

**Report and Proposal Commemorating the  
110<sup>th</sup> Anniversary of The Life Insurance  
Association of Japan:  
Looking 10 Years Ahead and Beyond**

**April 2019**



**The Life Insurance  
Association of Japan**

## Greetings from the Chairperson



The Life Insurance Association of Japan celebrated its 110<sup>th</sup> anniversary on December 7, 2018.

Looking back over the past 10 years, we saw many natural disasters, such as the Great East Japan Earthquake, typhoons, and heavy rain. I would like to express my heartfelt sympathy to the victims and hope that everyone will be safe and that the afflicted areas will recover as soon as possible. These events have made me strongly aware of the life insurance industry's role to be there for each and every customer throughout his or her life.

Looking ahead, we see various environmental changes that will impact everyone's life approaching. For example, depopulation and demographic aging are accelerating. A longevity society has arrived with a slogan of the 100-year life span. In addition, as the success of FinTech shows, technology has achieved a quantum leap. As we predict big changes in our social environment and way of life, we have such challenges as to help our customers live their own lives in a longevity society and build a sustainable society amid population decline.

The Life Insurance Association of Japan has established the three elements required for everybody to lead a safe and hopeful life as the 3Ps. The 3Ps consist of preparedness for a deep understanding of the risks in life, protection to ensure security against those risks, and prevention of risks from occurring.

From the perspective of the 3Ps, we have compiled this document to discuss the way social security should be in the healthcare area where we need to prepare for a longevity society and contribute to the establishment of a sustainable social security system, as well as the role of life insurance in Society 5.0 that adopts advanced ICT.

We hope that this document will become the first step toward solving issues for the next 10 years and beyond.

Last but not least, we would like to take this opportunity to extend our sincere gratitude to Mr. Kentaro Enomoto, Counselor for Social Security, Ministry of Health, Labor and Welfare, Prof. Hiroaki Miyata at Keio University, Ms. Yukari Iimura, Director of Information Application Promotion Office, Information, and Communication Bureau, Ministry of Internal Affairs and Communications, and President Yukiko Furuya, Consumer Conference for Sustainability, for the valuable suggestions they made in the panel discussions at the 110<sup>th</sup> Anniversary of The Life Insurance Association of Japan Celebration held on February 25, 2019.

April 2019

The Life Insurance Association of Japan  
Chairperson Seiji Inagaki

# Report and Proposal Commemorating the 110th Anniversary of The Life Insurance Association of Japan: Looking 10 Years Ahead and Beyond

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- The Life Insurance Association of Japan -

The Life Insurance Association of Japan is an incorporated association to which all life insurers who engage in the life insurance business in Japan belong. It operates to contribute to the improvement of people's lives, seeking for the sound development of the life insurance business and the maintenance of its reliability.

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## **Chapter 1    Report: The Future of the Japanese People and Life Insurance in the Healthcare Area**

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### **1. Introduction**

Japan sees demographic aging accelerating. As a super-aging society arrives and people talk about the “era of 100-year life spans,” Japanese social security is responding to this change. Such a change is expected to affect the life of each one of us greatly.

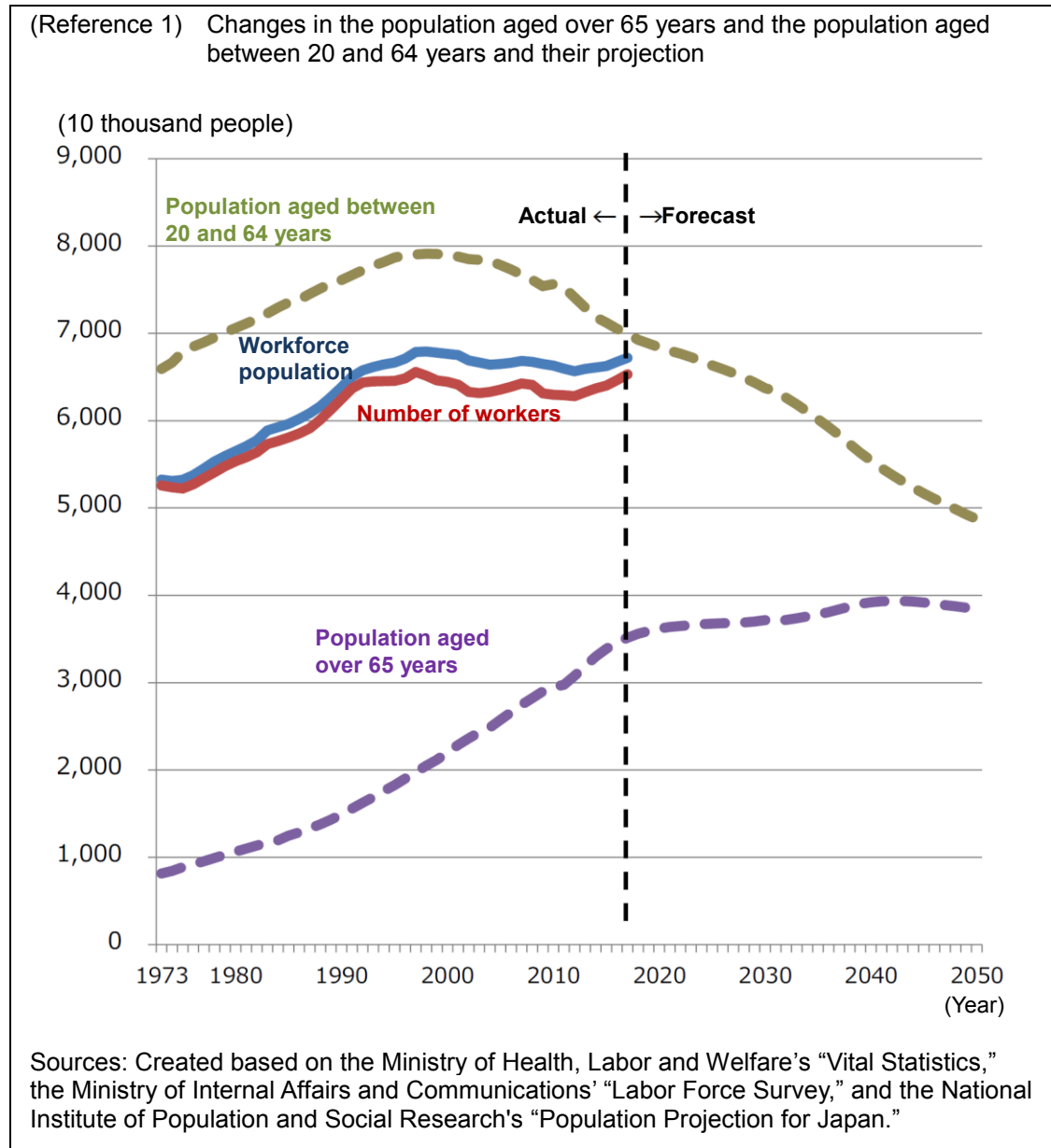
The life insurance industry has long played a role in complementing social security with the mission to ensure security in people’s lives. Going forward, we will make sure to grasp anticipated environmental changes that give rise to social issues to contribute to solving them. This way we would like to contribute to the safety of people’s lives, leading to the development of a sustainable society.

The healthcare services area in particular is expected to change under the strong influence of a super-aging society. As it is deeply linked to the life insurance industry, we need to change our role accordingly.

This report provides our current answers to the following questions that primarily focus on the healthcare services area: How is the environment/social security changing? ; How will we address the question of its impact on our lives? ; How can the life insurance industry contribute and what role can it play? We expect this report to help you have a vision for the future that is required for ensuring security in light of environmental changes.

## 2. The arrival of a super-aging society and changes in the social security system

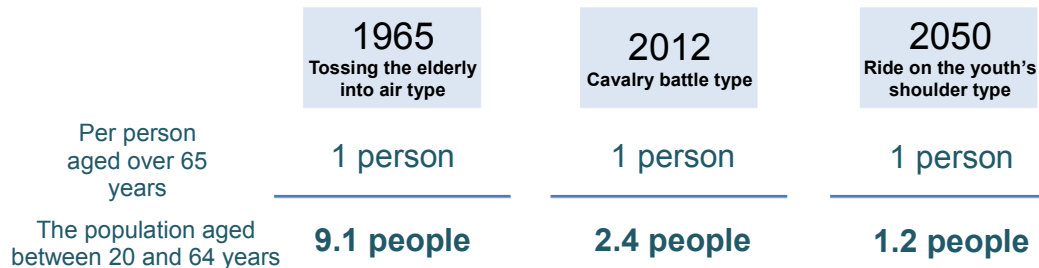
### (1) The arrival of a super-aging society: changes in demographic structure



After Japan's total population reached a peak in 2008 with 128.08 million, it began to decline. It is projected to be about 110 million in 2040<sup>1</sup>. Reference 1 shows this with the population aged over 65 years separately from the population aged between 20 and 64 years. From this we learn that while the population aged over 65 years rapidly increased in the past, its increase is projected to slow down; by contrast, the population aged between 20 and 64 years is expected to decline continuously.

<sup>1</sup> The National Institute of Population and Social Research's "Population Projection for Japan" (Estimate for 2017 with medium-fertility and medium-mortality)

(Reference 2) “Tossing the elderly into air type,” “Cavalry battle type,” and “Ride on the youth’s shoulder type”

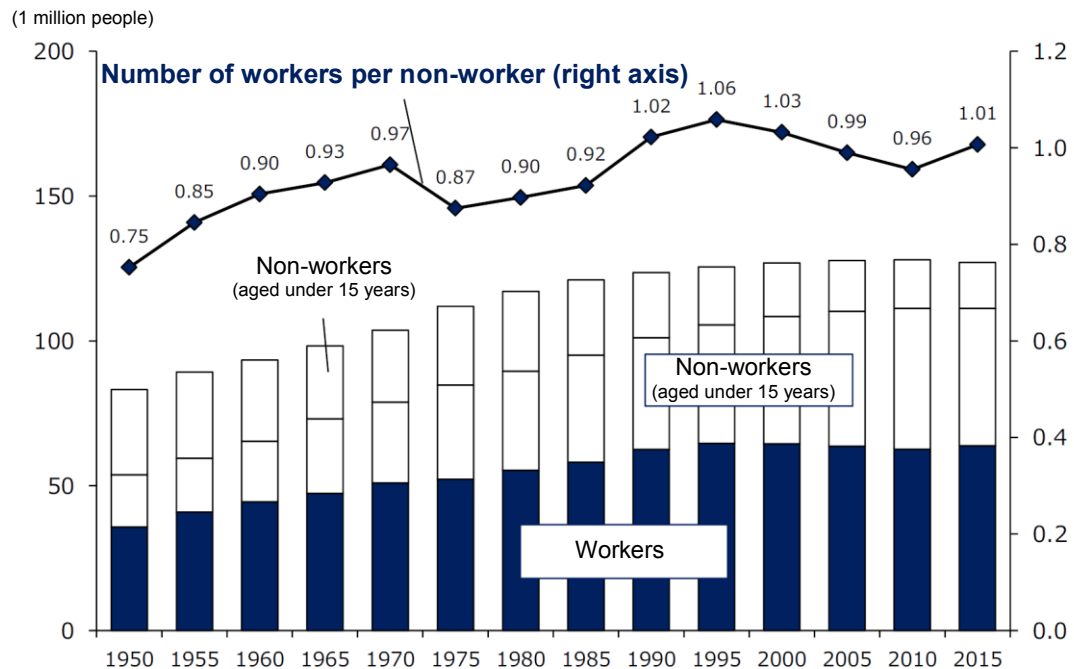


Source: Created based on the Ministry of Finance’s website:

[https://www.mof.go.jp/comprehensive\\_reform/gaiyou/02.htm](https://www.mof.go.jp/comprehensive_reform/gaiyou/02.htm)

Reference 2 presents the population aged over 65 years as the supported (retired layer) and the population aged between 20 and 64 years as the supporters (active layer) to show the ratio of the supported to the supporters. In the past, Japan was a “tossing the elderly into air type” society in which many active workers supported the retired layer. It has changed into a “cavalry battle type” society where roughly two active workers support one retired person. It will become a “ride on the youth’s shoulder type” society in which one active worker supports one retired person. It has been generally assumed that in this society social sustainability will be lost.

(Reference 3) Ratio of workers to non-workers (denominator: non-workers; numerator: workers)



Source: Analysis of the Labor Economy 2012.

