

The Actuarial Profession  
making financial sense of the future

Mortality and Longevity one-day seminars, March 2010  
Neil Robjohns



**Update on the latest work of the CMI**

17 March 2010 (London) and 25 March 2010 (Leeds)

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**CMI Update Agenda**

**Update on Investigations**

- CMI Life Office Mortality
- CMI SAPS Mortality
- The CMI Library of Mortality Projections.

**The CMI Mortality Projections Model**

- Background and overview of the Model
- Implementation: some common questions
- Next steps.

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### Update on Investigations CMI Life Office Mortality

#### Recent outputs

- Working Paper 40 – proposed revisions to the Per Policy Coding Guide
- Version 1.6 of the Per Policy Coding Guide
- Working Paper 42 – Life Office Mortality experience 2003-2006.

#### Future outputs

- Consultation on analysis methodology for Per Policy data
- Consultation on results format for Per Policy data
- 2007 All Office results.

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### Update on Investigations CMI SAPS Mortality

#### Recent outputs

- Draft Experience Report on data collected to June 2008.

#### Future outputs

- Experience Report on data collected to June 2009
- Mortality improvements within the SAPS dataset
- Draft Experience Report on data collected to June 2010
- Analysis by Industry
- Consider S2 graduations?

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### Update on Investigations The CMI Library of Mortality Projections

#### Recent outputs

- Version 1.1 of the Library was issued in March 2009 with Working Paper 37.

#### Future outputs

- Version 1.2
  - PSAP, PSAC and Lee-Carter using ONS data to 2008
  - Selected projections from CMI\_2009
  - ONS 2008-based National Population Projections.

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**The CMI Mortality Projections Model Background and overview of the Model**

**Background and motivation**

- Interim Cohort Projections valued as a common currency
- But are significantly and increasingly out-of-date
- CMI Working Party established to produce a projection model which:
  - reflects the latest experience on trends in mortality;
  - is relatively straightforward to understand and describe;
  - allows users the flexibility to modify projections to suit their own views and purpose; and
  - can be regularly updated over time to reflect emerging experience.

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**The CMI Mortality Projections Model Background and overview of the Model**

**Key development stages and outputs**

- Published in June / July 2009 for Consultation
  - A prototype version of the CMI Model: CPMv0.0
  - CMI Working Paper 38: Part I – Outline
  - CMI Working Paper 39: Part II – Detailed Analysis
- Launch of the CMI Model, November 2009:
  - CMI Working Paper 41: Feedback on the consultation
  - Updated version of the Model: CMI\_2009
  - Updated User Guide (with documentation of default values)
  - Updated Parameter Sensitivity Test results spreadsheet
  - Webinar, 8<sup>th</sup> December 2009.

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### The CMI Mortality Projections Model Background and overview of the Model

#### The Structure of the Model

- Project annual mortality improvement rates
  - Relatively simple; accessible; flexible
  - Not a mathematical model of mortality fitted to data
- Deterministic projection driven by user inputs
  - Initial rates of mortality improvement
  - Long-term rate(s) of mortality improvement
  - Speed & pattern of convergence
  - Split projection by age or by year-of-birth cohort
- Core and Advanced parameter layers.

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### The CMI Mortality Projections Model Background and overview of the Model

#### Core parameter layer

- Allows users to focus on two simplified parameters:-
  - A Long-Term Rate of Mortality Improvement
  - A Constant Additional Rate of Mortality Improvement
- Default values are applied to other parameters.

#### Advanced parameter layer

- Gives users considerable flexibility; allowing specification of:-
  - Initial Rates of Mortality Improvement
  - Cohort and Age/Period components of Initial Rates (by individual age & birth cohort)
  - Long-term Rates of Mortality Improvement (by individual age & birth cohort)
  - Period of Convergence (by individual age & birth cohort)
  - Proportion of Convergence remaining after Mid-point (by individual age & birth cohort)
  - Base Rates of Mortality.

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### CMI Update Agenda

#### Update on Investigations

#### The CMI Mortality Projections Model

- Implementation: some common questions
  - How is the projection timing defined?
  - How robust are the Model and its default parameters?
  - Why are the initial rates based on population data?
  - How do CMI\_2009 Core Projections compare to the Interim Cohort Projections?
  - How do I set the Long-Term Rate of Mortality Improvement?

