**VM-51: Experience Reporting Formats**

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**Section 1: Introduction**

A. The experience reporting requirements are defined in Section 3 of VM-50. The experience reporting requirements state that the Experience Reporting Agent will collect experience data based on statistical plans that are defined in VM-51 of the *Valuation Manual*. Statistical plans are to be added to VM-51 of the *Valuation* *Manual* when they are ready to be implemented.

B. Each statistical plan shall contain the following information:

1. The type of experience data to be collected (e.g., mortality experience; policy behavior experience, such as surrenders, lapses, conversions, premium payment patterns, etc.; and company expense experience, such as commission expense, policy issue and maintenance expense, company overhead expenses etc.);
2. The scope of business to be included in the experience data to be collected (e.g., line(s) of business, such as individual or group, life, annuity or health; product type(s), such as term, whole life, universal life, indexed life, variable life, fixed annuity, indexed annuity, variable annuity, LTC or disability income; and type of underwriting, such as medically underwritten, simplified issue (SI), GI, accelerated, etc.);
3. The criteria for determining which companies or legal entities must submit the experience data to be collected;
4. The process for submitting the experience data to be collected, which will include the frequency of the data collection, the due dates for data collection and how the data is to be submitted to the Experience Reporting Agent;
5. The individual data elements and format for each data element that will be contained in each experience data record, along with detailed instructions defining each data element or how to code each data element. Additional information may be required, such as questionnaires and plan code forms that will assist in defining the individual data elements that may be unique to each company or legal entity submitting such experience data elements;
6. The experience data reports to be produced.

**Section 2: Statistical Plan for Mortality**

A. Type of Experience Collected Under This Statistical Plan

The type of experience to be collected under this statistical plan is mortality experience.

B. Scope of Business Collected Under This Statistical Plan

The scope of data to be collected under this statistical plan is individual ordinary life line of business.

Included in scope:

* Direct written business issued in the U.S.;
* Assumption reinsurance of an individual ordinary life line of business, where the assuming company is legally responsible for all benefits and claims paid;
* Policies issued as conversions from term or group contracts;
* Term/paid up riders or additional amounts of insurance purchased through dividend options; and
* Terminations (both death and non-death).

Not included in scope:

* Separate lines of business, such as SI/GI, worksite, individually solicited group life, direct response, final expense, pre-need, home service, credit life and COLI/BOLI/charity-owned life insurance (CHOLI);
* Reinsurance assumed from a ceding company, to avoid double-counting of experience submitted by an issuer and by its reinsurers;
* Policies that cover more than two lives on the base policy segment; and
* Child term riders.

Each company is to submit data for policies in scope, except:

i. For policies issued before Jan. 1, 1990, companies may certify that submitting data presents a hardship due to fields not readily available in their systems/databases or legacy computer systems that continue to be used for older issued policies and differ from computer systems for newer issued policies.

ii. For policies issued on or after Jan. 1, 1990, companies must:

a) Document the percentage that the face amount of policies excluded are relative to the face amount of submitted policies issued on or after Jan. 1, 1990; and

b) Certify that this requirement presents a hardship due to fields not readily available in their systems/databases or legacy computer systems that continue to be used for older issued policies and differ from computer systems for newer issued policies.

C. Criteria to Determine Companies That Are Required to Submit Experience Data

Companies with less than $50 million of direct individual life premium shall be exempted from reporting experience data required under this statistical plan. This threshold for exemption shall be measured based on aggregate premium volume of all affiliated companies and shall be reviewed annually and be subject to change by the Experience Reporting Agent. At its option, a group of nonexempt affiliated companies may exclude from these requirements affiliated companies with less than $10 million direct individual life premium provided that the affiliated group remains nonexempt.

Additional exemptions may be granted by the Experience Reporting Agent where appropriate, following consultation with the domestic insurance regulator, based on achieving a target level of approximately 85% of industry experience for the type of experience data being collected under this statistical plan.

D. Process for Submitting Experience Data Under This Statistical Plan

Data for this statistical plan for mortality shall be submitted on an annual basis. Each company required to submit this data shall submit the data using the Regulatory Data Collection (RDC) online software submission application developed by the Experience Reporting Agent. For each data file submitted by a company, the Experience Reporting Agent will perform reasonability and completeness checks, as defined in Section 4 of VM-50, on the data. The Experience Reporting Agent will notify the company within 30 days following the data submission of any possible errors that need to be corrected. The Experience Reporting Agent will compile and send a report listing potential errors that need correction to the company.

Data for this statistical plan for mortality will be compiled using a calendar year method. The reporting calendar year is the calendar year that the company submits the experience data. The observation calendar year is the calendar year of the experience data that is reported. The observation calendar year will be two years prior to the reporting calendar year. For example, if the current calendar year is 2018 and that is the reporting calendar year, the company is to report the experience data for policies that were in-force or issued in calendar year 2016, which is the observation calendar year.

Given an observation calendar year of 20XX, the calendar year method requires reporting of experience data as follows:

i. Report policies in force during or issued during calendar year 20XX.

ii. Report policies that terminated in calendar year 20XX and reported before July 1, 20XX+1. However, exclude rescinded policies (e.g., 10-day free look exercises) from the data submission.

For any reporting calendar year, the data call will occur during the second quarter, and data is to be submitted according to the requirements of the *Valuation Manual* in effect during that calendar year. Data submissions must be made by Sept. 30 of the reporting calendar year. Corrections of data submissions must be completed by Dec. 31 of the reporting calendar year.

E. Experience Data Elements and Formats Required by This Statistical Plan

Companies subject to reporting pursuant to the criteria stated in Section 2.C are required to complete the data elements and formats ~~forms~~ in Appendix 1 and Appendix 2 as appropriate, and also complete the ~~Experience Data Elements and Formats as defined in~~ underwriting specification data elements as defined in Appendix 3.

F. Experience Data Reports Required by This Statistical Plan

1. Using the data collected under this statistical plan, the Experience Reporting Agent will produce an experience data report that aggregates the experience data of all companies whose data have passed all of the validity and reasonableness checks outlined in Section 4 of VM-50 and has been determined by the Experience Reporting Agent to be acceptable to be used in the development of industry mortality experience.

2. The Experience Reporting Agent will provide to the SOA or other actuarial professional organizations an experience data report of aggregated experience that does not disclose a company’s identity, which will be used to develop industry mortality experience and valuation mortality tables.

3. As long as a company is licensed in a state, that state insurance regulator will be given access to a company’s experience data that is stored on a confidential database at the Experience Reporting Agent. Access by the state insurance regulator will be controlled by security credentials issued to the state insurance regulator by the Experience Reporting Agent.