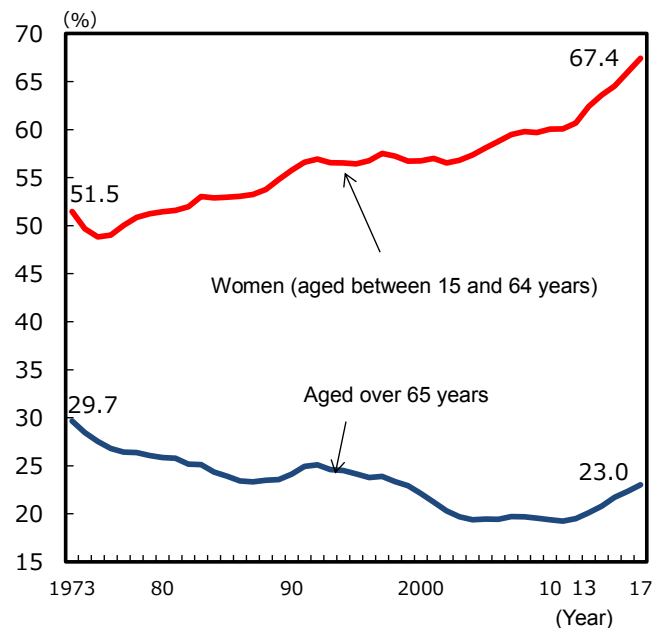
However, a different figure will emerge if we stop looking at ages as numbers. In fact, if we focus on the workers and the non-workers without recourse to a factor of age, we can see that as shown by Reference 3, the ratio of workers to non-workers has been stable.

This means that as Reference 4 shows, since around 1970, the female employment rate has increased. More recently, the employment rate of people aged over 65 years has turned upward. These have contributed to maintaining stability. This has made it possible to secure enough workers.

It is, therefore, necessary to continuously secure enough workers to build a sustainable society in an age of super-aging.

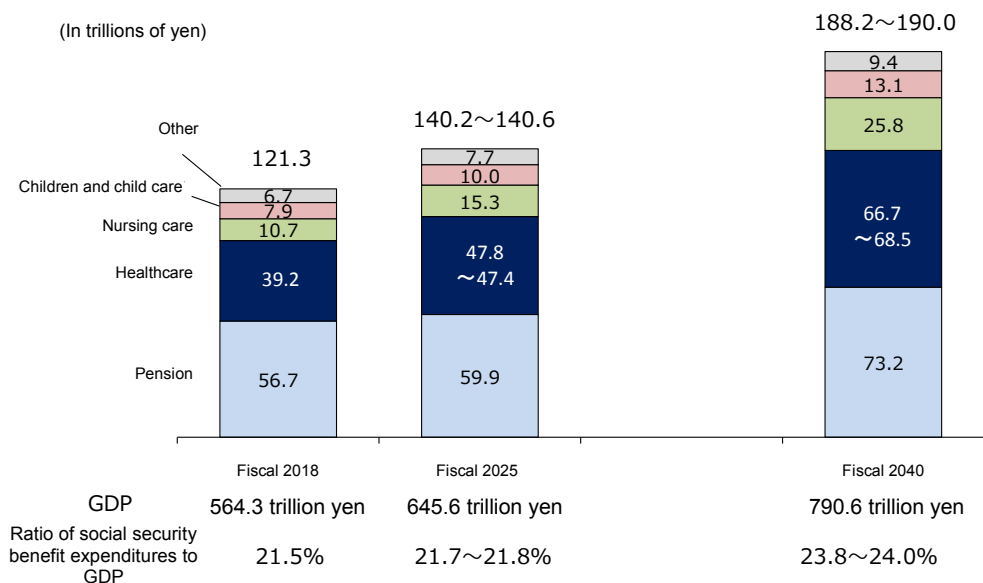
Going forward, it will become especially important to form a society that will enable people who are technically “old-aged” to continue to be supporters (active layer). Employment will allow them to continuously get in touch with society and hopefully make their lives more exciting, leading to a virtuous cycle (see Section 3).

(Reference 4) Changes in the employment rate of women aged between 15 and 64 years and of people aged over 65 years.



Source: Based on the Ministry of Internal Affairs and Communications' "Labor Force Survey"

(Reference 5) Social security benefits projection



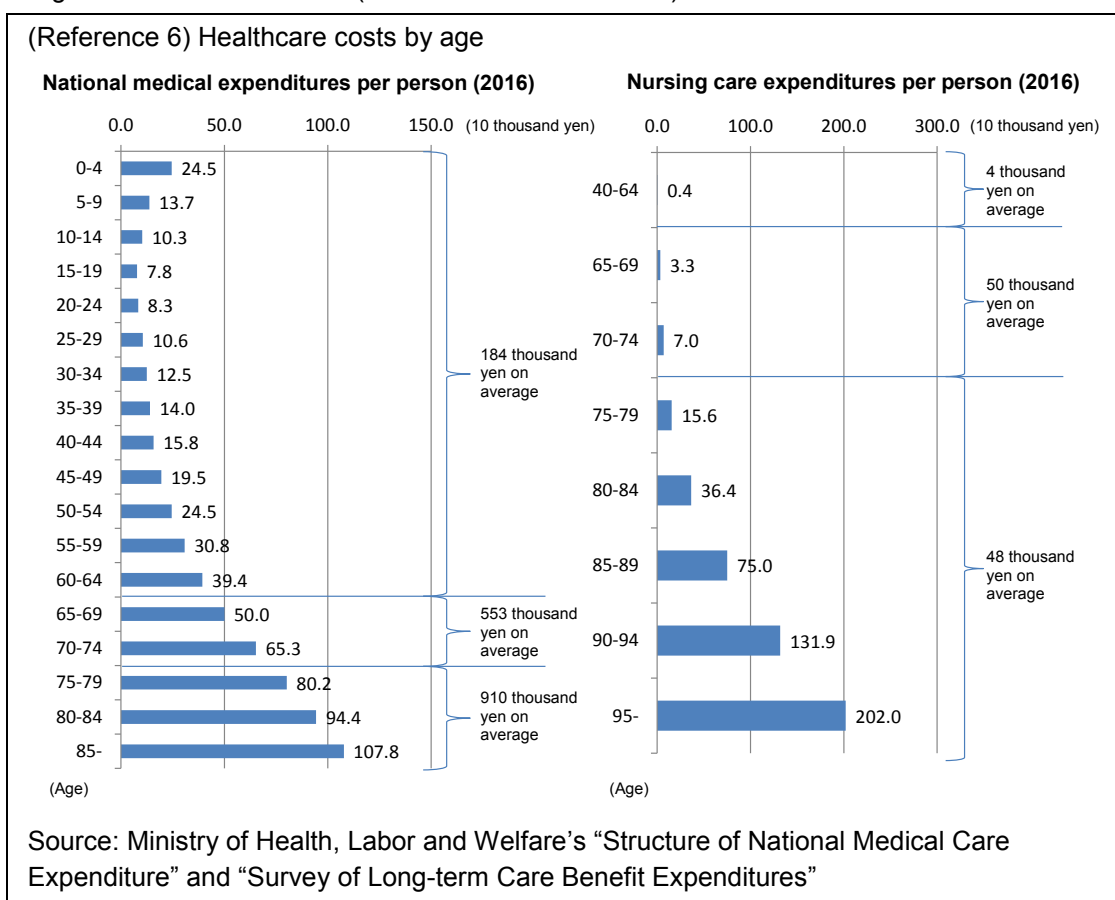
Source: Created based on the Cabinet Secretariat, the Cabinet Office, the Ministry of Finance, and the Ministry of Health, Labor and Welfare's "The Projections for the Future of Social Security with a Hard Look at 2040 (Material for Discussion)" (May 21, 2018).



(2) Realize a society where everyone can be active in good health for a longer time

Reference 5 is the government's projection of social security benefit expenditures in Japan. Social security benefit expenditures currently amount to about 120 trillion yen. In 2040 they are projected to be 190 trillion yen, which is about 1.6 times higher.

One of the factors for the increased social security benefit expenditures is of course the increase in the elderly population. Healthcare costs significantly increase, notably among the population aged over 75 years (latter-stage elderly) (Reference 6). Those belonging to the baby boom generation,<sup>2</sup> all of whom will be over 75 years by 2025, are projected to drive up the usage of healthcare services (the so-called “2025 issue”).



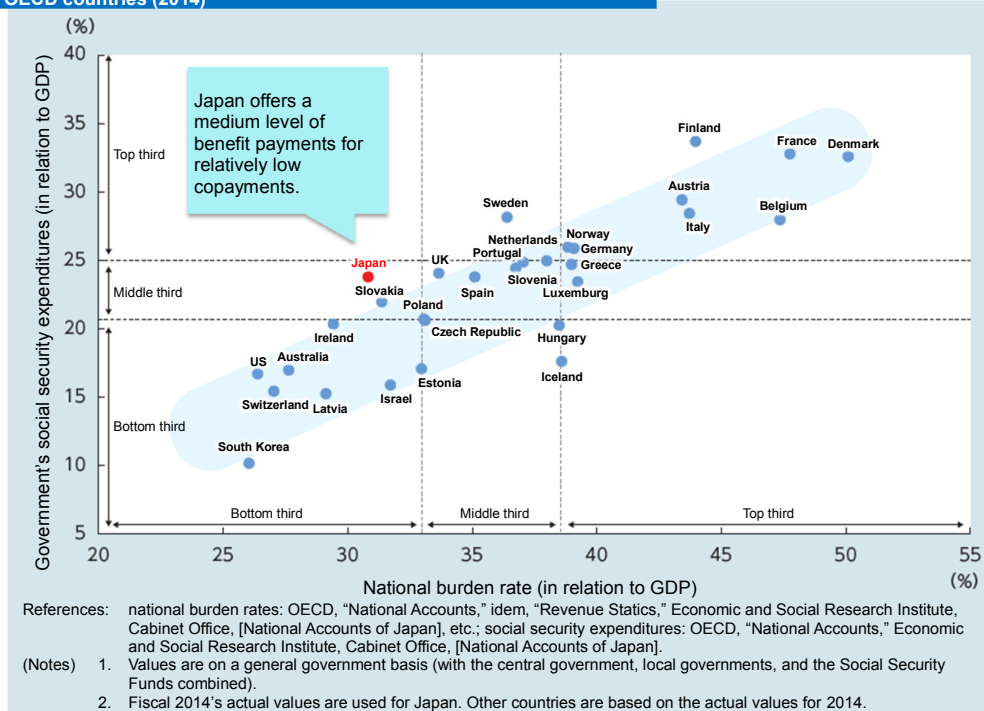
Another factor for the increase is the rising unit price of medical care costs due to advanced medicine. Recently advanced technologies have been used to develop new types of cancer drugs, which will be made more widely available. In addition to this, iPS cell-based regenerative medicine, and nanotechnology-based new treatments will be further developed. While such treatments make hard-to-treat diseases treatable, they make medical care costs very expensive<sup>3</sup>. There is a concern that they may drive up social security benefit expenditures. The government may consider the way both benefits and burden should be distributed with regards to medical services that may become very expensive; for example, it may discuss whether

<sup>2</sup> The generation born during the 3 years between 1947 and 1949 (first baby boomers). There were 6.3 million first baby boomers as of October 2017.

<sup>3</sup> For example, chimeric antigen receptor (CAR) T-cell therapy, which is expected to be highly effective for leukemia and other types of cancer, is very expensive. There was a case in which one dose was priced as high as over 50 million yen in the US.

(Reference 7) Relationship between social security benefits and copayments

Relationship between social security expenditures and the national burden rate in OECD countries (2014)



public medical insurance should cover all of these services.

Currently, the relationship between social security benefits and copayments is in the status of medium welfare with lower copayments in Japan. Benefits exceed copayments and the gap is made up for by budget deficits. In order to keep the social security system sustainable, it is inevitable to review the relationship between benefits and copayments in the mid-to-long-term (Reference 7). The government's reconsideration of this matter may lead to an increase in copayments.

It should be noted that the Japanese economy is expected to grow toward 2040. The ratio of social security benefit expenditures to GDP is forecast to rise from 21.5% annually to 23.8% to 24.0% annually in 2040 (Reference 5). Although we cannot be optimistic, a government document shows that most of the increased benefits will be absorbed by the increase in revenues as the economy continues to grow. This means that we do not have to be excessively pessimistic.

