To: NAIC's Life Actuarial Task Force

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Date: July 15, 2019

Re: Future Experience Study Data Elements

Dear Mr. Boerner:

The Accelerated Underwriting Project Oversight Group ("AUW POG"), a subgroup of the American Academy of Actuaries[1] Life Experience Committee and the Society of Actuaries[2] Preferred Mortality POG (the "Joint Committee"), is submitting this amendment to the data elements required within VM-51. The proposal takes into consideration input from the prior exposures, including priority of data importance and ease of ability to obtain from systems, and includes a phase-in approach before various data elements become mandatory. This amendment builds on the changes as outlined in APF 2018-59.

A critical challenge facing the life insurance industry is how to share experience in a meaningful and productive way. With the rapid pace of change in underwriting spanning various underwriting methods, being able to separate mortality into segments that make actuarial sense is a prerequisite to producing base experience data that is robust enough to be used from a regulatory and an industry perspective. It is important to incorporate additional data elements to better segment programs and allow for more robust modeling and analytics in determining applicable industry mortality. The information within this APF is intended to cover the range of underwriting for individual life products, including simplified issue, guaranteed issue, and fully underwritten with or without accelerated and algorithmic underwriting.

Collecting these data elements along with data routinely collected for mandatory and discretionary mortality studies may lead to industry mortality tables suitable across a range of underwriting regimes, from programs which use limited medical information to those that are fully underwritten.

Life Actuarial (A) Task Force/ Health Actuarial (B) Task Force
Amendment Proposal Form*

1. Identify yourself, your affiliation and a very brief description (title) of the issue.

   Academy Life Experience Committee and SOA Preferred Mortality Project Oversight Group ("Joint Committee")

   Revision to data elements in VM-51 to accommodate and differentiate individual underwriting and allow more robust mortality data for development of Industry Mortality Tables.

2. Identify the document, including the date if the document is "released for comment," and the location in the document where the amendment is proposed:

   January 1, 2019, version of the Valuation Manual

3. Show what changes are needed by providing a red-line version of the original verbiage with deletions and identify the verbiage to be deleted, inserted or changed by providing a red-line (turn on "track changes" in Word®) version of the verbiage. (You may do this through an attachment.)

   Due to the number of changes, color coding is used in addition to redline or strikeout form for ease of understanding the changes. This APF is meant to work in conjunction with APF 2018-59. Any changes made to APF 2018-59 also apply to this APF. The changes are color-coded as follows:
   - Cells highlighted in green correspond to those in APF 2019-XX;
   - Cells highlighted in blue correspond to new data elements or changes from either the original VM-51 sections or those from APF 2018-59 (for example, renumbering)
   - Cells highlighted in yellow and in strikethrough identify the text modified from APF 2018-59;
   - Cells noted with red strikethrough or text correspond to deletions or edits to the existing VM-51 data elements.
   - Additionally, for the new data elements, a column has been added to identify whether the data element would be provided retrospectively or prospectively and the timeline in which it would become mandatory (2021, 2023, or 2025).

   This APF proposes data be provided at three different levels of granularity: policy level (Appendix 1), plan level (Appendix 2) and underwriting grid (age and amount requirement) level (Appendix 3). Note, the Appendix 2 changes are those as presented in complementary APF 2018-59. No further changes are being recommended to this section.

   The primary modifications from APF 2018-59 are:
   1.) APF 2018-59 restructures VM-51, Appendix 1 into sections. This APF maintains that structure and inserts a new Section 2 for underwriting information, shifting a change in the Item numbering and Column numbers throughout the remaining Sections in Appendix 1.
   2.) Added Appendix 3, which provides the underwriting requirements by age and amount grouping.
   3.) Minor movement of certain data items to group with other like items.

   See Appendix.

4. State the reason for the proposed amendment? (You may do this through an attachment.)

   The mortality outcome for any underwriting regime is a factor of many selection levers. The historical data elements collected under VM-51 are insufficient to enable distinguishing of and differentiation of the mortality by underwriting regimes. This lack of differentiation challenges the ability for a single mortality table to represent the various regimes and wide range of experience within a given regime (e.g., guaranteed

issue, simplified issue, simplified underwritten, accelerated underwritten, algorithmically underwritten, fully underwritten, COLI/BOLI, etc.). The wide diversity of underwriting methodology and carriers' frequent program modifications and refinements to predictive models creates additional noise in the underlying experience, making it difficult to perform advanced analytics to measure industry trends and true mortality changes.

The existing mandatory data elements within VM-51 are not at a sufficient level of detail to differentiate company experience based on differences in underwriting programs. While each data call has requested additional, voluntary data elements, the additional data elements have not been at the necessary level of detail nor have they been consistently provided by the carriers. While modest changes have been incorporated to the mandatory data elements over time, they have been slow to keep pace with the evolutions in underwriting and still do not capture several significant variables which are known to affect mortality from both traditional and nontraditional underwriting methods (e.g., marketing channel data, data sources used, data on specific program factors, lab data, when collected, application data, etc.). Changes are needed to collect data that will allow comparison to existing underwriting techniques, identify the variables which truly impact and differential mortality, allow comparisons of mortality between various regimes, and allow for industry mortality experience tables which are more reflective of actual experience.

The proposed changes have been developed recognizing underwriting practices are changing and the use of alternative data sources and algorithms is still emerging. Data elements have been prioritized in terms of expected ease for carriers to obtain the data, expected importance of the data element on resulting mortality and to allow time for certain practices to emerge. Most of the additional data elements are recommended to be prospective in nature, though some are retrospective. In addition, timing, based on expected data availability, is suggested as beginning with the 2021 data call, 2023 data call, or 2025 data call. This phasing recognizes the likely need for carriers to prioritize and program the collection of certain added data elements for study purposes. This phasing also reduces the length of time between which carriers begin to use new data sources or algorithmic techniques and when experience begins to emerge.

NAIC Staff Comments:

Dates: Received	Reviewed by Staff	Distributed	Considered
Notes:			

W:\National Meetings\2010\...\TF\LHA\

51-2

Appendix

VM-51: Experience Reporting Formats

Table of Contents

Section 1: Introduction

A.   The experience reporting requirements are defined in Section 3 of VM-50. The experience reporting requirements state that the Experience Reporting Agent will collect experience data based on statistical plans that are defined in VM-51 of the *Valuation Manual*. Statistical plans are to be added to VM-51 of the *Valuation Manual* when they are ready to be implemented.

B.   Each statistical plan shall contain the following information:

1.   The type of experience data to be collected (e.g., mortality experience; policy behavior experience, such as surrenders, lapses, conversions, premium payment patterns, etc.; and company expense experience, such as commission expense, policy issue and maintenance expense, company overhead expenses etc.);

2.   The scope of business to be included in the experience data to be collected (e.g., line(s) of business, such as individual or group, life, annuity or health; product type(s), such as term, whole life, universal life, indexed life, variable life, fixed annuity, indexed annuity, variable annuity, LTC or disability income; and type of underwriting, such as medically underwritten, simplified issue (SI), GI, accelerated, etc.);

3.   The criteria for determining which companies or legal entities must submit the experience data to be collected;

4.   The process for submitting the experience data to be collected, which will include the frequency of the data collection, the due dates for data collection and how the data is to be submitted to the Experience Reporting Agent;

5.   The individual data elements and format for each data element that will be contained in each experience data record, along with detailed instructions defining each data element or how to code each data element. Additional information may be required, such as questionnaires and plan code forms that will assist in defining the individual data elements that may be unique to each company or legal entity submitting such experience data elements;

6.   The experience data reports to be produced.

Section 2: Statistical Plan for Mortality

A.   Type of Experience Collected Under This Statistical Plan

The type of experience to be collected under this statistical plan is mortality experience.

B.   Scope of Business Collected Under This Statistical Plan

The scope of data for to be collected under this statistical plan is the individual ordinary life line of business.

Included in scope:

- Direct written business issued in the U.S.;
- Assumption reinsurance of an individual ordinary life line of business, where the assuming company is legally responsible for all benefits and claims paid;
- Policies issued as conversions from term or group contracts;
- Term/paid up riders or additional amounts of insurance purchased through dividend options; and
- Terminations (both death and non-death).

Not included in scope:

- Separate lines of business, such as SI/GI, worksite, individually solicited group life, direct response, final expense, pre-need, home service, credit life and COLI/BOLI/charity-owned life insurance (CHOLI);
- Reinsurance assumed from a ceding company, to avoid double-counting of experience submitted by an issuer and by its reinsurers;
- Policies that cover more than two lives on the base policy segment; and
- Child term riders.

~~Such business is to include direct written business issued in the U.S., and all values should be prior to any reinsurance ceded. Therefore, reinsurance assumed from a ceding company shall be excluded from data collection to avoid double-counting of experience submitted by an issuer and by its reinsurers; however, assumption reinsurance of an individual ordinary life line of business, where the assuming company is legally responsible for all benefits and claims paid, shall be included within the scope of this statistical plan. The ordinary life line of business does not include separate lines of business, such as SI/GI, worksite, individually solicited group life, direct response, final expense, pre-need, home service, credit life and COLI/ BOLI/charity-owned life insurance (CHOLI).~~ Each company is to submit data for ~~in-force and terminated life insurance policies that are within the scope defined in Section 2.B~~ policies in scope, except:

i. For policies issued before Jan. 1, 1990, companies may certify that submitting data presents a hardship due to fields not readily available in their systems/databases or legacy computer systems that continue to be used for older issued policies and differ from computer systems for newer issued policies.

ii. For policies issued on or after Jan. 1, 1990, companies must:

   a) Document the percentage that the face amount of policies excluded are relative to the face amount of submitted policies issued on or after Jan. 1, 1990; and

   b) Certify that this requirement presents a hardship due to fields not readily available in their systems/databases or legacy computer systems that continue to be used for older issued policies and differ from computer systems for newer issued policies.

C.   Criteria to Determine Companies That Are Required to Submit Experience Data

Companies with less than $50 million of direct individual life premium shall be exempted from reporting experience data required under this statistical plan. This threshold for exemption shall be measured based on aggregate premium volume of all affiliated companies and shall be reviewed annually and be subject to change by the Experience Reporting Agent. At its option, a group of nonexempt affiliated companies may exclude from these requirements affiliated companies with less than $10 million direct individual life premium provided that the affiliated group remains nonexempt.

Additional exemptions may be granted by the Experience Reporting Agent where appropriate, following consultation with the domestic insurance regulator, based on achieving a target level of approximately 85% of industry experience for the type of experience data being collected under this statistical plan.

D.   Process for Submitting Experience Data Under This Statistical Plan

Data for this statistical plan for mortality shall be submitted on an annual basis. Each company required to submit this data shall submit the data using the Regulatory Data Collection (RDC) online software submission application developed by the Experience Reporting Agent. For each data file submitted by a company, the Experience Reporting Agent will perform reasonability and completeness checks, as defined in Section 4 of VM-50, on the data. The Experience Reporting Agent will notify the company within 30 days following the data submission of any possible errors that need to be corrected. The Experience Reporting Agent will compile and send a report listing potential errors that need correction to the company.

Data for this statistical plan for mortality will be compiled using a calendar year method. The reporting calendar year is the calendar year that the company submits the experience data. The observation calendar year is the calendar year of the experience data that is reported. The observation calendar year will be two years prior to the reporting calendar year. For example, if the current calendar year is 2018 and that is the reporting calendar year, the company is to report the experience data ~~that was~~for policies that were in-force or issued in calendar year 2016, which is the observation calendar year.

