Quebec Pension Plan (QPP) multi-population data analysis

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- QPP Data Overview
- Model Specification
- Parameter Estimation and Model Selection
- Fitting Diagnostics
- Cluster Analysis
- Summary
- Q&A





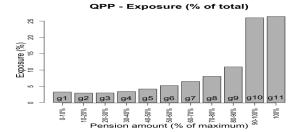
QPP data overview

- 11 sub-populations ordered by increasing cohort pension amount in 10% bands.
- Only contains Quebec pensioners.
- ullet Age over 65-89, and year over 1991-2015. (11 imes 25 imes 25)





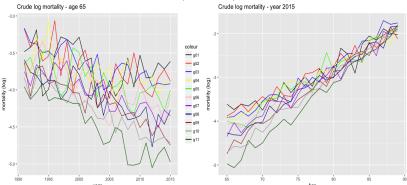
- Males



- Females



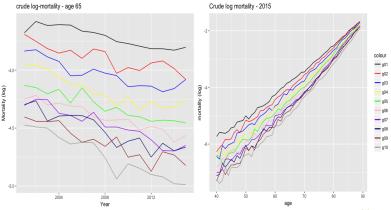
- Group-wise crude death rates (log-scale):







- Comparison with **England IMD** (larger sample size, with groups evenly splited)







- Age-Standardized Mortality Rate (ASMR)

- ASMR is a weighted average of the crude death rates over a defined age range, for certain specific calender year t.
- E_x^s is the 'standard population' at age x (from European Standard Population, calibrated in 2013).
- m_{tx} is crude death rate.

0

$$ASMR(t) = \frac{\sum_{x} m_{tx} E_{x}^{s}}{\sum_{x} E_{x}^{s}}$$

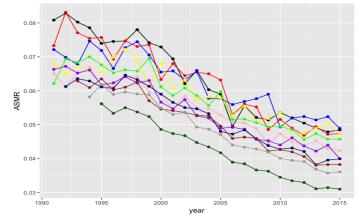
- Use of ASMR:
 - comparison of mortality over different populations;
 - assessment of mortality term structure;
 - assessment of singal-to-noise ratio.





- ASMR of QPP males over age 65-89:

Group-specific ASMR calibrated in 2013 for QPP males data

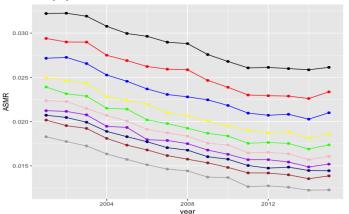






- (For comparison) ASMR of England IMD:

Group-specific ASMR calibrated in 2013 for IMD data







- ASMR is smoothier than the crude death rates, but still quite volatile for QPP males.
- Group 10 and 11 (larger size) are smoothier than others.
- Groups with higher pension tends to have lower mortality.
- QPP applies different grouping methodology (pension level) from England IMD (deprivation index) - less powerful predictor.





Model specification

m1
$$\log m_{xti} = \alpha_{xi} + \beta_{xi}^1 \kappa_{ti}^1 + \beta_{xi}^2 \kappa_{ti}^2$$
 (Renshaw and Haberman, 2003)
m2 $\log m_{xti} = \alpha_{xi} + \beta_{xi}^1 \kappa_{ti}^1 + \beta_{x}^2 \kappa_{ti}^2$
m3 $\log m_{xti} = \alpha_{xi} + \beta_{x}^1 \kappa_{t}^1 + \beta_{xi}^2 \kappa_{ti}^2$ (Li and Lee, 2005)
m4 $\log m_{xti} = \alpha_{xi} + \beta_{xi}^1 \kappa_{ti}^1$ (Lee-Carter, 1992)
m5 $\log m_{xti} = \alpha_{xi} + \beta_{x}^1 \kappa_{ti}^1 + \beta_{x}^2 \kappa_{ti}^2$ (CAE model by Kleinow, T, 2014)
m6 $\log m_{xti} = \alpha_{x} + \beta_{x}^1 \kappa_{ti}^1 + \beta_{x}^2 \kappa_{ti}^2$ (CAE model with common α_{x})





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m6 $\log m_{xti} = \alpha_{x} + \beta_{x}^1 \kappa_{ti}^1 + \beta_{x}^2 \kappa_{ti}^2$ (CAE model with common α_{x})

- α , β and κ are stochastic parameters capturing age/period effect.
- α provides a form of base mortality table (while κ is zero).
- $oldsymbol{\circ}$ eta determines the relative rates of mortality improvement at different ages.





