



## Continuous Mortality Investigation

Institute and Faculty of Actuaries

# Data submissions to the CMI Assurances investigation

## What is the scope of the investigation?

The Assurances investigation covers mortality, accelerated critical illness and stand-alone critical illness cover under term assurances and mortality under whole of life policies.

The Assurances investigation's principal area of analysis is term assurances, for which data is collected yearly and analysis is split, where possible, by several factors including smoker status, duration, product type, sales channel, sum assured band and other factors. The investigation also covers whole of life policies; data for these can be submitted annually alongside term assurance data, but results are only issued when data volumes permit.

## What data do we need to supply?

The CMI adopts a flexible approach to data collection and keeps the number of essential fields to a minimum, thereby making data submission as easy as possible for offices whilst still providing valuable aggregated results.

Details of the data that the CMI needs are contained in the Appendix to this note.

## What will the CMI do with our data?

Initial checks will be applied to ensure that we understand the data you have supplied; this will be done as soon as possible and we will then let you know whether we are able to proceed. In some cases, we will need to check our understanding of your data but we will seek to keep the number of queries to a minimum by focussing only on issues material to the results.

When the processing of your data is complete, we will send you a "Data Contributor Report", summarising the assumptions and mappings that we have applied to your data, and office-specific results. You will be asked to review the Data Contributor Report and the results to ensure that we have not misinterpreted your data.

Once data collection is deemed complete, the CMI will produce aggregated ("all offices") results. These results will be available to all CMI subscribers; as will commentary on key features contained in a Working Paper.

The CMI may also make high-level results available more widely, for example via [blogs](#), articles in *The Actuary* magazine or presentations open to all members of the IFoA.

## Who will have access to our data?

Data submitted to the CMI, in any form, is subject to the [Terms and Conditions for Data Contributors](#), and is processed in accordance with CMI's Data Handling Protocols which address both data protection considerations and protecting the confidentiality of individual contributors' data. These are available on request.

## Contact Details

If you have any questions, please contact us on [assurances@cmilimited.co.uk](mailto:assurances@cmilimited.co.uk) or 020 7776 3820.

June 2022

---

Correspondence address: Two London Wall Place, 123 London Wall, London, EC2Y 5AU

Tel 020 7776 3820 Web [www.cmilimited.co.uk](http://www.cmilimited.co.uk) Email [info@cmilimited.co.uk](mailto:info@cmilimited.co.uk)

Continuous Mortality Investigation Limited ("CMI") is registered in England & Wales (Company number: 8373631) with its Registered Office at: 7<sup>th</sup> floor, Holborn Gate, 326-330 High Holborn, London, WC1V 7PP

## Appendix: Data submission guidelines for assurances

### Flexibility

The CMI is flexible in terms of the format in which data is provided. Clearly though, each office's data will have to be converted into a standard format before being combined with other offices' data; so the CMI Secretariat needs enough explanatory information regarding your data to enable us to format the data appropriately. An accompanying explanation of the data fields and approach used, and consistency from year to year, would be greatly appreciated.

If possible, we encourage you to submit data files that you use for other purposes, such as internal experience analyses; these should necessitate less work for you to submit data and should also mean that the results we send back to you are more consistent with your own results.

If you have not recently submitted data, we suggest you consider the data you can submit and then contact the Secretariat at an early stage, to agree whether the data meets the CMI's needs. In particular, it may be helpful if you submit a small volume of "test" data to allow the Secretariat to provide an opportunity for any issues to be resolved in advance of preparing a full data submission.

### Personal data

Data supplied to the CMI must not include name, address or postcode of any policyholder. Consequently, the vast majority of records within a CMI dataset could not be related to a particular individual and would not, therefore, constitute "personal data" under data protection legislation. However, a few records may fall within the legal definition and we therefore:

- 1 Seek to minimise this likelihood by using rounded dates of birth and capping benefit amounts (see below) in the data we use; and
- 2 Treat all such data as if it were personal data from a legal and data security perspective.

### Principles

The CMI is seeking to compare incurred claims with exposure, calculated on a day-count basis where possible. In order to do this we require:

- Details of each life under each distinct benefit type;
- Details of when each policy went on-risk and off-risk; and
- Additional details regarding claims; the definition of these is considered further below.

In addition, we are seeking to analyse the experience:

- of "similar" product types, so require some product details;
- on an amounts-weighted basis, so require a measure of current benefit amount;
- by sum assured band, so require a measure of initial benefit amount;
- by distribution channel;
- by duration, so require benefits that are subject to new underwriting to be separated from the original policy (but non-underwritten increments should not generate a separate record);
- by year, so the data should allow us to calculate exposure and allocate claims by calendar year; and
- by socio-economic status, as measured by the Index of Multiple Deprivation (IMD).

The principal analyses are intended to cover:

- Individual business only (not group).
- Term assurances that pay out on mortality (incl. terminal illness) and/or critical illness and whole of life policies that pay out on mortality (incl. terminal illness, if applicable) but not investment-only products.
- UK business, but small volumes of non-domestic business may be included.
- Underwritten term assurances policies issued at normal premium rates; however the Committee is still keen to receive all data relating to both underwritten and guaranteed acceptance business; both term assurances and whole of life assurances; and both non-rated and rated lives – provided all data is clearly identified.
- Direct business, gross of reinsurance.
- Single life and joint life first event policies; joint life second death policies should be excluded.

