



AMERICAN ACADEMY of ACTUARIES

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To: NAIC's Life Actuarial Task Force

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Date: July 14, 2017

Re: Future Experience Study Data Elements

The underwriting of life insurance risk has and will continue to evolve. The protective value of the underwriting program results in different levels of assumed mortality risk which raises an important question on the level of mortality that should be assumed for VM-20 statutory reserves, tax reserves, nonforfeiture values, and policyholder taxation premium limitations.

Products underwritten using limited medical information is not fully addressed within VM-20 and using the existing mortality tables for the valuation of business may not be appropriate. Long term, the development of mortality tables using limited underwritten experience may be necessary.

Providing the data required to develop industry mortality studies that appropriately segment the spectrum of underwriting practices may prove challenging for some companies as the data may not be easily extracted from their data warehouses. In the near term, the list of data elements is to be presented to insurance providers to determine:

- 1) Whether the data is available (if used in their underwriting process) and can be included in a data submission for analysis
- 2) If not available, how the provider would characterize the development of a data repository that could be used to provide the data
- 3) Whether the data requested adds measurable protective value to segment mortality experience by underwriting type

Ultimately, collecting these data elements along with data routinely collected for mandatory and discretionary mortality studies may lead to industry mortality tables suitable for life insurance programs that use limited medical information.

Starting in the summer of 2016, a Society of Actuaries (SOA) project oversight group (POG) convened to develop a list of data elements (see Appendix A) that are commonly used during the underwriting of life insurance applications. Ultimately, collecting these data elements along with data routinely collected for mandatory and discretionary mortality studies may lead to industry mortality tables more suitable for life insurance programs that use limited medical information.

Three distinct data calls form the foundation of the routine mortality experience study requests. These three data calls include:

- VM-51 Mandatory Experience Data;
- Guaranteed Issue and Simplified Issue Experience Data collected in 2011; and
- SOA Extended Analysis Data Request for Individual Life.

In addition, the POG, developed a list of additional data elements that may be beneficial in bifurcating experience between Guaranteed Issue to Simplified Issue and Accelerated Underwriting programs. The list of data fields for separating programs is extensive and it is unlikely many companies will be able to easily access the data and combine it with the required mortality data elements of VM-51. Initially, the additional data elements may need to be discretionary and eventually evolve into mandatory requirements as companies develop data retention programs.

We believe the mandatory data should expand to include life insurance underwritten with limited medical data. Business meeting the definition of Guaranteed Issued is to be excluded.

The sample data layout, included in the accompanying spreadsheet, contains data elements the AUW POG believes are necessary to segment experience data into different cohorts based on the degree of underwriting performed when acquiring the business. The AUW POG recognizes that some of these data elements may not be readily available today. The Life Actuarial Task Force (LATF) approval is necessary to move toward modifying VM-50/VM-51 to add new required data elements. Prior to a formal amendment proposal form to modify VM-50/VM-51, the AUW POG is requesting LATF to expose the data elements for comment. Specifically:

1. The ability for companies to provide the data elements;
2. The timeline required to have data elements available for submission; and
3. Additional data elements that are believed to be useful for studying the mortality across the spectrum of underwriting between simplified issue and fully underwritten.

## APPENDIX A

### Accelerated Underwriting Data Request

Version 13

Status: Draft - The list of data fields is not final and subject to change

Date: June 14, 2017

#### Sources:

VM-51: Data elements required as part of the valuation manual required experience submission

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EAD: Additional data request as part of the Individual Life experience study

AU POG: Data that may be used to differentiate different underwriting methodologies (GI, SI, AU, Traditional)

Item	Data Element	Description	Source	Required Data Element	Data Field Type
<b>Experience Data</b>					
1	NAIC Company Code	Your NAIC Company Code	VM-51	Required per Valuation Manual	Company
2	Observation Year	Enter Calendar Year of Observation	VM-51	Required per Valuation Manual	Policy
3	Policy Number	Enter Policy Number. For Policy Numbers with length less than 20, Left justify the number and blank fill the empty digits. Any other unique identifying number can be used instead of Policy Number for privacy reasons.	VM-51	Required per Valuation Manual	Policy
4	Segment Number	If only one policy segment exists, enter segment number	VM-51	Required per Valuation Manual	Policy
5	State of Issue	Use standard, two letter, state abbreviation codes (e.g. NY for New York)	VM-51	Required per Valuation Manual	Policy
6	Gender	0 = Unknown or unable to subdivide 1 = Male 2 = Female 3 = Unisex – Unknown or unable to identify 4 = Unisex – Male 5 = Unisex – Female	VM-51	Required per Valuation Manual	Policy
7	Date of Birth	Enter the numeric data of birth in YYYYMMDD format	VM-51	Required per Valuation Manual	Policy
8	Age Basis	0 = Age Nearest Birthday 1 = Age Last Birthday 2 = Age Next birthday  Drafting Note: Professional actuarial organization will need to develop either age next birthday mortality tables or procedure to adapt existing mortality tables to age next birthday basis.	VM-51	Required per Valuation Manual	Policy
9	Issue Age	Enter the insurance Issue Age	VM-51	Required per Valuation Manual	Policy
10	Issue Date	Enter the numeric calendar year in YYYYMMDD format.  If a converted policy, use the issue date of the converted policy	VM-51	Required per Valuation Manual	Policy
11	Smoker Status (at issue)	Smoker status should be submitted where reliable. 0 = Unknown 1 = No distinction 2 = Nonsmoker 3 = Smoker 4 = Other	VM-51	Required per Valuation Manual	Policy
12	Smoker Definition	1 = Cigarette (e.g. cigarette, cigar, etc.) 2 = Tobacco (#1 and chewing tobacco) 3 = Nicotine (#1 or #2 with gum and/or patch) 4 = Other	AU POG	Necessary to evaluate underwriting program	Plan
13	Smoker Period Definition	Number of years to qualify for non-smoker / non-tobacco, may vary be risk class of the insured	AU POG	Necessary to evaluate underwriting program	Plan / Policy
14	Marijuana User Definition	Marijuana user is classified as: 1 = Non-smoker 2 = Smoker (as defined in #12) 3 = Nonsmoker or smoker based on frequency of use 4 = Non-smoker if medical use or smoker if recreational use 5 = Other	AU POG	Necessary to evaluate underwriting program	Plan
15	Preferred Indicator	0 = If no reliable information on multiple preferred and standard classes is available or if the policy segment was issued substandard or if there were no multiple preferred and standard classes available for this policy segment 1 = If this policy was issued in one of the available multiple preferred and standard classes for this policy segment  Note: If Preferred Indicator is 0, leave next four items blank	VM-51	Required per Valuation Manual	Policy
16	Number of Classes in Nonsmoker Preferred Class Structure	If Preferred Indicator is 0 or if Smoker Status is 0, 3, or 4, leave blank. For nonsmoker or no tobacco usage policies that could have been issued as one of multiple preferred and standard classes, enter the number of nonsmoker preferred and standard classes at time of issue	VM-51	Required per Valuation Manual	Plan

