

Thank you for joining us –
the webinar will start shortly

Canadian mortality improvements

Thoughts on the recent Canadian Institute of Actuaries Mortality Improvement Model

Tuesday October 8th, 2024

9am (PT) / 11am (ET)



[linkedin.com/company/club-vita](https://www.linkedin.com/company/club-vita)



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Our expert panel



Michael Reid
Head of Pensions – North America,
Club Vita



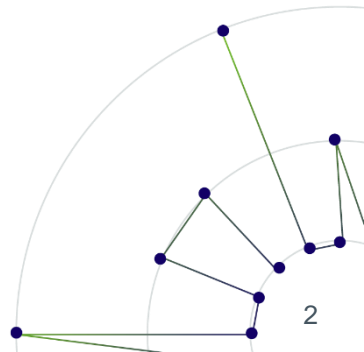
Kai Kaufhold
Managing Director
Ad Res Advanced Reinsurance Services



Matthew Smith
SVP, R&D, Divisional
Pacific Life Re

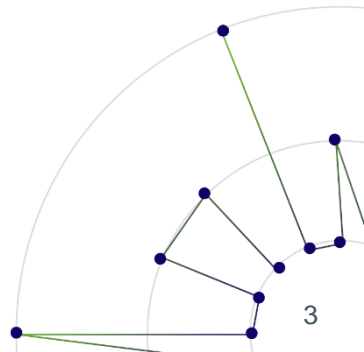


Shantel Aris
Head of Experience Studies
Club Vita



Agenda

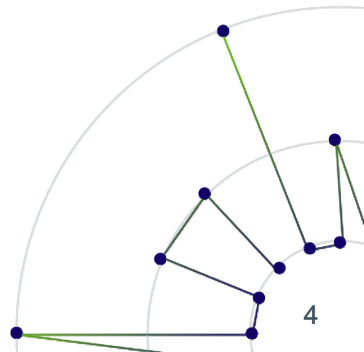
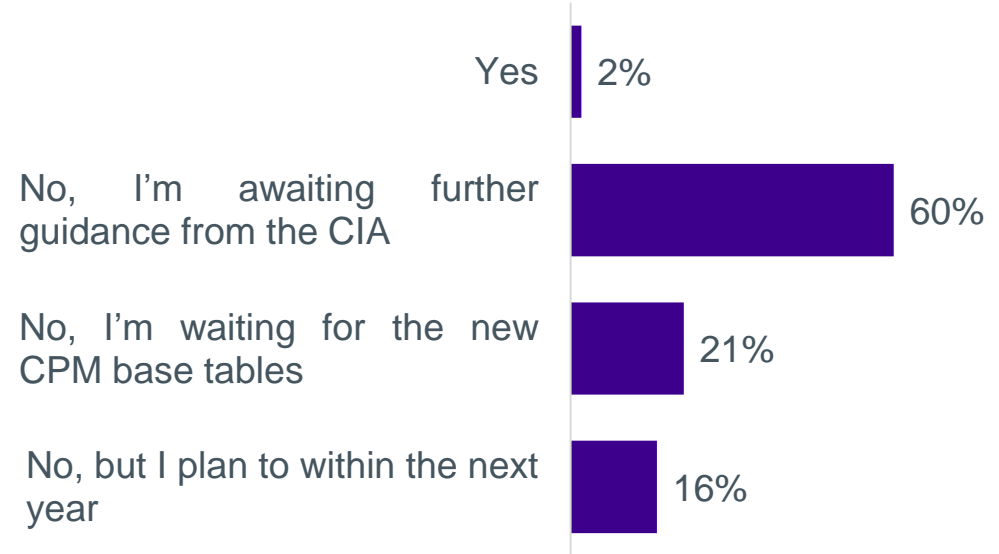
- 1 Background
- 2 Jump off rates
- 3 Long term rates
- 4 Allowances for COVID-19
- 5 Further Q&A



Poll



Have you adopted the CanMI-2024 scale?

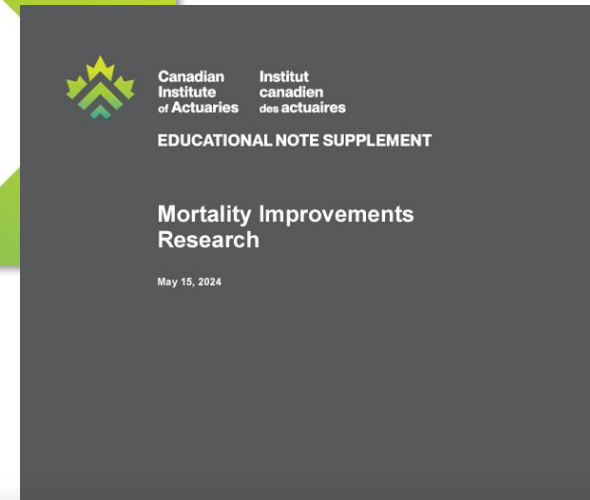


Background

Mortality Improvements Research Report to the Canadian Institute of Actuaries' Project Oversight Group



Link to report [here](#).



Following publication of the Research Report, this guidance continues to be applicable. In particular, subject to the considerations outlined below, the PPFRC believes that at the current time it may be appropriate to use any of the MI-2017 scale, the CPM-B scale or the proposed mortality projection scale published in the Research Report.

Link to educational note supplement [here](#).

CIA MI Research – Project Outline

Data Review

- Human Mortality Database
- CPP / QPP
- Old Age Security

Literature Review

- Stochastic models
- Single population only
- Mortality rates and MI

Select Model

- Stochastic mortality models
- Goodness of fit, Robustness

Deterministic Projection

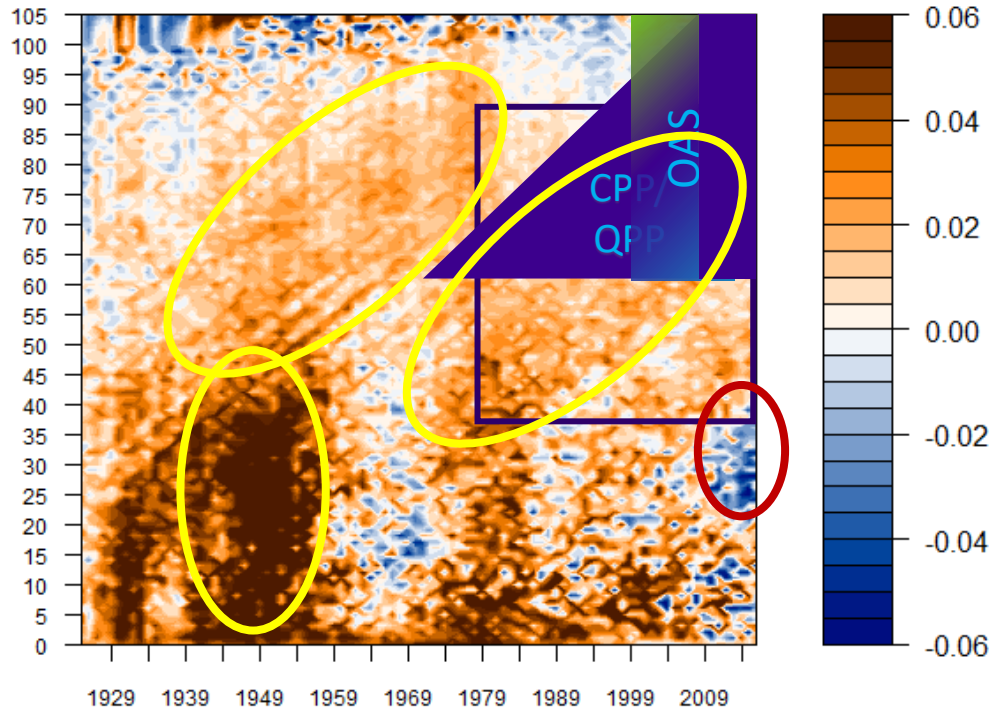
- Adapt CMI method
- Measure impact and refine model

Out of scope

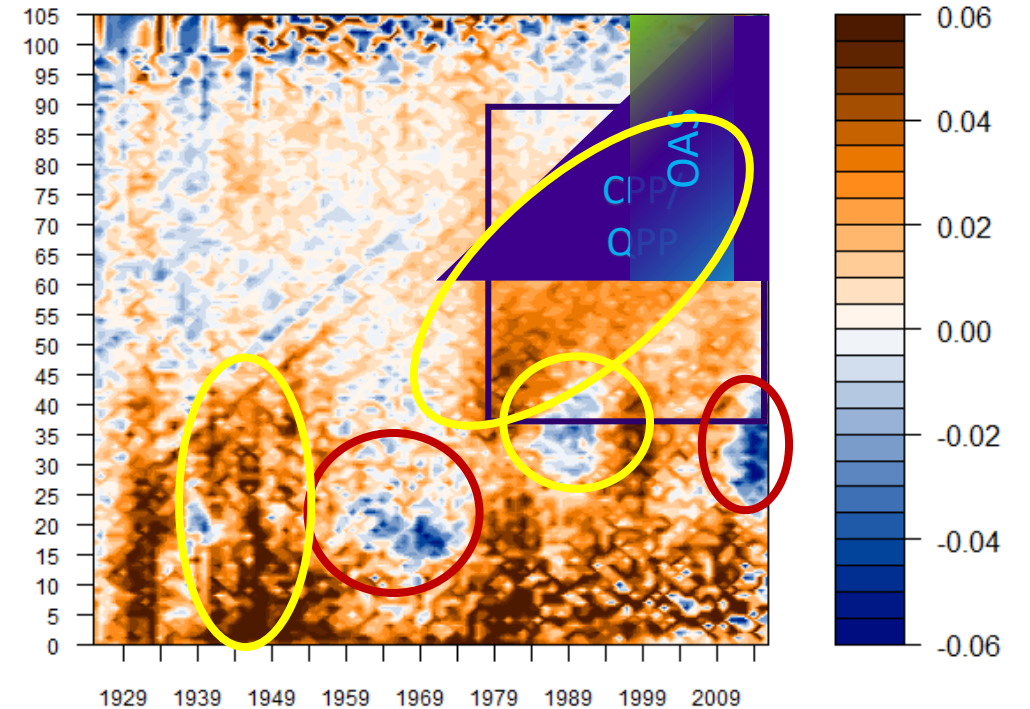
- Multi-population models
- Cause-of-death modelling
- Impact of COVID-19

Canadian Population Mortality

Mortality Improvement Rates



Mortality Improvement Rates



Source: HMD data for Canada, females (left) & males (right), 1921 – 2019, ages 0 – 105, 7-year moving average MI rates

