

Clubbing together

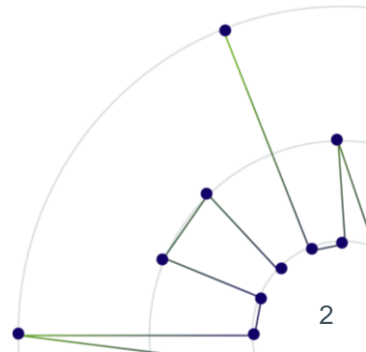
How Club Vita helps pension schemes estimate their members' life expectancy

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4 January 2019

Agenda

- Mortality 101
- Setting assumptions
- Introducing Club Vita
- Constructing VitaCurves



Mortality 101

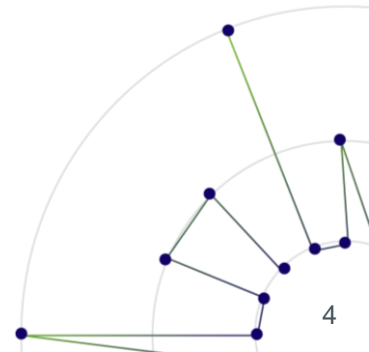
Mortality 101

- Mortality/Longevity are often used interchangeably... but they are subtly different

Mortality How likely you are to *die* at a certain age.

Longevity How long you are expected to *live*

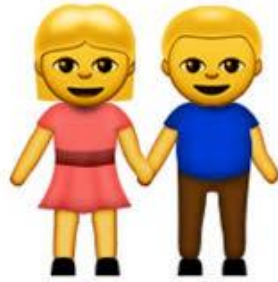
- q_x : the probability of life aged x dying before age $x + 1$
- A mortality curve is a table of q_x by age
 - Mortality rates increase by age (in general)
- Pension schemes need to estimate **when** and for **how long** they will pay pension benefits
 - What are 'current' mortality rates?
 - How will they change in the future?



What affects mortality/longevity?



Age



Gender



Smoker?



Health



Wealth



Fitness



Genetics



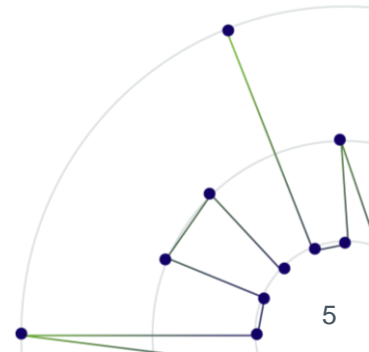
Blue or white collar?



Marital status



Where you live



Setting assumptions

How to set longevity assumptions

Longevity assumption

=

Baseline assumption

- How long people are **currently living** for.
- Can be measured **objectively** by looking at historical death rates.

+

Future improvements

- How **longevity will change** in the future.
- Typically would expect mortality rates to decrease in the future and life expectancy to go up.
- Informed by views on future medical advances and generational differences in lifestyle etc.
- Recent longevity trends will influence the assumptions you set, but it is important to understand the reasons behind recent experience before relying on it to adjust assumptions.
- This is a **subjective** assumption, and uncertainty will remain.

