



It Takes Two: Why Mortality Trend Modeling is more than Modeling one Mortality Trend

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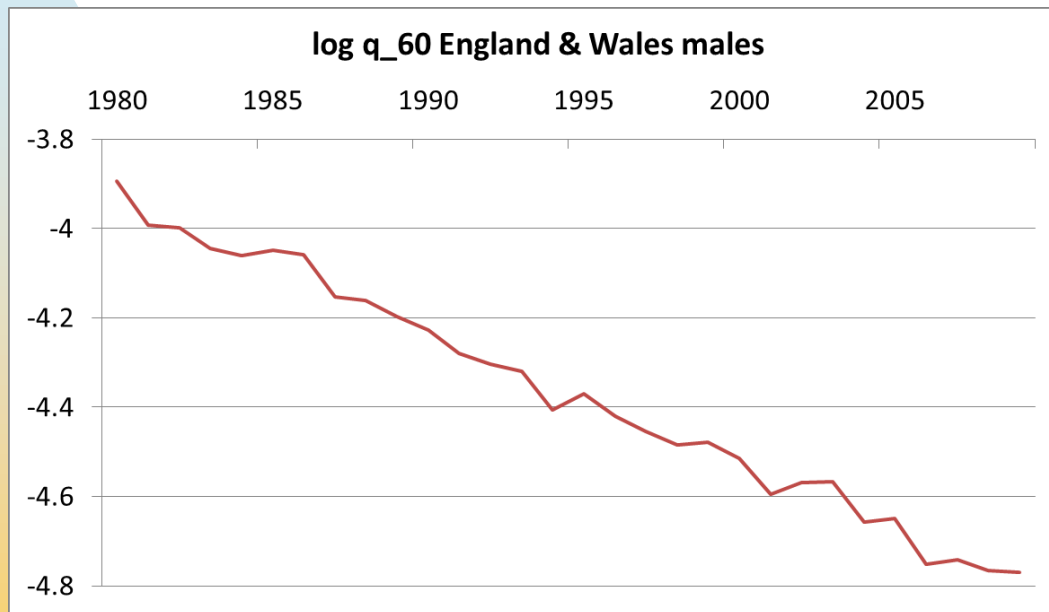


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Introduction

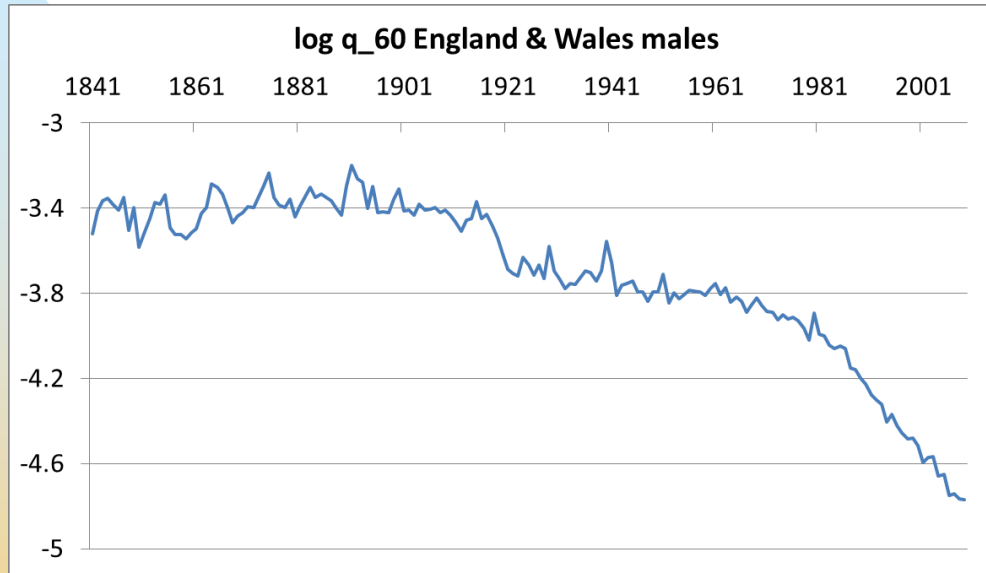
- In almost every country, life expectancies increase and mortality rates decrease
- The decrease in log mortality rates often appears linear:



- Log mortality is usually projected as random walk with drift
- Drift coincides with historically observed slope

Introduction

What if we look further into the past?