As has been mentioned earlier, it will become important to form a society that will enable people who are technically "old-aged" to continue to be supporters (active layer). This is significant in terms of realizing economic growth as well. Focusing on this aspect, the government has set forth a long-term policy for the Japanese social security system toward 2040, seeking to realize a society in which everyone can be active in good health for a longer time (Reference 8).

The report mentions that efforts will be continued to ensure a sustainable social security system by reviewing benefits and copayments. In addition to this, it lists the following three policy challenges that will respond to the rapid decrease in active workers: Diverse employment/social engagement, extended healthy life expectancy, and improved productivity

(Reference 8) Future policy related to social security

<b>Diversified employment and social engagement</b>	<ul style="list-style-type: none"> <li>○ Prepare an environment for further expansion of employment opportunities for the elderly</li> <li>○ Support the employment ice age generation's employment and enhance the promotion of their occupational independence</li> <li>○ Expand mid-career employment</li> <li>○ Flexible pensionable ages, expanded application of employee insurance, and expansion of private pension plans (e.g., iDeCo)</li> <li>○ Inclusion and mutual support in the community</li> </ul>
<b>Extension of healthy life expectancy</b>	<ul style="list-style-type: none"> <li>○ A goal of extension of healthy life expectancy by 2040 and flowchart up to 2025</li> <li>○ 1. Reinforced approach to those indifferent to health; 2. Resolution of gaps between regions and between insurers will lead to the promotion of initiatives in the following three areas: <ul style="list-style-type: none"> <li>• Form healthy lifestyles for all, including the next generation</li> <li>• Prevent illness and aggravation</li> <li>• Prevent nursing care, frailty, and dementia</li> </ul> </li> </ul>
<b>Transformation of medical and welfare services</b>	<ul style="list-style-type: none"> <li>○ A goal of improved productivity by 2040 and flowchart up to 2025</li> <li>○ Implement the following four initiatives: <ul style="list-style-type: none"> <li>• Promote practical use of robots, AI, and ICT and reform data health</li> <li>• Educate human resources in charge of task-shifting and promote the utilization of senior human resources</li> <li>• Reform organizational management</li> <li>• Large-scale management and collaboration</li> </ul> </li> </ul>

Source: Created based on “Creating a Society Where All People Can Be Active and Comfortable, Looking Ahead to 2040”

(<https://www.mhlw.go.jp/content/12601000/000370137.pdf>)

(Column 1) Implementation of care assistants initiatives at nursing homes in Mie Prefecture  
Since 2015 Mie Prefecture has implemented a program in which the elderly are hired as care assistants. The care assistants are engaged in cleaning rooms, putting away trays, making beds, helping residents with hobby activities such as gardening, and talking to residents. Since they do such auxiliary and peripheral work, they can help reduce the regular staff's overtime work and make it easier for them to take paid annual leave. They have proven to be effective. The elderly who are hired as care assistants feel fulfilled and gain confidence by working. Their employment has led to improved quality of life.

**Care assistants' reflections  
(Gist of questionnaire results)**

1. I never thought I would be working when I was **75 years old**. I've found meaning in life. **I enjoy doing something actively.**
2. Though I am **70 years old**, **I am confident that I can still do it.** I came to think that I wanted to become a bit more fit to support society.
3. At the **age of 78**, **I feel** fulfilled as I can join society and work again. I find myself in good shape and I can get **energized by coming to work here.**

Source: “Report Compiled by Study Group for Future Supply and Demand of Elderly Nursing Care Systems,” and its attachment

“On the Care Assistant Project for Active Seniors” (Japan Association of Geriatric Health Services Facilities, Chairperson Kentaro Higashi)

through reform of healthcare/welfare services. We have already mentioned the need for diverse employment/social engagement (Reference 8), so we will discuss extended healthy life expectancy, which is closely related to our lives, in the next section.

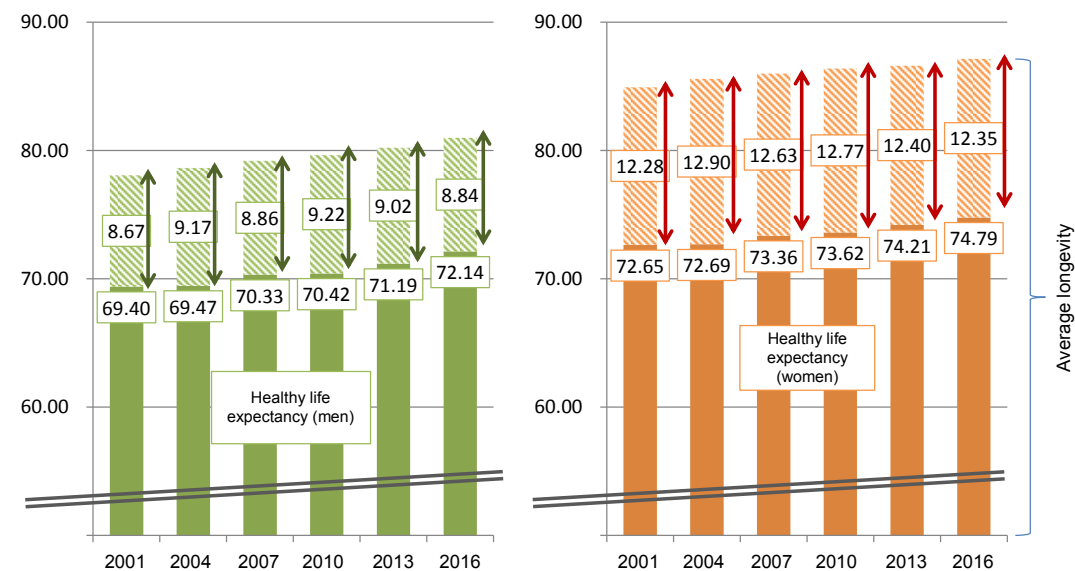
### (3) Extension of healthy life expectancy

Healthy life expectancy means the period in which one can live without being restricted by health issues in everyday life. It thus refers to the survival period where one can live independently on one's own. Given the same life span, the longer your healthy life expectancy, the higher the ratio of active period in your life will be, which will result in a higher quality of life (QOL).

Reference 9 shows changes in the difference between average longevity and healthy life expectancy by sex in Japan. As of 2001 healthy life expectancy was 69.40 years for men and 72.65 years for women. In 2016, it was extended to 72.14 and 74.79 years, respectively. The difference between the average longevity and healthy life expectancy can be taken as the period in which one requires support and care. As of 2016 it was 8.84 years for men and 12.35 years for women.

As part of an effort to extend healthy life expectancy, the following is being considered: medical institutions, insurers<sup>4</sup>, and private operators (e.g., sports gyms) can work together to prevent life-style diseases from occurring or keep them from getting more severe. This seeks to help to extend the period in which people can be more independent and more active than ever before. Likewise, the government is working together with the private sector to promote the creation of an environment in which people can stay healthy naturally, including projects that aim at increasing vegetable intake.

(Reference 9) Changes in the difference between healthy life expectancy and average longevity by sex (in terms of age)



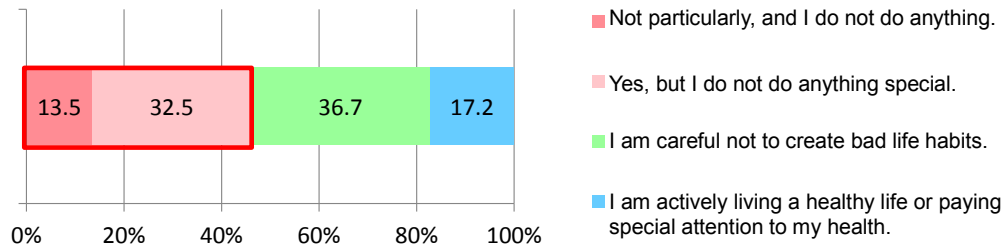
Sources: Ministry of Health, Labor and Welfare Grants-in-Aid Scientific Research: “Factor Analysis of Healthy Life Expectancy and Regional Disparities and a Study on the Validation of Effectiveness of Health Promotion Measures” and “Study on Computation and Valuation of National Changes in Healthy Life Expectancy”

<sup>4</sup> Health insurance business operators

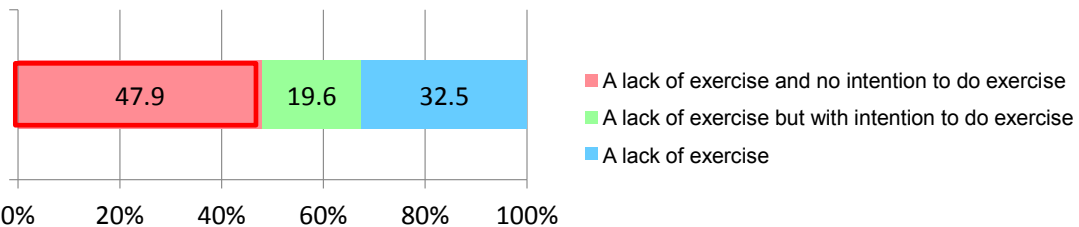
(Column 2) About half of the Japanese population is indifferent to health?

Various questionnaires show that about half of Japanese people do nothing to stay healthy or improve their health. It is one of the pressing issues to make such people who are indifferent to health take measures to promote health.

Q: Are you usually health-conscious?



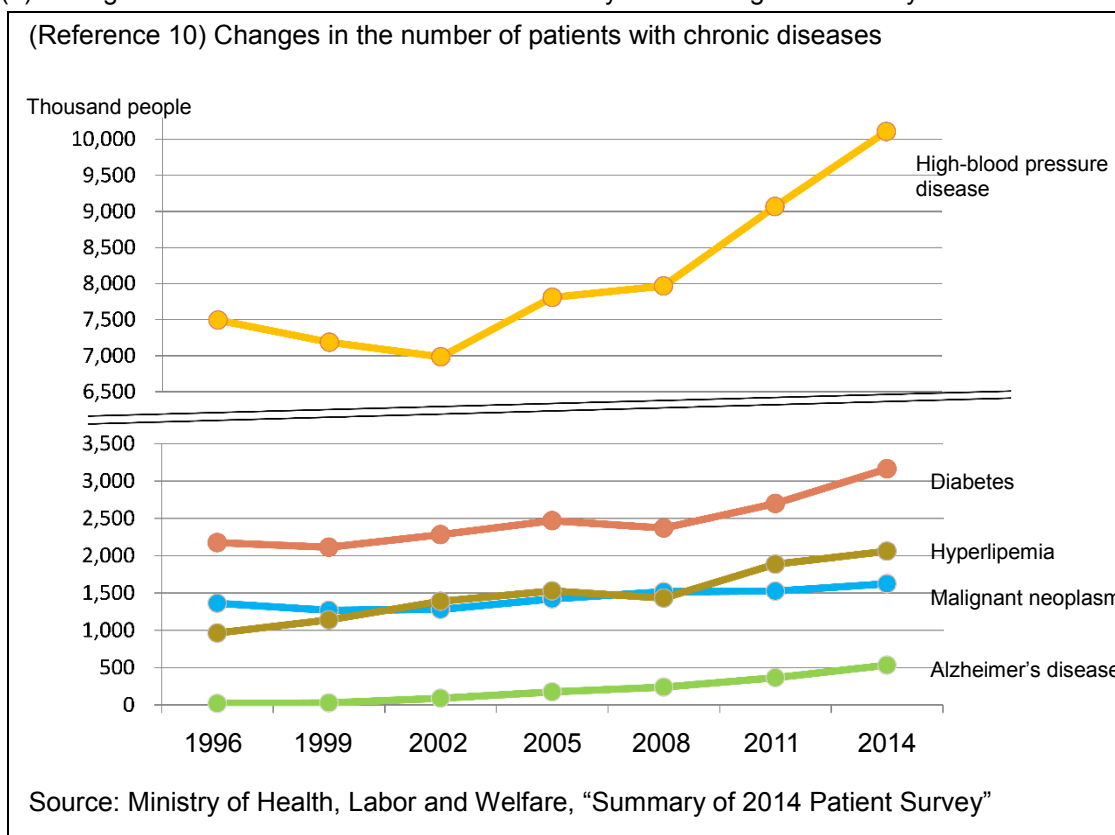
Q: Are you collecting information to live a healthy life or are you trying to do so?



