

2022 VM-51 DATA DICTIONARY

Last updated July 7, 2022

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PURPOSE AND SCOPE
This VM

Description: State in which the policy was issued

Reporting Instructions:

Use standard two-letter state abbreviation codes

Acceptable values are as follows:

AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY, AS, GU, MP, PR, NA, OT

Data Item # 7

Data Item # 10

Name: Issue Age

Maximum Length: 3

Format: Left Justified

Consistent Year over Year

Description: Age of insured at issue for each segment as identified in the policy contract.

Data Item # 11

Name: Issue Date

Length: 8

Format: YYYYMMDD

Consistent Year over Year

Description: Date of issue for each policy segment.

Reporting Instructions:

If the segment number is not 1, this date may be different from the original issue date of the policy contract.

Special Consideration for Coverages Purchased with Dividends (PUA or OYT):

These coverages may be rolled together into one segment or identified separately for each issue date. If the coverages are being rolled together, the issue date should be the date the first of these coverages was issued (generally, one year after the issue date of the policy) If that date is unavailable, then the policy issue date may be used.

Data Item # 12

Name: Smoker Status

Length: 1

Description: This field represents the current smoker status of the coverage.

Reporting Instructions:

Acceptable values are as follows:

0 = Unknown

1 = No tobacco usage

2 = Nonsmoker

3 = Cigarette smoker

4 = Tobacco user

If the company cannot distinguish between 1 and 2, then 2 should be used.

If the company cannot distinguish between 3 and 4, then 4 should be used.

The smoker status populated in this field should be the smoker status upon which the premium amount is based. Since some companies underwrite policies in certain

situations after issue (e.g. Q q 0.00erws is bnr0.00000912 0 612 792 re W* n BT /F1 11.04 Tf

Data Item #18

Name: Type of Underwriting Requirements

Length: 2

Consistent Year over Year

Description: Indicate the type of underwriting that was performed at the issue of this policy segment.

Reporting Instructions:

Acceptable values are as follows:

01 = Underwritten but unknown whether fluid was collected

02 = Underwritten with no fluid collection (this would include accelerated underwriting)

03 = Underwritten with fluid collected

06 = Term Conversion

07 = Group Conversion

09 = Not Underwritten

99 = Unknown or Unable to Subdivide

In the case of coverage purchased with dividends (A&D/YT) the underwriting type should be the same as the base policy.

This field must contain leading zeros where applicable.

Please note the following types of business are currently excluded from this data collection: Simplified issue, guaranteed issue, worksite, individually solicited group life, direct response, final ptPMi s:

Reporting Instructions:

There is an extensive list of plans

- For first to die policies, code both insureds as terminated due to death (and due to covid-19).
-

- 09 = Term conversion unknown whether attained age or original age
- 10 = Term conversion attained age
- 11 = Term conversion original age
- 12 = Coverage expired or contract reached end of 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

* The NAIC has identified a new cause of death to capture deaths due to COVID-19. This new cause of death is expected to be adopted for the 2023 *Valuation Manual*. We are asking companies to use this new cause of death on a voluntary basis for the 2022 data collection.

If the policy segment is in force, this field should be blank.

If the policy segment is terminated, indicate 0]T /F1 d9n5/2(m)-4<</MG [()-6(r)12(t)-3(er)10(m)-4

Format: Round to nearest dollar

Description: This field represents the annualized premium at the beginning of the observation year.

Reporting Instructions:

This field is calculated as the modal or billed premium at the beginning of the observation year multiplied by the number of modes in the year.

This field should only be populated on the base segment of the policy except in the case of some specific level term segments.

For segments with plan codes 02027, 041 045, or 211 271, populate this premium even if it is not the base segment.

The billed premium should include any policy fees and modal loads.

The amount populated on the base segment should be the total premium for the policy less the premium for any term segment identified separately.

If the policy segment was issued in the observation year, this field should be blank.