- Trend in log mortality appears only piecewise linear
- Slope of the mortality trend changes
- Random walk with drift does not account for trend changes
 - Finding is not new, see e.g. Sweeting (2011) or Li et al. (2011)
- ➔ Additional uncertainty and the need for modeling mortality trend changes

Agenda

- **Why two mortality trends?**
 - Actual mortality trend (AMT)
 - Expected mortality trend (EMT)
 - Some examples for applications
- **A combined model for both trends**
 - AMT component
 - Stochastic start trend
 - Comparison with other AMT approaches
 - EMT component
 - Comparison with other EMT approaches
- **Conclusion**

Actual Mortality Trend

■ One trend is the actual mortality trend (AMT)

- The AMT describes realized future mortality and is the core of most existing mortality models
- Goal: plausible extrapolation of historically observed mortality
- Thus, modeling as piecewise linear trend with random changes in the slope plus random fluctuations around the linear trend
- Time and magnitude of changes in the AMT need to be simulated

■ The AMT is not (fully) observable!

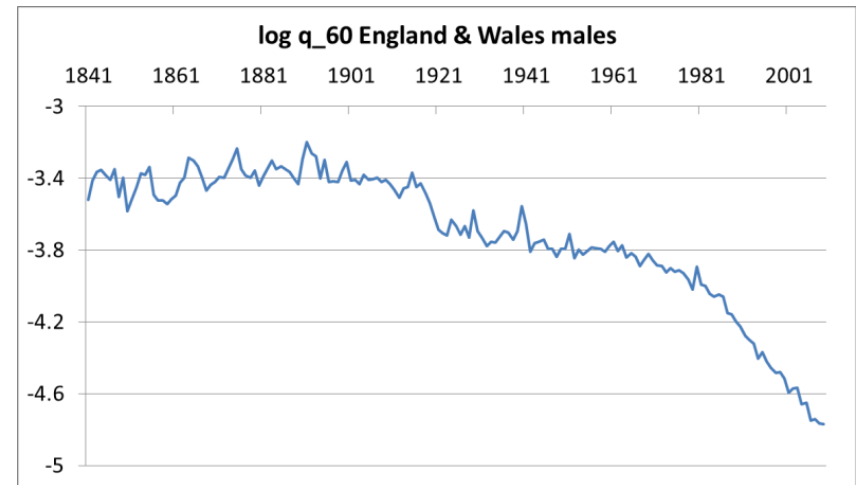
■ We „know“ the historical AMT

- Random fluctuations can be filtered out
- Historical trend changes and slopes of piecewise linear trends are rather obvious

