LifeScoreLabs℠

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# Report 1 - Validating LifeScore Labs V1 Use Cases

## Report on Concept Testing with HK Underwriters

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# Agenda

# 01

# Research Objectives

# Research Objectives

Develop a deep understanding of Hong Kong life underwriters' **work goals**, **practices** and **pain points**.

Gather feedback from working underwriters on **proposed use cases** of LifeScore Asia underwriting models.

Identify **primary and secondary use cases** of LifeScore Asia underwriting models, within the setting of Hong Kong underwriters' operating workflows.

# 02

# Research Method: Concept Testing

# Research Method: Concept Testing

Concept testing was used in this research for evaluating the perceived usefulness of 3 proposed use cases with the help of prototypes.

Users were asked to:

- Rate the usefulness of each use case
- Share their likes and dislikes of each use case
- Suggest what could be improved
- Rank the use cases on their usefulness

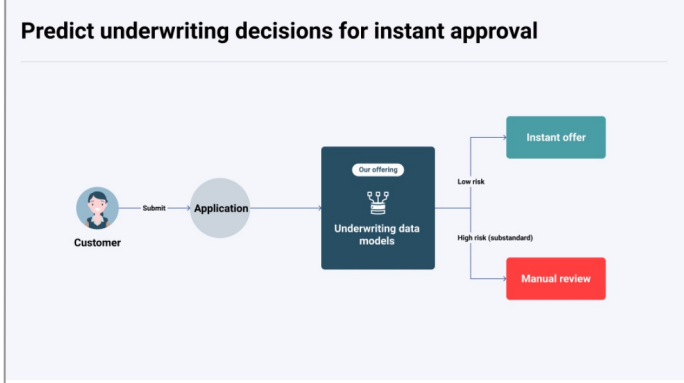
### What is Concept Testing?

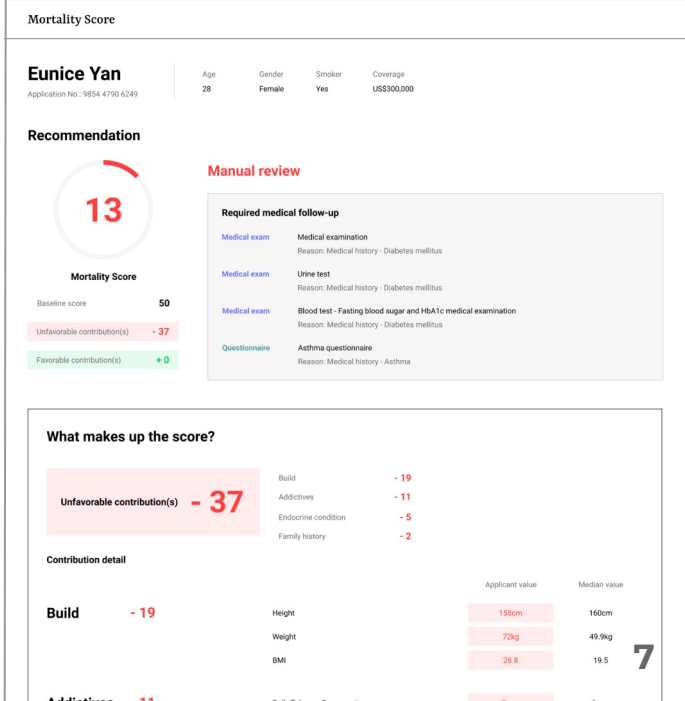
It is a research method that involves asking customers questions about your concepts and ideas for a product or service before actually launching it.

Source: Questionpro

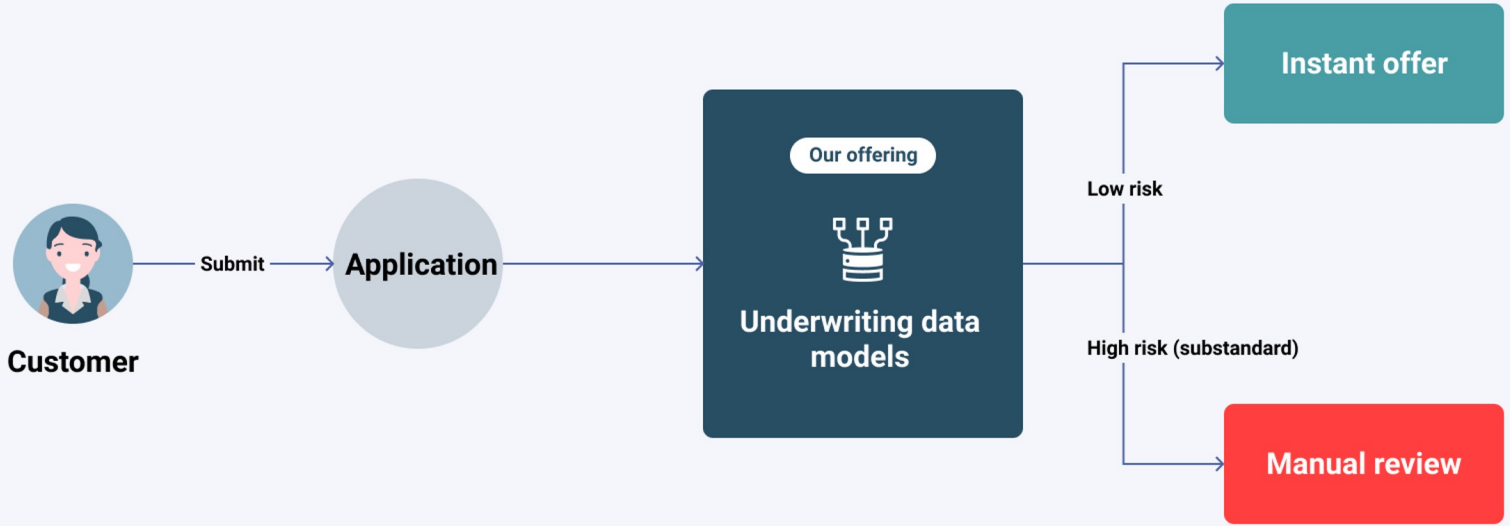
# Use Case 1: Predict LifeScore, Underwriting Decision & Medical Follow-up Decision

