Belts and Suspenders

Don't Get Caught with Your "Guard" Down

Gretchen Juneau – Chief Underwriting Solutions Officer, PartnerRe
Joshua Herzog – Actuary, Accelerated Underwriting & Innovation, PartnerRe

January 26, 2026

Underwriting Considerations

What are we missing with Accelerated Underwriting?

- Paramedical exam declarations
- Labs including A1c, GGT, drug screening, nicotine screening
- Physical Measurements including build
- In many instances APS records

What new data sources were introduced?

- Pharmacy Database Information
- Medical Claims Information
- Historical Laboratory results
- Criminal History
- MVRs
- EHRs
- Behavioral Information

What are companies looking to do?

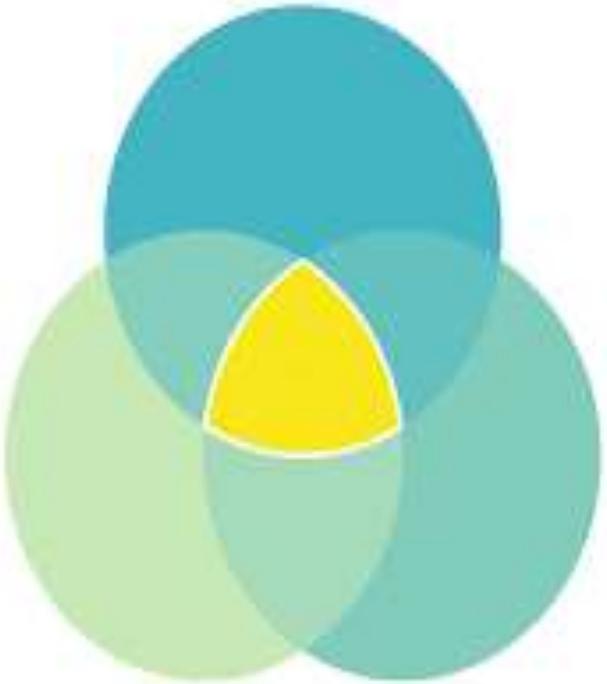
- Frictionless purchase experience
- Increase speed of the product to consumers
- Lower expenses
- Increase accuracy
- Reduce early claims and mortality slippage in the process

How do we do it right?

- **Lean into random hold outs**
- **Post-issue audits**
- **Combine random hold outs with post-issue audits –**

What we traditionally found before “fluidless” is still a part of your cases….how do we best find it?

Understand the impact of one additional death in a pool and the impact it could have on your mortality. At age 35 we expect ~2 deaths per 1000 – The margins are not huge however the impact could be!



Sounds simple, right?

Random Hold outs are not frictionless for the customer or your distribution partner.

Opportunities for missing non-disclosure of medical histories.

Abandonment of cases

Post-issue audit cost

The cost of auditing your rules engine.

What do you do when you find out something unexpectedly?

Time and resources needed to evaluate the information received.

The decision whether to rescind a case.

Data and documentation information extraction.

Actuarial Considerations

Leveraging Audits

Here we're assuming a flat 500% scalar for relative risk, but what to we really know about Decline mortality

?

- Visualization tools for assumption setting and process improvement
- Track trends over time and drill into key mortality slippage drivers
- Mortality slippage attribution to each misclassification reason
- Align pricing and reserving assumptions with the underwriting framework

Asymmetric UW Information - Digital Blind Spots

Underwriting Information

Underwriter	Applicant / Agent
Known	Known
Unknown	Unknown

No Lab / Exam / APS – Digital Blind Spots

K K U U	• Application Answers, Rx, MVR, MIB • Diagnosed & Treated Conditions
K K U U	• Insurance Labs, APS, BP, BMI, EKG • Surprise Findings or Pending Testing
K K U U	• Waived Requirements, Personalized Medicine, Home Testing, etc. • Recently Emerged or Undiagnosed
K K U U	• Waived Requirements, No Test Possible • Embedded Risk

Present Value A/E – Declinable Risk vs. Standard-or-Better

- We calculate the relative impact on a net single premium basis taking age, gender, and product term period into account.
- The table to the right shows for a 45-year-old how the PV A/E of Declinable Risks can vary significantly by male/female and product term.

