

**Comments Template on
Discussion Paper on the review of specific items in the Solvency II
Delegated Regulation**

**Deadline
3 March 2017
23:59 CET**

Name of Company:	PKV (Verband der Privaten Krankenversicherung e. V.)	
Disclosure of comments:	Please indicate if your comments should be treated as confidential:	Public
<p>Please follow the following instructions for filling in the template:</p> <ul style="list-style-type: none"> ⇒ Do not change the numbering in the column "reference"; if you change numbering, your comment cannot be processed by our IT tool ⇒ Leave the last column <u>empty</u>. ⇒ Please fill in your comment in the relevant row. If you have <u>no comment</u> on a paragraph or a cell, keep the row <u>empty</u>. ⇒ Our IT tool does not allow processing of comments which do not refer to the specific numbers below. <p>Please send the completed template, <u>in Word Format</u>, to CP-16-008@eiopa.europa.eu</p> <p>Our IT tool does not allow processing of any other formats.</p> <p>The numbering of the questions refers to the discussion paper on the review of specific items in the Solvency II Delegated Regulation.</p>		
Reference	Comment	
General Comment	<p>We appreciate the opportunity to comment on this discussion paper and would like to encourage EIOPA to continue involving all stakeholders in the upcoming review process of the next years. @ Annex A: The study of Watson Wyatt would be a matter of particular interest for PKV (the EIOPA-assumption-paper refers to this study, but there is no source specified).</p> <p>Furthermore, we would like to refer to the multidisciplinary comments of GDV (Gesamtverband der Deutschen Versicherungswirtschaft e.V.).</p>	

Comments Template on Discussion Paper on the review of specific items in the Solvency II Delegated Regulation		Deadline 3 March 2017 23:59 CET
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Q1.14		
Q1.15	Mortality and longevity risk in different sub-modules: One difficulty is the segmentation of health contracts into mortality resp. longevity. In the health insurance business there are collective parts of profit participation and the possibility to premium adjustments. The decision of premium adjustment (whether and how) depends on a group of contracts. So no clear segregation contract by contract is possible.	
Q1.16		
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Q3.11		
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Q5.4		
Q5.5		
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Q8.1		
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Q8.12		
Q9.1	In our opinion, the mass accident risk sub-module in its current shape is not material for PKV.	
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Q11.1		

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Q11.2	<p>PKV failed to confirm the parameters for lapse risk checking and validating them with market data.</p> <p>However, mass lapse may be subject to primary business model. If health insurance is focused on longterm protection similar to pension schemes, mass lapse is directly linked to biometric components and consumer bonding to insurer.</p> <p>Even in the actually occurred event of an insolvency of an insurer which was then handed over to a protection fund, lapse rates did not exceed 20%. This corresponds to observations in health insurance, where mass lapse has been evaluated empirically using lognormal distributions. On the 99,5%-quantile of these data a 200 year event has been calculated with 20%.</p> <p>From our perspective mass lapse could well be captured with 25% stress. In our opinion, this stress factor would also be appropriate for other large health SLT markets, such as in Austria for example.</p>	
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Q21.1		

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Q21.7		