

# Our New 'Old' Problem – Pricing Longevity Risk in Australia

Patricia Berry, Lawrence Tsui (& Gavin Jones)

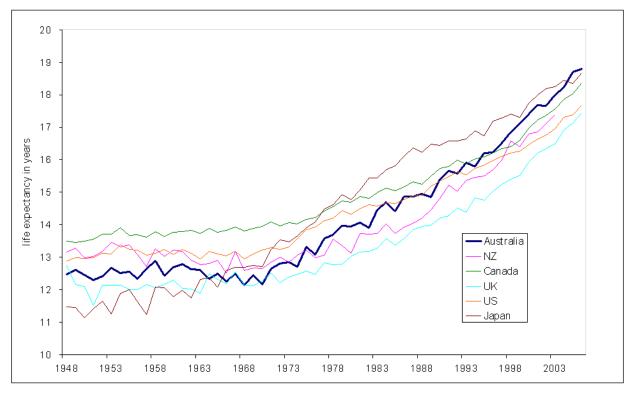
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# **Agenda**

- Current mortality levels
  - Population
  - Sub groups (UK, US and Aust)
- Future mortality modelling
  - Forecasting methods
  - Historical improvements and extrapolation models
  - Model, parameter and statistical variability

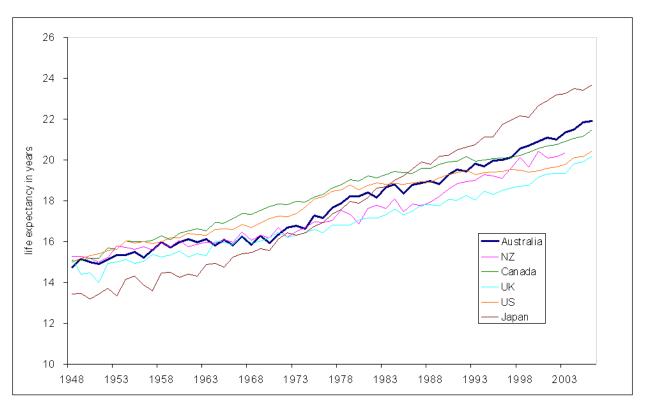


# Male Period Life Expectancy at age 65



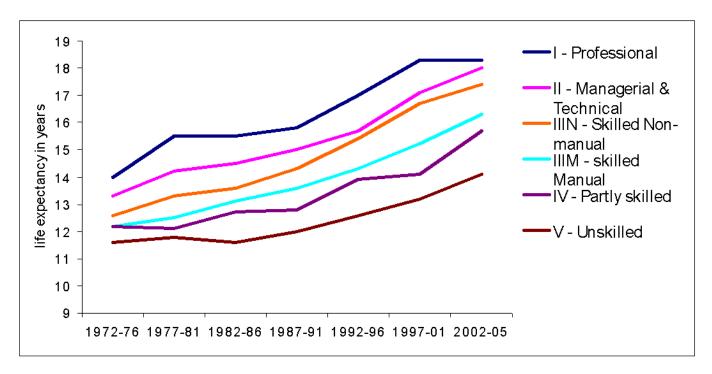
- Aust one of the fastest, increasing by 2.5 mths p.a.
- Since 1970s reduction in smoking and medical advances in cardio-vascular diseases

# Female Period Life Expectancy at age 65



- Slower growth than males, increasing by 1.9 mths p.a.
- Smoking and cardio-vascular diseases less relevant

### **UK Male Life Expectancy at 65**



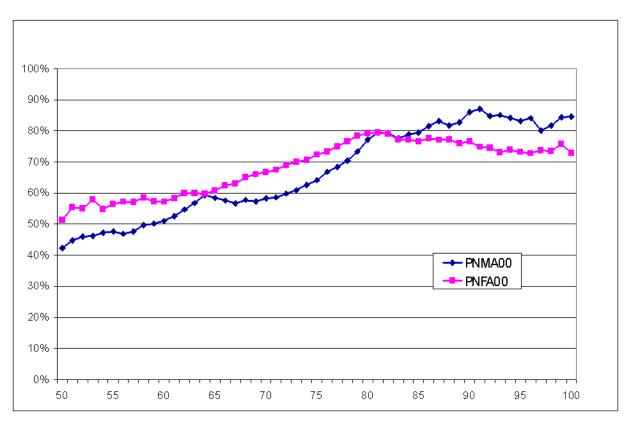
- ONS Longitudinal Study
- Gap of 4 yrs+ => 10% annuity cost
- Widening gaps

