Mortality Improvements Life Working Group (MILWG):
2023 HMI and FMI Scale
Recommendation for Approval





Academy Mortality Improvements Life Work Group (MILWG)
SOA Mortality and Longevity Oversight Advisory Council (MLOAC)

### Agenda

- Overview of the changes to Life Historical Mortality
   Improvement (HMI) and Future Mortality Improvement (FMI)
   scale methodologies for 2023
- Recommendation for 2023 HMI and FMI scales





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#### HMI and FMI Methodology Changes

Smoothing method (HMI and FMI) - greater detail by attained age group

#### 2. Adjustment for potential disconnect between HMI and FMI scales applied

- 2024 100% deterioration implied by full impact of COVID in the HMI methodology applied
- 2025 50% of the deterioration applied
- 2026 FMI= 0
- 2027-2033 grades to the long term MI assumption at 2033
- 2033-2043 grades to 0 MI at end of 20 years





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Review Smoothing Approach			
	<b>Current Method</b>	Recommendation	
1. Ages 0-15 (juvenile)	Use adult average (18-84) x 1.5	Use 0-20 average	

2. Ages 16-20

Linear interpolation from juvenile rate to adult rate at age 21 Use 0-20 average

Break into more detailed age groups: 0-20

**Use Adult Average 18-84** Ages 21-84

25-40 45-60 65-85 Linear interpolation between groups.

Linear interpolation from adult rate to .0025 per year Linear interpolation from 65-85 average to .001 per year ultimate level at age 95 (use .001 due to COVID considerations)

ultimate level at age 95 Use constant .0025 (used .001 for 2022 due to COVID impact

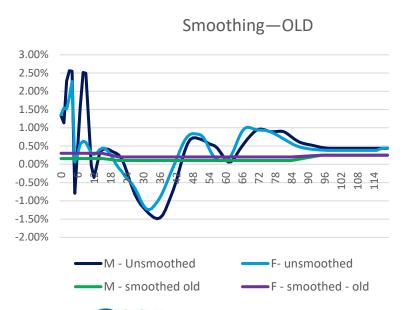
5. Ages 95 and later considerations) Use constant .001 due to COVID considerations

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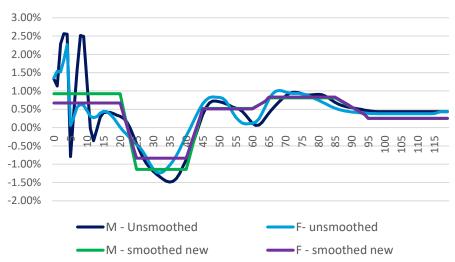
4. Ages 85-94

