

# MarketScan

A Topical Index of MarketScans  
Related to Workplace Benefits

2014 – 2023



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# MarketScans

MarketScans are quick readings of the marketing environment — quick-response research projects that member companies can request to get specific, topical information.

## Here's how it works!

LIMRA consults with your company throughout the project to ensure that the MarketScan will meet your needs.

### Your company:

- Supplies a first draft of the survey questionnaire
- Suggests a list of the specific companies to be surveyed
- Provides your company's answers to the final questionnaire

### LIMRA's Benefits Marketing & Research Unit:

- Advises on the content of the survey and handles revisions
- Makes suggestions on the list of companies to be surveyed — we are uniquely able to get needed participation
- Collects and analyzes the data
- Completes a report of the results

Companies participate in the survey anonymously. Participants receive the final report and a list of the contributors. Projects typically include up to 20 questions and 20 companies.

Completion is **usually 8 weeks** after the survey is mailed — some are even faster!

All participants receive a copy of the report. Results are also summarized in LIMRA's publication, *MarketFacts*.

MarketScans are supported by your dues as a LIMRA member. For regular members, fees are a fraction of the actual cost of the project.

**MarketScans are an outstanding value of LIMRA membership.**

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The following pages list MarketScans on Group Insurance and Health Care topics that LIMRA International has published. A copy of any published MarketScan is available to LIMRA members at no cost.

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## Administration and Enrollment

### ***Best Practices for Quoting and Onboarding Group Workplace Insurance Accounts (2021)***

examined carrier practices as they relate to the quoting and onboarding processes for group workplace accounts including both true group as well as group voluntary products. Companies based their responses on their life insurance products, disability insurance products, and/or absence management services. For the purposes of this survey, onboarding/implementation of a new customer was defined as post-sale activities spanning from requirement gathering to case installation to handoff to client management. (Quoting of Group Workplace Insurance Products 13 companies; Onboarding Group Workplace Insurance Accounts 13 companies)

***Carrier Models for Servicing Workplace Benefits (2022)*** examined the primary models that workplace benefit carriers use to service clients and brokers. It also looked at turnaround goals and execution, including metrics for new client implementation. (12 companies)

***Enrollment Experience and Provider Platforms for Workplace Products (2021)*** examined the enrollment experience and platforms of providers in the U.S. Workplace Insurance Market. Some of the topics examined include the type of enrollment platform primarily used by companies, average annual volume of insurance applications, average time to complete an application, whether the enrollment platform allows for single-application or multiple products in one application, and whether companies offer an omni-channel enrollment experience. (16 companies)

***Enrollment Strategies for Voluntary Insurance Products (2018)*** examines how carriers engage employers in enrollment discussions around employer-sponsored group voluntary products (Disability, Life, Accident, Critical Illness, Hospital Indemnity, and Dental). Fifteen companies participated. (15 Extraterritorial Jurisdiction Administrative companies)

***Extraterritorial Jurisdiction Administrative Practices by Group Supplemental Health Insurance Carriers (2023)*** examined how supplemental benefits group insurance carriers handle extraterritorial jurisdiction administrative practices. (18 companies)

***Handling Requests for Proposals for Group Insurance Products (2023)*** examined how group insurance carriers handle requests for proposals (RFPs) for group insurance products. The products of interest include life insurance, accidental death and dismemberment (AD&D), absence/leave management, disability, dental, and supplemental health insurance. (16 companies)

***Invoicing and Remittance of Premium for Group Insurance Products (2019)*** examined the online and paper billing processes carriers offer to employers for both employer-paid (100% employer-paid and contributory) and voluntary group insurance products as it applies to list bills. Some of the topics examined include invoicing methods, types of remittance accepted, and conversion to exclusively invoicing by electronic methods.

***New Case Submission Practices (2021)*** examined carrier practices as they relate to new business case submission guidelines and turnaround times for group nonmedical products. For the purpose of the study, onboarding/account installation was defined to include the submission of new case paperwork needed to install a case as well as the following activities: onboarding a new customer, system set-up, loading eligibility, issue of policy, booklets, ID cards, and first billing statement. (15 companies)

***Processes for Finalizing Plan Designs for New and Existing Employers (2017)*** will examine the processes companies use when finalizing plan news for new and existing employers. The focus of this survey is on nonmedical products.