Given an observation calendar year of 20XX, the calendar year method requires reporting of experience data as follows:

  i.   Report policies in force during or issued during calendar year 20XX.

  ii.   Report ~~terminations~~ policies that ~~were incurred~~ terminated in calendar year 20XX and reported before July 1, 20XX+1. However, exclude rescinded policies (e.g., 10-day free look exercises) from the data submission.

For any reporting calendar year, the data call will occur during the second quarter, and data is to be submitted according to the requirements of the *Valuation Manual* in effect during that calendar year. Data submissions must be made by Sept. 30 of the reporting calendar year. Corrections of data submissions must be completed by Dec. 31 of the reporting calendar year.

E.   Experience Data Elements and Formats Required by This Statistical Plan

Companies subject to reporting pursuant to the criteria stated in Section 2.C are required to complete the data elements and formats ~~forms~~ in Appendix 1 and Appendix 2 ~~and Appendix 3~~ as appropriate, and also complete the ~~Experience Data Elements and Formats as defined in~~ underwriting specification data elements as defined in Appendix ~~4~~3.

~~The data should include policies issued as standard, substandard (optional) or sold within a preferred class structure. Preferred class structure means that, depending on the underwriting results, a policy could be issued in classes ranging from a best preferred class to a residual standard class. Policies issued as part of a preferred class structure are not to be classified as substandard.~~

~~Policies issued as conversions from term or group contracts should be included. For these converted policies, the issue date should be the issue date of the converted policy, and the underwriting field will identify them as issues resulting from conversion.~~

~~Generally, each policy number represents a policy issued as a result of ordinary underwriting. If a single life policy, the base policy on a single life has the policy number and a segment number of 1. On a joint life policy, each life has separate records with the same policy number. The base policy on the first life has a segment number of 1, and the base policy on the second life has a segment number of 2. Policies that cover more than two lives are not to be submitteTerm/paid up riders or additional amounts of insurance purchased through dividend options on a policy issued as a result of ordinary underwriting are to be submitted. Each rider is on a separate record with the same policy number as the base policy and has a unique segment number. The details on the rider record may differ from the corresponding details on the base policy record. If underwriting in addition to the base policy underwriting is done, the coverage is given its own policy number.Terminations (both death and non-death) are to be submitted. Terminations are to include those that occurred in the observation year and were reported by June 30 of the year after the observation year.~~

F. Experience Data Reports Required by This Statistical Plan

1. Using the data collected under this statistical plan, the Experience Reporting Agent will produce an experience data report that aggregates the experience data of all companies whose data have passed all of the validity and reasonableness checks outlined in Section 4 of VM-50 and has been determined by the Experience Reporting Agent to be acceptable to be used in the development of industry mortality experience.

2. The Experience Reporting Agent will provide to the SOA or other actuarial professional organizations an experience data report of aggregated experience that does not disclose a company's identity, which will be used to develop industry mortality experience and valuation mortality tables.

3. As long as a company is licensed in a state, that state insurance regulator will be given access to a company's experience data that is stored on a confidential database at the Experience Reporting Agent. Access by the state insurance regulator will be controlled by security credentials issued to the state insurance regulator by the Experience Reporting Agent.

Appendix 1: Preferred Class Structure Questionnaire[MB1]

Appendix 2: Mortality Claims Quetionnaire [MB2]

Appendix 3: Additional Plan Code Form [MB3]

Appendix 1: Mortality Data Elements and Format

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
Section 1. Basic Policy Information Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded. If an item is unknown, leave blank unless otherwise specified.					
1	1–5	5	NAIC Company Code	Your NAIC Company Code	
2	6–9	4	Observation Year	Enter Calendar Year of Observation	
3	10–29	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 unique identifying number can be used instead of a Policy Number for privacy reasons.	

Section 1. Basic Policy Information Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded. If an item is unknown, leave blank unless otherwise specified.					
ITEM	**COLUMN**	**L**	**DATA ELEMENT**	**DESCRIPTION**	**PROSPECTIVE** [MA4] **/** **RETROSPECTIVE PHASE IN PERIOD**
4	30–32	3	Segment Number	If only one policy segment exists, enter segment number '1.' For a single life policy, the base policy is to be put in the record with segment number '1.' Subsequent policy segments are in separate records with information about that coverage and differing segment numbers. For joint life policies, the base policy of the first life is to be put in a record with segment number '1,' and the base policy of the second life is to be put in a separate record with segment number '2.' Joint life policies with more than two lives are not to be submitted. Subsequent policy segments are in separate records with information about that coverage and differing segment numbers. a) Single life policies; b) Joint life policies; c) Term/paid up riders; or d) Additional amounts of insurance including purchase through dividend options. A policy segment is a layer of coverage that represents a unique combination of Items 3, 5, 6, and 16. Assign each policy segment a unique integer starting with '1' for the base policy coverage. Use the same segment number for each policy segment in all Observation Years. Note that additional amounts of insurance should be reported in a separate policy segment, rather than added to the base coverage or reported in a new policy number. If only one policy segment exists, enter segment number '1.' For a single life policy, the base policy is to be put in the record with segment number '1.' Subsequent policy segments are in separate records with information about that coverage and differing segment numbers. For joint life policies, the base policy of the first life is to be put in a record with segment number '1,' and the base policy of the second life is to be put in a separate record with segment number '2.' Joint life policies with more than two lives are not to be submitted. Subsequent policy segments are in separate records with information about that coverage and differing segment numbers. Policy segments with the same policy number are to be submitted for:Single life policies; Joint life policies; Term/paid up riders; or Additional amounts of insurance including purchase through dividend options.	

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
Section 1. Basic Policy Information Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded. If an item is unknown, leave blank unless otherwise specified.					
5	33-34	2	Segment Type	01 = Base policy coverage 02 = Primary insured additional term rider 03 = Other insured permanent rider 034 = Other insured term rider 0405 = Accidental death and dismemberment rider 065 = Additional amounts of insurance purchased with dividends 07= Additional amounts of insurance purchased as the result of exercising a guaranteed insurability option. 068 = Additional amounts of insurance purchased after issue 079 = Other (life insurance coverage only)	
6	35	1	Segment Life	Assign each insured a unique integer starting with '1' for the primary insured. Note: Although joint life policies insuring more than two lives on the base policy are not to be submitted, additional segment lives are possible for policies with certain riders (e.g., an other insured term rider may insure a third segment life).	
7	36	1	Type of Application	0 = Unknown 1 = Paper 2 = Electronic (Fillable PDF) 3 = Online Internet 4 = Phone Application	Prospective 2023
8	37	1	Applicant Type	0 = Unknown 1 = Individual Consumer 2 = Member of Employee Group (including worksite) 3 = Member of Association Group 4 = COLI 5 = BOLI 6 = Trust Owned 7 = Other	Prospective 2023
9	38-45	8	Application Signed Date	YYYYMMDD	Retrospective
5 7 10	36-37 46-47	2	State of Issue	Use standard, two-letter state abbreviations codes (e.g., NY for New York)	
46 8 11	38-39 48-49	2	State of Domicile Current Resident State	Use standard, two-letter state abbreviations codes (e.g., FL for Florida) for the state of the policy owner's domicile. Enter the standard, two-letter state abbreviation (e.g., FL for Florida) for the segment life's current resident state. If outside of the U.S., leave blank.	

Section 1. Basic Policy Information
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
6 9 12	40 50	1	Gender	0 = Unknown or unable to subdivide 1 = Male 2 = Female 3 = Unisex – Unknown or unable to identify 4 = Unisex – Male 5 = Unisex – Female	
7 10 13	41 48 51–58	8	Date of Birth	Enter the numeric date of birth in YYYYMMDD format	
8 11 14	49 59	1	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.	
9 12 15	50 52 60–62	3	Issue Age	Enter the insurance insurance segment life's Issue Age	
10 13 16	53 60 63–70	8	Segment Issue Date	Enter the numeric calendar year in YYYYMMDD format Enter the numeric calendar yearsegment issue date in YYYYMMDD format.	
11 14 17	61 71	1	Smoker Status (at issue)	Smoker status should be submitted where reliable. 0 = Unknown 1 = No tobacco usage 2 = Nonsmoker 3 = Cigarette smoker 4 = Tobacco user	
12 [MA5]	57	1	Preferred Class Structure Indicator	Preferred class structure means that, depending on the underwriting results, a policy could be issued in classes ranging from a best preferred class to a residual standard class. 0 = If no reliable information on multiple preferred and standard classes is available, or if the policy segment was issued substandard (Item 18 is 1 or 2), or if there were no multiple preferred and standard classes available for this policy segment or if preferred information is unknown. 1 = If this policy was issued in one of the available multiple preferred and standard classes for this policy segment. Note: If Preferred Class Structure Indicator is 0, or if preferred information is unknown, leave next four items blank.	

Section 1. Basic Policy Information Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded. If an item is unknown, leave blank unless otherwise specified.					
ITEM	**COLUMN**	**L**	**DATA ELEMENT**	**DESCRIPTION**	**PROSPECTIVE** [MA4] / **RETROSPECTIVE PHASE IN PERIOD**
~~13~~ [MA6]	~~58~~	~~1~~	~~Number of Classes in Nonsmoker Preferred Class Structure~~	~~If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 3 or 4, or if preferred information is unknown, 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 available at time of issue.~~	
~~12~~ [MA7]~~1 2~~[MA8]	~~57~~	~~1~~	~~Preferred Class Structure Indicator~~	~~Preferred class structure means that, depending on the underwriting results, a policy could be issued in classes ranging from a best preferred class to a residual standard class.~~ ~~0 = If no reliable information on multiple preferred and standard classes is available, or if the policy segment was issued substandard (Item 18 is 1 or 2), or if there were no multiple preferred and standard classes available for this policy segment or if preferred information is unknown.~~ ~~1 = If this policy was issued in one of the available multiple preferred and standard classes for this policy segment.~~ ~~Note: If Preferred Class Structure Indicator is 0, or if preferred information is unknown, leave next four items blank.~~	
~~13~~ [MA9]~~1 3~~ [MA10]	~~58~~	~~1~~	~~Number of Classes in Nonsmoker Preferred Class Structure~~	~~If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 3 or 4, or if preferred information is unknown, 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 available at time of issue.~~	

Section 1. Basic Policy Information Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded. If an item is unknown, leave blank unless otherwise specified.					
ITEM	**COLUMN**	**L**	**DATA ELEMENT**	**DESCRIPTION**	**PROSPECTIVE** [MA4] / **RETROSPECTIVE PHASE IN PERIOD**
~~14~~ ~~15~~ 18	~~62~~ 72	1	Nonsmoker Preferred Class	~~If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 3 or 4, or if preferred information is unknown, leave blank.~~ If Preferred Class Structure ~~Indicator is 0 o~~ is unknown or unreliable, policy segment was issued substandard, or if Smoker Status is 0, 3 or 4~~, or if preferred information is unknown,~~ leave blank~~.~~ If policy segment was not issued as one of multiple preferred and standard classes then enter 0. For nonsmoker policy segments that could have been issued as one of multiple preferred and standard classes: 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 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.	
~~15~~ [MA11] ~~15~~ [MA12]	~~60~~	~~1~~	~~Number of Classes in Smoker Preferred Class Structure~~	~~If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 1 or 2, or if preferred information is unknown, leave blank.~~ ~~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.~~	
~~15~~ [MA13]	~~60~~	~~1~~	~~Number of Classes in Smoker Preferred Class Structure~~	~~If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 1 or 2, or if preferred information is unknown, leave blank.~~ ~~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.~~	

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD

Section 1. Basic Policy Information
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
16 19	63 73	1	Smoker Preferred Class	If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 1 or 2, or if preferred information is unknown, leave blank. If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 1 or 2, or if preferred information is unknown, leave blank. If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 1 or 2, or if preferred information is unknown, leave blank. If Preferred Class Structure is unknown or unreliable, policy segment was issued substandard, or if Smoker Status is 0, 1 or 2 leave blank. If policy segment was not issued as one of multiple preferred and standard classes then enter 0. For smoker policy segments that could have been issued as one of multiple preferred and standard classes: 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 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.	

