



Andrew M. Cuomo
Governor

Maria T. Vullo
Superintendent

GROUP LIFE INSURANCE QUESTIONNAIRE

Name of Domestic Company _____

Contract Category _____

RESERVE VALUATION AS OF DECEMBER 31, 2016

This questionnaire should be completed electronically by the Actuary responsible for the valuation of Group Life Insurance and saved to electronic media. A copy of the file should be returned to the Life Bureau, along with the submission of the supporting valuation material by March 1, 2017. Do not submit a hard copy response.

NOTE: *Provide separate questionnaires for each major contract category.*

Any additional information required in reply to the following questions should be entered on pages attached to this Questionnaire. If the company has no applicable business inforce, the Questionnaire does not need to be returned. An indication to that effect should be made on the Valuation Filing Check-List.

1. Does the Company have any Group Life Insurance inforce as of 12/31/2016? _____

2. Provide a general product description of all Group Life products.

3. Does the Company guarantee Group Life Insurance rates for periods greater than 12 months? Please describe all products with such guarantee.

4. If rates are guaranteed for greater than 12 months, does the Group Life policy contain any provisions that enable the Company to terminate/cancel the policy(s) during the guarantee period? Please describe.

5. For all products listed in 3., provide a general description of the reserve methodology.

6. For all products listed in 3., demonstrate how the reserves for Group Life are not less than those required by Regulation 147 (11 NYCRR 98).

Name of Actuary completing this Group Life Insurance Questionnaire

Title (Specify Firm, if Consulting Actuary)

Date Completed _____

Group