## Claims

***Claim Metrics for Dental Plans, Disability Insurance Products, and Absence Management Services (2021)*** examined the structure of carriers' claim contact centers as well metrics for telephonic claim intake, claim decisions, and accuracy of benefit decisions. (Dental Plans 8 companies; Disability Insurance Products 13 companies; Absence Management Services 8 companies)

***Claim Servicing for Group Disability Insurance Products (2019)*** examined claim servicing for group disability insurance products. Topics examined include the structure of claims teams, claims caseload, clinician involvement, claims administration, and technology. (15 companies)

***Group Disability Clinical and Vocational Resources (2022)*** examined carrier practices as they relate to clinical and vocational disability claim involvement and processes. It looked at unit size, staffing trends, work management as well as medical review processes, best practices and trends. (15 companies)

## Compensation and Recognition Programs

***Incentive Conference Programs Provided by Insurance Companies to Group Benefits Sales Representatives (2018)*** examines incentive conference programs provided by insurance companies to qualifying group benefits sales representatives. Some of the topics include parameters used to identify qualifying group sales representatives and the structure of the recognition program. (9 companies)

***Incentive Compensation Plan Administration (2016)*** collects information on carrier practices for administering incentive compensation plans for group nonmedical sales representatives. Topics include definitions of when incentive is "earned," incentives for cancelled cases, and compensation plan administration under various employment termination and leave scenarios. (18 companies)

***Incentive Plans for Group Insurance Sales Reps & Account Managers (2014)*** examines company practices as they relate to incentive compensation plans for employee benefit sales representatives and account managers/client relationship managers. Topics covered included plan design, incentive guarantees, draw arrangements, and incentive plan components. (14 companies)

*Confidential: For participants only.*

***Long-Term Incentive Compensation for Group Sales Management (2015)*** collects information on long-term incentive compensation plans provided to sales managers and regional vice presidents in the group insurance industry. The survey focused on management personnel that oversee group nonmedical and/or group dental products. Topics covered included eligibility for long-term incentives, types of awards, average values of incentives paid, and vesting schedules. (13 companies)

*Confidential: For participants only.*

***Netting Commissions: Governance and Business Practices (2014)*** examines company practices allowing premiums to be remitted to an insurance carrier net of commissions. This research focused on group insurance, voluntary, and stop loss products, including distribution through brokers, agents, and TPAs. (8 companies)

***Small Market Service Standards and Processes (2015)*** collects information on long-term incentive compensation plans provided to sales managers and regional vice presidents in the group insurance industry. The survey focused on management personnel that oversee group nonmedical and/or group dental products. Topics covered included eligibility for long-term incentives, types of awards, average values of incentives paid, and vesting schedules. (13 companies)

## Dental

***Broker Quoting and Rating Practices (2014)*** examines company practices regarding broker requirements and the group insurance rating and quoting processes for various products. This research focused on group life, dental, and disability products. (7 companies)

***Claim Metrics for Dental Plans, Disability Insurance Products, and Absence Management Services (2021)*** examined the structure of carriers' claim contact centers as well metrics for telephonic claim intake, claim decisions, and accuracy of benefit decisions. (Dental Plans 8 companies; Disability Insurance Products 13 companies; Absence Management Services 8 companies)

***Group Benefits Call Center Metrics (2022)*** examined call centers that handle group benefits such as disability and dental insurance. The survey explored carrier practices regarding call centers that handle inbound calls for servicing and inquiries related to claims status, coverage information, and intake for claims set-ups. (14 Handling Requests for Group Insurance Products)

## Disability

***Access to Diagnostic Information for ASO Disability Services (2020)*** examined whether the privacy provisions of the Gramm-Leach Bliley Act (GLB) are applicable to carriers' administrative services only (ASO) disability services. (10 companies)