Section 1. Basic Policy Information Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded. If an item is unknown, leave blank unless otherwise specified.					
ITEM	**COLUMN**	**L**	**DATA ELEMENT**	**DESCRIPTION**	**PROSPECTIVE** [MA4] / **RETROSPECTIVE PHASE IN PERIOD**
~~17~~ [MB14]	~~64 65~~	~~2~~	~~Type of Underwriting Requirements~~	~~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. 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.~~ ~~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.~~ ~~01 = Traditionally~~ Underwritten, but unknown whether fluid was collected ~~02 = Traditionally~~ Underwritten with no fluid collection ~~03 = Traditionally~~ Underwritten with fluid collected ~~04 = Simplified Issue~~ ~~05 = Guaranteed Issue~~ ~~06 = Accelerated Underwriting~~ ~~07 = Underwritten as hold-out from Accelerated Underwriting~~ ~~06~~ 08 = Term Conversion ~~07~~9 = Group Conversion ~~10 = Exercise of a Guaranteed Insurability Option~~ ~~09~~ 11 = Not Underwritten ~~99 = For issues where underwriting requirement u~~Unknown or unable to subdivide	
~~18~~ ~~18~~ 20	~~66~~ 74	1	Substandard Indicator	0 = Policy segment is not substandard 1 = Policy segment is substandard 2 = Policy segment is uninsurable ~~If Preferred Class Structure Indicator is 1, policy was issued as part of a preferred class structure. Substandard Indicator should be 0.~~ ~~Note:~~ All policy segments that are substandard need to be identified as substandard or uninsurable. Submission of substandard policies is optional. If feasible, identify substandard policy segments where temporary flat extra has ceased as substandard.	

Section 1. Basic Policy Information
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If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
21	75-77	3	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, enter 000. If Substandard Indicator, is 0, enter 100. If Substandard Indicator, is 2, leave blank.	Retrospective
22	78	1	Type of 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'. If Substandard Indicator is not 1, then leave blank.	Retrospective
23	79-81	3	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'. If Substandard Indicator is not 1, then leave blank.	Retrospective
19 [MA15]		3	Plan		

19 **2419**	67-76 82-9165-67	1032	Base PlanPlan Identifier	Ties to item #3 from 00 = If unable to distinguish among plan types listed below 01 = Term life 02 = Whole life 03 = Econolife (combination of permanent life and term life) 04 = Excess interest whole life 05 = Universal life 06 = Extended term (nonforfeiture) 07 = Reduced paid-up (nonforfeiture)07Exclude 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: 000 = If unable to distinguish among plan types listed below 100 = Joint life plan unable to distinguish among joint life plan types listed below **Permanent Plans:** 010 = Traditional fixed premium fixed benefit permanent plan 011 = Permanent life (traditional) with term 012 = Single premium whole life 013 = Econolife (permanent life with lower premiums in the early durations) 014 = Excess interest whole life 015 = First to die whole life plan (submit separate records for each life) 016 = Second to die whole life plan (submit separate records for each life) 017 = Joint whole life plan – unknown whether 015 or 016 (submit separate records for each life) 018 = Permanent products with non-level death benefits 019 = Permanent plans 010, 011, 012, 013, 014, 015, 016, 017, 018 combined (i.e. unable to separate) **Term Insurance Plans:** 020 = Term (traditional level benefit and attained age premium) 021 = Term (level death benefit with guaranteed level premium for five years and anticipated level term period for five years) 211 = Term (level death benefit with guaranteed level premium for five years and anticipated level term period for 10 years) 212 = Term (level death benefit with guaranteed level premium for five years and anticipated level term period for 15 years) 213 = Term (level death benefit with guaranteed level premium for five years and anticipated level term period for 20 years)	
19 2419	67-76 82-9165-67	1032	Base PlanPlan Identifier	Ties to item #3 from	

				214 = Term (level death benefit with guaranteed level premium for five years and anticipated level term period for 25 years)	
				215 = Term (level death benefit with guaranteed level premium for five years and anticipated level term period for 30 years)	
				022 = Term (level death benefit with guaranteed level premium for 10 years and anticipated level term period for 10 years)	
				221 = Term (level death benefit with guaranteed level premium for 10 years and anticipated level term period for 15 years)	
				222 = Term (level death benefit with guaranteed level premium for 10 years and anticipated level term period for 20 years)	
				223 = Term (level death benefit with guaranteed level premium for 10 years and anticipated level term period for 25 years)	
				224 = Term (level death benefit with guaranteed level premium for 10 years and anticipated level term period for 30 years)	
				023 = Term (level death benefit with guaranteed level premium for 15 years and anticipated level term period for 15 years)	
				231 = Term (level death benefit with guaranteed level premium for 15 years and anticipated level term period for 20 years)	
				232 = Term (level death benefit with guaranteed level premium for 15 years and anticipated level term period for 25 years)	
				233 = Term (level death benefit with guaranteed level premium for 15 years and anticipated level term period for 30 years)	
				024 = Term (level death benefit with guaranteed level premium for 20 years and anticipated level term period for 20 years)	
				241 = Term (level death benefit with guaranteed level premium for 20 years and anticipated level term period for 25 years)	
				242 = Term (level death benefit with guaranteed level premium for 20 years and anticipated level term period for 30 year)	
				025 = Term (level death benefit with guaranteed level premium for 25 years and anticipated level term period for 25 years)	
				251 = Term (level death benefit with guaranteed level premium for 25 years and anticipated level term period for 30 year)	
				026 = Term (level death benefit with guaranteed level premium for 30 years and anticipated level term period for 30 years)	

				027 = Term (level death benefit with guaranteed level premium period equal to anticipated level term period where the period is other than five, 10, 15, 20, 25 or 30 years) 271 = Term (level death benefit with guaranteed level premium period not equal to anticipated level term period, where the periods are other than five, 10, 15, 20, 25 or 30 years) 028 = Term (decreasing benefit) 040 = Select ultimate term (premium depends on issue age and duration) 041 = Return of Premium Term (level death benefit with guaranteed level premium for 15 years) 042 = Return of Premium Term (level death benefit with guaranteed level premium for 20 years) 043 = Return of Premium Term (level death benefit with guaranteed level premium for 25 years) 044 = Return of Premium Term (level death benefit with guaranteed level premium for 30 years) 045 = Return of Premium Term (level death benefit with guaranteed level premium for period other than 15, 20, 25 or 30 years) 046 = Economatic term 059 = Term plan, unable to classify 101 = First to die term plan (submit separate records for each life) 102 = Second to die term plan (submit separate records for each life) 103 = Joint term plan – unknown whether 101 or 102 (submit separate records for each life) **Universal Life Plans (Other than Variable), issued without a Secondary Guarantee:** 061 = Single premium universal life 062 = Universal life (decreasing risk amount) 063 = Universal life (level risk amount) 064 = Universal life – unknown whether code 062 or 063 065 = First to die universal life plan (submit separate records for each life) 066 = Second to die universal life plan (submit separate records for each life) 067 = Joint life universal life plan – unknown whether code 065 or 066 (submit separate records for each life) 068 = Indexed universal life **Universal Life Plans (Other than Variable) with Secondary Guarantees:** 071 = Single premium universal life with secondary guarantees	

				072 = Universal life with secondary guarantees (decreasing risk amount) 073 = Universal life with secondary guarantees (level risk amount) 074 = Universal life with secondary guarantees – unknown whether code 072 or 073 075 = First to die universal life plan with secondary guarantees (submit separate records for each life) 076 = Second to die universal life plan with secondary guarantees (submit separate records for each life) 077 = Joint life universal life plan with secondary guarantees unknown whether code 075 or 076 (submit separate records for each life) 078 = Indexed universal life with secondary guarantees **Variable Life Plans issued without a Secondary Guarantee:** 080 = Variable life 081 = Variable universal life (decreasing risk amount) 082 = Variable universal life (level risk amount) 083 = Variable universal life – unknown whether code 081 or 082 084 = First to die variable universal life plan (submit separate records for each life) 085 = Second to die variable universal life plan (submit separate records for each life) 086 = Joint life variable universal life plan – unknown whether 084 or 085 (submit separate records for each life) **Variable Life Plans with Secondary Guarantees:** 090 = Variable life with secondary guarantees 091 = Variable universal life with secondary guarantees (decreasing risk amount) 092 = Variable universal life with secondary guarantees (level risk amount) 093 = Variable universal life with secondary guarantees – unknown whether code 091 or 092 094 = First to die variable universal life plan with secondary guarantees (submit separate records for each life) 095 = Second to die variable universal life plan with secondary guarantees (submit separate records for each life) 096 = Joint life variable universal life plan with secondary guarantees – unknown whether code 094 or 095 (submit separate records for each life) **Nonforfeiture:** 098 = Extended term 099 = Reduced paid-up	

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
				Section 1. Basic Policy Information Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded. If an item is unknown, leave blank unless otherwise specified.	

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
				198 = Extended term for joint life (submit separate records for each life) 199 = Reduced paid-up for joint life (submit separate records for each life)plan table. If there is no match in plan table, this record is subject to being rejected.	
25	92-101	10	Plan Code	Company's plancode used for this policy	Retrospective
20 26	77-78 102-103	2	Product Type	00 = If unable to distinguish among plan types listed below 01 = Term life 02 = Whole life 03 = Econolife (combination of permanent life and term life) 04 = Excess interest whole life 05 = Universal life 06 = Extended term (nonforfeiture) 07 = Reduced paid-up (nonforfeiture)	
19.1 21 27	79 104	1	Insured Type	1 = Single life 2 = Second to die (submit separate segments for each life) 3 = First to die (submit separate segments for each life) 4 = Joint (unknown if first or second)	
19.2 22 28	80 105	1	Premium Type	0 = If term policy 1 = Single pay 2 = Fixed limited pay 3 = Fixed premium (level) 4 = Fixed premium (increasing) 5 = Fixed premium (decreasing) 6 = Flexible premium 7 = Other	
19.3 23 29	81 106	1	Death Benefit Option	0 = If not universal life policy 1 = A/1 (Level death benefit) 2 = B/2 (Increasing death benefit based on cash value) 3 = C/3 (Increasing death benefit based on premium) 4 = Other	
19.4 24 30	82 107	1	Crediting Type	0 = If term policy 1 = Fixed 2 = Indexed / Interest Sensitive 3 = Variable 4 = Other	

Section 1. Basic Policy Information
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
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ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
19.5 25 31	83 108	1	Participation Type	1 = Participating 2 = Non-participating	
19.6 26 32	84 109	1	Length of Surrender Charge Period	0 = No surrender charge period 1 = 0 to 9.99 years 2 = 10 to 19.99 years 3 = 20 to 29.99 years 4 = 30 to 39.99 years 5 = 40+ years	
19.7 27 33	86 110-111	2	Distribution Channel	00 = Unknown 01 = Career 02 = Independent 03 = Bank/wirehouse/broker 04 = Website 05 = Direct Mail / Email 06 = Print Media 07 = TV / Radio 08 = Telephone 09 = IMO (Independent Marketing Organization) 10 = Financial Planner 11 = Kiosk 124 = Other/unknown	
19.8 28 34	87 112	1	Life Insurance Test	1 = Cash value accumulation test 2 = Guideline premium test	
19.9 29 35	88-97 113-122	10	Premium Ratio[MA16]	TBD	
20 30 36	98 123	1	In-force Indicator	0 = If the policy segment was not in force at the end of the calendar year of observationObservation Year 1 = If the policy segment was in force at the end of the calendar year of observationObservation Year	
21 31 37	99-110 124-135	12	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. If the policy was issued during the observation year, the Face Amount of Insurance at the Beginning of the Observation Year should be blank If the death benefit includes return of premium or cash value, do not include premium or cash value amount.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.	

