

Group Life Experience Study—Data Requirements

October 15, 2002; modified February 21, 2003

General Information

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General Information

The study period includes years 1999, 2000, and 2001. Please submit exposure and claim information, gross of any reinsurance, on groups that have been insured during any portion of these three years as long as the group has been effective for at least one entire calendar during this period. The committee will use the effective date and termination date to determine the exposure and claim rate calculations.

Below is a request for 4 different files, Group Level Data, Individual Exposure Fields, Self-Administered Exposure Data, and Claim Records. Carrier Code, Group Policy Number, Subgroup Code and Effective Date form the key that will be used to combine the files. If you are unable to submit data in this format, please contact Jack Luff at the SOA office. The SOA and outside data vendor will work with participants to be as accommodating as possible.

Selected Definitions

- Subgroup Code – an optional field used to reference a subset of a group that may have different coverage provisions or have different group characteristics. Examples include a group that covers different industries or a group that has different waiver provisions for various classes of the group.
- Basic – 100% Employer paid coverage
- Supplemental - Employee paid coverage selected in addition to Employer paid Basic Coverage
- Optional – 100% optional Employee paid coverage
- Self-Administered by the Employer – Groups where the employer calculates the premium based on the current eligible employees. No individual employee records are maintained at your company.
- Home Office List Billed – Individual employee records are maintained at your company and used to create a premium bill for the employer group.

Exclusions

- GUL / GVUL term coverage
- Groups for which all insureds are fully medically underwritten (e.g., < 10 lives)
- Conversions
- Buyouts (of waiver reserves)
- Paid-up (retiree lives)
- Continuation of coverage (portability)
- Dependents, spouses / children
- Mass marketed, non-association
- Stand-alone AD&D
- Assumed reinsurance

Data Requirements for the Group and Insureds

File #1 Group Level Data	Description	Requirement
Carrier Code	Assigned by SOA	Required
Group Policy Number	Identifier of Group	Required
Subgroup Code	Identifier of subgroup or class	
Effective Date	MMDDYYYY	Required
Industry Code	4-digit Standard Industrial Classification (can use NAICS codes)	Required
Date of SIC Table	Year of SIC table used	Required
Type of Group	S = Single Employer O = Other	Required
Type of Coverage	B = Basic (employer paid or sponsored) S = Basic + Supplemental (buy up) O = Optional (voluntary, employee paid) C = Combined Basic/Supp	Required
Waiver Provision	1- Disabled prior to age 60/65, payable lifetime 2- Disabled prior to age 60/65, payable to age 65/70 3- Disableds payable as actives or 1-year extended death benefit 4- Disableds not covered 5- Mixed, more than 1 of the definitions above apply 6- Other	Required
AD&D indicator	Y = Yes N = No	Required
Administrative Code	H = Home Office List Billed S = Self-administered by the ER	Required
Termination Date	MMDDYYYY, blank if still inforce	
Group Size	Number of lives at the Group Policy Level (not at subgroup level)	Required

Data Requirements for the Group and Insureds (cont.)

File #2 Individual Exposure Fields	Description	Requirement
Carrier Code	Assigned by SOA	Required
Group Policy Number	Identifier for Group	Required
Subgroup Code	Identifier of subgroup or class	
Insured ID #	Id used to trace back to billing system	
Individual Effective Date	MMDDYYYY	Required
Individual Termination Date	MMDDYYYY, blank if still inforce	
Date of Birth	MMDDYYYY	Required
Sex	M = Male F = Female U = Unknown	Required
Retiree	Y = Yes N = No	Required
Basic Life Volume	Current Volume	
Supplemental Life Volume	Current Volume	
Optional Life Volume	Current Volume	
Basic AD&D Volume	Current Volume	
Supplemental AD&D Volume	Current Volume, match supp life volume	
Optional AD&D Volume	Current Volume	
Basic & Supplemental Volume	Current Volume, Only if not subdivided	

Suggested Submission for changes: Submit two records with different effective and termination dates.

Example: An individual increases coverage through a new enrollment from 100,000 to 150,000.

	Record 1	Record 2
Carrier Code	123	123
Group Policy Number	55555	55555
Subgroup Code		
Insured ID #	123456789	123456789
Individual Effective Date	07011999	07012000
Individual Termination Date	06302000	06302001
Date of Birth	01011965	01011965
Sex	M	M
Retiree	N	N
Basic Life Volume	100,000	150,000
Supplemental Life Volume		
Optional Life Volume		
Basic AD&D Volume	100,000	150,000
Supplemental AD&D Volume		
Optional AD&D Volume		

Data Requirements for the Group and Insureds (cont.)