Introducing Club Vita

Club Vita's dataset

Records for over **2.8 million** pensioners

equivalent to **1 in 4** DB pensioners

Relationships with over **220** large pension schemes

with over **£300 billion** of liabilities

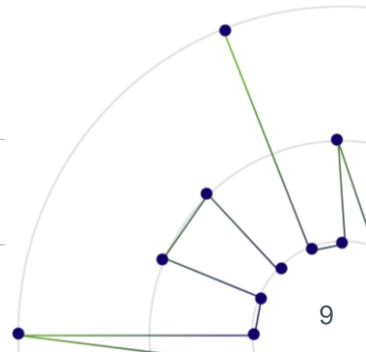
Over **1.4m** death records

stretching back **25+ years**

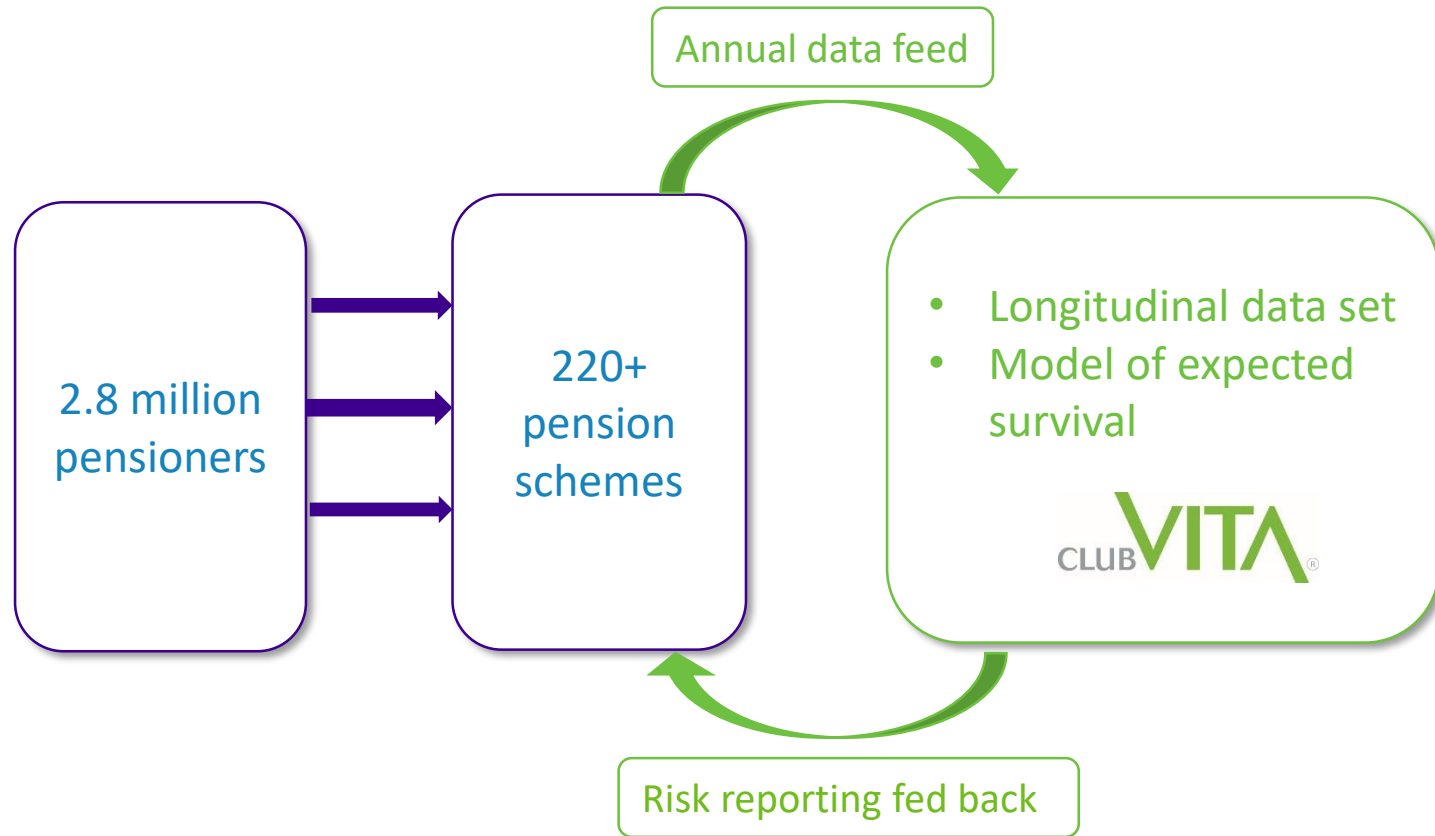
Segmented by **affluence, postcode, health** and more

Data collected **annually**

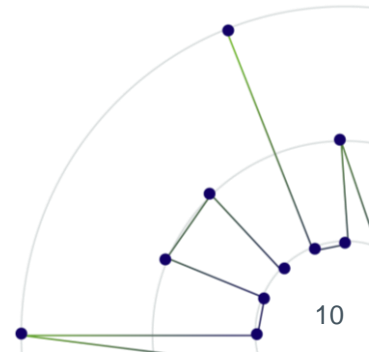
Richest, most flexible dataset of its kind in the market



Supporting pension schemes



Improved appreciation of nature of longevity risk for pension schemes

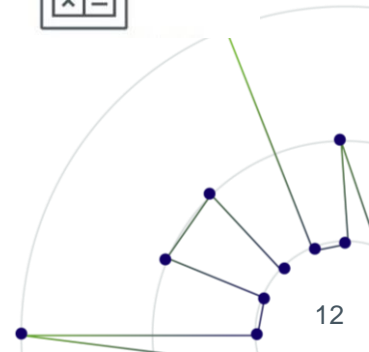
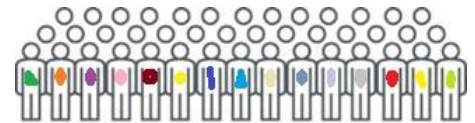


Comprehensive suite of analytics



What are VITACURVES®?

- Our **statistical postcode longevity model** of the diverse range of survival patterns that we observe in the recent past.
- **Different pathways** depending on gender, lifestyle, affluence and occupation.
- Captures more **intricacies** in the diverse nature of individuals within a scheme, not just one-size-fits-all.
- Based on Club Vita's **uniquely rich dataset** and the **most accurate** way of setting baseline assumptions in the market.