■ We have an idea of the current value of the AMT

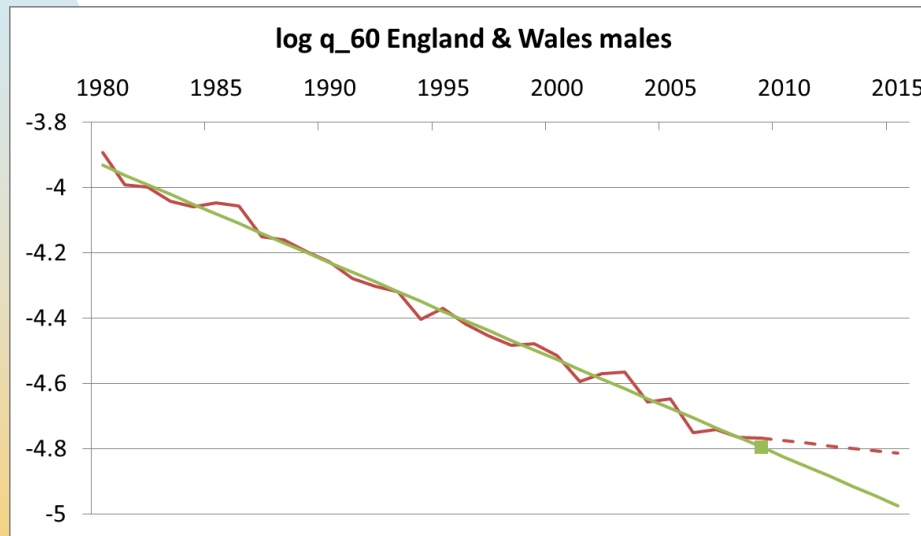
■ But we do not know the current slope

- There might be a trend change this year
- There might have been a trend change over the last years which is covered by random fluctuations



Expected Mortality Trend

- The second trend is the estimated mortality trend (EMT)
- The EMT is the actuary's/demographer's estimate of the AMT
 - Current value and current slope of the AMT



- The EMT is based on the most recent historical mortality evolution and updated as soon as new data becomes available
- The EMT is the basis for mortality projections and (generational) mortality tables, e.g., for reserving

Why Two Mortality Trends?

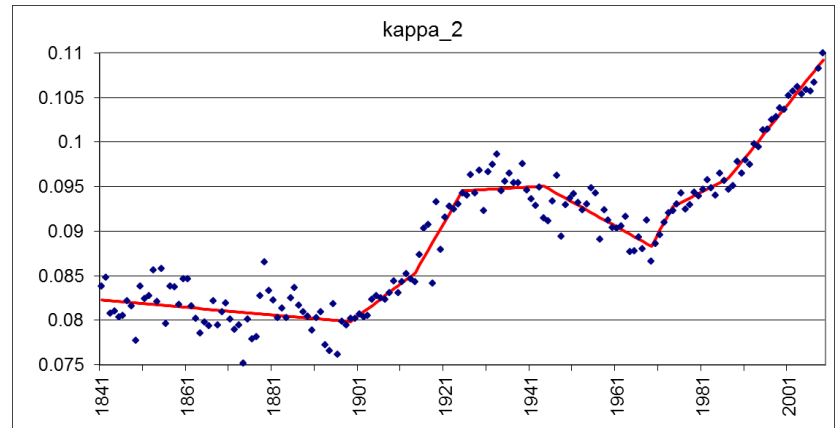
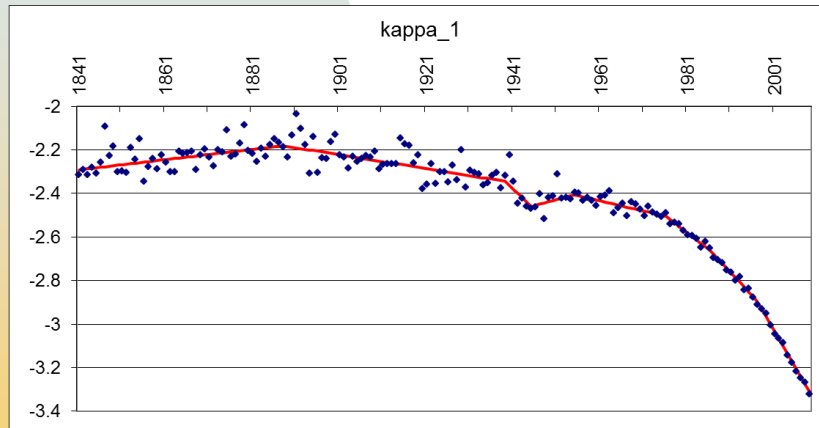
- The mortality trend to consider depends on the application in view, examples:
- Capital for a portfolio run-off → AMT over the run-off
- Reserves for the portfolio after 10 years
 - EMT after 10 years and AMT over the 10 years
 - AMT for the next 10 years is required to be able to compute EMT in 10 years time
- Payout of a mortality derivative which reduces GAO risk
 - EMT at maturity and AMT up to maturity
- Analysis of hedge effectiveness of the derivative
 - EMT at maturity, AMT also beyond
- Solvency Capital Requirement: combined 99.5th percentile of actual payments over the next year and changes in the liabilities
 - AMT for actual payments and EMT for change in liabilities