Sources Top: Ministry of Health, Labor and Welfare, "Public Opinion Survey on Health" (2014)

Bottom: Population Survey (2000) conducted by the Kuno Project, University of Tsukuba and Tsukuba Wellness Research as commissioned by the Ministry of Internal Affairs and Communications

#### (4) Changes in disease structure and the community-based integrated care system



Reference 10 shows changes in the number of patients with possible chronic diseases in Japan. As aging progresses, chronic diseases such as hypertensive diseases and diabetes become more common. As a study suggests that 86% of elderly people aged over 75 years receive medical treatment and that 64% have two or more diseases<sup>5</sup>, it is rather common for the elderly to live with some kind of disease. In our life planning, we must think about how we can maintain QOL while being confronted by diseases.

Recently, diseases that reduce cognitive function such as Alzheimer's have increased. We need to do more to prevent dementia and consider how to take care of patients with dementia whose decision-making capabilities have declined. People who require care will increase as these diseases increase.

Chronic disease symptoms tend to develop gradually. Development of such symptoms does not immediately lead to critical conditions. In general, chronic diseases are incurable at the moment. Therefore, patients have to consult their doctor and control the disease to maintain QOL over a long period of time (Reference 11).

To respond to changes in disease structure, we need to shift from large hospitals that provide short-term and intensive medical care to a system of controlling pathological conditions in which the primary care doctor combines stable and long-term healthcare services in an area familiar to the elderly patient. In other words, we need to convert from cure to care.

<sup>5</sup> Report on Analysis of Medical Expenditures for Latter-stage Elderly Medicine in Tokyo (2015)

(Reference 11) Comparison of features of acute illness and chronic diseases

	Acute illness	Chronic illness
Initial symptom	Rapidly advance	Gradually advance
Period	Short-term	Unstable
Cure	Generally cured	Rarely cured
Role of experts (e.g., doctor)	Choose and perform a therapy	Both instructor and partner
Role of patient	Follow the instructions	Medical experts' partner and responsible for daily care management

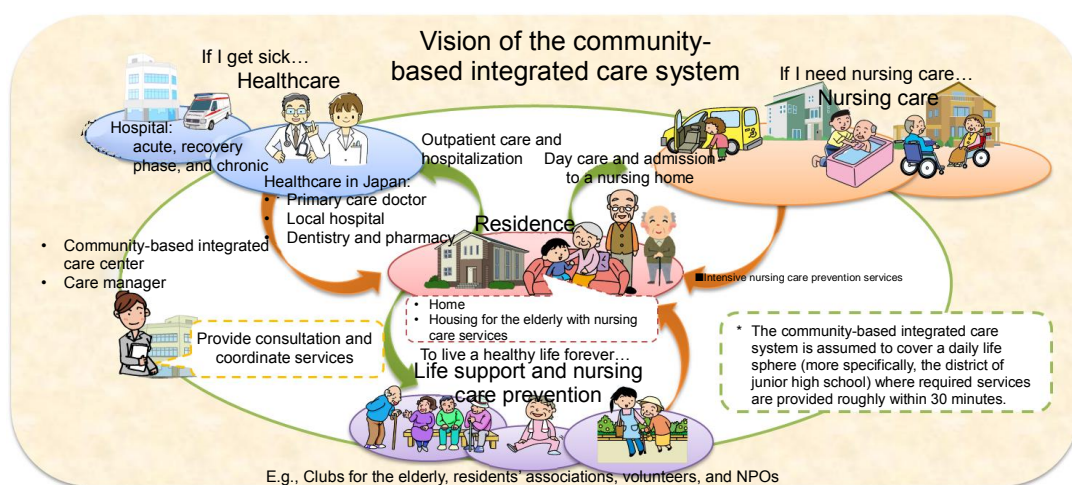
Source: Created based on *Living a Healthy Life with Chronic Conditions: Self-Management of Heart Disease, Arthritis, Diabetes, Depression, Asthma, Bronchitis, Emphysema, and Other Physical and Mental Health Conditions* (Japan Nursing Association Publishing Company)

This has prompted the central and local governments to build the community-based integrated care system, a new way of providing healthcare services.

More specifically, by 2025 when the baby boom generation turns over 75 years, the plan is to build a system in which medicine, nursing care, preventive care, housing, and life support work together to provide seamless and integrated services so that those who are seriously in need of care or whose decision-making capabilities are reduced due to dementia can continue to lead their own lives until the end in areas familiar to them (Reference 12).

Considerable regional disparities are found in the aging progress. For example, the population will not decrease so much in large urban areas. Although the population aged over 75 years will rapidly increase. On the other hand, in town and villages where population aging

(Reference 12) Summary of the community-based integrated care system



Source: Created based on the Report of the Study Group for the Community-based Integrated Care System (March 2016)

has advanced, the increase in people aged over 75 years will be gradual while the entire population is expected to decrease. The strength of a local community (mutual aid function) or the usability of private services also varies according to regions. It is, therefore, important to build a system for providing healthcare services in tune with local characteristics based on local autonomy and independence.

### 3. How to react to environmental changes (to improve QOL)

Section 2 summarized the environmental changes brought about by a super-aging society with special reference to the healthcare area. This section will consider how to deal with the impact of these environmental changes on our lives to improve QOL.

#### (1) Stay healthy naturally while having fun

Efforts are being made to extend healthy life expectancy, seeking to realize a society in which people can be active in good health for a longer time. Simply put, let's stay healthy, and get healthier.

First of all, extended healthy life expectancy will contribute to the improvement of QOL for each and every one of us as it will expand the period in which we can stay healthy and live an active life. If you are healthy and full of energy, you can continue to work. If you continue to work and postpone your retirement, you can build more assets that will allow you to lead a fulfilled retirement life. The fact of working itself is expected to improve QOL (see Column 1).

Some people want to do mountain climbing or travel abroad in their later years. Others will be satisfied if they can live an independent life at home. Different people want different levels of health. Therefore, if we impose a uniform level to all, we may put off some from improving their health.

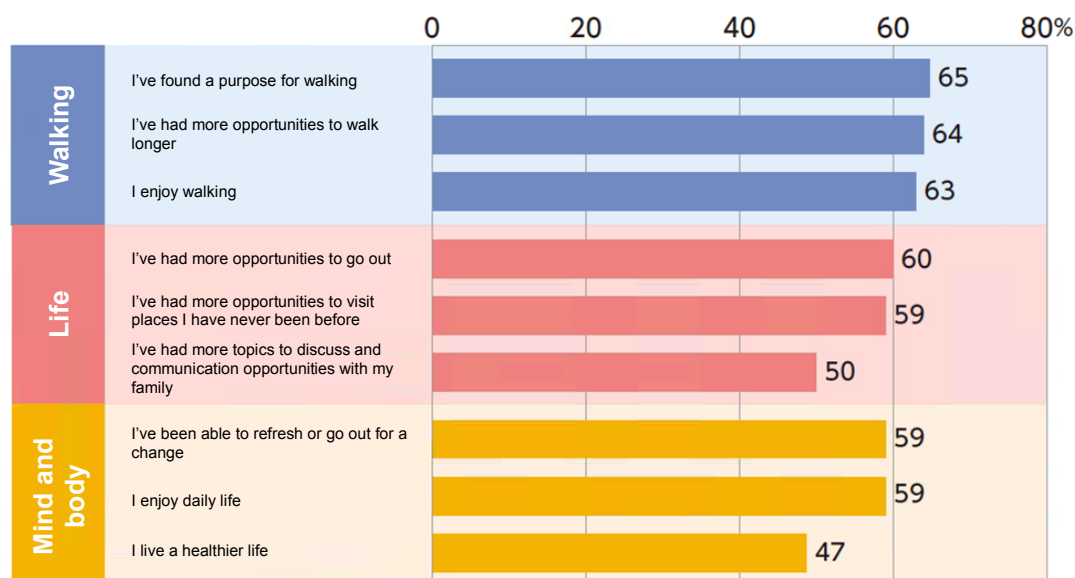
Personal preferences have an impact on efforts to improve health as well. For example, some people are gourmets and do not want to follow a healthy diet, though they want to do exercise which they like. Others do not like going to the gym, but they love taking a walk.

If each one of us can find a level of health that we want to achieve as well as a way of improving health in accordance with our hobbies or tastes, and can thereby stay healthy naturally while having fun, we can achieve a sustainable society and improved QOL for each individual (see Column 3).



### Column 3: Can Pokémon GO make you healthier?

The Pokémon GO app has been downloaded by 850 million people across the world. It is often used as a tool for improving health by making you go out or encouraging communication with other people.



774 men and women who play Pokémon GO more than once a week, aged between 20 and 69 years (multiple choices)

Source: Changes in Action and Awareness Brought About by Pokémon GO  
July 2017 (by the Kao Consumer Research Center).

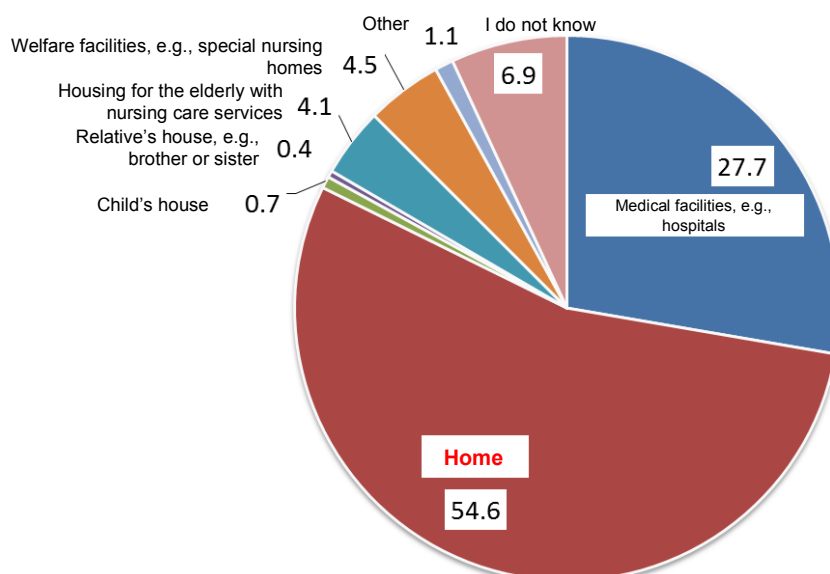
## (2) Get healthcare services not at a large hospital but at home

The establishment of the community-based integrated care system will enable the provision of integrated medical, nursing care, and life support services at or near home for the elderly, unlike the healthcare system centered around large hospitals. We will have to consider end-of-life at home or a nursing home as much as possible, not at a hospital.

As Reference 13 shows, more than half of the respondents did not want to die at a hospital but rather wanted to continue to recuperate or receive medical care at home or a nursing home and then die, though this depends on pathological conditions. The shift to home or nursing homes where medical care (nursing care), including end-of-life care services, are provided is therefore consistent with elderly people's wishes.

It will not be easy to continue recuperation at home. The patient's family in particular will take a great deal of strain. As Reference 14 shows, the family will be under both physical and mental pressure as they have to look after the patient, deal with sudden changes in his/her condition, and make decisions on behalf of him/her. However, some of these can be reduced by using nursing care services or sharing a common prior understanding among the entire family or with the doctor, nurse, and nursing care operator.

(Reference 13) Elderly awareness of old age and end-of-life medical care (in percent)



Source: Cabinet Office, 2012 Public Opinion Survey on Elderly Health

(Note) The survey targeted men and women aged over 55 years nationwide (with 1,919 valid answers collected). The answer to the question of where you want to die if you suffer an incurable disease.

(Reference 14) Role of the family in-home care and the reduction of their workload

Role of family	Examples	Examples of reduced burden
Role as caregiver	Meals, bath, changing diapers	Utilization of home care or home-visit bathing
Role of responding to change in symptom	Medication or contacting a medical institution in case of emergency	Enhanced cooperation among medical experts, family, and helpers
Role of making decisions on behalf of the patient	Choose therapy or hospitalization if the patient cannot express his/her will	Share one's thoughts with family members while still capable of expressing one's will
Role as the family itself	Alleviate mental pain and maintain a safe environment	Care for the family itself

Source: Created by The Life Insurance Association of Japan based on the Tokyo Elderly Health and Welfare Plan (Fiscal 2012 to 2014).

Generally speaking, patients can spend more time with his/her family or friends at home or a nursing home than at a hospital. Home care, therefore, can provide a fulfilling end-of-life for both the patient and his/her family. Thus, in addition to financial preparation, it is important to share the patients' will among the concerned parties as to where and how he/she wants to die and what services he/she wants to use (see Column 4).

