

Agenda

- The CMI
- SAPS (Self Administered Pension Schemes)
- Working parties
- Annuities
- Assurances
- Mortality Projections

29 January 2015

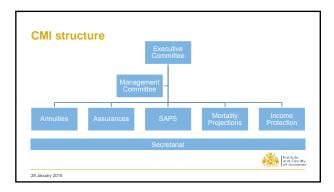


The CMI

- We aim to be regarded across the world as setting the benchmark for the quality, depth and breadth of analysis for graduation and projection

 The CMI works because of industry support sharing and supporting volunteers dedication of individual actu
- CMI tables and models are the UK actuarial lingua franca
- industry support sharing data
- dedication of individual actuaries
- · Quality of CMI output derives from
 - diversity of CMI committees
 - dedicated secretariat
 - consultation and openness





Roadmap

- Overhaul graduation and modelling methods and tools
- Business as usual e.g. SAPS S2 (2014), annuities graduation (2015)
- Ongoing/planned
 - High age mortality
 - Review projections model
 - SAPS mortality improvements analysis
- International co-operation / consistency / coherence



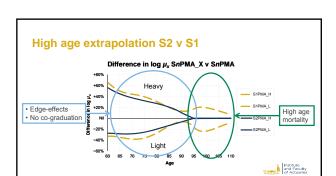


SAPS

- Tables published
 - S1 (2009) 2000-06 experience
 - S2 (2014) 2004-11 experience
- Good range of sub group calibrations:
 - all / heavy / (mid) / light
 - all / normal / ill / dependants

Table selection + scaling 100% ±10% leads to good shape

- S2 v S1
 - Similar approaches stable
 - Timing locked down to CMI (and other) projection models
 - Different high and young age extrapolations
- Forthcoming
 - Industry-based analysis
 - SAPS + mortality improvement | Institute | Institute





Graduation and Modelling Working Party

- Issues: CMI methods specific to CMI, edge effects/unpredictable extrapolation, intractability, over-fitting and overdispersion
- Objective: overhaul CMI graduation and modelling methods and tools
- Initial report to CMI Management Committee in January 2014
- Findings already fed into
 - CMI_2014 Model ONS data quality and overdispersion
 - Annuities graduation co-graduation and visualisation of results also used to test and harden the software
- Plan to publish initial report and (beta) software



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High Age Mortality Working Party

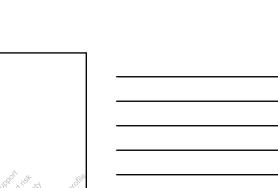
- Issue: poor data at high ages, inconclusive academic view, but view required for base tables (annuity and SAPS) and projections
- Objective: investigate estimation of mortality at high ages (90+)
 - Survey current state of knowledge and make it accessible to actuaries
 - Undertake further research on high age mortality
- Ongoing:
 - Active but inconclusive debate on pattern of mortality at high ages
 - Data and modelling affect and may bias high age mortality analysis
- Working towards a paper / presentation in Summer 2015
 Actuaries

 Or Actuaries

29 January 2015

Institute and Faculty of Actuaries

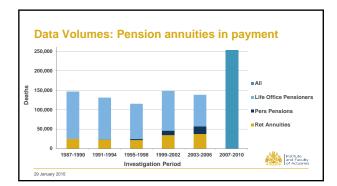
Annuities

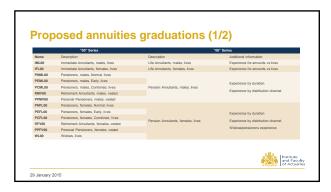


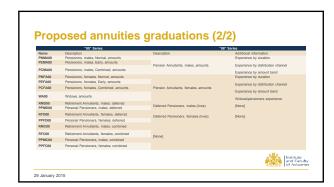
2007-2011 data: timeline

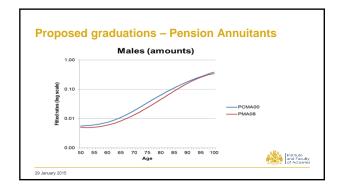
- May 2012 exercise launched at CILA
- · June 2012 first data received
- Sept 2012 Secretariat started focussing on annuities over assurances
- May 2013 last annuities data received
- Oct 2013 Working Paper 70 / All Office annuities results
- May 2014 last assurances data received
- Dec 2014 Working Paper 75 / All Office assurances results

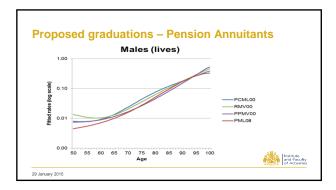
NB 2011 data used to "complete" claims data for 2007-2010; no allowance for subsequent late-reporting











CMI Annuities Committee - Next steps

- Consult on proposed graduations
 Proposed graduated tables
 Extensions to younger / older ages

 - Target by Feb 2015
- Graduated "08" Series tables
 - Final tables + accompanying working paper
 - Target Q2 2015 but dependent on responses to draft tables
- What's next?
 - Enhanced Annuities
 - All-Offices results for standard annuities for 2011 (and 2012)
 - Individual Offices' experience by GLM?