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
~~22~~ ~~32~~ 38	~~111-122~~ 136-147	12	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. Exclude extra amounts attributable to 7702 corridors. If the policy was issued during the observation year, the Face Amount at the Beginning of the Observation Year should be blank.~~ If the death benefit includes return of premium or cash value, do not include premium or cash value amount. ~~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.~~ Exclude extra amounts attributable to 7702 corridors. If the policy was issued during the observation year, ~~the Face Amount at the Beginning of the Observation Year should be~~ leave blank.	
~~23~~ ~~33~~ 39	~~123-134~~ 148-159	12	Face Amount of Insurance at the End of the Observation Year/Actual Termination Date	~~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. Exclude extra amounts attributable to 7702 corridors.~~ ~~If In-force Indicator is 0, enter face amount of the policy segment at the time of termination, if available; otherwise, leave blank.~~ ~~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~~ If the death benefit includes return of premium or cash value, do not include premium or cash value amount. Exclude extra amounts attributable to 7702 corridors. ~~If In-force Indicator is 0, enter face amount of the policy segment at the time of termination, if available; otherwise, leave blank.~~	
40	160-171	12	Ultimate Face Amount	Face Amount at maturity. Enter 999999999999 if not known at issue. Leave blank if using units.	Retrospective

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
	Section 1. Basic Policy Information Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded. If an item is unknown, leave blank unless otherwise specified.				
41	172-180	9	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.	Retrospective
42	181-189	9	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.	Retrospective
24 **34** **43**	~~135-146~~ 190-201	12	Death Claim Amount	~~Death claim amount rounded to the nearest dollar.~~ ~~If In-force Indicator is 0 and Cause of Termination is 04, then enter the face amount.~~ ~~If In-force Indicator is 0 and Cause of Termination is not 04, then leave blank.~~ ~~If the policy provides payment of cash value in addition to face amount, report face amount, and do not include cash value.~~ If the death benefit includes return of premium or cash value, do not include premium or cash value amount. Exclude extra amounts attributable to 7702 corridors. If In-force Indicator is 1, leave blank. ~~Death claim amount rounded to the nearest dollar.~~ ~~If In-force Indicator is 0 and Cause of Termination is 04, then enter the face amount.~~ If In-force Indicator is 0 and ~~termination is not due to death (~~Cause of Termination is not 04~~)~~, ~~then~~ leave blank. ~~If the policy provides payment of cash value in addition to face amount, report face amount, and do not include cash value.~~	
44	202-203	2	Cause of Death Code Type	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	Prospective 2021

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD

Section 1. Basic Policy Information
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
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ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
45	204-207	4	Primary Cause of Death	Enter the Primary Cause of Death Code using the type indicated in Cause of Death Code Type. If unknown, enter '0000000'. If not a death, 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.	Prospective 2021
46	208-211	4	Secondary Cause of Death	Enter the Secondary Cause of Death Code using the type indicated in Cause of Death Code Type. If unknown or no secondary cause of death, enter '0000000'. If not a death, 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.	Prospective 2021
25 35 44	~~147 154~~ 212-219	8	Termination Reported Date	If In-force Indicator is 1, leave blank. Enter in the format YYYYMMDD the eight-digit calendar date that the termination was reported.	

Section 1. Basic Policy Information
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
26 36 48	155 162 220-227	8	Actual Termination Date	If In-force Indicator is 1, leave blank. Enter in the format YYYYMMDD the eight-digit calendar date when the termination occurred. If termination is 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 01 or 02 or 14), enter the last day the premium was paid to.	
27 37 49	163 164 228-229	2	Cause of Termination	If In-force 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 07 = 1035 exchange 09 = Term conversion – unknown whether attained age or original age 10 = Attained age term conversion 11 = Original age term conversion 12 = Coverage expired or contract reached end of the mortality table 13 = Surrendered for full cash value 14 = Lapse (other than to Reduced Paid Up or Extended Term) 15 = Termination via payment of a discounted face amount while still alive, pursuant to an accelerated death benefit provision	

Section 1. Basic Policy Information
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
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ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
28 38 50	165-174 230-239	10	Annualized Premium at Issue	For level term segments with plan codes 021 through 027, 041 through 045 or 211 through 271 of Item 19, Plan, enter the annualized premium set at issue. Except for level term segments specified above, leave blank for non-base segments. For the base segments for ULSG, and Variable Life with Secondary Guarantees (VLSG) with plan codes 071 through 078 or 090 through 096 of Item 19, Plan, enter the annualized billed premium set at issue. Round to the nearest dollar. If unknown, leave blank. For Segment Types 01 through 03 (Item 5)level term segments with plan codes 021 through 027, 041 through 045 or 211 through 271 of Item 19, Plan, enter the annualized premium set at issue. For all other segments, leave blank. Except for level term segments specified above, leave blank for non-base segments. For the base segments for ULSG, and Variable Life with Secondary Guarantees (VLSG) with plan codes 071 through 078 or 090 through 096 of Item 19, Plan, enter the annualized billed premium set at issue. Round to the nearest dollar. If unknown, leave blank.	

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
Section 1. Basic Policy Information Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded. If an item is unknown, leave blank unless otherwise specified.					
29 **39** **51**	~~175–184~~ 240–249	10	Annualized Premium at the Beginning of Observation Year	~~For level term segments with plan codes 021 through 027, 041 through 045 or 211 through 271 of Item 19, Plan, enter the annualized premium for the policy year that includes the beginning of the observation year. Except for level term segments specified above, leave blank for non-base segments. For the base segments for ULSG and VLSG with plan codes 071 through 078 or 090 through 096 of Item 19, Plan, enter the annualized billed premium for the policy year that includes the beginning of the observation year. Round to the nearest dollar. For policies issued in the observation year, leave blank. If unknown, leave blank.~~ For Segment Types 01 through 03 (Item 5)~~level term segments with plan codes 021 through 027, 041 through 045 or 211 through 271 of Item 19, Plan~~, enter the annualized premium for the policy year that includes the beginning of the observation year. ~~Except for level term segments specified above, leave blank for non-base segments.~~ ~~For the base segments for ULSG and VLSG with plan codes 071 through 078 or 090 through 096 of Item 19, Plan, enter the annualized billed premium for the policy year that includes the beginning of the observation year.~~For all other segments, leave blank. ~~Round to the nearest dollar.~~ For policies issued in the observation year, leave blank. ~~If unknown, leave blank.~~	

| 30 40 52 | ~~185–194~~ 250–259 | 10 | ~~Annualized Premium at the End of Observation, if available. Otherwise Annualized Premium as of Year/Actual Termination Date~~

 Annualized Premium at the End of Observation~~, if available. Otherwise Annualized Premium as of~~ Year/Actual Termination Date | ~~For level term segments with plan codes 021 through 027, 041 through 045 or 211 through 271 of Item 19, Plan, for each segment that has Item 20, with the In-force Indicator = 1, enter the annualized premium for the policy year that includes the end of the observation year. Otherwise, enter the annualized premium that would have been paid at the end of the observation year. If end of year premium is not available, enter the annualized premium as of the Actual Termination Date (Item 26). Except for level term segments specified above, leave blank for non-base segments.~~
 ~~For the base segments for ULSG and VLSG with plan codes 071 through 078 or 090 through 096 of Item 19, Plan, use the annualized billed premium. For base segments that have Item 20, with the Inforce Indicator =1, enter the annualized billed premium for the policy year that includes the end of the observation year. Otherwise, enter the annualized billed premium that would have been paid at the end of the observation year. If end of year premium is not available, enter the annualized premium as of the Actual Termination Date (Item 26).~~
 ~~Round to the nearest dollar.~~
 ~~If unknown, leave blank.~~

 For Segment Types 01 through 03 (Item 5) ~~level term segments with plan codes 021 through 027, 041 through 045 or 211 through 271 of Item 19, Plan, for each segment that has Item 20, with~~ where the In-force Indicator ~~is~~= 1, enter the annualized premium for the policy year that includes the end of the observation year.

 For Segment Types 01 through 03 (Item 5) where the In-force Indicator is 0~~Otherwise~~, enter the annualized premium that would have been paid at the end of the observation year. If end of year premium is not available, enter the annualized premium as of the Actual Termination Date (Item 48~~36~~).

 ~~Except for level term segments specified above, leave blank for non-base segments.~~

 ~~For the base segments for ULSG and VLSG with plan codes 071 through 078 or 090 through 096 of Item 19, Plan, use the annualized billed premium. For base segments that have Item 20, with the Inforce Indicator =1, enter the annualized billed premium for the policy year that includes the end of the observation year. Otherwise, enter the annualized billed premium that would have been paid at the end of the observation year. If end of year premium is not available, enter the annualized premium as of the Actual Termination Date (Item 26).~~

 For all other segments, leave blank. ~~Round to the nearest dollar.~~
 ~~Round to the nearest dollar.~~

 ~~If unknown, leave blank.~~ | |

Section 1. Basic Policy Information
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
31 41 53	195 196 260–261	2	Premium Mode	01 = Annual 02 = Semiannual 03 = Quarterly 04 = Monthly Bill Sent 05 = Monthly Automatic Payment 06 = Semimonthly 07 = Biweekly 08 = Weekly 09 = Single Premium 10 = Other/Unknown	
54	262	1	Latest Payment Type	If policy is terminated, then enter the last payment type used prior to termination. 0 = Unknown 1 = Direct 2 = Payroll Deduction / Group 3 = Credit Card / Debit Card 4 = EFT / Pre-Authorized check 5 = Coupon 6 = Other 7 = Unable to Determine	Retrospective
32 42 55	197 206 263-272	10	Cumulative Premium Collected as of the Beginning of Observation Year	For ULSG, and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: If not ULSG or VLSG, leave blank. 1) For non-base segments, leave blank. 2) For base segments, enter the cumulative premium collected since issue, as of the beginning of the observation year. Round to the nearest dollar. If unknown, leave blank. For ULSG, and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: 1) For non-base segments, leave blank. 2) For base segments, eEnter the cumulative premium collected since issue, as of the beginning of the observation year. Round to the nearest dollar. For policies issued in the observation year, leave blank. If unknown, leave blank.	