- Use of LifeScore Labs to predict an applicant's:
  - LifeScore and risk decomposition report
  - Underwriting decision (STP / manual review)
  - Medical follow-up decision and recommendation



# Predict underwriting decisions for instant approval



# Eunice Yan

Application No.: 9854 4790 6249

| Age | Gender | Smoker | Coverage |
|---|---|---|---|
| 28 | Female | Yes | US$300,000 |

## Recommendation


**Mortality Score**

| | |
|---|---|
| Baseline score | 50 |
| Unfavorable contribution(s) | - 37 |
| Favorable contribution(s) | + 0 |

## Manual review

### Required medical follow-up

| | |
|---|---|
| Medical exam | Medical examination<br>Reason: Medical history - Diabetes mellitus |
| Medical exam | Urine test<br>Reason: Medical history - Diabetes mellitus |
| Medical exam | Blood test - Fasting blood sugar and HbA1c medical examination<br>Reason: Medical history - Diabetes mellitus |
| Questionnaire | Asthma questionnaire<br>Reason: Medical history - Asthma |

## What makes up the score?

**Unfavorable contribution(s)** **- 37**

| | |
|---|---|
| Build | - 19 |
| Addictives | - 11 |
| Endocrine condition | - 5 |
| Family history | - 2 |

### Contribution detail

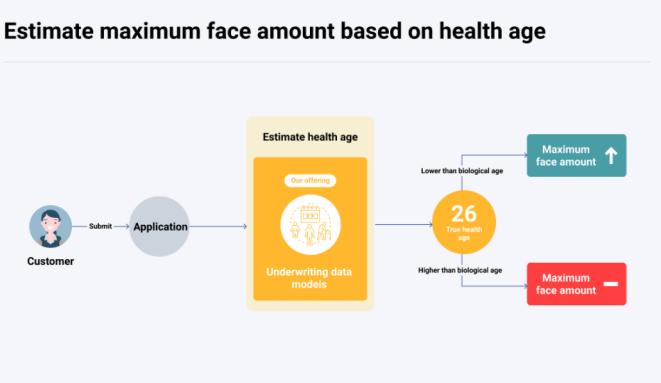
| | | Applicant value | Median value |
|---|---|---|---|
| **Build** **- 19** | Height | 158cm | 160cm |
| | Weight | 72kg | 49.9kg |
| | BMI | 28.8 | 19.5 |
| **Addictives** **- 11** | Daily Tobacco Consumption | 8 pcs | 6 pcs |
| | Alcohol habit | Yes | No |
| **Endocrine disorder** **- 5** | Endocrine disorder (any) | Yes | No |

# Hypotheses behind Use Case 1

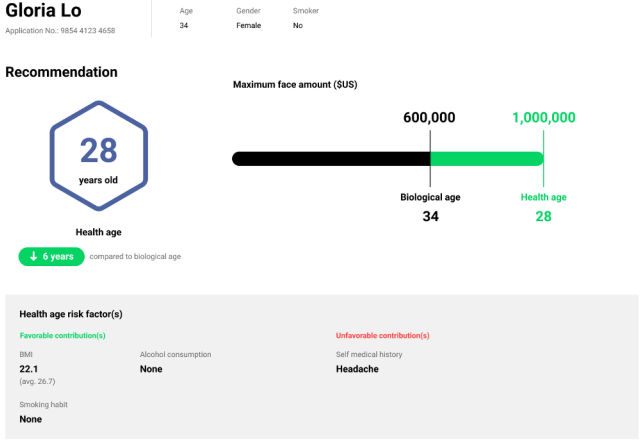
| | |
|---|---|
| **Hypothesis 1 (H1)** | Mortality risk model is useful for underwriters to make UW decision. |
| **Hypothesis 2 (H2)** | STP offer / manual review decision recommendation is useful for underwriters. |
| **Hypothesis 3 (H3)** | Medical follow-up recommendation is useful for underwriters. |
| **Hypothesis 4 (H4)** | The revised report including the risk score breakdown (as shown in the prototype) is easy for underwriters to understand. |

# Use Case 2: Predict Health Age & Maximum Face Amount (FA)

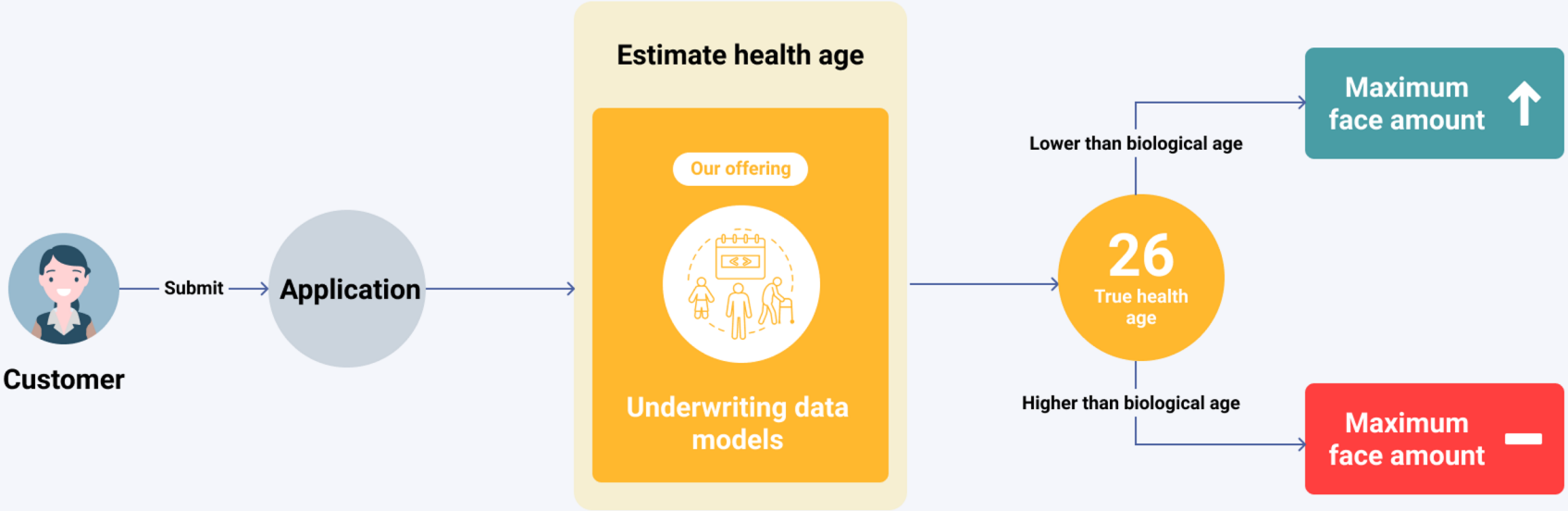
- Use of LifeScore Labs to predict an applicants':
  - Health age (as opposed to biological age) based on health risk factors
  - The corresponding maximum FA according to the health age