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Item	Data Element	Description	Source	Required Data Element	Data Field Type
17	Nonsmoker Preferred Class	<p>If Preferred Indicator is 0 or if Smoker Status is 0, 3, or 4, leave blank.</p> <p>For nonsmoker policy segments that could have been issued as one of multiple preferred and standard classes:</p> <p>0 = Unknown preferred or standard class            1 = Best preferred class            2 = Next Best preferred class after 1            3 = Next Best preferred class after 2            4 = Next Best preferred class after 3            5 = Next Best preferred class after 4            6 = Next Best preferred class after 5            7 = Next Best preferred class after 6            8 = Next Best preferred class after 7            9 = Next Best preferred class after 8</p> <p>Note: The policy segment with the highest Nonsmoker Preferred Class number should have that number equal to the Number of Classes in Nonsmoker Preferred Class Structure.</p>	VM-51	Required per Valuation Manual	Policy
18	Number of Classes in Smoker Preferred Class Structure	<p>If Preferred Indicator is 0 or if Smoker Status is 0, 1, or 2, leave blank.</p> <p>For smoker or tobacco user policies that could have been issued as one of multiple preferred and standard classes, enter the number of smoker preferred and standard classes available at time of issue.</p>	VM-51	Required per Valuation Manual	Plan
19	Smoker Preferred Class	<p>If Preferred Indicator is 0 or if Smoker Status is 0, 1, or 2, leave blank.</p> <p>For smoker policy segments that could have been issued as one of multiple preferred and standard classes:</p> <p>0 = Unknown preferred or standard class            1 = Best preferred class            2 = Next Best preferred class after 1            3 = Next Best preferred class after 2            4 = Next Best preferred class after 3            5 = Next Best preferred class after 4            6 = Next Best preferred class after 5            7 = Next Best preferred class after 6            8 = Next Best preferred class after 7            9 = Next Best preferred class after 8</p> <p>Note: The policy segment with the highest Smoker Preferred Class number should have that number equal to the Number of Classes in Smoker Preferred Class Structure</p>	VM-51	Required per Valuation Manual	Policy
20	Type of Underwriting Requirements	<p>If underwriting requirement of ordinary business is reliably known, use code other than "99." Ordinary business does not include separate lines of business such as simplified issue/guaranteed issue, worksite, individually solicited group life, direct response, final expense, pre-need, home service, and COLI/BOLI/CHOLI</p> <p>01 = Traditional (Medical) Underwriting            02 = Traditional (Non-Medical) Underwriting            03 = Accelerated Underwriting            04 = Simplified Underwriting            05 = Simplified Issue            06 = Guaranteed Issue            07 = Term Conversion            08 = Group Conversion            09 = Other</p>	VM-51 & GI-SI	Required per Valuation Manual	Policy
21	Plan	<p>Exclude from contribution: spouse and children under family policies or riders. If Form for Additional Plan Codes was submitted for this policy, enter unique three digit plan number (s) that differ from the plan numbers below:</p> <p>000 = If unable to distinguish among plan types listed below:</p> <p><b>Traditional Whole Life Plans:</b>            010 = Traditional fixed premium fixed benefit permanent plan            011 = Permanent life (traditional) with term            012 = Single premium whole life</p>	VM-51	Required per Valuation Manual	Plan