PV of Declinable Mortality		
Term Period	Male Age 45	Female Age 45
10 Years	702%	837%
15 Years	590%	682%
20 Years	521%	585%
30 Years	432%	466%

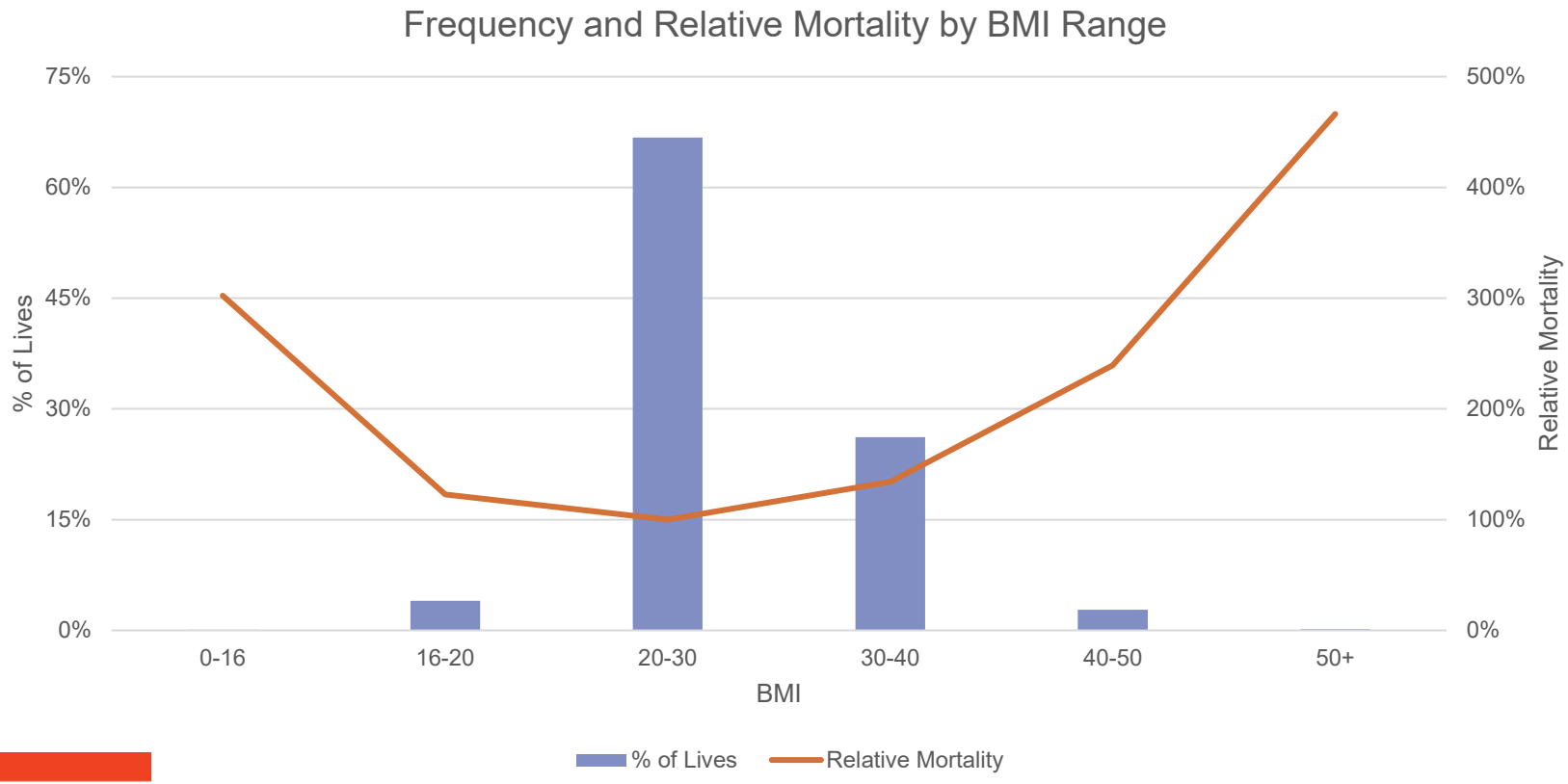
ExamOne Study Data Overview

- Lab and Exam data from life insurance applicants 2001-2024
- 60 analytes
- Up to 11.5 million lives for each analyte
  - Up to 500k lives from each year
- Death data from Social Security Death Master File

