

## Mortality Claims Questionnaire

*The purpose of this mortality claims questionnaire is to gather information to better evaluate mortality experience. The questions will be asked for total claim experience with some additional questions for duration 1 and 2 business as well as ultimate business. If exact answers are unknown, please use your best estimate concerning your company's mortality claims.*

**Fill out this questionnaire for your individual life business and submit in addition to policy level information.**

Company \_\_\_\_\_

Company Code \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

### MORTALITY CLAIMS

1. Death claims that occurred in the observation year and were paid either during or after the observation year are to be reported. Pending claims are not to be reported.
  - a. For data submissions given on or before August 31, through what date after the end of the exposure period are claims included in the study data? \_\_\_\_\_ mm/dd/yyyy
  - b. For death claims that occurred in the observation year but were not reported in the data submission on or before August 31, a separate submission must be made of those additional paid claims no later than November 30. On what date are you going to submit these incurred but not reported death claims of the observation year? \_\_\_\_\_ mm/dd/yyyy
2. The death claim amounts in the data submitted are to be based on the amount paid. For large death claims, the amount of death claim should neither be capped nor excluded.
 

Is the amount paid basis used for death claim amounts included in the study data?  Yes  No
3. The termination date in the data submitted is to be date of death, what termination date is used for claims in the study data?
 

Other

Date of Death     Paid date     Reported date    (describe): \_\_\_\_\_
4. Aggregate information about the extent of denied or compromised claims assists in evaluating death claim information.

a. Denied claims as % of all claims?	By Number	%	By Amount	%
Denied claims as % of duration 1 or 2 claims?	By Number	%	By Amount	%

How do you treat tobacco usage fraud after the end of the incontestable period?

Compromised claims as % of all claims?	By Number	%	By Amount	%
Compromised claims as % of duration 1 or 2 claims?	By Number	%	By Amount	%

5. For policies issued before 1990:
 

Beginning with what date were policies actually sold on Smoker Distinct Basis? \_\_\_\_\_ mm/dd/yyyy

For policies sold before that date, how are they coded (Smoker/Nonsmoker/Aggregate)?

Is the Premium Paying Status (Premium Paying, Paid Up, Reduced Paid Up) generally known?  Yes  No

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If Premium Paying Status is not known, how is it coded?

For claims that occurred during the observation year, does the non-claim information correspond on that record match up to a corresponding inforce policy on records submitted in prior observation years?  Yes  No

If no, explain

6. Please briefly describe any other unique aspects of the claims data that are not covered above?

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