### Comparison of Smoothing Approaches



#### 2023 Recommended HMI scale

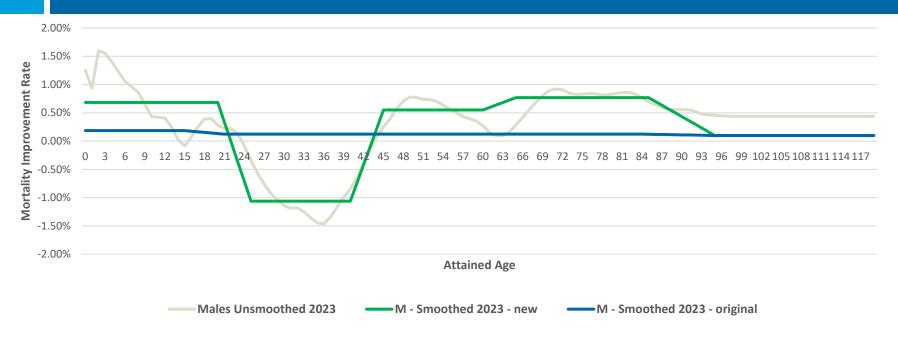








# HMI 2023 Recommendation Male, Mortality Improvement Rates







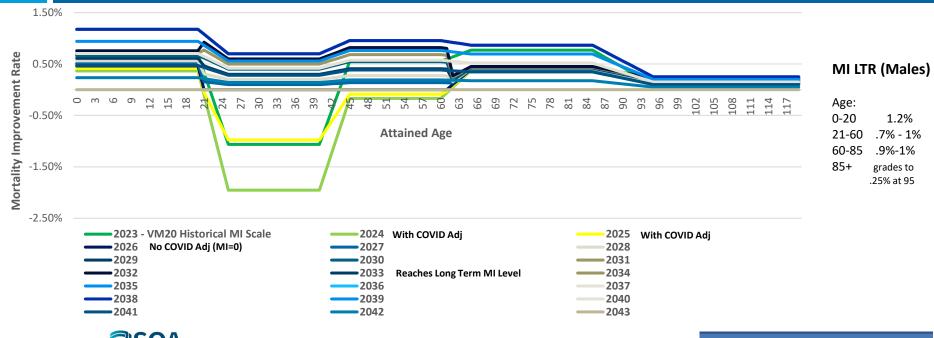
#### HMI 2023 Recommendation Female, Mortality Improvement Rates





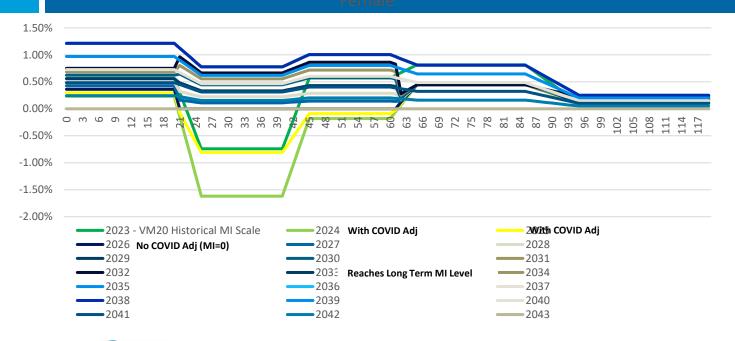


# FMI 2023 Recommendation—Basic Scale Male, Future Mortality Improvement Rates





# FMI 2023 Recommendation—Basic Scale Female, Future Mortality Improvement Rates



#### MI LTR (Females)

Age:
0-20
1.2%
21-60
.8% - 1%
60-85
.8%-1%
85+
grades to
.25% at 95





## Questions?





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#### Life MI Subgroup Members

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Members available to provide supplementary information and explanation as needed.





## Appendix





#### 2023 Work Plan

#### Presented at 2023 NAIC Spring Meeting

- Revisit historical HMI methodology in light of recent and expected experience completed
- Revisit smoothing approach for HMI and FMI—completed
- Approach to COVID-19 impact for 2023—FMI (future mortality improvement) and HMI (historical mortality improvement)—completed
- Insured vs. general population HMI and FMI recommendations (begin work in 2023)
- Revisit FMI margin structure
- Review recommendation for MI with 2008 VBT Limited Underwriting (LU) table





### HMI/FMI General Methodology

HMI Scale Year	Historical Component: Historical Data (10 yrs) SSA Data = General Population Mean	Estimated/Future Component:  SSA (Social Security Administration) Alt2 Projection (20 yr average)
2023	Averaging Period: 2011-2021	Averaging Period: 2023-2043
FMI Scale Year	Process	Long-Term Rate (LTR)
2023	<ul> <li>Basic Scale:</li> <li>Grades to LTR at projection yr 10 (2033)</li> <li>Remains at LTR for projection yrs 10-15</li> <li>Grades to no additional MI at projection yr 20 (2043)</li> <li>Margin for uncertainty included to develop "Loaded Scale" – 25% flat reduction in MI</li> </ul>	Average of SSA Alt 2 MI for projection years 10-15