A1C	BILI	CDT	GGT	PROT
ALB	BLDETOH	CEA	GLOB	PSA
ALK_PHOS	BLDHIV	CHOL_HDL	GLUC	PULSRT1
ALT	BMI	CHOL	HDL	
APPHT1	BP Diastolic	Creat	HEPBAG	
App_Nicotine	BP Systolic	Diuretic	HEPC	
AST	BUN	EGFR	NT-ProBNP	
BBlocker	Calcium	FRUC	LDL	

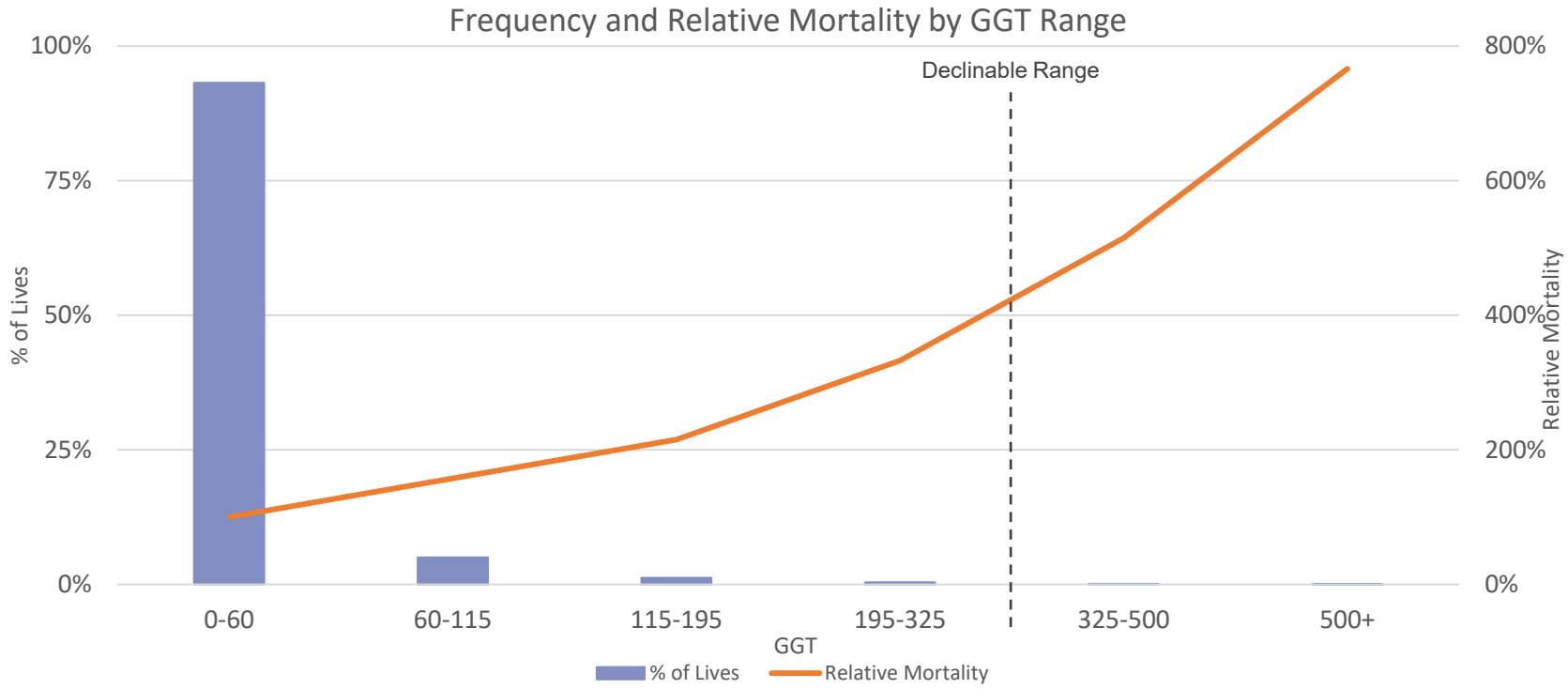
BMI: Body Mass Index – Measures body fat based on height/weight ratio
eGFR: Estimated Glomerular Filtration Rate – Estimates kidney function efficiency.
GGT: Gamma-Glutamyl Transferase – Enzyme related to liver function and bile ducts.
A1c: Hemoglobin A1c – Measures long-term blood sugar, used to monitor diabetes.
NT-ProBNP: N-Terminal Pro B-type Natriuretic Peptide – Indicates heart strain.
PSA: Prostate-Specific Antigen – Detects prostate inflammation, enlargement or cancer.