Candidate Stochastic Mortality Models

Mortality Rate Models

M1: Lee-Carter for $\log(m_{x,y})$

M2: Renshaw-Haberman for $\log(m_{x,y})$ ←

M3: Age-Period-Cohort for **$\log(m_{x,y})$** ←

M5: Cairns-Blake-Dowd for $\log(m_{x,y})$

M6: CBD with cohort for $\log(m_{x,y})$

M7: CBD with cohort and quadratic age for $\log(m_{x,y})$

M8: CBD with age-dependent cohort for $\log(m_{x,y})$

Simplified Plat for $\log(m_{x,y})$ ←

Heat-wave model for $\log(m_{x,y})$

Integrated APC model for **$\log(m_{x,y})$** (“APCI”) ←

Mortality Improvement Rate Models

M1: Lee-Carter for $MI_{x,y}$

M3: Age-Period-Cohort for $MI_{x,y}$ ←

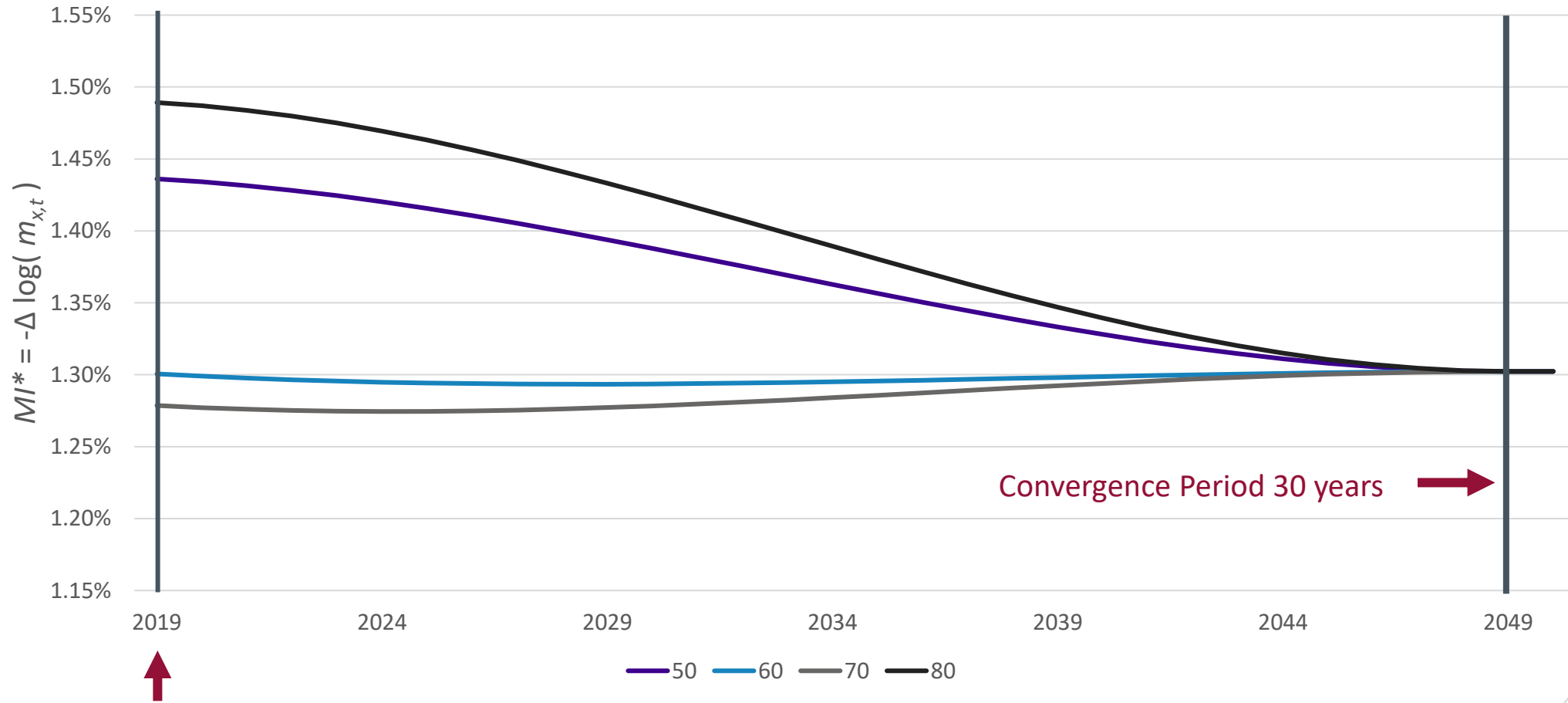
M5: Cairns-Blake-Dowd for $MI_{x,y}$

Simplified Plat for $MI_{x,y}$

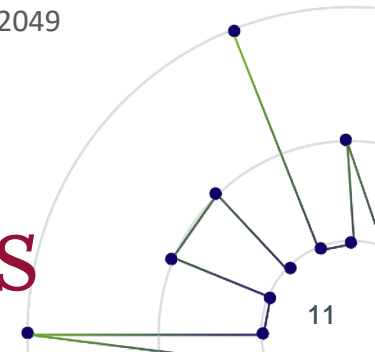
Sources: Cairns et al. (2009), Villegas et al. (2018), Li et al. (2020)

Jump off rates

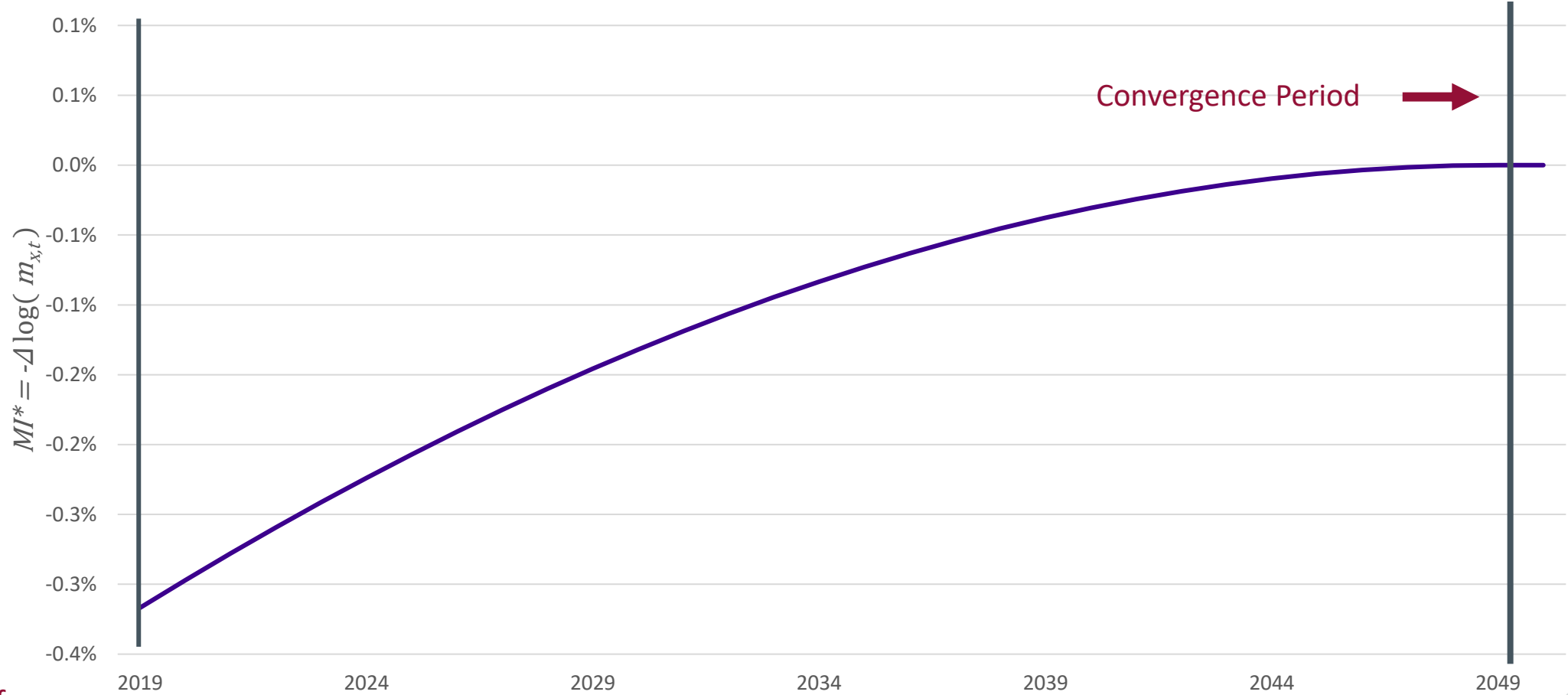
Jump off for age component $-\beta_x$



Jump-off year 2019



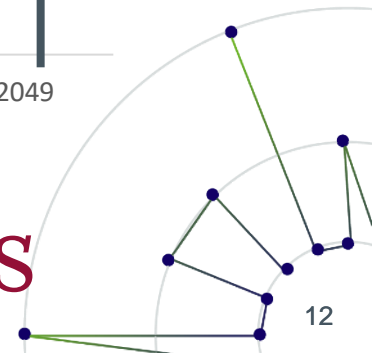
Period component $-\Delta\kappa_t$



Jump-off year



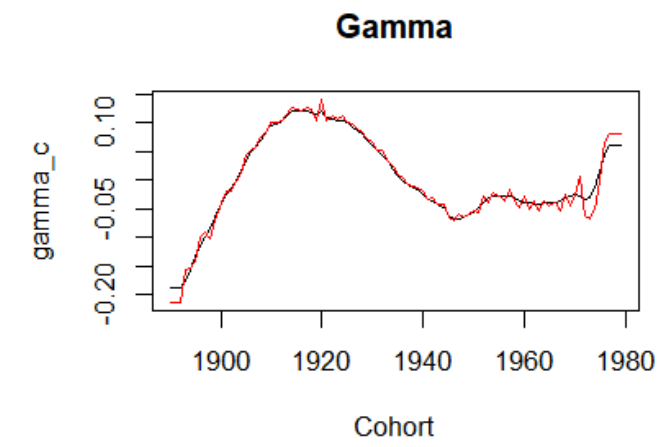
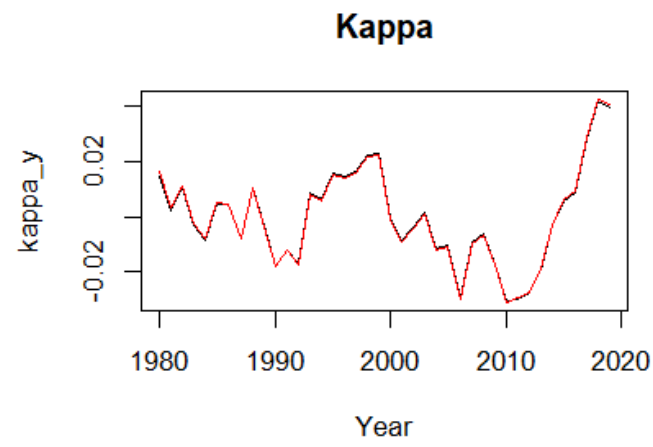
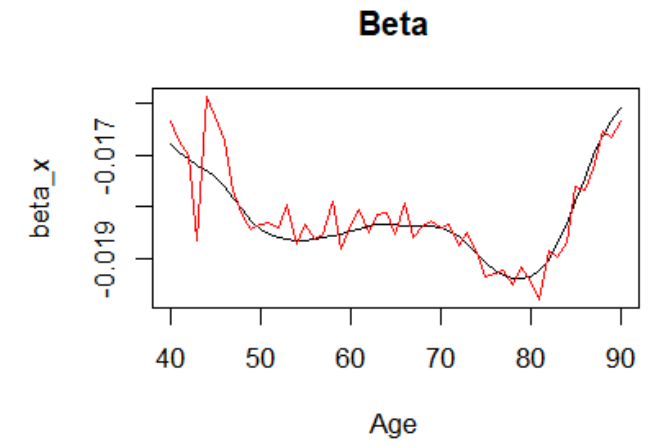
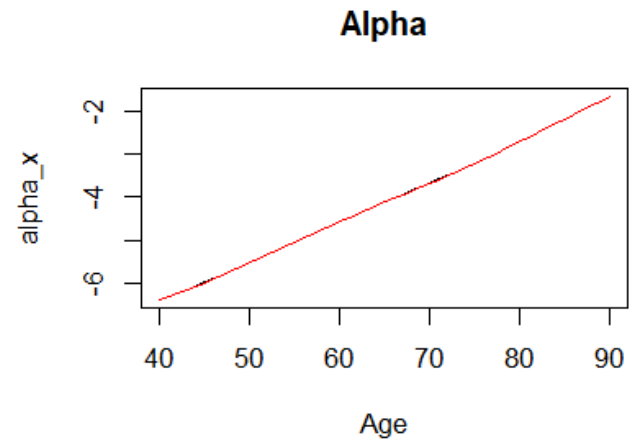
Convergence Period 