**~~Appendix 1: Preferred Class Structure Questionnaire~~**

**~~Appendix 2: Mortality Claims Quetionnaire~~**

**~~Appendix 3: Additional Plan Code Form~~** **Appendix 1: Mortality Data Elements and Format**

| **Section 1. Basic Policy Information**  Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.  If an item is unknown, leave blank unless otherwise specified. | | | | | |
| --- | --- | --- | --- | --- | --- |
| **ITEM** | **COLUMN** | **L** | **DATA ELEMENT** | **DESCRIPTION** | **PROSPECTIVE / RETROSPECTIVE**  **PHASE IN PERIOD** |
| **1** | 1–5 | 5 | NAIC Company Code | Your NAIC Company Code |  |
| **2** | 6–9 | 4 | Observation Year | Enter Calendar Year of Observation |  |
| **3** | 10–29 | 20 | Policy Number | Enter Policy Number. For Policy Numbers with length less than 20, left justify the number, and blank fill the empty columns. Any other unique identifying number can be used instead of a Policy Number for privacy reasons. |  |
| **4** | 30–32 | 3 | Segment Number | ~~If only one policy segment exists, enter segment number ‘1.’ For a single life policy, the base policy is to be put in the record with segment number ‘1.’ Subsequent policy segments are in separate records with information about that coverage and differing segment numbers.~~  ~~For joint life policies, the base policy of the first life is to be put in a record with segment number ‘1,’ and the base policy of the second life is to be put in a separate record with segment number ‘2.’ Joint life policies with more than two lives are not to be submitted. Subsequent policy segments are in separate records with information about that coverage and differing segment numbers.~~  ~~a) Single life policies;~~  ~~b) Joint life policies;~~  ~~c) Term/paid up riders; or~~  ~~d) Additional amounts of insurance including purchase through dividend options.~~  A policy segment is a layer of coverage that represents a unique combination of Items 3, 5, 6, and 16. Assign each policy segment a unique integer starting with ‘1’ for the base policy coverage. Use the same segment number for each policy segment in all Observation Years. Note that additional amounts of insurance should be reported in a separate policy segment, rather than added to the base coverage or reported in a new policy number. |  |
| **5** | 33-34 | 2 | Segment Type | 01 = Base policy coverage  02 = Primary insured additional term rider  03 = Other insured permanent rider  04 = Other insured term rider  05 = Accidental death and dismemberment rider  06 = Additional amounts of insurance purchased with dividends  07= Additional amounts of insurance purchased as the result of exercising a guaranteed insurability option.  08 = Additional amounts of insurance purchased after issue  09 = Other (life insurance coverage only) |  |
| **6** | 35 | 1 | Segment Life | Assign each insured a unique integer starting with ‘1’ for the primary insured.  Note: Although joint life policies insuring more than two lives on the base policy are not to be submitted, additional segment lives are possible for policies with certain riders (e.g., an other insured term rider may insure a third segment life). |  |
| **7** | 36 | 1 | Type of Application | 0 = Unknown  1 = Paper  2 = Electronic (Fillable PDF)  3 = Online Internet  4 = Phone Application | Prospective  2023 |
| **8** | 37 | 1 | Applicant Type | 0 = Unknown  1 = Individual Consumer  2 = Member of Employee Group (including worksite)  3 = Member of Association Group  4 = COLI  5 = BOLI  6 = Trust Owned  7 = Other | Prospective  2023 |
| **9** | 38-45 | 8 | Application Signed Date | YYYYMMDD | Retrospective |
| **~~5~~**  **~~7~~**  **10** | ~~36-37~~  46-47 | 2 | State of Issue | Use standard, two-letter state abbreviations (e.g., NY for New York) |  |
| **~~46~~**  **~~8~~**  **11** | ~~38-39~~  48-49 | 2 | ~~State of Domicile~~  Current Resident State | ~~Use standard, two-letter state abbreviations codes (e.g., FL for Florida) for the state of the policy owner’s domicile.~~  Enter the standard, two-letter state abbreviation (e.g., FL for Florida) for the segment life’s current resident state.  If outside of the U.S., leave blank. |  |
| **~~6~~**  **~~9~~**  **12** | ~~40~~  50 | 1 | Gender | 0 = Unknown or unable to subdivide  1 = Male  2 = Female  3 = Unisex – Unknown or unable to identify  4 = Unisex – Male  5 = Unisex – Female |  |
| **~~7~~**  **~~10~~**  **13** | ~~41-48~~  51–58 | 8 | Date of Birth | Enter the numeric date of birth in YYYYMMDD format |  |
| **~~8~~**  **~~11~~**  **14** | ~~49~~  59 | 1 | Age Basis | 0 = Age Nearest Birthday  1 = Age Last Birthday  2 = Age Next birthday  **Drafting Note:** Professional actuarial organization will need to develop either age next birthday mortality tables or procedure to adapt existing mortality tables to age next birthday basis. |  |
| **~~9~~**  **~~12~~**  **15** | ~~50-52~~  60–62 | 3 | Issue Age | Enter the ~~insurance~~ segment life’s Issue Age |  |
| **~~10~~**  **~~13~~**  **16** | ~~53-60~~  63–70 | 8 | Segment Issue Date | ~~Enter the numeric calendar year in YYYYMMDD format~~  Enter the segment issue date in YYYYMMDD format. |  |
| **~~11~~**  **~~14~~**  **17** | ~~61~~  71 | 1 | Smoker Status (at issue) | Smoker status should be submitted where reliable.  0 = Unknown  1 = No tobacco usage  2 = Nonsmoker  3 = Cigarette smoker  4 = Tobacco user |  |
| **~~12~~** | ~~57~~ | ~~1~~ | ~~Preferred Class Structure Indicator~~ | ~~Preferred class structure means that, depending on the underwriting results, a policy could be issued in classes ranging from a best preferred class to a residual standard class.~~  ~~0 = If no reliable information on multiple preferred and standard classes is available, or if the policy segment was issued substandard (Item 18 is 1 or 2), or if there were no multiple preferred and standard classes available for this policy segment or if preferred information is unknown.~~  ~~1 = If this policy was issued in one of the available multiple preferred and standard classes for this policy segment.~~  ~~Note: If Preferred Class Structure Indicator is 0, or if preferred information is unknown, leave next four items blank.~~ |  |
| **~~13~~** | ~~58~~ | ~~1~~ | ~~Number of Classes in Nonsmoker Preferred Class Structure~~ | ~~If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 3 or 4, or if preferred information is unknown, leave blank.~~  ~~For nonsmoker or no tobacco usage policies that could have been issued as one of multiple preferred and standard classes, enter the number of nonsmoker preferred and standard classes available at time of issue.~~ |  |
| **~~14~~**  **~~15~~**  **18** | ~~62~~  72 | 1 | Nonsmoker Preferred Class | ~~If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 3 or 4, or if preferred information is unknown, leave blank.~~  If Preferred Class Structure is unknown or unreliable, policy segment was issued substandard, or if Smoker Status is 0, 3 or 4leave blank~~.~~  If policy segment was not issued as one of multiple preferred and standard classes then enter 0.  For nonsmoker policy segments that could have been issued as one of multiple preferred and standard classes:  1 = Best preferred class  2 = Next Best preferred class after 1  3 = Next Best preferred class after 2  4 = Next Best preferred class after 3  5 = Next Best preferred class after 4  6 = Next Best preferred class after 5  7 = Next Best preferred class after 6  8 = Next Best preferred class after 7  9 = Next Best preferred class after 8  Note: The policy segment with the highest nonsmoker Preferred Class number should have that number equal to the Number of Classes in Nonsmoker Preferred Class Structure. |  |
| **~~15~~** | ~~60~~ | ~~1~~ | ~~Number of Classes in Smoker Preferred Class Structure~~ | ~~If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 1 or 2, or if preferred information is unknown, leave blank.~~  ~~For smoker or tobacco user policies that could have been issued as one of multiple preferred and standard classes, enter the number of smoker preferred and standard classes available at time of issue.~~ |  |
| **~~16~~**  **19** | ~~63~~  73 | 1 | Smoker Preferred Class | ~~If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 1 or 2, or if preferred information is unknown, leave blank.~~  If Preferred Class Structure is unknown or unreliable, policy segment was issued substandard, or if Smoker Status is 0, 1 or 2 leave blank~~.~~  If policy segment was not issued as one of multiple preferred and standard classes then enter 0.  For smoker policy segments that could have been issued as one of multiple preferred and standard classes:  1 = Best preferred class  2 = Next Best preferred class after 1  3 = Next Best preferred class after 2  4 = Next Best preferred class after 3  5 = Next Best preferred class after 4  6 = Next Best preferred class after 5  7 = Next Best preferred class after 6  8 = Next Best preferred class after 7  9 = Next Best preferred class after 8  Note: The policy segment with the highest Smoker Preferred Class number should have that number equal to the Number of Classes in Smoker Preferred Class Structure. |  |
| **~~17~~** | ~~64-65~~ | ~~2~~ | ~~Type of Underwriting Requirements~~ | ~~If underwriting requirement of ordinary business is reliably known, use code other than “99.” Ordinary business does not include separate lines of business, such as simplified issue/guaranteed issue, worksite, individually solicited group life, direct response, final expense, pre-need, home service and COLI/BOLI/CHOLI.~~  ~~01 = Traditionally Underwritten, but unknown whether fluid was collected~~  ~~02 = Traditionally Underwritten with no fluid collection~~  ~~03 = Traditionally Underwritten with fluid collected~~  ~~04 = Simplified Issue~~  ~~05 = Guaranteed Issue~~  ~~06 = Accelerated Underwriting~~  ~~07 = Underwritten as hold-out from Accelerated Underwriting~~  ~~08 = Term Conversion~~  ~~09 = Group Conversion~~  ~~10 = Exercise of a Guaranteed Insurability Option~~  ~~11 = Not Underwritten~~  ~~99 = Unknown or unable to subdivide~~ |  |
| **~~18~~**  **~~18~~**  **20** | ~~66~~  74 | 1 | Substandard Indicator | 0 = Policy segment is not substandard  1 = Policy segment is substandard  2 = Policy segment is uninsurable  If policy was issued as part of a preferred class structure, Substandard Indicator should be 0.  All policy segments that are substandard need to be identified as substandard or uninsurable.  Submission of substandard policies is optional.  If feasible, identify substandard policy segments where temporary flat extra has ceased as substandard. |  |
| **21** | 75-77 | 3 | Extra Mortality Table Rating | If Substandard Indicator, is 1, and the extra mortality percentage is known, then enter the mortality rating as a percentage of the standard mortality (e.g. if the risk is classified as exhibiting 150% of standard mortality, enter '150').  If Substandard Indicator, is 1, and the extra mortality percentage is unknown, enter 000.  If Substandard Indicator, is 0, enter 100.  If Substandard Indicator, is 2, leave blank. | Retrospective |
| **22** | 78 | 1 | Type of Flat Extra Mortality | If Substandard Indicator, is 1, and the policy segment was issued with an extra flat mortality rate per 1000 of insurance amount and is currently in effect: enter the current permanent or temporary extra mortality per 1000 of insurance (e.g. if the risk is being charged an extra $4.50 per 1000 of insurance, enter '00450'). If the flat extra rate is unknown, enter '00000'.  If Substandard Indicator is not 1, then leave blank. | Retrospective |
| **23** | 79-81 | 3 | Rated Issue Age | If Substandard Indicator, is 1, and the policy segment was issued at an age rate higher than to the actual issue age, and which is currently in effect: enter the rated issue age at which the policy was issued.(e.g. if the actual issue age is 45 and the rates are based on issue age 50, enter '050'). If the rates issue age is unknown, enter '000'.  If Substandard Indicator is not 1, then leave blank. | Retrospective |
| **~~19~~** |  | ~~3~~ | ~~Plan~~ |  |  |
| ~~19~~  **24** | ~~67-76~~  82-91 | 10 | Plan Identifier | Ties to item #3 from plan table.  If there is no match in plan table, this record is subject to being rejected. |  |
| **25** | 92-101 | 10 | Plan Code | Company’s plancode used for this policy | Retrospective |
| **~~20~~**  **26** | ~~77-78~~  102-103 | 2 | Product Type | 00 = If unable to distinguish among plan types listed below  01 = Term life  02 = Whole life  03 = Econolife (combination of permanent life and term life)  04 = Excess interest whole life  05 = Universal life  06 = Extended term (nonforfeiture)  07 = Reduced paid-up (nonforfeiture) |  |
| **~~19.1~~**  **~~21~~**  **27** | ~~79~~  104 | 1 | Insured Type | 1 = Single life  2 = Second to die (submit separate segments for each life)  3 = First to die (submit separate segments for each life)  4 = Joint (unknown if first or second) |  |
| **~~19.2~~**  **~~22~~**  **28** | ~~80~~  105 | 1 | Premium Type | 0 = If term policy  1 = Single pay  2 = Fixed limited pay  3 = Fixed premium (level)  4 = Fixed premium (increasing)  5 = Fixed premium (decreasing)  6 = Flexible premium  7 = Other |  |
| **~~19.3~~**  **~~23~~**  **29** | ~~81~~  106 | 1 | Death Benefit Option | 0 = If not universal life policy  1 = A/1 (Level death benefit)  2 = B/2 (Increasing death benefit based on cash value)  3 = C/3 (Increasing death benefit based on premium)  4 = Other |  |
| **~~19.4~~**  **~~24~~**  **30** | ~~82~~  107 | 1 | Crediting Type | 0 = If term policy  1 = Fixed  2 = Indexed / Interest Sensitive  3 = Variable  4 = Other |  |
| **~~19.5~~**  **~~25~~**  **31** | ~~83~~  108 | 1 | Participation Type | 1 = Participating  2 = Non-participating |  |
| **~~19.6~~**  **~~26~~**  **32** | ~~84~~  109 | 1 | Length of Surrender Charge Period | 0 = No surrender charge period  1 = 0 to 9.99 years  2 = 10 to 19.99 years  3 = 20 to 29.99 years  4 = 30 to 39.99 years  5 = 40+ years |  |
| **~~19.7~~**  **~~27~~**  **33** | ~~86~~  110-111 | 2 | Distribution Channel | 00 = Unknown  01 = Career  02 = Independent  03 = Bank/wirehouse/broker  04 = Website  05 = Direct Mail / Email  06 = Print Media  07 = TV / Radio  08 = Telephone  09 = IMO (Independent Marketing Organization)  10 = Financial Planner  11 = Kiosk  12 = Other~~/unknown~~ |  |
| **~~19.8~~**  **~~28~~**  **34** | ~~87~~  112 | 1 | Life Insurance Test | 1 = Cash value accumulation test  2 = Guideline premium test |  |
| **~~19.9~~**  **~~29~~**  **35** | ~~88-97~~  113-122 | 10 | Premium Ratio | TBD |  |