Health age and maximum face amount



# Estimate maximum face amount based on health age



## Gloria Lo

Application No.: 9854 4123 4658

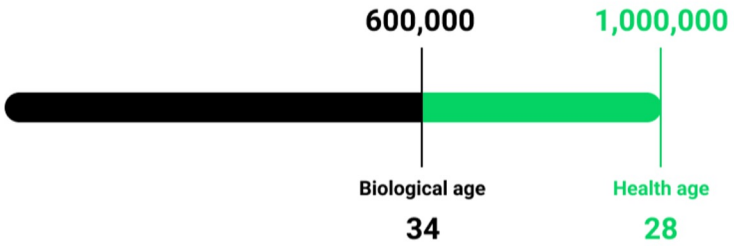
| Age | Gender | Smoker |
|---|---|---|
| 34 | Female | No |

### Recommendation


**Health age**

↓ 6 years compared to biological age

**Maximum face amount ($US)**




### Health age risk factor(s)

**Favorable contribution(s)**

BMI
**22.1**
(avg. 26.7)

Alcohol consumption
**None**

Smoking habit
**None**

**Unfavorable contribution(s)**

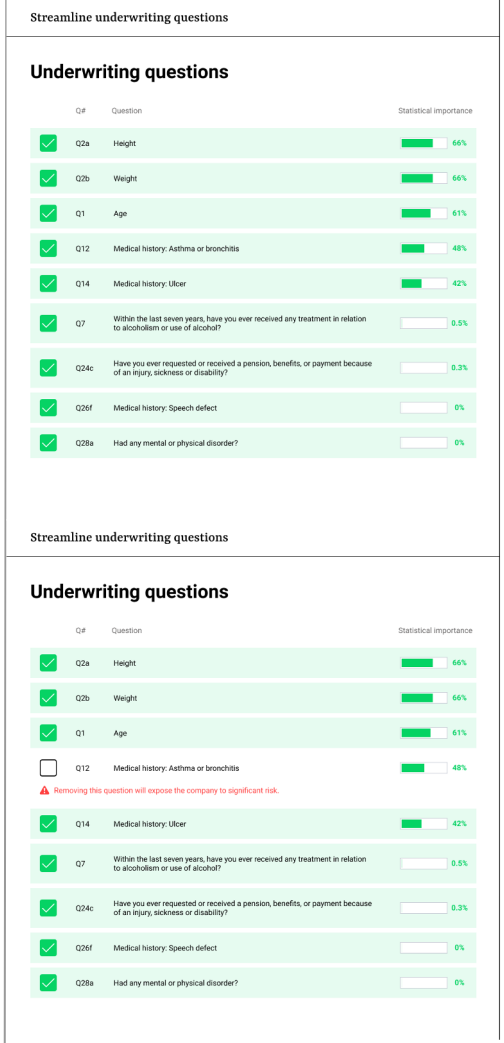
Self medical history
**Headache**

# Hypothesis behind Use Case 2

| | |
|---|---|
| **Hypothesis 5 (H5)** | Offering of higher maximum FA based on health age is a useful tool for underwriters. |

# Use Case 3: Predict Claim Experience w/ Simplified Underwriting Questions

- Use of LifeScore Labs to predict the projected claims of a life insurance product based on the selection/exclusion of UW questions
- Supports the simplification of UW questions at POS by identifying questions of low statistical importance to the model



# Underwriting questions

| | Q# | Question | Statistical importance |
|---|---|---|---|
| ✓ | Q2a | Height | 66% |
| ✓ | Q2b | Weight | 66% |
| ✓ | Q1 | Age | 61% |
| ✓ | Q12 | Medical history: Asthma or bronchitis | 48% |
| ✓ | Q14 | Medical history: Ulcer | 42% |
| ✓ | Q7 | Within the last seven years, have you ever received any treatment in relation to alcoholism or use of alcohol? | 0.5% |
| ✓ | Q24c | Have you ever requested or received a pension, benefits, or payment because of an injury, sickness or disability? | 0.3% |

## Model performance

**Projected claims**

**No change**

**Model accuracy**

**99.5%**

# Underwriting questions

| | Q# | Question | Statistical importance |
|---|---|---|---|
| ☑ | Q2a | Height | 66% |
| ☑ | Q2b | Weight | 66% |
| ☑ | Q1 | Age | 61% |
| ☐ | Q12 | Medical history: Asthma or bronchitis | 48% |
| | | ⚠ Removing this question will expose the company to significant risk. | |
| ☑ | Q14 | Medical history: Ulcer | 42% |
| ☑ | Q7 | Within the last seven years, have you ever received any treatment in relation to alcoholism or use of alcohol? | 0.5% |

## Model performance

**Projected claims**

12% ↑ more claims

**Model accuracy**

67.7%

# Hypotheses behind Use Case 3

| | |
|---|---|
| **Hypothesis 6 (H6)** | UW questions are designed by underwriters. |
| **Hypothesis 7 (H7)** | Streamlining underwriting questions based on claim predictability is useful for underwriters. |

