \$50,000-\$99,999 6 = \$100,000-\$199,999 7 = \$200,000-\$249,999 8 = \$250,000-\$499,999 9 = \$500,000-\$999,999 A = \$1,000,000 - \$1,499,999 B = \$1,500,000 - \$1,999,999 C = \$2,000,000 & OVER
93	1	LEAVE BLANK	
94	1	PURPOSE OF INSURANCE	0 = UNKNOWN OR UNABLE TO SUBDIVIDE 1 = PERSONAL 2 = BUSINESS 3 = KEYMAN OR DEFERRED COMPENSATION 4 = CREDITOR 9 = OTHER
95-98	4	INCOME (EARNED ANNUALLY) AT ISSUE	ENTER ANNUAL INCOME AT ISSUE TO NEARER THOUSAND.
99-106	8	LEAVE BLANK	

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 II.B WAIVER OF PREMIUM DATA  
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107	1	WP (WAIVER OF PREMIUM) CODE	0 = UNABLE TO IDENTIFY POLICIES WITH WP 1 = NO WP 2 = WITH WP (AUTOMATIC) 3 = WITH WP (ELECTIVE) - STANDARD RATE 4 = WITH WP (ELECTIVE) - EXTRA MULTIPLE 9 = WITH WP (TYPE UNKNOWN OR UNABLE TO SUBDIVIDE)
108	1	TERMINATION AGE OF WP COVERAGE	LEAVE BLANK IF 0 OR 1 IN COL 107. 0 = AGE UNKNOWN OR UNABLE TO SUBDIVIDE 1 = AGE 55 2 = AGE 60 3 = AGE 65 4 = BEYOND AGE 65 9 = OTHER

109-110	2	WP SUBSTANDARD	ENTER THE SUBSTANDARD MULTIPLE IN 2 POSITIONS WITHOUT THE DECIMAL POINT. E.G. 10 INDICATES A STANDARD RATING; 15 IS SUBSTANDARD WITH A MULTIPLE OF 1.5 TIMES STANDARD RATING; ETC. 00 = MULTIPLE UNKNOWN OR UNABLE TO SUBDIVIDE
111-114	4	YEAR BENEFITS BEGAN	FOR POLICIES RECEIVING WP BENEFITS, ENTER CALENDAR YEAR BENEFITS BEGAN.
115-120	6	CAUSE OF DISABILITY	USE ICD-9 CODE
121-124	4	YEAR BENEFITS ENDED	ENTER THE OF CALENDAR YEAR WHEN LAST PREMIUM WAS WAIVED. LEAVE BLANK IF PREMIUMS ARE STILL BEING WAIVED AT END OF CURRENT EXPERIENCE YEAR.
125	1	CAUSE OF BENEFITS ENDING	1 = DEATH (ENTER DATA IN SECTION I.B) 2 = RECOVERY 3 = EXPIRY (NO FURTHER PREMIUMS DUE) 4 = WP CLAIM CONTINUING (PREM. STILL WAIVED)
126-130	5	LEAVE BLANK	

II.C ACCIDENTAL DEATH BENEFIT DATA

131	1	ADB (ACCIDENTAL DEATH BENEFIT) CODE	0 = UNABLE TO IDENTIFY POLICIES WITH ADB 1 = NO ADB 2 = WITH ADB (AUTOMATIC) 3 = WITH ADB (ELECTIVE) 4 = WITH ADB (TRIPLE INDEMNITY - COMMON CARRIER)-AUTOMATIC 5 = WITH ADB (TRIPLE INDEMNITY - COMMON CARRIER)-ELECTIVE 6 = WITH ADB (TRIPLE INDEMNITY - COMMON CARRIER)-UNKNOWN WHETHER 4 OR 5 7 = WITH ADB (ELECTIVE) EXTRA MULTIPLE 9 = WITH ADB (TYPE UNKNOWN OR UNABLE TO SUBDIVIDE)
132-133	2	ADB SUBSTANDARD	ENTER THE SUBSTANDARD MULTIPLE IN 2 POSITIONS WITHOUT THE DECIMAL POINT. E.G. 10 INDICATES A STANDARD RATING; 15 IS SUBSTANDARD WITH A MULTIPLE OF 1.5 TIMES STANDARD RATING; ETC. LEAVE BLANK IF NO ADB. 00 = MULTIPLE UNKNOWN OR UNABLE TO SUBDIVIDE
134-141	8	LEAVE BLANK	

II.D TERM CONVERSION DATA / EXERCISE OF REDUCED PAID-UP OR EXTENDED TERM  
NONFORFEITURE PROVISION DATA (LEAVE BLANK IF NOT APPLICABLE)