| **~~20~~**  **~~30~~**  **36** | ~~98~~  123 | 1 | In-force Indicator | 0 = If the policy segment was not in force at the end of the Observation Year  1 = If the policy segment was in force at the end of the Observation Year |  |
| **~~21~~**  **~~31~~**  **37** | ~~99-110~~  124-135 | 12 | Face Amount of Insurance at Issue | ~~Face amount of the policy segment at its issue date rounded to nearest dollar. If policy provides payment of cash value in addition to face amount, include face amount and do not include cash value. If the policy was issued during the observation year, the Face Amount of Insurance at the Beginning of the Observation Year should be blank~~  If the death benefit includes return of premium or cash value, do not include premium or cash value amount. |  |
| **~~22~~**  **~~32~~**  **38** | ~~111-122~~  136-147 | 12 | Face Amount of Insurance at the Beginning of the Observation Year | ~~Face amount of the policy segment at the beginning of the calendar year of observation rounded to nearest dollar. If policy provides payment of cash value in addition to face amount, include face amount and do not include cash value. Exclude extra amounts attributable to 7702 corridors. If the policy was issued during the observation year, the Face Amount at the Beginning of the Observation Year should be blank.~~  If the death benefit includes return of premium or cash value, do not include premium or cash value amount. Exclude extra amounts attributable to 7702 corridors.  If the policy was issued during the observation year, leave blank. |  |
| **~~23~~**  **~~33~~**  **39** | ~~123-134~~  148-159 | 12 | Face Amount of Insurance at the End of the Observation Year/Actual Termination Date | ~~Face amount of the policy segment at the end of the calendar year of observation rounded to nearest dollar. If policy provides payment of cash value in addition to face amount, include face amount, and do not include cash value. Exclude extra amounts attributable to 7702 corridors.~~  ~~If In-force Indicator is 0, enter face amount of the policy segment at the time of termination, if available; otherwise, leave blank.~~  If the death benefit includes return of premium or cash value, do not include premium or cash value amount. Exclude extra amounts attributable to 7702 corridors. |  |
| **40** | 160-171 | 12 | Ultimate Face Amount | Face Amount at maturity.  Enter 999999999999 if not known at issue.  Leave blank if using units. | Retrospective |
| **41** | 172-180 | 9 | Number of Units | For policies that have a constant number of units for all policy durations but vary the dollar value of the unit over different policy durations, fill out the number of units.  Leave blank if using amounts.  The number of units is the ultimate face amount divided by 1000, rounded to the nearest integer. | Retrospective |
| **42** | 181-189 | 9 | Death Claim Units | If Inforce Indicator is 1 or amounts are used, leave blank.  This number of units is to represent the number of units that were paid for the death claim.  If Inforce Indicator is 0 and Cause of Termination is not ‘04’, then leave blank. | Retrospective |
| **~~24~~**  **~~34~~**  **43** | ~~135-146~~  190-201 | 12 | Death Claim Amount | ~~Death claim amount rounded to the nearest dollar.~~  ~~If In-force Indicator is 0 and Cause of Termination is 04, then enter the face amount.~~  ~~If In-force Indicator is 0 and Cause of Termination is not 04, then leave blank.~~  ~~If the policy provides payment of cash value in addition to face amount, report face amount, and do not include cash value.~~  If the death benefit includes return of premium or cash value, do not include premium or cash value amount. Exclude extra amounts attributable to 7702 corridors.  If In-force Indicator is 1, leave blank.  If In-force Indicator is 0 and termination is not due to death (Cause of Termination is not 04), leave blank. |  |
| **44** | 202-203 | 2 | Cause of Death Code Type | Identify the classification method of diagnosis for the death claim.  00 = Unknown  09 = ICD 9  10 = ICD 10  11 = SOA's 1980 cause of death codes | Prospective  2021 |
| **45** | 204-207 | 4 | Primary Cause of Death | Enter the Primary Cause of Death Code using the type indicated in Cause of Death Code Type.  If unknown, enter '0000000'.  If not a death, leave blank.  Enter the ICD 9/10 diagnosis code for the primary cause of death or enter the SOA's 1980 cause of death codes. If ICD9 code, insert the three-digit code (e.g. - if ICD9 code = 010 (Primary Tuberculosis infections), enter "010"). Do not include supplementary digits 4 nor 5 in the code. For e800-e999, use the letter and 3 digit number, e.g. for e806-Other specified railway accident, enter "e806". Note: the base 800-999 codes (those without a letter classification) are morbidity codes, not mortality codes. If ICD10 code, insert the letter and first two digits (e.g. - if ICD10 code = A00 (Cholera), insert "A00"). Do not include any additional supplementary digits in the code. If SOA 1980 codes are used, insert the three digit SOA class code (e.g. for 07 Septicemia, insert "070"). Leave blank if unknown or if termination is other than by death. | Prospective  2021 |
| **46** | 208-211 | 4 | Secondary Cause of Death | Enter the Secondary Cause of Death Code using the type indicated in Cause of Death Code Type.    If unknown or no secondary cause of death, enter '0000000'.  If not a death, leave blank.  Enter the ICD 9/10 diagnosis code for the secondary cause of death or enter the SOA's 1980 cause of death codes. If ICD9 code, insert the letter (if applicable) and the three-digit code (e.g. - if ICD9 code = 010 (Primary Tuberculosis infections), enter "0010"). Do not include supplementary digits 4 nor 5 in the code. For e800-e999, use the 3 digit number, e.g. for e806-Other specified railway accident, enter "e806". Note: the base 800-999 codes (those without a letter classification) are morbidity codes, not mortality codes. If ICD10 code, insert the letter and first two digits (e.g. - if ICD10 code = A00 (Cholera), insert "A00"). Do not include any additional supplementary digits in the code. If SOA 1980 codes are used, insert the three digit SOA class code (e.g. for 07 Septicemia, insert "070"). Leave blank if the secondary cause of death is unknown or if termination is other than by death. | Prospective  2021 |
| **~~25~~**  **~~35~~**  **44** | ~~147-154~~  212-219 | 8 | Termination Reported Date | If In-force Indicator is 1, leave blank.  Enter in the format YYYYMMDD the eight-digit calendar date that the termination was reported. |  |
| **~~26~~**  **~~36~~**  **48** | ~~155-162~~  220-227 | 8 | Actual Termination Date | If In-force Indicator is 1, leave blank.  Enter in the format YYYYMMDD the eight-digit calendar date when the termination occurred.  If termination is due to death (Cause of Termination is 04), enter actual date of death.  If termination is lapse due to non-payment of premium (Cause of Termination is 01 or 02 or 14), enter the last day the premium was paid. |  |
| **~~27~~**  **~~37~~**  **49** | ~~163-164~~  228-229 | 2 | Cause of Termination | If In-force Indicator is 1, leave blank.  00 = Termination type unknown or unable to subdivide  01 = Reduced paid-up  02 = Extended term  03 = Voluntary; unable to subdivide among 01, 02, 07, 09, 10, 11 or 13  04 = Death  07 = 1035 exchange  09 = Term conversion – unknown whether attained age or original age  10 = Attained age term conversion  11 = Original age term conversion  12 = Coverage expired or contract reached end of the mortality table  13 = Surrendered for full cash value  14 = Lapse (other than to Reduced Paid Up or Extended Term)  15 = Termination via payment of a discounted face amount while still alive, pursuant to an accelerated death benefit provision |  |
| **~~28~~**  **~~38~~**  **50** | ~~165-174~~  230-239 | 10 | Annualized Premium at Issue | ~~For level term segments with plan codes 021 through 027, 041 through 045 or 211 through 271 of Item 19, Plan, enter the annualized premium set at issue.~~  ~~Except for level term segments specified above, leave blank for non-base segments.~~  ~~For the base segments for ULSG, and Variable Life with Secondary Guarantees (VLSG) with plan codes 071 through 078 or 090 through 096 of Item 19, Plan, enter the annualized billed premium set at issue.~~  ~~Round to the nearest dollar.~~  ~~If unknown, leave blank.~~  For Segment Types 01 through 03 (Item 5), enter the annualized premium set at issue.  For all other segments, leave blank. |  |
| **~~29~~**  **~~39~~**  **51** | ~~175-184~~  240–249 | 10 | Annualized Premium at the Beginning of Observation Year | ~~For level term segments with plan codes 021 through 027, 041 through 045 or 211 through 271 of Item 19, Plan, enter the annualized premium for the policy year that includes the beginning of the observation year.~~  ~~Except for level term segments specified above, leave blank for non-base segments.~~  ~~For the base segments for ULSG and VLSG with plan codes 071 through 078 or 090 through 096 of Item 19, Plan, enter the annualized billed premium for the policy year that includes the beginning of the observation year.~~  ~~Round to the nearest dollar.~~  ~~For policies issued in the observation year, leave blank.~~  ~~If unknown, leave blank.~~  For Segment Types 01 through 03 (Item 5), enter the annualized premium for the policy year that includes the beginning of the observation year.  For all other segments, leave blank.  For policies issued in the observation year, leave blank. |  |
| **~~30~~**  **~~40~~**  **52** | ~~185-194~~  250–259 | 10 | ~~Annualized Premium at the End of Observation, if available. Otherwise Annualized Premium as of Year/Actual Termination Date~~  Annualized Premium at the End of Observation Year/Actual Termination Date | ~~For level term segments with plan codes 021 through 027, 041 through 045 or 211 through 271 of Item 19, Plan, for each segment that has Item 20, with the In-force Indicator = 1, enter the annualized premium for the policy year that includes the end of the observation year. Otherwise, enter the annualized premium that would have been paid at the end of the observation year. If end of year premium is not available, enter the annualized premium as of the Actual Termination Date (Item 26).~~  ~~Except for level term segments specified above, leave blank for non-base segments.~~  ~~For the base segments for ULSG and VLSG with plan codes 071 through 078 or 090 through 096 of Item 19, Plan, use the annualized billed premium. For base segments that have Item 20, with the Inforce Indicator =1, enter the annualized billed premium for the policy year that includes the end of the observation year. Otherwise, enter the annualized billed premium that would have been paid at the end of the observation year. If end of year premium is not available, enter the annualized premium as of the Actual Termination Date (Item 26).~~  ~~Round to the nearest dollar.~~  ~~If unknown, leave blank.~~  For Segment Types 01 through 03 (Item 5) where the In-force Indicator is 1, enter the annualized premium for the policy year that includes the end of the observation year.  For Segment Types 01 through 03 (Item 5) where the In-force Indicator is 0, enter the annualized premium that would have been paid at the end of the observation year. If end of year premium is not available, enter the annualized premium as of the Actual Termination Date (Item 48~~36~~).  For all other segments, leave blank. |  |
| **~~31~~**  **~~41~~**  **53** | ~~195-196~~  260–261 | 2 | Premium Mode | 01 = Annual  02 = Semiannual  03 = Quarterly  04 = Monthly Bill Sent  05 = Monthly Automatic Payment  06 = Semimonthly  07 = Biweekly  08 = Weekly  09 = Single Premium  10 = Other/Unknown |  |
| **54** | 262 | 1 | Latest Payment Type | If policy is terminated, then enter the last payment type used prior to termination.  0 = Unknown  1 = Direct  2 = Payroll Deduction / Group  3 = Credit Card / Debit Card  4 = EFT / Pre-Authorized check  5 = Coupon  6 = Other  7 = Unable to Determine | Retrospective |
| **~~32~~**  **~~42~~**  **55** | ~~197-206~~  263-272 | 10 | Cumulative Premium Collected as of the Beginning of Observation Year | ~~For ULSG, and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan:~~  ~~1) For non-base segments, leave blank.~~  ~~2) For base segments, enter the cumulative premium collected since issue, as of the beginning of the observation year. Round to the nearest dollar.~~  ~~If unknown, leave blank.~~  Enter the cumulative premium collected since issue, as of the beginning of the observation year.  For policies issued in the observation year, leave blank. |  |
| **~~33~~**  **~~43~~**  **56** | ~~207-216~~  273-282 | 10 | ~~Cumulative Premium Collected as of the End of Observation Year if available. Otherwise Cumulative Premium Collected as of Actual Termination Date~~  Cumulative Premium Collected as of the End of Observation Year/Actual Termination Date | ~~If not ULSG or VLSG, leave blank.~~  ~~For ULSG, and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan:~~  ~~1) For non-base segments, leave blank.~~  ~~2) For base segments inforce at the end of the observation year, enter the cumulative premium collected as of the end of the observation year.~~  ~~3) For base segments terminated during the observation year, enter the cumulative premium collected since issue, as of the Actual Termination Date (Item 26).~~  ~~Round to the nearest dollar.~~  ~~If unknown, leave blank.~~  Enter the cumulative premium collected as of the end of the observation year or as of the Actual Termination Date (Item 48~~36~~). |  |
| **57** | 283 | 1 | Policy On Premium Waiver | 0 = Unknown  1 = Policy not converted, not on waiver  2 = Policy not converted but on waiver  3 = Policy converted, then on waiver  4 = Policy on waiver then converted | Prospective  2021 |
| **58** | 284 | 1 | Term Conversion Type | If policy was issued as a result of a term conversion, enter the type of term conversion:  0 - Unknown  1 - Original Age Term Conversion  2 - Attained Age Term Conversion  3 - Unknown whether Original Age or Attained Age Term Conversion  4 - Not a Term Conversion | Prospective  2021 |
| **59** | 285-292 | 8 | Original Issue Date | If Type of Term Conversion, is 1, enter the issue date of the original policy in YYYYMMDD format. If the issue date of the original policy is unknown, please leave blank. Otherwise, Leave blank. | Prospective  2021 |

