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

Matthias Börger (m.boerger@ifa-ulm.de) Jochen Russ (j.russ@ifa-ulm.de)

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Introduction

- Around the world, life expectancy increases and mortality rates decrease
- The decrease in log mortality rates often appears linear:



Introduction

• What if we look further into the past?





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





Actual Mortality Trend

- The <u>first trend</u> 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
 - Frequency and magnitude of changes in the AMT plus random fluctuations around the AMT need to be modeled
- Today's AMT is not (fully) observable!
- We know historical mortality
 - Random fluctuations can be filtered out
 - Historical trend changes and slopes of piecewise linear trends can be estimated





Actual Mortality Trend

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 misinterpreted as random fluctuations or vice versa



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Estimated Mortality Trend

- The second trend is the estimated mortality trend (EMT)
- The EMT is an observer's estimate of the AMT at some given point in time
 - Estimate of the unknown AMT based on available data





Estimated Mortality Trend

- 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?

- Which mortality should be considered 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 of the derivative, AMT also beyond
 - Solvency Capital Requirement: combined 99.5th percentile of actual payments over the next year and changes in liabilities → AMT for actual payments and EMT for change in liabilities



Combined AMT/EMT Model – AMT Component

• Implementation of both trends in the Cairns-Blake-Dowd model

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

• Model parameters for English and Welsh males aged 60-89:





Combined AMT/EMT Model – AMT Component



- 7 trend changes for both kappa processes \rightarrow trend change probability p = 7/169
- Trend change intensity (different from Sweeting (2011)):
 - sign of trend change: Bernoulli distributed with values 1 and -1 and probability 1/2
 - absolute magnitude of trend change, normally distributed with parameters according to sample mean and sample variance



Combined AMT/EMT Model – Stochastic Start Trend

- The AMT at the start of a simulation is not observable
- What if another trend change occurred after the last significant one?
 - ➔ Additional uncertainty
- This is more than parameter uncertainty in estimating a linear trend
- In our model, this uncertainty is accounted for by a stochastic start trend
 - In the paper, we explain in detail how a stochastic start trend can be implemented



Combined AMT/EMT Model – Comparison of AMT Approaches

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





Sweeting's approach: implausibly wide confidence bands (23.3 years in 2050).
In our opinion due to his modeling of the trend change intensity (not consistent with parameter estimation)

• Our model: confidence bands look plausible; Stochastic start trend widens range 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
- "Obvious" choice for the EMT at time t in our setting: Mean of the distribution of the stochastic start trend at time t
 - Not feasible within a simulation \rightarrow Simpler methods required for the EMT in simulations.



Combined AMT/EMT Model – The EMT Component

- We propose to compute the EMT by weighted regression on observed trend parameters kappa1 and kappa2 in CBD model
 - 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 parameters can be derived by minimizing the MSE between AMT and EMT



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
- Which trend(s) to consider depends on the question in view
- The AMT can be modeled as a piecewise linear function with random changes in the slope
 - Commonly used random walk with drift underestimates long-term 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 important in practice
 - A weighted regression approach seems 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.