(Column 4) Advanced-care-planning-based prior statement

It has been assumed that about 70% of patients are incapable of making a decision in their end-of-life period (*Silveira MJ, NEJM 2011*). In Advanced Care Planning (ACP), the patient thinks ahead about what medical and nursing care he/she wants to receive in the final stage of her life and discusses it with a medical and nursing care team to share it with them. While we need to fully take care of those who do not want to think about it, discussion will give you more chance to receive the desired therapy and care, should you get sick.

Source: Created based on the Ministry of Health, Labor and Welfare's website:  
[https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou\\_iryuu/saisyuu\\_iryuu/index.html](https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryuu/saisyuu_iryuu/index.html)

(3) Self-consideration and self-preparedness: the 3Ps for a safe and hopeful life

We have briefly looked at how to react to the impact of environmental changes on our lives to improve QOL. The Life Insurance Association of Japan considers it important to promote the 3Ps so that each and every one of us can lead a safe life with higher QOL as aging progresses, as both family structure and lifestyle become increasingly diverse (see Reference 15).

The first of the 3Ps is preparedness. First, it is important to develop a deep understanding of the risks in life. In so doing, you need to know more about the social security system, finance, and health.

In the elderly period, different people have different life risks according to whether they have a partner or children or whether they live together. Depending on

where they live, they have different regional community (neighborhood) support, different public medical and nursing care support, or possibly different private services that supplement the public ones. Each one of us, therefore, needs to understand the risks associated with our personal situation. Also, we need to think ahead about what kind of risks will arise for ourselves or our family when our cognitive functions decline. Based on your understanding of risks, your lifestyle, and values, what risk-preparedness do you focus on, how long do you want to work, what level of health do you wish to achieve, and how do you want to spend your end-of-life period? Think about these questions deeply to consider what measures are required for them as much as possible when you are young and healthy. It is important to share your desired way of spending your end-of-life period with your family and relatives.

The second is protection, in which you ensure appropriate security and services. In addition to asset formation with a view to the age of 100-year life spans, you need to ensure appropriate

(Reference 15) 3Ps for a safe and hopeful life

## Preparedness

Gain a deep understanding of the risks in life

## Protection

Ensure security so that risks can be endured

## Prevention

Prevent or avoid the occurrence of risks

Source: Created by The Life Insurance Association of Japan

security in the area of medical and nursing care in light of changes in disease structure and technological advancement. For example, you can ensure security against dementia or can consider purchasing a private insurance policy if or when future social security system reforms change the coverage of public medical insurance or nursing care insurance. If you want home care, you may have to make your home wheelchair-friendly or renovate your room.

The third is prevention to improve health and prevent illness. People who want to live an active life in their own way will find it important to extend their healthy life expectancy. In so doing, they can continue to work and easily lead a longer, fulfilling life. It is important to achieve prevention while enjoying yourself by discovering a way that suits your hobbies and taste. Another effective way is to purchase market services such as products with preventive functions that naturally support your fitness training.

#### 4. The role that life insurers should play

##### (1) The relationship between social security and private life insurance

About 20 years ago, life insurance generally meant death protection in case something happened to the breadwinner. Currently, however, as aging has progressed and dual-income households have increased, the need to secure the breadwinner's death protection has relatively decreased. On the other hand, as the statutory copayment rate increases and maximum copayments for high medical expenses rise, the copayments paid by customers are on the rise, giving rise to an increased need for medical security preparedness. In light of such changes, life insurers have expanded their product lines from death insurance to health insurance and annuity, in other words, from insurance in the event of death to insurance during life (Reference 16). As demographic aging accelerates, which will cause social security and social environment to change, how can the life insurance industry contribute and what role can it play? In what follows, we will consider our answers to these questions in relation to the 3Ps discussed in the previous section.

(Reference 16) Increased copayments and the in force business of private medical insurance

		1974	1984	1989	1997	2001	2003	2004	2006
Public medical insurance	Percentage of copayment	Fixed amount	10%		20%			30%	
	Copayment cap (high-cost medical care expenses)	30,000 yen		57,000 yen		63,600 yen	72,300 yen		80,100 yen
Private insurance	Health insurance business in force (ten thousand policies)	-	-	-	-	918	1,210	1,376	1,740
	Cancer insurance business in force (ten thousand policies)	-	-	-	-	1,717	1,757	1,762	1,785

Source: Created based on the Summary of Life Insurance Business (2001 onward), material by the Social Security Council's Medical Insurance Committee

(2) The area of “Preparedness”: from financial knowledge to financial and health knowledge

In proposing a life insurance product to its customer, each life insurer considers the policyholder’s family, employment, or what he/she wants to achieve in the future. Based on these, the life insurer creates and provides a life plan from now to the retirement age. In doing so, the life insurer explains the future cash flow, possible risks, and the need to prepare for them.

Working together with the Japan Institute of Life Insurance, The Life Insurance Association of Japan has built the All-Generation Package<sup>6</sup> that provides teaching material and seminars on finance and life insurance for all generations from children to the elderly.

Thus far we have provided knowledge on finance and insurance, but from now on we will have to provide knowledge about how to improve health and educational opportunities to enhance knowledge and awareness.

This is why The Life Insurance Association of Japan established the Self-Help Day this fiscal year to encourage people to think about what is required to lead a healthy life in their own way (Reference 17). Taking this Memorial Day as a cue, the life insurers work together to improve both financial and healthy knowledge. The industry is determined to raise awareness

about the need to improve health, on the basis of which it seeks to contribute to the formation of more comprehensive life plans.

(Reference 17) Establishment of Self-Help Day



**May 28 is the  
Self-Help  
Day**

Source: Created by The Life Insurance Association of Japan

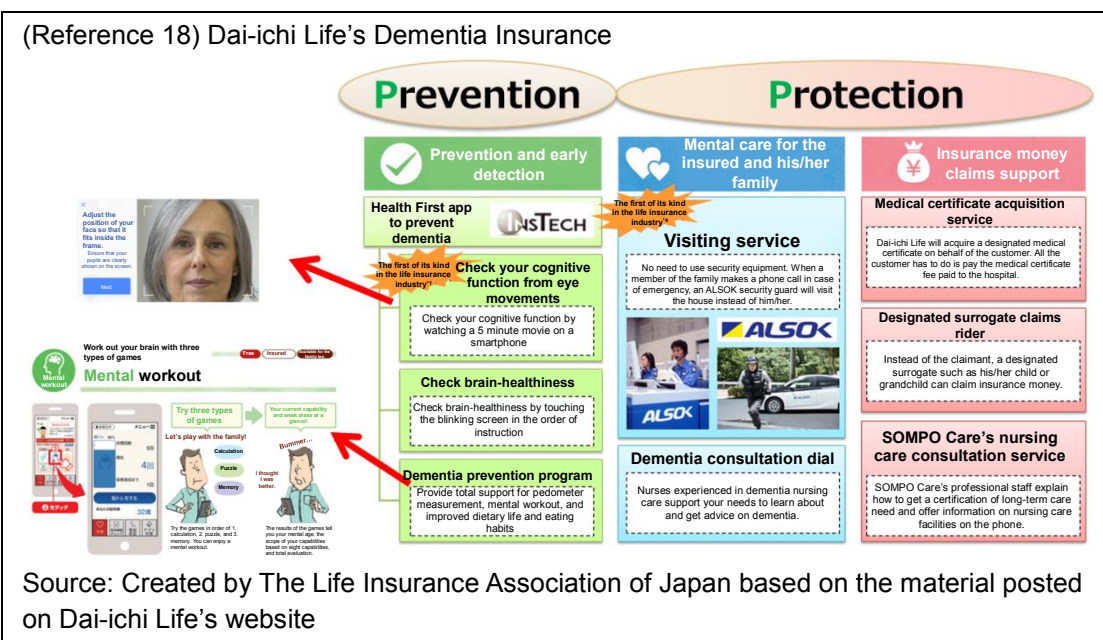
(3) The area of protection: further expansion of security function and the B to B to C challenge

Life insurers have provided a security function in the form of life insurance for the customer for a long time. Therefore, the protection area constitutes the life insurer’s main business.

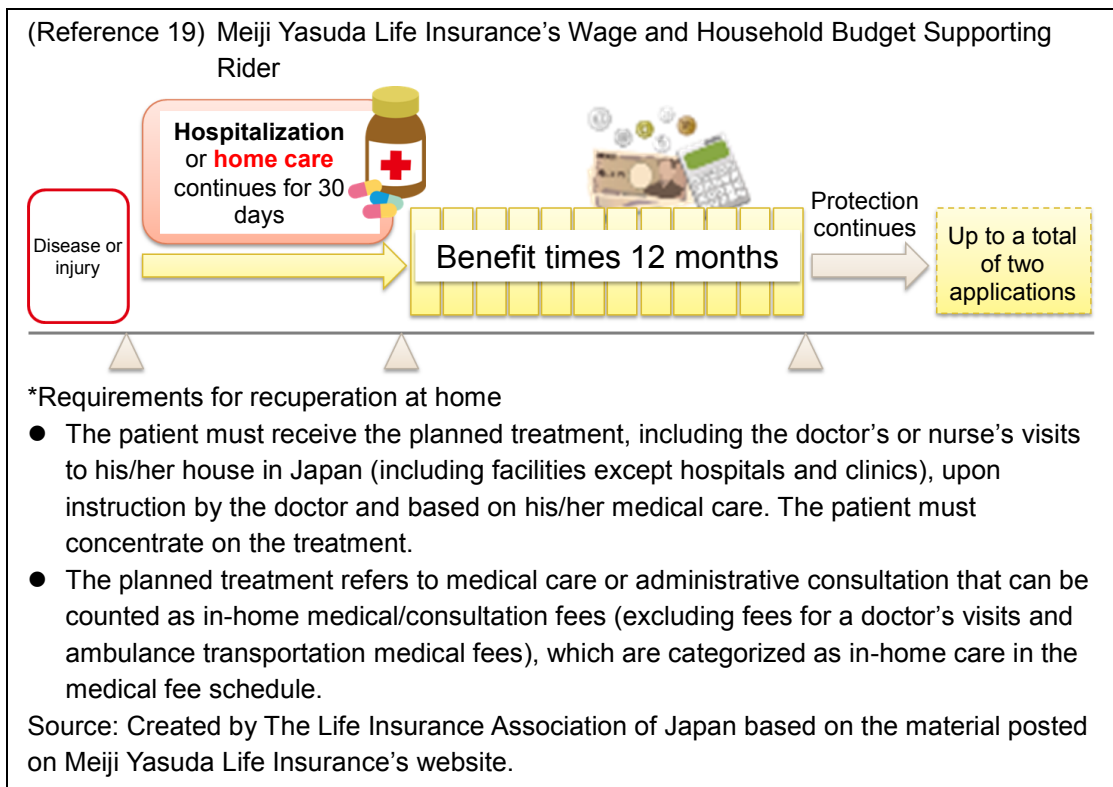
Life insurers have mainly designed health insurance products intended for patients with acute illness, i.e., benefits for hospitalization and surgical operations. As has been mentioned earlier, chronic diseases have increased in the disease structure in Japan. Patients with dementia or those who need long-term recuperation/nursing care at home or a nursing home are expected to increase. Apart from aging, therapeutic methods that use advanced technologies can be innovative yet very expensive. The government will consider the extent to which they can be covered by public insurance. Life insurers must respond to environmental changes adequately, marking a trend in the social security reform.

<sup>6</sup> See The Life Insurance Association of Japan’s website:  
<https://www.seiho.or.jp/activity/literacy/understand/>

For dementia, both insurances that pays benefits for dementia and services that prevent it are becoming more common. Besides providing the protective function for dementia patients, each life insurer also increasingly provides products and services with a preventive function to prevent policyholders from getting dementia. As an example, we will present Dai-ichi Life's product. This product is not limited to the payment of benefits to dementia patients, but it comes with many support services for them. It provides an app that can check the cognitive function by tracking eye movements, whereby it combines prevention of dementia with early detection services. It integrates the preventive functions (Reference 18).



In connection with the increase in patients who require long-term recuperation or nursing care at home, life insurers may design products that focus more on physical condition than on events such as hospitalization and operations. The life insurers will move into the direction where they consider how much they need to pay when the policyholder recuperates, whether at hospital or at home. In fact, insurance products have already emerged, paying benefits for recuperation at home. For example, Meiji Yasuda Life Insurance's product is designed to pay benefits when the policyholder requires recuperation at home, being incapable of working. Each life insurer will develop products that cover recuperation at home in accordance with customers' needs (Reference 19).