Section 1. Basic Policy Information
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
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ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA4] / RETROSPECTIVE PHASE IN PERIOD
33 43 56	207-216 273-282	10	Cumulative Premium Collected as of the End of Observation Year if available. Otherwise Cumulative Premium Collected as of Actual Termination Date	If not ULSG or VLSG, leave blank. If not ULSG or VLSG, leave blank. For ULSG, and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: 1) For non-base segments, leave blank. 2) For base segments inforce at the end of the observation year, enter the cumulative premium collected as of the end of the observation year. 3) For base segments terminated during the observation year, enter the cumulative premium collected since issue, as of the Actual Termination Date (Item 26). Round to the nearest dollar. If unknown, leave blank. For ULSG, and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: For non-base segments, leave blank. For base segments inforce at the end of the observation year, eEnter the cumulative premium collected as of the end of the observation year. For base segments terminated during the observation year, enter the cumulative premium collected since issue, or as of the Actual Termination Date (Item 4836). Round to the nearest dollar. If unknown, leave blank.	
57	283	1	Policy On Premium Waiver	0 = Unknown 1 = Policy not converted, not on waiver 2 = Policy not converted but on waiver 3 = Policy converted, then on waiver 4 = Policy on waiver then converted	Prospective 2021
58	284	1	Term Conversion Type	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	Prospective 2021
59	285-292	8	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.	Prospective 2021

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA17] / RETROSPECTIVE PHASE IN PERIOD
17 [MA18] 60	64 65 293-294	2	Type of Underwriting Requirements	~~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.~~ ~~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.~~ ~~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.~~ 01 = Traditionally Underwritten, but unknown whether fluid was collected 02 = Traditionally Underwritten with no fluid collection 03 = Traditionally Underwritten with fluid collected 04 = Simplified Issue 05 = Guaranteed Issue 06 = Accelerated Underwriting 07 = Underwritten as hold-out from Accelerated Underwriting ~~06~~ 08 = Term Conversion ~~07~~9 = Group Conversion 10 = Exercise of a Guaranteed Insurability Option ~~09~~ 11 = Not Underwritten 99 = ~~For issues where underwriting requirement~~ ~~u~~Unknown or unable to subdivide	
61	295-303	9	Underwriting Specification Identifier	Identifier that ties to UW Specification File Item 3	Retrospective 2021
62	304	1	Is financial data of any kind used in a marketing pre-screening process?	0 = Unknown 1 = No 2 = Yes - Individual 3 = Yes - Household	Prospective 2021
63	305	1	Are there medical questions on the application?	0 = Unknown 1 = No medical questions 2 = Limited medical questions	Prospective 2021

Section 2. Underwriting Information
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

Section 2. Underwriting Information
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA17] / RETROSPECTIVE PHASE IN PERIOD
64	306	1	If full medical info is required in part 2, how is it collected?	0 = Unknown 1 = Full medical part 2 not required 2 = Tele-interview 3 = Commissioned Representative 4 = Paramed 5 = Insured	Prospective 2021
65	307	1	Do you have a reflexive aspect to your application?	0 = Unknown 1 = No 2 = Yes Reflexive questions are questions that are asked depending on the response to a previous question. For example, if the applicant answers yes to a specific condition question, then reflexive questions would gather additional information about the condition. If unknown, leave blank.	Prospective 2021
66	308	1	Was there an underwriter review?	0 = Unknown Y = Yes N = No Round to the nearest dollar. If unknown, leave blank.	Prospective 2023
67	309	1	After the policy is issued, is monitoring employed?	0 = Unknown 1 = No or None 2 = Yes, Prescription Data 3 = Yes, Attending Physician Statement 4 = MIB 5 = Multiple If unknown, leave blank.	Prospective 2023
68	310	1	Was the application designed with Sentinel Value or Behavioral Economic considerations?	0 = Unknown 1 = Yes 2 = No Sentinel Value involves asking specific questions in order to prompt the applicant to divulge information that they might not otherwise divulge or to discourage them from proceeding with the application because of the information divulged. Behavioral Economics is the study of how cognitive, emotional, and social factors affect decision-making. In life insurance, the structure of the application, order of the questions and product design may all be developed with the thought of influencing the truthfulness of the applicant or policyholder. Round to the nearest dollar. If unknown, leave blank.	Prospective 2021
69	311	1	Was there a senior underwriting questionnaire or protocal done?	0 = Unknown 1 = No 2 = Yes	Prospective 2023

Section 2. Underwriting Information
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA17] / RETROSPECTIVE PHASE IN PERIOD
70	312	1	Field Underwriting (Impairment or Rx Knockouts)	0 = Unknown 1 = No 2 = Yes Round to the nearest dollar. If unknown, leave blank.	Prospective 2023
71	313	1	Predictive Analytics for Marketing Selection (Lead Generation)	0 = Unknown 1 = No 2 = Yes	Prospective 2021
72	314	1	Predictive Analytics for Underwriting Triage or Risk Classification	0 = Unknown 1 = No 2 = Yes For base segments terminated during the observation year, enter the appropriate value below as of the Actual Termination Date (Item 26): 00 = If unknown whether the secondary guarantee is in effect 01 = If secondary guarantee is not in effect 02 = If secondary guarantee is in effect 03 = If all secondary guarantees have expired	Prospective 2021
73	315	1	Attending Physician Statement	0 = Unknown 1 = No 2 = Yes, full report 3 = Yes, summary only 3 = Waived	Prospective 2021
74	316	1	Para-Medical Exam	0 = Unknown 1 = No 2 = Yes 3 = Waived	Prospective 2021
75	317	1	Physician Exam	0 = Unknown 1 = No 2 = Yes 3 = Waived	Prospective 2021
76	318	1	Electronic Health Records	0 = Unknown 1 = No 2 = Yes 3 = Waived 4 = Requested – no hit	Prospective 2021
77	319	1	Personal History Interview	0 = Unknown 1 = No 2 = Yes 3 = Waived	Prospective 2021
78	320	1	Blood Sample	0 = Unknown 1 = No 2 = Yes 3 = Waived	Prospective 2023

Section 2. Underwriting Information
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA17] / RETROSPECTIVE PHASE IN PERIOD
79	321	1	Urine / HOS specimen	0 = Unknown 1 = No 2 = Yes 3 = Waived	Prospective 2023
80	322	1	Saliva / Oral fluid specimen	0 = Unknown 1 = No 2 = Yes 3 = Waived	Prospective 2023
81	323	1	Stress Test	0 = Unknown 1 = No 2 = Yes - treadmill test 3 = Yes - chemical stressers 4 = Waived	Prospective 2023
82	324	1	MIB Requested	0 = Unknown 1 = No 2 = Yes 3 = Yes IAI 4 = Yes both 5 = Requested but not used	Prospective 2021
83	325	1	Prescription History Data Requested	0 = Unknown 1 = No 2 = Yes 3 = Not used	Prospective 2021
84	326	1	Prescription History Data Received	0 = Unknown 1 = No 2 = Hit with drugs 3 = Hit with no drugs 4 = Not used	Prospective 2021
85	327	1	Prescription Rating Provided Automatically	0 = Unknown 1 = No 2 = Numerical Score 3 = Severity Group 4 = Both 5 = Not used	Prospective 2021
86	328	1	Personal History - Cancer	0 = Unknown Y = Yes N = No	Prospective 2025
87	329-331	3	Personal History - Cancer – Age at Diagnosis	Number	Prospective 2025
88	332	1	Personal History - Cerebrovascular (stroke, arteria sclerotic vascular disease)	0 = Unknown Y = Yes N = No	Prospective 2025
89	333-335	3	Personal History – Cerebrovascular – Age at Diagnosis	Number	Prospective 2025

Section 2. **Underwriting Information**
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA17] / RETROSPECTIVE PHASE IN PERIOD
90	336	1	Personal History - Coronary (heart attack, hypertensive heart disease, arteria sclerotic vascular disease)	0 = Unknown Y = Yes N = No	Prospective 2025
91	337-339	3	Personal History – Coronary – Age at Diagnosis	Number	Prospective 2025
92	340	1	Personal History – Mental / Nervous	0 = Unknown Y = Yes N = No	Prospective 2025
93	341-343	3	Personal History – Mental / Nervous – Age at Diagnosis	Number	Prospective 2025
94	344	1	Personal History – Diabetes	0 = Unknown Y = Yes N = No	Prospective 2025
95	345-347	3	Personal History - Diabetes – Age at Diagnosis	Number	Prospective 2025
96	348	1	Personal History – Alcohol Abuse	0 = Unknown Y = Yes N = No	Prospective 2025
97	349-351	3	Personal History – Alcohol Abuse – Age at Diagnosis	Number	Prospective 2025
98	352	1	Personal History – Drug Abuse other than Marijuana	0 = Unknown Y = Yes N = No	Prospective 2025
99	353-355	3	Personal History – Drug Abuse other than Marijuana – Age at Diagnosis	Number	Prospective 2025
100	356	1	Personal History – Drug Abuse – Marijuana	0 = Unknown Y = Yes N = No	Prospective 2025
101	357-359	3	Personal History – Drug Abuse – Marijuana – Age at Diagnosis	Number	Prospective 2025

Section 2. Underwriting Information
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA17] / RETROSPECTIVE PHASE IN PERIOD
102	360-364	5	Smoking status source	0 = Unknown 1 = App 2 = E-Health Records 3 = Paramed 4 = APS 5 = Other Enter all options that apply. (e.g. if both App and Paramed, then enter 13)	Prospective 2025
103	365-370	6	Blood Pressure Source	0 = Unknown 1 = Not used 2 = App self reported 3 = E-Health Records 4 = Paramed 5 = APS 6 = Other Enter all that apply (e.g. if App, Paramed, and APS, then enter 245)	Prospective 2025
104	371-373	3	Diastolic Blood Pressure	Numerical Value 999 = Not collected	Prospective 2025
105	374-376	3	Systolic Blood Pressure	Numerical Value 999 = Not collected	Prospective 2025
106	377	1	Blood Pressure Treatment	0 = Unknown 1 = Not Treated 2 = Treated 3 = Not collected	Prospective 2025
107	378-382	5	Source of Height and Weight	0 = Unknown 1 = Self Reported 2 = Independently Taken 3 = E-Health Records 4 = Paramed 5 = Other Enter all that apply (e.g. if both self reported and Paramed then enter 14)	Prospective 2025
108	383-385	3	Height in inches	Numerical Value as an integer 999 = Not collected	Prospective 2025
109	386-388	3	Weight in pounds	Numerical Value as an integer 999 = Not collected	Prospective 2025

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA17] / RETROSPECTIVE PHASE IN PERIOD
				Section 2. Underwriting Information For non-base segments, leave blank. Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded. If an item is unknown, leave blank unless otherwise specified.	
110	389-393	5	Cholesterol Source	0 = Unknown 1 = App / Self Reported 2 = E-Health Records 3 = Paramed 4 = APS 5 = Other Enter all options that apply. (e.g. if both App and Paramed, then enter 13)	Prospective 2025
111	394-396	3	Cholesterol Total	Numerical Value as an integer 999 = Not collected	Prospective 2025
112	395-399	3	HDL	Numerical Value as an integer 999 = Not collected	Prospective 2025
113	400	1	Financial Data (Income and Assets information on the Application)	0 = Unknown 1 = No 2 = Yes	Prospective 2021
114	401	1	Credit Data	0 = Unknown 1 = No 2 = Yes	Prospective 2021
115	402	1	Credit Behavior Mortality Risk Score (not FICO Credit Score)	0 = Unknown 1 = No 2 = Yes	Prospective 2021
116	403	1	Motor Vehicle Records Requested	0 = Unknown 1 = No 2 = Yes 3 = Yes & used as part of a scoring system 4 = Waived 5 = Not used	Prospective 2025
117	404	1	Driving Record - Moving Violations	0 = Unknown Y = Yes N = No	Prospective 2025
118	405-407	3	Driving Record - Specific Violations	0 = Unknown 1 = Driving Under the Influence (DUI) 2 = Reckless Driving (RD) 3 = Driving License Suspended 4 = None of the above Enter all that apply (e.g. if DUI and License Suspended, enter 13)	Prospective 2025
119	408	1	Wearable Technology	0 = Unknown 1 = No 2 = Yes, as part of underwriting 3 = Yes, enforce engagement 4 = Both 2 and 3	Prospective 2025