Combined AMT/EMT Model – AMT Component

- For the AMT model component, we use the model of Sweeting (2011):

$$\text{logit}(q_{x,t}) := \log\left(\frac{q_{x,t}}{1 - q_{x,t}}\right) = \kappa_1(t) + \kappa_2(t) \cdot (x - \bar{x}),$$

- But in principle, our approach of modeling AMT and EMT could be applied in any model with time process(es)
- Model parameters for English and Welsh males aged 60-89:



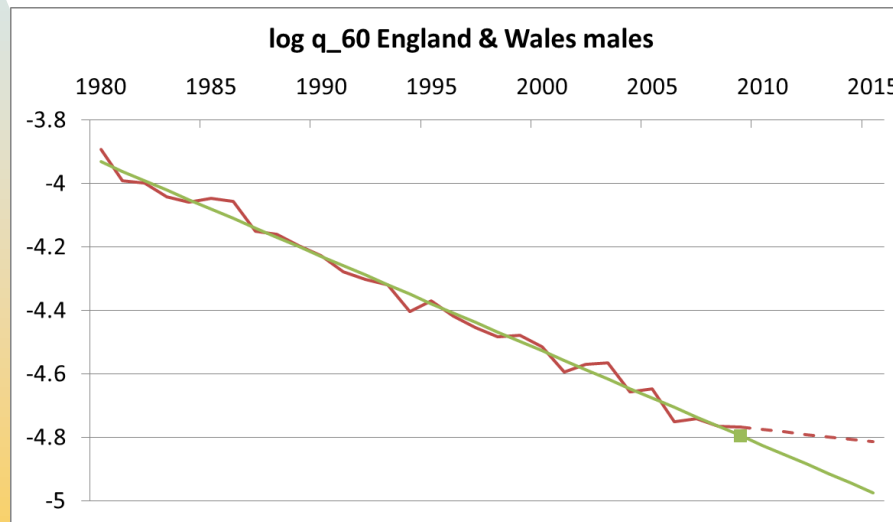
- 7 trend changes for both kappa processes → trend change probability $p = 7/169$
- Trend change intensity: $\lambda_i = S_i \cdot M_i, i = 1, 2,$
 - $S_i, i = 1, 2$: sign of trend change, bernoulli distributed with values 1 and -1 and probability 1/2
 - $M_i, i = 1, 2$: absolute magnitude of trend change, normally distributed with parameters according to sample mean and sample variance

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Combined AMT/EMT Model – Stochastic Start Trend

- **The AMT at the start of a simulation is not observable**
 - Typically, the EMT is assumed as the starting AMT
- **But what if another trend change occurred after the last significant one?**
 - ➔ **Additional uncertainty**
- **This is more than parameter uncertainty in estimating a linear trend**

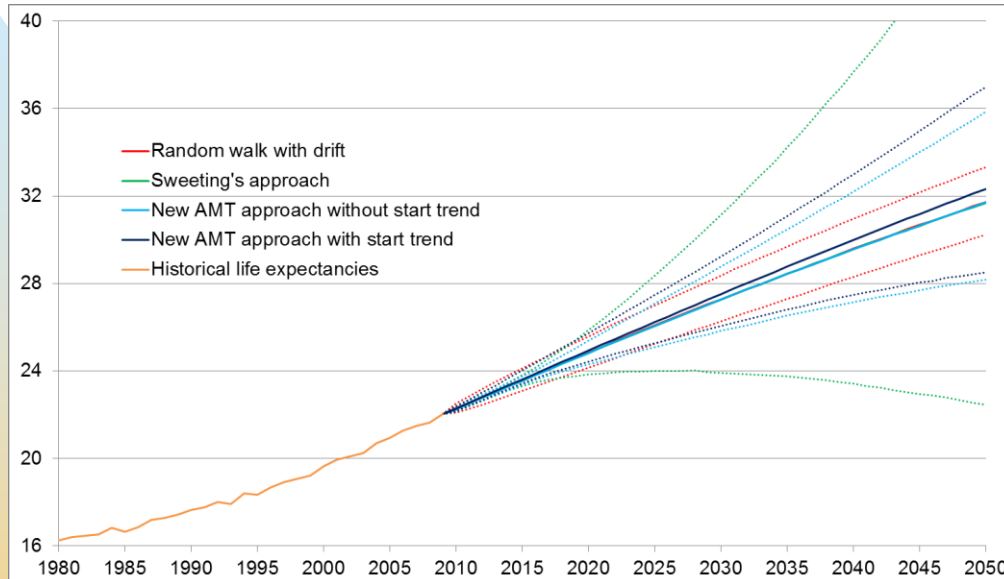
■ Example:



- **Uncertainty accounted for by stochastic start trend**
 - We explain how a combined distribution for the current value and the current slope of the AMT can be established

Combined AMT/EMT Model – Comparison of AMT Approaches

Remaining period life expectancy for a 60-year old (with 10th and 90th percentiles)



- Similar and in every case plausible medians
- Random walk with drift: first widest and then narrowest confidence bounds, 3.1 years in 2050 seem unrealistically small
- Sweeting's approach: implausibly wide confidence bounds (23.3 years in 2050)
- New ATM approach: confidence bounds look plausible
- Stochastic start trend widens confidence bound in 2050 from 7.7 years to 8.5 years

Combined AMT/EMT Model – The EMT Component

- **The EMT is the best estimate of the AMT at any point in time**
- **In principle, every estimation procedure is feasible for the EMT**
- **„Optimal“ EMT in our setting: Mean of start trend distribution**
 - Start trend distribution is too complex to be established whenever the EMT is required
 - Simpler methods required for the EMT in simulations
- **We propose to compute the EMT by weighted regression**
 - Extrapolation of linear trend in most recent data points
 - Crucial question: How many data points?
 - Too many data points: Delayed reaction to change in the AMT
 - Too little data points: EMT is exposed to random noise in the AMT
 - Weights decrease exponentially going backwards in time
 - Optimal weighting derived by minimizing the MSE between AMT and EMT

Combined AMT/EMT Model – Comparison of EMT Approaches

MSE in estimating the cohort life expectancy for a 60-year old in 2050

EMT estimation method	Mean squared error	Root mean squared error
Optimal weighting	5.136	2.266
Stronger weighting	6.666	2.582
Reduced weighting	5.190	2.278
Unweighted regression on 5 data points	10.188	3.192
Unweighted regression on 10 data points	5.801	2.409
Unweighted regression on 20 data points	11.682	3.418

Practical implication: derivative with payout equal to this life expectancy

- The payout is computed based on the EMT in 2050
- Underestimation of life expectancy critical from hedger's point of view
- Probabilities of underestimating the life expectancy:

EMT estimation method	> 5 years	> 10 years
Optimal weighting	3%	0.4%
Unweighted regression on 20 data points	7.7%	2.1%

→ EMT approach has a crucial impact on the payout and the hedge effectiveness

Conclusion

- **Two trends need to be distinguished and modeled:**
 - The actual mortality trend (AMT) which is unobservable
 - The estimated mortality trend (EMT) which is an observer's estimate of the AMT
- **The trend to consider depends on the question in view**
- **The AMT should be modeled as a piecewise linear function with random changes in the slope**
 - The commonly used random walk with drift underestimates longevity risk systematically
- **Since the AMT at the start of a simulation is unknown a stochastic start trend should be considered**
- **The choice of the EMT approach is crucial in practice**
 - A weighted regression approach seems most reasonable
 - We show how optimal weights can be derived

References

- Sweeting, P., 2011. A Trend-Change Extension of the Cairns-Blake-Dowd Model. *Annals of Actuarial Science*, Volume 5, pp. 143-162.
- Li, J., Chan, W. S. & Cheung, S. H., 2011. Structural Changes in the Lee-Carter Mortality Indexes: Detection and Implications. *North American Actuarial Journal*, Volume 15, pp. 13-31.

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