APCI Model

$$\log(m_{x,t}) = \alpha_x + \beta_x(t - \bar{t}) + \kappa_t + \gamma_c$$

Parameter	Count
Ages	2 × 51
Years	40
Cohorts	89
Total	231



APCI Model – Age

$$\log(m_{x,t}) = \alpha_x + \beta_x(t - t_{mid}) + \kappa_t + \gamma_c$$

Improvement Rate

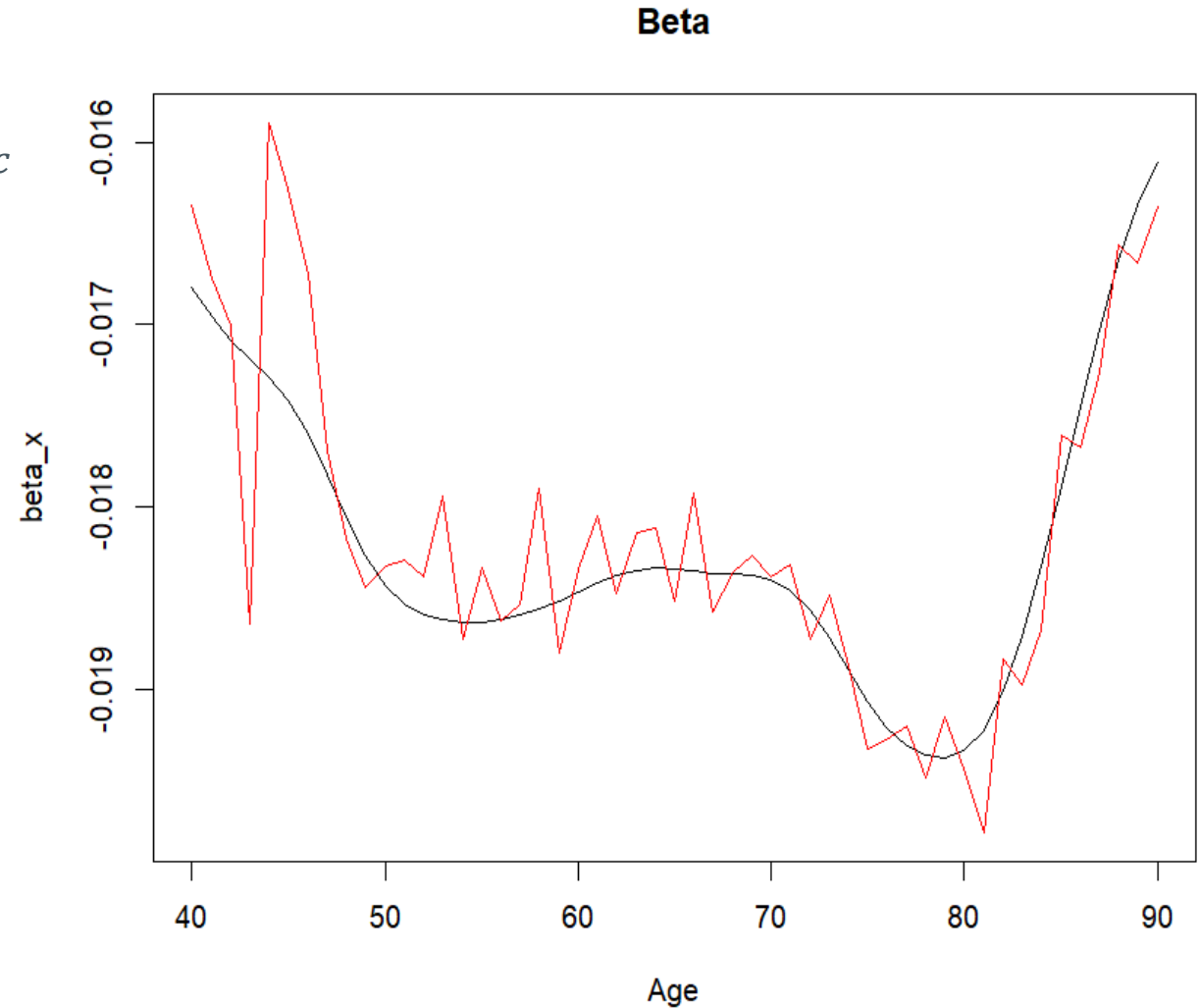
$$MI_{x,t}^* := \Delta \log(m_{x,t})$$

$$= \log(m_{x,t-1}) - \log(m_{x,t})$$

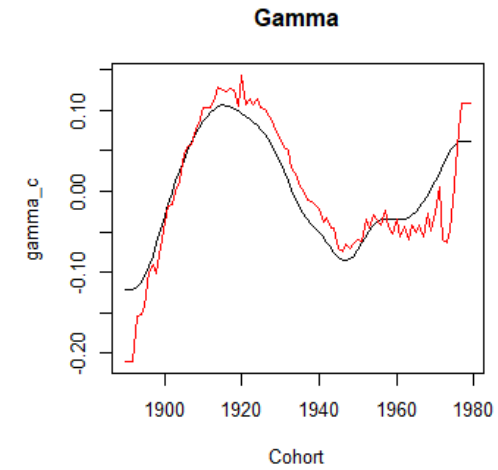
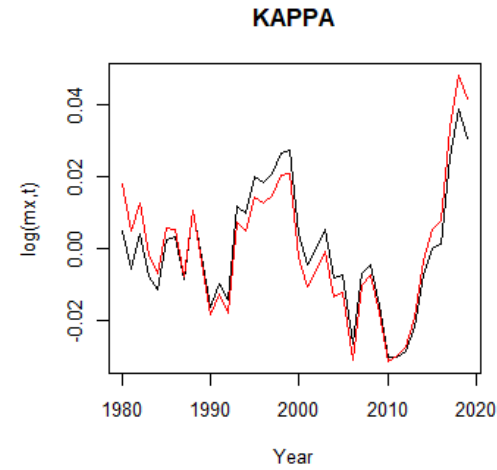
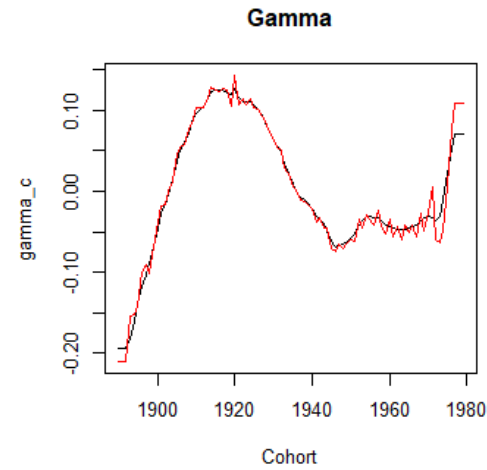
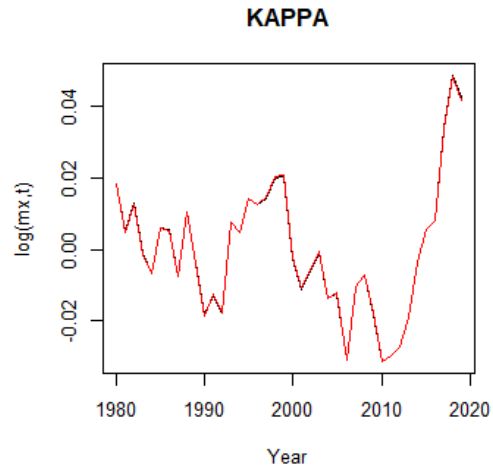
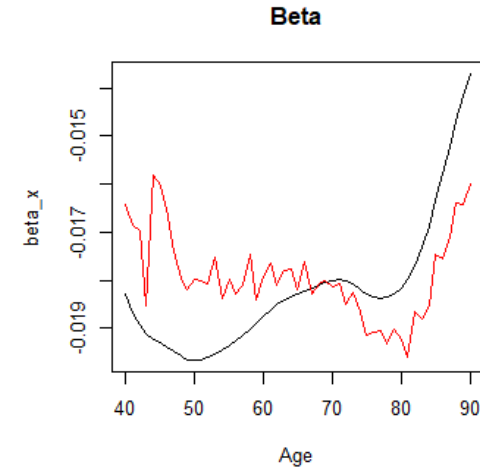
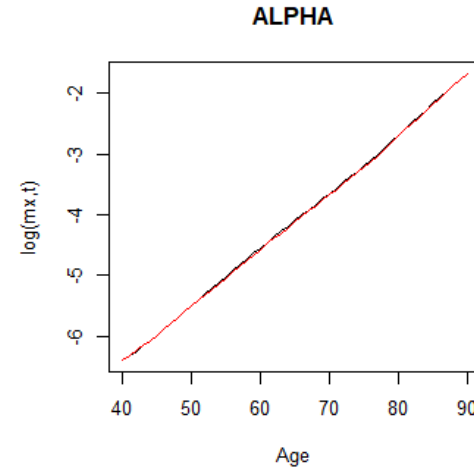
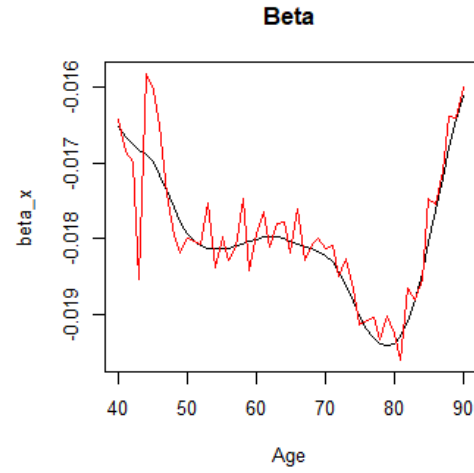
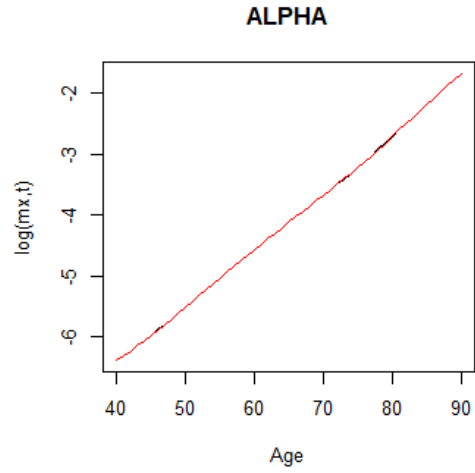
$$= -\beta_x - \Delta\kappa_t - \Delta\gamma_c$$

– β_x age-dependent linear MI rate

Smoothing is important.