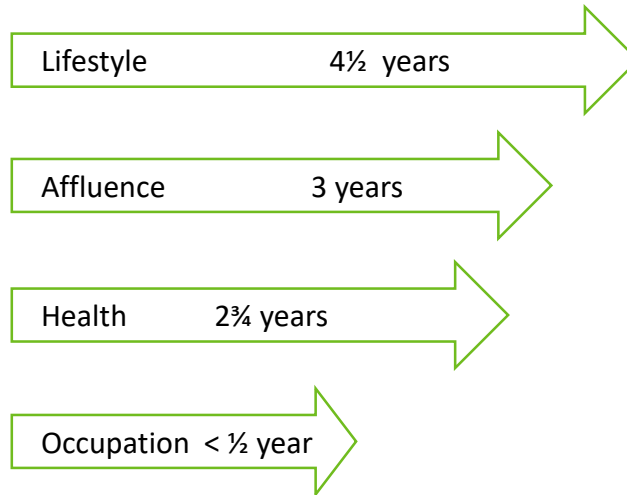


VitaCurve rating factors



Life expectancy from 65: **12.5 years**

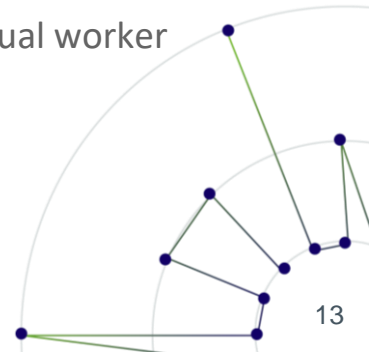
- ◆ Unhealthy lifestyle postcode
- ◆ Low affluence
- ◆ Ill health retirement
- ◆ Manual worker



Life expectancy from 65: **22.9 years**

- ◆ Healthy lifestyle postcode
- ◆ High affluence
- ◆ Normal health retirement
- ◆ Non-manual worker

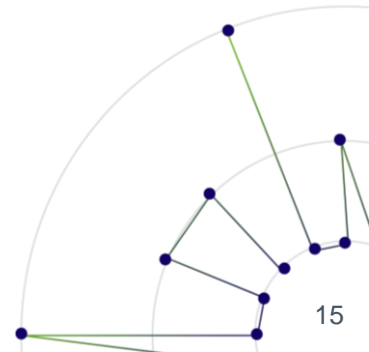
No other approach uses all of this information



Constructing VitaCurves

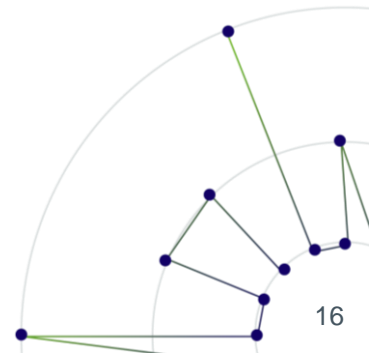
Calibration process - overview

- Steady flow of data throughout the year
 - Subject to data checks and cleansing on input
 - Identify 'quality flags' to ensure data quality
- Take 'snap shot' extract for annual calibration
- Segment data into similar groups
 - By gender, retirement health, and pensioner type
 - Identify function of mortality with age
- Identify available rating factors
 - Predictors of mortality
- Fit model to underlying data
 - Balance between responding to data and overfitting