| **Section 2. Underwriting Information**  For non-base segments, leave blank.  Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.  If an item is unknown, leave blank unless otherwise specified. | | | | | |
| --- | --- | --- | --- | --- | --- |
| **ITEM** | **COLUMN** | **L** | **DATA ELEMENT** | **DESCRIPTION** | **PROSPECTIVE / RETROSPECTIVE**  **PHASE IN PERIOD** |
| **~~17~~**  **60** | ~~64-65~~  293-294 | 2 | Type of Underwriting Requirements | ~~If underwriting requirement of ordinary business is reliably known, use code other than “99.” Ordinary business does not include separate lines of business, such as simplified issue/guaranteed issue, worksite, individually solicited group life, direct response, final expense, pre-need, home service and COLI/BOLI/CHOLI.~~  01 = Traditionally Underwritten, but unknown whether fluid was collected  02 = Traditionally Underwritten with no fluid collection  03 = Traditionally Underwritten with fluid collected  04 = Simplified Issue  05 = Guaranteed Issue  06 = Accelerated Underwriting  07 = Underwritten as hold-out from Accelerated Underwriting  08 = Term Conversion  09 = Group Conversion  10 = Exercise of a Guaranteed Insurability Option  11 = Not Underwritten  99 = Unknown or unable to subdivide |  |
| **61** | 295-303 | 9 | Underwriting Specification Identifier | Identifier that ties to UW Specification File Item 3 | Retrospective  2021 |
| **62** | 304 | 1 | Is financial data of any kind used in a marketing pre-screening process? | 0 = Unknown  1 = No  2 = Yes - Individual  3 = Yes - Household | Prospective  2021 |
| **63** | 305 | 1 | Are there medical questions on the application? | 0 = Unknown  1 = No medical questions  2 = Limited medical questions | Prospective  2021 |
| **64** | 306 | 1 | If full medical info is required in part 2, how is it collected? | 0 = Unknown  1 = Full medical part 2 not required  2 = Tele-interview  3 = Commissioned Representative  4 = Paramed  5 = Insured | Prospective  2021 |
| **65** | 307 | 1 | Do you have a reflexive aspect to your application? | 0 = Unknown  1 = No  2 = Yes  Reflexive questions are questions that are asked depending on the response to a previous question. For example, if the applicant answers yes to a specific condition question, then reflexive questions would gather additional information about the condition. | Prospective  2021 |
| **66** | 308 | 1 | Was there an underwriter review? | 0 = Unknown  Y = Yes  N = No | Prospective  2023 |
| **67** | 309 | 1 | After the policy is issued, is monitoring employed? | 0 = Unknown  1 = No or None  2 = Yes, Prescription Data  3 = Yes, Attending Physician Statement  4 = MIB  5 = Multiple | Prospective  2023 |
| **68** | 310 | 1 | Was the application designed with Sentinel Value or Behavioral Economic considerations? | 0 = Unknown  1 = Yes  2 = No  Sentinel Value involves asking specific questions in order to prompt the applicant to divulge information that they might not otherwise divulge or to discourage them from proceeding with the application because of the information divulged.  Behavioral Economics is the study of how cognitive, emotional, and social factors affect decision-making. In life insurance, the structure of the application, order of the questions and product design may all be developed with the thought of influencing the truthfulness of the applicant or policyholder. | Prospective  2021 |
| **69** | 311 | 1 | Was there a senior underwriting questionnaire or protocal done? | 0 = Unknown  1 = No  2 = Yes | Prospective  2023 |
| **70** | 312 | 1 | Field Underwriting (Impairment or Rx Knockouts) | 0 = Unknown  1 = No  2 = Yes | Prospective  2023 |
| **71** | 313 | 1 | Predictive Analytics for Marketing Selection (Lead Generation) | 0 = Unknown  1 = No  2 = Yes | Prospective  2021 |
| **72** | 314 | 1 | Predictive Analytics for Underwriting Triage or Risk Classification | 0 = Unknown  1 = No  2 = Yes | Prospective  2021 |
| **73** | 315 | 1 | Attending Physician Statement | 0 = Unknown  1 = No  2 = Yes, full report  3 = Yes, summary only  3 = Waived | Prospective  2021 |
| **74** | 316 | 1 | Para-Medical Exam | 0 = Unknown  1 = No  2 = Yes  3 = Waived | Prospective  2021 |
| **75** | 317 | 1 | Physician Exam | 0 = Unknown  1 = No  2 = Yes  3 = Waived | Prospective  2021 |
| **76** | 318 | 1 | Electronic Health Records | 0 = Unknown  1 = No  2 = Yes  3 = Waived  4 = Requested – no hit | Prospective  2021 |
| **77** | 319 | 1 | Personal History Interview | 0 = Unknown  1 = No  2 = Yes  3 = Waived | Prospective  2021 |
| **78** | 320 | 1 | Blood Sample | 0 = Unknown  1 = No  2 = Yes  3 = Waived | Prospective  2023 |
| **79** | 321 | 1 | Urine / HOS specimen | 0 = Unknown  1 = No  2 = Yes  3 = Waived | Prospective  2023 |
| **80** | 322 | 1 | Saliva / Oral fluid specimen | 0 = Unknown  1 = No  2 = Yes  3 = Waived | Prospective  2023 |
| **81** | 323 | 1 | Stress Test | 0 = Unknown  1 = No  2 = Yes - treadmill test  3 = Yes - chemical stressers  4 = Waived | Prospective  2023 |
| **82** | 324 | 1 | MIB Requested | 0 = Unknown  1 = No  2 = Yes  3 = Yes IAI  4 = Yes both  5 = Requested but not used | Prospective  2021 |
| **83** | 325 | 1 | Prescription History Data Requested | 0 = Unknown  1 = No  2 = Yes  3 = Not used | Prospective  2021 |
| **84** | 326 | 1 | Prescription History Data Received | 0 = Unknown  1 = No  2 = Hit with drugs  3 = Hit with no drugs  4 = Not used | Prospective  2021 |
| **85** | 327 | 1 | Prescription Rating Provided Automatically | 0 = Unknown  1 = No  2 = Numerical Score  3 = Severity Group  4 = Both  5 = Not used | Prospective  2021 |
| **86** | 328 | 1 | Personal History - Cancer | 0 = Unknown  Y = Yes  N = No | Prospective  2025 |
| **87** | 329-331 | 3 | Personal History - Cancer –  Age at Diagnosis | Number | Prospective  2025 |
| **88** | 332 | 1 | Personal History - Cerebrovascular (stroke, arteria sclerotic vascular disease) | 0 = Unknown  Y = Yes  N = No | Prospective  2025 |
| **89** | 333-335 | 3 | Personal History –  Cerebrovascular –  Age at Diagnosis | Number | Prospective  2025 |
| **90** | 336 | 1 | Personal History - Coronary (heart attack, hypertensive heart disease, arteria sclerotic vascular disease) | 0 = Unknown  Y = Yes  N = No | Prospective  2025 |
| **91** | 337-339 | 3 | Personal History –  Coronary –  Age at Diagnosis | Number | Prospective  2025 |
| **92** | 340 | 1 | Personal History –  Mental / Nervous | 0 = Unknown  Y = Yes  N = No | Prospective  2025 |
| **93** | 341-343 | 3 | Personal History –  Mental / Nervous –  Age at Diagnosis | Number | Prospective  2025 |
| **94** | 344 | 1 | Personal History –  Diabetes | 0 = Unknown  Y = Yes  N = No | Prospective  2025 |
| **95** | 345-347 | 3 | Personal History - Diabetes –  Age at Diagnosis | Number | Prospective  2025 |
| **96** | 348 | 1 | Personal History –  Alcohol Abuse | 0 = Unknown  Y = Yes  N = No | Prospective  2025 |
| **97** | 349-351 | 3 | Personal History – Alcohol Abuse –  Age at Diagnosis | Number | Prospective  2025 |
| **98** | 352 | 1 | Personal History –  Drug Abuse other than Marijuana | 0 = Unknown  Y = Yes  N = No | Prospective  2025 |
| **99** | 353-355 | 3 | Personal History –  Drug Abuse other than Marijuana –  Age at Diagnosis | Number | Prospective  2025 |
| **100** | 356 | 1 | Personal History –  Drug Abuse –  Marijuana | 0 = Unknown  Y = Yes  N = No | Prospective  2025 |
| **101** | 357-359 | 3 | Personal History –  Drug Abuse –  Marijuana –  Age at Diagnosis | Number | Prospective  2025 |
| **102** | 360-364 | 5 | Smoking status source | 0 = Unknown  1 = App  2 = E-Health Records  3 = Paramed  4 = APS  5 = Other  Enter all options that apply. (e.g. if both App and Paramed, then enter 13) | Prospective  2025 |
| **103** | 365-370 | 6 | Blood Pressure Source | 0 = Unknown  1 = Not used  2 = App self reported  3 = E-Health Records  4 = Paramed  5 = APS  6 = Other  Enter all that apply (e.g. if App, Paramed, and APS, then enter 245) | Prospective  2025 |
| **104** | 371-373 | 3 | Diastolic Blood Pressure | Numerical Value  999 = Not collected | Prospective  2025 |
| **105** | 374-376 | 3 | Systolic Blood Pressure | Numerical Value  999 = Not collected | Prospective  2025 |
| **106** | 377 | 1 | Blood Pressure Treatment | 0 = Unknown  1 = Not Treated  2 = Treated  3 = Not collected | Prospective  2025 |
| **107** | 378-382 | 5 | Source of Height and Weight | 0 = Unknown  1 = Self Reported  2 = Independently Taken  3 = E-Health Records  4 = Paramed  5 = Other  Enter all that apply (e.g. if both self reported and Paramed then enter 14) | Prospective  2025 |