Mortality Varies by BMI



Relative mortality relative to underwriting “standard or better” range (20-30)

Mortality Varies by GGT



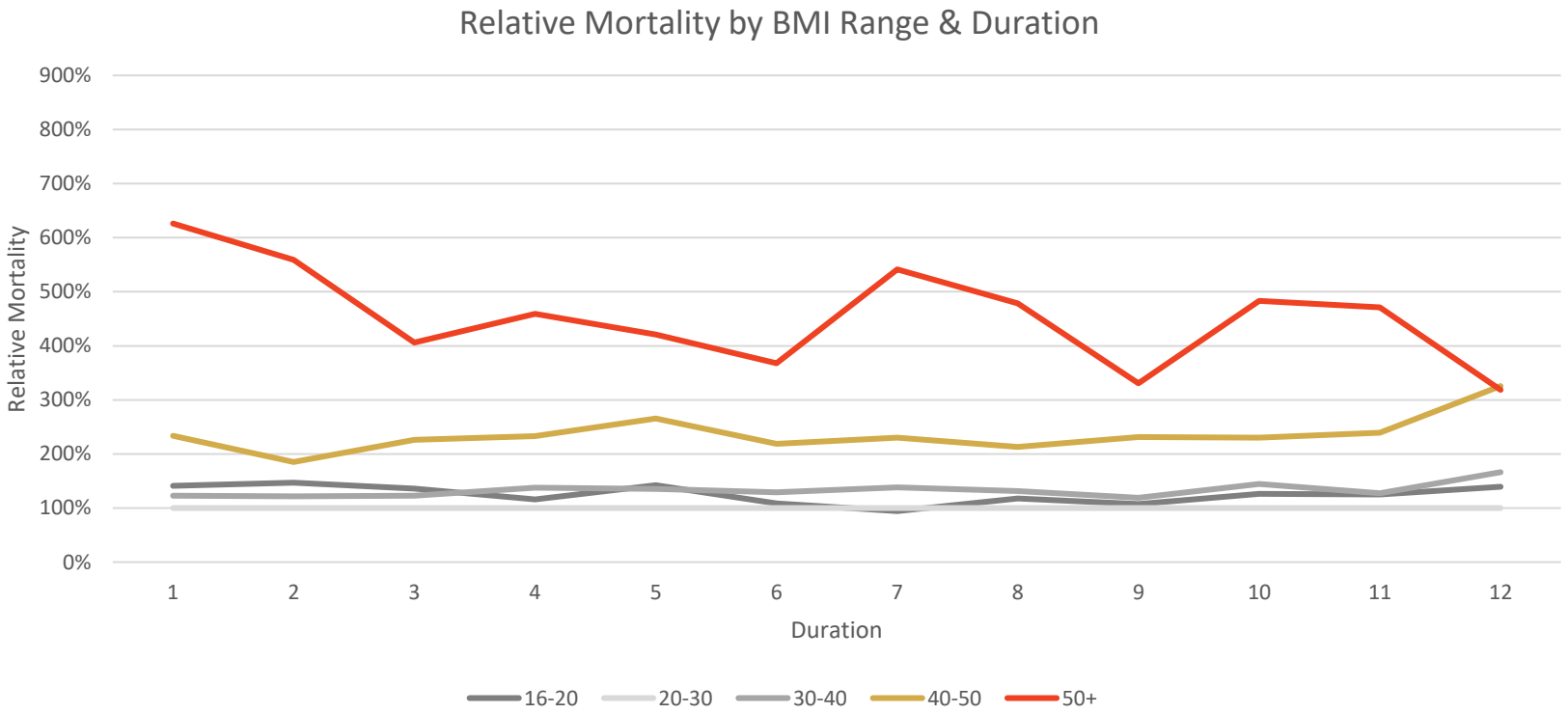
Relative mortality relative to underwriting “standard or better” range (0-60)

Applicants with declinable lab results can quickly display highly elevated mortality