***Additional Disability Benefits for Public Employees (2015)*** examines the additional disability benefits to which group disability claimants may be eligible for under their retirement plans (Public Employee Retirement System, State Teacher Retirement System, and Federal Employee Retirement System). The plans and eligibility rules can be complex, making it difficult to understand when claimants should apply. The objective of this MarketScan is to benchmark current company practices. (9 companies)

***Broker Quoting and Rating Practices (2014)*** examines company practices regarding broker requirements and the group insurance rating and quoting processes for various products. This research focused on group life, dental, and disability products. (7 companies)

***Claim Metrics for Dental Plans, Disability Insurance Products, and Absence Management Services (2021)*** examined the structure of carriers' claim contact centers as well metrics for telephonic claim intake, claim decisions, and accuracy of benefit decisions. (Dental Plans 8 companies; Disability Insurance Products 13 companies; Absence Management Services 8 companies)

***Claim Servicing for Group Disability Insurance Products (2019)*** examined claim servicing for group disability insurance products. Topics examined include the structure of claims teams, claims caseload, clinician involvement, claims administration, and technology. (15 companies)

***Disability Insurance Tax Withholding Practices (2021)*** examined carrier practices as they relate to tax withholding requirements for insured and self-insured employer group disability plans. (11 companies)

***Employee Assistance Programs for Group Life and Group Disability Insurance Plans (2017)*** examines carrier practices relating to carriers who offer an Employee Assistance Program (EAP) in conjunction with the purchase of a group life or group disability insurance policy, learning how the EAP is contractually structured with the Employer, and with the EAP provider. (20 companies)

***Extraterritorial Jurisdiction Administrative Practices by Group Supplemental Health Insurance Carriers (2023)*** examined how supplemental benefits group insurance carriers handle extraterritorial jurisdiction administrative practices. (18 companies)

***Group Benefits Call Center Metrics (2022)*** examined call centers that handle group benefits such as disability and dental insurance. The survey explored carrier practices regarding call centers that handle inbound calls for servicing and inquiries related to claims status, coverage information, and intake for claims set-ups. (14 companies)

***Group Benefits Online Capabilities (2016)*** collects information on carriers' online and mobile capabilities for group life and group disability products. Topics covered included mobile apps, online enrollment, and online self-service websites for employees, employers, and producers. (14 companies)

**Group Disability Clinical and Vocational Resources (2022)** examined carrier practices as they relate to clinical and vocational disability claim involvement and processes. It looked at unit size, staffing trends, work management as well as medical review processes, best practices and trends. (15 Handling Requests for Group Insurance Products)

**Handling Requests for Proposals for Group Insurance Products (2023)** examined how group insurance carriers handle requests for proposals (RFPs) for group insurance products. The products of interest include life insurance, accidental death and dismemberment (AD&D), absence/leave management, disability, dental, and supplemental health insurance. (16 companies)

**New York and New Jersey Statutory Disability Insurance (2016)** examines company practices regarding New York and/or New Jersey state disability products. Topics include product administration, options, claims, and reporting. (13 companies)

**Overpayment Collection Practices for Disability Products (2014)** examines staffing sizes, capacity, workflow, and process with regard to overpayment collection for various disability products (i.e., group long term disability, group short term disability, and individual disability products). (10 companies)

**Performance Guarantees for Group Long-Term Disability Products (2014)** examines performance guarantees for group long-term disability (LTD) products. Topics include features, performance measures, and auditing. (15 companies)

**Performance Guarantees for Group Long-Term Disability Insurance Products (2018)** examines structure and approval, features included, performance measurement, and auditing. This survey is an update to a performance guarantee survey conducted in 2014. (15 companies)

**Performance Guarantees for Group Short-Term Disability Insurance Products (2018)** examines structure and approval, features included, performance measurement, and auditing. This survey is an update to a performance guarantee survey conducted in 2014. (16 companies)

**Performance Guarantees for Group Short-Term Disability Products (2014)** examines performance guarantees for group short-term disability (STD) products. Topics include features, performance measures, and auditing. (15 companies)

**FMLA Administration (2017 – 2018)** will examine performance guarantees offered by companies to employers. Some of the topics include features, performance measures, and auditing. This study is an update of a MarketScan conducted in 2014.