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**The CMI Mortality Projections Model**  
**How is the projection timing defined?**

**Timing definition in CMI 2009**

- Projection timing is defined by 3 dates (user input)
  - Base mortality rates
    - $q_x$  at dd/mm/yy is probability of life aged x exact at dd/mm/yy dying before dd/mm/yy+1
  - Rates of mortality improvement
    - $RMI = 1 - q'_x/q_{x+1}$ , so define in terms of date definition for underlying  $q'_x$
  - Calculation date (for annuity and expectation of life values).

**Rates of mortality improvement**

- Calendar year data (ONS, CMI) naturally leads to 01/01/yy definition.

**CMI Library of Mortality Projections**

- Sets timing definition of 01/07/yy for all rates of mortality improvement
  - Set in line with appropriate timing definitions for Interim Cohort Projections
- Beware! Take care not to introduce 'accidental' change in timing!

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**The CMI Mortality Projections Model**  
**How robust are the Model and default parameters?**

**Consultation and Review**

- Wide consultation (July / August 2009)
  - Model structure, default parameters and supporting analysis
  - 2 discussion meetings; 31 written responses received
- Disclosure
  - Open structure: Model mechanics are open for users to see
  - Supporting analysis and rationale disclosed for default parameters
- P-Spline models (used to smooth mortality data in two dimensions)
  - Published and peer reviewed in both actuarial and statistical fields
  - Also used in analysis supporting Interim Cohort Projections.

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**The CMI Mortality Projections Model**  
**How robust are the Model and default parameters?**

**Controlled Evolution**

- Balance responsiveness to new data with stability of structure
- Limited annual updates
  - Core default for Initial Rates of Mortality Improvement
  - Incorporate each successive year's population data
  - Process designed for 'smooth evolution'
- Structure and other default parameters
  - Subject to periodic general review
  - Avoid potential confusion / disruption of frequent change
  - Do 'when necessary' (say every 3 to 5 years).

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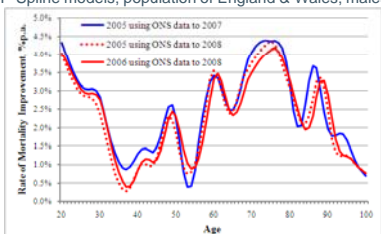
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**The CMI Mortality Projections Model**  
**How robust are the Model and default parameters?**

**Change arising from incorporation of data for 2008**

Annual rates of mortality improvement, by age, 2005 & 2006  
 P-Spline models; population of England & Wales; males



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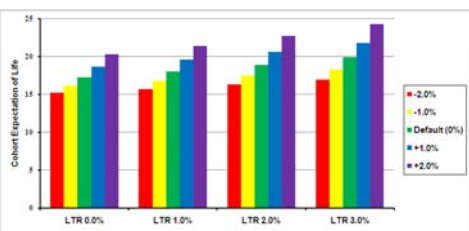
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**The CMI Mortality Projections Model**  
**How robust are the Model and default parameters?**

**Sensitivity of results to changes in the Core Parameters**

Variation in  $e_{70}$ , for male lives, by Long-term Rate of Mortality Improvement and for changes in the Constant Additional Rate of Mortality Improvement



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**The CMI Mortality Projections Model**  
**How robust are the Model and default parameters?**

**Sensitivity of results to parameters**

- For illustration, measure change in cohort  $e_{70}$

**Core Parameters**

- Long-Term Rate of Mortality Improvement
  - $e_{70}$  increases by ~0.9 years for each 1% in Long-Term Rate
- Constant Additional Rate of Mortality Improvement
  - $e_{70}$  increases by ~1.6 years for each 1% Constant Addition

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**The CMI Mortality Projections Model**  
**How robust are the Model and default parameters?**

**Sensitivity of results to parameters**

**Advanced Parameters** (where default values set for Core layer)

- Initial Rates of Mortality Improvement
  - $e_{70}$  changes by 0.6 to 0.9 years for each 1% pa change in Initial Rates
  - $e_{70}$  changes by ~0.3 years for a 1% pa switch between Cohort and Age Components
- Long-Term Rates of Mortality Improvement at high ages
  - $e_{70}$  only increase by 0.1 to 0.2% even if improvement rates don't run to zero until age 150
- Period of Convergence
  - $e_{70}$  changes by around 0.1 years for a 10 year change in Period
- Pattern of Convergence
  - $e_{70}$  changes by 0.2 to 0.4 years for a 25% change in proportion remaining at mid-point

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**The CMI Mortality Projections Model**  
**How robust are the Model and default parameters?**

**Summary**

- The Model and parameters have been exposed to review
  - Wide consultation and peer review
  - Comprehensive disclosure of supporting analysis
- The CMI has committed to controlled evolution of the Model
  - Balance responsiveness and stability
  - Update process for new data is designed for 'smooth evolution'
- Sensitivity of results to default parameters is generally low
  - Higher sensitivity to Initial Rates, but no viable alternative
  - Sensitivity to methodology also assessed and disclosed.