| **108** | 383-385 | 3 | Height in inches | Numerical Value as an integer  999 = Not collected | Prospective  2025 |
| **109** | 386-388 | 3 | Weight in pounds | Numerical Value as an integer  999 = Not collected | Prospective  2025 |
| **110** | 389-393 | 5 | Cholesterol Source | 0 = Unknown  1 = App / Self Reported  2 = E-Health Records  3 = Paramed  4 = APS  5 = Other  Enter all options that apply. (e.g. if both App and Paramed, then enter 13) | Prospective  2025 |
| **111** | 394-396 | 3 | Cholesterol Total | Numerical Value as an integer  999 = Not collected | Prospective  2025 |
| **112** | 395-399 | 3 | HDL | Numerical Value as an integer  999 = Not collected | Prospective  2025 |
| **113** | 400 | 1 | Financial Data (Income and Assets information on the Application) | 0 = Unknown  1 = No  2 = Yes | Prospective  2021 |
| **114** | 401 | 1 | Credit Data | 0 = Unknown  1 = No  2 = Yes | Prospective  2021 |
| **115** | 402 | 1 | Credit Behavior Mortality Risk Score (not FICO Credit Score) | 0 = Unknown  1 = No  2 = Yes | Prospective  2021 |
| **116** | 403 | 1 | Motor Vehicle Records Requested | 0 = Unknown  1 = No  2 = Yes  3 = Yes & used as part of a scoring system  4 = Waived  5 = Not used | Prospective  2025 |
| **117** | 404 | 1 | Driving Record - Moving Violations | 0 = Unknown  Y = Yes  N = No | Prospective  2025 |
| **118** | 405-407 | 3 | Driving Record - Specific Violations | 0 = Unknown  1 = Driving Under the Influence (DUI)  2 = Reckless Driving (RD)  3 = Driving License Suspended  4 = None of the above  Enter all that apply (e.g. if DUI and License Suspended, enter 13) | Prospective  2025 |
| **119** | 408 | 1 | Wearable Technology | 0 = Unknown  1 = No  2 = Yes, as part of underwriting  3 = Yes, enforce engagement  4 = Both 2 and 3 | Prospective  2025 |
| **120** | 409 | 1 | Other New Technology or Data Considered | 0 = Unknown  Y = Yes  N = No | Prospective  2025 |
| **121** | 410 | 1 | Occupation | 0 = Unknown  1 = No  2 = Yes: Information collected and rated as a result  3 = Yes: Information collected but not used  4 = Yes, Reflexive Question Only  5 = Actively at work question only | Prospective  2023 |
| **122** | 411 | 1 | Avocation | 0 = Unknown  1 = No  2 = Yes: Information collected and rated as a result  3 = Yes: Information collected but not used  4 = Yes, Reflexive Question Only | Prospective  2023 |
| **123** | 412 | 1 | Driving Record | 0 = Unknown  1 = No  2 = Yes: Information collected and rated as a result  3 = Yes: Information collected but not used  4 = Yes, Reflexive Question Only | Prospective  2023 |
| **124** | 413 | 1 | Aviation | 0 = Unknown  1 = No  2 = Yes: Information collected and rated as a result  3 = Yes: Information collected but not used | Prospective  2023 |
| **125** | 414 | 1 | Citizenship | 0 = Unknown  1 = No  2 = Yes: Information collected and rated as a result  3 = Yes: Information collected but not used | Prospective  2023 |
| **126** | 415 | 1 | Foreign Travel | 0 = Unknown  1 = No  2 = Yes: Information collected and rated as a result  3 = Yes: Information collected but not used | Prospective  2023 |
| **127** | 416 | 1 | Residency | 0 = Unknown  1 = No  2 = Yes: Information collected and rated as a result  3 = Yes: Information collected but not used | Prospective  2023 |
| **128** | 417-419 | 3 | Family History –  Cancer | F = Father  M = Mother  S = Sibling  blank if none  Enter all that apply (e.g. if both Mother and Sibling, then enter MS) | Prospective  2025 |
| **129** | 420-422 | 3 | Family History –  Cancer –  Youngest Age at Diagnosis for Parent | Enter the youngest age at diagnosis for either parent identified in item 128.  Blank if none | Prospective  2025 |
| **130** | 423-425 | 3 | Family History –  Cancer –  Youngest Age at Death for Parent | Enter the youngest age at death for either parent identified in item 128.  Blank if none | Prospective  2025 |
| **131** | 426-428 | 3 | Family History –  Cancer –  Youngest Age at Diagnosis for Sibling | Enter the youngest age at diagnosis for sibling(s) identified in item 128.  Blank if none | Prospective  2025 |
| **132** | 429-431 | 3 | Family History –  Cancer –  Youngest Age at Death for Sibling | Enter the youngest age at death for sibling(s) identified in item 128.  Blank if none | Prospective  2025 |
| **133** | 432-434 | 3 | Family History -  Cerebrovascular (stroke, arteria sclerotic vascular disease) | F = Father  M = Mother  S = Sibling  blank if none  Enter all that apply (e.g. if both Mother and Sibling, then enter MS) | Prospective  2025 |
| **134** | 435-437 | 3 | Family History –  Cerebrovascular –  Youngest Age at Diagnosis for Parent | Enter the youngest age at diagnosis for either parent identified in item133.  Blank if none | Prospective  2025 |
| **135** | 438-440 | 3 | Family History –  Cerebrovascular –  Youngest Age at Death for Parent | Enter the youngest age at death for either parent identified in item 133.  Blank if none | Prospective  2025 |
| **136** | 441-443 | 3 | Family History –  Cerebrovascular –  Youngest Age at Diagnosis for Sibling | Enter the youngest age at diagnosis for sibling(s) identified in item 133.  Blank if none | Prospective  2025 |
| **137** | 444-446 | 3 | Family History –  Cerebrovascular –  Youngest Age at Death for Sibling | Enter the youngest age at death for sibling(s) identified in item 133.  Blank if none | Prospective  2025 |
| **138** | 447-449 | 3 | Family History -  Coronary (heart attack, hypertensive heart disease, arteria sclerotic vascular disease) | F = Father  M = Mother  S = Sibling  blank if none  Enter all that apply (e.g. if both Mother and Sibling, then enter MS) | Prospective  2025 |
| **139** | 450-452 | 3 | Family History –  Coronary –  Youngest Age at Diagnosis for Parent | Enter the youngest age at diagnosis for either parent identified in item 138.  Blank if none | Prospective  2025 |
| **140** | 453-455 | 3 | Family History –  Coronary –  Youngest Age at Death for Parent | Enter the youngest age at death for either parent identified in item 138.  Blank if none | Prospective  2025 |
| **141** | 456-458 | 3 | Family History –  Coronary –  Youngest Age at Diagnosis for Sibling | Enter the youngest age at diagnosis for sibling(s) identified in item 138.  Blank if none | Prospective  2025 |
| **142** | 459-461 | 3 | Family History –  Coronary –  Youngest Age at Death for Sibling | Enter the youngest age at death for sibling(s) identified in item 138.  Blank if none | Prospective  2025 |
| **143** | 462-464 | 3 | Family History –  Mental / Nervous | F = Father  M = Mother  S = Sibling  blank if none  Enter all that apply (e.g. if both Mother and Sibling, then enter MS) | Prospective  2025 |
| **144** | 465-467 | 3 | Family History –  Mental / Nervous –  Youngest Age at Diagnosis for Parent | Enter the youngest age at diagnosis for either parent identified in item 143.  Blank if none | Prospective  2025 |
| **145** | 468-470 | 3 | Family History –  Mental / Nervous –  Youngest Age at Death for Parent | Enter the youngest age at death for either parent identified in item 143.  Blank if none | Prospective  2025 |
| **146** | 471-473 | 3 | Family History –  Mental / Nervous –  Youngest Age at Diagnosis for Sibling | Enter the youngest age at diagnosis for sibling(s) identified in item 143.  Blank if none | Prospective  2025 |
| **147** | 474-476 | 3 | Family History –  Mental / Nervous –  Youngest Ate at Death for Sibling | Enter the youngest age at death for sibling(s) identified in item 143.  Blank if none | Prospective  2025 |
| **148** | 477-479 | 3 | Family History –  Diabetes | F = Father  M = Mother  S = Sibling  blank if none  Enter all that apply (e.g. if both Mother and Sibling, then enter MS) | Prospective  2025 |
| **149** | 480-482 | 3 | Family History –  Diabetes –  Youngest Age at Diagnosis for Parent | Enter the youngest age at diagnosis for either parent identified in item 148.  Blank if none | Prospective  2025 |
| **150** | 483-485 | 3 | Family History –  Diabetes –  Youngest Age at Death for Parent | Enter the youngest age at death for either parent identified in item 148.  Blank if none | Prospective  2025 |
| **151** | 486-488 | 3 | Family History –  Diabetes –  Youngest Age at Diagnosis for Sibling | Enter the youngest age at diagnosis for sibling(s) identified in item 148.  Blank if none | Prospective  2025 |
| **152** | 489-491 | 3 | Family History –  Diabetes –  Youngest Age at Death for Sibling | Enter the youngest age at death for sibling(s) identified in item 148.  Blank if none | Prospective  2025 |