Data Item # 31

Name: Annualized Premium at the End of Observation

05 = Monthly Automatic Payment

06 = Semimonthly

07 = Biweekly

08 = Weekly

09 = Single Premium

10 = Other / Unknown

This field must contain a leading zero where applicable.

Data items 33 - 46 are only to be populated if the policy segment is ULSG (plan codes 071 - 078) or VLSG (plan codes 090 - 096) and only for the base segment of the policy. These fields should be left blank if unknown.

Data Item # 33

Name: Cumulative Premium Collected as of the beginning of Observation Year

Maximum Length: 10

Format: Round to nearest dollar

Description: This field is the cumulative premium collected since issue as of the beginning of the observation year. For policy segments issued in the observation year, this field should be blank.

Data Item # 34

Name: Cumulative Premium Collected at the End of Observation Year if available. Otherwise

Length: 2

Consistent Year over Year

Description: This field represents the type of secondary guarantee on this policy segment.

Reporting Instructions:

Acceptable values are as follows:

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, not involving either Cumulative Premium or Shadow Account

This field must contain a leading zero where applicable.

Data Item # 37

Name: Cumulative Minimum Premium as of the Beginning of Observation Year

Maximum Length: 10

Format: Round to nearest dollar

Description:

For in force policy segments, this field is the cumulative minimum premium for all policy years as of the end of the observation year.

For terminated policy segments with, this field is the cumulative minimum premium for all policy years as of the actual termination date.

Data Item # 39

Name: Shadow Account Amount at the Beginning of Observation Year

Maximum Length: 10

Format: Round to nearest dollar

Description: For policy segments with a shadow account, this field is the value of the shadow account as of the beginning of the observation year.

Reporting Instructions:

For policy segments where the secondary guarantee is unknown or no cumulative premium guarantee, this field should be blank.

Maximum Length: 10

Format: Round to nearest dollar

Description: This field is the policy account value, gross of any loan, at the end of the observation year.

Reporting Instructions:

For in force policy segments, this field is the policy account value at the end of the observation year.

For terminated policy segments, this field is the policy account value at the actual termination date.

The policy account value can be positive, zero, or negative.

Data Item # 43

Name: Amount of Surrender Charge at the Beginning of Observation Year

Maximum Length: 10

Format: Round to nearest dollar

Description: This field is the policy surrender charge value at the beginning of the observation year.

Reporting Instructions:

For policy segments issued during the observation year, this field should be blank.

Data Item # 44

Name: Amount of Surrender Charge at the End of Observation Year / Actual Termination Date

Maximum Length: 10

Format: Round to nearest dollar

Description: This field is the policy surrender charge value at the end of the observation year.

Reporting Instructions:

For in force policy segments, this field is the policy surrender charge value at the end of the observation year.

For terminated policy segments, this field is the policy surrender charge value at the actual termination date.

Data Item # 45

Name: Operative Secondary Guarantee at the Beginning of Observation year

Length: 2

Description: This field identifies whether a secondary guarantee is in effect for a policy at the beginning of the observation year.

Reporting Instructions:

Acceptable values are as follows

00 = Unknown whether the secondary guarantee is in effect

01 = Secondary guarantee is not in effect

02 = Secondary guarantee is in effect

03 = All secondary guarantees have expired

guarantee (i.e. the policy would have lapsed without the secondary guarantee).

For policies issued in the observation year, this field should be blank.

Data Item # 46

Name: Operative Secondary Guarantee at the End of Observation Year / Actual Termination Date

Length: 2

Description: This field identifies whether a secondary guarantee is in effect for a policy at the end of the observation year.

Reporting Instructions:

Acceptable values are as follows

00 = Unknown whether the secondary guarantee is in effect

01 = Secondary guarantee is in effect

02 = Secondary guarantee is in effect

03 = All secondary guarantees have expired

For terminated policy segments that were issued with a secondary guarantee, this field represents whether that secondary guarantee was in effect as of the actual termination date.