Review of Life Mortality Risk-Based Capital (RBC)

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C-2 Life Mortality RBC Work Group

Work Group Purpose:

The C-2 Work Group was formed in 2017 to review the current National Association of Insurance Commissioners (NAIC) C-2 RBC requirement for life insurance. The group is reviewing assumptions and methodology and will recommend revisions, as appropriate, which may include structure and factor updates.

In-Scope	Out-of-Scope
 Life Insurance Individual & Industrial Life Group & Credit Life 	 Accident & Health Insurance Annuities* *The group is working with the Longevity Risk Task Force (LRTF) to reflect potential correlation between mortality and longevity risks in aggregate C-2



Overall Approach

- C-2 requirements cover mortality risk in excess of the mortality risk covered by statutory reserves
- C-2 requirements includes mortality risks related to:
 - Volatility Risk—natural statistical deviations in experienced mortality
 - Level Risk—error in base mortality assumption
 - Trend Risk—adverse mortality trend
 - □ Catastrophe Risk—large temporary mortality increase from a severe event
- Evaluate mortality risks using Monte Carlo simulation
- Express capital requirement using a factor-based approach (e.g., factor applied to NAR)



Status and Next Steps

Status

- Developed preliminary model and approximately replicated original 1993 factors
- Developed preliminary distributions and assumptions for each mortality risk component (see Appendix)
- Next steps

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- LRBC presentation covering our mortality risk modeling approach
- Continue model assumption development (e.g., mix-of-business, lapse rates, reinsurance)
- Define group life approach
- Finalize model development and testing
- Recommend factors, targeting late 2019 for preliminary factors



Appendix



Method and Assumption Comparison

Item	Original Work	Current Review - Preliminary
General Method	Monte-Carlo Model – PV of Death Benefits	Monte-Carlo Model – PV of Death Benefits
Capital Quantification	 PV[95th] - 105%*PV[Expected] 105% represents assumed margin available to offset losses in excess of expected 	 PV[95th] - PV[84th] Capital based on requirement over reserves (assumed 95th percentile confidence level for capital)
Projection Period	 5 years (3 years for Group) Assumed exposure past 5 years could be offset through management actions (raise premium, etc.) 	Period consistent with length of material risk exposure
Discount rate	6% after tax	5% pre tax (3.95% after tax)
Base Mortality	 88% of 1975-1980 Male Basic Table 15Y Select & Ultimate Structure Male/Female not explicitly modelled Underwriting adjustments applied based on generation 	 2017 Unloaded CSO 25Y Select & Ultimate structure Gender distinct – Male/Female 5 underwriting classes (3 non-smoker/2 smoker)
Base Improvement	Unknown source 1.00%	2017 Improvement Scale for AG-38Varies by gender and age



Risk Distribution Approach Comparison

Risk	Original Work	Current Review - Preliminary
Volatility	Binomial(Policies, q)	Binomial(Policies, q)
Level	 Implicit from Discrete Scenarios: 7 <i>Competitive Pressures</i> scenarios – risk of overoptimistic pricing assumptions 15 AIDS scenarios – early 90's estimates of the impact of AIDS on insured mortality (could fit in level, trend, or catastrophe) 	$ \begin{array}{l} LR\simN(0,\sigma_{Lev});\sigma_{\mathit{Lev}}=\sqrt{\sigma_{\mathit{Cred}}{}^2+\sigma_{\mathit{MVol}}{}^2} \\ \bullet \ \ Two \ \ independent \ components: \\ \bullet \ \ Credibility/statistical \ \ sampling \ volatility \ (\sigma_{\mathit{Cred}}) \\ \bullet \ \ True \ mortality \ volatility \ (\sigma_{\mathit{MVol}}) \\ \end{array} \\ \bullet \ \ Continuous \ normal \ distribution \end{array} $
Trend	Discrete Distribution7 scenarios adjust mortality improvement assumption	 [MI₁, MI₂,, MI_{C6}] ~ N(μ, Σ) 6 gender/age group improvement variables (MI_n) Correlated normally distributed random variables
Catastrophe	Discrete Distribution Pandemic 	 2 Discrete Distributions Pandemic – calibrated from multiple sources Terrorism – 5% probability of additional 0.05 / 1K



Questions?

Additional Questions, contact:

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