Actuaries Institute.

Disability Income Data Collection Guide

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**Disability Insurance Taskforce
of the Actuaries Institute**

About the Authors

This Paper has been prepared by the Disability Insurance Taskforce of the Actuaries Institute (the Taskforce).

About the Actuaries Institute

The Actuaries Institute is the peak professional body for actuaries in Australia. The Institute provides expert comment on public policy issues where there is uncertainty of future financial outcomes.

Actuaries have a reputation for a high level of technical financial expertise and integrity. They apply their analytical and risk management expertise to allocate resources efficiently, identify and mitigate emerging risks and to help maintain system integrity across multiple segments of the financial and other sectors. This unrivalled expertise enables the profession to comment on a wide range of issues including life, general and health insurance, climate change, superannuation and retirement income policy, enterprise risk management and prudential regulation, the digital economy, finance and investment and wider health issues.

Actuaries use data for good by harnessing the evidence to navigate into the future and make a positive impact. They think deeply about the issues at hand, whether it is advising on commercial strategy, influencing policy, or designing new products. Actuaries are adept at balancing interests of stakeholders, clients and communities. They are called upon to give insight on complex problems, they will look at the full picture. Actuaries analyse the data and model scenarios to form robust and outcome-centred advice. Our Public Policy principles can be viewed here.

Acknowledgement of Country

The Actuaries Institute acknowledges the traditional custodians of the lands and waters where we live and work, travel and trade. We pay our respects to the members of those communities, Elders past and present, and recognise and celebrate their continuing custodianship and culture.

About this Discussion Note

Feedback on this Guide is encouraged and should be forwarded to the Working Group using the email address ditf@actuaries.asn.au.

Contents

1. Purpose

In the last few years there has been heightened attention from the life insurance industry to issues of product sustainability. This Disability Income Data Collection Guide ('Guide') has been prepared by the Actuaries Institute Disability Insurance Taskforce (DITF) Data Working Group ('the Working Group'). The purpose of the Guide is to outline data fields that are important for retail-sold Individual Disability Income Insurance ('IDII') in Australia, to assist insurers with determining what data they could collect for their portfolio to assist with consideration of product sustainability.

2. Context

Disability Income Insurance products in Australia provide critical cover for many members of the community who may suffer loss of income because of disability. It is provided both as Individual Disability Income Insurance (IDII, usually distributed by financial advisers) and through group policies (usually as part of superannuation).

In 2019, following a thematic review of these products, APRA wrote to life companies detailing four key themes where "greater attention and action are needed by life companies". One of those themes was data, with the others being strategy and risk governance, pricing and product design, and resourcing.

The Actuaries Institute established the Disability Insurance Taskforce (DITF) in 2019 to conduct a comprehensive review of issues within IDII. The DITF in April and May 2021, as well as in a subsequent update in December 2022, released Findings and Recommended Actions for IDII, containing good practice principles-based guidance for the actuarial profession. The recommendations in respect of data were set out in the following sections:

> 5.7 "The Actuaries Institute should consider issuing specifications for data which are necessary to support sustainability and which insurers should gather.
>
> The FSC [now CALI] should consider including data requirements (as per specifications from Actuaries Institute above) in FSC [now CALI] standards."
>
> 9.5 "Life Insurers should consider:
>
> • Developing a strategy for underwriting and claims data, including identifying gaps in current practices and develop action plans accordingly; and
>
> • Implementing a dashboard of claims and underwriting data for monitoring by the Board."

Further, Section 4.5 of the DITF IDII Sustainability Guide, also released in December 2022, recommends insurers collect data to cost all benefits, options and key drivers of claims cost. In noting the complexity of IDII business, it also recommends insurers collaborate on industry research.

3. Background and Intended Usage

CALI has an agreed data specification for use in the industry experience studies that provides explicit fields to collect, outlines the domain for those fields (i.e., the list of allowed value), and can be used to produce a data extract in a specific format.

The proposal in this Guide is for a wider list of fields that would enable a broader scope of research and analysis. The intention is to provide companies with a standard list of fields (i.e., a 'data collection guide') to highlight those that may be considered as important for analysis for disability income business and therefore could be considered when designing a company's own data collection process. The CALI collection may then be a sub-set of the full collection.

Noting issues around privacy and other considerations around use or capacity, it is unlikely that insurers individually will ultimately decide to collect all the information outlined in this Guide to the level of detail implied. Other considerations from a consumer perspective reflecting changing societal views and the rollout of the Consumer Data Right will also inform the information that consumers are willing to provide to insurers. It is also unlikely that insurers will be able to retrospectively capture new details for in force business if it has not been captured in systems historically. However, it is expected that the Guide could allow insurers to review what information they should start to capture and retain in line with evolving community expectations to enable more robust analysis of their portfolios and provide opportunities for further research in the future.

4. Principles

The following underlying principles/notions motivated the writing of this Guide:

1. Disability income business is complex, and sustainability of the product is dependent on relevant, detailed, good quality data being collected and used to drive insights and good decisions. Understanding customers and their behaviour better will assist in leading to more appropriate product design and pricing over time.

2. There is a need for many parties to have access to, and do research on, the data. 'Siloing' of data between teams or systems (e.g., between underwriting and policy management systems, between insurers, between actuarial and non-actuarial, and between the life insurance industry and academia/public institutions) will lead to sub-optimal outcomes for all stakeholders.

3. It takes many years of observing a product or policy feature before credible data is available to enable research. If a wide enough scope of data is not collected today, then the industry will always be years away from having the data it needs to understand emerging issues.