Life insurers will also have to complement the social security system as appropriate in terms of advanced medicine that uses preventive medicine or state-of-the-art technologies, while keeping an eye on the government's position on the matter.

What is more, given the fact that aging customers with reduced cognitive functions will increase, life insurers will of course make sure to pay insurance money and benefits. Besides, they will also need to play a role in ensuring that customers can effectively use the money while safely managing and maintaining it.

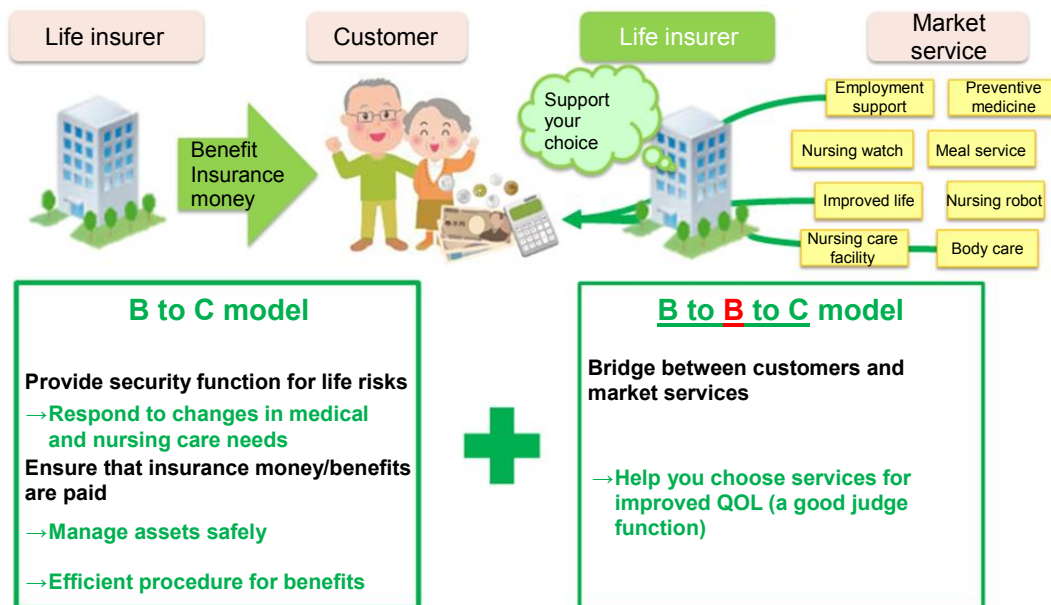
For example, when a customer's cognitive function declines, the life insurer can prevent him/her from wasting money or from becoming a victim of financial fraud. At the same time, it itself will increasingly have to bridge the customer with market services, becoming a good judge, so the customer can choose appropriate services that lead to enhanced QOL.

In other words, in addition to the conventional B to C model that is concluded when the insurer pays insurance money/benefits to the customer, the life insurer is requested to build a B to B to C business model in which it bridges between the customer and the market (Reference 20).

While many companies in diverse business categories can handle the B to B to C business model in an aging society, life insurers have the advantage of accessing the customer's life plan or its changes as it can build a continuous relationship with him/her because of the long-term contract. As life insurers have a deep understanding of customers, they can count among the fitting business categories that handle the B to B to C business model, playing the role of a good judge.



(Reference 20) B to C business and B to **B** to C business



Source: Created by The Life Insurance Association of Japan

Some examples are given in relation to these. First, there is a system called life insurance trust that helps the bereaved to use the death benefit as intended by the deceased customer while safely managing and maintaining it. If, for example, the spouse is already demented, it allows the customer to sign a trust agreement with a trust bank for the death benefit so that the amount equivalent to the monthly household budget is automatically transferred. In this way, assets can be safely managed.

Some overseas life insurers actively raise awareness to prevent those whose judgment is impaired from selling assets against their will or from falling victim to financial fraud. Such activities can be said to provide protection for customers in a broad sense.

In Germany, insurance companies often serve as a good judge of services for their policyholders (Reference 21). Working together with organizations that operate in the nursing care business, insurance companies can provide products that relay services for the policyholders as well as paying monetary benefits for nursing care-related services. These

(Reference 21) Nuernberger health insurance (a German nursing care insurance plan with assistance)

The policyholders can use the following services provided by the Order of Malta (a Catholic charity organization that also runs a company for charitable purposes engaged in nursing care business).

Admission to a nursing care facility	Consultation on phone	Assistance benefits
<ul style="list-style-type: none"> <li>Secure admission within 24 hours when required</li> </ul>	<ul style="list-style-type: none"> <li>Provide telephone consultation for the policyholder and his/her family</li> <li>If necessary, consult the policyholder's doctor by phone, with his/her consent</li> <li>Dementia-specific consultation</li> <li>Send documents related to adult guardianship</li> </ul>	<ul style="list-style-type: none"> <li>Installation of equipment for emergency call service</li> <li>Chaperone service to the hospital/clinic or city hall, transportation service by car</li> <li>Transportation service by car for a short-term stay at a nursing home</li> <li>Keep pets during short-term stays</li> <li>Food delivery, shopping, and care</li> <li>Cleaning, washing, gardening, and shoveling snow</li> <li>Nursing care training for family, moving service (expenses covered up to 2,000 euros)</li> </ul>

Source: Created by The Life Insurance Association of Japan



cases have a high affinity for Japan where demand for nursing care is increasing and thus can point to the direction for services to which life insurers can contribute in the future.

As we have seen above, life insurance's protective function is expanding its scope. Life insurers are required to expand or consider expanding their coverage and also provide new services. The life insurance industry hopes to contribute to improving its customers' QOL by actively building a partnership with other industries to provide various services while centering on insurance products.

#### (4) The area of prevention: from the perspective of both information technology and human communication

As has been mentioned, the area of prevention not only improves QOL but also secures supporters of society, thereby contributing to the stabilization of the social security system. In addition, it is good for life insurers that customers stay healthy. As the Omi merchants used to say, all three parties (seller, purchaser, and society) do well in this relationship. Currently, many insurance companies are making efforts to support customers' health through their products and services.

Typical of such efforts are insurance products that contribute to promoting customers' health. Since 2016, many insurance companies have launched new products and services one after another (Reference 22). Such products not only provide exercise support, advice on health, and information on illness but also offer monetary incentives for medical checkups or doing certain exercise in the form of varying premiums. Various efforts have been made to contribute to promoting customers' health.

In designing such products, it will be important for life insurers to accumulate data on customers' healthy activities and life logs or use anonymized public data to propose healthy

(Reference 22) Insurance that contributes to the promotion of customers' health

The image displays a collection of logos and images representing various insurance and health promotion initiatives. The initiatives are categorized into four main areas:

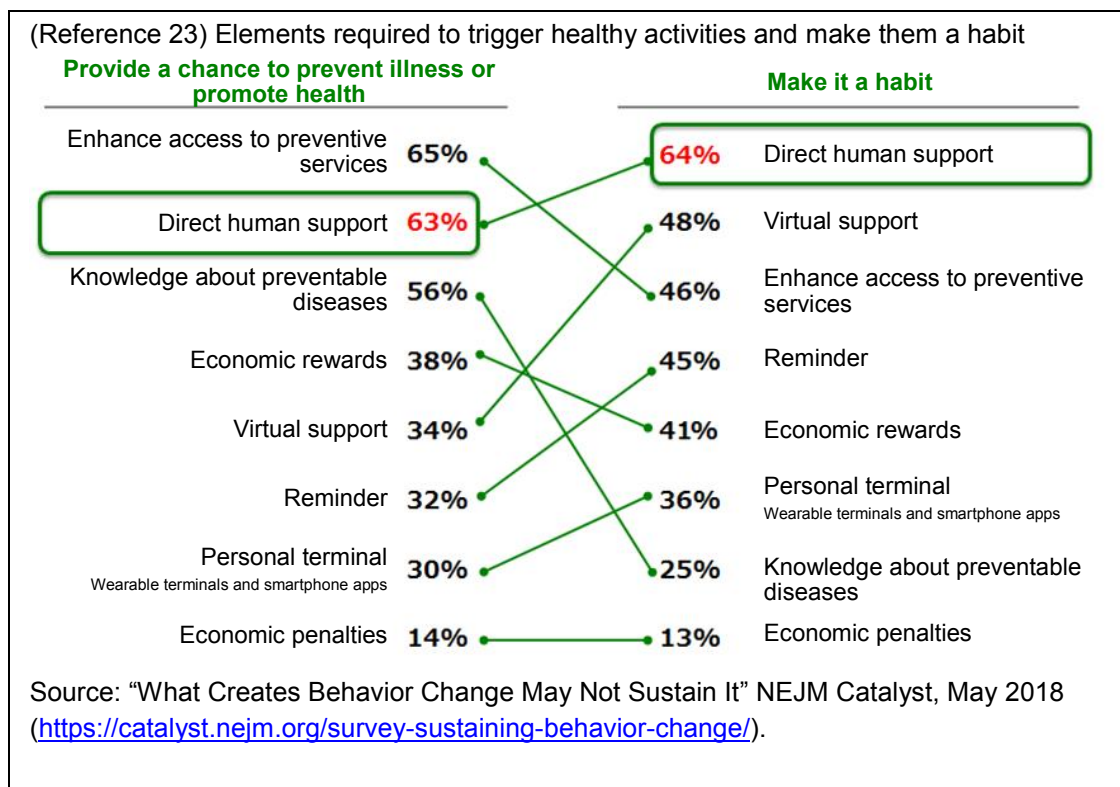
- Exercise support:** Includes logos for Dai-ichi Kangaro Life Insurance (住友生命), Vitality, GranAge Project (GranAgeプロジェクト), and WALK.
- Advice on health:** Includes logos for Dai-ichi Life Insurance (住友生命), Kokoro Diary (ココカラダイアリー), and Taiyō no Genki Project (太陽の元気project).
- Monetary incentives:** Includes logos for Dai-ichi Kangaro Life Insurance (住友生命), Dai-ichi Life Insurance (住友生命), Linkx, Anata x Ashita, collab 4.0, and Kenzenbaku (健診割).
- Provide information on diseases:** Includes logos for Dai-ichi Kangaro Life Insurance (住友生命), Dai-ichi Life Insurance (住友生命), and Neode Health Eel (ネオde健康エール).

Source: Created by The Life Insurance Association of Japan

programs that are effective for each one of their customers and suit their tastes. If they can use advanced information technology that will enable them to provide real-time tailor-made programs, they can gain support from more people, including those who are indifferent to health.

For example, overseas insurers provide services that enable them to calculate healthy life expectancy based on diet and sleep information, as well as simulate how healthy life expectancy varies when exercise or lifestyle is changed. Thus, the visualization of effects of health promotion measures can lead to improving customers' willingness.

To trigger health promotion or make it a habit, other important elements than information technology are at work. Reference 23 shows the results of a questionnaire survey conducted by an overseas journal for medical professionals on medical experts, which involved asking them what is important for triggering health promotion and making it a habit. According to this, different elements are required for triggering health promotion and making it a habit. Direct human support, however, was the only element required for both. This means that personal relationships are also important to trigger and maintain disease prevention or health promotion. In this regard, private life insurers can contribute to a wide range of areas as they have channels rooted in communities and have established long-term relationships with their customers. Thus, taking advantage of strengths of both advanced information technology and human communication, we would like to develop the all-three-parties-doing-well relationship with more people, including those who are indifferent to health, by helping them stay healthier.



## (5) Further promotion of public–private partnership

We have seen the role life insurers can play in the three areas of preparedness, protection, and prevention in the future. Here we will focus on the way public–private partnership should be promoted in each area.

To begin with preparedness, as has been mentioned earlier, the life insurance industry has made efforts to improve knowledge on finance and life insurance. What is especially important is for the younger generation to acquire solid knowledge. We shared this idea with the government. As a result, the curriculum guidelines for junior and high schools have come to adopt the “most optimal combination of self-help, mutual assistance, and public help,” which consists of the relationship between the social security system and mutual assistance in communities and the optimal combination of savings and insurance in the private sector. We will continue to exchange opinions with those concerned about the content of textbooks, so we can contribute to helping students acquire knowledge that will form a foundation for leading a safe and comfortable life.