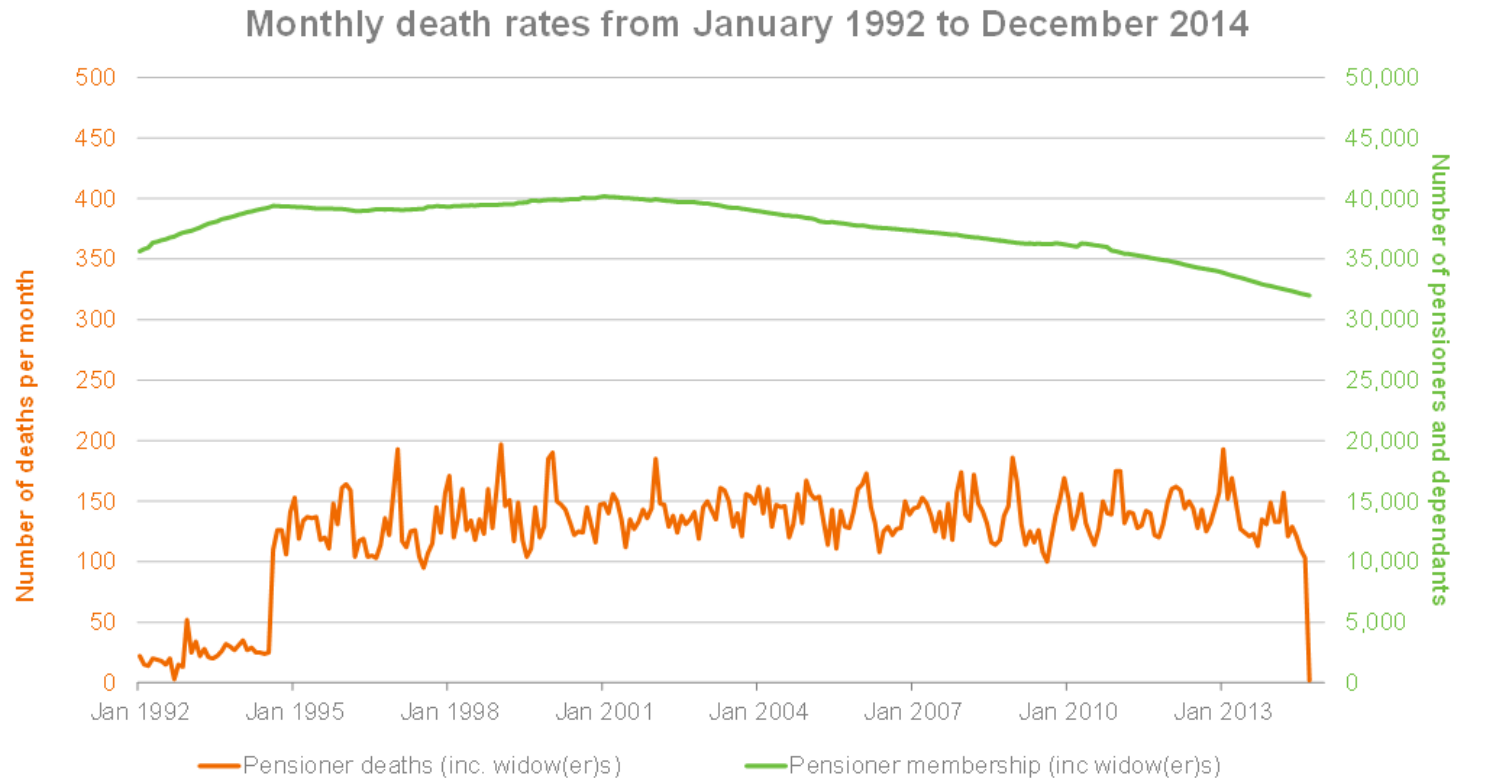


Data quality checks

- Data cleansed where possible
 - Postcodes
 - Missing dead?
- Apply range of 'quality flags' to data
- At individual level, check data is sensible
 - Reasonable dates, in expected order
 - Salary/pension look 'reasonable'
- At scheme level, look at levels of missing/suspect data
 - Important that deaths and lives are consistent
- Some are fixed checks, others time based



Data quality checks



- Identify time period over which scheme data is reliable



Data extract

- Take extract from database
 - Generally around end January
- Calibration period of 3 years
 - Balance between smoothing and responsiveness
 - CV19 calibrated to 2015-2017

	Initial exposed to risk (2014-2016)	Deaths (2014-2016)
Pensioner men	2,434,287	74,281
Pensioner women	2,006,470	38,033
Widows and dependant women	723,577	44,728
Widowers and dependant men	97,438	4,359
Total	5,261,772	161,401

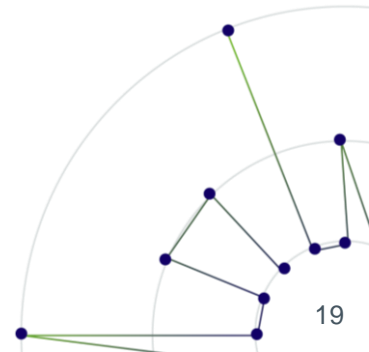
Choosing a model

- Adopt a logistic Generalised Linear Model
- Each life either dies in the period or survives to the end
- Model assumes a binomial parametric relationship between age and probability of death
- Consider the linear age only case:

