# The Actuarial Profession making financial sense of the future

### 2003 Life Convention 9-11 November

Hilton Birmingham Metropole Hotel

### **Impaired Annuities**

Caroline Feaver, Hannover Life Re (UK) Joanne Wells, Hannover Life Re (UK)

### Overview

Market and product features

- Impaired pension annuitiesImmediate needs annuities
- Impact on standard annuity market
- Longevity and enhanced annuities
- Pricing

### Impaired Pension Annuities – A success story?

- 1995 Stalwart launched a smoker annuity
- 1995 PAFS launched a fully impaired annuity
- 1996 Stalwart launched a lifestyle annuity

### Current Providers

Axa Sun Life	Pension Annuity Friendly Society	
Britannic Retirement Solutions	Pinnacle	
GE Life	Prudential	
MGM	Reilance Mutual	
Norwich Union	Scottish Widows	

### Impaired Pension Annuities – A success story?

- Success in terms of sales
- Represent around 20% of conventional annuities sold under open market options
- Some of the niche players hold significant market share
- Amendments made to product design

### **Impaired Pension Annuities - Features**

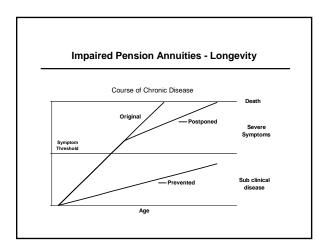
- Mortality assessed using factors other age and gender
   Lifestyle factors smoking, geographical area residence, obesity
   Medical impairments
- Lead time from quote to commencement of annuity
- Verification of individual risk factors medical evidence obtained large number of cases
- Balance additional acquisition costs against the benefit of the enhancement from extra mortality
- Take up rate

## Impaired Pension Annuities – Common Application Form

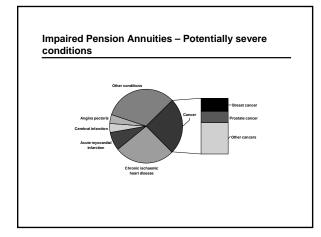
- Developed over the last couple of years
- Accepted by most providers
- Most IFAs now accustomed to completing a single form
- Medical evidence from the GP is shared
- Any additional medical information is obtained by the provider directly

### **Impaired Pension Annuities - Longevity**

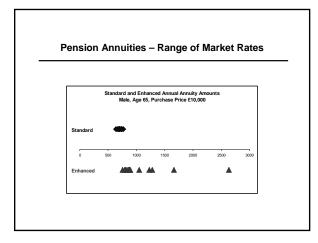
- For a significant enhancement the extra mortality needs to be
  - significant
  - permanent
  - verifiable
- For a significant enhancement mortality improvements
  - act over only a few years
  - also due to improvements in conditions other than the main impairment
- Mortality improvements for people with less serious conditions or with lifestyle impairments are important













Impaired Pension Annuities – Impact on standard rates

Impairment	Proportion of Pension Policies	Uplift in Annuity p.a.	Implied Extra Mortality
Severe	2%	50%	+190%
Moderate	3%	35%	+125%
Slight	5%	15%	+40%
None	90%	0%	-11%
Weighted Total	100%		0%

Aggregate mortality for all pensions annuities is +0%

Impairment	Proportion of Pension Policies	Uplift in Annuity p.a.	Implied Extra Mortality
Severe	4%	50%	+190%
Moderate	6%	35%	+125%
Slight	10%	15%	+40%
None	80%	0%	-24%
Weighted Total	100%		0%

Increased proportion of impaired pension annuities
 Annuity payments for non-impaired lives reduced by about 5%

### Immediate needs Annuities - Providers

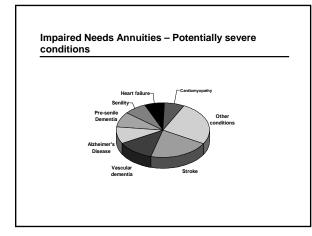
### Providers

 Britannic Retirement Solutions
 Pension Annuity Friendly Society

 BUPA
 PPP Lifetime Care

 GE Life
 Scottish Widows

 Norwich Union
 Scottish Widows



Immediate Needs Annuities – Pension Annuities Features Compared				
	Pension Annuity	Immediate Needs		
Compulsory purchase	Yes	No - debatable greater selection		
Average age	60-65	80-85		
Multiple Impairments	Two thirds	Three quarters		
Percentage of standard lives	Lower	Higher		
Capital Protection	No	Yes		
Purchase price range	Most severe cases for large funds chose income drawdown	Some demand for very large premiums		
Common application form	Nearly all	Most providers		

# ds

### **Key Factors in Pricing Annuities**

- Expected pattern of mortality
- Rate of interest earned
- Expenses
  - Administration
  - Underwriting

### **Underwriting Impaired Annuities**

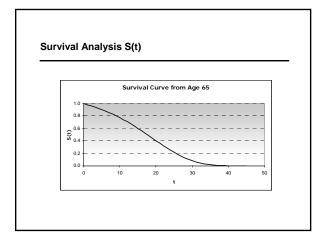
- 'Broad Brush' approach
  - Single impairments e.g. smoker annuities
  - Points scoring approach