142-145	4	CONVERSION OR OPTION YEAR	ENTER THE CALENDAR YEAR IN WHICH CONVERSION (FOR TERM CONVERSIONS) OR EXERCISE (FOR NONFORFEITURE PROVISION) OCCURRED. IF ORIGINAL AGE CONVERSION, ENTER CALENDAR YEAR OF CONVERSION (CURRENT), NOT ORIGINAL AGE CALENDAR YEAR. IF CONVERSION OR OPTION YEAR IS UNKNOWN, ENTER XXXX.
146	1	PLAN OR RIDER PRIOR TO CONVERSION CODE	FOR TERM CONVERSIONS ONLY; OTHERWISE LEAVE BLANK. 0 = DATA NOT AVAILABLE OR NOT IDENTIFIED 1 = POLICY AUTOMATICALLY CONVERTIBLE WITHIN 10 YEARS OF ISSUE 2 = RENEWABLE POLICY (LEVEL AMOUNTS) 3 = DECREASING TERM - POLICY 4 = DECREASING TERM - RIDER 5 = ALL OTHER - POLICY 6 = ALL OTHER - RIDER 7 = FAMILY DEPENDENT 9 = PLAN OR RIDER FROM WHICH CONVERTED UNKNOWN
147	1	CONVERSION OR ELECTION OF NONFORFEIT. PROVISION CODE	0 = DATA NOT AVAILABLE OR NOT IDENTIFIED FOR TERM CONVERSIONS: 1 = PRIOR TO END OF CONVERSION PERIOD 2 = AT END OF CONVERSION PERIOD WITH INTERVAL REMAINING BEFORE EXPIRY 3 = AT END OF CONVERSION PERIOD, NO CONTINUING COVERAGE 5 = TIME OF CONVERSION RELATED TO CONVERSION PERIOD UNKNOWN FOR NONFORFEITURE PROVISIONS: A = REDUCED PAID-UP B = EXTENDED TERM
148-149	2	AGE AT TIME OF CONV., OR OF NONFORFEITURE PROVISION	ENTER THE INSURANCE AGE AT TIME OF CONVERSION OR EXERCISE OF NONFORFEITURE PROVISION. IF SUMMARY RECORDS ARE USED, ENTER THE LOWER AGE OF THE GROUP.
150-151	2	DURATION SINCE CONVERSION, OR ELECTION, OF NONFORFEIT. PROVISION	ENTER THE POLICY YEAR APPLICABLE AT BEGINNING OF CURRENT CALENDAR YEAR SINCE CONVERSION OR EXERCISE OF NONFORFEITURE PROVISION.

152	1	CAUSE OF TERMINATION	3 = VOLUNTARY 4 = DEATH (NO ADB PAID) 5 = DEATH (ADB PAID) 6 = DEATH (UNKNOWN WHETHER ADB PAID) Z = IN FORCE
153-156	4	YEAR OF TERM. OF COVERAGE AFTER CONVERSION	ENTER CALENDAR YEAR OF TERMINATION
157	1	TIME OF CONVERSION OR ELECTION	0 = UNKNOWN OR UNABLE TO SUBDIVIDE 1 = TERMINATION OCCURRED BEFORE POLICY ANNIVERSARY 2 = TERMINATION OCCURRED ON ANNIVERSARY 3 = TERMINATION OCCURRED AFTER ANNIVERSARY
158-163	6	LEAVE BLANK	

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 III EXPOSURE AND CLAIMS DATA  
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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.

155-165	12	EXPOSURE INITIAL AMOUNT	ENTER INITIAL FACE AMOUNT OF POLICY EXACT DOLLAR: E.G., CODE \$265,800 AS 000000265800. SEE NOTE 1.
167-178	12	EXPOSURE CURRENT AMOUNT	ENTER EXACT DOLLAR AMOUNT. SEE NOTE 1. CODE IN ADDITION TO OR IN LIEU OF INITIAL AMOUNT.
180-189	10	ACTUAL CLAIM (INITIAL AMOUNT)	ENTER EXACT DOLLAR AMOUNT. SEE NOTES 1 AND 2.
191-200	10	ACTUAL CLAIM (CURRENT AMOUNT)	ENTER EXACT DOLLAR AMOUNT. SEE NOTES 1 AND 2.