| **Section ~~2~~3. Secondary Guarantee Policy Information**  For non-ULSG or non-VLSG products, leave blank.  For non-base segments, leave blank.  Round all dollar amounts to the nearest dollar. All values should be prior to any reinsurance ceded.  If an item is unknown, leave blank unless otherwise specified. | | | | |
| --- | --- | --- | --- | --- |
| **ITEM** | **COLUMN** | **L** | **DATA ELEMENT** | **DESCRIPTION** |
| **~~43~~**  **~~44~~**  **153** | ~~217~~  492 | 1 | Length of Secondary Guarantee | 1 = 0 to 4.99 years  2 = 5 to 9.99 years  3 = 10 to 19.99 years  4 = 20+ years |
| **~~34~~** |  | ~~2~~ | ~~ULSG/VLSG Premium Type~~ | ~~For non-base segments, leave blank.~~  ~~If not ULSG or VLSG, leave blank.~~  ~~For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan:~~  ~~00 = Unknown~~  ~~01 = Single premium~~  ~~02 = ULSG/VLSG Whole life level premium 03 = Lower premium (term like)~~  ~~04 = Other~~ |
| **~~35~~**  **~~45~~**  **154** | ~~218-219~~  493-494 | 2 | Type of Secondary Guarantee | ~~For non-base segments, leave blank.~~  ~~If not ULSG or VLSG, leave blank.~~  ~~For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan:~~  00 = Unknown  01 = Cumulative Premium without Interest (Single Tier)  02 = Cumulative Premium without Interest (Multiple Tier)  03 = Cumulative Premium without Interest (Other)  04 = Cumulative Premium with Interest (Single Tier)  05 = Cumulative Premium with Interest (Multiple Tier)  06 = Cumulative Premium with Interest (Other)  11 = Shadow Account (Single Tier)  12 = Shadow Account (Multiple Tier)  13 = Shadow Account (Other)  21 = Both Cumulative Premium without Interest and Shadow Account  22 = Both Cumulative Premium with Interest and Shadow Account  23 = Other |
| **~~36~~**  **~~46~~**  **155** | ~~220-229~~  495-504 | 10 | Cumulative Minimum Premium as of the Beginning of Observation Year | ~~If not ULSG or VLSG, leave blank.~~  ~~For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan:~~  ~~If Item 35, Type of Secondary Guarantee is blank, 00, 11, 12, 13 or 23, leave blank.~~  ~~If Item 35, Type of Secondary Guarantee is blank, 00, 11, 12, 13 or 23, leave blank.~~  ~~1) Leave non-base segments, blank.~~  ~~2) For base segments:~~  ~~Enter the cumulative minimum premiums, including applicable interest, for all policy years up to the beginning of the observation year.~~  ~~Round to the nearest dollar.~~  ~~If unknown, leave blank.~~  If Type of Secondary Guarantee (Item 154~~45~~) is blank, 00, 11, 12, 13 or 23, leave blank.  If Type of Secondary Guarantee (Item 154~~45~~) is 01 through 06, 21 or 22, enter the cumulative minimum premiums, including applicable interest, for all policy years up to the beginning of the observation year.  For policies issued in the observation year, leave blank. . |
| **~~37~~**  **~~47~~**  **156** | ~~230-239~~  505-514 | 10 | Cumulative Minimum Premium as of the End of Observation Year/Actual Termination Date | ~~If not ULSG or VLSG, leave blank.~~  ~~For ULSG and VLSG policies with plan codes 071 through 078 and 090 through 096 of Item 19, Plan:~~  ~~If Item 35, Type of Secondary Guarantee is blank, 00, 11, 12, 13 or 23, leave blank.~~  ~~If Item 35, Type of Secondary Guarantee is 01, 02, 03, 04, 05, 06, 21 or 22:~~  ~~1) For non-base segments, leave blank.~~  ~~2) For base segments inforce at the end of the observation year, enter the cumulative minimum premiums, including applicable interest, up to the end of the observation year.~~  ~~3) For base segments terminated during the observation year, enter the cumulative minimum premiums, including applicable interest, up to the Actual Termination Date (Item26)~~  ~~Round to the nearest dollar.~~  ~~If unknown, leave blank.~~  If Type of Secondary Guarantee (Item 154~~45~~) is blank, 00, 11, 12, 13 or 23, leave blank.  If Type of Secondary Guarantee (Item 154~~45~~) is 01 through 06, 21 or 22, enter the cumulative minimum premiums, including applicable interest, up to the end of the observation year or up to the Actual Termination Date (Item 48~~36~~). |
| **~~38~~**  **~~48~~**  **157** | ~~240-249~~  515-524 | 10 | Shadow Account Amount at the Beginning of Observation Year | ~~If not ULSG, or VLSG, leave blank.~~  ~~For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan:~~  ~~If Item 35, Type of Secondary Guarantee is blank, 00, 01, 02, 03, 04, 05, 06, or 23 leave blank.~~  ~~If Item 35, Type of Secondary Guarantee is 11, 12, 13, 21 or 22:~~  ~~1) Leave non-base segments blank.~~  ~~2) For base segments: Enter total amount of the Shadow Account at the beginning of the observation year. The Shadow Account can be positive, zero or negative.~~  ~~Round to the nearest dollar.~~  ~~If unknown, leave blank.~~  If Type of Secondary Guarantee (Item 154~~45~~) is blank, 00 through 06, or 23, leave blank.  If Type of Secondary Guarantee (Item 154~~45~~) is 11, 12, 13, 21 or 22, enter the total amount of the Shadow Account at the beginning of the observation year. The Shadow Account can be positive, zero or negative.  For policies issued in the observation year, leave blank. |
| **~~39~~**  **~~49~~**  **158** | ~~250-259~~  525-534 | 10 | Shadow Account Amount at the End of Observation Year/Actual Termination Date | ~~If not ULSG, or VLSG, leave blank.~~  ~~For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan:~~  ~~If Item 35, Type of Secondary Guarantee is blank,~~  ~~© 2018 National Association of Insurance Commissioners 51-24~~  ~~00, 01, 02, 03, 04, 05, 06, or 23 leave blank.~~  ~~If Item 35, Type of Secondary Guarantee is 11, 12, 13, 21 or 22:~~  ~~1) For non-base segments, leave blank.~~  ~~2) For base segments inforce at the end of the observation year, enter the total amount of the Shadow Account at the end of the observation year. The Shadow Account can be positive, zero or negative.~~  ~~3) For base segments terminated during the observation year, enter the total amount of the Shadow Account as of the Actual Termination Date (Item 26). The Shadow Account can be positive, zero or negative.~~  ~~Round to the nearest dollar.~~  ~~If unknown, leave blank.~~  If Type of Secondary Guarantee (Item 154~~45~~) is blank, 00 through 06, or 23, leave blank.  If Type of Secondary Guarantee (Item 154~~45~~ is 11, 12, 13, 21 or 22, enter the total amount of the Shadow Account at the end of the observation year or as of the Actual Termination Date (Item 48~~36~~). The Shadow Account can be positive, zero or negative. |
| **~~40~~**  **~~50~~**  **159** | ~~260-269~~  535-544 | 10 | Account Value at the Beginning of Observation Year | ~~For non-base segments, leave blank.~~  ~~If not ULSG or VLSG, leave blank.~~  ~~For ULSG and VLSG policies with plan codes 071 through 078 or090 through 096 of Item 19, Plan, the policy Account Value (gross of any loan) at the Beginning of the Observation Year. The policy Account Value can be positive, zero or negative.~~  ~~Round to the nearest dollar.~~  ~~If unknown, leave blank.~~  Enter the policy Account Value (gross of any loan) at the Beginning of the Observation Year. The policy Account Value can be positive, zero or negative.  For policies issued in the observation year, leave blank. |
| **~~41~~**  **~~51~~**  **160** | ~~270-279~~  545-554 | 10 | Account Value at the End of Observation Year/Actual Termination Date | ~~For non-base segments, leave blank.~~  ~~If not ULSG or VLSG, leave blank.~~  ~~For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan:~~  ~~1) If policy is in force at the end of observation year, enter the policy Account Value (gross of any loan) at the end of the Observation Year. The policy Account Value can be positive, zero or negative.~~  ~~2) If policy terminated during the observation year, enter the policy Account Value (gross of any loan) as of the Actual Termination Date (Item 26). The policy Account Value can be positive, zero or negative.~~  ~~Round to the nearest dollar.~~  ~~If unknown, leave blank.~~  Enter the policy Account Value (gross of any loan) at the end of the Observation Year or as of the Actual Termination Date (Item 48~~36~~. The policy Account Value can be positive, zero or negative. |
| **~~42~~**  **~~52~~**  **161** | ~~280-289~~  555-564 | 10 | Amount of Surrender Charge at the Beginning of Observation Year | ~~For non-base segments, leave blank.~~  ~~If not ULSG or VLSG, leave blank.~~  ~~For ULSG and VLSG policies with plan codes 071 through 078 and 090 through 096 of Item 19, Plan, enter the dollar Amount of the Surrender Charge as of the Beginning of the Observation Year.~~  ~~Round to the nearest dollar.~~  ~~If unknown, leave blank.~~  Enter the dollar Amount of the Surrender Charge as of the Beginning of the Observation Year.  For policies issued in the observation year, leave blank. |
| **~~43~~**  **~~53~~**  **162** | ~~290-299~~  565-574 | 10 | Amount of Surrender Charge at the End of Observation Year/Actual Termination Date | ~~For non-base segments, leave blank.~~  ~~If not ULSG or VLSG, leave blank.~~  ~~For ULSG and VLSG policies with plan codes 071 through 078 or 090 through 096 of Item 19, Plan:~~  ~~1) If policy is in force at the end of observation year, enter the dollar amount of the Surrender Charge at the end of the Observation Year.~~  ~~2) If policy terminated during the observation year, enter the dollar amount of the Surrender Charge as of the Actual Termination Date (Item 26).~~  ~~Round to the nearest dollar.~~  ~~If unknown, leave blank.~~  Enter the dollar amount of the Surrender Charge at the end of the Observation Year or as of the Actual Termination Date (Item 48~~36~~). |
| **~~44~~**  **~~54~~**  **163** | ~~300-301~~  575-576 | 2 | Operative Secondary Guarantee at the Beginning of Observation Year | ~~The company defines whether a secondary guarantee is in effect for a policy with a secondary guarantee at the beginning of the Observation Year.~~  ~~If Item 35, Type of Secondary Guarantee is blank, leave blank.~~  ~~If Item 35, Type of Secondary Guarantee is 00 through 23:~~  ~~1) For non-base segments, leave blank.~~  ~~2) For base segments:~~  00 = If unknown whether the secondary guarantee is in effect  01 = If secondary guarantee is not in effect  02 = If secondary guarantee is in effect  03 = If all secondary guarantees have expired |
| **~~45~~**  **~~55~~**  **164** | ~~302-303~~  577-578 | 2 | Operative Secondary Guarantee at the End of Observation Year/Actual Termination Date | ~~The company defines whether a secondary guarantee is in effect for a policy with a secondary guarantee at the end of the Observation Year/Actual Termination Date.~~  ~~If Item 35, Type of Secondary Guarantee is blank, leave blank.~~  ~~If Item 35, Type of Secondary Guarantee is 00 through 23:~~  ~~1) For non-base segments, leave blank.~~  ~~2) For base segments in force at the end of observation year, enter the appropriate value below as of the end of observation year:~~  ~~00 = If unknown whether the secondary guarantee is in effect~~  ~~01 = If secondary guarantee is not in effect~~  ~~02 = If secondary guarantee is in effect~~  ~~03 = If all secondary guarantees have expired~~  ~~3) For base segments terminated during the observation year, enter the appropriate value below as of the Actual Termination Date (Item 26):~~  ~~00 = If unknown whether the secondary guarantee is in effect~~  ~~01 = If secondary guarantee is not in effect~~  ~~02 = If secondary guarantee is in effect~~  ~~03 = If all secondary guarantees have expired~~  Enter the appropriate value below as of the end of observation year or as of the Actual Termination Date (Item 48~~36~~)  00 = If unknown whether the secondary guarantee is in effect  01 = If secondary guarantee is not in effect  02 = If secondary guarantee is in effect  03 = If all secondary guarantees have expired |
| **~~46~~** | ~~275-276~~ | ~~2~~ | ~~State of Domicile~~ | ~~Use standard, two-letter state abbreviations codes (e.g., FL for Florida) for the state of the policy owner’s domicile.~~  ~~If outside of the U.S., leave blank.~~ |







