

salary the man before him is actually receiving. The prospect, grinning sheepishly, admits the truth—and Mr. Foreman can suggest his “monthly Budget Plan” if the premium payment is the obstacle.

Having learned that a salaried man budgets by the month and likes to pay that way, he offers in cases where he considers it safe because of the man’s high sense of responsibility, to pay the annual premium personally, and collect from the insured monthly—one-tenth of the annual each month until by the end of the fourth year at this rate (note it is not one-twelfth of the annual each month, but one-tenth; he explains this clearly and the reason)—the insured will have accumulated enough extra so that from then on he is able to pay his entire premiums as they fall due without help from Mr. Foreman (who has put him in *good shape* building more good will)—and by a check for only one-twelfth of the annual each month henceforth. This has not only sold business and built prestige for him; explained Mr. Foreman, but also it keeps the insurance on the books which is an important consideration—and *also helps an insurance man’s prestige*. Lapsed insurance leaves a weak spot in anybody’s prestige-building program, for although you are not in any sense at fault in making the sale, there is resentment that you couldn’t sense the subsequent events which were going to make continuance impossible!

In regard to reciprocal business, in the upper strata he definitely seeks it—that is, not from local tradespeople but

from the family's doctors, dentist, lawyer and other professional consultants.

He doesn't have many referred leads but is careful to report upon those he receives.

His proposals are not especially elaborate but they are complete and Mr. Foreman impressed upon us that he is extremely careful about their appearance. He never sells cost, rarely including a net cost statement but always pointing out the *benefits* of the proposed program to the insured as well as to his family. He strives to have the proposal appear individualized to the extent that the prospect will say (and he has had a number say this): "Did you get that up for me?" He has been complimented on the thought and time he has obviously put into the case preparation—and such praise pleases him highly.

In order to make his distinctive set-up, with characteristics of the individual addressed provided for, Mr. Foreman says it is necessary to know, at the beginning, everything he can possibly learn about the prospect. Thus he conducts a research to add to the information he probably has from personal social contact. He makes few calls, but they are highly selective ones. He is convinced that *service* intelligently rendered is the essence of prestige-building and life insurance attainment.

taken up in the Medico-Actuarial report which had not already been covered in the Joint Occupation Study (1928). The medical code of 1925, which had been prepared by the same committee, was used as a basis for classifying the various medical impairments. The medical impairment study was more complex than the occupational one because subdivisions were made according to the time elapsed since the operation or the attack. Furthermore, the standard data were separated from the sub-standard and when they were combined it was necessary to allow for the standard material which had not been contributed by some of the companies. The investigation included not only medical impairments, but also policies for large amounts of insurance, the consideration of a table of height and weight, and mortality according to build. The mortality summary sheets were again used in the respective classes unless the contribution of any company was less than 50 entrants, in which case it furnished perforated cards to be combined at the central bureau. The total number of entrants in the medical impairment classes including those with a tuberculous family history, was nearly 1,100,000 with 41,000 deaths. One-third of the material contributed was classed as sub-standard. In the investigation of mortality according to build there were about 970,000 cards. Adding to both of these the data in the investigation dealing with large sized policies, the total number of entrants was more than 2,100,000.

There were 39 contributing companies representing four-fifths of the insurance in force in the United States and Canada. A basic table of mortality was again prepared dealing with the years of issue 1909-1927. The statistics forming this basic table were more extensive than those of any other based upon insured lives. The death losses amounted to more than one billion dollars and the exposed to risk to 190 billions. An ultimate table was not formed. The formula used in graduating the ratio of the rate of mortality to that of the AM Select table was the one which had been used in the occupational report. The characteristics of this table were rather unusual. The aggregate of death claims was 78% of that expected by the American Men Select table. The ratios run in general from 70% to 90%.



The peculiar characteristics of this table were partly caused by the influenza epidemic of 1918 and by the great improvement in mortality which followed during several years after that time and affected particularly the younger and middle ages.

As in the case of the occupational report, company ratings for insurances were compared with the actual experience. No material was included in this report relative to disability and double accidental death benefits. The method of obtaining the probable deviation due to insufficient numbers was refined and made somewhat more accurate than the formula used in the occupational report. The material in the text dealing with causes of death in the medical impairment report shows the ratio of death rates per thousand exposed to risk in each case as compared with the corresponding death rates in the basic table, which was also the basis used in the M. A. Mortality Investigation, whereas the occupational report compares the percentage of deaths from a given cause in each occupational group with the corresponding percentage in the general experience. This point should be borne in mind in making comparisons.

The material dealing with height and weight included ages at entry as low as ten and this made available new material among boys and girls. At ages above 20, however, the results of the M. A. Mortality Investigation were confirmed and it seemed unnecessary to prepare a new table. This applied to average height as well as to average weight. In the case of men there was a slight reduction in the average height, although other investigators had found a tendency to increase in recent years,—for example, college graduates, as compared to the height of their fathers when they were the same age. The possible reasons for this discrepancy were carefully analyzed in the report.

This outline, of course, cannot attempt to give any real conception of the results of this investigation for which the original report must be consulted. A brief review was given by Dr. Hunter in T. A. S. A., Vol. XXXII, p. 414.

It is planned to publish at an early date a pamphlet giving medical impairment mortality ratings along the same lines as the corresponding pamphlet which has already been pub-