$$q_x = \frac{e^{\alpha + \beta x}}{1 + e^{\alpha + \beta x}}$$

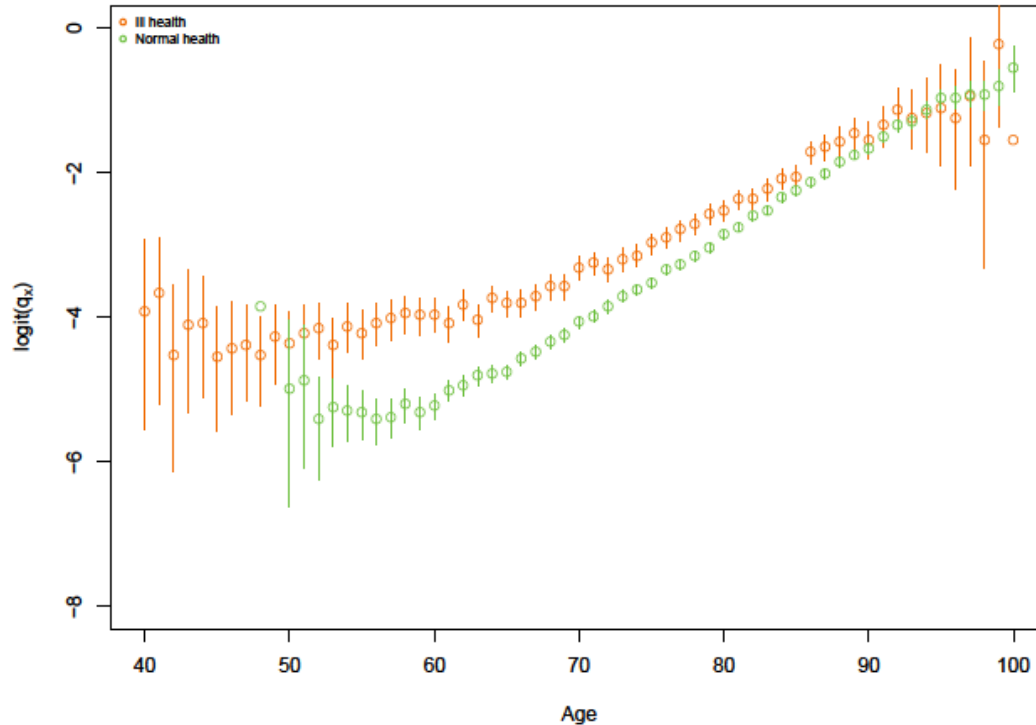
$$\text{logit}(q_x) = \log \frac{q_x}{1 - q_x} = \alpha + \beta x$$

- Extend model:
 - more complex functions with age
 - Allow for other predictors of mortality

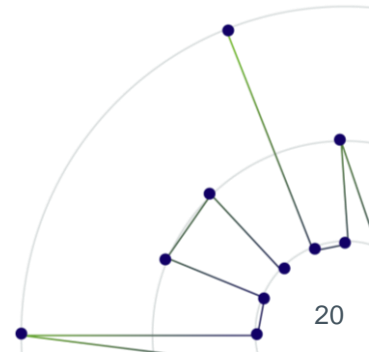


Stratifying the data

Crude mortality rates with 95% credibility intervals (2012–2014)

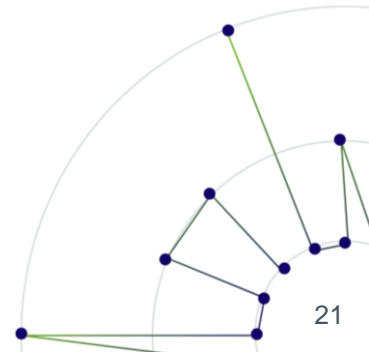


- Identify stratifiers to segment data, where:
 - Shape of mortality with age is different
 - Data covers different age ranges
 - Other rating factors have different meanings



Stratifying the data

- Use three stratifiers:
 - Gender
 - Retirement health
 - Pensioner type
- Gives 6 distinct ‘strata’
 - Male/Female normal health pensioners
 - Male/Female ill health pensioners
 - Male/Female dependants
- Other rating factors treated as ‘covariates’



Fitting mortality by age

- For each of the six strata, consider:
 - Age range
 - Shape of mortality by age
- Age range selected based on providing credible experience data
- Mortality assumed to be a polynomial of the reciprocal of age
 - Better allowance for reducing impact of rating factors with increasing age