### Structure of data files

The CMI is happy to accept data files in a number of structures, including:

- “Movements” data, indicating when policies go on-risk and off-risk within each calendar year.
- “Census” data, comprising in force data at the end of each 31 December (including the prior year) and a listing of claims.
- “Policy history” files, including the complete history of a policy in a single record.

Other approaches may also be acceptable but please discuss them with us first.

## Essential data items

The data items that we regard as essential are:

- Record identifier; a unique identifier to enable ready identification of a record should a query arise.
- Gender.
- Date of birth (see below).
- Smoker status.
- Record type (i.e. In force, exit or claim, dependent on the structure of data that is supplied).
- Details of the type of cover (see below).
- Policy Commencement Date.
- Initial Benefit Amount, to allow analysis by amount band (see below).
- Current Benefit Amount, to allow analysis weighted by amounts (see below).
- Whether a policy/life is rated.
- Date and type of exit, if applicable:
  - Our preferred field for the date of claim is the date of death (or diagnosis of a critical or terminal illness).
  - Type of exit should distinguish between claims, lapses, surrenders, paid-up policies and refund of premium (on Guaranteed acceptance policies, if death occurs during a moratorium period).

Please talk to us if any of these data items cannot be supplied; other fields may provide the information that we need.

## Desirable data items

The following additional data fields are particularly desirable:

- Territory of the life insured at outset (unless the data can be regarded as UK).
- Joint life/single life indicator.
- Level of rating, where a policy/life is rated.
- Reason for rating, where a policy/life is rated.
- Distribution channel – distinguishing between aggregators, bancassurance, IFA/multi-tie, non-intermediated, single-tie, direct sales and unknown (unless the data can be regarded as being from a single channel, in which case please advise us of this alongside the data extract).
- Cause of claim:
  - For mortality-only cover, this should distinguish between cause of death and terminal illness.
  - For critical illness cover, this should be an indicator of the condition triggering the claim (though we do not seek to distinguish by cause of death under accelerated cover). We are keen that claims triggered by cancer are distinguished by the site of the cancer, where possible.
- Socio-economic indicators – we are keen to receive Region and two measures based on the Index of Multiple Deprivation (IMD) for each record and have made available a postcode mapping tool along with supporting documentation on the [CMI Data](#) page of the IFoA website.

We recognise that the categorisation of some of these data items may vary between offices. Therefore, we are keen to receive raw data fields for items such as reason for rating, distribution channel and cause of claim, then to discuss appropriate mappings to with you, where relevant, in order to promote consistency between offices’ data.

## Dates of birth

To reduce the likelihood of individuals being identifiable, we encourage firms to always use “16” as the value for “dd”. However we will accept and process data submissions containing:

- Exact values, but will replace “dd” with “16” for the purposes of our analyses.
- Dates with quarterly- or half-yearly rounding; if so, please advise us of the rounding used.

Note: We do not think that the dates of commencement, claim or exit would be well-known, so this should not make a person more identifiable. We therefore request the exact date here.

## Types of cover

For term assurances, the Secretariat needs to be able to distinguish records between mortality-only, accelerated critical illness and stand-alone critical illness. Further segregation between level, decreasing, increasing, family income benefits and pensions term is desirable. We also request clear identification of any guaranteed acceptance business.

For whole of life assurances, the Secretariat needs to be able to distinguish records between underwritten policies and guaranteed acceptance policies.

## Benefit amounts

As with exact date of birth, we recognise that very high amounts potentially increase the chance of certain people becoming identifiable. Consequently, for both the initial and the current amount, we encourage firms to provide a value of "9999999" for any record with an amount over £1,000,000 and we will then re-weight these values in our analyses. However we will accept and process data submissions containing exact values, but will replace this with the substitute value for the purposes of our analyses.

## Claims

We are seeking valid claims, in accordance with the policy terms, settled in each investigation year. If the date of settlement is not available then claims should be identified based upon an alternative date (e.g. date of admission); however the approach used by an office should be consistent between years. No claim should be either omitted or double-counted.

In order to make reporting more accurate and more up-to-date, we are keen to receive:

- Details of how you allow for late-reporting; i.e.:
  - Your allowance for Incurred But Not Settled (IBNS) claims; or
  - Your allowance for Incurred But Not Reported (IBNR) claims plus your pending claims.
- A claims extract, including details of claim dates, status (paid/pending) and cause of claim for each claim.

The following should not be submitted as claims:

- Claims arising during a free cover period,
- Ex-gratia claims, and
- Partial payments (e.g. for angioplasty) under critical illness policies where the main cover remains in force (however claims where the amount is reduced due to non-disclosure should be included).

## Methods of submitting data

We are happy to accept data from your secure file transfer site or you can use the Barnett Waddingham site – please email us on [assurances@cmilimited.co.uk](mailto:assurances@cmilimited.co.uk) to agree the more convenient approach – in the following file formats:

- Text/CSV – commas should separate each field or the file should be arranged in fixed width format.
- Spreadsheet.
- Database – we request that database formats are Microsoft Access. For offices using different database software, we suggest that data be converted into Text/CSV.

Alternatively, data can be submitted by email but this should ONLY be done if you are confident that the data submission does not include any personal data. Where e-mail is used, the attaching file should, where possible, be compressed. We encourage data contributors to encrypt and password-protect all data files. Passwords should be provided separately (by telephone) from the data.

The Secretariat may be able to accept other commonly used form of electronic data transmission but please contact us beforehand to check.