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| **Data Limitation** | **Impact on Analysis** |
| Intervention Program | |
| Approximate per capita cost is not standardised to annual cost. It ranges from per incentive, per screening, per participant, and other. | Have to make assumptions on frequency of incentives, screening, etc. This may lead to under/over evaluation of costs by significant amounts. |
| In-force Dataset and Encyclopedia | |
| Extreme drop in the policy count for age 56+ as it accounts for only 9.98%, whereas its 20.69% in the encyclopedia for age bracket 25-65. | The older population is understated, however the population statistics of the country shows an aging population in the next 20 years, thus, with limited knowledge, many assumptions will be challenged. |
| 100% of all 56+ smoker has a claim (i.e. death), whereas only 4% of non-smokers have a claim | This significant difference will make it challenging to incorporate such information in the mortality tables for smokers vs non-smokers. |
| Missing data on premium amount for each policy, salary of policy holders, expense rates and commission rates | Assumptions are made for these variables. Again, all these variables are directly related to profitability and will result in a degree of error. |
| External Research Data | |
| Percent of smokers wanting to stop smoking for different age brackets | Adjustment factors are used to fit to the given demographics of Lumaria and the smoking cessation plan (Truth Initiative, 2018)12. |
| Screening interventions are covered by healthcare. | Lower bound of costs chosen from the given range in the intervention. Scenario testing done for other costs. |
| Economic Data | |
| Inflation rate was higher than the interest rate, ie Negative real rate | We removed specific outliers for inflation to get more stable results and a positive real interest rate. |