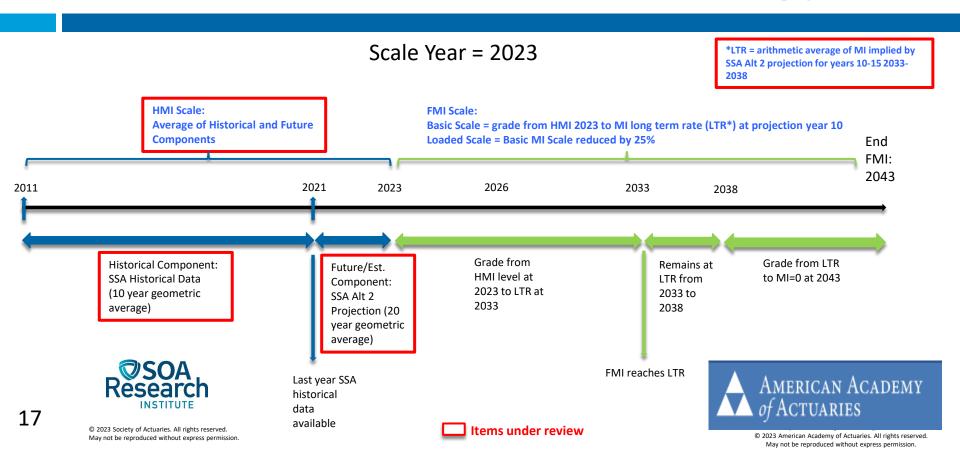


## Revisit HMI Methodology





## HMI/FMI General Methodology



#### HMI Methodology Recommendation: Historical Averaging Period (currently 10 years)

Recommendation: remain at 10 years

- Recent experience (2011-2021)
- Reduces year-to-year potential volatility of shorter periods but experience is relevant





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## HMI Methodology Recommendation: Future Averaging Period (currently 20 years)

Recommendation: remain at 20 years

Smooths out potential SSA Alt 2 early projection year bumps





## HMI Methodology Recommendation: Averaging Method

Averaging method: currently use geometric average over historical and future periods

Recommendation: continue to use geometric approach for 2023

Consider moving to arithmetic average rather than geometric for both historical and future components (will re-examine for 2024 scale work)

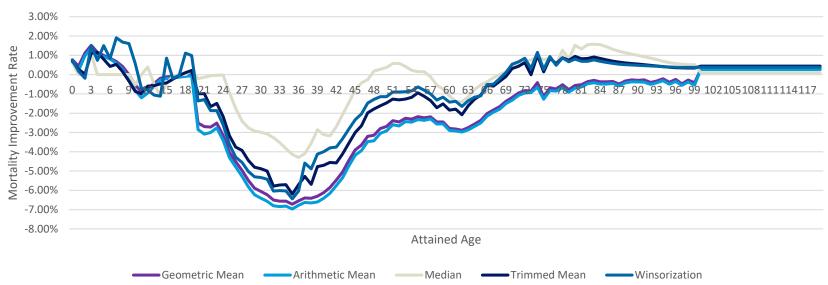
- Relies less on only the beginning and ending year experience
- Not much difference between arithmetic and geometric average results for years since we implemented the annual life MI scale updates
- Consistent with the FMI LTR determination





#### Calculation of Historical MI Averages Comparison of Approaches









## HMI Methodology Recommendation: Weighting of Historical and Future Components of HMI

Recommendation:

Keep 50/50 weighting on averaging

No data-focused basis for changing at this point





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## COVID-19 Impact—2023 Approach





#### COVID-19 Impact

#### **COVID-19 impact considerations**

- Ensuring COVID-19 impact is considered
- Some companies with high credibility will use their best estimate mortality (including implied historical improvement) for long periods before grading to industry
  - Creates potential disconnect between HMI and the recommended industry FMI scale

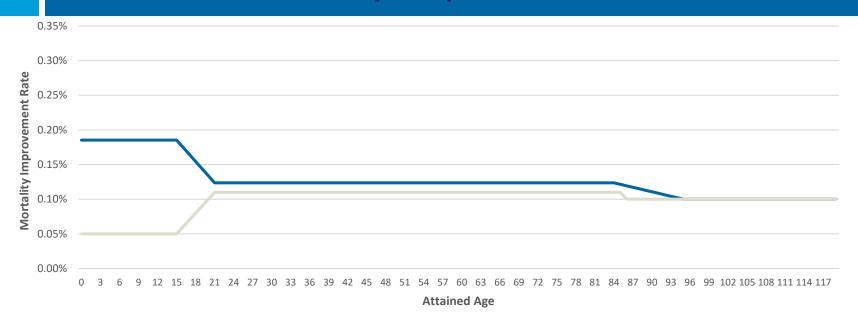
<u>Recommendation</u>: Follow 2022 method – remove COVID from historical average for HMI and put in an adjustment for COVID in first few years of FMI