These principles led to the following conventions being adopted in writing this Guide:

a. The fields listed cover all fields considered necessary to conduct the kind of analysis and research suggested by the Sustainability Guide. This includes standard experience analysis (incidence, terminations, discontinuance, and related assumptions) in addition to other research for the broader public good.

b. Fields are included if they could reasonably be collected by an insurer, or if a reasonable proxy could be collected. This Guide is not constrained to only the fields currently collected by insurers in the industry.

c. Fields have been included if they may connect with policy experience over time. With respect to some of the fields, it will only be able to identify if these fields are drivers of policy experience by collecting these over a period and analysing this in the future.

d. Whether specifically noted or not, ideally insurers should aim for data to be collected dynamically where feasible and relevant – such that changes in the customer, the product, or other items are reflected in insurer data. This would expand beyond collection at just the underwriting or claim time (consistent with the Sustainability Guide).

5. Construction of the Data Collection Guide

5.1 Field Grouping

5.1.1 Categories of Data

The Sustainability Guide notes the following broad categories of data required for the sustainable management of IDII business:

1. **demographic data** relevant to pricing and related to the policyholder;

2. **policy specifications** covering all the choices made by the policyholder at time of sale and any options taken or revisions made to the policy over time, including those choices that do not impact premiums;

3. **company practices** including product version/design, underwriting and distribution practices, and claim management practices relevant to the policy; and

4. **customer behaviour** proxies and indicators, helping to describe behaviour either pre-claim, while on claim, or post-claim.

This categorisation was maintained for this Guide, plus two additional categories covering:

5. **claim fields** as a distinct category, capturing fields relevant to submitted claims (note: may overlap with customer behaviour category); and

6. **external factors** that may influence items above but do not fall into any individual category. For example, regulatory changes that impact both company practices and customer behaviour.

5.1.2 Tagging of Fields

For reference, fields were tagged with the following information:

• An explanation of why it is included in the field list:

  – whether the field is a **'basic pricing field'**; is used in the calculation of premium given a direct or previously demonstrated impact on claim cost;

  – whether the field is a **'basic analysis field'**; is required to accurately calculate exposure or claim cost - including actuarial reserves such as incurred but not reported ('IBNR') or disabled life reserves ('DLR') within actuarial analysis;

  – whether the field is a **'behavioural proxy'**; i.e. whether it can help to describe the need for insurance and capacity for anti-selection, the willingness or ability to claim or return to work when on claim, the willingness or need for a policyholder to lapse or retain a policy, etc..

• Indicators covering whether the field:

  – is currently **collected** by insurers in the industry;

  – is in a readily **available** format for use in analysis and research;

  – is currently being **used** by insurers in pricing or assumption setting; and

  – degree of importance to collect the field (high, medium, low).

5.2 Aggregation of Data

- Indicators above are ranked based on a view of the 'average' insurer in the market. A 'partially met' designation is used to indicate a field only partially meeting the description outlined in the Guide (rather than only some insurers meeting it).

- The fields listed throughout the Guide will be aggregated at different levels. Some fields will be relevant at a policy or benefit level, while others will be more relevant to capture at a claims, customer, product, portfolio, or market level.

- A rough indication of the intended level of granularity is provided in the tables. The key below is used throughout.

Symbol	Aggregation Level	Description
	Customer/life level	Fields which will be specific to an individual person, and would not differ across insurers, products, etc..
	Policy/benefit level	Fields which can be captured at a policy or benefit level – albeit might include product-level terms that are not unique to a policy. Where these are not unique, they may be stored at a portfolio level.
	Portfolio/insurer level	Fields which describe details that are relevant to a portfolio or to an insurer.
	Claim level	Fields relevant to a claim under a specific policy, noting that customers may have multiple claims across different policies and insurers for a single event.
	Market level	Fields which describe broader items that would not be unique to an individual customer or insurer.

5.3. Other Notes

Other points to note when reading the proposal:

- The Guide intentionally does not provide an agreed domain (i.e., list of acceptable values) for individual fields, noting:

  - If the Guide were to be adopted for industry data capture, then an agreed domain could be specified at that time.

  - The lack of domain also allows the Guide to group up a large number of sub-fields into a single item (see 'multiple individual fields' point below) or to provide high level guidance on the kind of information to collect.

- Data privacy and ethical concerns were not considered in detail when drafting the Guide. The extent to which companies can capture, store, utilise, or share specific fields will be dependent on a range of factors – including the level of detail captured, changing privacy standards, community expectations around the appropriate use of data, and the company's own risk appetite and policies around data protection. Again, noting the intention of the proposal, constraints related to data privacy and ethics would need to be incorporated alongside the domain specification noted above if used for industry data capture (e.g., usage of genetic test results for life insurance underwriting and to improve customer health outcomes needs to take account of regulatory requirements).

- Individual items in the Guide may refer to multiple individual fields (e.g., "address" could be split into fields capturing street, suburb, house number, etc.).

- A field being included in the Guide does not imply that the field could or should be a discriminator within the pricing of policies (e.g., marital status). Insurers would need to consider anti-discrimination laws and their own company policies when determining data to collect for IDII business.

- Some field values will change over time (e.g., sum insured, occupation). **For any field where values change over time, insurers should aim to capture these changes as regularly as possible, including the dates these changes occur.**

6. Data collection guide

Legend: a. ▮ Met ▮ Partially met ▯ Not met

b. Importance: H (high), M (medium), L (low)