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Item	Data Element	Description	Source	Required Data Element	Data Field Type
		<p>013 = Econolife (permanent life with lower premiums in the earlier durations)</p> <p>015 = First to die whole life plan (submit separate records for each life)</p> <p>016 = Second to die whole life plan (submit separate records for each life)</p> <p>017 = Joint whole life plan unknown whether 015 or 016 (submit separate records for each life)</p> <p>018 = Permanent products with non-level death benefits</p> <p>019 = Permanent plans 010, 011, 012, 013, 015, 016, 017, 018 combined (i.e. unable to separate)</p> <p><b>Term Insurance Plans</b></p> <p>020 = Annually Renewable Term (traditional level benefit and attained age premium)</p> <p>021 = Term (level death benefit with guaranteed level premium for 5 years)</p> <p>022 = Term (level death benefit with guaranteed level premium for 10 years)</p> <p>023 = Term (level death benefit with guaranteed level premium for 15 years)</p> <p>024 = Term (level death benefit with guaranteed level premium for 20 years)</p> <p>025 = Term (level death benefit with guaranteed level premium for 25 years)</p> <p>026 = Term (level death benefit with guaranteed level premium for 30 years)</p> <p>027 = Term (level death benefit with guaranteed level premium for period other than 5, 10, 15, 20, 25, or 30 years)</p> <p>028 = Term (decreasing benefit)</p> <p>040 = Select ultimate term (premium depends on issue age and duration)</p> <p>041 = Return of Premium Term (level death benefit with guaranteed level premium for 15 years)</p> <p>042 = Return of Premium Term (level death benefit with guaranteed level premium for 20 years)</p> <p>043 = Return of Premium Term (level death benefit with guaranteed level premium for 25 years)</p> <p>044 = Return of Premium Term (level death benefit with guaranteed level premium for 30 years)</p> <p>045 = Return of Premium Term (level death benefit with guaranteed level premium for period other than 15, 20, 25, or 30 years)</p> <p>046 = Economatic term</p> <p>059 = Term plans, unable to classify</p> <p><b>Universal Life Plans:</b></p> <p>061 = Single Premium universal life</p> <p>062 = Universal life (decreasing risk amount)</p> <p>063 = Universal life (level risk amount)</p> <p>064 = Universal life (unknown whether code 062 or 063)</p> <p>065 = First to die universal life plan (submit separate records for each life)</p> <p>066 = Second to die universal life plan (submit separate records for each life)</p> <p>067 = Joint life universal life plan unknown whether code 065 or 066 (submit separate records for each life)</p> <p><b>Universal Life Plans with Secondary Guarantees:</b></p> <p>071 = Single premium universal life with secondary guarantees</p> <p>072 = Universal life with secondary guarantees (decreasing risk amount)</p> <p>073 = Universal life with secondary guarantees (level risk amount)</p> <p>074 = Universal life with secondary guarantees (unknown whether code 072 or 073)</p> <p>075 = First to die universal life plan with secondary guarantees (submit separate records for each life)</p>			

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Item	Data Element	Description	Source	Required Data Element	Data Field Type
		<p>076 = Second to die universal life plan with secondary guarantees (submit separate records for each life)</p> <p>077 = Joint life universal life plan with secondary guarantees unknown whether code 075 or 076 (submit separate records for each life)</p> <p><b>Variable Life Plans</b></p> <p>080 = Variable Life</p> <p>081 = Variable universal life (decreasing risk amount)</p> <p>082 = Variable universal life (level risk amount)</p> <p>083 = Variable universal life (unknown whether code 081 or 082)</p> <p>084 = First to die variable universal life plan (submit separate records for each life)</p> <p>085 = Second to die variable universal life plan (submit separate records for each life)</p> <p>086 = Joint life variable universal life plan unknown whether code 084 or 085 (submit separate records for each life)</p> <p><b>Variable Life Plans with Secondary Guarantees</b></p> <p>090 = Variable life with secondary guarantees</p> <p>091 = Variable universal life with secondary guarantees (decreasing risk amount)</p> <p>092 = Variable universal life with secondary guarantees (level risk amount)</p> <p>093 = Variable universal life with secondary guarantees (unknown whether code 091 or 092)</p> <p>094 = First to die variable universal life plan with secondary guarantees (submit separate records for each life)</p> <p>095 = Second to die variable universal life plan with secondary guarantees (submit separate records for each life)</p> <p>096 = Joint life variable universal life plan with secondary guarantees unknown whether code 094 or 095 (submit separate records for each life)</p> <p><b>Nonforfeiture</b></p> <p>098 = Extended Term</p> <p>099 = Reduced Paid-Up</p>			
22	Interest Sensitivity	<p>1 = Fixed</p> <p>2 = Interest Sensitive</p> <p>3 = Variable</p>	GI-SI	Requested in GI / SI Data Call	Plan
23	Death Benefit Pattern	<p>1 = Level (includes increases due to corridor)</p> <p>2 = Modified Death Benefit</p> <p>3 = Increasing</p> <p>4 = Decreasing</p> <p>5 = Other</p>	GI-SI	Requested in GI / SI Data Call	Plan
24	Death Benefit Pattern Years	Number of years of grading before Death Benefit Pattern becomes level.	GI-SI	Requested in GI / SI Data Call	Plan
25	Premium Pattern	<p>0 = Unknown</p> <p>1 = Single Premium</p> <p>2 = Level Modal Premium payable for the life of the policy</p> <p>3 = Graded Premium then Level</p> <p>4 = Level Premium then Graded</p> <p>5 = Renewable Term based on Attained Age (incl. ART)</p> <p>6 = Renewable Term based on Issue Age</p> <p>7 = Limited Pay Premium by number of years</p> <p>8 = Paid up at a Specified Age</p> <p>9 = Other</p>	GI-SI	Requested in GI / SI Data Call	Plan