## Financial Reporting/Expenses

**Insurance Carriers' Account Receivables Metrics (2021)** examined metrics on unapplied cash balances, open receivable balances, and days outstanding sales. It also examined bad debt reserves and year-end write-offs of uncollectible receivables for group worksite business. Companies based their responses on their company's group workplace products (employer-paid, contributory, and voluntary business). (7 companies)

## Life Products

**Broker Quoting and Rating Practices (2014)** examines company practices regarding broker requirements and the group insurance rating and quoting processes for various products. This research focused on group life, dental, and disability products. (7 companies)

**Employee Assistance Programs for Group Life and Group Disability Insurance Plans (2017)** examines carrier practices relating to carriers who offer an Employee Assistance Program (EAP) in conjunction with the purchase of a group life or group disability insurance policy, learning how the EAP is contractually structured with the Employer, and with the EAP provider. (20 companies)

**Extraterritorial Jurisdiction Administrative Practices by Group Supplemental Health Insurance Carriers (2023)** examined how supplemental benefits group insurance carriers handle extraterritorial jurisdiction administrative practices. (18 companies)

**Group Benefits Call Center Metrics (2022)** examined call centers that handle group benefits such as disability and dental insurance. The survey explored carrier practices regarding call centers that handle inbound calls for servicing and inquiries related to claims status, coverage information, and intake for claims set-ups. (14 companies)

**Group Benefits Online Capabilities (2016)** collects information on carriers' online and mobile capabilities for group life and group disability products. Topics covered included mobile apps, online enrollment, and online self-service websites for employees, employers, and producers. (14 companies)

**Group Extraterritorial Requirements (2015)** examines information on company practices related to the administration of extraterritorial laws and regulations, primarily as they apply to group life insurance products. Topics covered included method of determining whether a law is extraterritorial, states considered to have extraterritorial regulations, and the application of extraterritorial requirements to certificates of insurance, enrollment forms, underwriting forms, and marketing materials. (10 Handling Requests for Group Insurance Products (2023))

**Handling Requests for Proposals for Group Insurance Products (2023)** examined how group insurance carriers handle requests for proposals (RFPs) for group insurance products. The products of interest include life insurance, accidental death and dismemberment (AD&D), absence/leave management, disability, dental, and supplemental health insurance. (16 companies)

**Performance Guarantees for Group Life Products (2014)** examines performance guarantees for group life products. Topics include features, performance measures, and auditing. (14 companies)

**Performance Guarantees for Group Life Insurance Products (2018)** examines structure and approval, features included, performance measurement, and auditing. This survey is an update to a performance guarantee survey conducted in 2014. (17 companies)

**Spousal and Adult Dependent Signatures for Life Insurance Sold in the Workplace (2017)** examines carrier practices relating to spousal and/or dependent signatures for individual and group life insurance coverage sold at the worksite as a supplemental or voluntary offering. (11 companies)

## Long-Term Care

**Distribution of Individual Long-Term Care Insurance (2014)** examines the distribution of individual long-term care insurance through career and independent distribution channels. (13 companies)

## Miscellaneous

**Carrier Off-Shore Practices Survey (2014)** examines off shoring practices as they relate to a company's group insurance operations. The survey examines whether a company currently (or in the past) off shores processes that support its group operations. Topics include the type of functions off shored, the products supported by off shoring, and the percent of business conducted off shore. (8 companies)

*Confidential: For participants only.*

**Carrier Models for Servicing Workplace Benefits (2022)** examined the primary models that workplace benefit carriers use to service clients and brokers. It also looked at turnaround goals and execution, including metrics for new client implementation. (12 companies)

**Compliance with the New York Department of Financial Services (NYDFS) Cybersecurity Regulation (2018)** examined company practices as they relate to compliance with the New York Department of Financial Services Cybersecurity Regulation, Section 500.11. This regulation requires implementation of formal third party risk management policies and procedures to address third party service providers that access non-public information (NPI) or Information systems, with specific



requirements across third-party lifecycle stages, i.e., pre-contract, contracting and post-contract. Compliance with this regulation is due by March 1, 2019. (11 companies)