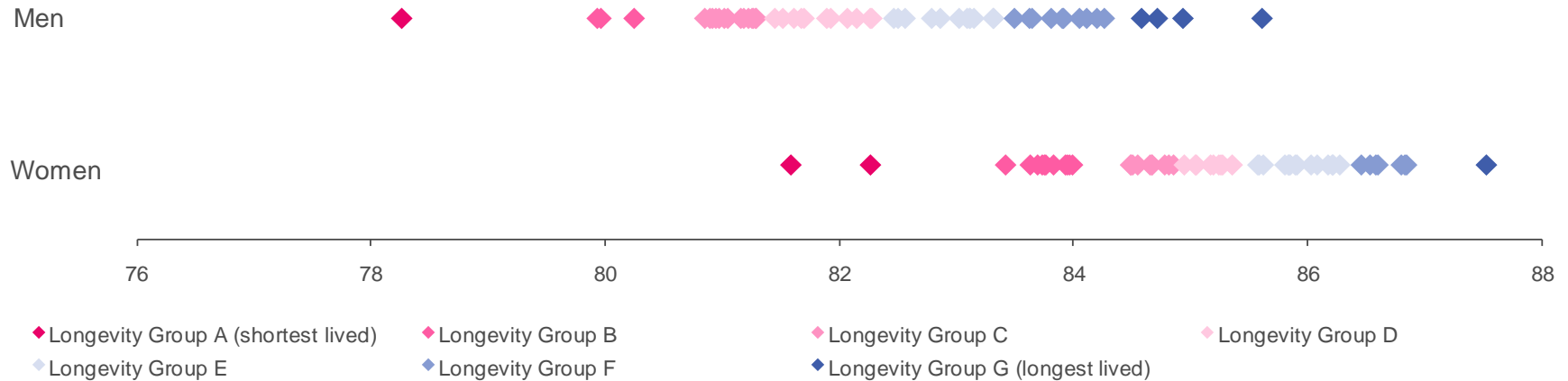


Rating factors

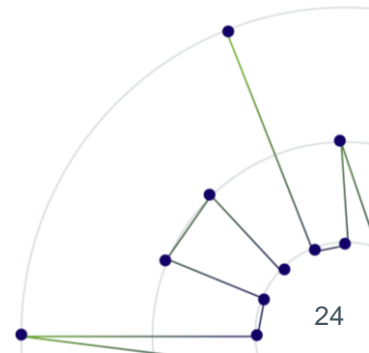
- 3 rating factors used to form strata
 - Gender
 - Retirement health
 - Pensioner type
- Remaining rating factors treated as covariates
 - Lifestyle – proxied by postcode
 - Affluence – either salary or pension
 - Occupation – nature of employment (where known)
- Other rating factors could be added in future
 - Marital status?
 - Duration?



Lifestyling

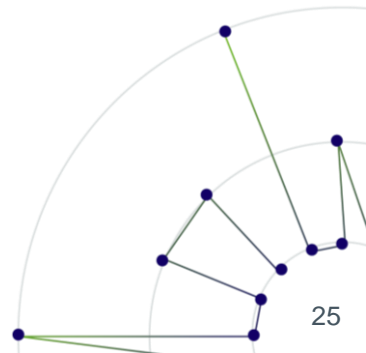


- Postcode analysis used as a proxy for lifestyle/socio-economic group
- External provider supplies mapping of every postcode to one of 62 geo-demographic types
- Group these into 7 'longevity groups'
 - Separately for men and women



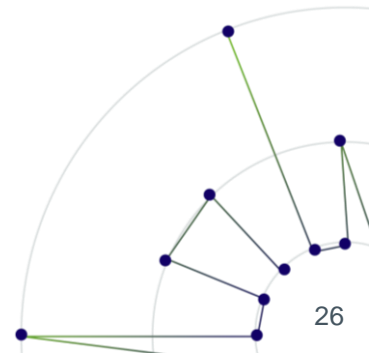
Affluence

- Salary or pension amount
- Revalue to common date
 - Currently July 2016
 - Use RPI for lives
 - Deaths adjusted to allow for expectations of pension increases
- Group into distinct bands
 - Separate for men and women
 - Separate for pensioners and dependants (pension only)
- Consider whether to use pension or salary



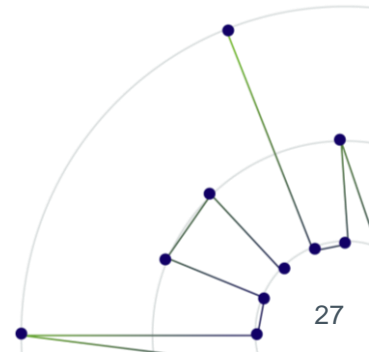
Occupation

- Historically LGPS schemes identified whether a job was manual or officer type
 - Different contribution rates were payable
- Some evidence that manual occupations have higher mortality rates than officer
- From April 1998 joiners no longer classified by occupation (as contribution rates standardised)



Clustering approach

- Use 'top down' hierarchical clustering approach
 - Recursive Partitioning and Regression Tree (RPART)
- k-fold cross validation approach to determine optimal numbers of groups
 - Divide into k subsets
 - Remove each in turn
 - Fit model to remaining k-1 subsets
 - Use to predict subset removed
- Verify chosen structure meets criteria
 - At least 2% of data
 - At least ½ year difference in life expectancy
 - Life expectancies are statistically different
- Can 'group' adjacent covariates if too similar



Functional forms

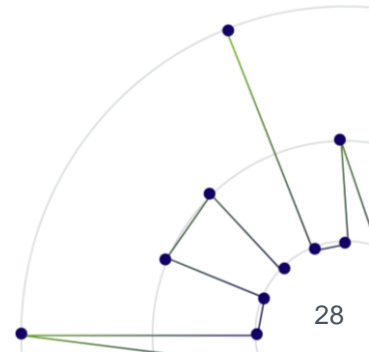
- As above, determine appropriate functional forms
 - Start from age only
 - Add other rating factors