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Item	Data Element	Description	Source	Required Data Element	Data Field Type
26	Premium Pattern Years	Enter the number of years that will be used to describe the premium pattern  If Premium Pattern is '0' or '1', enter '00' If Premium Pattern is '2', enter '99' If Premium Pattern is '3', number of years of graded premiums If Premium Pattern is '4', number of years of level premiums If Premium Pattern is '5' or '6', number of years in band for renewal term If Premium Pattern is '7', number of years of limited pay premiums If Premium Pattern is '8', enter paid up age If Premium Pattern is '9', leave blank	GI-SI	Requested in GI / SI Data Call	Plan
27	Inforce Indicator	0 = If the policy segment was not inforce at the end of the calendar year of observation 1 = If the policy segment was inforce at the end of the calendar year observation	VM-51	Required per Valuation Manual	Policy
28	Face Amount of Insurance at Issue	Face amount of the policy segment at its issue date rounded to nearest dollar. If policy provides payment of cash value in addition to face amount, include face amount and do not include cash value	VM-51	Required per Valuation Manual	Policy
29	Face Amount of Insurance at the beginning of the observation year	Face amount of the policy segment at the beginning of the calendar year of observation rounded to nearest dollar. If policy provides payment of cash value in addition to face amount, include face amount and do not include cash value	VM-51	Required per Valuation Manual	Policy
30	Face Amount of Insurance at the end of the observation year	Face amount of the policy segment at the end of the calendar year of observation rounded to nearest dollar. If policy provides payment of cash value in addition to face amount, include face amount and do not include cash value.  If Inforce Indicator is 0, enter face amount of the policy segment at the time of termination, if available, otherwise enter 0. For policies that have a constant number of units for all policy durations but vary the dollar value of the unit over different policy durations, leave blank.	VM-51 & GI-SI	Required per Valuation Manual	Policy
31	Ultimate Face Amount	Face Amount at maturity. Leave blank if using units.	GI-SI	Requested in GI / SI Data Call	Policy
32	Number of Units	For policies that have a constant number of units for all policy durations but vary the dollar value of the unit over different policy durations, fill out the number of units.  Leave blank if using amounts.  The number of units is the ultimate face amount divided by 1000, rounded to the nearest integer.	GI-SI	Requested in GI / SI Data Call	Policy
33	Death Claim Amount	If Inforce Indicator is 1, leave blank  Death claim amount rounded to the nearest dollar.  If Inforce Indicator is 0 and Cause of Termination is '04,' then face amount. If Inforce Indicator is 0 and Cause of Termination is not '04', then 0 (zero).  If the policy provides payment of cash value in addition to face amount, include face amount and do not include cash value.	VM-51	Required per Valuation Manual	Policy
34	Death Claim Units	If Inforce Indicator is 1 or amounts are used, leave blank.  This number of units is to represent the number of units that were paid for the death claim.  If Inforce Indicator is 0 and Cause of Termination is not '04', then leave blank.	GI-SI	Requested in GI / SI Data Call	Policy
35	Termination Reported Date	If the Inforce Indicator is 1, leave blank.  Enter in the format YYYYMMDD the 8 digit calendar date that termination was reported.	VM-51	Required per Valuation Manual	Policy

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Item	Data Element	Description	Source	Required Data Element	Data Field Type
36	Actual Termination Date	Date If Inforce Indicator is 1, leave blank.  Enter in the format YYYYMMDD the 8 digit calendar date when the termination occurred.  If termination due to death (Cause of Termination is 04) enter actual date of death.  If termination is lapse due to non-payment of premium (Cause of Termination is 14) enter the last day the premium was paid to.	VM-51	Required per Valuation Manual	Policy
37	Cause of Termination	If Inforce Indicator is 1, leave blank.  00 = Termination type unknown or unable to subdivide 01 = Reduced Paid-Up 02 = Extended Term 03 = Voluntary unable to subdivide among 01, 02, 07, 09, 10, 11, or 13 04 = Death 05 = Denied Death Claims 07 = 1035 Exchange 09 = Term Conversion (Unknown whether Attained Age or Original Age) 10 = Attained Age Term Conversion 11 = Original Age Term Conversion 12 = Term Expiry 13 = Surrendered for full cash value 14 = Lapse 15 = Endowment or Maturity	VM-51	Required per Valuation Manual	Policy
38	Pre-Need	1 = Not Pre Need Policy 2 = Pre Need Policy	GI-SI	Requested in GI / SI Data Call	Policy
39	COLI/BOLI	1 = Not classified as COLI / BOLI Policy 2 = Classified as COLI / BOLI Policy	AU POG	Necessary to evaluate underwriting program	Policy
40	Distribution Method for Policy	0 = Unknown 1 = Website 2 = Direct Mail/Email 3 = Print Media 4 = TV/Radio 5 = Telephone 6 = Other 9 = Not Applicable (MIB to place everywhere else)	GI-SI	Requested in GI / SI Data Call	Policy
41	Applicant Type	0 = Unknown 1 = Individual Consumer 2 = Member of Employee Group (including worksite) 3 = Member of Association Group	GI-SI	Requested in GI / SI Data Call	Policy
42	Level Term Annualized Premium at Issue	For each segment of Level Term Insurance Plans with plan codes 021 through 045 or 211 through 271 of Item 19, Plan, of VM-51 Appendix 4, Mortality Format, enter the annualized premium set at issue.  If unknown, leave this field blank.	VM-51	Required per Valuation Manual	Policy
43	Term Annualized Premium at the Beginning of the Observation Year	For segments with plan codes 021 through 045 or 211 through 271 of Item 19, Plan, of VM-51 Appendix 4, Mortality Format, enter the annualized premium for the policy year that includes the beginning of the observation year.  Round to the nearest dollar.  If there is no premium, leave this field blank.	VM-51	Required per Valuation Manual	Policy
44	Term Annualized Premium at the End of the Observation Year / Actual Termination Date	For segments with plan codes 021 through 045 or 211 through 271 of Item 19, Plan, of VM-51 Appendix 4, Mortality Format, enter the annualized premium for the policy year that includes either 1) the End of the Observation Year or 2) the Actual Termination Date.  Round to the nearest dollar.  If there is no premium, leave this field blank.	VM-51	Required per Valuation Manual	Policy