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**The CMI Mortality Projections Model**  
**Why are the initial rates based on population data?**

**Estimating current rates of mortality improvement**

- CMI\_2009 Core layer default derived from E&W population data
- Estimates may also be derived from other datasets
  - eg: pensioner data; insured lives data
  - These datasets may be more relevant but less credible
- Each dataset yields a different best estimate
  - Sub-population datasets yield lower resolution picture
  - 'Blurring' of features can create impression of differences
- So, are the differences in 'observed' level and pattern 'real' ?
  - Need a measure / test of statistical significance.

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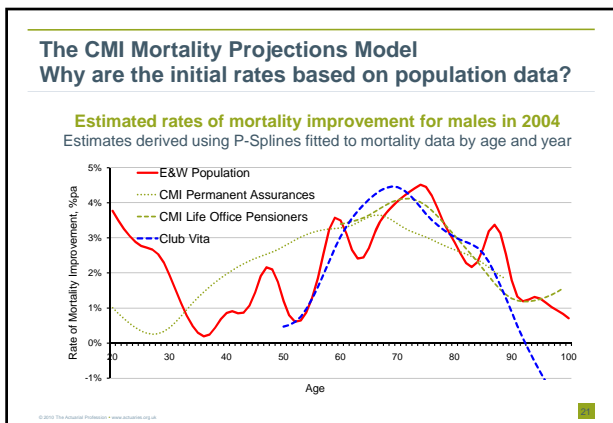
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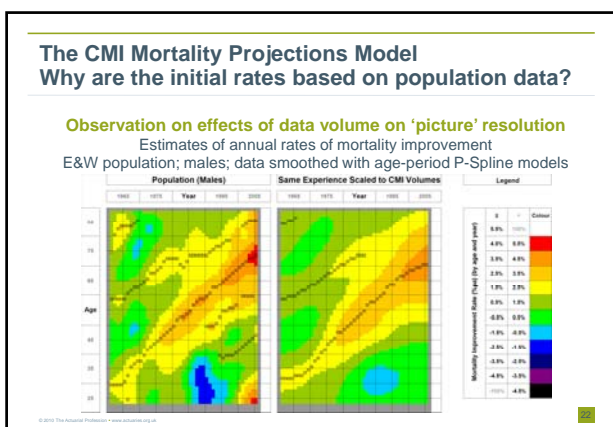
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### The CMI Mortality Projections Model

#### Why are the initial rates based on population data?

**Estimating Mortality Rates**

- Assume  $d_{i,j}$  deaths and  $N_{i,j}$  life-years exposure in data cell  $(i,j)$ 
  - Mortality rate,  $q_{i,j} = d_{i,j} \div N_{i,j}$
  - Standard error,  $\sigma(q_{i,j}) \approx \sqrt{d_{i,j}} \div N_{i,j}$
- Rules of Thumb
  - Standard error is  $100 \sqrt{d_{i,j}^{-1}}$  % of estimated mortality rate
  - 1% error on mortality rate is around 0.1 years on  $e_{70}$
- Reduce estimation error by grouping data cells
  - If group  $n$  similar cells,  $\sigma(\text{group } q) \approx \sigma(q_{i,j}) \div \sqrt{n}$

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**The CMI Mortality Projections Model**  
**Why are the initial rates based on population data?**

**Estimating Rates of Mortality Improvement (RMI)**

- Assume  $d_{ij}$  deaths and  $N_{ij}$  life years exposure in data cell  $(i, j)$ 
  - $RMI_{i,j} = 1 - q_{i,j} \div q_{i,j-1} = 1 - (d_{i,j} \div N_{i,j}) \div (d_{i,j-1} \div N_{i,j-1})$
  - $\sigma(RMI_{i,j}) \approx [q_{i,j} \div q_{i,j-1}] \times [\exp\{\sqrt{(d_{i,j}^{-1} - N_{i,j}^{-1} + d_{i,j-1}^{-1} - N_{i,j-1}^{-1})} - 1\}]$
- Rules of Thumb
  - Standard error is roughly  $100\sqrt{(d_{i,j}^{-1} + d_{i,j-1}^{-1})}$  %pa
  - 1% pa error on Initial RMI is around 0.75 years on  $e_{70}$
- Reduce estimation error by grouping data or extending period
  - If average RMI over  $t$  years,  $\sigma(RMI_{i,j-t to j}) \approx \sigma(RMI_{i,j}) \div t$