202-213	12	ADB (EXPOSURE AMOUNT)	ENTER EXACT DOLLAR AMOUNT. DO NOT COUNT EXPOSURE IF COVERAGE NOT AVAILABLE (E.G. AGES 0-5) SEE INSTRUCTIONS.
215-224	10	ADB (ACTUAL CLAIM AMOUNT)	ENTER EXACT DOLLAR AMOUNT. SEE INSTRUCTIONS.
226-237	12	TERM. CONV. - REDUCED PAID-UP- EXT. TERM (EXPOSURE AMT)	ENTER EXACT DOLLAR AMOUNT. SEE INSTRUCTIONS.
239-248	10	TERM. CONV. - REDUCED PAID-UP- EXT. TERM (ACTUAL CLM AMT)	ENTER EXACT DOLLAR AMOUNT. SEE INSTRUCTIONS.
250	1	INITIAL OR CURRENT AMOUNT	ENTER APPROPRIATE CODE FOR TERM CONVERSION-REDUCED PAID-UP CLAIM AMOUNT ABOVE: 1 = INITIAL 2 = CURRENT
251-260	10	WP CLAIM AMOUNT	ENTER EXACT DOLLAR AMOUNT OF INSURANCE FOR WHICH PREMIUM IS BEING WAIVED. SEE INSTRUCTIONS.
262	1	INITIAL OR CURRENT AMOUNT	ENTER APPROPRIATE CODE FOR WAIVER OF PREMIUM CLAIM AMOUNT ABOVE: 1 = INITIAL 2 = CURRENT
263-275	13	LEAVE BLANK	

V AVIATION DATA (LEAVE BLANK IF UNKNOWN)

309	1	RATING	1 = STANDARD 2 = WITH AVIATION EXTRA PREMIUM 3 = WITH AVIATION EXCLUSION CLAUSE
310	1	STUDY CODE INDICATOR	O = UNKNOWN OR UNABLE TO SUBDIVIDE C = CIVILIAN ONLY M = MILITARY ONLY
311	1	CIVILIAN FLYING - PRIMARY TYPE	CODE ONLY IF FLYING AS PILOT. 0 = PLEASURE - PRIVATE LICENSE 1 = PLEASURE - COMMERCIAL LICENSE 2 = STUDENT 3 = INSTRUCTING 4 = SCHEDULED AIRLINE 5 = OTHER COMMERCIAL 6 = OTHER AIRLINE 7 = CORPORATE 8 = AERIAL APPLICATION 9 = MISCELLANEOUS
312	1	FLYING HOURS IN 12 MONTHS BEFORE ISSUE (CIVILIAN PILOTS ONLY)	0 = NOT STATED 1 = 0-99 HOURS 2 = 100-199 3 = 200-299 4 = 300 AND OVER
313	1	CIVILIAN AIRCRAFT - PRIMARY TYPE	0 = NOT STATED 1 = CONVENTIONAL 2 = HELICOPTER 3 = JET OR TURBO-JET 4 = TURBO-PROP 5 = GLIDER 6 = ULTRA-LIGHT 8 = OTHER 9 = COMBINED OR UNABLE TO SUBDIVIDE
314	1	MILITARY FLYING DUTY CODE	CODE ONLY IF RECEIVING FLIGHT PAY. 0 = PILOT - OPERATIONAL 1 = PILOT - ADMINISTRATIVE 2 = PILOT - STUDENT 3 = PILOT - RESERVES 4 = CREW - OPERATIONAL 5 = CREW - ADMINISTRATIVE 6 = OBSERVER - OPERATIONAL 7 = OBSERVER - ADMINISTRATIVE 9 = UNABLE TO SUBDIVIDE

315	1	BRANCH OF MILITARY SERVICE	CODE ONLY IF RECEIVING FLIGHT PAY. 0 = US AIR FORCE - MAC 1 = US AIR FORCE - OTHER 2 = US ARMY 3 = US NAVY - CARRIER BASED 4 = US NAVY - OTHER 5 = US MARINES 6 = US AIR NATIONAL GUARD 7 = R. C. AIR FORCE 8 = OTHER 9 = UNABLE TO SUBDIVIDE
316	1	MILITARY AIRCRAFT - PRIMARY TYPE	CODE ONLY IF RECEIVING FLIGHT PAY. 0 = NOT STATED 1 = FIGHTER-TYPE 2 = BOMBER-TYPE 3 = TRANSPORT-TYPE 4 = RECONNAISSANCE 5 = HELICOPTER 8 = OTHER 9 = UNABLE TO SUBDIVIDE
317-318	2	AVIATION CAUSE OF DEATH	88 = AVIATION NON-WAR DEATH, PASSENGER 89 = AVIATION NON-WAR DEATH, REGULAR AVIATION ACTIVITY 98 = AVIATION WAR DEATH, PASSENGER 99 = AVIATION WAR DEATH, REGULAR AVIATION ACTIVITY
319-322	4	LEAVE BLANK	

VI OTHER UNDERWRITING DATA (LEAVE BLANK IF UNKNOWN)