- Male normal health – age only

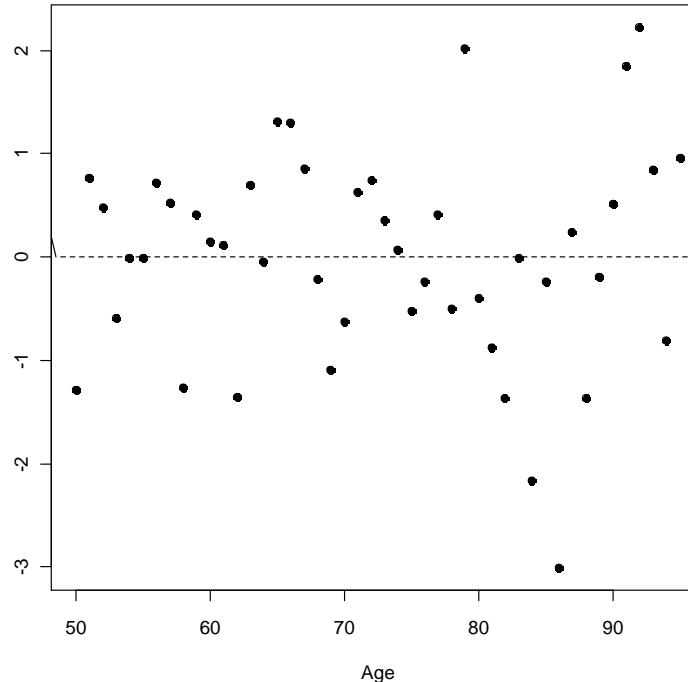
$$Age^{-1} + Age^{-2} + Age^{-3} + Age^{-4} + Year_{Central}$$

- Male normal health – age, postcode, pension

$$Age^{-1} + Age^{-2} + Age^{-3} + Age^{-4} + Year_{Central} + Age^{-4}:Postcode + Age^{-4}:Pension$$



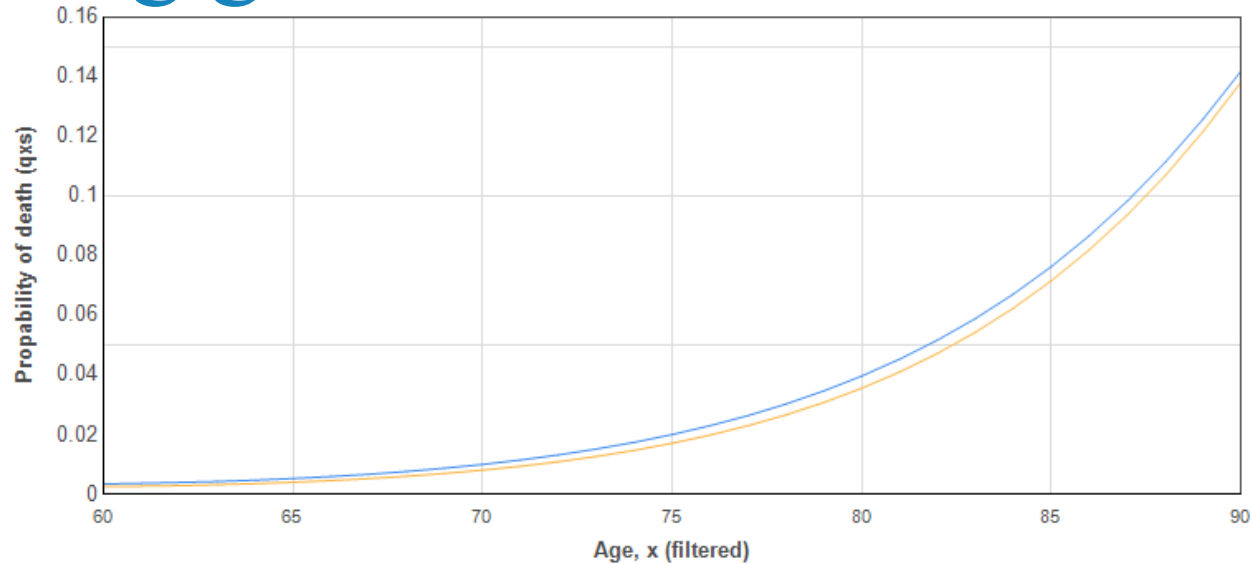
Checking goodness of fit



- Apply range of tests to fitted curves
 - Statistical tests (e.g. AIC, BIC)
 - Actuarial tests (e.g. Chi-squared, Signs test, runs test)
 - Validation tests (e.g. compare crude and fitted life expectancy)
- Look at overall picture
 - Apply weights to different tests