6.1 Demographic Data

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
A00	Life Insured Identifier	A unique identifier per life insured that allows the life to be tracked across all policies and cover held in an insurer's (and ideally, the industry's) retail and non-retail portfolio.	Enables more accurate assessment of level of insurance, prior claims history.	👤	Met	Partially met		H
A01	Age/Date of Birth	Range of age-related data (age last birthday, age next birthday, age last policy anniversary, current age, age at claim).	Basic pricing and analysis field.	👤	Met	Met	Met	H
A02	Gender	While generally limited to male/female historically, typically expanded to capture non-binary classifications.	Basic pricing and analysis field.	👤	Met	Met	Met	H
A03a	Smoking Status	Smoking status of the life insured (smoker/non-smoker).	Basic pricing and analysis field.	👤	Met	Met	Met	H
A03b	Ever Smoked Status	More detailed smoking status, indicating whether life has ever smoked (even if not currently), has smoked in last X years, vaping indicators, etc..	Enables more detailed understanding of cost, particularly as smoking rates fall.	👤	Partially met	Partially met		H
A04	Address – country/state	Where the life insured lives, tracked across time.	State-level information required for stamp duty calculation (i.e., impacts premium in analysis). Also captures some behavioural information (e.g., impact of regulation or environmental factors).	👤	Met	Met	Met	H
A05a	Occupation – pricing	The occupation category that pricing was based on.	Basic pricing field.	👤	Met	Met	Met	H
A05b	Occupation - detailed	Detailed occupation data (e.g. ANZSCO[1]/ANZSIC[2] level) tracked across time (e.g., at underwriting, at claim, ongoing, etc.). Also includes details such as industry, time with current employer/industry, manual nature of work, specific risks (e.g., underground work) and work from home capacity.	Enables more detailed occupation-based analysis for pricing, product development, underwriting, and risk management, e.g., identifying individual occupations contributing more substantially to experience trends. Also provides opportunity for data enhancement (e.g., ANZSCO/ANZSIC allows ATO data linkage).	👤	Met	Partially met	Partially met	M

[1] ANZSCO classification standard: https://www.abs.gov.au/ausstats/abs@.nsf/mf/1220.0

[2] ANZSIF classification standard: https://www.abs.gov.au/ausstats/abs@.nsf/mf/1292.0

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
A05c	Employment Status	Self-employment, full or part-time working, unemployed, and other similar indicators tracked across time.	Behavioural proxy; likely to link to claim incidence and return to work outcomes.	(individual)	■	■		H
A05d	Employer Details	Nature of the business (government, private) and size (small business vs small/medium/large corporates) tracked across time.	May link to claim costs in terms of capacity to support return to work, availability of leave support.	(individual)	■			L
A06a	Salary	Salary of the life insured tracked across time. Needs to be sufficiently detailed to allow for consistent analysis (e.g., annual earnings or specified periods of earnings, superannuation, personal exertion or business income less business expenses for self-employed).	Aids assessment of adherence to product terms (e.g., replacement ratio). Likely to allow for more detailed understanding of the insured, premium affordability, socio-economic drivers of illness and return to work, need for insurance, etc..	(individual)	■	■		H
A06b	Household Income	Indicators of combined household income and non-salary income tracked across time (particularly at inception/claims time).	A complement to salary, may allow for more detailed understanding of the insured, premium affordability, socio-economic drivers of illness and return to work, need for insurance, etc..	(individual)				M
A06c	Wealth and Socio-economic Status Indicators	Indicators of the level of overall wealth of the life insured tracked across time (particularly at inception/claims time). May include home ownership status, or bandings similar to the SEIFA index.	Similar to A06b	(individual)				M
A07	Marital Status	Married or defacto relationship status of the life insured at inception/claims time.	Similar to A06b	(individual)				L
A08	Address – detailed	Detailed residential address tracked across time. Would be detailed enough to allow postcode or statistical area (SA)[3] aggregation.	Allows for data enhancement (e.g., census-data linkage) and greater scope of research. Detailed geographical data helps to describe factors such as access to infrastructure and support services, employment opportunities, environmental impacts, etc., which could impact behaviour and claim cost.	(individual)				L
A09a	Occupation – secondary	Details of any other occupations held by the customer, and the extent to which they are working multiple jobs.	Similar to A05b	(individual)				L

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[3] SA / Australian Statistical Geography Standard: https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
A10	Dependents	Indicates whether the life insured has dependent children or people under their care.	Behavioural proxy for need for insurance.	⬤				L
A11	Underwriting Details	Would include fields such as height and weight (i.e., BMI), disclosure indicators (e.g., history of mental health[4], cardiovascular, cancer, etc.).	Required for underwriting. Also allows for analysis to support underwriting development.	⬤				M
A12	Hobbies and Lifestyle Factors	Details of any hazardous pursuits, etc., to be tracked over time.	Enables better understanding of both portfolio risk (to the extent there are changes at a portfolio level) and individual risk.	⬤				L

[4] What data is captured on mental health is dependent on community views of appropriateness.

6.2 Policy Data

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
B00	Policy Identifier	A unique policy identifier.	Basic analysis field, allowing experience to be segmented at a policy level.	📄				H
B01a	Cover Type	Standard vs 'plus' or 'enhanced' policy types, as well as business expense cover options.	The product definition differences, as well as difference in the kind of customer taking out the policy, can be tracked with this field.	📄				H
B01b	Product Series	The distinct product series or campaign that the policy was sold under.	Similar to B01a.	📄				H
B02	Benefit Period	The maximum period a claim will be paid for (e.g., 2 years, to-age 65). Should be split for accident and sickness claims where applicable.	Basic pricing and analysis field.	📄				H
B03	Waiting Period	The waiting period applicable between the disability event and the benefit period start date (e.g., 30 day, 90 day, etc.). Should be split for accident and sickness claims where applicable.	Basic pricing and analysis field.	📄				H
B04	Policy Payment Type	Whether the policy applies an 'Indemnity' or 'Agreed Value' payment definition. This may require additional detail around the type of indemnity agreed value applicable (e.g., maximum replacement ratio).	Basic pricing and analysis field.	📄				H
B05	Definition of Disability	Further categorisation of the disability definition to capture items such as whether any/own definitions apply, whether the definition changes across policy duration, whether part-time work is permitted up to a given number of hours, etc. (could capture product series and have a mapping elsewhere).	Is a likely driver of incidence and termination experience, and potentially lapsation experience (i.e. policyholders aiming to retain specific definitions no longer available in newer business products).	📄		(orange)		H
B06a	Sum Insured – History	The policy sum insured, tracked over time. This should also include tracking of the dates at which the sum insured changed.	Basic pricing field. Tracking of the sum insured over time may also connect to customer behaviour and is required to accurately assess exposure for claim analysis (via replacement ratio).	📄				H
B06b	Sum Insured – Benefit Payment Frequency	The frequency that the sum insured is paid upon claim (e.g., fortnightly, monthly).	Basic analysis field.	📄				L
B07a	Premium - Amount Payable	Premiums paid (including tracking premium rate increases)	Basic pricing field. May also be useful in understanding lapse triggers.	📄				H