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**The CMI Mortality Projections Model**  
**Why are the initial rates based on population data?**

**Comparing Investigations**

- Typical data cells: males, averaged over 2002-06, ages 65-85

	E&W Population	CMI Life Office Pensioners	CMI SAPS
Typical $d_{ij}$	7,000	270	1,350
Typical $N_{ij}$	160,000	7,000	33,500
95% CI on $q_{ij}$	± 2.4%	± 12.2%	± 5.4%
95% CI on $RMI_{ij}$	± 3.4% pa	± 17.2% pa	± 7.7% pa

- Estimating differences between two investigations, A & B
  - $\sigma(\text{Difference: A-B}) \approx \sqrt{(\sigma_A^2 + \sigma_B^2)}$  [assumes independence].

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**The CMI Mortality Projections Model**  
**Why are the initial rates based on population data?**

**Comparing Investigations**

- Estimating Mortality Rates

95% CI on $q_{ij}$	E&W Population	CMI Life Office Pensioners	CMI SAPS
Single data cell	± 2.4%	± 12.2%	± 5.4%
Grouping cells	5 ages x 1 year	10 ages x 5 years	5 ages x 3 years
Smoothed data	± 1.1%	± 1.7%	± 1.4%

- Can easily achieve workable accuracy by grouping / smoothing
  - by age for population
  - over age and years, perhaps heavily, for CMI data sets.

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### The CMI Mortality Projections Model

#### Why are the initial rates based on population data?

**Comparing Investigations**

- Estimating Rates of Mortality Improvement

95% CI on RMI <sub>t</sub>	E&W Population	CMI Life Office Pensioners	CMI SAPS
Single data cell	± 3.4% pa	± 17.2% pa	± 7.7% pa
Grouping cells	5 ages x 1 year	10 ages x 5 years	5 ages x 3 years
Smoothed data	± 1.5%	± 2.4%	± 2.0%
Extend period	5 x 1 x 3-yr RMI	10 x 5 x 5-yr RMI	5 x 3 x 4-yr RMI
Smooth avg	± 0.5%	± 0.5%	± 0.5%

- Difficult to achieve workable accuracy even at population level
- Need heavy smoothing and extended period to compare RMIs for CMI.

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### The CMI Mortality Projections Model

#### Why are the initial rates based on population data?

**Summary and conclusions**

- We have sufficient data volumes to estimate mortality rates well
- Need orders of magnitude larger volume for reliable RMI estimates!
- Examples show difficulty when comparing Population and CMI RMIs
  - Need heavy smoothing and averaging over time
  - And estimation error bounds are even wider in the real world
- Can show historical differences, but say little about current differences
- Can only see detail pattern by age / cohort at population level
- We are developing estimation error measures for RMIs from P-Spline.

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### The CMI Mortality Projections Model

#### How do CMI\_2009 Core Projections compare to ICP?

**Actual & projected mortality improvement rates for males in 2006**  
 CMI\_2009 uses estimated actual derived from E&W population data

The graph plots the Rate of Mortality Improvement (%pa) on the y-axis (0.0% to 6.0%) against Age on the x-axis (20 to 110). Five data series are shown: Original 92 Series (solid blue), Short Cohort (dotted blue), Medium Cohort (dashed blue), Long Cohort (dash-dot blue), and CMI\_2009 (solid red). All series show a similar pattern: a slight increase from age 20 to 30, followed by a dip, then a rise to a peak between ages 70 and 90, and finally a decline towards age 110. The CMI\_2009 series (red) shows the most volatility, with a sharp peak around age 80.

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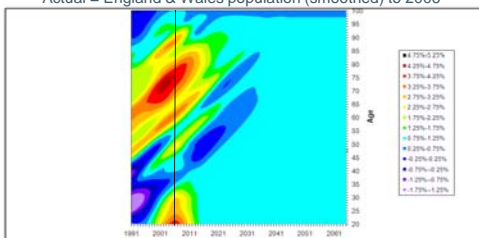
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### The CMI Mortality Projections Model How do CMI\_2009 Core Projections compare to ICP?