# 03

# Participants

# 5 Working UW Managers as Participants#


UNDISCLOSED*

**UW Associate Director**

| | |
|---|---|
| Experience | 20+ |
| Team size | 30 |
| UW Automation | Yes |


UNDISCLOSED*

**UW Assistant Manager**

| | |
|---|---|
| Experience | 10+ |
| Team size | 15 |
| UW Automation | Yes |


UNDISCLOSED*

**UW Senior Manager**

| | |
|---|---|
| Experience | 20+ |
| Team size | 4 |
| UW Automation | Under development |


UNDISCLOSED*

**UW Manager**

| | |
|---|---|
| Experience | 9 |
| Team size | 60 |
| UW Automation | Yes |




UNDISCLOSED*

**UW Senior Manager**

| | |
|---|---|
| Experience | 10+ |
| Team size | 13 |
| UW Automation | No |

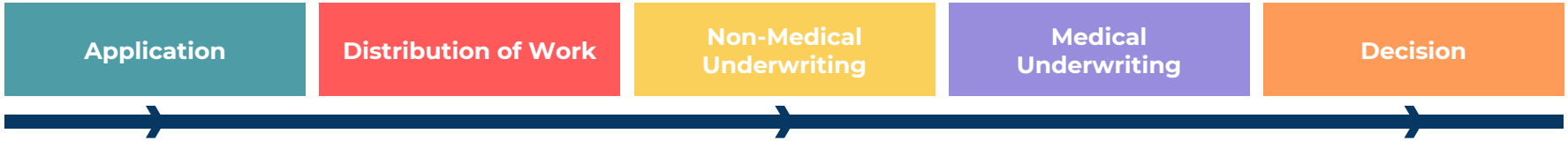
# On request from the participants, the companies involved should not be disclosed to any external clients or parties.

* The company name was not disclosed on request from the participant. The company was a newly established insurance company backed by a Chinese fund.

# 04

# Quick Summary on UW Process and Existing UW Systems

# The UW Process




- More advanced companies use only POS system for application
- Some POS systems is able to perform instant UW
- Most companies still accept handwritten applications → need for clerical staff for input
- Design of POS system is a key to higher STP rates

- Bigger companies distribute cases not passing STP automatically by UW authority or time submitted
- Smaller companies do not have issue distributing cases
- Bigger UW teams separate non-med UW and med UW to different teams (admin vs. UW)
- Distribution of work is largely automated except for Manulife

- Checking of application completeness
- Regulatory check: anti-money laundering
- Financial UW: affordability check
- Checking on other risks: residential occupational and lifestyle risks
- Verifying signatures
- Could be automated with a sophisticated POS system

- Underwriters follow reinsurer's manual closely to make decisions
- Underwriters check past claim records, medical history and current policies
- For undecided cases, underwriters will issue memos to agents for medical follow-ups such as reports, exams and questions
- Up to 30% of the cases require medical follow-ups

- ST decisions for cases with no risk declarations, low FA and complete info
- Human judgment largely involved where underwriters need to consult doctors and reinsurers for complex cases
- Much time spent on explaining decisions to agents
- Companies might make different decisions for appeal cases to attract customers

# Highlighted Painpoints in the UW Process

Full report in upcoming Report 2

## Too much manual work (4/5 participants)

**Wish for automation**

- Checking of info completeness
- NIGO applications
- Manual check necessary for mainland Chinese clients
- Non-med UW requires a lot of calculations
- Med UW requires the checking of past records

## Complex medical cases not covered by reinsurer's manual (5/5 participants)

**Human judgments needed**

- A lot of the cases not covered by manual
- Comorbidity, unknown diseases to be judged by underwriters
- Hence difficult to train new underwriters

## Time wasted on explaining UW decisions (3/5 participants)

**Making Justifiable decisions**

- For cases not covered by manual / require med follow-up, underwriters need to explain decisions to reinsurers, agents and regulatory
- Much time spent on back-and-forth communication

# Highlighted Problems of Existing UW Systems

Full report in upcoming Report 2

## Inability to handle complex cases

(4/5 participants)

- Current automated system could not pass integrated products, comorbidity, cases with claim history
- Human judgment still needed to make confident UW decisions

## Difficult access to required data

(5/5 participants)

- Current systems do not have access to medical data, claim history and existing policies
- Much time spent on bringing in all data

## No recommendation on medical UW

(3/5 participants)

- Current systems show errors only upon rule rejection
- No medical follow up recommendations and decision updates upon medical reports

# 05

# Results & Findings

# Use cases 1 & 3 were desired but use case 2 yielded limited usage

## USE CASE 1

Predict LifeScore, Underwriting Decision & Medical Follow-up Decision

**Perceived Usefulness**

**2.8** /5

**Suggested for Development?**

Yes with modified use case.

## USE CASE 2

Predict Health Age & Maximum Face Amount (FA)

**Perceived Usefulness**

**2.0** /5

**Suggested for Development?**

No.

## USE CASE 3

Predict Claim Experience w/ Simplified Underwriting Questions

**Perceived Usefulness**

**4.3** /5

**Suggested for Development?**

Yes for a new product for actuarial use.

# Validation of Hypotheses in the 3 Use Cases

## USE CASE 1

| | | |
|---|---|---|
| **H1** | Mortality risk model is useful for underwriters to make UW decision. | ✓ |
| **H2** | STP offer / manual review decision recommendation is useful for underwriters. | ✓ |
| **H3** | Medical follow-up recommendation is useful for underwriters. | ✓ |
| **H4** | The revised report is easy for underwriters to understand. | ✓ |

## USE CASE 2

| | | |
|---|---|---|
| **H5** | Offering of higher maximum FA based on health age is a useful tool for underwriters. | ✗ |

## USE CASE 3

| | | |
|---|---|---|
| **H6** | UW questions are designed by underwriters. | ✗ |
| **H7** | Streamlining underwriting questions based on claim predictability is useful. | ✓ |

## 05.1 Use Case 1

# Predict LifeScore, Underwriting Decision & Medical Follow-up Decision

# Generally Accepted but Key Doubts are to be Clear Before Adoption

## USE CASE 1

### Perceived Usefulness

Q: How would you rate this use case on its usefulness? (5=Very useful, 1=Not useful at all)