In working for communities, we cannot just provide financial knowledge, but we will have to understand dementia correctly and help people with dementia or their families within our means. Currently, some life insurers support the Ministry of Health, Labor and Welfare’s initiatives and train dementia supporters (see Column 5). We can contribute to furthering public–private partnership, taking advantage of our strong management resources.

Moving on to protection, it will be much more important to support customers’ self-help activities and prepare an environment that facilitates the purchase of insurance policies. Currently, the life insurance premium deduction system is in place as a measure for self-help support. While many people use it, we believe it is necessary to improve the system in order to help customers achieve further stability in life.

### (Column 5) Training dementia supporters

Life insurers who regularly keep in touch with their customers can understand the situations they are in, which enables them to contribute to supporting people with dementia.

The industry is working on raising dementia awareness. In Asahi Life, for example, all employees (employees and officers as of March 31, 2017, excluding those on temporary retirement) are dementia supporters. Taking advantage of our strong management resources, including human channels, we hope to contribute to our customers and enable them to lead a safe and fulfilling retirement life.

**To a society where everyone can live a safe life.**

**Asahi Life has a project called **Dementia Supporter Training**.**



In light of accelerating aging, Asahi Life has chosen to support the Dementia Supporter Caravan initiative promoted by the Ministry of Health, Labour and Welfare and is training its employees as dementia supporters. As of September 30, 2017, over 15,000 employees and officers\* were certified as dementia supporters.

\*Applicable to all employees and officers enrolled as of March 31, 2017, with the exception of employees on temporary retirement.

Source: Based on Asahi Life’s website (<https://anshinkaigo.asahi-life.co.jp/company/>).

Finally, as to the area of prevention, some life insurers have signed a partnership agreement with local governments as part of their community contribution activities, under which joint efforts are made to improve the checkup rate of cancer screenings, for example, or health awareness seminars are held.

We hope to promote such efforts to contribute to the creation of a sustainable society.

## 5. Conclusion: play a more active role as a partner in life

Life insurers create a life plan with customers before they take out a policy. Even after the policy begins, the insurers are there for the customers, ensuring that insurance money, or benefits are paid if or when something happens to them.

Life insurers need to play a more active role if they want to contribute to the creation of a sustainable society in an era of a super-aging society. Needless to say, they will continue to provide products according to changing social security. They will also need to protect their customers' health, act as a good judge on their behalf, and reinforce the relationship with the communities where they live. They will have to be more deeply involved in their customers as a partner in their lives to contribute to improve QOL.

People need to create a new life design in order to live a happy life in the era of 100-year life spans. Forget about the stereotypical idea of retiring at a certain age. Rather, take environmental changes, including social security, positively so that you can concentrate on the values that you want to realize, live a vigorous and longer life regardless of age, and improve QOL on your own. Each one of us needs to paint a firm vision of the future and consider how the necessary social security and self-help efforts should be achieved. Hopefully, this report can provide the opportunity to consider these matters.

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## Chapter 2: Proposal: The Role of Life Insurance in Society 5.0

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The life insurance industry proposes that it assumes the following roles in Society 5.0<sup>7</sup>.

- **Make insurance contract procedures more convenient and contribute to reducing burdens**
  - (1) Utilize medical data
  - (2) Utilize administrative data
- **Contribute to extended healthy life expectancy**
  - (1) Utilization of the healthcare data platform

This proposal considers the above in detail.

\* We propose the utilization of various pieces of data to make insurance procedures more convenient and reduce the burden, and to contribute to extended healthy life expectancy. Whether it is required or how entirely depends on each insurer's management decision.

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<sup>7</sup> For Society 5.0, see the expert opinions on page 36.

# 1. Background

During the 110 years of its history, The Life Insurance Association of Japan has seen customers' expectations toward life insurance change. In the Meiji through Taisho era, customers wanted it to develop assets. During the rapid growth years, they needed it as death protection. In the Heisei era, they wanted both death protection and preparedness for longevity risk.

In the coming decade and beyond, Japan will see its population decrease and demographic aging advance<sup>8</sup>, and a longevity society of 100-year life spans is expected to emerge.

It is important to create a sustainable society by solving social issues and growing the economy so that each one of us can lead a safe and hopeful life in an environment characterized by a declining population and accelerated demographic aging. Society 5.0 is an attempt to solve such social issues and achieve economic growth through the use of ICT technology.

The era of 100-year life spans will diversify our work and lifestyles in such a way that people work amid and adapt to various life events, such as education and childcare. It is the health of each one of us that supports such diversified work and lifestyles<sup>9</sup>.

This is why The Life Insurance Association of Japan has decided to consider how we can contribute to improved customer convenience/reduced burden as well as extended healthy life expectancy through the use of ICT and data so that we can be instrumental to creating a sustainable and rich society in light of environmental changes such as population decline, demographic aging, the emergence of a longevity society, and Society 5.0.

**Figure 1** Roles of the life insurance industry

Assumed society (Created on the basis of the Basic Policy on Economic and Fiscal Management and Reform 2018).		Desired roles of the life insurance industry
Both life and industry will change	- Remote and real-time services: create new services by overcoming geographical and temporal limitations - IoT technologies with dramatically advanced image and acoustic quality can enable us to provide services that geographical restrictions have so far prevented us from providing (e.g., medicine, education, shopping support services).	Make insurance contract procedures more convenient and reduce the burden
Both administration and infrastructure will change	Break away from the old-fashioned, analog style of administration, and make all services digital (from paper to data) to greatly reduce time, effort, and costs that weigh heavily on citizens and companies.	Make insurance contract procedures more convenient and reduce the burden
What economic activities feed on will change	In the data-driven society of the 21st-century, economic activities most importantly thrive on real data. Collecting, analyzing, and using real data that has been dormant and dispersed across the world in an integrated manner (i.e., creating big data) will enable us to provide products and services fine-tuned to individual needs.	Contribute to extended healthy life expectancy by using health, medical, and nursing care data

<sup>8</sup> See Chapter 1: Report: The Future of the Japanese People and Life Insurance in the Healthcare Area on page 5.

<sup>9</sup> See Chapter 1: Report: The Future of the Japanese People and Life Insurance in the Healthcare Area on page 11.

## 2. Make insurance contract procedures more convenient and contribute to reducing the burden

### (1) Utilize medical data

#### A. Concrete details

The Life Insurance Association of Japan proposes improved customer convenience and reduced burden through the use of medical data (data on medical certificates held by medical institutions and receipt <statement of medical expenses> data held by health insurance societies).

#### (a) Status quo

Below is a summary of the status quo of health insurance procedures.

In claiming health insurance benefits for hospitalization, operation, or outpatient care, customers are currently requested in principle to submit medical certificates written by a doctor. In order to obtain medical certificates, they often have to make a few visits to the medical institutions to request and receive them. Together with the medical certificates thus obtained, they also submit claims forms. These are the basic procedures.

We have received opinions about these procedures, such as the following: “Though I have recovered from illness and returned to work, I have to take a workday off,” “It’s hard to go to the hospital as I don’t feel well after the operation,” and “I have to pay for transport to go to a distant medical institution just to get the medical certificate<sup>10</sup>.” It is one of our challenges to reduce the burden on customers as much as possible.

Moreover, as the population will decrease, demographic aging will accelerate, and a longevity society will emerge in the future, the number of elderly people who find it difficult to follow the procedures by going out alone and collecting various documents is expected to increase. As double income households and single households will increase, the procedures will be required to be more simplified.

To reduce the burden of getting a medical certificate, a simplified procedure that does not require the medical certificate to be submitted under certain conditions (hereafter, simplified procedure)<sup>11</sup> may be approved. As it happens, all insurers who handle applicable insurance products have implemented the simplified procedure.

The number of annual health insurance benefit claims (or payments) in the entire life insurance industry amount to some 12 million, of which about 65% (or about 7.8 million cases) require the submission of medical certificates (the remaining 35% permit the simplified procedure)<sup>12</sup>.

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<sup>10</sup> Based on the online questionnaire survey conducted by The Life Insurance Association of Japan in October 2018 on 5,000 men and women aged over 20 years who had recently submitted a claims form.

<sup>11</sup> A simplified procedure refers to a benefit claim whereby a customer submits a return and a photocopy of the medical expense receipt or the statement of medical expenses instead of a medical certificate issued by a medical institution.

<sup>12</sup> Based on the questionnaire survey conducted by The Life Insurance Association of Japan in October 2018 on each member (as of fiscal 2017). The number of annual benefit claims (or payments) (including estimates) is simply summed up. The number of submitted medical certificates includes cases in which a photocopy of a medical certificate from another company was submitted.

(b) Feasible measures for solving issues

If the life insurer can accept electronic medical certificates instead of paper ones, it can improve customer convenience and reduce the burden. This also helps reduce burden on the doctors who create medical certificates<sup>13</sup>.

The use of the PHR (Personal Health Record)<sup>14</sup> is one way of doing this. The PHR is a system to allow the patient and his/her family to grasp his/her health condition and medication history to improve his/her daily life and promote health. If the PHR includes medical certificate data, customers can get their medical certificate data from medical institutions and submit them to insurers on a device such as a smartphone.

There are other ways of linking medical certificate data than the PHR via customers; for example, insurers can directly connect to medical institutions. One way of doing this is by using a nationwide healthcare information network that enables medical institutions to share individual patients' information on checkups, medical care, and medication<sup>15</sup>. If life insurers can use such a nationwide healthcare information network equipped with capabilities to create medical certificate data with external connection, customers will be able to complete the claims procedure by simply contacting their life insurers.

**Figure2** Image of the PHR

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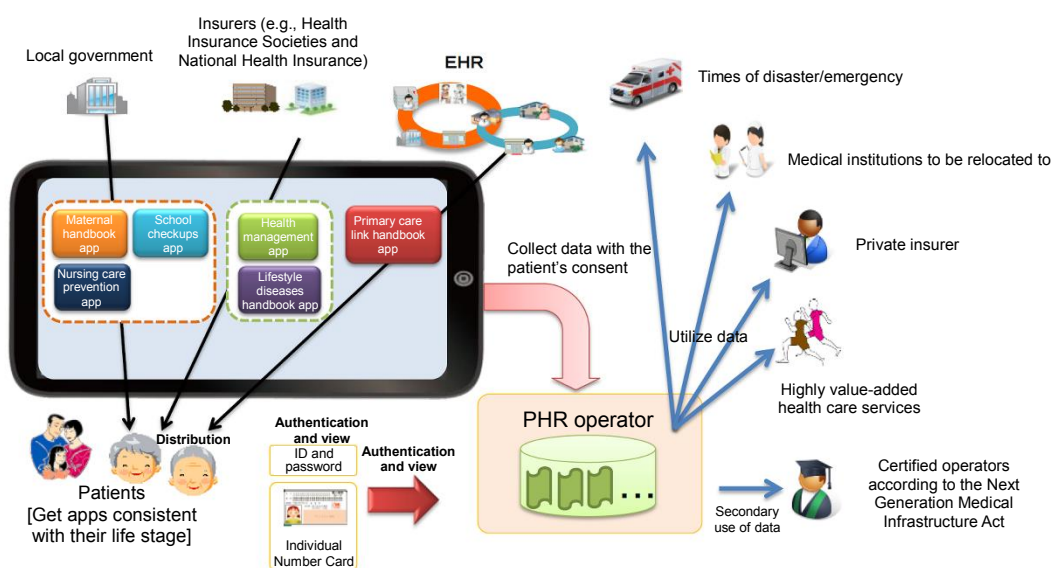
<sup>13</sup> In August 2018 the Ministry of Health, Labor and Welfare hosted the Meeting Group to Discuss Work-Style Reform for Doctors, where the issues pertaining to document preparation by doctors (including medical certificates requested by private insurers) was addressed. Based on this, The Life Insurance Association of Japan revised its Guidelines for Designing Medical Certificate Forms on March 20, 2019.

For the simplification and standardization of medical certificate forms by private insurers related to the discussion of doctors' work-style reform, see the Health Policy Bureau, Ministry of Health, Labor and Welfare's "Summary of the Discussion at the Study Group for Simplified Medical Certificates that Private Insurers Request from Medical Institutions" (December 17, 2018). <https://www.mhlw.go.jp/content/10800000/000458953.pdf>

<sup>14</sup> In the Future Investment Strategy 2018: Reform Toward Society 5.0 and a Data-Driven Society (June 15, 2018) (hereafter the Future Investment Strategy 2018), the Next Generation Healthcare System, which is identified as the flagship project that will give traction to realize Society 5.0, looks ahead to the era of 100-year life spans and is referred to as a new individual- and patient-first healthcare system that actively implements innovative technologies such as data and information communication technology (ICT). The construction of the PHR is promoted as a concrete measure for creating such a society.