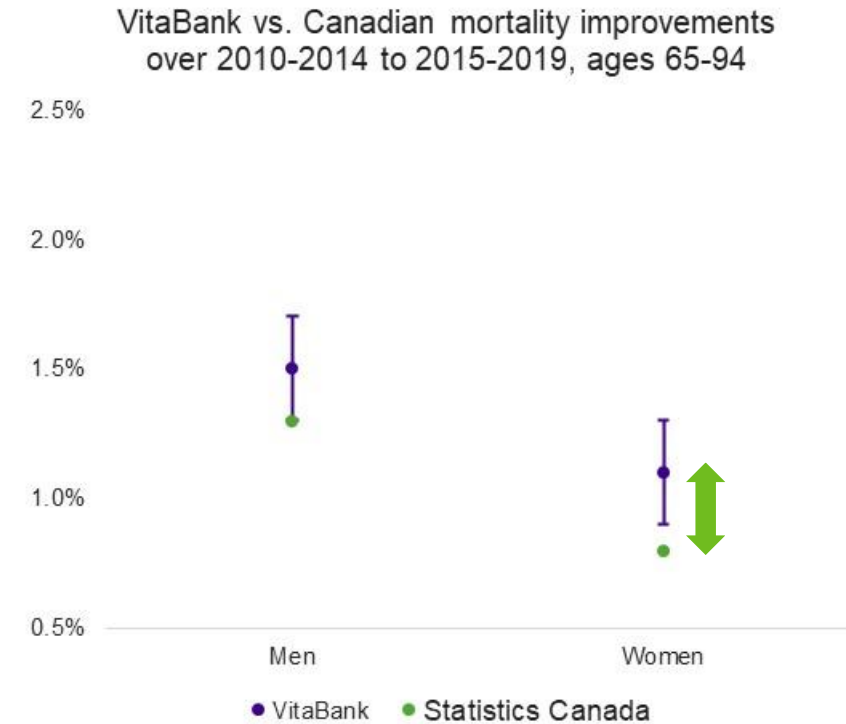
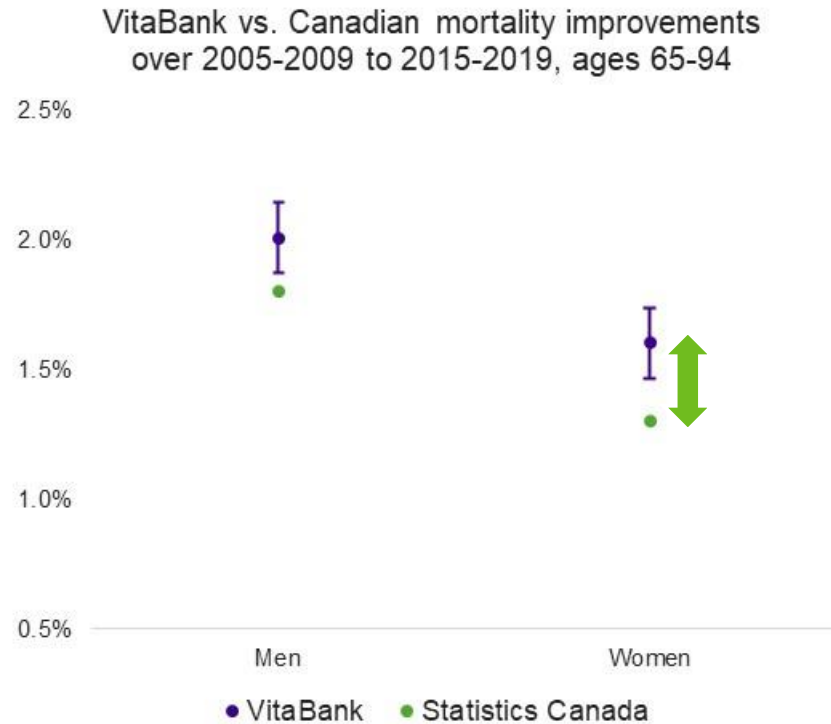


Perils of Smoothing

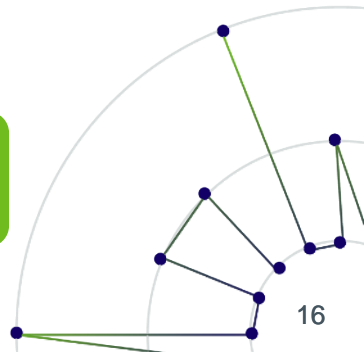




Club Vita research: *Improvement rates for DB pensioners*



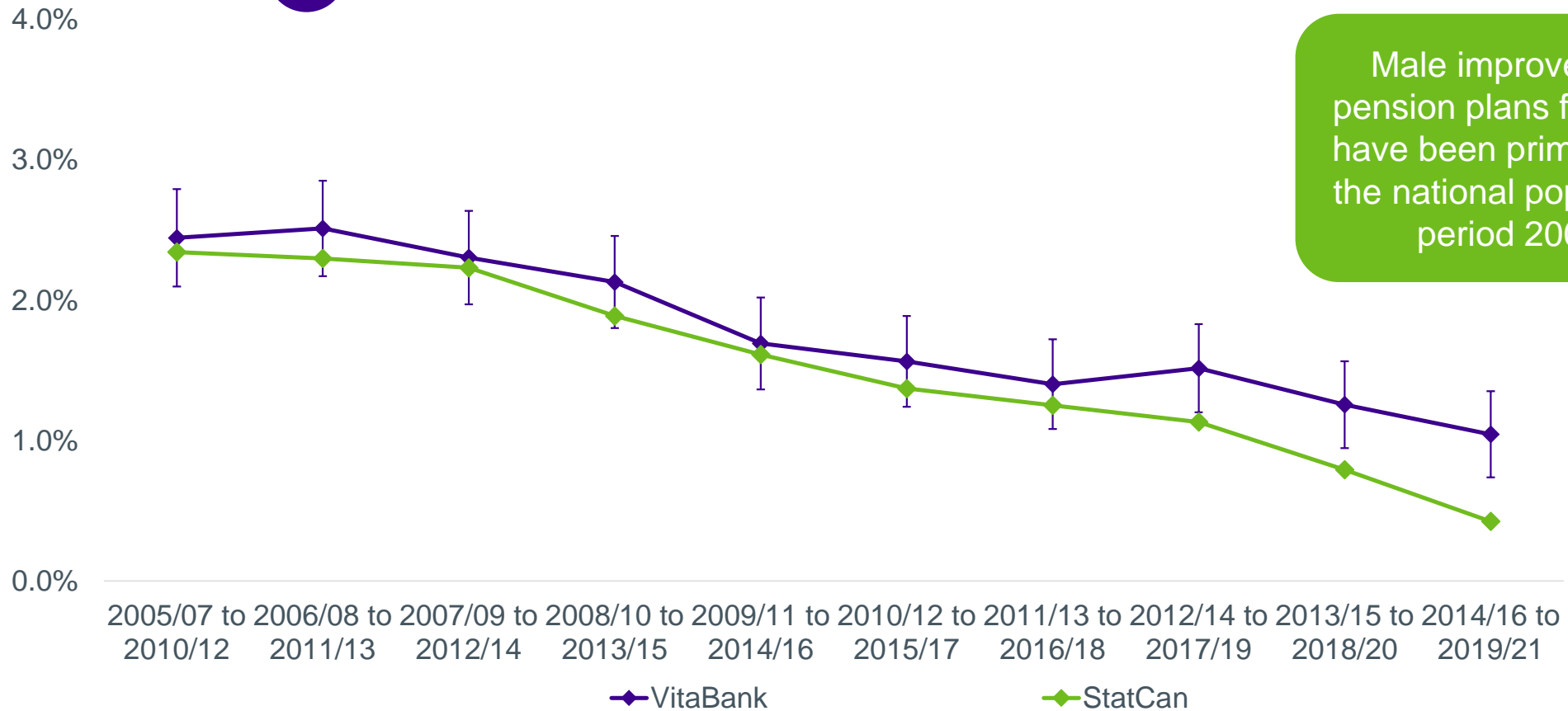
In aggregate, improvement rates in pension plans for ages 65 to 94 have been about 20 to 30 bps higher than national population over the period 2005 to 2019.



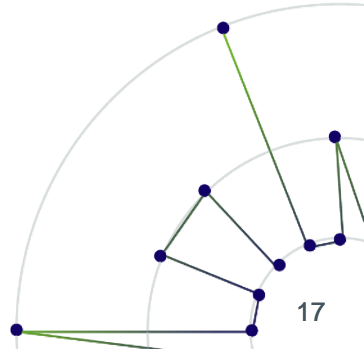


Club Vita research: *Improvement rates for DB male pensioners*

M 5-year annualized improvements for males aged 65-94



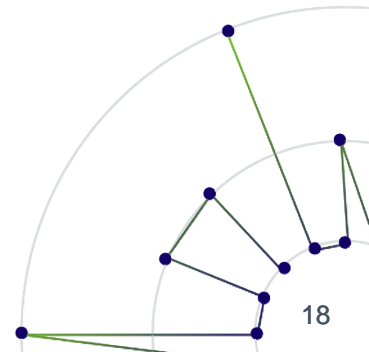
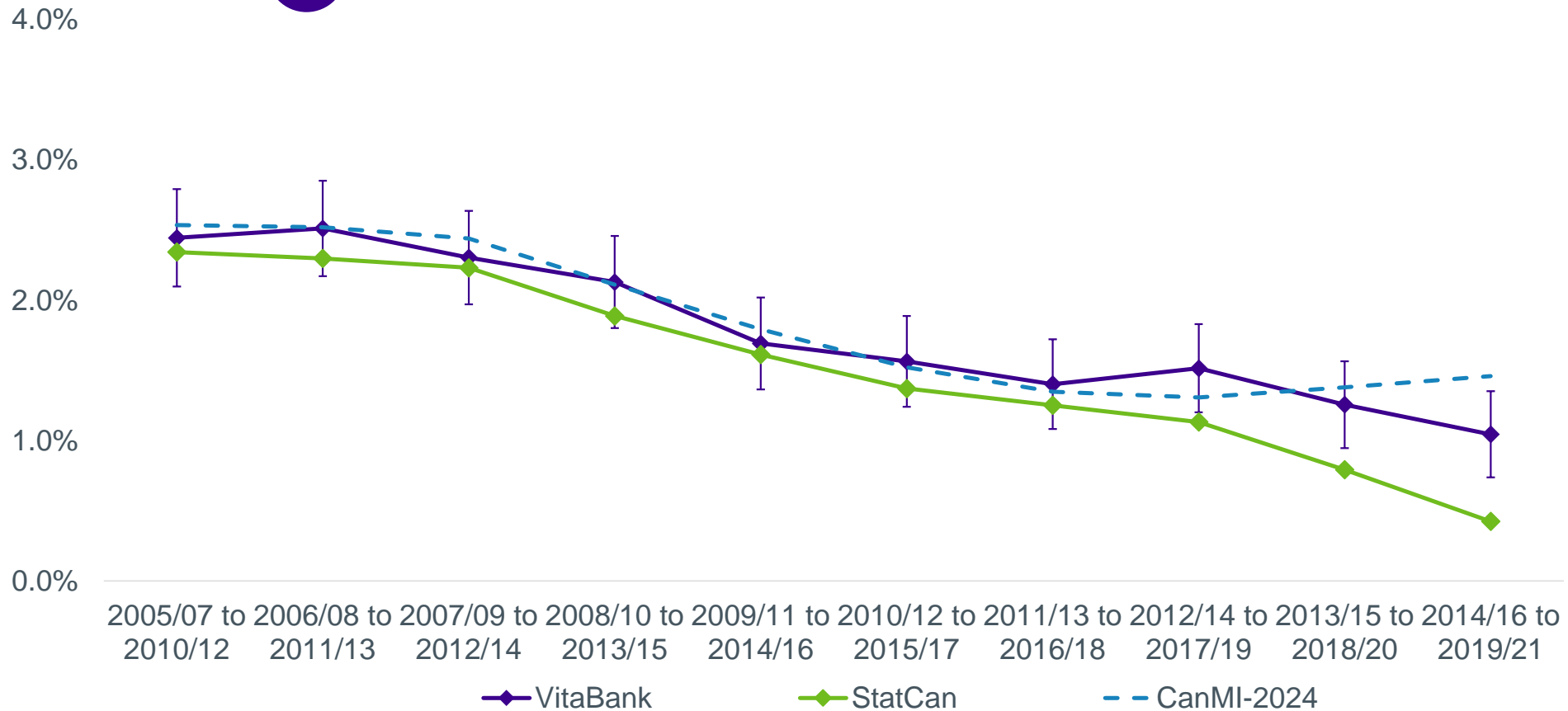
Male improvement rates in pension plans for ages 65 to 94 have been primarily higher than the national population over the period 2005 to 2021.