323-325	3	OCCUPATION	USE THE 1972 OCCUPATION CODES LIST (1971 REPORTS, PAGE 82) IF POSSIBLE. IF ANOTHER ONE, TWO, OR THREE DIGIT CODE IS USED, SUBMIT A COPY OF THAT CODE.
326-327	2	HAZARDOUS SPORTS PARTICIPATION	USE THE 1972 HAZARDOUS SPORTS CODE LIST (1971 REPORTS, PAGE 85), IF POSSIBLE. IF ANOTHER CODE IS USED, SUBMIT A COPY OF THAT CODE.
328	1	WAS A MVR CHECKED	0 = UNKNOWN 1 = YES 2 = NO
328	2	NUMBER OF MOVING MOVING VIOLATIONS	
328	2	IN PAST HOW MANY YEARS	
328	2	NUMBER OF DWI	
328	2	IN PAST HOW MANY YEARS	
329-360	32	LEAVE BLANK	



VII LIMRA DATA FIELDS

Additional Fields for Individual Life Persistency Study

361- 370	Face Amount of Term Riders (on the primary insured) or Dividend Option at Beginning of Policy Year	Report the death benefit in force at the beginning of the policy year of observation under term riders on the primary insured or through the purchase of additional amounts of insurance through dividend options.
371- 380	Face Amount of Term Riders (on the primary insured) or Dividend Option at End of Policy Year	Report the death benefit in force at the end of the policy year of observation under term riders on the primary insured or through the purchase of additional amounts of insurance through dividend options. Code this field as zero for policies lapsed or fully surrendered during the year. Round to nearest dollar.
381- 390	Current Year Premiums Collected - Total	Report the total amount of premiums collected during the current policy year of observation. Round to nearest dollar.
391- 400	Prior Year Premiums Collected - Total	Report the total amount of premiums collected during the prior policy year of observation. Report as zero for new issues. Round to nearest dollar. Leave blank if unknown.
401- 410	Target Premium (UL and VUL products only)	Target premium is the amount of premium on which commissions are paid and for some companies is the same as planned premium. Round to nearest dollar. Leave blank if unknown or doesn't apply.
411- 420	Guideline Premium	Guideline premium is the amount used to test the contract's qualification under section 7702. Leave blank if unknown or if the contract qualifies under the cash value accumulation test.
421- 430	Cumulative Premiums Paid (UL and VUL products only)	Report the total amount of premiums paid under the contract since issue.
431- 440	Periodic Premium	Report the amount of periodic modal premium as of the beginning of the current policy year or as indicated at point of sale for new issues. <b>For universal life and variable universal life</b> , report the planned periodic, scheduled or billed premium. LIMRA will multiply periodic premium by modal frequency to produce annualized planned periodic premium. (Example: If the annual planned premium is \$1,200 and the mode is monthly bank plan, then report \$100 here.) Round to nearest dollar.
L 441	Mode of Premium Payment	1 - Annual 2 - Semiannual 3 - Quarterly 4 - Monthly 5 - Semimonthly 6 - Biweekly 7 - Weekly 8 - Single premium

9 - Other

442-443	Billing Type	0 - Direct bill 1 - Payroll deduction 2 - Electronic Fund Transfer 3 - Credit card 4 - Debit 5 - Coupon book 6 - On premium waiver 7 - Automatic premium loan 8 - Policy paid up 9 - Vanish (not paid up nor currently paying premium) 10- Other Leave blank if unknown.
444-453	Current Net Account Value at Beginning of Year	Account value as of the beginning of the current policy year of observation. Net account values are before surrender charges but after additions for premiums and interest credits and deductions for mortality and expense charges, policy loans, and withdrawals. For new issues, report net account value at the end of the first policy month. <b>For UL and VUL products, this should include values in both the variable and fixed accounts.</b> Round to nearest dollar.
454-463	Current Net Account Value at End of Year <u>or</u> Time of Full Surrender	Account value as of the end of the current policy year of observation. Net account values are before surrender charges but after additions for premiums and interest credits and deductions for mortality and expense charges, policy loans, and withdrawals. <b>For UL and VUL products, this should include values in both the variable and fixed accounts.</b> Round to nearest dollar.
464-473	Fixed Account Net Value at Beginning of Year (For variable life and variable universal life only.)	Fixed account portion of the policy's net account value as of the beginning of the current policy year of observation. Net account values are before surrender charges but after additions for premiums and interest credits and deductions for mortality and expense charges, policy loans, and withdrawals. For new issues, report net account value at the end of the first policy month. Round to nearest dollar.
474-483	Fixed Account Net Value at End of Year <u>or</u> Time of Full Surrender (For variable life and variable universal life only.)	Fixed account portion of the policy's net account value as of the beginning of the current policy year of observation. Net account values are before surrender charges but after additions for premiums and interest credits and deductions for mortality and expense charges, policy loans, and withdrawals. For new issues, report net account value at the end of the first policy month. Round to nearest dollar.
484-493	Outstanding Policy Loan Amount at Beginning of Year	Report loan amount as of the beginning of the current policy year of observation, if any. Round to nearest