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Item	Data Element	Description	Source	Required Data Element	Data Field Type
45	Premium Mode	00 = Unknown 01 = Annual 02 = Semiannual 03 = Quarterly 04 = Monthly Bill Sent 05 = Monthly Automatic Payment 06 = Semimonthly 07 = Biweekly 08 = Weekly 09 = Single Premium	VM-51	Required per Valuation Manual	Policy
46	Payment Type	0 = Unknown 1 = Direct 2 = Payroll Deduction/Group 3 = Credit Card/Debit Card 4 = EFT/Pre authorized check 5 = Coupon 6 = Other	GI-SI	Requested in GI / SI Data Call	Policy
47	Plan Code	Your company's plan code that refers to this policy. Send a translation table for your codes.	GI-SI	Requested in GI / SI Data Call	Policy
<b>ADDITIONAL FIELDS - ORIGINAL ISSUE DATE on Term Conversions</b>					
48	Type of Term Conversion	If policy was issued as a result of a term conversion, enter the type of term conversion:  0 - Unknown 1 - Original Age Term Conversion 2 - Attained Age Term Conversion 3 - Unknown whether Original Age or Attained Age Term Conversion 4 - Not a Term Conversion	EAD	Requested in Extra Data Call	Policy
49	Original Issue Date	If Type of Term Conversion, is 1, enter the issue date of the original policy in YYYYMMDD format. If the issue date of the original policy is unknown, please leave blank. Otherwise, Leave blank.	EAD	Requested in Extra Data Call	Policy
50	On Premium Waiver	0 = Unknown if term policy was on premium waiver when the term policy was converted  1 = Term policy was NOT on premium waiver when the term policy was converted  2 = Term policy was on premium waiver when the term policy was converted	EAD	Requested in Extra Data Call	Policy
<b>ADDITIONAL FIELDS - SUBSTANDARD Classification</b>					
51	Substandard indicator	0 = Policy Segment is Not Substandard 1 = Policy Segment is Substandard 2 = Policy Segment is Uninsurable	EAD	Requested in Extra Data Call	Policy
52	Policy or Original Term Policy at Issue	If Substandard Indicator, is 0, was the policy or original term policy issued Substandard. If unknown, leave blank.  0 = Unknown if the original policy was issued substandard or not. 1 = Policy or the original term policy was Not Substandard 2 = Policy or the original term policy was Substandard	EAD	Requested in Extra Data Call	Policy
53	Extra Mortality Table Rating	If Substandard Indicator, is 1, and the extra mortality percentage is known, then enter the mortality rating as a percentage of the standard mortality (e.g. if the risk is classified as exhibiting 150% of standard mortality, enter '150').  If Substandard Indicator, is 1, and the extra mortality percentage is unknown, leave blank. If Substandard Indicator, is 0, enter 100. If Substandard Indicator, is 2, leave blank.	EAD	Requested in Extra Data Call	Policy
54	Type of Flat Extra Mortality	If item 13, Substandard Indicator, is 1, and the policy segment was issued with a flat extra mortality rate per 1000 of insurance amount and which is currently in effect: indicate whether the extra mortality per 1000 is:  0 = Unknown 1 = Permanent 2 = Temporary Otherwise, leave blank.	EAD	Requested in Extra Data Call	Policy

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Item	Data Element	Description	Source	Required Data Element	Data Field Type
55	Flat Extra Mortality	If Substandard Indicator, is 1, and the policy segment was issued with an extra flat mortality rate per 1000 of insurance amount and is currently in effect: enter the current permanent or temporary extra mortality per 1000 of insurance (e.g. if the risk is being charged an extra \$4.50 per 1000 of insurance, enter '00450'). If the flat extra rate is unknown, enter '00000'.  Otherwise, leave blank.	EAD	Requested in Extra Data Call	Policy
56	Rated Issue Age	If Substandard Indicator, is 1, and the policy segment was issued at an age rate higher than to the actual issue age, and which is currently in effect: enter the rated issue age at which the policy was issued.(e.g. if the actual issue age is 45 and the rates are based on issue age 50, enter '050'). If the rates issue age is unknown, enter '000'.  Otherwise, leave blank.	EAD	Requested in Extra Data Call	Policy
<b>ADDITIONAL FIELDS - CAUSE OF DEATH (Enter information only on death terminations. Otherwise, leave blank.)</b>					
57	Actual Death Termination Date	Enter in the format YYYYMMDD the 8-digit calendar date when the death termination occurred.	EAD	Requested in Extra Data Call	Policy
58	Cause of Death Code version	Identify the classification method of diagnosis for the death claim.  00 = Unknown 09 = ICD 9 10 = ICD 10 11 = SOA's 1980 cause of death codes Otherwise, leave blank.	EAD	Requested in Extra Data Call	Policy
59	Primary Cause of Death	Enter the Cause of Death Code using the version indicated in Item 20, Cause of Death Code version. If unknown, enter '0000000'. Otherwise, leave blank.  Enter the ICD 9/10 diagnosis code for the primary cause of death or enter the SOA's 1980 cause of death codes. If ICD9 code, insert the three-digit code (e.g. - if ICD9 code = 010 (Primary Tuberculosis infections), enter "010"). Do not include supplementary digits 4 nor 5 in the code. For e800-e999, use the letter and 3 digit number, e.g. for e806-Other specified railway accident, enter "e806". Note: the base 800-999 codes (those without a letter classification) are morbidity codes, not mortality codes. If ICD10 code, insert the letter and first two digits (e.g. - if ICD10 code = A00 (Cholera), insert "A00"). Do not include any additional supplementary digits in the code. If SOA 1980 codes are used, insert the three digit SOA class code (e.g. for 07 Septicemia, insert "070"). Leave blank if unknown or if termination is other than by death.	EAD	Requested in Extra Data Call	Policy