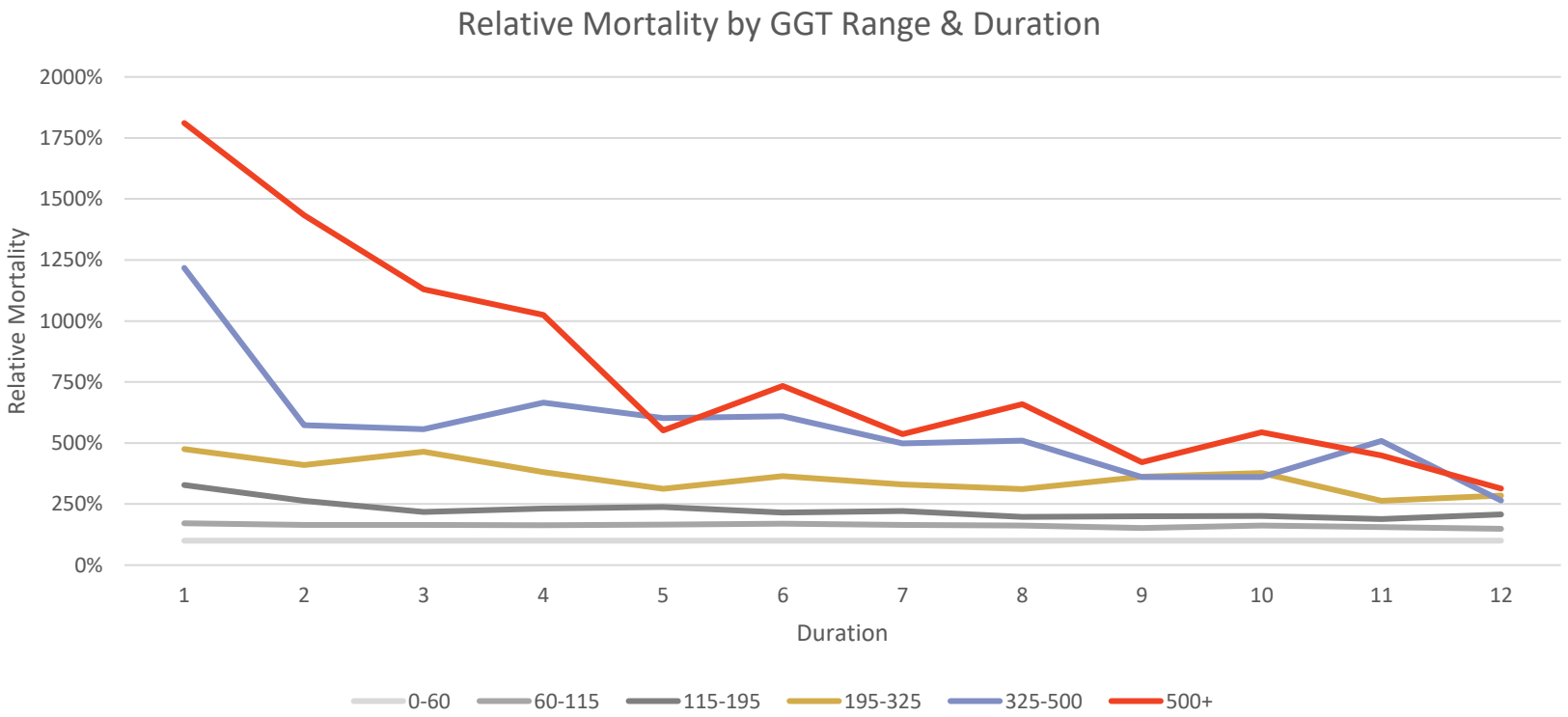
- Severely adverse lab results can indicate serious conditions such as:
  - Alcoholic Liver Disease
  - Type II Diabetes
  - Metastatic Prostate Cancer

- These conditions reflect imminent health problems which can manifest into mortality very quickly.
- Due to the size of the ExamOne data sample, the timing and degree of this mortality risk can be quantified using the lab and exam measurements.

Mortality by BMI Over Time



Mortality by GGT Over Time



Takeaways

Invest today for better mortality tomorrow!

- Know your distribution market – It matters
  - -Mortality is heavily dependent on relationship
  - -Agencies vs. Brokerage matter
- Lean into your Actuaries – What data do they have to help you determine how to best approach your mortality slippage?
- Understand the data – we are now over 5-10 years from the move to “fluidless” and the mortality impact picture is clearer.
- Involve your underwriting team in the analysis and understanding of any new data sources. You cannot program ‘gut’ instinct.
- Work closely with your claims partners and understand the impairments impacting early claims.
- Collaborate with your reinsurance partners for a collective review of what your audit means more broadly in the market. Leverage their experience.

Thank You

Metropolitan Underwriting Discussion Group