# Appendix 1: Preferred Class Structure Questionnaire

PREFERRED CLASS STRUCTURE QUESTIONNAIRE

*Fill out this preferred class structure questionnaire based on companywide summaries, such as underwriting guideline manuals, compilations of issue instructions or other documentation.*

*The purpose of this preferred class structure questionnaire is to gather information on different preferred class structures. This questionnaire varies between nonsmoker/non-tobacco and smoker/tobacco users and provides for variations by issue year, face amount and plan. If the company has the standard Relative Risk Score (RR Score) information available, the company should map its set of preferred class structure to sets of RR Scores.* ***Except for new preferred class structures or new sets of RR Scores applied to existing preferred class structure(s), the response to the questionnaire should remain the same from year to year.***

*If a company has determined sets of RR Scores for its preferred class structures, it should provide separate preferred class structure responses for each set of RR Scores applied to a preferred class structure. If a company has not determined sets of RR Scores for its preferred class structures, it should fill out this questionnaire with its preferred class structures and update the preferred class structure questionnaire at such future time that sets of RR Scores for the preferred class structures are determined. When sets of RR Scores are used, there is to be a one-to-one correspondence between a preferred class structure and a set of RR Scores.*

*The information given in this questionnaire will be used both to map a set of RR Scores to policy level data and as a check on the policy-level data submission. Submit this questionnaire along with the initial data submission to the Experience Reporting Agent.*

## Each preferred class structure must include at least two classes (e.g., one preferred class and one standard class). Make as many copies of this preferred class structure questionnaire as necessary for your individual life business and submit in addition to policy-level detail information.

Company NAIC Company Code

Name Date

# PREFERRED CLASS STRUCTURE – Part 1 Nonsmokers/Non-Tobacco Users

Preferred class structure must have at least one preferred and one standard class. Use multiple copies of this page if needed for nonsmokers/non-tobacco users

Number of Nonsmoker/Non-Tobacco User Risk Classes

1. Issue Date Range **mm/dd/yyyy** through **mm/dd/yyyy**
2. Issue Age Range **mm/dd/yyyy** through **mm/dd/yyyy**
3. Face Amount Range **mm/dd/yyyy** through **mm/dd/yyyy**
4. Plan Types (use three-digit codes from item 19, Plan)

Number of Nonsmoker/Non-Tobacco User Risk Classes

1. Issue Date Range **mm/dd/yyyy** through **mm/dd/yyyy**
2. Issue Age Range **mm/dd/yyyy** through **mm/dd/yyyy**
3. Face Amount Range **mm/dd/yyyy** through **mm/dd/yyyy**
4. Plan Types (use three-digit codes from item 19, Plan)

Number of Nonsmoker/Non-Tobacco User Risk Classes

1. Issue Date Range **Mm/dd/yyyy** through **Mm/dd/yyyy**
2. Issue Age Range **Mm/dd/yyyy** through **Mm/dd/yyyy**
3. Face Amount Range **Mm/dd/yyyy** through **Mm/dd/yyyy**
4. Plan Types (use three-digit codes from item 19, Plan)

Number of Nonsmoker/Non-Tobacco User Risk Classes

1. Issue Date Range **mm/dd/yyyy** through **mm/dd/yyyy**
2. Issue Age Range **mm/dd/yyyy** through **mm/dd/yyyy**
3. Face Amount Range **mm/dd/yyyy** through **mm/dd/yyyy**
4. Plan Types (use three-digit codes from item 19, Plan)

Number of Nonsmoker/Non-Tobacco User Risk Classes

1. Issue Date Range **mm/dd/yyyy** through **mm/dd/yyyy**
2. Issue Age Range **mm/dd/yyyy** through **mm/dd/yyyy**
3. Face Amount Range **mm/dd/yyyy** through **mm/dd/yyyy**
4. Plan Types (use three-digit codes from item 19, Plan)

# PREFERRED CLASS STRUCTURE – Part 2 Smokers/Tobacco Users

Preferred class structure must have at least one preferred and one standard class. Use multiple copies of this page if needed for smokers/tobacco users

Number of Smoker/Tobacco User Risk Classes

1. Issue Date Range **mm/dd/yyyy** through **mm/dd/yyyy**
2. Issue Age Range **mm/dd/yyyy** through **mm/dd/yyyy**
3. Face Amount Range **mm/dd/yyyy** through **mm/dd/yyyy**
4. Plan Types (use three-digit codes from item 19, Plan)

Number of Smoker/Tobacco User Risk Classes

1. Issue Date Range **mm/dd/yyyy** through **mm/dd/yyyy**
2. Issue Age Range **mm/dd/yyyy** through **mm/dd/yyyy**
3. Face Amount Range **mm/dd/yyyy** through **mm/dd/yyyy**
4. Plan Types (use three-digit codes from item 19, Plan)

Number of Smoker/Tobacco User Risk Classes

1. Issue Date Range **mm/dd/yyyy** through **mm/dd/yyyy**
2. Issue Age Range **mm/dd/yyyy** through **mm/dd/yyyy**
3. Face Amount Range **mm/dd/yyyy** through **mm/dd/yyyy**
4. Plan Types (use three-digit codes from item 19, Plan)

Number of Smoker/Tobacco User Risk Classes

1. Issue Date Range **mm/dd/yyyy** through **mm/dd/yyyy**
2. Issue Age Range **mm/dd/yyyy** through **mm/dd/yyyy**
3. Face Amount Range **mm/dd/yyyy** through **mm/dd/yyyy**
4. Plan Types (use three-digit codes from item 19, Plan)