Club Vita research: *Improvement rates for DB male pensioners*

M 5-year annualized improvements for males aged 65-94

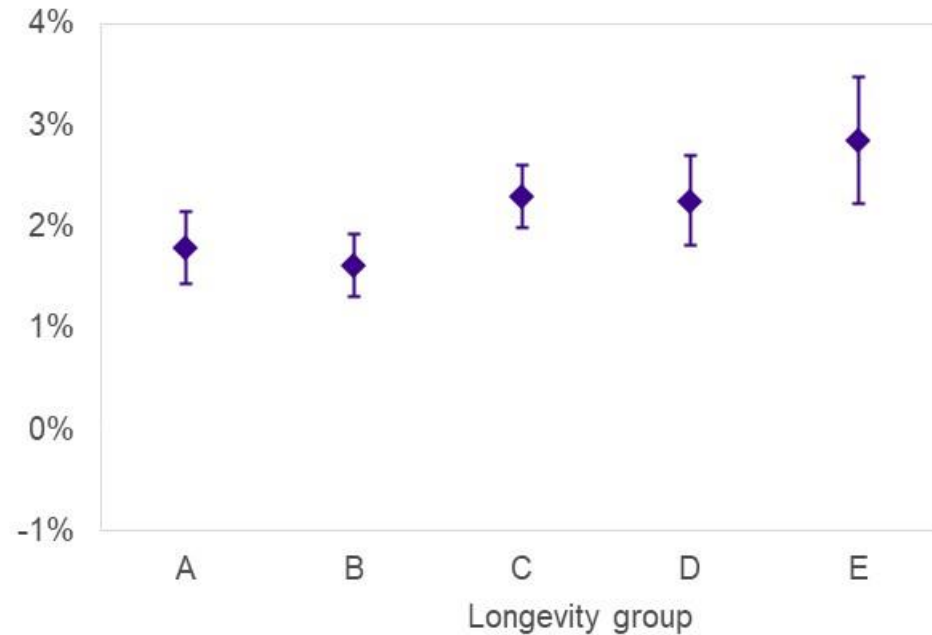




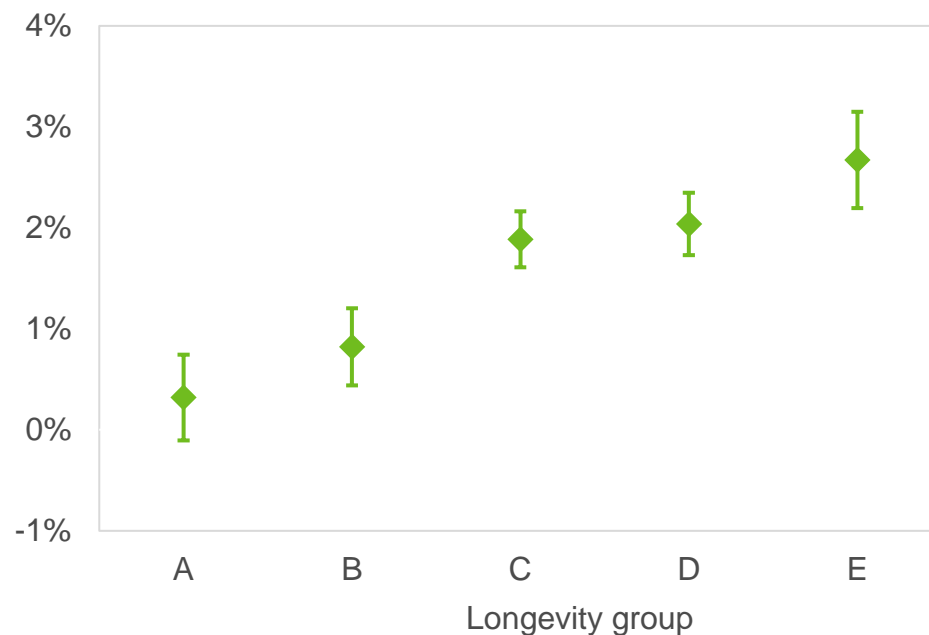
Club Vita research:

Improvement rates for DB pensioners by socio-economic status

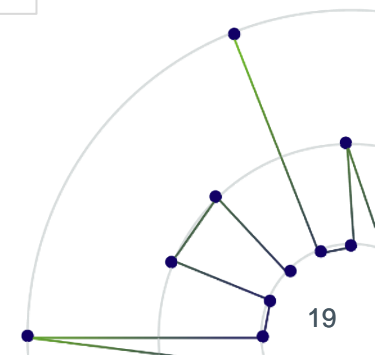
M VitaBank male mortality improvements by longevity group 2005-2009 to 2015-2019



F VitaBank female mortality improvements by longevity group 2005-2009 to 2015-2019



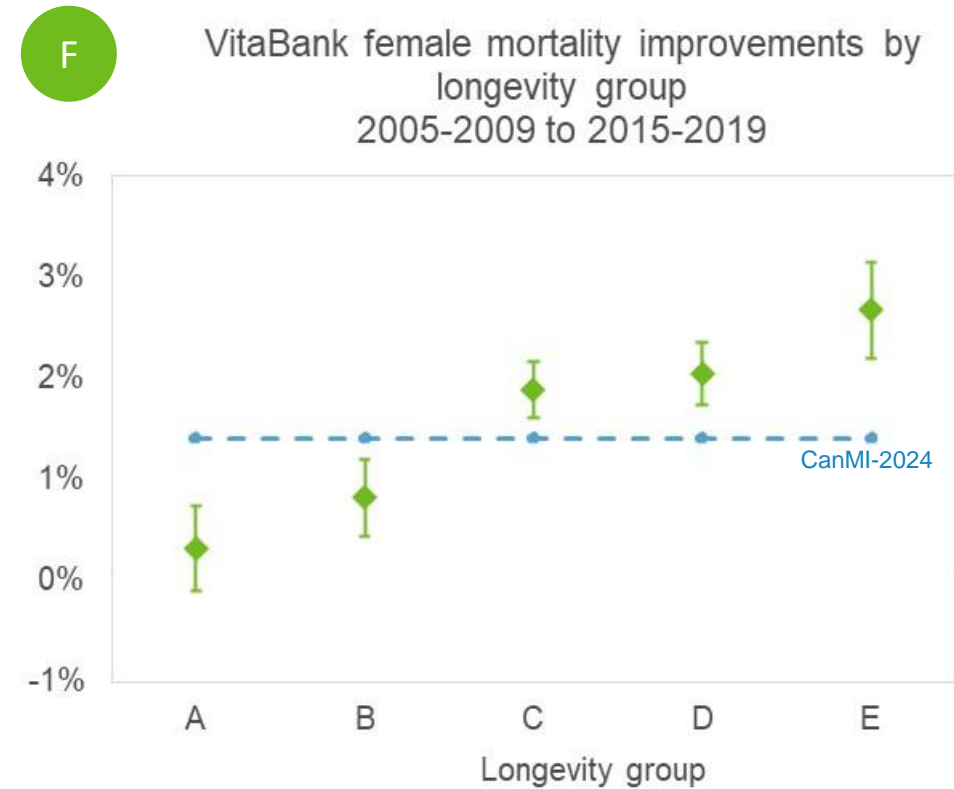
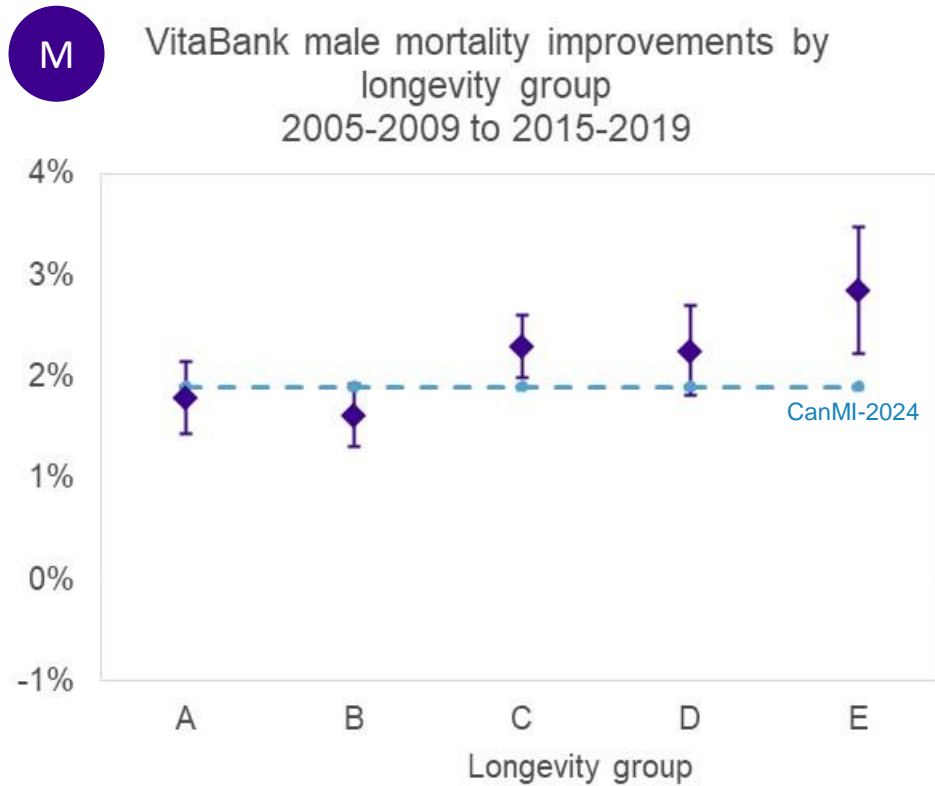
Improvements for defined benefit have differed by socio-economic status, particularly for women.



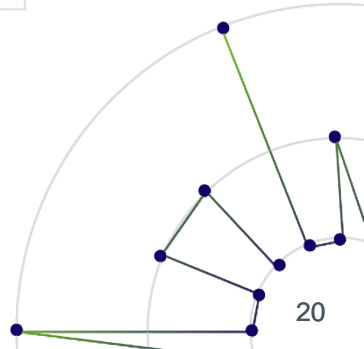


Club Vita research:

Improvement rates for DB pensioners by socio-economic status



Improvements for defined benefit pensioners have differed by socio-economic status, particularly for women.



Long term rates

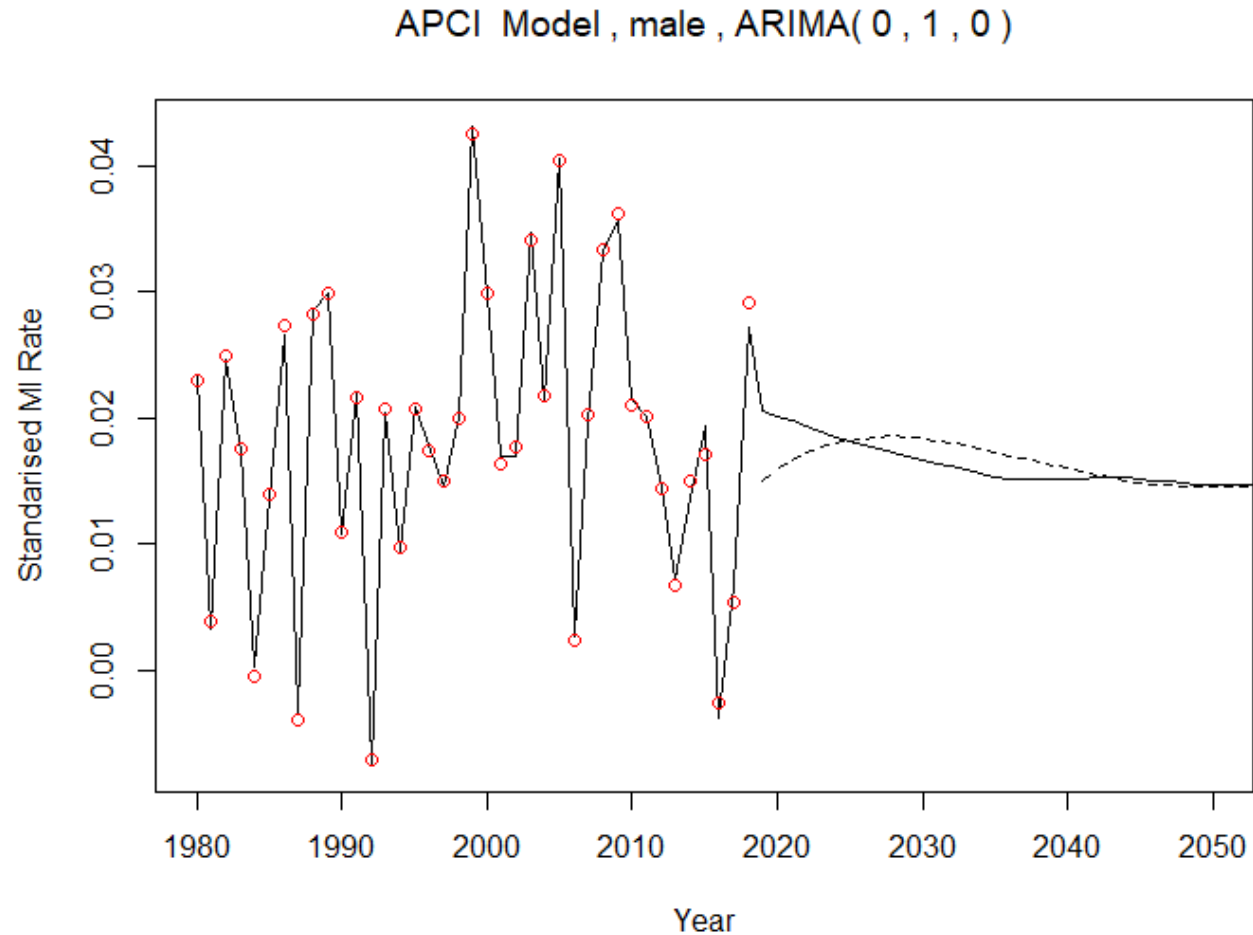
CMI Method Illustrated

Historical MI

- Crude rates (red circles)
- APCI Model (solid line)