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
B07b	Premium - Frequency of Payment	Whether premiums are payable monthly, annually, etc..	Basic pricing field.	📄				H
B07c	Premium – Loadings	Any underwriting or other loadings applicable for the premium above standard policy rates. For underwriting loadings, details of the period applicable and whether loadings are proportional or not should be captured.	As for B07a. Also important for underwriting/rated lives analysis and impacts on lapsation.	📄				H
B07d	Premium – Guarantees	Rate guarantees applicable for the premium.	Useful in understanding lapsation behaviour and subsequent selective lapsation impacts.	📄				H
B07e	Premium – Cancellable	Whether the business is cancellable (can be linked to product series).	As for B07d	📄				H
B07f	Premium – Stepped vs Level	Whether premiums are level, or change with age. Should include the term for level premiums, as well as other details such as whether level premiums are guaranteed and the nature of the guarantee.	As for B07a	📄				H
B08a	Tax Status – Superannuation Flag	Whether the policy was sold within superannuation or not.	Impacts the product definitions, but also policyholder behaviour (including lapse behaviour).	📄				H
B08b	Tax Status – Super-linking	For policies that are 'linked' through a super-linking arrangement, details sufficient to identify the linked policies should be provided.	Necessary to ensure exposure is calculated accurately and the cost of the 'super' and 'ordinary' components of the joint policy is calculated correctly.	📄				H
B09	Sales Status of Product	Whether the product series underlying the policy is still open for sale (can be linked to product series).	Similar to B07d (Premium - Guarantees)	📋				H
B10	Exclusions	Details of any exclusions or restrictions placed on the policy following underwriting. Should include any changes to these exclusions over time (e.g., term-dependent exclusions, exclusions on additional cover).	Similar to B07c (Premium - Loadings), albeit more important for understanding trends in claim causes at a portfolio level.	📄				H
B11	Ancillary Option Details	Details of all ancillary options taken out by the insured life, whether optionally taken or part of an 'enhanced' product.	Basic pricing field.	📄				H
B12a	Key Dates – Underwriting Decision	The date at which the underwriter accepted or declined the application.	Necessary for underwriting process analysis (i.e., time to issue a policy).	📄				M

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
B12b	Key Dates – Terms Acceptance	The date at which the policyholder accepted the policy terms (e.g., sub-standard terms).	As of B12a	📄	■			M
B12c	Key Dates – Risk Commencement	The date that the benefit commenced.	Basic analysis field.	📄	■			H
B13	Expiry Age	The age at which the policy expires.	Basic analysis field.	💼	■			H
B14a	Alteration History – Policy Level	Any alterations to the policy over time should be tracked. In addition to sum insured, this may include removal or addition of options, changes to payment frequencies, etc.. The dates of change should be incorporated to allow a detailed recreation of the policy over time.	Basic analysis field, but having more detailed data generally also future-proofs the data – making it more likely to be usable for analysis of new product designs or to analyse previously unforeseen risks.	📄	■	■		M
B14b	Alteration History – Product Level	Any product enhancements or changes in terms backdated or applied to the product series over the life of the policy should be detailed, including the date of the change and the date the change was retroactively applied from (can just link this to product series).	A detailed understanding of the product definition applicable at a particular point in time and for a given insured period allows for more accurate analysis of product definition impacts on various assumptions (i.e., enables accurate trend analysis and product feature costing).	💼	■	■		M
B15	Key Dates – Contract Term Expiry Date	The date at which the policy contract terms expire.	Basic analysis field.	📄 💼	■			H
B16a	Contract Guarantee Term	The length of time the policy contract terms are guaranteed for (link to product series).	Basic analysis field.	💼	■			H
B17	Sum Insured – Reasons for Adjustment	The reasons for change in policy sum insured to align with the historical details, e.g., indexation, customer requested increases or decreases.	Allows for an understanding of financial needs, projection of replacement ratios, trend analysis for claims, discontinuance experience and valuation purposes.	📄	■	■		H
B18a	Premium - Detailed Breakdown	Capturing separate items such as stamp duties payable, modal loadings applied, etc.. Tracked over the life of the policy to enable premiums to be recalculated as necessary.	As for B07a	📄	■			M
B18b	Premium – Discounts Applicable	Any employer group or campaign discounts applied, tracked over the life of the policy. Should include the term of any discounts currently applicable.	As for B07a	📄	■			H

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
B18c	Premium – Repricing	Alongside premium amount, detailed breakdowns of the causes of change in premium over time other than age/ sum insured changes (e.g., repricing).	As for B07a. Particularly useful in understanding trends in lapsation.	💼	🟩	🟧		H
B19a	Key Dates – Application Date	The date the life insured applied for the policy.	As for B12a	📄	🟩	🟩	🟩	M
B19b	Key Dates – Underwriting Date	The date at which underwriting assessment commenced.	As for B12a	📄	🟩	🟩	🟩	M
B20	Maximum Entry Age	The maximum age at entry permitted for the product series.	Basic analysis field.	📋	🟩	🟩	🟩	H
B21	Details of Other Cover Held	Details of any lump sum cover held including type and sum insured.	To allow analysis of impact of accumulation of cover across IP, TPD, trauma, etc..	📄	🟩	🟩	🟧	H