# **UK Annuities by Postcode**



- ONS life
  expectancies by
  local authority
  - LE at 65 from13.8 yrs to 23.1yrs
- Annuities vary by 4%+ due to postcode

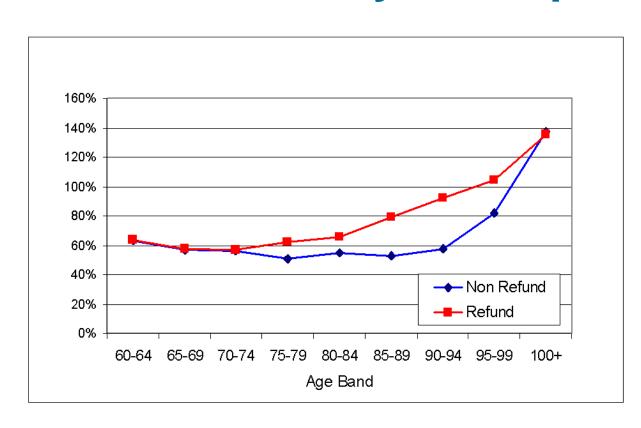
# **UK Annuitant Mortality vs. Population**



- At younger ages– employmentand self select
- Lighter mortality than the Self Administered Pension Schemes (SAPS)

# **US Male Annuitant Mortality vs. Popn**

- A voluntary market
- Pivot tables provided in SOA study
- Self-select evident
- Females similar





# **Australia Experience**

- Public sector scheme pensioners 2005-07
  - shape similar to UK annuitants
- Immediate annuitants 1998-99
  - flatter shape

# **Current Mortality - Summary**

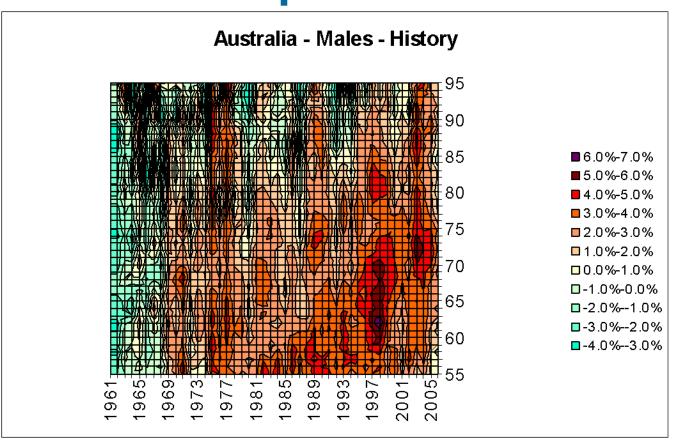
- Aust post retirement life expectancy growing rapidly
- Socio-economic class strong predictor of longevity
  - postcode and benefit amount
- Other factors Annuity buying behaviour, employment status etc
- Widening gaps



# **Future Mortality Modelling**

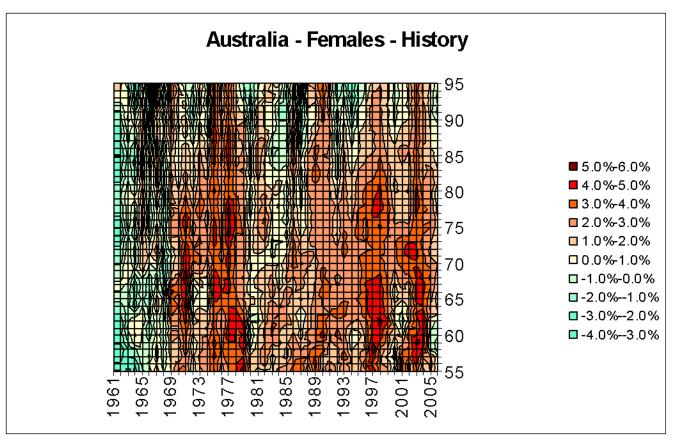
- Extrapolation
  - time series and other statistical models
- Explanatory / Process-Based
  - extrapolation by cause and cause-elimination
- Expert Opinion / Expectation
  - genetics and biological processes