		dollar. Code this field as zero for policies without loans.
494-503	Outstanding Policy Loan Amount at End of Year	Report loan amount as of the end of the current policy year of observation, if any. Round to nearest dollar. Code this field as zero for policies without loans.
504	Death Benefit Option ( <i>For universal life and variable universal life only.</i> )	1- Level Death benefit 2- Level Net Amount at Risk 3- Other - Please attach product guide, prospectus or other description of death benefit options.
505-509	Current interest rate credited to contract value ( <i>For universal life, variable life and variable universal life only.</i> )	Report the current rate of interest credited to account values. For variable products, provide the rate credited to funds in the fixed account. (Example, enter 5.15% as 0515.)
510-519	Current surrender charge applicable to contract values	Report amount of surrender charge applicable if the contract surrenders during the current observation year.
520	Replacement Indicator	0 - Policy was not terminated for lapse or full surrender 1 - Policy was terminated for surrender/lapse but company does not know whether it was replaced 2 - Policy surrendered for internal replacement 3 - Policy surrendered for internal replacement as part of company-sponsored program 4 - Policy surrendered for external replacement
521-530	Partial Withdrawals (current year)	Total amount of partial withdrawals made during the year. Report amounts before reductions for surrender charges, if any. Round to nearest dollar.
531-540	Cumulative Amount of Partial Withdrawals	Total amount of partial withdrawals taken since policy inception. Report amounts before reductions for surrender charges, if any. Round to nearest dollar.
541	Prior Ownership Status	0 - policyowner does not own another insurance policy with your company 1 - policyowner owns one other insurance policy with your company 2 - policyowner owns two or more other insurance policies with your company Leave field blank if prior ownership status is unknown.
542	Policy Ownership	0 - policy owned by insured 1 - policy owned by person other than insured

2 - policy owned by a trust  
 Leave field blank if policy ownership is unknown.

543-544 State of Residence of Policyowner at End of Year Use standard state abbreviation codes (for example, code New York as NY).

545-549 Postal Code/Zip Code Report five-digit zip code

550 Distribution System Used Indicate distribution channel through which the policy was purchased.

1 - Career ordinary agent  
 2 - Multiple-line exclusive agent (MLEA)  
 3 - Home service agent  
 4 - PPGA  
 5 - Life brokerage  
 6 - Stockbroker  
 7 - Direct response  
 8 - Financial institutions (bank, S&L)  
 9 - Other

551-552 Month Selling Agent Was Contracted With Your Company 01-12 for January through December for month selling agent was contracted by your company

553-556 Year Selling Agent Was Contracted With Your Company Four-digit year selling agent was contracted with your company

557-558 Month Selling Agent Terminated Contract With Your Company 01-12 for January through December. Code this field as zero if selling agent did not terminate.

559-562 Year Selling Agent Terminated Contract With Your Company Four-digit year selling agent was terminated by your company. Code this field as zero if selling agent did not terminate.

563 Agent Status  
 0 - Original selling agent  
 1 - Assigned agent  
 2 - No agent

## *Appendix C*

### Format of Structured Settlement Study

<i>Record Layout Summary</i>		
<i>Columns</i>	<i>Item</i>	<i>Description</i>
1-3	Company Code	Assigned by CMAS. Include on each record.
4-11	Contract Date	Effective date of contract: DDMMYYYY
12-15	Study Year	Code each data record with 1999.
16	Sex Code	0 = Unable to subdivide 1 = Male 2 = Female 3 = Unisex rated unknown actual 4 = Unisex rated actual Male 5 = Unisex rated actual Female
17-24	Date of Birth	Annuitant's date of birth: DDMMYYYY
25-26	Age at Issue	Annuitant's actual age at nearest birthday on the contract effective date.
27-28	Rated Age	If substandard, the age used to price contract.

		If standard, or unavailable, leave blank.
29-33	Percent Mortality	Ratio of mortality to standard, in whole percentage. Leave blank if standard. Only one of the data fields, 27-28 or 29-33 is required for a substandard case.
34	Type Code	0 = Unable to subdivide 1 = Standard issue case 2 = Substandard issue case 3 = Certain only (no life contingencies) 4 = Retirement or other annuities
35-42	Date of Death	Date annuitant died; blank if living. DDMMYYYY
43	Size Code	0 = Unable to supply size data 1 = Statutory life contingent reserve, at issue 2 = Contract gross premium at issue
44-48	Size Amount	Based on Size Code, to the nearest whole \$1,000.
49-56	In-Force Date	Date of in-force file from which record is extracted, in format DDMMYYYY.
57-68	Impairment Codes	Impairment Coding worksheet
69-80	Filler	Leave blank.