Future MI

- APCI Model (solid line)
- CMI Projection (dashed line)



CMI Method Illustrated

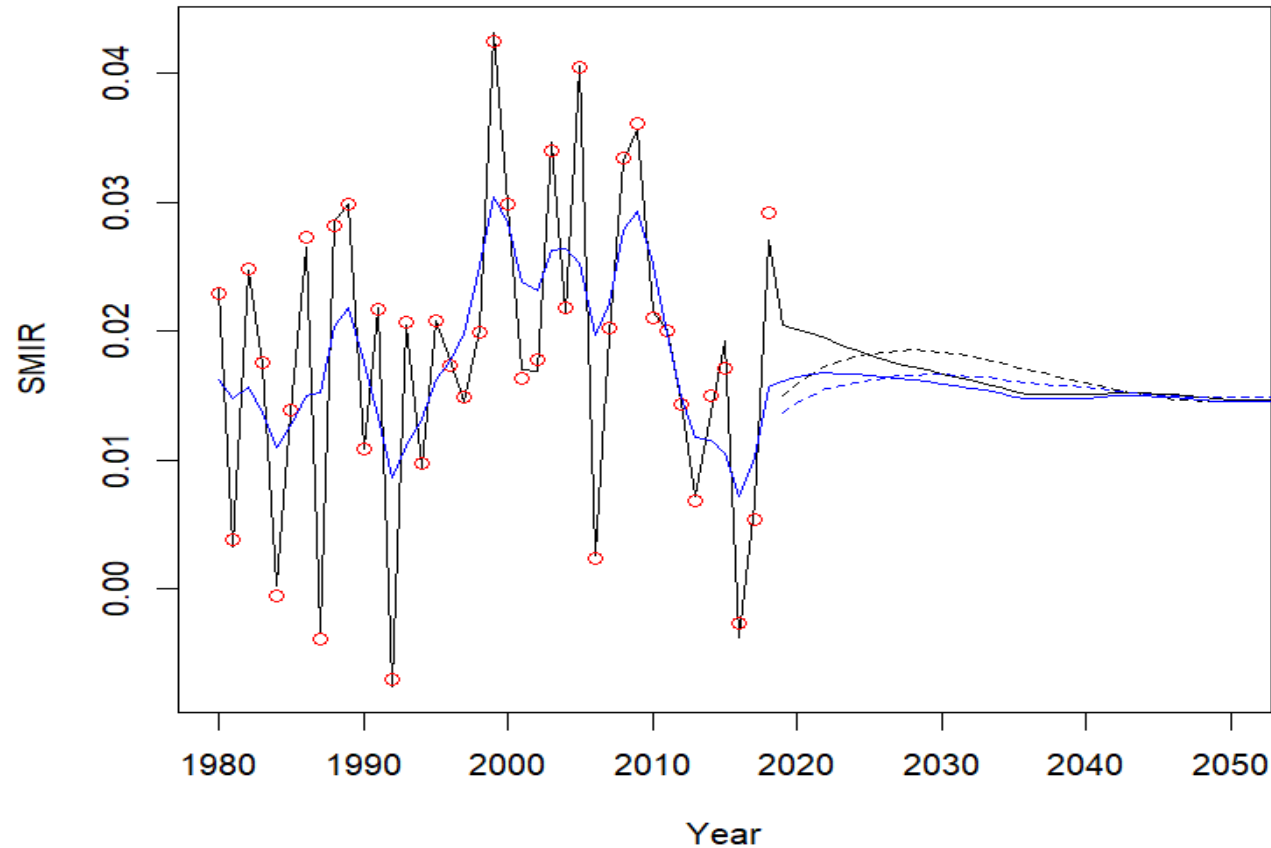
Historical MI

- Crude rates (red circles)
- APCI Model (solid line)

Future MI

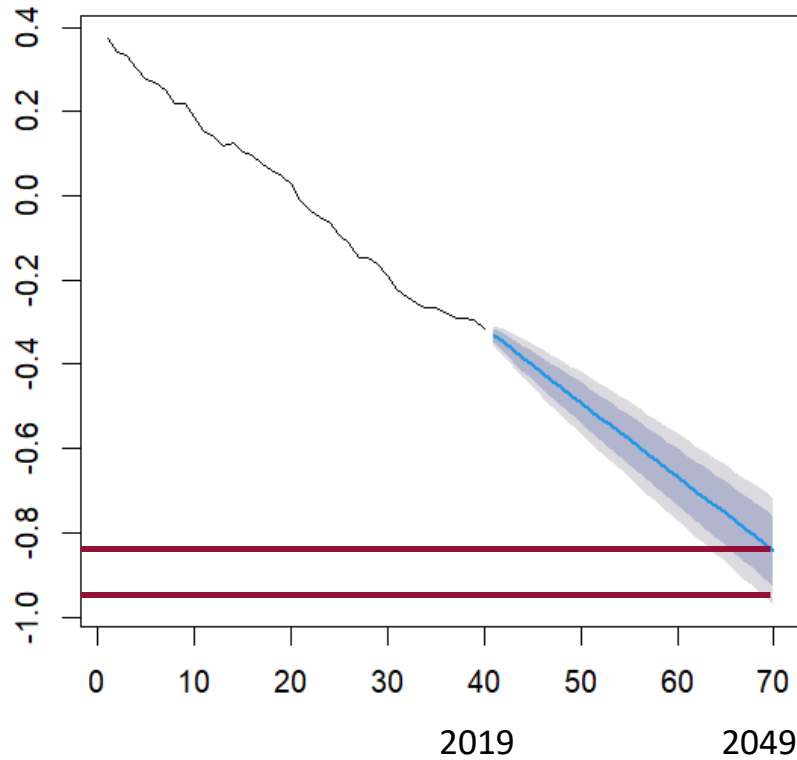
- APCI Model (solid line)
- CMI Projection (dashed line)
- Smoothed kappa (blue lines)

APCI w smoothing, male , ARIMA(1 , 1 , 0), S_kappa = 5

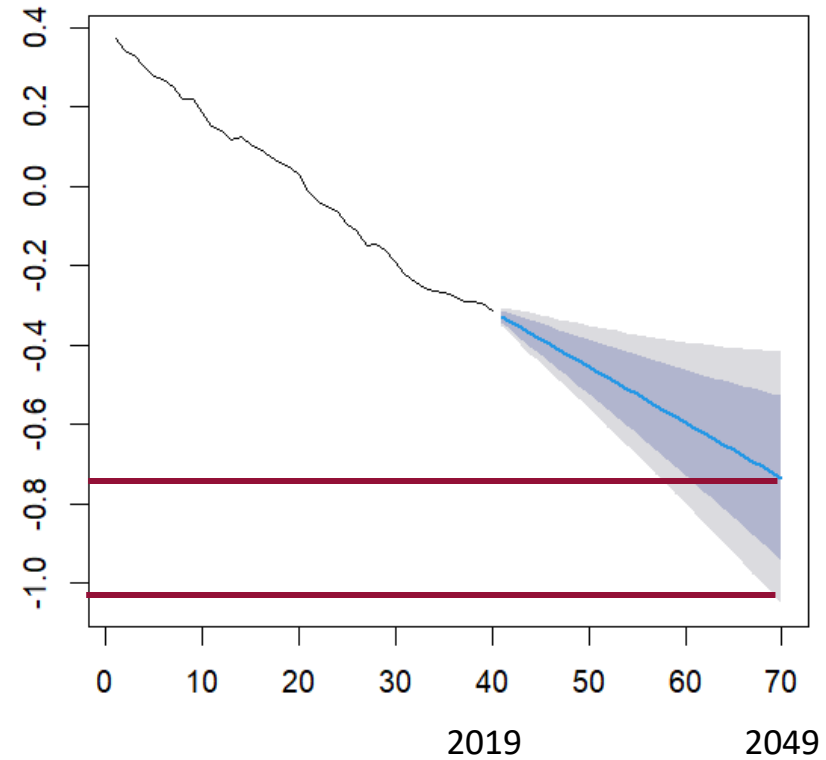


ARIMA model forecasts for APC model

Forecasts from ARIMA(0,1,0) with drift



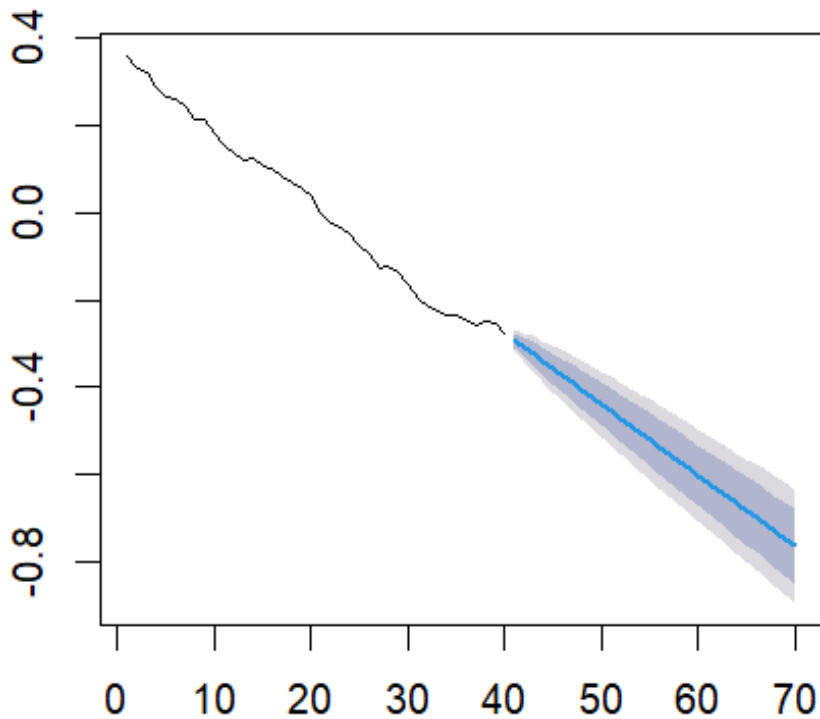
Forecasts from ARIMA(1,2,1)