#### **Historical Improvements - Male**



Clear period (vertical) and cohort (diagonal) effects

#### **Historical Improvements - Female**



Improvements generally lower, cohort effect weaker



# **Mortality Models**

Lee-Carter

$$\log \mu_{x,t} = a_x + b_x p_t + \varepsilon_{x,t}$$

Currie Age-Period-Cohort

$$\log \mu_{x,t} = a_x + p_t + c_{t-x} + \epsilon_{x,t}$$

Age effects  $a_x b_x$ 

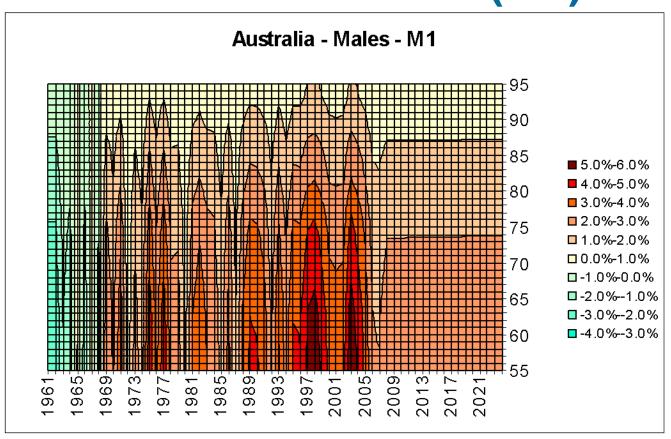
Period effects p<sub>t</sub> r<sub>t</sub>

Cohort effects c<sub>t-x</sub>

Random error  $\varepsilon_{x,t}$ 

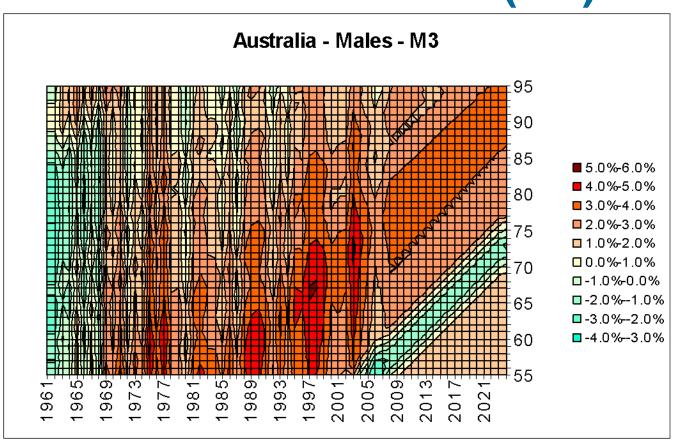
• Cairns-Blake-Dowd (CBD) with Cohort logit  $q_{x,t} = p_t + r_t (x - \bar{x}) + c_{t-x} + \varepsilon_{x,t}$ 

### Lee-Carter Model (M1)



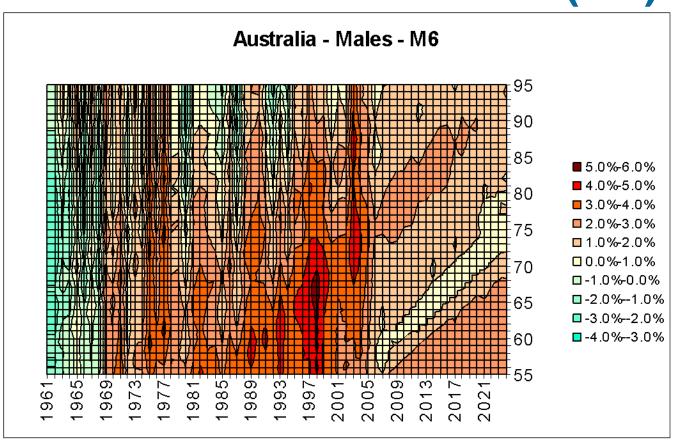
No cohorts, improvements vary by attained age only