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Item	Data Element	Description	Source	Required Data Element	Data Field Type
60	Secondary Cause of Death	Enter the Cause of Death Code using the version indicated in Item 20, Cause of Death Code version. If unknown, enter '000000'. Otherwise, leave blank.  Enter the ICD 9/10 diagnosis code for the secondary cause of death or enter the SOA's 1980 cause of death codes. If ICD9 code, insert the letter (if applicable) and the three-digit code (e.g. - if ICD9 code = 010 (Primary Tuberculosis infections), enter "0010"). Do not include supplementary digits 4 nor 5 in the code. For e800-e999, use the 3 digit number, e.g. for e806-Other specified railway accident, enter "e806". Note: the base 800-999 codes (those without a letter classification) are morbidity codes, not mortality codes. If ICD10 code, insert the letter and first two digits (e.g. - if ICD10 code = A00 (Cholera), insert "A00"). Do not include any additional supplementary digits in the code. If SOA 1980 codes are used, insert the three digit SOA class code (e.g. for 07 Septicemia, insert "070"). Leave blank if the secondary cause of death is unknown or if termination is other than by death.	EAD	Requested in Extra Data Call	Policy
61	Policy Form Number	Text input	AU POG	Necessary to evaluate underwriting program	Plan
62	Application Form Number	Text input	AU POG	Necessary to evaluate underwriting program	Plan
63	Distribution Channel	1 = Affiliated Agents / Captive Agency 2 = Independent Agents 3 = Broker 4 = Direct-to-Consumer (On-Line) 5 = Direct-to-Consumer (Mail) 6 = Direct-to- Consumer (Call Center) 7 = Direct-to-Consumer (Other) 8 = Banks 9 = Other	AU POG	Necessary to evaluate underwriting program	Policy
64	Third Party Marketing	0 = Available to the Public without restriction 1 = Group affiliation (e.g. Bank, Alumni Association, Group Membership etc.) 2 = Worksite Marketing 3 = Life Event Marketing 4 = Other	AU POG	Necessary to evaluate underwriting program	Policy
65	Is financial data, on any kind, used in a marketing pre-screening process?	0 = No 1 = Yes - Individual 2 = Yes - Household 3 = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
66	Type of Application	0 = Paper 1 = Electronic (Fillable PDF) 2 = Online Internet 3 = Phone Application	AU POG	Necessary to evaluate underwriting program	Policy
67	Was the application designed with Sentinel Value or Behavioral Economic considerations?	0 = No 1 = Yes	AU POG	Necessary to evaluate underwriting program	Policy
68	Third Party Present at the time of sale or when collecting medical data	0 = Commissioned Representative 1 = Non-commissioned Representative 2 = Non-Commissioned Professions (Para-Med Professional, Physician)	AU POG	Necessary to evaluate underwriting program	Policy
69	How many questions do you have on the medical part 2 section of your application?	If no medical questions, answer 0.	AU POG	Necessary to evaluate underwriting program	Policy
70	How many maladies are specified in the application	Count maladies in all questions.	AU POG	Necessary to evaluate underwriting program	Policy
71	Do you have a reflexive aspect to your application?	0 = No 1 = Yes	AU POG	Necessary to evaluate underwriting program	Policy
72	Are applicants underwritten based on the same requirements?	0 = Requirements vary by Issue Age or Coverage Amount 1 = Additional Requirements ordered for Cause Only 2 = Requirements do not vary	AU POG	Necessary to evaluate underwriting program	Plan
73	Life Style Questions: Occupation	0 = No 1 = Yes, included on the application 2 = Yes, Reflexive Question 3 = Actively at work question only	AU POG	Necessary to evaluate underwriting program	Policy

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Item	Data Element	Description	Source	Required Data Element	Data Field Type
74	Life Style Questions: Avocation	0 = No 1 = Yes, included on the application 2 = Yes, Reflexive Question	AU POG	Necessary to evaluate underwriting program	Policy
75	Life Style Questions: Driving record	0 = No 1 = Yes, included on the application 2 = Yes, Reflexive Question	AU POG	Necessary to evaluate underwriting program	Policy
76	Was the initial application processed in good order?	0 = No - Returned to Agent 1 = No - Referred to Internal Unit 2 = Yes	AU POG	Necessary to evaluate underwriting program	Policy
77	Application Signed Date	YYYYMMDD	AU POG	Necessary to evaluate underwriting program	Policy
78	Date of First Underwriting Requirement Requested	YYYYMMDD	AU POG	Nice to Have to measure time to underwriting	Policy
79	Date of Final Underwriter Decision	YYYYMMDD	AU POG	Nice to Have to measure time to underwriting	Policy
80	Date Final Action Determined (Policy Issued, Decline Letter Sent)	YYYYMMDD	AU POG	Necessary to evaluate underwriting program	Policy
81	Height Source	1 = App 2 = E-Health Records 3 = Paramed 4 = APS 5 = Other Allow to multiple options	AU POG	Necessary to evaluate underwriting program	Policy
82	Weight Source	1 = App 2 = E-Health Records 3 = Paramed 4 = APS 5 = Other Allow to multiple options	AU POG	Necessary to evaluate underwriting program	Policy
83	Smoking status source	1 = App 2 = E-Health Records 3 = Paramed 4 = APS 5 = Other Allow to multiple options	AU POG	Necessary to evaluate underwriting program	Policy
84	MIB - Asked	0 = No 1 = Yes Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
85	MIB - HIT	0 = No 1 = Yes - Insurance Activity Information 2 = Yes - Medical 3 = Both Blank = unknown	AU POG	Necessary to evaluate underwriting program	Policy
86	Prescription History Data Requested	0 = No 1 = Yes Blank = unknown	AU POG	Necessary to evaluate underwriting program	Policy
87	Prescription History Data Received	0 = No 1 = Hit with drugs 2 = Hit with no drugs Blank = unknown	AU POG	Necessary to evaluate underwriting program	Policy
88	Prescription Severity Flag	0 = No 1 = Yes Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
89	Prescription Scoring Algorithm	0 = No 1 = Yes Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
90	Prescription Rating Provided Automatically	0 = No 1 = Numerical Score 2 = Severity Group 3 = Both Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
91	Blood Pressure Source	1 = App 2 = E-Health Records 3 = Paramed 4 = APS 5 = Other Allow to multiple options	AU POG	Necessary to evaluate underwriting program	Policy
92	Motor Vehicle Records Requested	0 = No 1 = Yes 2 = Waived Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
93	Motor Vehicle Records Hit	0 = No 1 = Yes, but not used 2 = Yes, meaningful or scoring system Blank = unknown	AU POG	Necessary to evaluate underwriting program	Policy