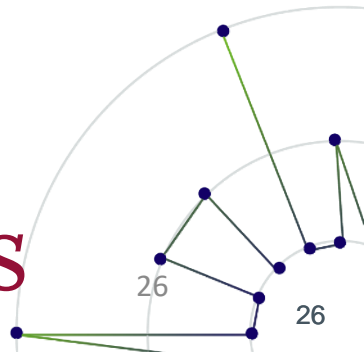
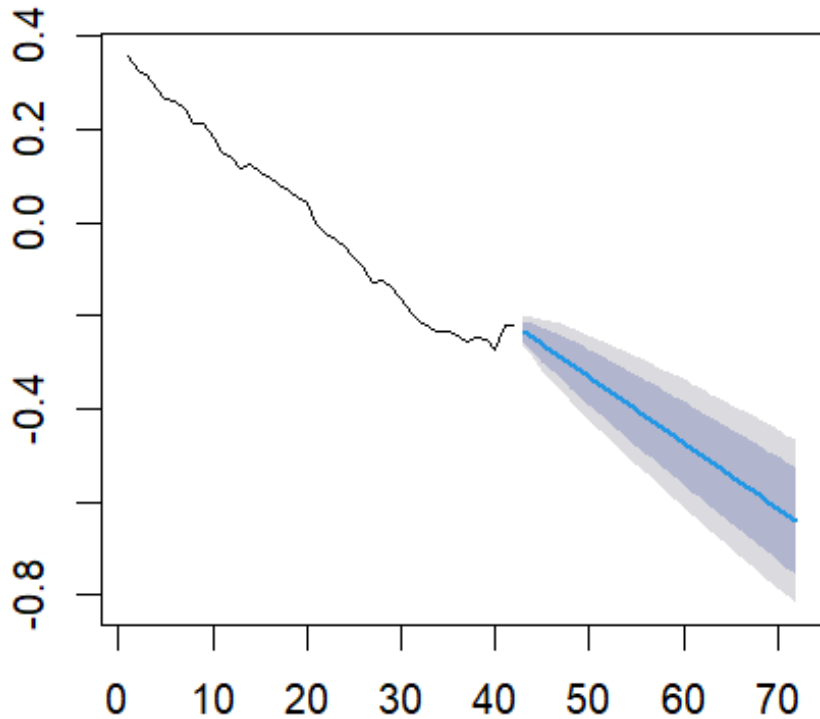
Allowance for COVID-19

Adding COVID-19 experience naively

Forecasts from ARIMA(0,1,0) with drift

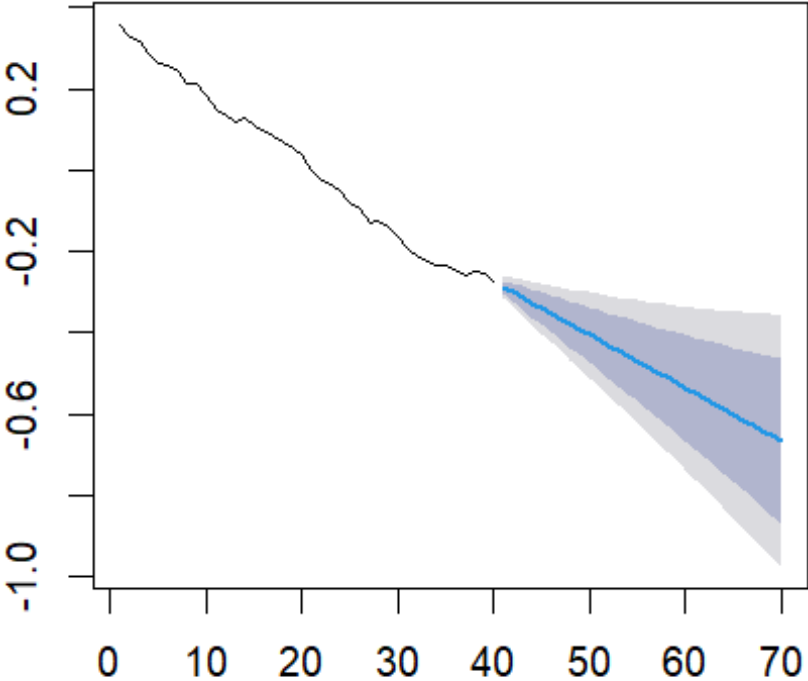


Forecasts from ARIMA(0,1,0) with drift

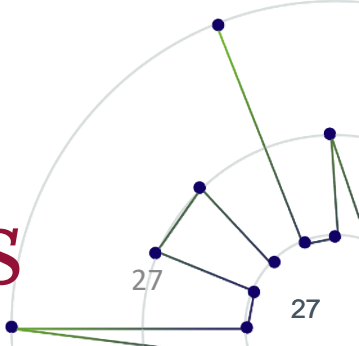
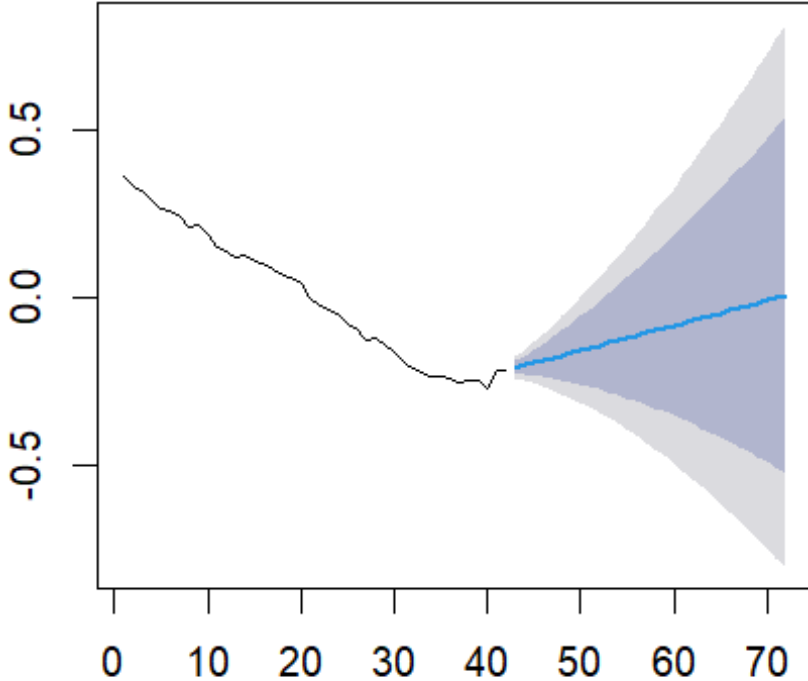


Naïve modelling can go really wrong!

Forecasts from ARIMA(1,2,1)



Forecasts from ARIMA(1,2,1)