# Currie APC Model (M3)



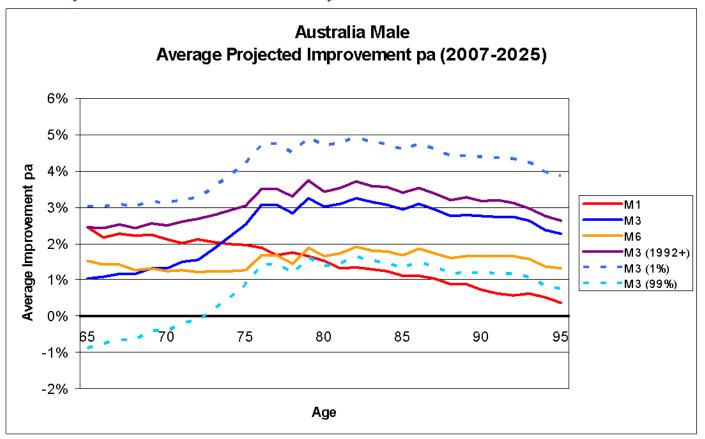
Strong, dominant, persisting cohort effect

# **CBD** with Cohort Model (M6)



Weaker cohort effect, diminishing over time

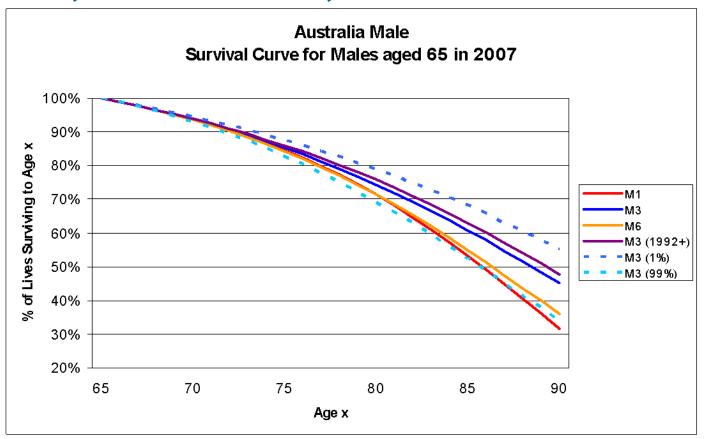
# Model, Parameter, Statistical Variability



 Relative strength of modelled period / cohort effects reflected in varying mortality improvement by age

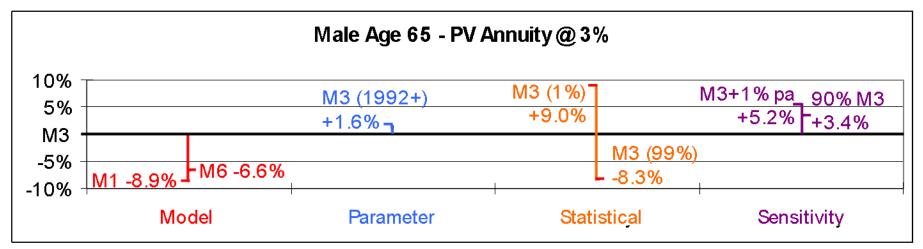


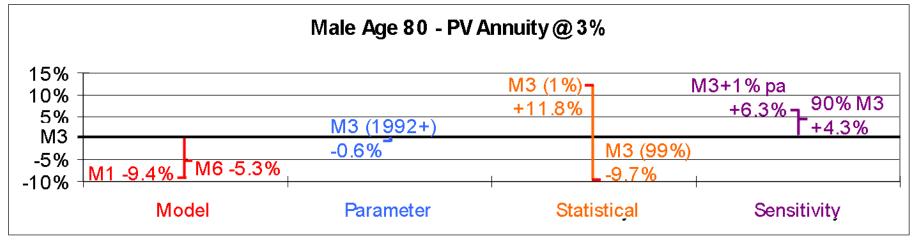
# Model, Parameter, Statistical Variability



 Variation between models can exceed statistical variability within model

# Model, Parameter, Statistical Variability





# **Future Mortality - Summary**

- Use a combination of extrapolation, explanation, expert opinion
- Strong evidence of cohort effect for 1925-35 males, weaker for females
- Similarly plausible models can give very different answers
- Important to understand the possible range of outcomes

#### **Conclusions**

- Large differences in mortality between sub-segments of the population
- Large differences in projected future mortality depending on model chosen, period of fit and statistical volatility
- No single "correct" approach for longevity pricing - quantify uncertainty based on a range of plausible outcomes