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Item	Data Element	Description	Source	Required Data Element	Data Field Type
94	Attending Physician Statement	0 = No 1 = Yes - Received 2 = Yes - Waived Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
95	Para-Medical Exam	0 = No 1 = Yes - Received 2 = Yes - Waived Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
96	Physician Exam	0 = No 1 = Yes - Received 2 = Yes - Waived Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
97	Tele-Underwriting	0 = No 1 = Yes - Received 2 = Yes - Waived Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
98	Personal History Interview	0 = No 1 = Yes - Received 2 = Yes - Waived Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
99	Blood Sample	0 = No 1 = Yes - Received 2 = Yes - Waived Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
100	Urine Sample	0 = No 1 = Yes - Received 2 = Yes - Waived Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
101	Saliva Sample	0 = No 1 = Yes - Received 2 = Yes - Waived Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
102	Stress Test	0 = No 1 = Yes - Received 2 = Yes - Waived Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
103	Cholesterol Source	1 = App 2 = E-Health Records 3 = Paramed 4 = APS 5 = Other Allow for multiple options	AU POG	Necessary to evaluate underwriting program	Policy
104	Electronic Health Data Records	0 = No 1 = Yes - Received 2 = Yes - Waived Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
105	Predictive Analytics for Marketing Selection (Lead Generation)	0 = No 1 = Yes, Developed Internally 2 = Yes, Developed by Reinsurer 3 = Yes, Developed by Vendor Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
106	Predictive Analytics for Underwriting Triage or Risk Classification	0 = No 1 = Yes, Developed Internally 2 = Yes, Developed by Reinsurer 3 = Yes, Developed by Vendor Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
107	Financial Data (Income and Assets information on the Application)	0 = No 1 = Yes Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
108	Credit Data	0 = No 1 = Yes Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
109	Credit Score	0 = No 1 = Yes Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
110	Field Underwriting (Impairment or Rx Knockouts)	0 = No 1 = Yes Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
111	Wearable Technology	0 = No 1 = Yes Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
112	Facial Aging Technology	0 = No 1 = Yes Blank = Unknown	AU POG	Necessary to evaluate underwriting program	Policy
113	Other New Technology or Data	Text Input, List Other Data Sources	AU POG	Necessary to evaluate underwriting program	Policy

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Item	Data Element	Description	Source	Required Data Element	Data Field Type
114	After the policy is issued, is monitoring employed?	0 = No or None 1 = Yes, Prescription Data 2 = Yes, Attending Physican Statement 3 = Yes, Both 4 = Other	AU POG	Necessary to evaluate underwriting program	Policy
115	Annual Premium Rate, without policy fee	Value	AU POG	Necessary to evaluate underwriting program	Policy
116	Policy Fee	Value	AU POG	Necessary to evaluate underwriting program	Policy
117	Underwriting Grid Identifier	Text	AU POG	Required	Policy
118	Issue Age Group	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
<b>Applies to Items 115-128: More than one source, which is used or average? Looking for final number used in decision making (Not common to use average)</b>					
119	Diastolic Blood Pressure	Numerical Value	AU POG	Necessary to Evaluate Underwriting Program	Policy
120	Diastolic Treatment	0 = Not Treated 1 = Treated 2 = Unknown	AU POG	Necessary to Evaluate Underwriting Program	Policy
121	Systolic Blook Pressure	Numerical Value	AU POG	Necessary to Evaluate Underwriting Program	Policy
122	Systolic Treatment	0 = Not Treated 1 = Treated 2 = Unknown	AU POG	Necessary to Evaluate Underwriting Program	Policy
123	Height	Numerical Value	AU POG	Necessary to Evaluate Underwriting Program	Policy
124	Height Source	0 = Self Reported 1 = Independently Taken 2 = Other	AU POG	Necessary to Evaluate Underwriting Program	Policy
125	Weight	Numerical Value	AU POG	Necessary to Evaluate Underwriting Program	Policy
126	Weight Source	0 = Self Reported 1 = Independently Taken 2 = Other	AU POG	Necessary to Evaluate Underwriting Program	Policy
127	LDL	Numerical Value	AU POG	Necessary to Evaluate Underwriting Program	Policy
128	LDL Source	0 = Not Treated 1 = Treated 2 = Unknown	AU POG	Necessary to Evaluate Underwriting Program	Policy
129	HDL	Numerical Value	AU POG	Necessary to Evaluate Underwriting Program	Policy
130	HDL Source	0 = Not Treated 1 = Treated 2 = Unknown	AU POG	Necessary to Evaluate Underwriting Program	Policy
131	Cholesterol Total	Numerical Value	AU POG	Necessary to Evaluate Underwriting Program	Policy
132	Cholesterol Total Source	0 = Not Treated 1 = Treated 2 = Unknown	AU POG	Necessary to Evaluate Underwriting Program	Policy
133	Driving Record - Moving Violations	Number	AU POG	Necessary to Evaluate Underwriting Program	Policy