6.3 Company Practices

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
C01a	Level of Medical Underwriting	Details of the kind of medical underwriting completed during the application stage (e.g., whether specific tests were undertaken, whether a short or full underwriting form was done, whether tele-interviews were conducted, etc.).	Enables analysis of underwriting effectiveness. Also can help analyse level of disclosures by adviser, etc., to help identify potential non-disclosure issues.	(document)	■			L
C01b	Level of Financial Underwriting	Details of the kind of financial underwriting completed during the application stage.	Enables analysis of financial underwriting effectiveness.	(document)	■			L
C02	Key Distribution Channel Changes	Details of changes to distribution practices by the insurer over time.	Provides additional context for distributor or lapsation analysis.	(briefcase)	■	■	■	H
C03a	Agent - Identifiers	Allows the agent (or agents) managing the policy to be uniquely identified, and policies within their portfolio to be analysed as cohorts. Tracked over the life of the policy.	Allows agent-based impacts on claim or lapsation experience to be analysed.	(document)	■	■(orange)	■(orange)	H
C03b	Agent – Location	Address details for the agent, tracked over time.	Enables research into the geographic reach of individual agents in terms of policyholders they service; may be a risk indicator for quality of advice.	(briefcase)	■			M
C03c	Agent – Type	Categorises the agent by its relationship with the insurer (e.g., tied, independent, online referrer, general advice vs personal advice), tracked over time.	Enables aggregation of agents in analysis, proxy for agent alignment. Helps with lapse analysis, etc..	(briefcase)	■	■	■	H
C03d	Agent - Distributor	The broader distributor network (AFSL) an agent firm belongs to (if relevant).	Further aggregation of agents in analysis. May also have commission implications.	(briefcase)	■			H
C03e	Agent - Agency Status	The status of the agent relationship (e.g., actively managed, orphaned policies), tracked over the life of the policy.	Behavioural proxy; orphaned policies may exhibit different claim or lapsation behaviour.	(briefcase)	■	■(orange)	■(orange)	M
C04	Commission Type and Structure	Details of the commission structure payable by the insurer. Would include the upfront and renewal commission levels, clawback period details, etc..	Basic analysis field (lapsation).	(document)	■	■	■	H
C05	Competitive Details	Information used to provide insight into the competitive position of the policy in the broader market against new business premiums, e.g., premium competitiveness at time of sale, availability of specific terms of offers that affected competitive position, current premium rates vs new business offerings. All tracked over the life of the policy.	Behavioural proxy; impacts lapsation experience, and subsequently an indicator of the health status of the individual (e.g., if product rates are exceptionally high, selective lapsation issues may be higher).	(briefcase / document)	■(orange)	■(orange)	■(orange)	M

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
C06	Reason for Application	Details of what drove the insured to make an application for insurance, e.g., self-directed or insurance-specific request to agent, upsold as part of broader financial advice, continuation option, transferring from existing policy with another insurer, replacement of existing policy with same insurer.	Behavioural proxy; may have implications for future lapsation or claim experience. *Note: rating of 'partially meets' set given continuation option and replacement policy indicators are common.*	🧳	orange	orange	orange	L
C07	Takeover Terms Indicators	Indicators that detail the extent to which an application was accepted under takeover terms, and the takeover terms applicable for the policy.	Enables analysis of takeover term experience.	📄	green			H
C08	Application Outcomes	Tracking of applications for insurance which were declined by the insurer, offers not taken, cancel from inception, etc..	Provides a proxy for changing underwriting standards over time and/or the nature of applicants in the broader market. Also enables analysis of underwriting practices and processes.	📄	green	green	green	M
C09	Retention Activities	Details of retention campaigns engaged by the insurer – either specific to the policy, or more generally.	Provides additional insight for lapsation experience.	📄 🧳	green	orange	green	M
C10	Policy Disclosure Statement History	Policy disclosure statements and revisions issued for the policy (could do this based on product series).	Availability of these, including historical revisions, allows mining of specific terms of research purposes. Can also be analysed for other means (e.g., complexity/density) as behavioural indicators.	🧳	green	green	green	L
C11	Reinsurance	Details of applicable reinsurance treaties over the life of the policy. Would include treaty terms, reinsurance premiums and guarantees, commissions, etc. (can do this based on product series/benefit type, etc.).	Behavioural proxy for the insurer; higher levels of reinsurance may result in changes to claims and underwriting practices. The level of reinsurance support provided may also impact approach to underwriting and claim management.	🧳	green	green	green	L
C12	Claim And Underwriting Audit Results	Details of audits by reinsurers, external parties, or internal risk teams into claim and underwriting processes.	Provides insight into the quality of underwriting and claims management practices over time.	🧳	green			H
C13	Key Claim Philosophy/ Claims Practices Changes	Details of changes in claim philosophies or practices by the insurer over time.	Provides additional context for claim management process analysis.	🧳	green	green	green	H

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
C14	Key Underwriting Process Changes	Details of changes in underwriting processes or practices by the insurer over time.	Provides additional context for underwriting process analysis.					H
C15	Claim Caseloads and Volumes History	Tracking of the level of claims per claims assessor over time. Would include details of target caseloads.	Provides insight into the management of claims over time; useful proxy in claim management process analysis.					H
C16	Underwriting Caseloads and Volumes History	Tracking of the level of cases per underwriting assessor over time. Would include details of target caseloads.	Provides insight into the management of underwriting over time; useful proxy in underwriting process analysis.					H