Section 2. Underwriting Information
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA17] / RETROSPECTIVE PHASE IN PERIOD
120	409	1	Other New Technology or Data Considered	0 = Unknown Y = Yes N = No	Prospective 2025
121	410	1	Occupation	0 = Unknown 1 = No 2 = Yes: Information collected and rated as a result 3 = Yes: Information collected but not used 4 = Yes, Reflexive Question Only 5 = Actively at work question only	Prospective 2023
122	411	1	Avocation	0 = Unknown 1 = No 2 = Yes: Information collected and rated as a result 3 = Yes: Information collected but not used 4 = Yes, Reflexive Question Only	Prospective 2023
123	412	1	Driving Record	0 = Unknown 1 = No 2 = Yes: Information collected and rated as a result 3 = Yes: Information collected but not used 4 = Yes, Reflexive Question Only	Prospective 2023
124	413	1	Aviation	0 = Unknown 1 = No 2 = Yes: Information collected and rated as a result 3 = Yes: Information collected but not used	Prospective 2023
125	414	1	Citizenship	0 = Unknown 1 = No 2 = Yes: Information collected and rated as a result 3 = Yes: Information collected but not used	Prospective 2023
126	415	1	Foreign Travel	0 = Unknown 1 = No 2 = Yes: Information collected and rated as a result 3 = Yes: Information collected but not used	Prospective 2023
127	416	1	Residency	0 = Unknown 1 = No 2 = Yes: Information collected and rated as a result 3 = Yes: Information collected but not used	Prospective 2023
128	417-419	3	Family History – Cancer	F = Father M = Mother S = Sibling blank if none Enter all that apply (e.g. if both Mother and Sibling, then enter MS)	Prospective 2025
129	420-422	3	Family History – Cancer – Youngest Age at Diagnosis for Parent	Enter the youngest age at diagnosis for either parent identified in item 128. Blank if none	Prospective 2025

Section 2. Underwriting Information
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA17] / RETROSPECTIVE PHASE IN PERIOD
130	423-425	3	Family History – Cancer – Youngest Age at Death for Parent	Enter the youngest age at death for either parent identified in item 128. Blank if none	Prospective 2025
131	426-428	3	Family History – Cancer – Youngest Age at Diagnosis for Sibling	Enter the youngest age at diagnosis for sibling(s) identified in item 128. Blank if none	Prospective 2025
132	429-431	3	Family History – Cancer – Youngest Age at Death for Sibling	Enter the youngest age at death for sibling(s) identified in item 128. Blank if none	Prospective 2025
133	432-434	3	Family History - Cerebrovascular (stroke, arteria sclerotic vascular disease)	F = Father M = Mother S = Sibling blank if none Enter all that apply (e.g. if both Mother and Sibling, then enter MS)	Prospective 2025
134	435-437	3	Family History – Cerebrovascular – Youngest Age at Diagnosis for Parent	Enter the youngest age at diagnosis for either parent identified in item133. Blank if none	Prospective 2025
135	438-440	3	Family History – Cerebrovascular – Youngest Age at Death for Parent	Enter the youngest age at death for either parent identified in item 133. Blank if none	Prospective 2025
136	441-443	3	Family History – Cerebrovascular – Youngest Age at Diagnosis for Sibling	Enter the youngest age at diagnosis for sibling(s) identified in item 133. Blank if none	Prospective 2025
137	444-446	3	Family History – Cerebrovascular – Youngest Age at Death for Sibling	Enter the youngest age at death for sibling(s) identified in item 133. Blank if none	Prospective 2025
138	447-449	3	Family History - Coronary (heart attack, hypertensive heart disease, arteria sclerotic vascular disease)	F = Father M = Mother S = Sibling blank if none Enter all that apply (e.g. if both Mother and Sibling, then enter MS)	Prospective 2025
139	450-452	3	Family History – Coronary – Youngest Age at Diagnosis for Parent	Enter the youngest age at diagnosis for either parent identified in item 138. Blank if none	Prospective 2025

					Section 2. Underwriting Information

Section 2. Underwriting Information
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA17] / RETROSPECTIVE PHASE IN PERIOD
140	453-455	3	Family History – Coronary – Youngest Age at Death for Parent	Enter the youngest age at death for either parent identified in item 138. Blank if none	Prospective 2025
141	456-458	3	Family History – Coronary – Youngest Age at Diagnosis for Sibling	Enter the youngest age at diagnosis for sibling(s) identified in item 138. Blank if none	Prospective 2025
142	459-461	3	Family History – Coronary – Youngest Age at Death for Sibling	Enter the youngest age at death for sibling(s) identified in item 138. Blank if none	Prospective 2025
143	462-464	3	Family History – Mental / Nervous	F = Father M = Mother S = Sibling blank if none Enter all that apply (e.g. if both Mother and Sibling, then enter MS)	Prospective 2025
144	465-467	3	Family History – Mental / Nervous – Youngest Age at Diagnosis for Parent	Enter the youngest age at diagnosis for either parent identified in item 143. Blank if none	Prospective 2025
145	468-470	3	Family History – Mental / Nervous – Youngest Age at Death for Parent	Enter the youngest age at death for either parent identified in item 143. Blank if none	Prospective 2025
146	471-473	3	Family History – Mental / Nervous – Youngest Age at Diagnosis for Sibling	Enter the youngest age at diagnosis for sibling(s) identified in item 143. Blank if none	Prospective 2025
147	474-476	3	Family History – Mental / Nervous – Youngest Ate at Death for Sibling	Enter the youngest age at death for sibling(s) identified in item 143. Blank if none	Prospective 2025
148	477-479	3	Family History – Diabetes	F = Father M = Mother S = Sibling blank if none Enter all that apply (e.g. if both Mother and Sibling, then enter MS)	Prospective 2025
149	480-482	3	Family History – Diabetes – Youngest Age at Diagnosis for Parent	Enter the youngest age at diagnosis for either parent identified in item 148. Blank if none	Prospective 2025

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION	PROSPECTIVE [MA17] / RETROSPECTIVE PHASE IN PERIOD
Section 2. Underwriting Information For non-base segments, leave blank. Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded. If an item is unknown, leave blank unless otherwise specified.					
150	483-485	3	Family History – Diabetes – Youngest Age at Death for Parent	Enter the youngest age at death for either parent identified in item 148. Blank if none	Prospective 2025
151	486-488	3	Family History – Diabetes – Youngest Age at Diagnosis for Sibling	Enter the youngest age at diagnosis for sibling(s) identified in item 148. Blank if none	Prospective 2025
152	489-491	3	Family History – Diabetes – Youngest Age at Death for Sibling	Enter the youngest age at death for sibling(s) identified in item 148. Blank if none	Prospective 2025

Section 23. Secondary Guarantee Policy Information
For non-ULSG or non-VLSG products, leave blank.
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
43 44 153	187 188 217 492	12	Length of Secondary Guarantee ULSG/VLSG Premium Type	1 = 0 to 4.99 years 2 = 5 to 9.99 years 3 = 10 to 19.99 years 4 = 20+ years For non-base segments, leave blank. If not ULSG or VLSG, leave blank. For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: 00 = Unknown 01 = Single premium 02 = ULSG/VLSG Whole life level premium 03 = Lower premium (term like) 04 = Other
34		2	ULSG/VLSG Premium Type	For non-base segments, leave blank. If not ULSG or VLSG, leave blank. For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: 00 = Unknown 01 = Single premium 02 = ULSG/VLSG Whole life level premium 03 = Lower premium (term like) 04 = Other
35 45 154	218 219 493-494	2	Type of Secondary Guarantee	For non-base segments, leave blank. For non-base segments, leave blank. If not ULSG or VLSG, leave blank. For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: For non-base segments, leave blank. If not ULSG or VLSG, leave blank. For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: 00 = Unknown 01 = Cumulative Premium without Interest (Single Tier) 02 = Cumulative Premium without Interest (Multiple Tier) 03 = Cumulative Premium without Interest (Other) 04 = Cumulative Premium with Interest (Single Tier) 05 = Cumulative Premium with Interest (Multiple Tier) 06 = Cumulative Premium with Interest (Other) 11 = Shadow Account (Single Tier) 12 = Shadow Account (Multiple Tier) 13 = Shadow Account (Other) 21 = Both Cumulative Premium without Interest and Shadow Account 22 = Both Cumulative Premium with Interest and Shadow Account 23 = Other, not involving either Cumulative Premium or Shadow Account

Section 23. Secondary Guarantee Policy Information For non-ULSG or non-VLSG products, leave blank. For non-base segments, leave blank. Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded. If an item is unknown, leave blank unless otherwise specified.				
ITEM	**COLUMN**	**L**	**DATA ELEMENT**	**DESCRIPTION**
36 **46** **155**	220-229 495-504	10	Cumulative Minimum Premium as of the Beginning of Observation Year	If not ULSG or VLSG, leave blank. If not ULSG or VLSG, leave blank. For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: If Item 35, Type of Secondary Guarantee is blank, 00, 11, 12, 13 or 23, leave blank. If Item 35, Type of Secondary Guarantee is blank, 00, 11, 12, 13 or 23, leave blank. 1) Leave non-base segments, blank. 2) For base segments: Enter the cumulative minimum premiums, including applicable interest, for all policy years up to the beginning of the observation year. Round to the nearest dollar. If unknown, leave blank. For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: If Item 35, Type of Secondary Guarantee (Item 15445) is blank, 00, 11, 12, 13 or 23, leave blank. If Item 35, Type of Secondary Guarantee (Item 15445) is 01, 02, 03, 04, 05, through 06, 21 or 22. 1) Leave non-base segments, blank. 2) For base segments: E, enter the cumulative minimum premiums, including applicable interest, for all policy years up to the beginning of the observation year. Round to the nearest dollar. For policies issued in the observation year, leave blank. If unknown, leave blank.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
~~37~~ ~~47~~ **156**	~~230-239~~ 505-514	10	Cumulative Minimum Premium as of the End of Observation Year/~~-~~Actual Termination Date	~~If not ULSG or VLSG, leave blank. If not ULSG or VLSG, leave blank.~~ ~~For ULSG and VLSG policies with plan codes 071 through 078 and 090 through 096 of Item 19, Plan:~~ ~~If Item 35, Type of Secondary Guarantee is blank, 00, 11, 12, 13 or 23, leave blank.~~ ~~If Item 35, Type of Secondary Guarantee is 01, 02, 03, 04, 05, 06, 21 or 22:~~ ~~1) For non-base segments, leave blank.~~ ~~2) For base segments inforce at the end of the observation year, enter the cumulative minimum premiums, including applicable interest, up to the end of the observation year.~~ ~~3) For base segments terminated during the observation year, enter the cumulative minimum premiums, including applicable interest, up to the Actual Termination Date (Item26)~~ ~~Round to the nearest dollar.~~ ~~If unknown, leave blank.~~ ~~If not ULSG or VLSG, leave blank.~~ If ~~Item 35,~~ Type of Secondary Guarantee (Item 154~~45~~) is blank, 00, 11, 12, 13 or 23, leave blank. If ~~Item 35,~~ Type of Secondary Guarantee (Item 154~~45~~) is 01~~, 02, 03, 04, 05,~~ through 06, 21 or 22~~:~~ ~~For non-base segments, leave blank.~~ ~~For base segments inforce at the end of the observation year~~, enter the cumulative minimum premiums, including applicable interest, up to the end of the observation year~~. For base segments terminated during the observation year, enter the cumulative minimum premiums, including applicable interest,~~ or up to the Actual Termination Date (Item 48~~36~~). ~~Round to the nearest dollar.~~ ~~If unknown, leave blank.~~

Section 23. Secondary Guarantee Policy Information
For non-ULSG or non-VLSG products, leave blank.
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
38 48 157	240-249 515-524	10	Shadow Account Amount at the Beginning of Observation Year	If not ULSG, or VLSG, leave blank. For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: If Item 35, Type of Secondary Guarantee is blank, 00, 01, 02, 03, 04, 05, 06, or 23 leave blank. If Item 35, Type of Secondary Guarantee is 11, 12, 13, 21 or 22: 1) Leave non-base segments blank. 2) For base segments: Enter total amount of the Shadow Account at the beginning of the observation year. The Shadow Account can be positive, zero or negative. Round to the nearest dollar. If unknown, leave blank.