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# 2023 vs 2022: Male—Old Smoothing Historical Mortality Improvement Rates



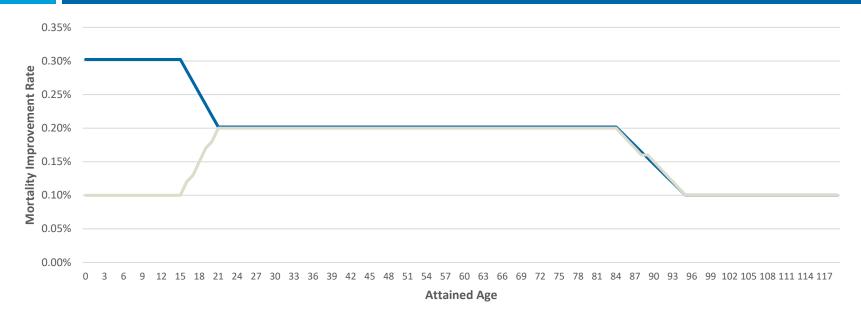








# 2023 vs 2022: Female—Old Smoothing Historical Mortality Improvement Rates

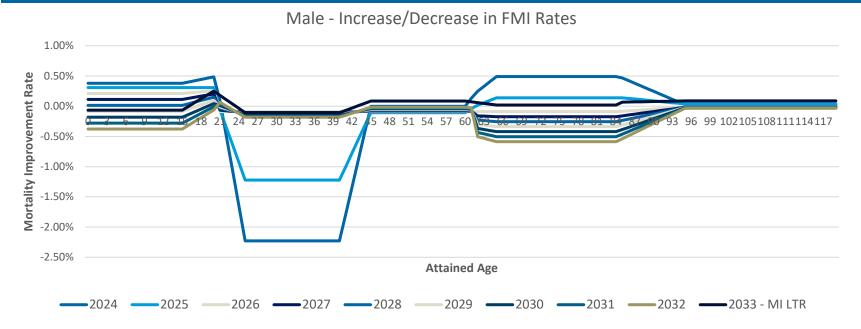








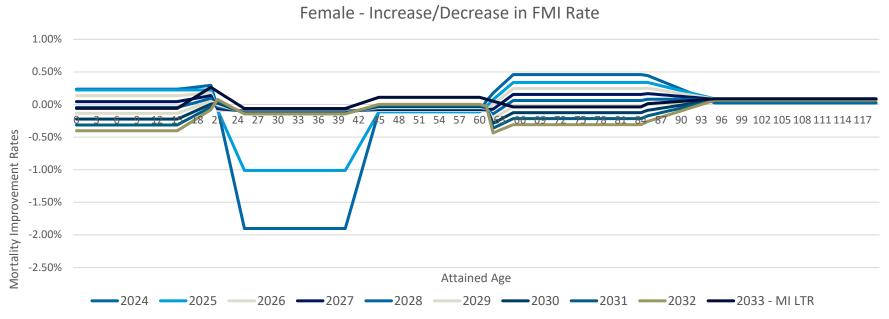
#### 2023 vs 2022—Male Future Mortality Improvement Rates







# 2023 vs 2022—Female Future Mortality Improvement Rates







### Update on Next Steps for 2023

- Insured vs. general population HMI and FMI recommendations (work continues)
- Revisit FMI margin structure
- Review recommendation for MI with 2008 VBT Limited Underwriting (LU) table
  - Keep the HMI and FMI scales at 0 MI for all ages
  - Look at additional data sources to support this