Number of Smoker/Tobacco User Risk Classes

* 1. Issue Date Range **mm/dd/yyyy** through **mm/dd/yyyy**
  2. Issue Age Range **mm/dd/yyyy** through **mm/dd/yyyy**
  3. Face Amount Range **mm/dd/yyyy** through **mm/dd/yyyy**
  4. Plan Types (use three-digit codes from item 19, Plan)

Number of Smoker/Tobacco User Risk Classes

1. Issue Date Range **mm/dd/yyyy** through **mm/dd/yyyy**
2. Issue Age Range **mm/dd/yyyy** through **mm/dd/yyyy**
3. Face Amount Range **mm/dd/yyyy** through **mm/dd/yyyy**
4. Plan Types (use three-digit codes from item 19, Plan)

# Appendix 2: Mortality Claims Questionnaire

MORTALITY CLAIMS QUESTIONNAIRE

*The purpose of this mortality claims questionnaire is for a company to respond to the questions whether or not it is submitting death claim data as specified. If the company is not submitting death claim data as specified, provide the additional detail requested.*

## Fill out this questionnaire for your individual life business and submit in addition to policy-level information.

Company NAIC Company Code

Name Date

# MORTALITY CLAIMS

1. If the data is provided using a reporting run-out that is other than six months, what run-out period was used? *mm/dd/yyyy*
2. The death claim amounts are to be for the total face amount and on a gross basis (before reinsurance). The data is based on:
   1. Total face amount (for policies that include the cash value in addition to the face amount as a death benefit, use only the face amount) as specified OR

Other (describe):

If not as specified, indicate time period for which this occurred: *mm/dd/yyyy- mm/dd/yyyy*

* 1. Gross basis (before reinsurance) as specified OR

Other (describe):

If not as specified, indicate time period for which this occurred: *mm/dd/yyyy- mm/dd/yyyy*

Is this the same basis used for face amounts included in the study data?  Yes  No

1. The date that the termination is reported is to be used for the termination reported date. The date that the termination actually occurred is to be used for the actual termination date. What dates are used for death claims in the study data with respect to?

|  |  |  |
| --- | --- | --- |
| 1. Termination reported date | Reported date | Other (describe): |
| If not reported date, indicate basis for dates provided | [Describe other here] | |
| b) Actual termination date for death claims: | Date of death | Other (describe): |
| If not date of death, indicate basis for dates provided | [Describe other here] | |

1. Death claims pending at the end of the observation period but paid during the subsequent six months following the observation year are to be included in the data submission. Claims that are still pending at the end of the six month run out are to be included.

Are such pending claims included in the study data?  Yes  No

If no indicate time period for which this occurred:

1. The face amounts and death claim amounts are to be included without capping by amount. Are the face amounts and death claims/exposures included without capping by amount?

Yes  No

If No, describe how face amounts and death claims are capped and at what amount the capping is being done.

1. For death claims on policies issued before 1990:

Are death claims matched up to a corresponding in-force policy?

Yes  No

If no, indicate approach used:

1. Please briefly describe any other unique aspects of the death claims data that are not covered above.

# Appendix 3: Additional Plan Code Form

If you need an additional plan code(s) for a product(s) in addition to those plan codes in Item 19, Plan, of the statistical plan for life insurance mortality, fill in this form using plan codes in the range 300 to 999. Your data submission should reflect the plan codes in this form. Make as many copies as necessary for your individual life business and submit in addition to policy-level information. When this form is used, it must be sent to the Experience Reporting Agent at the time that data is submitted.

|  |  |  |
| --- | --- | --- |
| Completed by: | Title: |  |
| Company: | NAIC Company Code: | Date: |
| Phone Number: | Email: |  |

## Add comments or attachments where necessary.

Enter unique three-digit plan codes for each product.

|  |  |  |
| --- | --- | --- |
| **Plan Code For Product I** | **Plan Code for Product II** | **Plan Code for Product III** |

Enter specific plan names for each product.

|  |  |  |
| --- | --- | --- |
|  |  |  |

1. General Product Information

**Product I Product II Product III**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. In what year was each product introduced? |  | | |  | | |  | | |
| 2. Briefly describe the product. |  |  | |  |  | |  |  | |
|  |  |  |  |  |  |
|  |  |  |
| 3. Enter three-digit plan code in the range 300 to 999. |  | | |  | | |  | | |

1. For the products listed, please fit each product into one of the categories below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Categories for Product I** | | **Categories for Product II** | | **Categories for Product III** | |
| 1 | Traditional Whole Life Plans | 1 | Traditional Whole Life Plans | 1 | Traditional Whole Life Plans |
| 2 | Term Insurance Plans | 2 | Term Insurance Plans | 2 | Term Insurance Plans |
| 3 | Universal Life Plans (excl. Variable and excl. Secondary Guarantees) | 3 | Universal Life Plans (excl. Variable and excl. Secondary Guarantees) | 3 | Universal Life Plans (excl. Variable and excl. Secondary Guarantees) |
| 4 | Universal Life Plans with Secondary Guarantees (excl.  Variable) | 4 | Universal Life Plans with Secondary Guarantees (excl.  Variable) | 4 | Universal Life Plans with Secondary Guarantees (excl.  Variable) |
| 5 | Variable Life Plans (without Secondary Guarantees) | 5 | Variable Life Plans (without Secondary Guarantees) | 5 | Variable Life Plans (without Secondary Guarantees) |
| 6 | Variable Life Plans with Secondary Guarantees | 6 | Variable Life Plans with Secondary Guarantees | 6 | Variable Life Plans with Secondary Guarantees |
| 7 | Nonforfeiture | 7 | Nonforfeiture | 7 | Nonforfeiture |
| 8 | Other | 8 | Other | 8 | Other |