6.4 Customer Behaviour

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
D01a	Policy Status History	Status of the policy (e.g., in force, lapsed, expired, premium in arrears, etc.) tracked over the life of the policy.	Basic analysis field. If detailed, can allow for accurate analysis of exposure and customer behaviour.	Policy	Green	Green	Green	H
D01b	Reason for Lapsation or Partial Lapsation	Detailed reasons for why a policy lapsed or partially lapsed (e.g., premium affordability, review of cover needs, premium rate review, transferring to new insurer, partial lapse self-directed, partial lapse after retention campaign, cancel from inception, premium non-payment).	Allows for an understanding of shock lapse impacts, lapsation or policy mix trends, etc. (likely to be difficult to get for every lapsed policy).	Policy	Orange	Orange	Orange	M
D02a	Key Dates – Renewal	The dates policies were renewed for another period of insurance.	Basic analysis field.	Policy	Green	Green	Green	H
D02b	Key Dates – Lapsation	Date (or dates, for partial lapsation) of policy or benefit lapsation.	Basic analysis field.	Policy	Green	Green	Green	H
D03	Other Insurance Cover Held	Details of other life insurance cover held by the life insured – including other IDII policies, other benefit types, retail or non-retail cover, held with other insurers, etc.. Tracked through the life of the policy.	Behavioural proxy; level of insurance understanding or engagement and financial need. Could also have a direct impact on claims cost (e.g., potential for multiple IDII claims, early rehab intervention for long waiting period claims).	Person	Orange	Orange	Orange	M
D04	Key Dates – Alteration	Dates a policy was altered in any way (linked to 'Policy Status History').	As for D01a (Policy Status History).	Policy	Green	Orange	Orange	H
D05	Contact Method	Preferred method of communication between the insurer and the customer (e.g., email, mail) or election for other contact means (e.g., sms, newsletter, social media).	Behavioural proxy; indicator for customer engagement.	Person	Green	Orange	Orange	L
D06	Wellness Data	Indicators of health of the policyholder, tracked over the life of the policy with exact data dependent on wellness program. Could include movement activity indicators (e.g., steps taken per day), tracking of exercise, ongoing weight and general health data (e.g., weight, body fat, BMI), sleep tracking, fitness assessments, regular health assessments or blood testing results, etc..		Person				L
D07	Customer Interactions Data	Dates and details of any interaction with the customer (e.g. contacts from insurer to agent, agent/customer inquiries)	Behavioural proxy; indicator for customer engagement and potential lapse behaviour.	Person				L

6.5 Claim Fields

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
E00	Claim Identifiers	Claim and payment transaction identifiers.	Basic analysis field allowing experience to be segmented at a claim level (noting claims may involve multiple individual benefit/ancillary payments).	⊕	green	green	green	H
E01	Claim Benefit Type	The type of benefit claimed (e.g., income protection, business overhead). Ancillary options claimed should also be identified.	Basic analysis field. *Note: 'partially met' ratings are due to quality of ancillary data for the average insurer.*	⊕	green	orange	orange	H
E02	Claim Benefit Period Payable	The benefit period applicable for the claim.	Basic analysis field. Needs to be separately identified for each claim, as a policy can allow multiple periods based on claim cause.	⊕	green	green	green	H
E03	Claim Waiting Period Payable	The waiting period applicable for the claim.	Basic analysis field. Needs to be separately identified for each claim, as a policy can allow multiple periods based on claim cause.	⊕	green	green	green	H
E04a	Primary Cause of Claim – Accident vs Sickness	The designation of the claim cause as 'Accident' or 'Sickness' which was used to determine benefit and waiting period applicable.	Basic analysis field	⊕	green	green	green	H
E04b	Primary Cause of Claim – Coded	The main reason for the claimant currently satisfying the definition of disability. This will be codified using an accepted industry standard at a detailed level (e.g., ICD10 / ICD11, at the four-character subcode level). Tracked across time.	Allows detailed comparison of experience to other industry sources, research to support new product costing, and detailed trend analysis.	⊕	green	green	green	H
E05	Secondary Cause of Claim	Details on any other causes of claim applicable to the claimant that are contributing to their inability to work, but are not considered the primary reason for meeting the insurance definition for claim. All details outlined for the 'Primary Cause of Claim' above would apply here.	Understanding secondary cause of claim, and the potential for primary and secondary causes to change, can help in product definition costing and broader research.	⊕	orange	orange	orange	H
E06a	Sum Insured – Policy Sum Insured at Claim Inception	The policy sum insured as at the disability date.	Basic analysis field; needed to accurately link policy exposure to claim cost.	⊕	green	green	green	H
E06b	Sum Insured – Maximum Payable Amount	The policy sum insured adjusted based on the policy definition and the type of claim, e.g., reflecting pre-disability income at the time of claim and replacement ratio requirements. Tracked across time (e.g., to account for initial vs. indexed amounts).	Basic analysis field; needed to accurately project the expected cost of the future exposure for a claim, and to accurately analyse partial payment of claim experience.	⊕	green	green	green	

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
E06c	Sum Insured – Paid Amount	The amount actually paid for each individual payment period (could also capture details of how calculated depending on definition, e.g., hours worked, pre vs post disability income). Would be captured in transactional payment data.	Basic analysis field; detailed data needed to understand partial payment of claim experience or derive indicators of whether a claim is being partially or totally paid at a point in time. *Note: rated 'partially met' as insurers regularly struggle to accurately capture payment amount by individual payment periods and instead default to aggregated data.*	(claim)	■	■		H (in terms of basic paid amounts)
E07a	Paid Amounts/ History – Payments Data	Detailed transactional data related to payments made per claim. Should be split to separately identify the type of payment being made (e.g., basic payments, retrospective adjustments, partial payments, detailed ancillary data, etc.).	Basic analysis field; necessary to accurately price the various benefits offered by the product. *Note: rated 'partially met' as insurers regularly struggle to accurately capture payment types and instead default to aggregated data (e.g., 'basic' vs. 'ancillary').*	(claim)	■	■		H
E07b	Paid Amounts/ History – Offsets Data	Additional data to supplement paid amounts history which details any offsets or reasons for partial claim payment which help to explain the difference between fields E06b and E06c.	As per E07a, but also important for partial payments analysis. This includes tracking the impact of the some of the product features used more widely post October 2021, including definition changes from own to any, capability deeming clauses, impact of requiring active participation in retraining/rehabilitation.	(claim)	■	■		H
E08a	Key Dates – Event/Disability	The date the disability was first diagnosed, or the claimable event occurred.	Basic analysis field.	(person)	■			H
E08b	Key Dates – Liability	The date that liability for the claim commenced (can differ to the disability date).	Basic analysis field.	(claim)	■			H
E08c	Key Dates – Claim Creation	The date the claim was created in the insurer's claim system (usually following receipt of first set of information).	Basic analysis field (incurred but not reported analysis). When combined with other fields, can create proxies for claimant behaviour or company practices.	(claim)	■			H