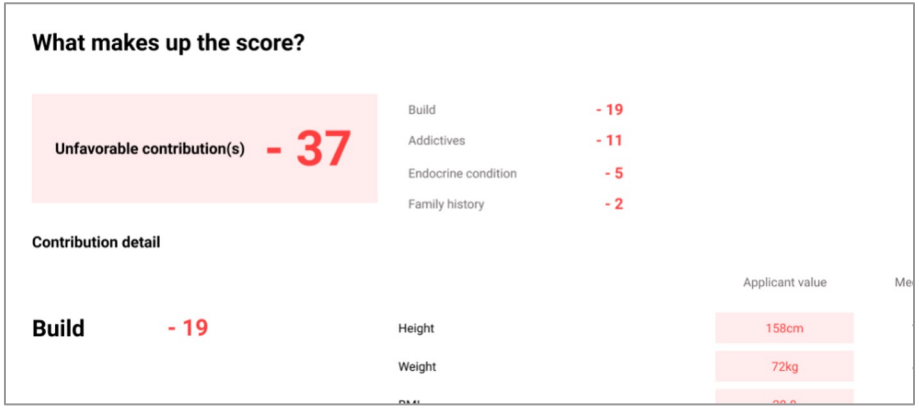
**2.8** /5

### Why this score?

- Good Source of Reference with Risk Prediction in a Quantifiable Manner
- Support for Underwriters in Making Medical Decision
- Clear and Intuitive Layout
- Limited Usage to Life Insurance Products
- Lack of Understanding and Confidence
- Contradictory to Current Practice
- Questioned applicability to unknown and complex conditions

# Good Source of Reference with Risk Prediction in a Quantifiable Manner

- 2 participants viewed the model as an objective source for risk assessment
- The quantifiable breakdown of risk contribution was also pointed out as a good way for isolating risk factors for further application

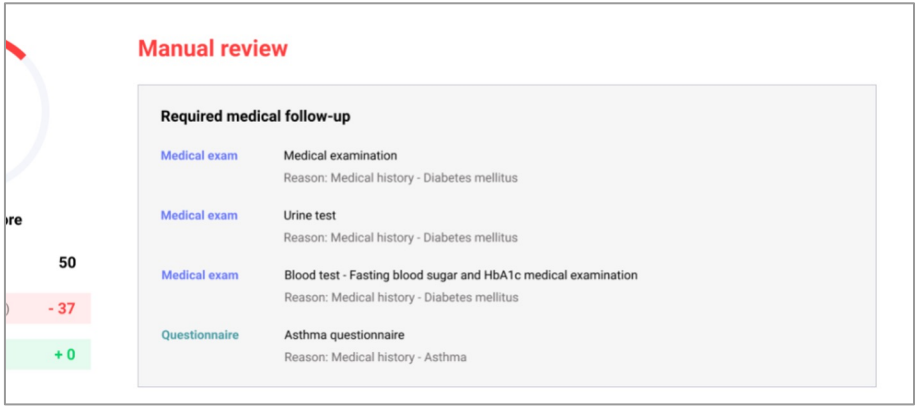



Ms L

*Underwriting effect may not be always accurate ... The model helps predict risks and will adjust by itself as conditions change.*

# Support for Underwriters in Making Medical UW Decisions

- All participants reported that making medical UW decisions highly involved human judgment as many scenarios were not covered in their current guidelines or rule engines
- Current decisions were made based on UW experience, doctor's advices and reinsurer's manual
- Participants found the medical follow-up action suggestion useful as their existing systems did not provide any (except for Manulife)

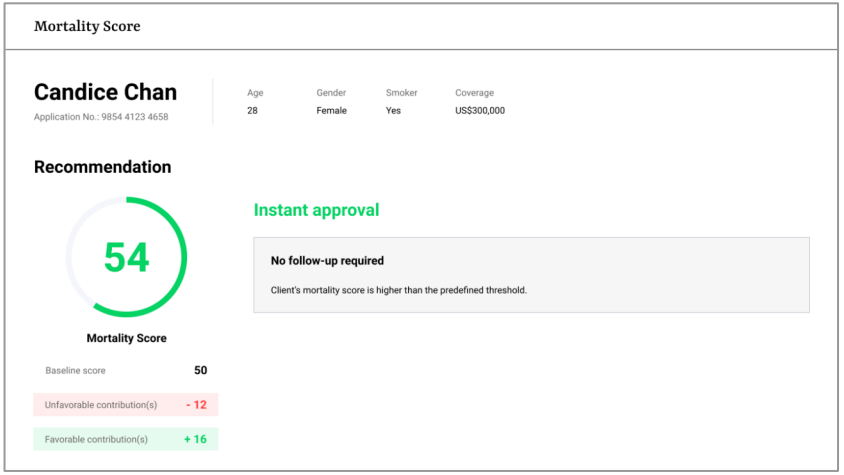



Ms I

*The medical follow-up suggestions are a good reminder for underwriters to avoid overlooking certain risks.*

# Clear and Intuitive Layout

- 2 participants found the layout of the prototype clear and intuitive
- The information presented in the dashboard was considered very easy to follow



# Limited Usage to Life Insurance Products

- 3 participants saw limited usage of the use case as it was only applicable to life insurance products
- Participants pinpointed that life insurance was usually sold as a part of the integrated policies with medical or critical illness products
- Desirability for application to medical, critical illness and integrated products where underwriting decisions are considered more complex

Mr K

*The product needs to extend to CI (critical illness) and medical products. There are extremely few pure life products at Prudential. Usually they are linked with CI/ Medical which yield higher profits.*

# Lack of Understanding and Confidence

- 4 participants did not understand:
  - How the AI model worked
  - How Life Score was computed
  - What are the differences from a rule engine
  - What is the value of an AI model in UW
- Some participants were not confident to use the model to replace their their manual work
- Effectiveness and accuracy of the model was a concern


*Due to past habit, I am not confident enough to make the decision right away … I still want to look at the supporting documents before that.*