| **Section 45 Rider Information**  For non-base segments, leave blank.  If an item is unknown, leave blank. | | | | |
| --- | --- | --- | --- | --- |
| **ITEM** | **COLUMN** | **L** | **DATA ELEMENT** | **DESCRIPTION** |
| **~~53~~**  **~~56~~**  **165** | ~~304~~  579 | 1 | Chronic Illness Rider | Does this policy contain this rider?  0 = No  1 = Yes (no separate charge)  2 = Yes (separate charge) |
| **~~54~~**  **~~57~~**  **166** | ~~305~~  580 | 1 | Critical Illness Rider | Does this policy contain this rider?  0 = No  1 = Yes (no separate charge)  2 = Yes (separate charge) |
| **~~58~~**  **167** | ~~306~~  581 | 1 | Long-Term Care Rider | Does this policy contain this rider?  0 = No  1 = Yes (no separate charge)  2 = Yes (separate charge) |
| **~~59~~**  **168** | ~~307~~  582 | 1 | Guaranteed Insurability Rider | Does this policy contain this rider?  0 = No  1 = Yes (no separate charge)  2 = Yes (separate charge) |
| **~~57~~**  **~~60~~**  **169** | ~~308~~  583 | 1 | Return of Premium Rider | Does this policy contain this rider?  0 = No  1 = Yes (no separate charge)  2 = Yes (separate charge) |
| **~~58~~**  **~~61~~**  **170** | ~~309~~  584 | 1 | Disability Rider (Waiver of Premium) | Does this policy contain this rider?  0 = No  1 = Yes (no separate charge)  2 = Yes (separate charge) |
| **~~59~~**  **~~62~~**  **171** | ~~310~~  585 | 1 | Liquidity Rider | Does this policy contain this rider?  0 = No  1 = Yes (no separate charge)  2 = Yes (separate charge) |
| **~~60~~**  **~~63~~**  **172** | ~~311~~  586 | 1 | Terminal Illness Rider | Does this policy contain this rider?  0 = No  1 = Yes (no separate charge)  2 = Yes (separate charge) |