Heat Map: CMI\_2009\_M [1.0%]  
Actual & Projected Mortality Improvement Rates; Males  
Actual = England & Wales population (smoothed) to 2006



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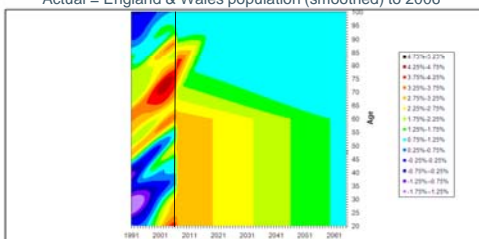
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### The CMI Mortality Projections Model How do CMI\_2009 Core Projections compare to ICP?

Heat Map: Medium Cohort, 1.0% underpin  
Actual & Projected Mortality Improvement Rates; Males  
Actual = England & Wales population (smoothed) to 2006



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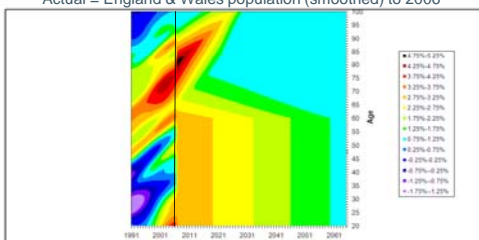
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### The CMI Mortality Projections Model How do CMI\_2009 Core Projections compare to ICP?

Heat Map: Long Cohort, 1.0% underpin  
Actual & Projected Mortality Improvement Rates; Males  
Actual = England & Wales population (smoothed) to 2006



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### The CMI Mortality Projections Model

#### How do CMI\_2009 Core Projections compare to ICP?

**Projected Expectation of Life,  $e_{65}$ , for age 65 exact as at 31/12/2009**  
 Base Mortality : 100% PCMA00 for age exact on 01/07/2000

x%	CMI_2009_M [x%]	Medium Cohort, x% Underpin	Long Cohort, x% Underpin
0%	21.5	21.6	23.2
1%	22.6	22.1	23.5
2%	23.8	23.6	24.4
3%	25.1	26.0	26.3

- Broad similarity of CMI\_2009 and Medium Cohort ?
  - Yes, when LTR = Underpin; age = 65; gender = males
- But patterns of projected mortality improvement vary significantly
  - So EoL comparisons vary significantly by age and over time.

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### The CMI Mortality Projections Model

#### How do CMI\_2009 Core Projections compare to ICP?

**Projected Cohort Annuity Values relative to Medium Cohort**  
 males; age exact as at 31/12/2009; value at 5%p.a.  
 Base Mortality : 100% PCMA00 for life aged x exact on 01/07/2000

The graph plots 'Annual Value as % Value on MC' on the y-axis (ranging from 98% to 110%) against age on the x-axis (ranging from 2045 to 895). Six data series are shown: CMI\_2009 [1%] (solid red), Medium\_1% (dashed red), Long\_1% (dotted red), CMI\_2009 [2%] (solid blue), Medium\_2% (dashed blue), and Long\_2% (dotted blue). The CMI\_2009 lines generally stay above the 100% mark, while the Medium and Long cohort lines fluctuate around or below 100%.

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### The CMI Mortality Projections Model

#### How do I set the Long-term Rate of Improvement?

**Some possible sources to help inform opinion**

- National and international mortality data
  - Observed trends and long-term rates of mortality improvement
- Other mortality projections and projection tools
  - Mathematical models: CBD, Lee-Carter, P-Spline, ...
  - National and international 'governmental' population / mortality projections
- Analysis / modelling of trends by cause-of death or disease processes
- Research on past, current and expected medical and social changes
- Expert opinion.

**The role the CMI will play**

- Encourage debate.

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**CMI Update Agenda**

**Update on Investigations**

- CMI Life Office Mortality
- CMI SAPS Mortality
- The CMI Library of Mortality Projections.

**The CMI Mortality Projections Model**

- Background and overview of the Model
- Implementation: some common questions
- Next steps.

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**The CMI Mortality Projections Model Next Steps**

**Implementation and use of the Model**

- Encourage use of the Model and debate on key assumptions
- Continuing feedback from users is welcomed!

**Annual Updates**

- Core default for Initial Rates of Mortality Improvement
- Incorporate each successive year's population data
- Late October ? (dependent on ONS publication dates).

**General Reviews**

- No other changes planned for 2010
- Possible informal survey in 2011 to assess usage and issues?

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making financial sense of the future

Mortality and Longevity one-day seminars, March 2010  
Neil Robjohns



**Update on the latest work of the CMI**

**Thank you for your attention**

17 March 2010 (London) and 25 March 2010 (Leeds)

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