# Contradictory to Current Practices

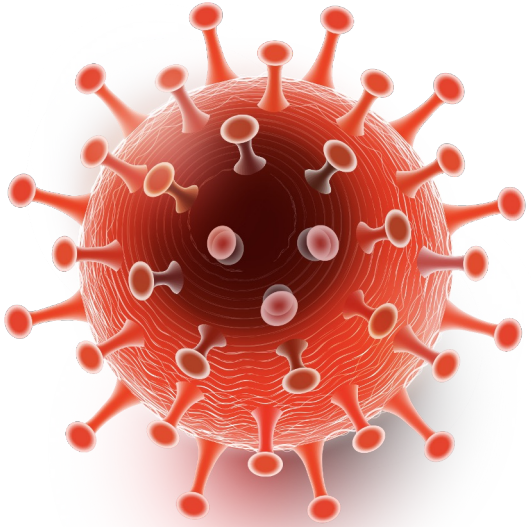
- Concerns over contradiction with their current practices:
  - Deduction only in contribution calculations
  - Rule checking rather than prediction
- Major considerations at making an UW decision:
  - Alignment with reinsurer's manual
  - Justification of decisions to stakeholders for outlying cases
- Underwriters' performance not related to claim experience




*I still prefer to stick to RI manual for judgement, rather than AI model built on claim data.*

# Questioned applicability to unknown and complex conditions

- 2 participants questioned if the model could apply to:
  - New diseases
  - Unknown diseases
  - Multiple disease conditions (comorbidity)
- There was also a question on how the model could learn to cater for the above conditions



**Hypothesis 1** **Mortality risk model is useful for underwriters to make UW decision.** **Partially supported**

- ✓ Participants agreed that the risk model was a good source of reference with risk prediction in a quantifiable manner (related to p.33)
- ✗ Limited usage - only life insurance products (related to p.36)
- ✗ Lack of sufficient confidence and knowledge of the risk model for full use (related to p.37)
- ✗ Prediction model was considered contradictory to current practice (related to p.38)

**Hypothesis 2** **STP offer / manual review decision recommendation is useful for underwriters.** **Partially supported**

- ✓ Consistent with underwriters' wish for more automation (related to p.25)
- ✗ Limited usage - only life insurance products (related to p.36)
- ✗ Unawareness of the differences from a rule engine (related to p.37)
- ✗ Exhaustive checking still considered necessary for substandard cases (related to p.38)

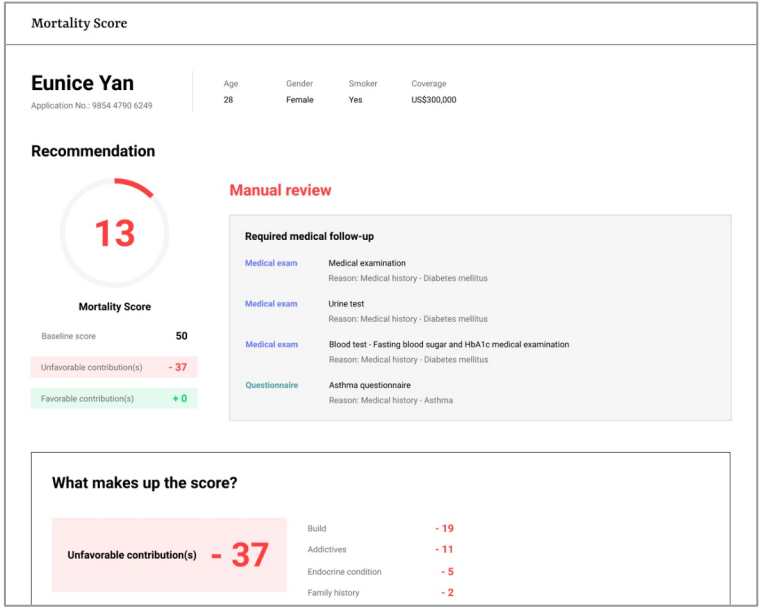
**Hypothesis 3** **Medical follow-up recommendation is useful for underwriters.** ✓ **Supported**

- ✓ Medical follow-up decisions were not covered in reinsurers' manual (related to p.25)
- ✓ Human judgment required in making medical UW decisions for cases uncovered in manual (related to p.25, 27)
- ✓ Participants liked the detailed medical follow-up recommendations (related to p.34)
- ✓ Most current systems do not support medical follow-up recommendations and final decisions on medical reports (related to p.27)

## Hypothesis 4 — The revised report is easy for underwriters to understand.

✓ Supported

- Participants found the report as presented in the prototype clear and intuitive
  (related to p.35)



# Recommended Actions for Use Case 1

## Short Term

### Requirement / Design

- **Enhancement**
  - Keep current medical follow-up model and recommendation table
  - Improve design to better justify model decisions
- **New features**
  - Add recommended UW decision (standard offer) upon medical report inputs (via full UW model) decisions
- **Exploration**
  - Explore existing model's capability in handling complex cases (e.g. comorbidity and new conditions)

### Sales / Pitching

- **Value proposition**
  - Position product as a supplement to rule engines rather than a replacement of rule engines
  - Emphasize the value of AI models because medical UW decisions require a lot of human judgment
- **Target customers**
  - Market to actuaries instead of underwriters as a tool for reducing claims

# Recommended Actions for Use Case 1

## Long Term

### Requirement / Design

- Make it easier for underwriters to refer to LifeScore reports during decision-making process
- Continue to simplify the integration efforts to rule engines

### Product / Model Development

- Expand to medical, CI and integrated products

### Partnership

- Secure buy-ins from reinsurers so the product be a powerful proof for decisions uncovered by manual

# Other Suggestions from Participants on How Use Case 1 Could be Improved

Endorsed by 3 participants

## Straight through process with decision / offer automation

Further automation of the UW system with automatic issuance of memos and offers to agents.

Endorsed by 3 participants

## Incorporation of customer's historical data

Underwriters mentioned that medical history and past policies were key factors in making their decisions but current systems did not incorporate them.