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Item	Data Element	Description	Source	Required Data Element	Data Field Type
134	Driving Record - Moving Violations - Look back years	Number	AU POG	Necessary to Evaluate Underwriting Program	Policy
135	Driving Record - Driving Under the Influence - Reckless Driving (DUI-RD)	Number	AU POG	Necessary to Evaluate Underwriting Program	Policy
136	Driving Record - Driving Under the Influence - Reckless Driving (DUI-RD) - Look back years	Number	AU POG	Necessary to Evaluate Underwriting Program	Policy
<b>Applies to Items 129-133: Family history questions may require more space to provide specific information on each family member.</b>					
136	Family History - Relationship	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
137	Family History - Age at Death	Number	AU POG	Necessary to Evaluate Underwriting Program	Policy
138	Family History - Age at Diagnosis	Number	AU POG	Necessary to Evaluate Underwriting Program	Policy
139	Family History - Disease	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
140	repeat as necessary for each relative and disease		AU POG	Necessary to Evaluate Underwriting Program	Policy
<b>Applies to Items 134-139: Additional Detail may be needed to provide specific information on personal health history such as date, type of malady, etc.</b>					
141	Personal History - Cancer	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
142	Personal History - Cancer - Age at Diagnosis	Number	AU POG	Necessary to Evaluate Underwriting Program	Policy
143	Personal History - Cerebrovascular (stroke, arteria sclerotic vascular disease)	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
144	Personal History - Cerebrovascular - Age at Dignosis	Number	AU POG	Necessary to Evaluate Underwriting Program	Policy
145	Personal History - Coronary (heart attack, hypertensive heart disease, arteria sclerotic vascular disease)	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
146	Personal History - Coronary - Age at Diagnosis	Number	AU POG	Necessary to Evaluate Underwriting Program	Policy
147	Personal History - Mental / Nervous	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
148	Personal History - Mental / Nervous - Age at Diagnosis	Number	AU POG	Necessary to Evaluate Underwriting Program	Policy
149	Personal History - Diabetes	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
150	Personal History - Diabetes - Age at Diagnosis	Number	AU POG	Necessary to Evaluate Underwriting Program	Policy
151	Personal History - Other	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy

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Item	Data Element	Description	Source	Required Data Element	Data Field Type
152	Substance Abuse - Alcohol Abuse	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
153	Substance Abuse - Alcohol Abuse - Age at Diagnosis	Number	AU POG	Necessary to Evaluate Underwriting Program	Policy
154	Substance Abuse - Drug Abuse	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
155	Substance Abuse - Drug Abuse - Age at Diagnosis	Number	AU POG	Necessary to Evaluate Underwriting Program	Policy
156	Other - Aviation	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
157	Other - Avocation	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
158	Other - Citizenship	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
159	Other - Foreign Travel	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
160	Other - Occupation	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
161	Other - Residency	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
162	Other - Additional	Text	AU POG	Necessary to Evaluate Underwriting Program	Policy
<b>Underwriting Grid Structure (May be provided as a separate file to insured or plan information) - Underwriting matrix may need to be provided</b>					
163	Underwriting Grid Identifier		AU POG	Required	Grid
164	Effective Date of Underwriting Grid (Date First Used)		AU POG	Required	Grid
164	Number of Coverage Amount Bands		AU POG	Required	Grid
165	Minimum Face Amount		AU POG	Required	Grid
166	a) Highest Face Amount for 1st Coverage Band		AU POG	Required	Grid
167	b) Highest Face Amount for 2nd Coverage Band		AU POG	Required	Grid
168	c) Highest Face Amount for 3rd Coverage Band		AU POG	Required	Grid
169	d) Highest Face Amount for 4th Coverage Band		AU POG	Required	Grid
170	e) Highest Face Amount for 5th Coverage Band		AU POG	Required	Grid
171	f) Highest Face Amount for 6th Coverage Band		AU POG	Required	Grid
172	g) Highest Face Amount for 7th Coverage Band		AU POG	Required	Grid
173	h) Highest Face Amount for 8th Coverage Band		AU POG	Required	Grid
174	i) Highest Face Amount for 9th Coverage Band		AU POG	Required	Grid
175	j) Highest Face Amount for 10th Coverage Band		AU POG	Required	Grid
176	Maximum Face Amount, Enter 99,999,999 if only limited by underwriting		AU POG	Required	Grid
177	Number of Age Groups		AU POG	Required	Grid
178	Minimum Issue Age		AU POG	Required	Grid
179	1) Highest Issue Age of 1st Age Group		AU POG	Required	Grid
180	2) Highest Issue Age of 2nd Age Group		AU POG	Required	Grid
181	3) Highest Issue Age of 3rd Age Group		AU POG	Required	Grid
182	4) Highest Issue Age of 4th Age Group		AU POG	Required	Grid
183	5) Highest Issue Age of 5th Age Group		AU POG	Required	Grid
184	6) Highest Issue Age of 6th Age Group		AU POG	Required	Grid
185	7) Highest Issue Age of 7th Age Group		AU POG	Required	Grid
186	8) Highest Issue Age of 8th Age Group		AU POG	Required	Grid
187	9) Highest Issue Age of 9th Age Group		AU POG	Required	Grid
188	10) Highest Issue Age of 10th Age Group		AU POG	Required	Grid
189	Maximum Issue Age, Enter 999 if not limited by age		AU POG	Required	Grid
<b>Underwriting Grid Cell Requirements</b>					
<b>Requirements based on Face Amount and Age</b>					
190	Coverage Band (a) and Age Group (1)	e.g. MIB, MVR	AU POG	Required	Grid
191	Coverage Band (a) and Age Group (2)	e.g. MIB, MVR, Rx	AU POG	Required	Grid



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Item	Data Element	Description	Source	Required Data Element	Data Field Type
192	Coverage Band (a) and Age Group (3)	e.g. MIB, MVR, Rx, Para-Exam w/ Measurements	AU POG	Required	Grid
193	Coverage Band (a) and Age Group (4)	e.g. MIB, MVR, Rx, Para-Exam w/ Fluid Collection	AU POG	Required	Grid
194	Coverage Band (a) and Age Group (5)	e.g. MIB, MVR, Rx, Exam, EKG	AU POG	Required	Grid
Continue for the full number of permutations of Face Amount and Age					
195	Grid Footnotes (repeat as needed)	Text Input	AU POG	Required	Grid