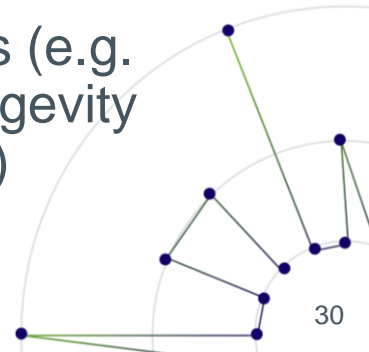


Checking goodness of fit



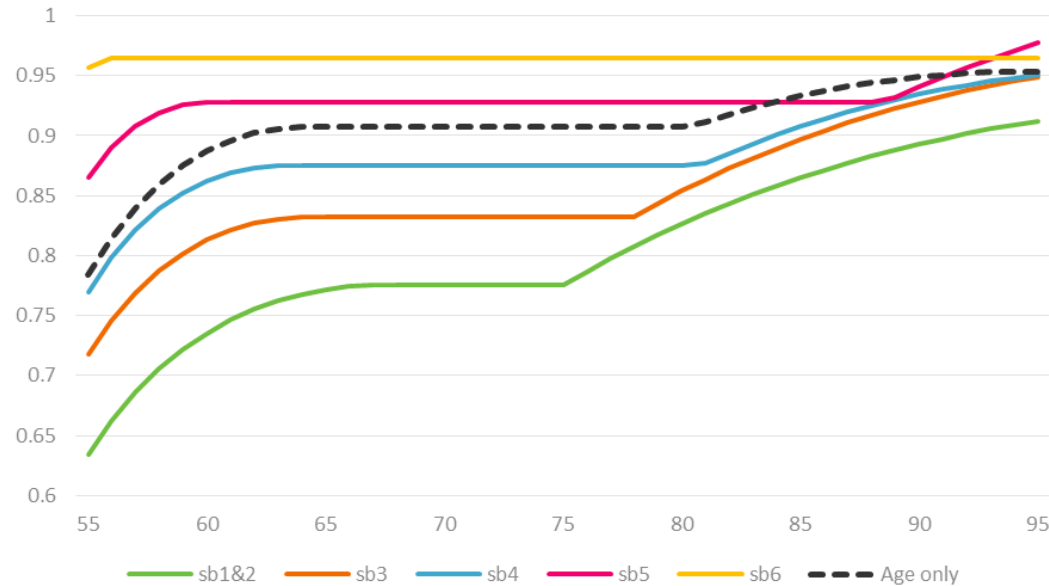
- Consistency checks

- Increasing mortality rates with age
- Curves in right 'order' (e.g. pension band 1 above pension band 2)
- Less granular curves within extremes of granular curves (e.g. pension band 1 should be between pension band 1, longevity group A, and pension band 1, longevity group G curves)

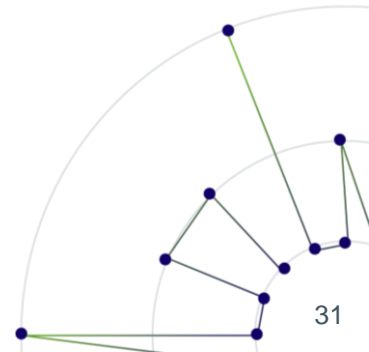


Extending curves

Weighting applied to normal-health, by salary band (males)

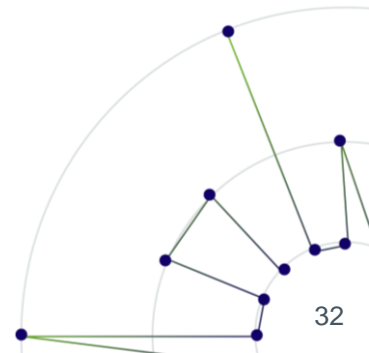


- Generate 'all health' curves
 - Weighted average of normal and ill health
 - Weights vary by gender, and (for men) by affluence
- Extend curves to older and younger ages
 - Down to age 16
 - Up to age 125



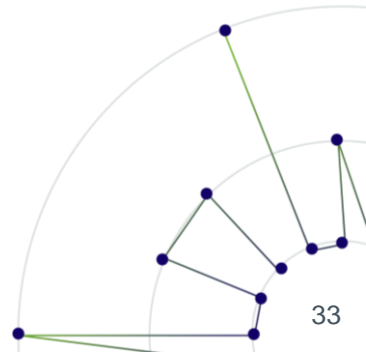
Final curves

- Ultimately end up with full suite of curves
 - Male/female
 - Pensioner/Dependant
 - Normal/ill-health/all-health
 - 7 Longevity groups (plus unknown)
 - 6 (men) / 3 (women) salary bands (plus unknown)
 - 5 (pensioner men) / 4 (pensioner women) / 2 (dependant men) / 4 (dependant women) pension bands (plus unknown)
 - Manual/Officer occupation (plus unknown)
- Total of 1,504 distinct combinations
- Each member allocated to curve based on their characteristics



Annual updates

- Fresh cut of data
 - Latest scheme data
 - New joiners to Club
- Check existing bands and longevity groups
 - Prefer not to change
- Check existing functional forms remain good fit
 - Again prefer not to change



Thank you

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