

The CMI now also collects data from pension schemes because of the growing interest in the financial health of such schemes which depends heavily on the life expectancy of the members of the schemes.

The general pattern of mortality is:

- High mortality just after birth (infant mortality)
- Low mortality for the rest of childhood
- Higher mortality around ages 18-25 (the "accident hump")
- Increasing mortality from middle age onwards.

The effect of childhood mortality can be seen in the following table which is an extension of the "92" tables of assured lives mortality:

Table 3. Values of 1,000,000  $q_x$  for the extended assured lives tables.

Age $x$	Mortality Table			
	AM92	AF92	TM92	TF92
0	3,599	2,615	3,599	2,615
1	620	550	620	550
2	375	292	383	295
3	293	208	305	213
4	231	165	246	171
5	209	142	227	149
6	188	129	208	137
7	176	117	199	126
8	164	113	190	124
9	162	101	192	113
10	160	101	193	110
11	158	101	194	117
12	164	101	207	118
13	196	101	252	120
14	243	115	320	141
15	330	134	445	168
16	423	151	582	195

Many tables produced by CMIB include "select" figures. These figures relate to the first  $n$  years after an insurance contract has been underwritten. When someone has been underwritten for an insurance policy, their mortality rates are seen to be better for a period after the underwriting. In recent tables  $n$  is taken as 2 (in other words, 2 years after underwriting, mortality is assumed to depend only on age and not on duration since the start of the contract).

There are a growing number of political issues surrounding underwriting. For instance, in what circumstances is it justifiable to ask someone proposing for an insurance contract to disclose the results of any genetic tests they may have had; or, for instance to disclose the number of sexual partners they have had.

Different mortality tables are also produced for the following:

- Assured lives and annuitants
- Men and women
- Smokers and non-smokers
- Pension scheme annuities and voluntarily purchased annuities