File #3 Self-Administered Exposure Data	Description	Requirement
Carrier Code	Assigned by Vendor	Required
Group Policy Number	Identifier for Group	Required
Subgroup Code	Identifier of subgroup or class	
Study Year	1999, 2000, 2001	Required
Retiree	Y=Yes, 90%+ retiree population N = No, 0% retiree O = other, retiree between 0% and 90% U = unknown retiree population	Required (<i>if you can separate, please do</i>)
Male # lives – Basic Life Cov	Submit in 1-year or 5-year age bands	
Male Basic Life Volume	Submit in 1-year or 5-year age bands	
Male # lives – Supp Life Cov	Submit in 1-year or 5-year age bands	
Male Supp Life Volume	Submit in 1-year or 5-year age bands	
Male # lives – Optional Life Cov	Submit in 1-year or 5-year age bands	
Male Optional Life Volume	Submit in 1-year or 5-year age bands	
Male # lives– Basic AD&D	Submit in 1-year or 5-year age bands	
Male Basic AD&D Volume	Submit in 1-year or 5-year age bands	
Male # lives – Supp AD&D Cov	Submit in 1-year or 5-year age bands	
Male Supp AD&D Volume	Submit in 1-year or 5-year age bands	
Male # lives – Optional AD&D Cov	Submit in 1-year or 5-year age bands	
Male Optional AD&D Volume	Submit in 1-year or 5-year age bands	
Male # lives Basic & Supplemental Cov	Submit in 1-year or 5-year age bands Only if not subdivided	
Male Basic & Supplemental Volume	Submit in 1-year or 5-year age bands Only if not subdivided	
Female # lives – Basic Life Cov	Submit in 1-year or 5-year age bands	
Female Basic Life Volume	Submit in 1-year or 5-year age bands	
Female # lives – Supp Life Cov	Submit in 1-year or 5-year age bands	
Female Supp Life Volume	Submit in 1-year or 5-year age bands	
Female # lives - Optional Life Cov	Submit in 1-year or 5-year age bands	
Female Optional Life Volume	Submit in 1-year or 5-year age bands	
Female # lives– Basic AD&D	Submit in 1-year or 5-year age bands	
Female Basic AD&D Volume	Submit in 1-year or 5-year age bands	
Female # lives – Supp AD&D Cov	Submit in 1-year or 5-year age bands	
Female Supp AD&D Volume	Submit in 1-year or 5-year age bands	
Female # lives - Optional	Submit in 1-year or 5-year age bands	

AD&D Cov		
Female Optional AD&D Volume	Submit in 1-year or 5-year age bands	
Female # lives Basic & Supplemental Cov	Submit in 1-year or 5-year age bands Only if not subdivided	
Female Basic & Supplemental Volume	Submit in 1-year or 5-year age bands Only if not subdivided	
Unknown # lives – Basic Life Cov	Submit in 1-year or 5-year age bands	
Unknown Basic Life Volume	Submit in 1-year or 5-year age bands	
Unknown # lives – Supp Life Cov	Submit in 1-year or 5-year age bands	
Unknown Supp Life Volume	Submit in 1-year or 5-year age bands	
Unknown # lives - Optional Life Cov	Submit in 1-year or 5-year age bands	
Unknown Optional Life Volume	Submit in 1-year or 5-year age bands	
Unknown # lives– Basic AD&D	Submit in 1-year or 5-year age bands	
Unknown Basic AD&D Volume	Submit in 1-year or 5-year age bands	
Unknown # lives – Supp AD&D Cov	Submit in 1-year or 5-year age bands	
Unknown Supp AD&D Volume	Submit in 1-year or 5-year age bands	
Unknown # lives - Optional AD&D Cov	Submit in 1-year or 5-year age bands	
Unknown Optional AD&D Volume	Submit in 1-year or 5-year age bands	
Unknown # lives Basic & Supplemental Cov	Submit in 1-year or 5-year age bands Only if not subdivided	
Unknown Basic & Supplemental Volume	Submit in 1-year or 5-year age bands Only if not subdivided	

Data Requirements for Claims

File #4 Claim Records	Description	Requirement
Carrier Code	Assigned by SOA	Required
Group Policy Number	Identifier for Group	Required
Subgroup Code	Identifier of subgroup or class	
Date of Birth	MMDDYYYY	Required
Sex	M= Male F=Female U=Unknown	Required
Claim ID	Your internal claim ID	Required
Claimant ID#	Unique to claimant, suggest to add scalar to Social Security #	
Retiree	Y=Yes N=No U=Unknown	
Date of Disability	MMDDYYYY, last day worked + 1	Required if waiver = Y
Date Waiver Approved	MMDDYYYY	Required if waiver + Y
Date of Death	MMDDYYYY	Required if waiver =N
Basic Life Amount	Do not include the interest payment.	Require at least one of the Amount fields
Supplemental Life Amount		
Optional Life Amount		
Basic AD&D Amount		
Supplemental AD&D Amount		
Optional AD&D Amount		
Basic & Supplemental Amount	Only if not subdivided	
Basic, Supplemental & AD Amount	Only if not subdivided	
Type of record	Waiver, death, AD&D, Dismemberment	
9/11/2001 death event	Y = Yes N = No	

Note: Due to the fact that this incidence study covers both mortality and morbidity (waiver), to avoid double counting, please do not submit death claim records for those insureds who died while on waiver. Deaths while on waiver should be submitted to the committee for the waiver study. Also, do not submit claim records for accelerated payments where the insured has not died. If an insured has died where an accelerated payment was made before death, please record the total of the accelerated benefit and the remaining death benefit in the amount fields above.