Model specification

m7
$$\log m_{xti} = \alpha_{xi} + \kappa_{ti}^1 + (x - \bar{x})\kappa_{ti}^2$$
 (Plat, 2009)
m8 $\log m_{xti} = \alpha_x + \kappa_{ti}^1 + (x - \bar{x})\kappa_{ti}^2$ (Plat model with common α_x)
m9 $\log m_{xti} = \alpha_{xi} + \kappa_t^1 + (x - \bar{x})\kappa_{ti}^2$ (Plat model with common κ_t^1)
m10 $\log m_{xti} = \alpha_{xi} + \kappa_{ti}^1 + (x - \bar{x})\kappa_t^2$ (Plat model with common κ_t^2)
m11 $\log m_{xti} = \alpha_{xi} + \kappa_t^1 + (x - \bar{x})\kappa_t^2$ (Plat model with common κ_t^1 and κ_t^2)





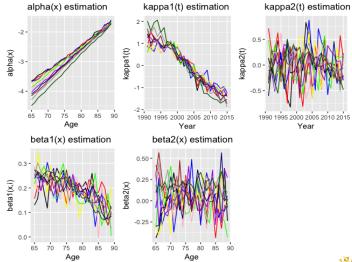
Model specification (cont.)

- m1 is the 'basis' with most specified structure among all others.
- All other models are simplifications of m1.
- Parameters are estimated by Poisson assuption on number of deaths with Maximum Log-likelihood Estimation (MLE).





- Model m1 - estimated parameters (males)







- Model m1:

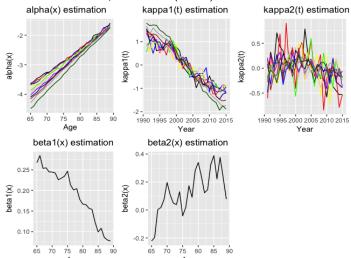
$$\log m_{xti} = \alpha_{xi} + \beta_{xi}^1 \kappa_{ti}^1 + \beta_{xi}^2 \kappa_{ti}^2$$

- Group specific α_{xi} gives observable group rankings.
- κ_{ti}^1 and β_{xi}^1 have decreasing pattern for all groups.
- κ_{ti}^2 and β_{xi}^2 are quite volatile.





- Model m5 - estimated parameters (males)







- Model m5:

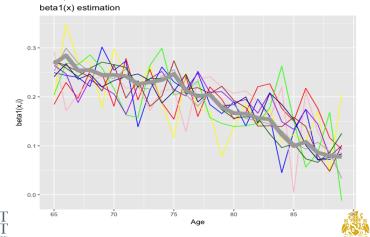
$$\log m_{xti} = \alpha_{xi} + \beta_x^1 \kappa_{ti}^1 + \beta_x^2 \kappa_{ti}^2$$

- Group specific α_{xi} gives observable group rankings.
- κ^1_{ti} has similar decreasing pattern for all groups.
- κ_{ti}^2 is quite volatile.
- β_x^1 decreases over age and is less volatile than β_x^2 .

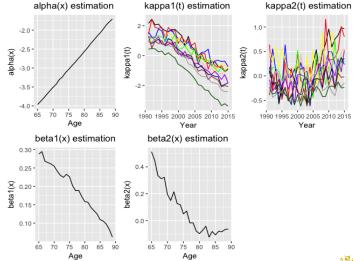




- Pattern of β^1 - model m5 (common - the grey fat solid line) and m1 (group-specific)



- Model m6 - estimated parameters (males)





- Model m6:

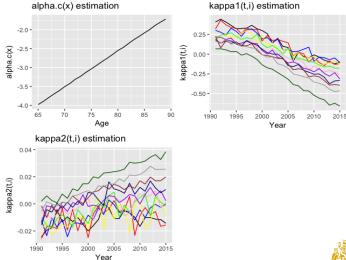
$$\log m_{xti} = \alpha_x + \beta_x^1 \kappa_{ti}^1 + \beta_x^2 \kappa_{ti}^2$$

- As $\alpha_{\rm X}$ is common, variations between subgroups are captured by κ^1_{ti} and κ^2_{ti} .
- Group 11 stands clear of others in terms of κ_{ti}^1 .
- β_x^1 and β_x^2 decreases over age, β_x^2 is smoothier than under m5.





- Model m8 - estimated parameters (males)



- Model m8:

$$\log m_{xti} = \alpha_x + \kappa_{ti}^1 + \kappa_{ti}^2 (x - \bar{x})$$

- As α_x is common, variations between subgroups are captured by κ^1_{ti} and κ^2_{ti} .
- Group 11 stands well below and above others for κ^1_{ti} and κ^2_{ti} respectively.





- Model selection criteria: log-likelihood and BIC: males

Bayes Information Criterion (BIC) is a statistic based on log-likelihood that penalises over-parameterized models and is used as a purely numerical criterion for selecting out the best model (m8).