**Please submit your data to the Knowledge Services Group of MIB no later than June 30, 2000.**

## *Appendix C (Continued)*

<b><i>Record Layout Detail</i></b>	
<b><i>Item</i></b>	<b><i>Description</i></b>
Company Code	Assigned by CMAS. Include on each record. When you return your response form to the CMAS indicating your willingness to participate in the study, Stacy Gill will notify your contact person of the three-character company code to be supplied on each record. This will be the same company code used for all Society of Actuaries experience studies.
Contract Date	Effective date of contract, based on the rules established by the company to determine effective date. Submit in the format DDMMYYYY. A four (4) digit value must be coded for year to be year 2000 compliant.
Study Date	Hard code the characters 1999 on each record. This will allow CMAS to distinguish records submitted in different years, assuming that this study is repeated. A four (4) digit value must be coded for year to be year 2000 compliant.
Date of Birth	Annuitant's actual date of birth, in format DDMMYYYY. One record should be submitted for each contract that is in force, or that has been in force and is no longer, due to termination or death. If the contract is joint and survivor, submit one record only for the contract and show the date of birth in this field for the first annuitant occurring on your data processing system. A four (4) digit value must be coded for year to be year 2000 compliant.
Sex Code	<p>0 = Unable to subdivide            1 = Male            2 = Female            3 = Unisex rated unknown actual            4 = Unisex rated actual Male            5 = Unisex rated actual Female</p> <p>It would be expected that each record would include a Sex Code of 1 or 2. It is unknown whether any unisex-rated business exists, but if so, please submit and code as shown. We will attempt to measure mortality ratios by sex if sufficient data are available.</p>

## *Appendix C*

### *(Continued)*

<b><i>Record Layout Detail</i></b>	
<b><i>Item</i></b>	<b><i>Description</i></b>
Age at Issue	Annuitant's actual age at nearest birthday on the contract effective date. Contract Date, Date of Birth, and Age at Issue will supply redundant information that will allow data checking. Supply all three if possible. If not, supply Contract Date and one of either Date of Birth or Age at Issue.
Rated Age	If substandard, the age determined by the medical or underwriting department that represents physiological age and therefore, the age used to price the contract. If the contract was issued standard leave this field blank.
Percent Mortality	Ratio of pricing mortality to standard mortality, in whole percentage, if the contract was issued on a substandard basis. Leave blank if standard or if your company uses rated age. Only one of the data fields, either 27-28 or 29-33 is required for a substandard case.  Example: Contract is issued at 500% of standard mortality, code this field 00500.
Type Code	0 = Unable to subdivide 1 = Standard issue case 2 = Substandard issue case 3 = Certain only (no life contingencies) 4 = Retirement or other annuities  It would be preferred that all records be submitted with a Type Code of either 1 or 2. If you cannot distinguish the pricing mortality basis, code 0. Contracts that do not involve a life contingency should be excluded from the study and no record submitted. If you cannot exclude them from your data, submit them, but code this field 3. The same applies to retirement annuities or matured deferred annuities, etc., which should be excluded, or coded 4.

***Appendix C***  
***(Continued)***

<b><i>Record Layout Detail</i></b>	
<b><i>Item</i></b>	<b><i>Description</i></b>
Date of Death	Date annuitant died. If the annuitant is still living, leave this field blank. This field is critical and must be coded properly. Be sure that you submit one record for each annuitant that has died no matter when death occurred. Omission of any death records will render the study not meaningful. Add all known deaths, even if reported after the date of the in-force file being submitted. Code format is DDMMYYYY. A four (4) digit value must be coded for year to be year 2000 compliant.
Size Code	<p>0 = Unable to supply size data            1 = Statutory life contingent reserve, at issue            2 = Contract gross premium at issue</p> <p>This amount will be used to weight contracts by size to determine whether mortality experience differs between large and small contracts.</p>
Size Amount	The size amount in thousands for this contract record, to the nearest whole \$1,000. Example: The statutory reserve for the life contingent benefits at issue was \$273,851. Put "1" in the size code, and 00274 in the size amount field.



## *Appendix C*

### *(Continued)*

<i>Record Layout Detail</i>	
<i>Item</i>	<i>Description</i>
In-Force Date	Date of in-force file from which record is extracted in format DDMMYYYY. This is likely to be 30061998 or perhaps 31031998. Note that all exposures will be computed by the CMAS, whether calendar year or policy year, so it is not necessary to use any particular date of in-force file so long as one record per contract is submitted. A four (4) digit value must be coded for year to be year 2000 compliant.
Impairment Codes	See Impairment Coding worksheet
Filler	Leave blank.  See Appendix C for transmission of data specifications on media type, labels, organization, and record blocking.
More Information	Contact:  Mr. Keith Hoffman MIB, Inc. 160 University Avenue Westwood, MA 02090-2307  Phone: (781) 751-6536 Fax: (781) 329-3379

**Please submit your data to the Knowledge Services Group of MIB no later than June 30, 2000.**

## *Appendix C*

### *Control Totals and Submission of Data*

I. Control totals will be used to verify that all records identified by contributing companies for the study are actually processed for inclusion in the study. The following control totals should be submitted; in writing and accompanying the data:

1. The total number of records
2. The sum of the Size Amount values in 44-48.
3. The total number of death records

Each control total listing must be clearly identified by company name and ID code.