**Customer Communications Management — CCM (2019)** examined communications provided by insurance carriers to insureds. Some of the topics examined include the availability of digital notification services, whether communication platforms are custom built or employ specific CCMM technology, types of communication functions outsourced, and whether carriers proactively communicate with customers. (16 companies)

**Data Transmission Practices between Customers and Carrier (2018)** examined data transmissions practices between customers (internal/external/brokers/TPAs /TPEs, etc.) and a carrier's dedicated team. Some of the topics include the size of the dedicated team, annual number of transmission requests, unit costs, and transmission options provided to customers. (12 companies) *Confidential: For participants only.*

**Extraterritorial Jurisdiction Administrative Practices by Group Supplemental Health Insurance Carriers (2023)** examined how supplemental benefits group insurance carriers handle extraterritorial jurisdiction administrative practices. (18 companies)

**Group Benefits Call Center Metrics (2022)** examined call centers that handle group benefits such as disability and dental insurance. The survey explored carrier practices regarding call centers that handle inbound calls for servicing and inquiries related to claims status, coverage information, and intake for claims set-ups. (14 companies)

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**Incentive Conference Programs Provided by Insurance Companies to Group Benefits Sales Representatives (2018)** examines incentive conference programs provided by insurance companies to qualifying group benefits sales representatives. Some of the topics include parameters used to identify qualifying group sales representatives and the structure of the recognition program. (9 companies)

**Insurance Product Premium Management and Leakage (2017)** collected information on company practices as it relates to premium leakage for group, voluntary, and retail lines of business. Premium leakage is defined as loss in expected insurance premiums resulting from, but not limited to, such things as client under-billing, premium that is written off, uncollected premium, and the under-reporting of covered earnings. The survey drills down on major and minor contributors to premium leakage. (7 companies)

**Performance Guarantees for FMLA Administration Services (2014)** examines performance guarantees for FMLA/Leave Administration Services. Topics include features, performance measures, and auditing. (15 companies)

**Performance Guarantees for Family Medical Leave Act Administration (2018)** examines structure and approval, features included, performance measurement, and auditing. This survey is an update to a performance guarantee survey conducted in 2014. (13 companies)

**Performance Guarantees for Group Workplace Products/Services (2022)** examined carriers' performance guarantees for group workplace insurance products/services and the processes used to review, align, and improve the performance guarantees offered to clients. (15 companies)

**Processes for Finalizing Plan Designs for New and Existing Employers (2017)** examined the processes companies use when finalizing plan designs for new and existing employers with a focus on non-medical products. (7 companies)

**Rate Guarantees on Group and Voluntary Insurance Products (2015)** examines rate guarantees for group and voluntary insurance products. Some of the topics examined include number of years for which a rate guarantee is offered, whether the rate guarantee is a standard or case-by-case offering, and the percentage of new 2013 cases with a rate guarantee. (12 companies)

**Renewal Practices for Customers with Multiple Products (2017)** examined group carrier practices as they relate to renewing customers with multiple products. The focus was on small to medium case size clients. (8 companies)

**Service Delivery Models for Group Nonmedical Benefits (2015)** collects information on company practices related to the structure of service delivery models for group nonmedical benefits. Topics covered included the structure of account management and staffing, handling of new case implementation, and incentive compensation programs. (12 companies)

**Servicing Workplace Benefit Sponsors and Clients (2016)** examines the service capabilities of carriers marketing insurance benefits at the workplace. It explores company practices related to turnaround time expectations, online services, proactive client communications, and obtaining evidence of insurability information. (14 companies)

**Third Party Administrator Practices (2015)** examines group insurance carrier practices related to Third Party Administrators (TPAs) and strategies used to defray the costs of implementation. The survey applied only to non-medical products. (10 companies) *Confidential: For participants only.*

## Portability/Conversion

**Portability of Group Life and AD&D Products (2015)** collects information on the portability feature(s) of group life insurance contracts, including accidental death and dismemberment (AD&D) coverage. Topics include eligibility, features, limitations, reduction schedules, loss ratios, and administrative functions. For the purposes of the survey, portability is defined as a feature that allows employees to continue group life and AD&D coverages after they cease to be eligible for the coverage under the terms of the group plan. (19 companies)

## Small-Group Business

**Renewal Practices for Customers with Multiple Products (2017)** The objective of this MarketScan is to examine group carrier practices as they relate to renewing customers with multiple products. The focus is on small to medium case size clients.