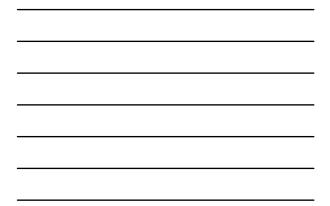
Individually underwritten

- Impairments
- Symptoms exhibitedDate of diagnosis
- ADL's failed

### Mortality data

- No standard tables
- Actuarial modelling
- Limited data available
  - Existing blocks of business
  - Scientific research papers
  - Underwriters/CMO judgement and expertise





# <text>

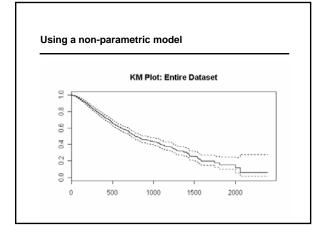
### Shape of the Survival Curve

- Concave impairments are those that exhibit high mortality initially, with a subsequent decreasing force of mortality, e.g. stroke, most forms of cancer.
- Convex impairments are those that exhibit low mortality initially, with a subsequent increasing force of mortality, e.g. Alzheimer's
- For a given life expectancy, changing the shape of the curve changes the present value of annuity payments significantly, e.g. 10-20%.
- Insufficient to just have life expectancy of individual

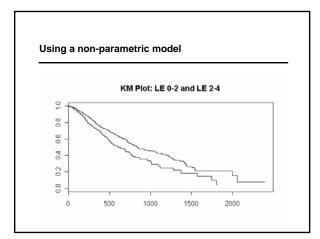
### FORM Form of Survival Model There are many different types of model we could use. For example: Multiple of mortality $q_x = (1+m) \times q_x$ Addition to mortality $q_x = q_x + c$ Exponential model $S(t) = \exp(-\lambda t)$ Weibull model $S(t) = \exp(-\lambda t)$

### Fitting a model to an existing block of business

- Using a non-parametric model
- Kaplan-Meier Estimation
  - The KM method gives the non-parametric estimate of S(t). This is a step function, with S(t) taking a step downward at each time t at which a death was observed in the data.









### FORM Fitting a Regression Model

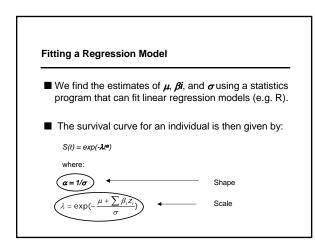
- We notice that survival depends on at least one variable, i.e. the underwriter's assessment of the life expectancy (LE).
- We will allow for explanatory variables by using the Weibull regression model:

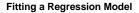
$$Y = \ln X = \mu + \sum_{i=1}^{n} \beta_i Z_i + \sigma W$$

W is the extreme value distribution function with density function:

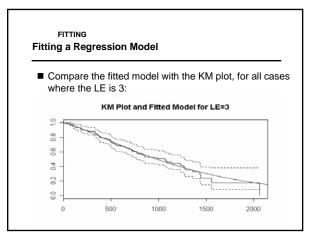
$$f_w(w) = \exp(w - e^w)$$

(X=Survival Time; z<sub>i</sub>=Values of explanatory variables)





• Let's fit this model to our dataset, using LE as the only surface using the set of the set of



### Fitting a Regression Model

- Our choice of model, using LE as a regression variable, looks to be a good one.
- We can try to improve the model by adding additional variables. We can check how useful each variable is by testing the hypothesis:

$$H_0: \boldsymbol{\beta}_i = 0$$

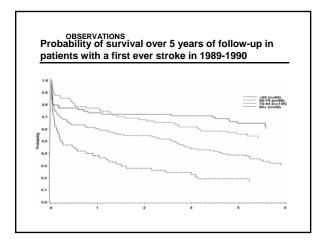
■ If we can reject this hypothesis, then *z<sub>i</sub>* has useful predictive power in our model.

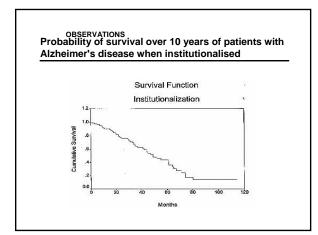
### Fitting a Regression Model

- In our example, the best regression model was one based on the following variables:
  - Ln(Life expectancy)
  - Number of ADLs failed
  - Age at entry
    - Y = In X = 2.7134 + 0.4033In(LE) -0.0605ADL - 0.0198Age + 0.776W

### Data available from Research Papers

- Survival analysis
- Relevance of studies
  - size
  - location
  - study bias
- Multiple impairments
- Conditions not clearly defined such as frailty







### Interpretation of Research Papers

- Duration since diagnosis
- Age at diagnosis
- Gender
- Regional variations
- Affect of affluence
- Improvements over time

### Future Improvements in Mortality

- Impact of medical advances
- Historical improvements:
  - Breast cancer 1 year survival rate 2% every 5 years
  - Breast cancer 5 year survival rate 4% every 5 years
  - Lung cancer 1 year survival rate 1.5% every 5 years
  - Lung cancer 5 year survival rate 0.5% every 5 years
- Less data available for other disease processes
- Mortality improvement rate has significant impact on annuity value

# Significant Factors for Impaired Life Mortality Assumptions

- Life expectancy
- Shape of the survival curve.
- Duration since diagnosis whereabouts on the survival curve are you?
- Future mortality improvements are improvements likely to be lower or higher than for standard annuities?

### Conclusions

- Important to have confidence in your survival model, because if you get it wrong, this can have a significant financial effect.
- Data collection and analysis of emerging experience is essential