Endorsed by 1 participant

## Follow up questions embedded in POS

Endorsed by 1 participant

## Predicting healthy clients for agents

## 05.2 Use Case 2

# Predict Health Age & Maximum Face Amount (FA)

# Increasing Maximum FA Yielded Little Benefits to Both Insurers and Customers

## USE CASE 2

### Perceived Usefulness

Q: How would you rate this use case on its usefulness? (5=Very useful, 1=Not useful at all)

**2.0** /5

### Why this score?

N/A

- Mismatch with Customers' Expectations
- Incompatibility with Current Work Approach
- Limited Usage to Life Insurance Products

# Mismatch with Customers' Expectations

- 2 participants were definite in concluding that this was not the expectations from customers
- Participant (Ms L) recalled the bad reaction from customers in a similar promotion campaign at her last company

Ms L

*This solution does not provide any benefits to customers … And I can't see any benefits to any parties.*

# Incompatibility with Current Work Approach

- 3 participants found the use case difficult to understand as the underlying approach for FA increment did not exist
- 2 participants pointed out that maximum FA was not determined by health risk factors but salaries as per current reinsurer's manual


Mr K

*It's not useful at all. Maximum face amount is not related to health but solely based on income.*

# Limited Usage to Life Insurance Products

- Maximum face amount adjustment is only applicable to life insurance products
- A participant doubted its applicability to integrated products

Mr **D**

*I guess this approach only useful for Life product with single life benefit. Nowadays, the products usually have combined benefits.*

**Hypothesis 5** **Offering of higher maximum FA based on health age is a useful tool for underwriters.**

✗ Refuted

- ✗ Mismatch with customers' expectations (related to p.47)
- ✗ Incompatibility with current work approach (related to p.48)
- ✗ Limited usage to life insurance products (related to p.49)

**Recommendation(s)**

SHORT TERM

- Drop the use case for further exploration and development

# Suggestions from Participants on How Use Case 2 Could be Improved

Endorsed by 2 participants

## Offering premium discounts based on health age

Instead of maximum FA, participants suggested that a more practical approach was to offer the pricing rate based on applicant's health age. In this way, extra premium discount could be offered to applicants if a lower health age has been predicted.

Endorsed by 1 participant

## Targeted upselling / cross-selling towards customers with lower health age

The health age could serve as a reference for agency to upsell or cross sell products to healthy customers at a favorable risk level.

## 05.3 Use Case 3

# Predict Claim Experience w/ Simplified Underwriting Questions

# High Potential Identified for Actuary with Concerns Over Regulation

## USE CASE 3

### Perceived Usefulness

Q: How would you rate this use case on its usefulness? (5=Very useful, 1=Not useful at all)

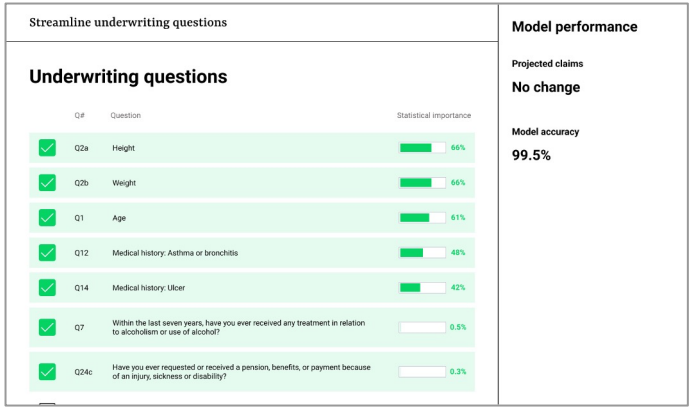
**4.3** /5

### Why this score?

- Simplifying UW Questions to Improve Customer Experience
- Reducing Claims
- Useful for Insurance Product Design
- Lack of Confidence on the Model Accuracy
- Concern Over the Data Source and Application on Non-HK Customers
- Problem Getting Approval from Reinsurers
- Tight Regulations on UW Questions

# Simplifying UW Questions to Improve Customer Experience

- Achieving a balance between customer journey and risk management was identified as a common goal in the research
- Participants agreed that use case 3 was a useful tool to improve customer experience by identifying obsolete UW questions




Mr **D**

*(We) struggled on customer journey, risks, regulator's question list, if we can justify risk assessment by claim experience, (it would be great).*

# Reducing Claims

- Participants agreed that use case 3 aligned with their UW principle of claim control and reduction
- 1 participant mentioned that use case 3 could be used to design UW questions for lowering claim experience


Mr D

*Because the goal of underwriting is to control claim. If you tell me this set of questions can control claims, then (this is) definitely helpful.*

# Useful for Insurance Product Design

- All participants agreed that use case 3 was useful in designing insurance product and related UW questions
- However, the use case was more for actuarists, doctors and reinsurers instead of underwriters as they were usually less or even not involved in the product design process


Mr K

*This is useful … It's for actuarial team to design products and underwriting questions, but not for underwriters.*

# Lack of Confidence on the Model Accuracy

- 3 participants raised questions on the accuracy of the model in predicting claim experience
- Concern was also raised over the inclusion of all necessary data

Mr **D**

*It's important to ensure the accuracy of the prediction.*

# Concern Over the Data Source and Application on Non-HK Customers

- 1 participant raised the question on the model's application on non-HK customers, especially mainland Chinese customers which accounted for >50% of his company's customers
- Another participant suggested that it was important to adjust the model to fit each company's claim experience
- Participants mentioned that risk profiles differed as the segment / company changed

Mr R

*It's necessary to re-tune the model by company specific claim experience.*

# Problem Getting Approval from Reinsurers

- 1 participant commented that in current process, changes to UW questions need approval from reinsurers
- Reinsurers adjusted offers (premiums, face amount, UW questions) based on their own risk assessment
- Buy-ins from reinsurers are necessary

# Tight Regulations on UW Questions

- 1 participant pointed out that he predicted there would be less room for simplifying UW questions
- HKIA is going standardize UW questions for medical products in January 2022, followed by Life and CI products (To be confirmed)
- Limited potential in HK if this regulation is in force