II. Your data should be submitted to Keith Hoffman of the Knowledge Services Group of MIB by June 30, 2000.

The submission must include identification of the submitting company, the contact person for the contribution, that person's telephone number, the names of the datasets being submitted, and all pertinent information regarding these datasets.

The preferred medium for a company's contribution is one or more magnetic tape cartridges. However, contributions in other reasonable media will be accepted, including ASCII files on IBM compatible 3.5 inch diskettes. The data should be transmitted with the following specifications:

1. IBM Standard Label (MVS compatible), tape cartridge (1600, 6250 or 32,000 BPI)
2. LRECL = 80
3. BLKSIZE = 19200
4. RECFM = FB

Each contributing company should retain a duplicate of its contribution to allow for the possibility of its contribution being lost or damaged in transit or during machine processing, as well as to facilitate any follow-up checking by the compiling agent on any specific portion of the contribution.

Impairment Codes Follow

## IMPAIRMENT CODING

**DIRECTIONS:** CHOOSE A MAXIMUM OF 3 IMPAIRMENTS WHICH APPLY  
ANNUITANT INFORMATION  
 TO THIS ANNUITANT. PLACE A NUMBER NEXT TO EACH  
 IMPAIRMENT CHOSEN, RANKING YOUR CHOICES IN ORDER  
 OF SIGNIFICANCE FROM 1 TO 3 (A RANKING OF 1 HAVING  
 THE MOST SIGNIFICANCE).

CONTRACT NUMBER \_\_\_\_\_

REVIEWING PHYSICIAN \_\_\_\_\_

DATE REVIEWED \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

1. **EUROLOGIC (0100)**

Spinal Cord Injury

	Quadruplegia <u>Complete</u>	Quadruplegia <u>Incomplete</u>	Paraplegia <u>Complete</u>	Paraplegia <u>Incomplete</u>
C 1-3	_____ 0101	_____ 0102	_____ 0103	_____ 0104
C 4-8	_____ 0105	_____ 0106	_____ 0107	_____ 0108
T 1-12	_____ 0109	_____ 0110	_____ 0111	_____ 0112
L 1-5	_____ 0113	_____ 0114	_____ 0115	_____ 0116
_____ 0117	_____ 0118	_____ 0119	_____ 0120	_____ 0121

Encephalopathy

MILD: ambulatory, near-normal I.Q., continent, swallows  
 MODERATE: not mild or severe  
 SEVERE: vegetative, immobile, profound mental retardation,  
 Incontinent, tube-fed

	Birth/Cerebral Palsy	Traumatic	Hypoxic	Other
Mild	_____ 0110	_____ 0111	_____ 0112	_____ 0113
Moderate	_____ 0114	_____ 0115	_____ 0116	_____ 0117
Severe	_____ 0118	_____ 0119	_____ 0120	_____ 0121

_____ 0125	CVA/Stroke	_____
_____ 0126	Seizure	_____
_____ 0127	Alzheimer/Dementia	_____
_____ 0128	Multiple Sclerosis	_____
_____ 0129	Neuromuscular Disease	_____
_____ 0130	Other Neurologic	_____

2. **CANCER (0200)**

	Localized or <u>Non-Metastatic</u>	<u>Metastatic</u>
Neurologic	_____ 0201	_____ 0216
Breast	_____ 0202	_____ 0217
Lung	_____ 0203	_____ 0218
Skin	_____ 0204	_____ 0219
Urologic	_____ 0205	_____ 0220
Gastrointestinal	_____ 0206	_____ 0221
Hematologic	_____ 0207	_____ 0222
Female Genital	_____ 0208	_____ 0223
Male Genital	_____ 0209	_____ 0224
Endocrine	_____ 0210	_____ 0225
Bone	_____ 0211	_____ 0226
Soft Tissue	_____ 0212	_____ 0227
Head & Neck	_____ 0213	_____ 0228
Lymphoma	_____ 0214	_____ 0229
Other Cancer:	_____ 0215	_____ 0230

ADDITIONAL NOTES ON ANNUITANT:

3. **RHEUMATOLOGIC/ORTHOPEDIC (0300)**

_____ 0301	Collagen-Vascular Disease
_____ 0302	Rheumatoid Arthritis

\_\_\_\_\_ 0303 Intervertebral Disc Disease

Amputation

	Upper	Lower
Unilat.	_____ 0304	_____ 0305
Bilat.	_____ 0306	_____ 0307
_____ 0308	Other Rheuma/Ortho _____	