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
E08d	Key Dates – Notification	The date that the claim was first notified to the insurer by the claimant, commencing a period of claim assessment. May require multiple dates in the case of reopened claims.	Similar to E08c	✚				H
E08e	Key Dates – Evidence Received	The dates that individual pieces of evidence were received for the claim, including the date that all evidence necessary to commence assessment was received. May require multiple stages if the claim is reopened.	Basic analysis field. Also allows for research into claim administration practices.	✚				L
E08f	Key Dates - Withdrawn	The date that a claim was withdrawn for assessment by the claimant or closed due to non-follow up by the claimant. May require multiple dates for reopened cases.	Similar to E08e	✚				H
E08g	Key Dates – Declined	The date (or dates) that a claim was formally declined by the insurer following claim assessment.	Similar to E08e	✚				H
E08h	Key Dates – Contested	The date (or dates) that the insured contested the insurer's judgement for a claim.	Allows for research into claim administration practices.	✚				M
E08i	Key Dates – Admitted	The date (or dates) that the claim assessor admitted liability following assessment of the claim.	Similar to E08e	✚				H
E08j	Key Dates – Benefit Start	The date that the benefit liability period for an admitted claim began (i.e., liability date + waiting period).	Basic analysis field	✚				H
E08k	Key Dates – Payment	The individual dates that payments were processed for a claim.	Similar to E07a (paid amounts/history)	✚				H
E08l	Key Dates – Termination	The date that a claim's payments/liability was terminated by the insurer. May require multiple dates for reopened claims.	Basic analysis field. Detailed/multiple dates improve accuracy of termination analysis.	✚				H
E08m	Key Dates – Claim Re-Opened	The date a claim was re-opened for re-opened claims.	Basic analysis field.	✚				H
E08n	Key Dates – Benefit Payment Period	For individual payments made for the claim, the period of liability that the payment was applicable for. This differs to the payment date as a payment made could be backdated or prepaid for a specific period of liability.	Basic analysis field.	✚				H
E09a	Claim Status	The current status of the claim (e.g., awaiting evidence, awaiting assessment, admitted, declined, withdrawn, in course of payment, reopened, closed). Ideally would include the workflow level detail (e.g., whether new evidence is being sought, whether surveillance is being undertaken, etc.).	Basic analysis field. Additional detail can assist research into claim management practices.	✚				L

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
E09b	Reason for Claim Withdrawn	Details or indicators for why claims did not proceed to assessment (e.g., client withdrawn, non-response to follow up, policy lapsed).	Assists understanding of claim declinature/ withdrawal drivers.	(field)	■			H
E09c	Reason for Claim Decline	Details or indicators for why claims were declined after evidence provided (e.g., terms not met, exclusion on policy, non-disclosure, fraudulent claim).	Similar to E09b	(field)	■			H
E09d	Reason for Termination or Closure	Details or indicators for why a claim was terminated during course of payment (e.g., returned to work, no longer meeting disability definition, settlement, death, benefit expiry).	Assists with detailed analysis of termination experience.	(field)	■			M
E10	DI Claim History	Details of other income protection claims the claimant has incurred – both against the current policy, and against other policies held by the life insured.	Assists with analysis of portfolio experience and income protection trends, and analysis of the propensity for reclaiming.	(person)	■ (orange)			M
E11	Workers Compensation Involvement	Indicator for whether the claim was in some way impacted by a workers compensation claim.	Potential factor for claim cost trends.	(field)	■	■ (orange)		L
E12	Claim Complaints or Litigation	Indicator for whether the claim was the subject of a complaint or litigation.	Analysis of claim complaints and claim management practices.	(field)	■	■ (orange)		H
E13	Legal Involvement	Indicators for whether the claim had legal involvement (e.g., was submitted by a lawyer, has a legal firm as a stakeholder or contact).	Allows for research into the impact of law firms on claim outcomes (for the claimant or the insurer).	(field)	■			M
E14a	Dispute Type	Indicator as to whether dispute raised via internal dispute resolution (IDR), external dispute resolution (EDR) or litigated.	Analysis of claims management and dispute resolution practices.	(field)	■			H
E14b	Dispute Lodged Date	Date claimant lodged dispute or dispute raised via trustee, EDR, tribunal, court, etc..	Per E14a	(field)	■			H
E14c	Dispute Status	Indicator to state if dispute withdrawn, resolved or undetermined.	Per E14a	(field)	■			H
E14d	Reason for Dispute	Indicator showing reason for dispute including decline, benefit amount challenged, process issue, etc..	Per E14a	(field)	■			H
E14e	Outcome of Resolution	Indicator showing outcome, including original decision maintained, reversal of incorrect decision, ex-gratia payment, additional information received, etc..	Per E14a	(field)	■			H
E14f	Date Dispute Resolved or Withdrawn	Date dispute finalised.	Per E14a	(field)	■			H
E14g	Reason for Withdrawal of Dispute	Split into withdrawn by claimant, withdrawn by insurer, withdrawn by EDR, court or tribunal, etc..	Per E14a	(field)	■			H