For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: If Item 35, Type of Secondary Guarantee (Item 15445) is blank, 00, 01, 02, 03, 04, 05, through 06, or 23, leave blank.

If Item 35, Type of Secondary Guarantee (Item 15445) is 11, 12, 13, 21 or 22: 1) Leave non-base segments blank. 2) For base segments: E, enter the total amount of the Shadow Account at the beginning of the observation year. The Shadow Account can be positive, zero or negative.

Round to the nearest dollar.

For policies issued in the observation year, leave blank.

If unknown, leave blank. |

Section ~~2~~3. Secondary Guarantee Policy Information For non-ULSG or non-VLSG products, leave blank. For non-base segments, leave blank. Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded. If an item is unknown, leave blank unless otherwise specified.				
ITEM	**COLUMN**	**L**	**DATA ELEMENT**	**DESCRIPTION**
~~39~~ **~~49~~** **158**	~~250-259~~ 525-534	10	Shadow Account Amount at the End of Observation Year/ Actual Termination Date	~~If not ULSG, or VLSG, leave blank. If not ULSG, or VLSG, leave blank.~~ ~~For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan:~~ ~~If Item 35, Type of Secondary Guarantee is blank,~~ ~~51-24~~ ~~00, 01, 02, 03, 04, 05, 06, or 23 leave blank.~~ ~~If Item 35, Type of Secondary Guarantee is 11, 12, 13, 21 or 22:~~ ~~1) For non-base segments, leave blank.~~ ~~2) For base segments inforce at the end of the observation year, enter the total amount of the Shadow Account at the end of the observation year. The Shadow Account can be positive, zero or negative.~~ ~~3) For base segments terminated during the observation year, enter the total amount of the Shadow Account as of the Actual Termination Date (Item 26). The Shadow Account can be positive, zero or negative.~~ ~~Round to the nearest dollar.~~ ~~If unknown, leave blank.~~ ~~For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan:~~ If ~~Item 35,~~ Type of Secondary Guarantee (Item 154~~45~~) is blank, 00~~, 01, 02, 03, 04, 05,~~ through 06, or 23~~,~~ leave blank. If ~~Item 35,~~ Type of Secondary Guarantee (Item 154~~45~~ is 11, 12, 13, 21 or 22~~:~~ ~~For non-base segments, leave blank.~~ ~~For base segments inforce at the end of the observation year~~, enter the total amount of the Shadow Account at the end of the observation year.~~ The Shadow Account can be positive, zero or negative.~~ ~~For base segments terminated during the observation year, enter the total amount of the Shadow Account~~ or as of the Actual Termination Date (Item 48~~36~~). The Shadow Account can be positive, zero or negative. ~~Round to the nearest dollar.~~ ~~If unknown, leave blank.~~

Section 23. Secondary Guarantee Policy Information
For non-ULSG or non-VLSG products, leave blank.
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
40 50 159	260-269 535-544	10	Account Value at the Beginning of Observation Year	For non-base segments, leave blank. For non-base segments, leave blank. If not ULSG or VLSG, leave blank. For ULSG and VLSG policies with plan codes 071 through 078 or090 through 096 of Item 19, Plan, the policy Account Value (gross of any loan) at the Beginning of the Observation Year. The policy Account Value can be positive, zero or negative. Round to the nearest dollar. If unknown, leave blank. If not ULSG or VLSG, leave blank. For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan,Enter the policy Account Value (gross of any loan) at the Beginning of the Observation Year. The policy Account Value can be positive, zero or negative. Round to the nearest dollar. For policies issued in the observation year, leave blank. If unknown, leave blank.

Section 23. Secondary Guarantee Policy Information
For non-ULSG or non-VLSG products, leave blank.
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
41 51 160	270-279 545-554	10	Account Value at the End of Observation Year/Actual Termination Date	For non-base segments, leave blank. For non-base segments, leave blank. If not ULSG or VLSG, leave blank. For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: 1) If policy is in force at the end of observation year, enter the policy Account Value (gross of any loan) at the end of the Observation Year. The policy Account Value can be positive, zero or negative. 2) If policy terminated during the observation year, enter the policy Account Value (gross of any loan) as of the Actual Termination Date (Item 26). The policy Account Value can be positive, zero or negative. Round to the nearest dollar. If unknown, leave blank. If not ULSG or VLSG, leave blank. For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: 1) If policy is in force at the end of observation year, eEnter the policy Account Value (gross of any loan) at the end of the Observation Year. The policy Account Value can be positive, zero or negative. 2) If policy terminated during the observation year, enter the policy Account Value (gross of any loan) or as of the Actual Termination Date (Item 4836. The policy Account Value can be positive, zero or negative. Round to the nearest dollar. If unknown, leave blank.

Section 23. Secondary Guarantee Policy Information
For non-ULSG or non-VLSG products, leave blank.
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
42 52 161	280-289 555-564	10	Amount of Surrender Charge at the Beginning of Observation Year	For non-base segments, leave blank. For non-base segments, leave blank. If not ULSG or VLSG, leave blank. For ULSG and VLSG policies with plan codes 071 through 078 and 090 through 096 of Item 19, Plan, enter the dollar Amount of the Surrender Charge as of the Beginning of the Observation Year. Round to the nearest dollar. If unknown, leave blank. If not ULSG or VLSG, leave blank. For ULSG and VLSG policies with plan codes 071 through 078 and 090 through 096 of Item 19, Plan, eEnter the dollar Amount of the Surrender Charge as of the Beginning of the Observation Year. Round to the nearest dollar. For policies issued in the observation year, leave blank. If unknown, leave blank.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
				Section 23. Secondary Guarantee Policy Information
				For non-ULSG or non-VLSG products, leave blank.
				For non-base segments, leave blank.
				Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
				If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
43 53 162	290-299 565-574	10	Amount of Surrender Charge at the End of Observation Year/Actual Termination Date	For non-base segments, leave blank. For non-base segments, leave blank.
				If not ULSG or VLSG, leave blank. For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan: 1) If policy is in force at the end of observation year, enter the dollar amount of the Surrender Charge at the end of the Observation Year. 2) If policy terminated during the observation year, enter the dollar amount of the Surrender Charge as of the Actual Termination Date (Item 26). Round to the nearest dollar. If unknown, leave blank.
				If not ULSG or VLSG, leave blank.
				For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan:
				If policy is in force at the end of observation year, eEnter the dollar amount of the Surrender Charge at the end of the Observation Year. 2) If policy terminated during the observation year, enter the dollar amount of the Surrender Charge or as of the Actual Termination Date (Item 4836).
				Round to the nearest dollar.
				If unknown, leave blank.

Section 23. Secondary Guarantee Policy Information
For non-ULSG or non-VLSG products, leave blank.
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
44 54 163	300-301 575-576	2	Operative Secondary Guarantee at the Beginning of Observation Year	The company defines whether a secondary guarantee is in effect for a policy with a secondary guarantee at the beginning of the Observation Year. The company defines whether a secondary guarantee is in effect for a policy with a secondary guarantee at the beginning of the Observation Year.
				If Item 35, Type of Secondary Guarantee is blank, leave blank.
				If Item 35, Type of Secondary Guarantee is 00 through 23:
				1) For non-base segments, leave blank.
				2) For base segments:
				00 = If unknown whether the secondary guarantee is in effect
				01 = If secondary guarantee is not in effect
				02 = If secondary guarantee is in effect
				03 = If all secondary guarantees have expired
				If Item 35, Type of Secondary Guarantee is blank, leave blank.
				If Item 35, Type of Secondary Guarantee is 00 through 23:
				1) For non-base segments, leave blank.
				2) For base segments:

| Section 23. Secondary Guarantee Policy Information |
| For non-ULSG or non-VLSG products, leave blank. |
| For non-base segments, leave blank. |
| Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded. |
| If an item is unknown, leave blank unless otherwise specified. |

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
45 55 164	302 303 577-578	2	Operative Secondary Guarantee at the End of Observation Year/Actual Termination Date	The company defines whether a secondary guarantee is in effect for a policy with a secondary guarantee at the end of the Observation Year/Actual Termination Date. The company defines whether a secondary guarantee is in effect for a policy with a secondary guarantee at the end of the Observation Year/Actual Termination Date.
				If Item 35, Type of Secondary Guarantee is blank, leave blank.
				If Item 35, Type of Secondary Guarantee is 00 through 23:
				1) For non-base segments, leave blank.
				2) For base segments in force at the end of observation year, enter the appropriate value below as of the end of observation year:
				00 = If unknown whether the secondary guarantee is in effect
				01 = If secondary guarantee is not in effect
				02 = If secondary guarantee is in effect
				03 = If all secondary guarantees have expired
				3) For base segments terminated during the observation year, enter the appropriate value below as of the Actual Termination Date (Item 26):
				00 = If unknown whether the secondary guarantee is in effect
				01 = If secondary guarantee is not in effect
				02 = If secondary guarantee is in effect
				03 = If all secondary guarantees have expired
				If Item 35, Type of Secondary Guarantee is blank, leave blank.
				If Item 35, Type of Secondary Guarantee is 00 through 23:
				For non-base segments, leave blank.
				For base segments in force at the end of observation year, eEnter the appropriate value below as of the end of observation year or as of the Actual Termination Date (Item 4836):
				00 = If unknown whether the secondary guarantee is in effect
				01 = If secondary guarantee is not in effect
				02 = If secondary guarantee is in effect
				03 = If all secondary guarantees have expired
				For base segments terminated during the observation year, enter the appropriate value below as of the Actual Termination Date (Item 26):
				00 = If unknown whether the secondary guarantee is in effect
				01 = If secondary guarantee is not in effect
				02 = If secondary guarantee is in effect
				03 = If all secondary guarantees have expired

Section 23. Secondary Guarantee Policy Information
For non-ULSG or non-VLSG products, leave blank.
For non-base segments, leave blank.
Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
46 [MA19]	275-276	2	State of Domicile	Use standard, two-letter state abbreviations codes (e.g., FL for Florida) for the state of the policy owner's domicile. If outside of the U.S., leave blank.