CMI Assurances - 2007-2010 results

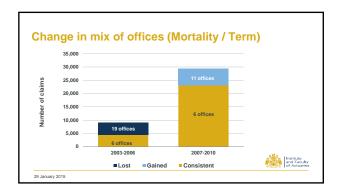
- Working Paper 75 described data and high-level commentary
- · Summary results produced by:

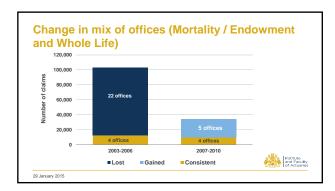
 - Age (last birthday; 5-year age bands)

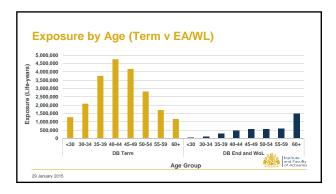
 Duration (curtate; 0, 1-4, 5+)

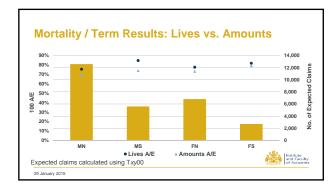
 Gender and Smoker status (where relevant)

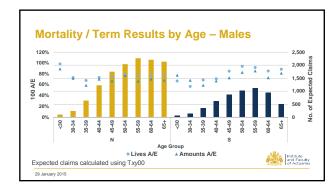
 Product category (separately for mortality, accelerated Cl and stand-alone Cl)
- Datasheets:
 - Individual age / duration + sum assured band and distribution channel
- No allowance for IBNS
- Further analysis now underway -> additional working papers and graduated tables.







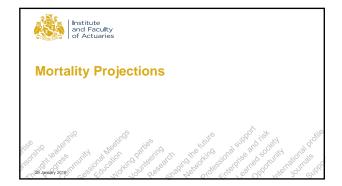




CMI Assurances - 2007-2010 graduations

- Do we need to update the 00 tables?
- Critical Illness tables look like they are in more need of work
- T00 tables look a better fit
- A00 will largely be used at ultimate durations
- · Issues to consider:
 - Graduate (a) Term only or (b) Term + Endowment + WoL?
 - Should the tables vary by:- distribution channel, sum assured?
 - Lives tables only, or lives and amounts?
- Should we conduct a specific investigation in GA WOL?





CMI_2014 changes to initial rates calibration

- Driven by population data quality:
 - Start from 1974 to avoid lower quality earlier data expect to use a 40-year rolling period going forward
 - Adjust exposure data for age/year cells which are anomalous
 - $\boldsymbol{\mathsf{-}}$ Allow for overdispersion when fitting the p-spline model $\boldsymbol{\mathsf{-}}$ smoother fit
- Driven by perceived need for up-to-date fit:
 - Use weekly deaths data 1 January 2013 to 30 September 2014
 - · more up-to-date
 - reduces volatility due to 2013/14 experience

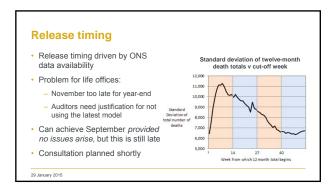


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Population data quality/artefacts P-spline model fits data less well than would be expected over-dispersion in general particular issues with 1960s calendar years and 1919 birth cohort Informed by: Graduation and Modelling Working Party Cairns et al – 'Phantoms never die' (2014)

29 January 2015

Impact on (male) life expectancy Most ages see a modest fall in life expectancy Changes to CMI_2014 led to a lower fall v 'business as usual' (BAU) Male age 65: Life expectancy falls by -0.3% Male age 65: Life expectancy falls by -0.3% Male age 65: Life expectancy falls by -0.3% Light days Change: CMI_2013 Bay 1x Change data CMI_2013 Bay 1x Change code age 1: Pt puglises CMI_2013 Bay 1x Change code age



Future versions of the Model

- SoA (US), CIA (CA) and AG (NL) recently improved their projections
- · Projections Committee is actively reviewing:
 - More objective statistical approach e.g. how volatile should projections be?
 - Review current deterministic method and consider alternatives
 - Not cause of death, but cause of death data does inform the philosophy
 - Coherent modelling: males v females, UK v Western World, SAPS
- Best guess
 - CMI_2015 business as usual
 - CMI_2016 new approach/model (subject to prior consultation)?



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