Model	log-likelihood	# parameters	df	BIC
m1	-22,252.44	1375	1331	56,265.12
m5	-22,628.04	875	851	52,775.22
m6	-22,771.52	625	621	51,029.98
m8	-22,867.36	575	573	50,797.55





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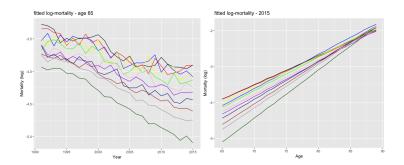


- m8 has fewest parameters and better BIC than other three.
- More parameters improves log-likelihood but is also penalized for over-parameterization.
- Greater complexity does not necessarily improve fitting significantly.
- Additional diagnostic is also required for selection.





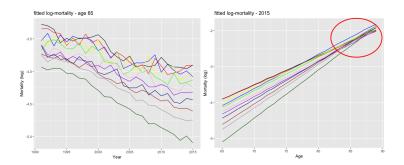
- Fitted mortalities (log-scale) from model m8 (males)







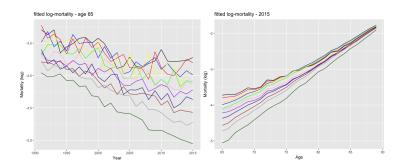
- Fitted mortalities (log-scale) from model m8 (males)







- Fitted mortalities (log-scale) from model m6 (males)







- Standardized Residuals

$$Z_{txi} = \frac{D_{txi} - E_{txi} \hat{m}_{txi}}{\sqrt{E_{txi} \hat{m}_{txi}}}$$

- Measures standardized difference between crude and estimated figures.
- Not affected by absolute scale of observations.
- Well-fitted model is expected to have random standardized residuals.



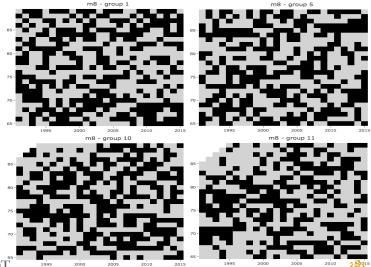


- Standardized residuals from m6: QPP males



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- Standardized residuals from m8: QPP males



- Both m6 and m8 have quite random standardized residuals.
- There is no significant non-random cluster along x-axis (year), y-axis (age) or diagonal (cohort).
- m6 doesn't have significant crossover in fitted mortality curves. m8 has crossovers at high ages.
- m6 is selected as the most suitable model for QPP males.





- QPP has relatively small population size.
- Subpopulations are not evenly grouped.
- Crude mortalities are quite volatile.
- Some adjacent groups typically have quite similar levels of mortality.
- We consider to re-cluster the QPP dataset.



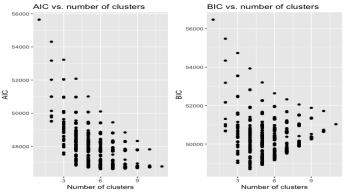


- Algorithm:
- **①** Restructure the data by combining neighbouring groups into clusters. Each cluster could contain 1, 2, ..., 11 groups.
- ② We obtain new restructured datasets with ≤ 11 groups.
- There are 1,024 different combinations in total. $(\sum_{i=0}^{11-1} C_{11-1}^i)$
- Fit underlying models to each reclustered dataset.





- AIC and BIC for all 1,024 cluster combinations fitted for model m6:

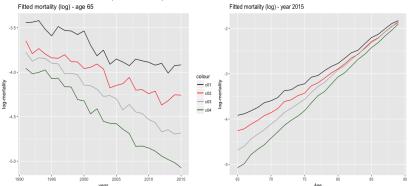


BIC is 48,694.69 under the optimized scenario (used to be 51,029.98).





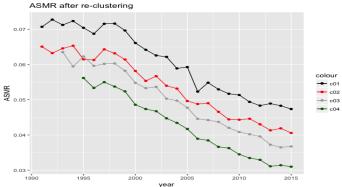
- Fitted mortalities (log-scale) from m6 after re-clustered into 4 groups.







- ASMR of QPP males after re-clustering:







- Conclusion from cluster analysis:
 - All models suggest the same optimal clustering by BIC with 4 clusters:
 - Cluster 1: group 1-5;
 - Cluster 2: group 6-8;
 - Cluster 3: group 9 and 10;
 - Cluster 4: group 11.
 - Volatilities are reduced significantly.
 - It enables us to see more clearly the different trends of clusters.





Summary

- For volatile population, models with simpler structure fits better, i.e. model m6 and m8 over m1.
- Besides quantitative criteria, qualitative criteria like graphical diagnostics are the same important.
- Clustering improves fitting quality and signal-to-noise ratio.
- Future researches: Smoothing of modelling results; More detailed cluster analysis; Long-term mortality projection.







ANY QUESTIONS?