**Appendix 2: Plan Design Data Elements and Format**

| **Section 1. Basic Plan Information**  If an item is unknown, leave blank unless otherwise specified. | | | | |
| --- | --- | --- | --- | --- |
| **ITEM** | **COLUMN** | **L** | **DATA ELEMENT** | **DESCRIPTION** |
| **1** | 1–5 | 5 | NAIC Company Code | Your NAIC Company Code |
| **2** | 6–9 | 4 | Observation Year | Enter Calendar Year of Observation |
| **3** | 10-19 | 10 | Data Plan Identifier | Unique identifier for each plan.  May be sequential numbering or unique identifier used within the company.  This field is used to tie a record in the policy file to this plan file. |
| **4** | 20-29 | 10 | Policy Form Number | If multiple policy forms are used for this plan, then enter the most commonly used form. |
| **5** | 30-39 | 10 | Application Form Number | If multiple application forms are used for this plan, then enter the most commonly used form. |
| **6** | 40 | 1 | Pre-Need  (as defined in VM02) | 0 = Unknown  1 = Not Pre-Need Policy  2 = Pre-Need Policy |
| **7** | 41 | 1 | Death Benefit Pattern | 0 = Unknown  1 = Level (includes increases due to corridor)  2 = Modified Death Benefit  3 = Increasing  4 = Decreasing  5 = Flexible  6 = Other |
| **8** | 42-43 | 2 | Death Benefit Pattern Years | Number of years of grading before Death Benefit Pattern becomes level.  If Death Benefit does not become level then enter 99.  If Death Benefit not Increasing or Decreasing then leave blank. |
| **9** | 44-45 | 2 | Premium Pattern | 00 = Unknown  01 = Single Premium  02 = Level Modal Premium payable for the life of the policy  03 = Graded Premium then Level  04 = Level Premium then Graded  05 = Renewable Term based on Attained Age (incl. ART)  06 = Renewable Term based on Issue Age  07 = Limited Pay Premium by number of years  08 = Paid up at a Specified Age  09 = Flexible  10 = RPU  11 = ETI  12 = Other |
| **10** | 46-47 | 2 | Premium Pattern Years | Enter the number of years that will be used to describe the premium pattern.  If Premium Pattern is ‘0’ or ‘1’ leave blank  If Premium Pattern is ‘2’, enter ‘99’  If Premium Pattern is ‘3’, number of years of graded premiums  If Premium Pattern is ‘4’, number of years of level premiums  If Premium Pattern is ‘5’ or ‘6’, number of years in band for renewal term  If Premium Pattern is ‘7’, number of years of limited pay premiums  If Premium Pattern is ‘8’, enter paid up age  If Premium Pattern is ‘9’, ‘10’, ‘11’, or ‘12’, enter ‘00’ |
| **11** | 48 | 1 | Are applicants underwritten based on the same requirements? | 0 = Requirements vary by Issue Age or Coverage Amount  1 = Additional Requirements ordered for Cause Only  2 = Requirements do not vary |
| **12** | 49-50 | 2 | Smoker Period Definition | Number of years to qualify for non-smoker/non-tobacco |
| **13** | 51 | 1 | Smoker Definition | 1 = Cigarette (e.g. Cigarette, cigar, etc.)  2 = Tobacco (#1 and chewing tobacco)  3 = Nicotine (#1 or #2 with gum and/or patch)  4 = Vaping / e-Cigarettes  5 = Other |
| **14** | 52 | 1 | Marijuana User Definition | Marijuana user is classified as:  1 = Non-smoker  2 = Smoker  3 = Non-smoker or smoker based on frequency of use  4 = Non-smoker if medical use or smoker if recreational use  5 = Edible Marijuana use |

| **Section 2. Risk Class Structure**  If an item is unknown, leave blank unless otherwise specified. | | | | |
| --- | --- | --- | --- | --- |
| **ITEM** | **COLUMN** | **L** | **DATA ELEMENT** | **DESCRIPTION** |
| **15** | 53 | 1 | Preferred Class Structure Indicator | Preferred class structure means that, depending on the underwriting results, a policy could be issued in classes ranging from a best preferred class to a residual standard class.  0 = If no reliable information on multiple preferred and standard classes is available, or if the policy segment was issued substandard or if there were no multiple preferred and standard classes available for this policy segment or if preferred information is unknown.  1 = If this policy was issued in one of the available multiple preferred and standard classes for this policy segment. |
| **16** | 54-55 | 2 | Number of Classes in Nonsmoker Preferred Class Structure | If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 3 or 4, or if preferred information is unknown, leave blank.  For nonsmoker or no tobacco usage policies that could have been issued as one of multiple preferred and standard classes, enter the number of nonsmoker preferred and standard classes available at time of issue. |
| **17** | 56-57 | 2 | Number of Classes in Smoker Preferred Class Structure | If Preferred Class Structure Indicator is 0 or if Smoker Status is 0, 1 or 2, or if preferred information is unknown, leave blank.  For smoker or tobacco user policies that could have been issued as one of multiple preferred and standard classes, enter the number of smoker preferred and standard classes available at time of issue. |

| **Section 3. Term Policy Information**  For non-term products, leave blank.  If an item is unknown, leave blank. | | | | |
| --- | --- | --- | --- | --- |
| **ITEM** | **COLUMN** | **L** | **DATA ELEMENT** | **DESCRIPTION** |
| **18** | 58 | 1 | Death Benefit  Initial Term Period | 1 = Level  2 = Increasing  3 = Decreasing |
| **19** | 59 | 1 | Death Benefit After Initial Term Period | 1 = Level  2 = Increasing  3 = Decreasing |
| **20** | 60 | 1 | Death Benefit Payout | 1 = Lump sum  2 = Income term – level payment  3 = Income term – increasing payment |
| **21** | 61-62 | 2 | Guaranteed Level Premium Period | 01 = 1 year/ART  05 = 5 years  10 = 10 years  15 = 15 years  20 = 20 years  25 = 25 years  30 = 30 years  00 = Other |
| **22** | 63-64 | 2 | Anticipated Level Premium Period | 01 = 1 year/ART  05 = 5 years  10 = 10 years  15 = 15 years  20 = 20 years  25 = 25 years  30 = 30 years  00 = Other |
| **23** | 65 | 1 | Post Level Premium Period | 1 = No post level premium period  2 = Attained age premium – guaranteed only  3 = Attained age premium – indeterminate  4 = Select and ultimate |

**Appendix 3: Underwriting Specifications Data Elements and Format**

| This will be submitted as a separate file.  There will be a separate record for each combination of coverage band and age band within each Specification Identifier  Items with asterisks represent key fields which define a unique record  Round all dollar amounts to the nearest dollar | | | | |
| --- | --- | --- | --- | --- |
| **ITEM** | **COLUMN** | **L** | **DATA ELEMENT** | **DESCRIPTION** |
| **1\*** | 1–5 | 5 | NAIC Company Code | Your NAIC Company Code |
| **2\*** | 6–9 | 4 | Observation Year | Enter Calendar Year of Observation |
| **3\*** | 10-18 | 9 | Underwriting Specification Identifier | Sequential number or company defined identifier |
| **4** | 19-26 | 8 | Effective Date of Underwriting Specification | Date this specification was first used (format YYYYMMDD) |
| **5** | 27-38 | 12 | Minimum Face Amount | Minimum Face Amount allowed |
| **6** | 39-41 | 3 | Minimum Issue Age | Minimum Issue Age allowed |
| **7** | 42-43 | 2 | Number of Coverage Bands | Total number of Coverage Bands |
| **8** | 44-45 | 2 | Number of Age Bands | Total number of Age Bands |
| **9\*** | 46-47 | 2 | Coverage Band Number | Specific Coverage Band for this Record |
| **10** | 48-59 | 12 | Maximum Face Amount this Coverage Band | Number |
| **11** | 60-61 | 2 | Age Band Number | Specific Age Band for this Record |
| **12** | 62-64 | 3 | Maximum Age this Age Band | Number |
| **13** | 65 | 1 | Attending Physician Statement | Is this item required for this Coverage and Age Group?  1 = Yes  2 = No |
| **14** | 66 | 1 | Para-Medical Exam | Is this item required for this Coverage and Age Group?  1 = Yes  2 = No |
| **15** | 67 | 1 | Physician Exam | Is this item required for this Coverage and Age Group?  1 = Yes  2 = No |
| **16** | 68 | 1 | Electronic Health Records | Is this item required for this Coverage and Age Group?  1 = Yes  2 = No |
| **17** | 69 | 1 | Personal History Interview | Is this item required for this Coverage and Age Group?  1 = Yes  2 = No |
| **18** | 70 | 1 | Blood Sample | Is this item required for this Coverage and Age Group?  1 = Yes  2 = No |
| **19** | 71 | 1 | Urine / HOS specimen | Is this item required for this Coverage and Age Group?  1 = Yes  2 = No |
| **20** | 72 | 1 | Saliva / Oral fluid specimen | Is this item required for this Coverage and Age Group?  1 = Yes  2 = No |
| **21** | 73 | 1 | Stress Test | Is this item required for this Coverage and Age Group?  1 = Yes  2 = No |
| **22** | 74 | 1 | MIB | Is this item required for this Coverage and Age Group?  1 = Yes  2 = No |
| **23** | 75 | 1 | Prescription History | Is this item required for this Coverage and Age Group?  1 = Yes  2 = No |
| **24** | 76 | 1 | Motor Vehicle Records | Is this item required for this Coverage and Age Group?  1 = Yes  2 = No |