Section 3. State of Domicile
If an item is unknown, leave blank.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
46	275-276	2	State of Domicile	Use Enter the standard, two-letter state abbreviations codes (e.g., FL for Florida) for the state of the policy owner's domicilesegment life's current state of domicile. If unknown or outside of the U.S., leave blank.

Section 4. Term [LH20]Policy Information
For non-term policies, leave blank.
If an item is unknown, leave blank.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
47	##	1	Death Benefit Initial Term Period	1 = Level 2 = Increasing 3 = Decreasing
48	##	1	Death Benefit After Initial Term Period	1 = Level 2 = Increasing 3 = Decreasing
49	##	1	Death Benefit Payout	1 = Lump sum 2 = Income term – level payment 3 = Income term – increasing payment
50	##	2	Guaranteed Level Premium Period	01 = 1 year/ART 05 = 5 years 10 = 10 years 15 = 15 years 20 = 20 years 25 = 25 years 30 = 30 years 00 = Other
51	##	2	Anticipated Level Premium Period	01 = 1 year/ART 05 = 5 years 10 = 10 years 15 = 15 years 20 = 20 years 25 = 25 years 30 = 30 years 00 = Other

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
52	##	1	Post Level Premium Period	1 = No post level premium period 2 = Attained age premium – guaranteed only 3 = Attained age premium – indeterminate 4 = Select and ultimate

Section 45 Rider Information
For non-base segments, leave blank.
If an item is unknown, leave blank.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
53 56 165	304 579	1	Chronic Illness Rider	Does this policy contain this rider? 0 = No 1 = Yes (no separate charge) 2 = Yes (separate charge)0 = Not offered 1 = Included (no separate charge) 2 = Not included (no separate charge) 3 = Selected (separate charge) 4 = Offered but not selected (separate charge)
54 57 166	305 580	1	Critical Illness Rider	Does this policy contain this rider? 0 = No 1 = Yes (no separate charge) 2 = Yes (separate charge)0 = Not offered 1 = Included (no separate charge) 2 = Not included (no separate charge) 3 = Selected (separate charge) 4 = Offered but not selected (separate charge)
58 167	306 581	1	Long-Term Care Rider	Does this policy contain this rider? 0 = No 1 = Yes (no separate charge) 2 = Yes (separate charge)0 = Not offered 1 = Included (no separate charge) 2 = Not included (no separate charge) 3 = Selected (separate charge) 4 = Offered but not selected (separate charge)
59 168	307 582	1	Guaranteed Insurability Rider	Does this policy contain this rider? 0 = No 1 = Yes (no separate charge) 2 = Yes (separate charge)0 = Not offered 1 = Included (no separate charge) 2 = Not included (no separate charge) 3 = Selected (separate charge) 4 = Offered but not selected (separate charge)

Section 45 Rider Information				
For non-base segments, leave blank.				
If an item is unknown, leave blank.				
ITEM	**COLUMN**	**L**	**DATA ELEMENT**	**DESCRIPTION**
~~57~~ ~~60~~ **169**	~~308~~ 583	1	Return of Premium Rider	Does this policy contain this rider? 0 = No 1 = Yes (no separate charge) 2 = Yes (separate charge)~~0 = Not offered~~ ~~1 = Included (no separate charge)~~ ~~2 = Not included (no separate charge)~~ ~~3 = Selected (separate charge)~~ ~~4 = Offered but not selected (separate charge)~~
~~58~~ ~~61~~ **170**	~~309~~ 584	1	Disability Rider (Waiver of Premium)	Does this policy contain this rider? 0 = No 1 = Yes (no separate charge) 2 = Yes (separate charge)~~0 = Not offered~~ ~~1 = Included (no separate charge)~~ ~~2 = Not included (no separate charge)~~ ~~3 = Selected (separate charge)~~ ~~4 = Offered but not selected (separate charge)~~
~~59~~ ~~62~~ **171**	~~310~~ 585	1	Liquidity Rider	Does this policy contain this rider? 0 = No 1 = Yes (no separate charge) 2 = Yes (separate charge)~~0 = Not offered~~ ~~1 = Included (no separate charge)~~ ~~2 = Not included (no separate charge)~~ ~~3 = Selected (separate charge)~~ ~~4 = Offered but not selected (separate charge)~~
~~60~~ ~~63~~ **172**	~~311~~ 586	1	Terminal Illness Rider	Does this policy contain this rider? 0 = No 1 = Yes (no separate charge) 2 = Yes (separate charge)~~0 = Not offered~~ ~~1 = Included (no separate charge)~~ ~~2 = Not included (no separate charge)~~ ~~3 = Selected (separate charge)~~ ~~4 = Offered but not selected (separate charge)~~

Appendix 2: Plan Design Data Elements and Format

Section 1. Basic Plan Information
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
1	1–5	5	NAIC Company Code	Your NAIC Company Code
2	6–9	4	Observation Year	Enter Calendar Year of Observation
3	10-19	10	Data Plan Identifier	Unique identifier for each plan. May be sequential numbering or unique identifier used within the company. This field is used to tie a record in the policy file to this plan file.
4	20-29	10	Policy Form Number	If multiple policy forms are used for this plan, then enter the most commonly used form.
5	30-39	10	Application Form Number	If multiple application forms are used for this plan, then enter the most commonly used form.
6	40	1	Pre-Need (as defined in VM02)	0 = Unknown 1 = Not Pre-Need Policy 2 = Pre-Need Policy
7	41	1	Death Benefit Pattern	0 = Unknown 1 = Level (includes increases due to corridor) 2 = Modified Death Benefit 3 = Increasing 4 = Decreasing 5 = Flexible 6 = Other
8	42-43	2	Death Benefit Pattern Years	Number of years of grading before Death Benefit Pattern becomes level. If Death Benefit does not become level then enter 99. If Death Benefit not Increasing or Decreasing then leave blank.
9	44-45	2	Premium Pattern	00 = Unknown 01 = Single Premium 02 = Level Modal Premium payable for the life of the policy 03 = Graded Premium then Level 04 = Level Premium then Graded 05 = Renewable Term based on Attained Age (incl. ART) 06 = Renewable Term based on Issue Age 07 = Limited Pay Premium by number of years 08 = Paid up at a Specified Age 09 = Flexible 10 = RPU 11 = ETI 12 = Other

Section 1. Basic Plan Information
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
10	46-47	2	Premium Pattern Years	Enter the number of years that will be used to describe the premium pattern. If Premium Pattern is '0' or '1' leave blank 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', '10', '11', or '12', enter '00'
11	48	1	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
12	49-50	2	Smoker Period Definition	Number of years to qualify for non-smoker/non-tobacco
13	51	1	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 = Vaping / e-Cigarettes 5 = Other
14	52	1	Marijuana User Definition	Marijuana user is classified as: 1 = Non-smoker 2 = Smoker 3 = Non-smoker or smoker based on frequency of use 4 = Non-smoker if medical use or smoker if recreational use 5 = Edible Marijuana use

Section 2. Risk Class Structure
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
15	53	1	Preferred Class Structure Indicator	Preferred class structure means that, depending on the underwriting results, a policy could be issued in classes ranging from a best preferred class to a residual standard class. 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 or if preferred information is unknown. 1 = If this policy was issued in one of the available multiple preferred and standard classes for this policy segment.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION

Section 2. Risk Class Structure
If an item is unknown, leave blank unless otherwise specified.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
16	54-55	2	Number of Classes in Nonsmoker Preferred Class Structure	If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 3 or 4, or if preferred information is unknown, 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 available at time of issue.
17	56-57	2	Number of Classes in Smoker Preferred Class Structure	If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 1 or 2, or if preferred information is unknown, leave blank. 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.

Section 3. Term Policy Information
For non-term products, leave blank.
If an item is unknown, leave blank.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
18	58	1	Death Benefit Initial Term Period	1 = Level 2 = Increasing 3 = Decreasing
19	59	1	Death Benefit After Initial Term Period	1 = Level 2 = Increasing 3 = Decreasing
20	60	1	Death Benefit Payout	1 = Lump sum 2 = Income term – level payment 3 = Income term – increasing payment
21	61-62	2	Guaranteed Level Premium Period	01 = 1 year/ART 05 = 5 years 10 = 10 years 15 = 15 years 20 = 20 years 25 = 25 years 30 = 30 years 00 = Other
22	63-64	2	Anticipated Level Premium Period	01 = 1 year/ART 05 = 5 years 10 = 10 years 15 = 15 years 20 = 20 years 25 = 25 years 30 = 30 years 00 = Other

Section 3. Term Policy Information For non-term products, leave blank. If an item is unknown, leave blank.				
ITEM	**COLUMN**	**L**	**DATA ELEMENT**	**DESCRIPTION**
23	65	1	Post Level Premium Period	1 = No post level premium period 2 = Attained age premium – guaranteed only 3 = Attained age premium – indeterminate 4 = Select and ultimate

Appendix 3: Underwriting Specifications Data Elements and Format

This will be submitted as a separate file.
There will be a separate record for each combination of coverage band and age band within each Specification Identifier
Items with asterisks represent key fields which define a unique record
Round all dollar amounts to the nearest dollar

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
1*	1–5	5	NAIC Company Code	Your NAIC Company Code
2*	6–9	4	Observation Year	Enter Calendar Year of Observation
3*	10-18	9	Underwriting Specification Identifier	Sequential number or company defined identifier
4	19-26	8	Effective Date of Underwriting Specification	Date this specification was first used (format YYYYMMDD)
5	27-38	12	Minimum Face Amount	Minimum Face Amount allowed
6	39-41	3	Minimum Issue Age	Minimum Issue Age allowed
7	42-43	2	Number of Coverage Bands	Total number of Coverage Bands
8	44-45	2	Number of Age Bands	Total number of Age Bands
9*	46-47	2	Coverage Band Number	Specific Coverage Band for this Record
10	48-59	12	Maximum Face Amount this Coverage Band	Number
11	60-61	2	Age Band Number	Specific Age Band for this Record
12	62-64	3	Maximum Age this Age Band	Number
13	65	1	Attending Physician Statement	Is this item required for this Coverage and Age Group? 1 = Yes 2 = No
14	66	1	Para-Medical Exam	Is this item required for this Coverage and Age Group? 1 = Yes 2 = No
15	67	1	Physician Exam	Is this item required for this Coverage and Age Group? 1 = Yes 2 = No
16	68	1	Electronic Health Records	Is this item required for this Coverage and Age Group? 1 = Yes 2 = No
17	69	1	Personal History Interview	Is this item required for this Coverage and Age Group? 1 = Yes 2 = No

This will be submitted as a separate file.
There will be a separate record for each combination of coverage band and age band within each Specification Identifier
Items with asterisks represent key fields which define a unique record
Round all dollar amounts to the nearest dollar

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
18	70	1	Blood Sample	Is this item required for this Coverage and Age Group? 1 = Yes 2 = No
19	71	1	Urine / HOS specimen	Is this item required for this Coverage and Age Group? 1 = Yes 2 = No
20	72	1	Saliva / Oral fluid specimen	Is this item required for this Coverage and Age Group? 1 = Yes 2 = No
21	73	1	Stress Test	Is this item required for this Coverage and Age Group? 1 = Yes 2 = No
22	74	1	MIB	Is this item required for this Coverage and Age Group? 1 = Yes 2 = No
23	75	1	Prescription History	Is this item required for this Coverage and Age Group? 1 = Yes 2 = No
24	76	1	Motor Vehicle Records	Is this item required for this Coverage and Age Group? 1 = Yes 2 = No