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
E15a	Primary Cause of Claim – Detailed	The main reason for the claimant currently satisfying the definition of disability. Detailed = potentially free-text cause of claim. Tracked across time. Similar to E04b.	Detailed cause of claim can be useful for more detailed claim cause analysis; even detailed codings of cause of claim can result in loss of data for research purposes.	(claim icon)	green	green	green	M
E15b	Primary Cause of Claim - Severity	Indicator for the severity of the underlying cause of claim. Tracked across time.	Provides a more detailed understanding of the condition of the claim over time, and better estimation of emerging experience or behavioural trends amongst claimants/ portfolios.	(claim icon)	green			L
E16	Non-DI Claim History	Details of any other life insurance claims (TPD, Trauma, Terminal Illness) – or potentially general insurance claims – made by the claimant.	Similar to E10, but extended across other forms of life and non-life risks.	(person icon)	orange			L
E17a	Key Dates – Last Day at Work	The date the claimant was last at work. May require multiple dates over the life of a claim.	Behavioural proxy; useful in understanding the severity of the condition and the impact of specific disability definitions in the product.	(person icon)	green			L
E17b	Key Dates – Assessment Commenced	The date that a claims assessor commenced the assessment process to determine claim liability (i.e., after evidence received). May require multiple dates for reopened cases or where multiple claim assessors are involved.	Similar to E08f	(claim icon)	green			M
E17c	Key Dates – Return to Work	The date (or dates) that a claimant returned to work after a period of disability.	Similar to E08l	(person icon)	green	orange	orange	M
E18a	Reasons for Notification Delay	Details or indicators to explain the reason for claims reporting unusually late after disability (e.g., workers compensation involvement, periods of sickness leave, orphaned policies, unaware of benefits, etc.).	Assists with understanding changes in IBNR, may indicate broader changes in the portfolio.	(claim icon)	orange			L
E19	Claim Re-inception Details	Details explaining why a claim was reopened (either from decline, or from previous termination).	Assists with reopened claim analysis and termination experience.	(claim icon)	green	orange	orange	M
E20	Claim Correspondence Details	Details (dates, comments, transcripts, reports, forms) outlining any correspondence between the insurer and the claimant or their agent.	Behavioural proxy; provides insight into management practices of the insurer and the behaviour of the claimant.	(claim icon)	green			M

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
E21	Claim Comments Data	Similar to E16; captures any comments or qualitative assessments made by claims managers during the claim assessment and management.	Can provide insight into various aspects of the claim not covered by standard field capture. Having claim comments in digital form (even unstructured) can allow fields for historical data to be generated from text mining when it becomes apparent that they are important for research or for new product costing.	(claim)	■			M
E22	Claim Notification Method	Where applicable, indicators for the process followed by the claimant in submitting the claim or providing ongoing interaction (e.g., paper forms, tele-claim approaches, online portals).	Provides insight into how changes in the claim management process are impacting claim costs.	(claim)	■			L
E23	Rehabilitation Details	Details of the nature of rehabilitation offered, extent undertaken, and completed by the claimant during the course of claim. Would need to include the types of rehabilitation.	Enables analysis into claim management practices, the effectiveness of rehabilitation programs, and the resulting impact on claims cost.	(claim)	■			L
E24	Service Level Agreement/Life Code of Conduct Adherence	Indicators signaling whether the claim met prevailing service level agreements or regulations regarding the processing of claims (can be derived from other data).	Analysis into claims management practices.	(claim)	■			M
E25	Medical Data	Evidence collected in structured or unstructured forms which provide medical status of the claimant throughout the claim duration.	Enables detailed research into termination and incidence experience, as well as detailed analysis of the impact of changes to policy terms and conditions (e.g., definition of disability).	(person)	■			L
E26a	Claim Manager/ Assessor	Identifiers for the claim managers/ assessors (if multiple) managing the claim, tracked across time.	Enables analysis of claim manager effectiveness, and the extent to which individual managers affect claim outcomes.	(claim)	■	■	■	H
E26b	Claim Manager Seniority	The seniority of assessors involved in the claim (e.g., administrator, assessor, senior assessor, manager). Could include tenure in team or industry.	Similar to E26a, albeit focused on the extent to which seniority or training of managers affects outcomes.	(claim)	■			M
E27	Claim Expense Data	Transactional data similar to E08a (paid amounts/history), albeit focused on the types and amounts of claim expenses paid (e.g., surveillance, rehabilitation expenses, medical reports).	Potential proxy for claim management practices and for rehabilitation involvement. Can also provide indications of claim complexity. Useful in research of claim management practices and rehabilitation effectiveness.	(claim)	■			M

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
E28	Ex-gratia Claim	Indicator or details indicating whether the claim was paid outside of policy terms or legal liability.	Basic analysis field; allows ex-gratia claims to be separated from underlying experience.	⊕				H
E29	Any Claim Payments Other than IP	Details of any lump sum payments, including TPD/trauma, etc..	Enables analysis of impact of multiple covers on IP claims experience (incidence and termination) and vice versa (impact on TPD claims experience for those with and without IP).	⊕				H

6.6   External Factors

#	Field	Description	Reason for Inclusion	Field Level	Collected	Available	Used	Importance
F01	Economic Conditions	Unemployment and underemployment, business and consumer confidence indexes, inflation, and similar economic indicators at varying levels of granularity.	There is a body of evidence suggesting links between economic conditions and morbidity experience and lapsation experience.	🌐				H
F02	Regulatory and Legal Changes	Changes in regulations or laws/ rulings related to insurance sale and distribution, product definitions, claim management, etc..	Can lead to changes in emerging experience, and hence useful to understand for trend analysis and product costing.	🌐				H
F03	Population Morbidity	Non-insurance portfolio datasets describing incidence of conditions that are payable under DI policies.	Provides benchmarks for portfolio experience and a proxy for environmental changes in experience over time.	🌐				M
F04	Health Screening and Government Health Policies	Detail about national or regional health initiatives that would impact the treatment or identification of diseases covered by DI policies.	Similar to population morbidity, but can also be a lead indicator for future changes in experience.	🌐				M
F05	Insurer or Insurance Representation in Media	Monitoring of sentiment and focus of insurance in media, including major scandals or coverage.	Proxy for customer behaviour and insurer behavior (e.g., claims management practices); it may help to explain changes in claim, distribution, or lapsation experience over time.	🌐				L
F06	Environmental and Climate Conditions	Major weather events, severity of heat and cold snaps, changing air quality, site-specific environmental quality, projections of changes in climate, etc..	Can have direct or indirect impacts on health, economic conditions, government responses, etc., so will have similar impacts to other external factors already listed.	🌐				L