**Small Market Service Standards and Processes (2015)** examines how carriers provide customer service to their small market clients and broker partners. Topics include internal goals and standards for return calls, the onboarding process, online services, and proactive outreach. (17 companies)

## Technology

**Customer Communications Management — CCM (2019)** examined communications provided by insurance carriers to insureds. Some of the topics examined include the availability of digital notification services, whether communication platforms are custom built or employ specific CCMM technology, types of communication functions outsourced, and whether carriers proactively communicate with customers. (16 companies)

**File Feeds for Services Related to Group Workplace Products (2022)** examined file feeds for services related to group workplace products. The file feeds of interest were Eligibility, Enrollment, Evidence of Insurability (EOI), Billing, and Port and Conversion. Some of the topics examined included new file feed intake procedures, time from intake to production, and how work is assigned for file feed implementation, ongoing issue resolution, and file feed changes. Also examined were common issues reported by customers and/or vendors and planned changes. (11 companies)

**Group Benefits Online Capabilities (2016)** collects information on carriers' online and mobile capabilities for group life and group disability products. Topics covered included mobile apps, online enrollment, and online self-service websites for employees, employers, and producers. (14 companies)

**Online Capabilities & Billing (2018)** collects information about carriers' online and mobile capabilities for group life and group disability products. Topics include billing and online self-service websites for employees, employers, and producers. (14 companies)

**Self-Serve Online Portal Use for Group Workplace Products (2022)** examined the availability, adoption, and use of self-serve online portals by employers, brokers, and members for group workplace products. The products of interest were true group and/or voluntary employee benefits. Some of the topics examined include current levels of engagement, capabilities offered, and challenges and success in increasing online portal use. (16 companies)

**Single Sign-On for Evidence of Insurability (2022)** examined single sign-on connections (SSO) for evidence of insurability (EOI) between benefits administration/third-party administrator (TPA) platforms and carriers' online medical underwriting systems. Some of the topics examined included which benefit administration platforms carriers currently have SSO connections with, case size requirements for use of an SSO connection for EOI, lead times when setting up new and existing SSO connections, and testing requirements prior to a SSO customer going live. (17 companies)

## **Voluntary Products/Worksite Marketing**

**Best Practices for Quoting and Onboarding Group Workplace Insurance Accounts (2021)** examined carrier practices as they relate to the quoting and onboarding processes for group workplace accounts including both true group as well as group voluntary products. Companies based their responses on their life insurance products, disability insurance products, and/or absence management services. For the purposes of this survey, onboarding / implementation of a new customer was defined as post-sale activities spanning from requirement gathering to case installation to handoff to client management. (Quoting of Group Workplace Insurance Products 13 companies; Onboarding Group Workplace Insurance Accounts 13 companies)

**Enrollment Strategies for Voluntary Insurance Products (2018)** examines how carriers engage employers in enrollment discussions around employer-sponsored group voluntary products (Disability, Life, Accident, Critical Illness, Hospital Indemnity, and Dental). (15 companies)

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**Servicing Workplace Benefit Sponsors and Clients (2016)** examined the service capabilities of carriers marketing insurance benefits at the workplace. It explored company practices related to turnaround time expectations, online services, proactive client communications, and obtaining evidence of insurability information. (14 companies)

**For information about the MarketScan program or for a complete list of MarketScans related to Workplace Benefits, contact:**

**Pat Leary**

Workplace Benefits

Phone: (860) 285-7840

Email: [pleary@limra.com](mailto:pleary@limra.com)

**For free copies of MarketScan reports, contact LIMRA Customer Service:**

Call toll-free: (800) 235-4672 or Email: [customer.service@limra.com](mailto:customer.service@limra.com)

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