4. RESPIRATORY (0400)

\_\_\_\_\_ 0401 Chronic Obstructive Pulmonary Disease  
\_\_\_\_\_ 0402 Pneumoconiosis  
\_\_\_\_\_ 0403 Other \_\_\_\_\_

5. PSYCHIATRIC (0500)

\_\_\_\_\_ 0501 Depression  
\_\_\_\_\_ 0502 Manic/Depressive  
\_\_\_\_\_ 0503 Schizophrenia  
\_\_\_\_\_ 0504 Organic Pain Syndrome  
\_\_\_\_\_ 0505 Chronic Pain Syndrome  
\_\_\_\_\_ 0506 Suicide Attempt  
\_\_\_\_\_ 0507 Post Traumatic Stress Disorder  
\_\_\_\_\_ 0508 Other \_\_\_\_\_

6. ENDOCRINE/METABOLIC (0600)

\_\_\_\_\_ 0601 Diabetes Mellitus  
\_\_\_\_\_ 0602 Obesity  
\_\_\_\_\_ 0603 Other \_\_\_\_\_

7. GENITO-URINARY (0700)

\_\_\_\_\_ 0701 Chronic Renal Failure  
\_\_\_\_\_ 0702 Dialysis  
\_\_\_\_\_ 0703 Other \_\_\_\_\_

8. INFECTIOUS DISEASE (0800)

\_\_\_\_\_ 0801 HIV Infection/Asymptomatic  
\_\_\_\_\_ 0802 HIV Infection/ARC  
\_\_\_\_\_ 0803 HIV Infection/AIDS  
\_\_\_\_\_ 0804 Other I.D. \_\_\_\_\_

9. DRUGS (0900)

\_\_\_\_\_ 0901 Tobacco  
\_\_\_\_\_ 0902 Alcoholism  
\_\_\_\_\_ 0903 Cocaine/Derivatives  
\_\_\_\_\_ 0904 Heroin/Derivatives  
\_\_\_\_\_ 0905 Other \_\_\_\_\_

10. GASTROINTESTINAL (1000)

\_\_\_\_\_ 1001 Liver/Cirrhosis  
\_\_\_\_\_ 1002 Pancreas  
\_\_\_\_\_ 1003 Crohns  
\_\_\_\_\_ 1004 Ulcerative Colitis  
\_\_\_\_\_ 1005 Other \_\_\_\_\_

11. CARDIOVASCULAR (1100)

\_\_\_\_\_ 1101 Congenial  
Coronary Artery Disease/Ischemic Heart Disease  
New York Heart Classification  
\_\_\_\_\_ 1102 Class I  
\_\_\_\_\_ 1103 Class II  
\_\_\_\_\_ 1104 Class III  
\_\_\_\_\_ 1105 Class IV  
\_\_\_\_\_ 1106 Unknown  
\_\_\_\_\_ 1107 Valvular disease  
\_\_\_\_\_ 1108 Cardiomyopathy  
\_\_\_\_\_ 1109 Hypertension

\_\_\_\_\_ 1110 Peripheral Vascular Disease  
\_\_\_\_\_ 1111 Cor pulmonale  
\_\_\_\_\_ 1112 Other CV \_\_\_\_\_

12. HEMATOLOGIC (1200)

\_\_\_\_\_ 1201 Polycythemia  
\_\_\_\_\_ 1202 Hemophilia  
\_\_\_\_\_ 1203 Other \_\_\_\_\_

13. ENVIRONMENTAL (1300)

\_\_\_\_\_ 1301 Burns, Mild (0% - 49%)  
\_\_\_\_\_ 1302 Burns, Moderate (50% - 79%)  
\_\_\_\_\_ 1303 Burns, Severe (80% +)  
\_\_\_\_\_ 1304 Toxins/Poisons  
\_\_\_\_\_ 1305 Other \_\_\_\_\_

14. GENETICS (1400)

\_\_\_\_\_ 1401 Down's  
\_\_\_\_\_ 1402 Other \_\_\_\_\_

15. TRANSPLANTS (1500)

\_\_\_\_\_ 1501 Heart  
\_\_\_\_\_ 1502 Heart/Lung  
\_\_\_\_\_ 1503 Liver  
\_\_\_\_\_ 1504 Kidney  
\_\_\_\_\_ 1505 Pancreas  
\_\_\_\_\_ 1506 Bone Marrow  
\_\_\_\_\_ 1507 Other \_\_\_\_\_

16. MISCELLANEOUS (1600)

\_\_\_\_\_ 1601 \_\_\_\_\_