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**Hypothesis 6** **UW questions are designed by underwriters.** ✗ **Refuted**

✗ UW question design more a concern for actuaries than underwriters (related to p.58)

**Hypothesis 7**

**Streamlining underwriting questions based on claim predictability is useful.**

✓ **Supported**

- ✓ Participants agreed that the use case could help simplify UW questions for improving customer experience (related to p.56)
- ✓ Participants related the use case to claim reduction (related to p.57)
- ✓ Useful for insurance product design though not a matter of underwriters (related to p.58)

# Recommended Actions for Use Case 3

## Long Term

### Requirement / Design

- Conduct further research to gauge actuarial, product teams' feedbacks on this use case
- Explore on data filtering
- Explore on inclusion of data from non-HK customers
- Confirm with regulation changes in HK
- Explore the regulatory environment in other markets

# Suggestions from Participants on How Use Case 3 Could be Improved

Endorsed by 1 participant

**Identification of relevant follow up questions based on risks at POS**

Match applicants with relevant follow up questions immediately at POS based on risk prediction by the model.

Endorsed by 1 participant

**Filter for selecting segments for prediction**

Select cohorts or segments for prediction instead of all population for targeted prediction.

Endorsed by 1 participant

**Further prediction on questions' options and granules**

Test the predictability of questions' options, sub questions and granules instead of the entire question for more accurate prediction.

# 06

# Next Steps

# What's Next for Use Case 1?

## Short Term - Requirement / Design

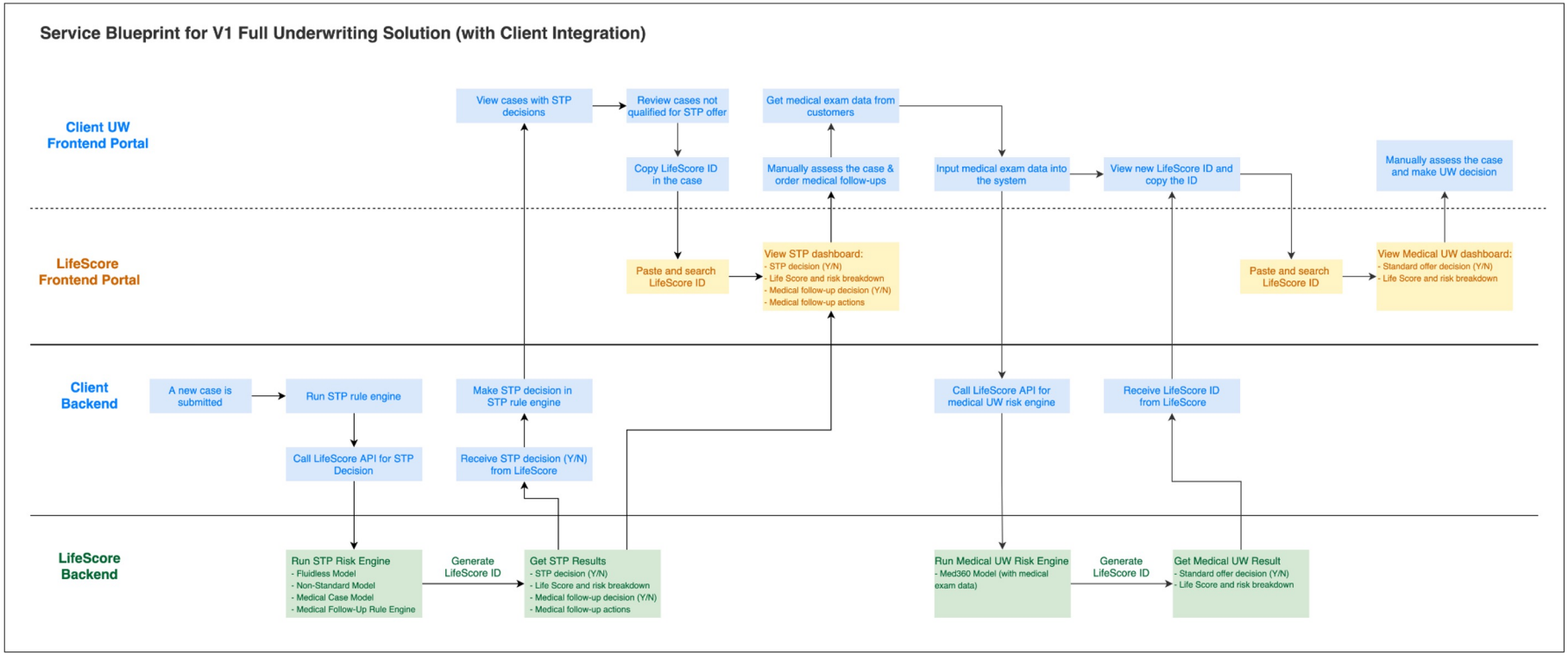
| Recommendation | Next Step | Finished by |
|---|---|---|
| **Enhancement** - Keep current follow-up model and recommendation table | Jessica and Xiangdong to confirm the requirement | Sprint 3 |
| **Enhancement** - Improve design to better justify model decisions | • Gordon to run ideation workshop with the team<br>• Xiangdong to nominate data science team members to join the design workshop | Sprint 3 |
| **New features** - Add recommended UW decision (standard offer) upon medical report inputs (via full UW model)decisions | Jessica and Xiangdong to confirm the requirement | Sprint 3 |

# What's Next for Use Case 1?

## Short Term - Sales / Pitching

| Recommendation | Next Step | Finished by |
|---|---|---|
| **Value proposition** - Position product as a supplement to rule engines rather than a replacement of rule engines | Jessica, Cecilia and Herman be reminded when preparing new pitch decks | N/A |
| **Enhancement** - Emphasize the value of AI models because medical UW decisions require a lot of human judgment | Run brainstorming session on how to emphasize the value of AI models | TBC |
| **Target customers** - Market to actuaries instead of underwriters as a tool for reducing claims | Invite actuaries in future client pitch | N/A |

# Translation Into a Concrete Use Case



# THANK YOU