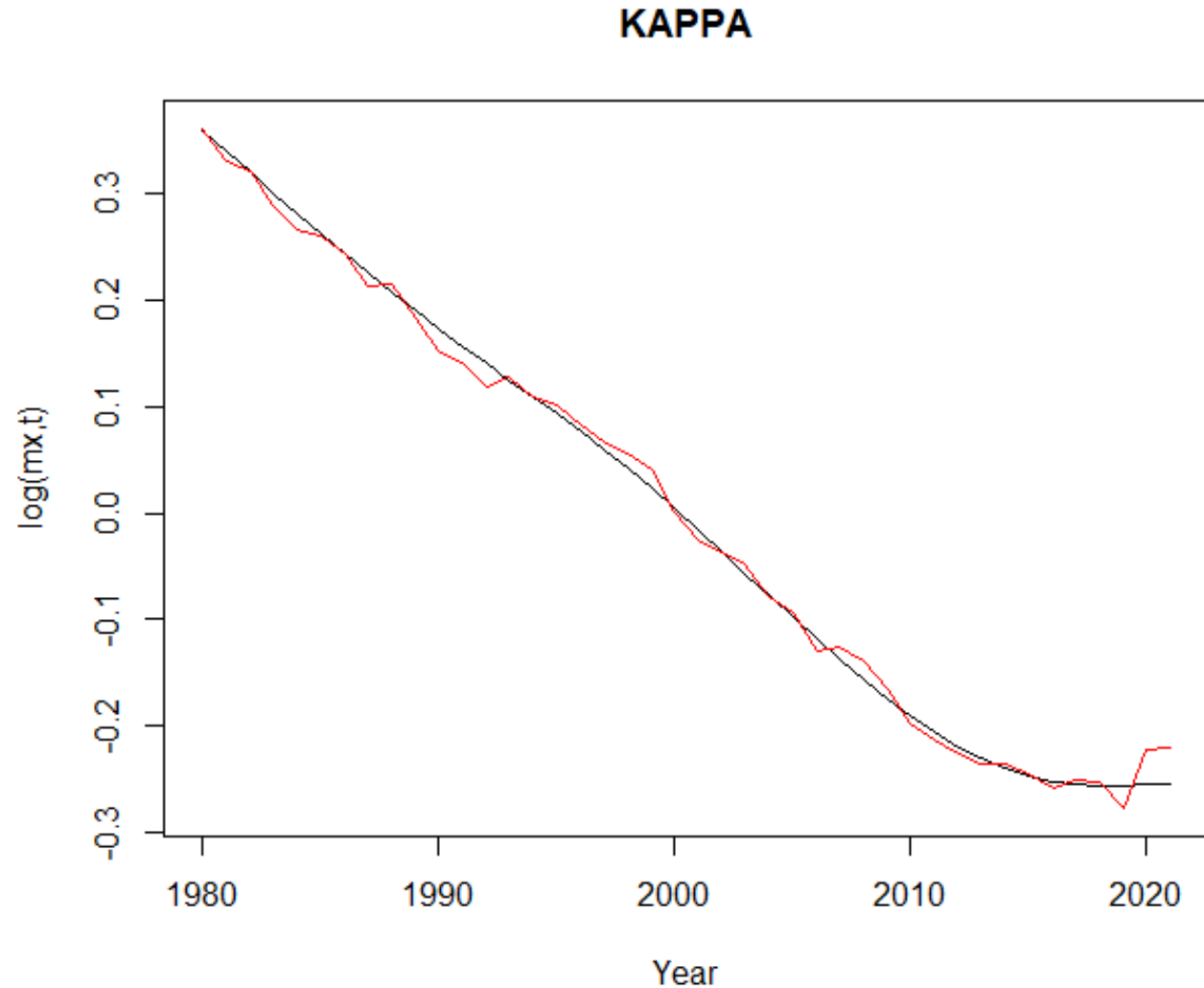


PQL Approach

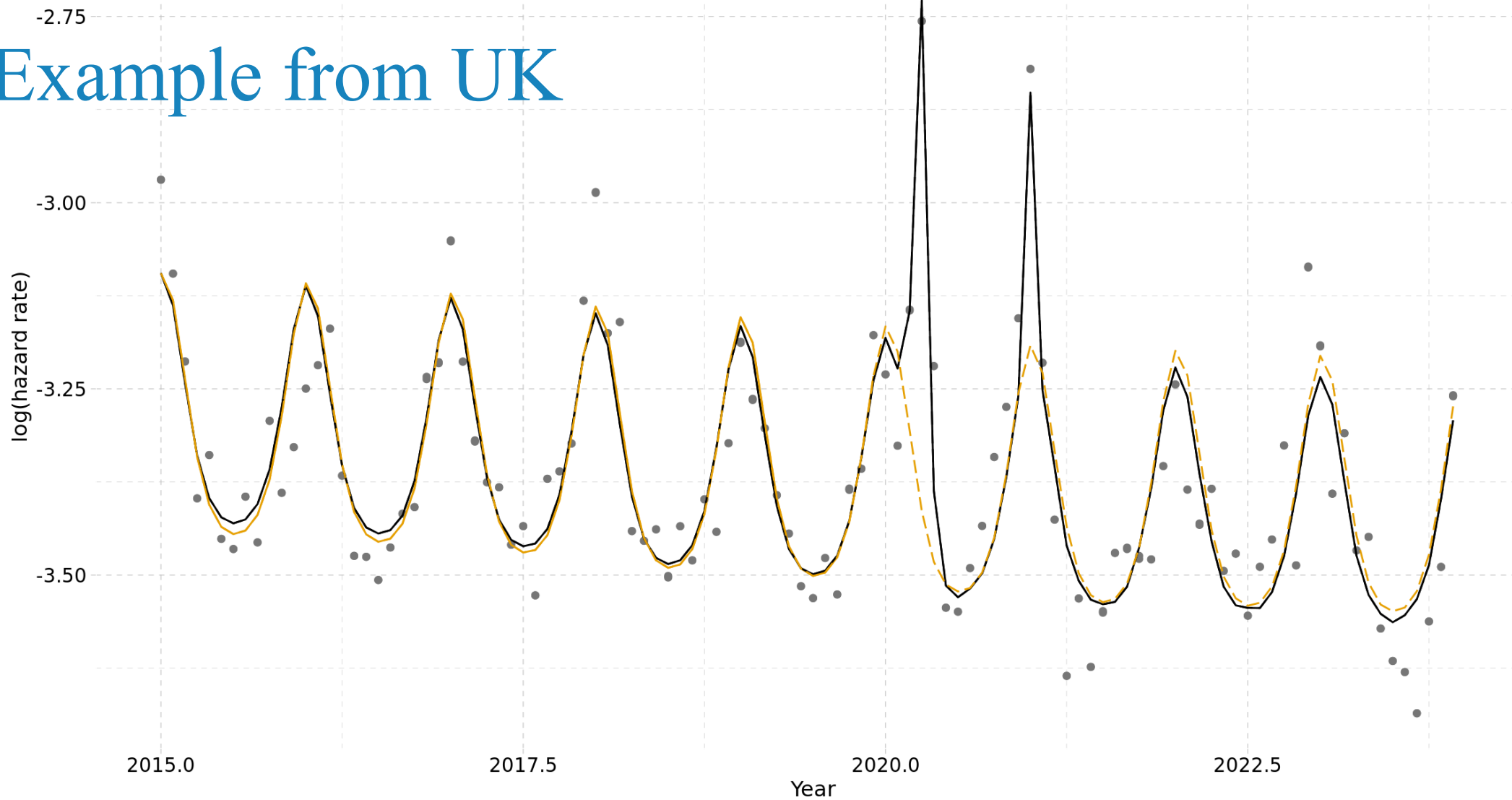
Penalised Quasi Likelihood

- Simultaneously fit stochastic parameters and ARIMA forecast
- Automatic smoothing eliminates COVID-19 spike
- Expert opinion to add spike explicitly

Zhou, Rui & Li, Johnny (2022): A multi-parameter-level model for simulating future mortality scenarios with COVID-alike effects, *Annals of Actuarial Science*. 16. 1-25.



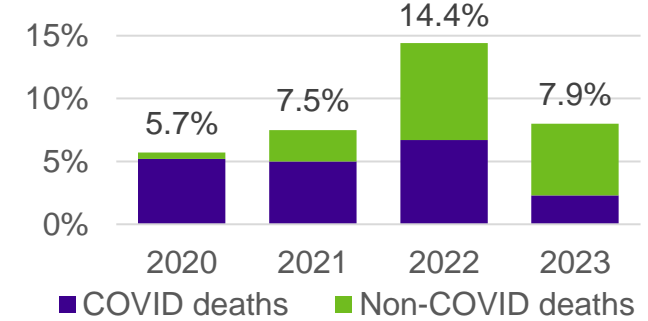
Example from UK



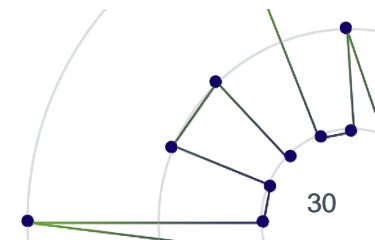
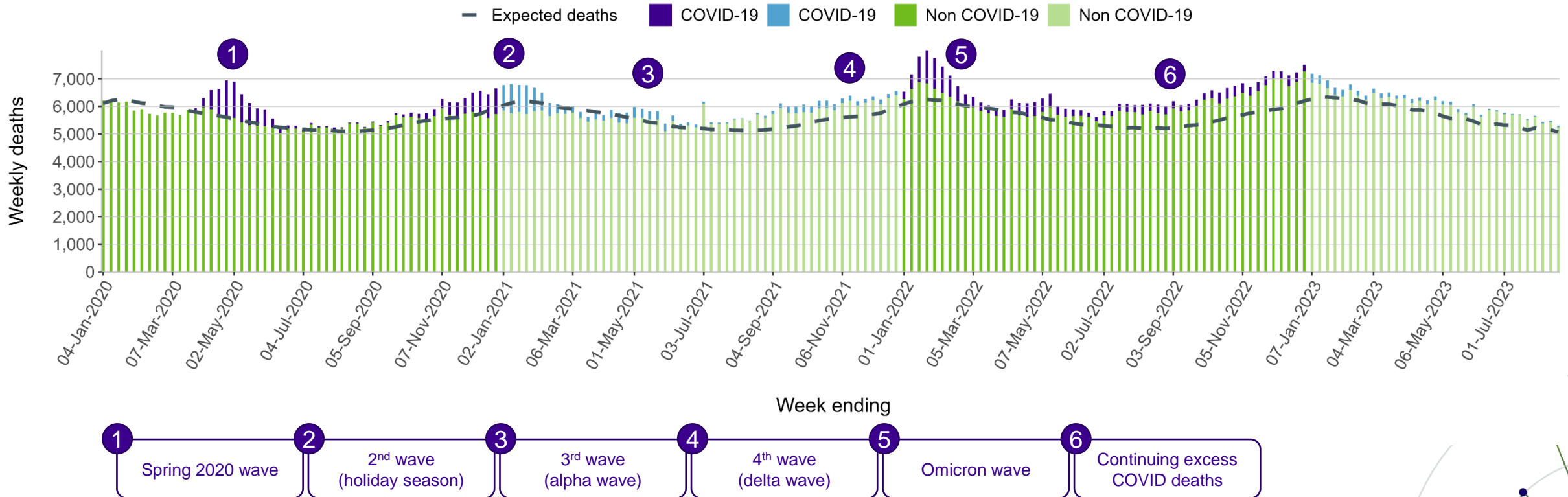
• Crude Hazard Rate *Model* — All years — Pre-pandemic

Canadian population excess deaths

Excess mortality in Canada (until August 19, 2023)



Canada estimated weekly deaths to August 19, 2023



Representative of what?



Continuation of trend / bounce back?
No significant change to mortality rates as a result of the COVID-19 pandemic



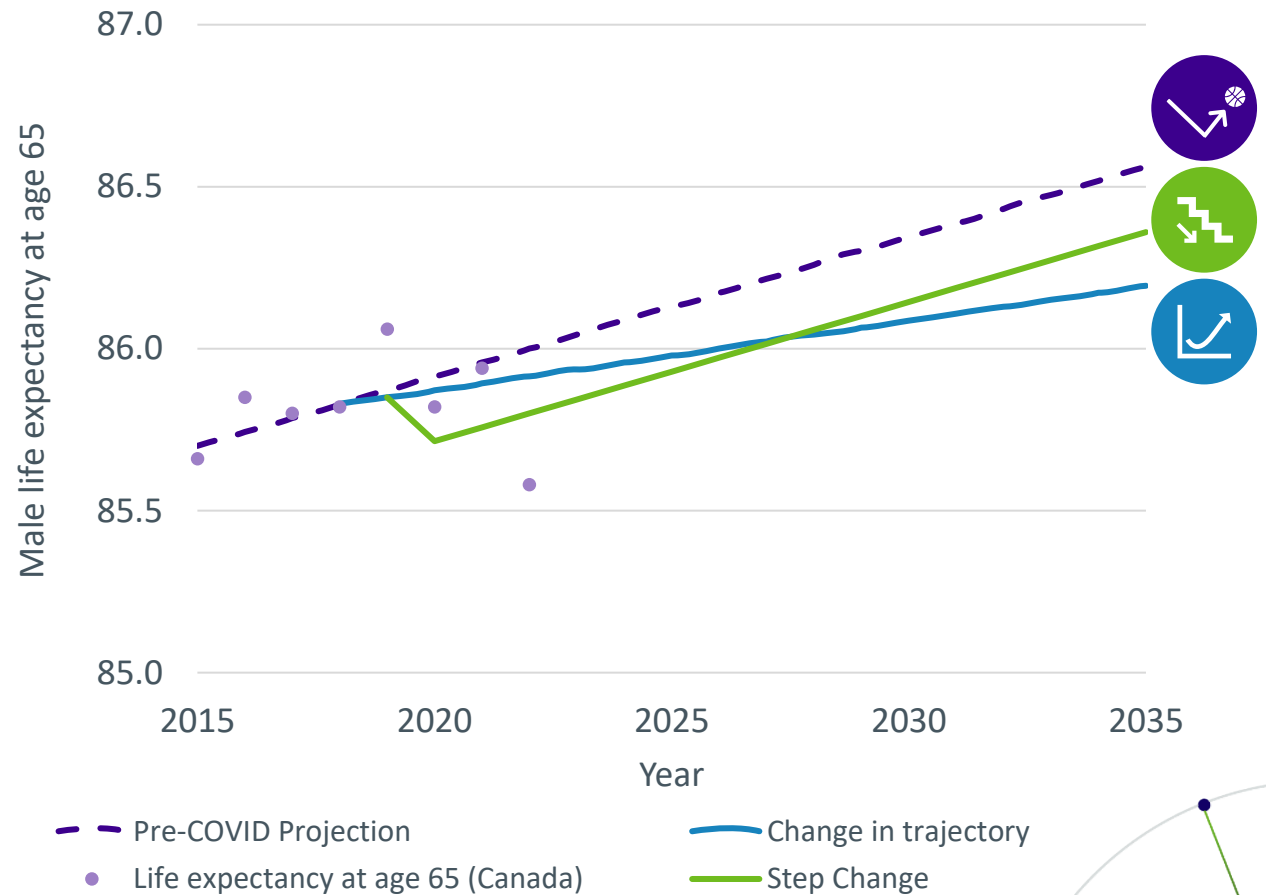
Change in Trajectory?
A long-term impact on mortality improvements with longer lasting effects



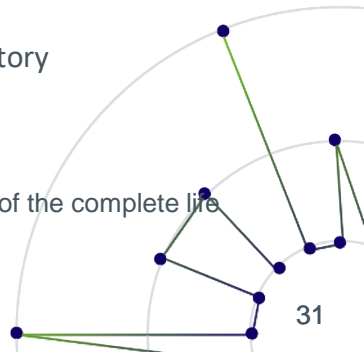
Step Change?
A short-term adjustment to base rates, with faster improvements shortly picking up

In practice, some combination probably appropriate

How should we model post-COVID Longevity trends?



Source for purple dots: [Table 13-10-0837-01](#) Life expectancy and other elements of the complete life table, single-year estimates, Canada, all provinces except Prince Edward Island



Many stakeholders are now looking to reflect impact of COVID on future mortality...



Extent to which will depend on a variety of factors:

- Geographical concentration
- Socio-economic groups
- Select populations (eg insured population)



Various modelling approaches available. Most appropriate will depend on judgement of post pandemic outlook.



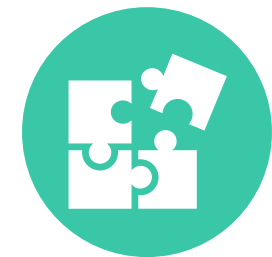
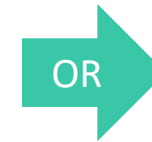
Bounce Back



Change in Trajectory



Step Change



Combination



Poll



Which of the following adjustments would you find useful for implementation?

Select all that apply:

Nothing – I'm happy to use the model unadjusted

10%

Ability to adjust short term rates

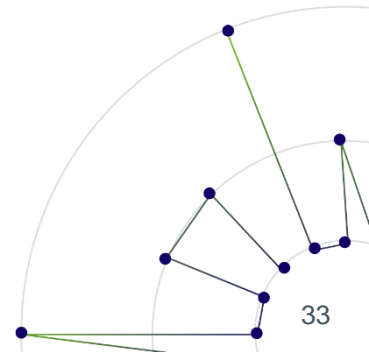
50%

Ability to adjust long term rate(s)

62%

Ability to allow for some impact of COVID-19

73%



Q&A



Thank you

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