<sup>15</sup> Based on the fact that "checkup and medical care information is dispersed and there is no infrastructure for providing optimal health management, medical and nursing care, putting the individual/patient-first" (see Material 1 of the Health, Medicine, and Nursing Care Meeting, the Growth Strategy Council - Investing for the Future and the Council for Advancing Structural Reform (held on October 27, 2017), the aim is to create a nationwide healthcare network to provide services that will enable medical experts to share patient information smoothly. According to the Future Investment Strategy 2018, the network is scheduled to be implemented fully in fiscal 2020.



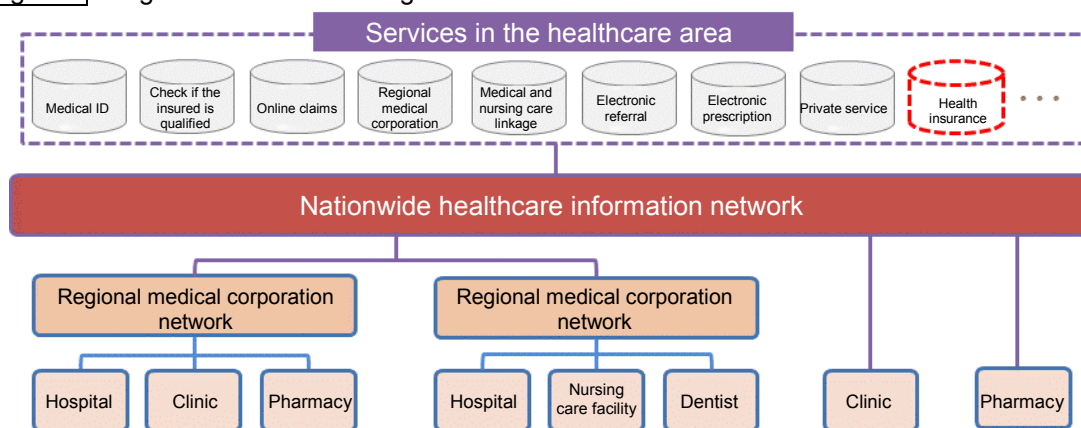


\*Based on the material created by the Ministry of Internal Affairs and Communications for Part II of the Panel Discussion at the 110<sup>th</sup> Anniversary of The Life Insurance Association of Japan Celebration.

If the PHR or the nationwide healthcare information network can accommodate receipt data, it can advance the simplified procedure, improving customer convenience, and reducing the burden.

Regardless of the medical data linkage method, the customer's consent is a prerequisite. We must also address the issue of who bears the costs to establish it as a business model. The nationwide healthcare information network would require many medical institutions to join it to improve customer convenience.

**Figure 3** Image of information linkage via the nationwide healthcare information network

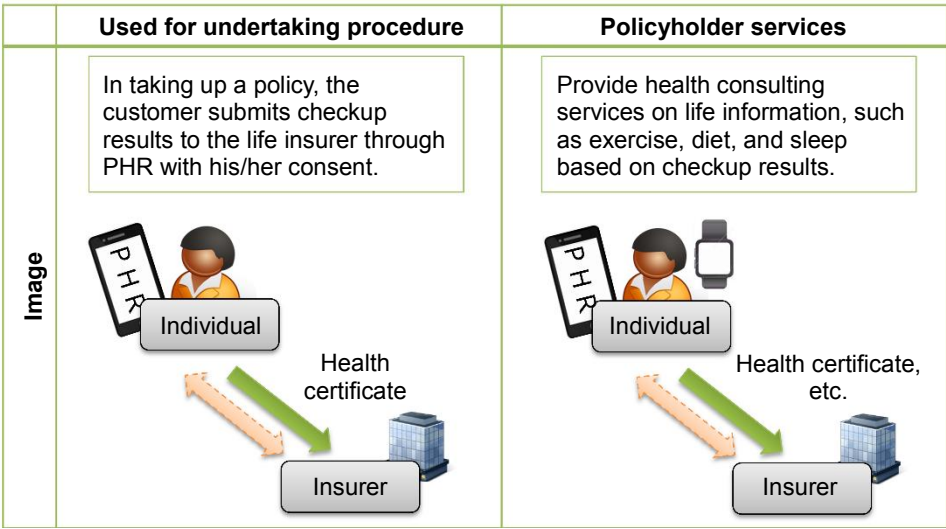


[Reference: the PHR further improves convenience]

Life insurers can further use the PHR in the following areas: they can use it in the undertaking procedure (when buying an insurance policy, the customer submits his/her checkup results to the life insurer via the PHR with his/her consent) or to provide services for policyholders (healthcare consultation services on life-style information, such as exercise, diet, and sleep based on the submitted checkup results).

If life insurers use the PHR for the undertaking procedure, they can electronically process the medical certificate submission procedure for about 1 million policies that require medical certificates out of the approximately 14 million life insurance/health insurance applications per year.

**Figure 4** Example of further use of the PHR



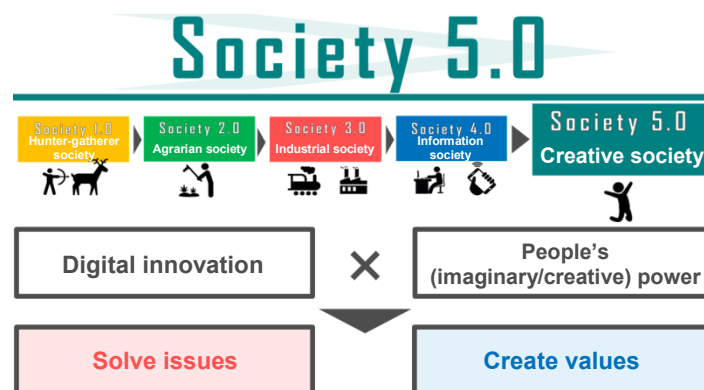
## Expert opinions

Keidanren (Japan Business Federation)  
Director, Industrial Technology Bureau,  
Mr. Takashi Yoshimura

Society 5.0 is a concept first proposed in the government's 5<sup>th</sup> Science and Technology Basic Plan. It is conceived as the fifth new society, preceded by the hunter-gatherer society, agrarian society, industrial society, and information society. It is not just about technological innovations but suggests the direction that society should take. As such, it is identified as the pillar of Japan's growth strategies and is gaining traction as a social vision to be shared by humanity across the world. The government, industry, and academia share this concept in Japan, working on various projects to realize Society 5.0 before the rest of the world.

In "Society 5.0 - Co-creating the future" published in November 2018, Keidanren defined Society 5.0 as a creative society, created through the integration of digital innovations and the diverse imagination and creative power of diverse people. The transformation toward Society 5.0 is driven by AI- and IoT-based digital technologies and data-driven digital innovations. In the age to come, uniquely human imagination, and creation are strongly required—people must take advantage of such technologies to solve diverse social issues and create new values.

Society 5.0 is a society in which social issues are solved and new values are created. Free from conventional values such as size and efficiency, or uniformity, and concentration, it seeks to be a diverse society in which everyone can safely take up a challenge, forming a symbiotic relationship with nature and liberated from various restrictions, whenever and wherever he or she wishes. Meanwhile, the way individual life, companies, industrial structure, and administration should be will also radically change.

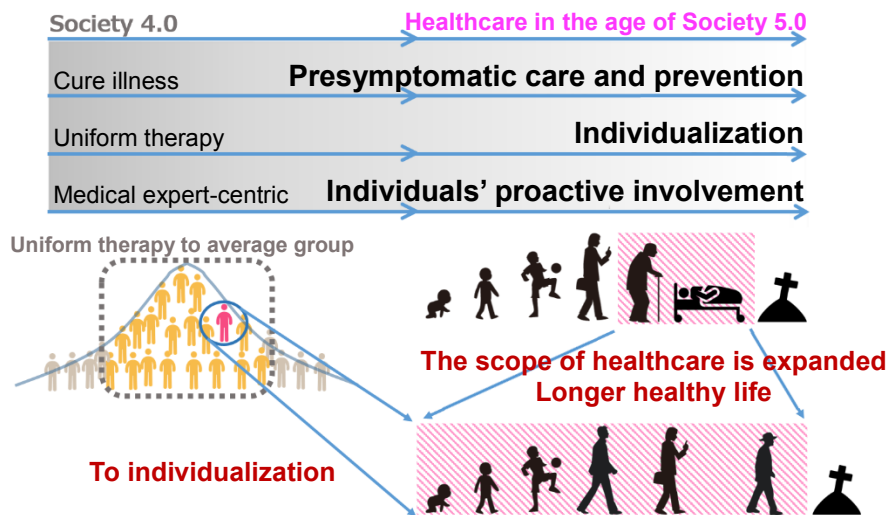


(Source) Based on the proposal, "Society 5.0 - Co-creating the future"  
(November 13, 2018).

In the age of Society 5.0, the healthcare-related area will greatly change. One in four Japanese people are already over 65 years. Japan has reached the most advanced super-aging society in the world, causing concerns about future shortage of labor and an increase in medical expenditures.

As one of the directions in which to solve such issues, Keidanren drew up a proposal called Healthcare in Society 5.0 and published it in March 2018. As digital and bio-technologies advance, it will become increasingly important to prevent illness. People can receive care that is tailored to their individual needs. Individuals can manage their own health.

The realization of such new healthcare can extend the period in which individuals stay healthy and lead to medical cost optimization. If Japan can manage to grow in the era of a super-aging society, it can expand its healthcare model abroad, thus improving its industrial competitiveness and contributing to the health of the entire world.



(Source) Based on the proposal, Healthcare in Society 5.0 (March 20, 2018).

In the age of Society 5.0, where diverse people can extend their life expectancy and continue to take on challenges regardless of age and other factors, life insurance must be there for each individual throughout his/her life, from the healthy period up to his/her death, which will likely be facilitated by the power of technology.

Keidanren places high hopes on the future of the life insurance industry as an industry that will support the age of Society 5.0, where diverse people will play an active role.

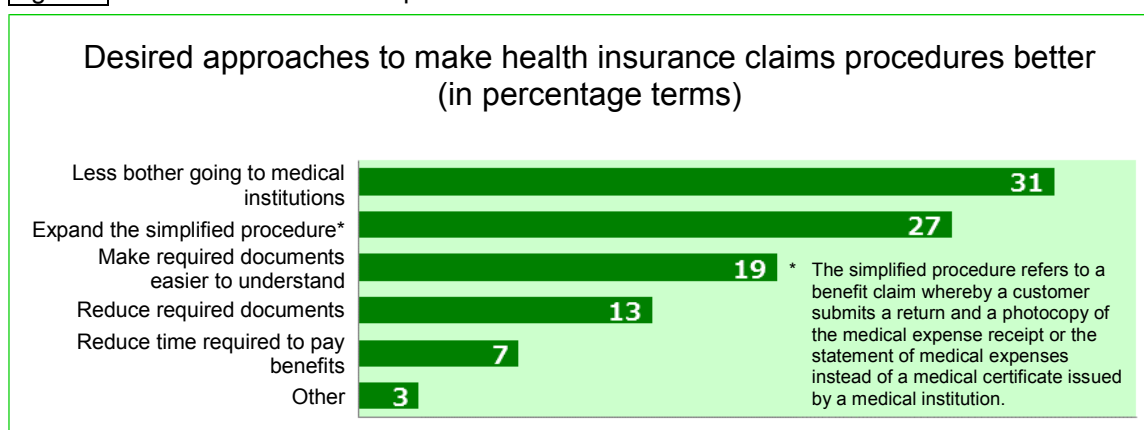
## B. Consumer opinion survey

In preparing the present proposal, The Life Insurance Association of Japan conducted an online survey on nearly 5,000 men and women who had claimed insurance money or benefits for a health insurance policy in October 2018. The survey was conducted to understand general consumers' current opinions and realities, as well as to confirm that the general public would permit the private sector's utilization of medical data to a certain extent.

### (a) More convenient claims procedure

Most people found it most desirable to save the trouble of going to medical institutions to get medical certificates as a way of making the claims procedure better. Similarly, many requested to expand the simplified procedure that does not require obtaining a medical certificate.

Figure 5 More convenient claims procedure



### (b) Opinion survey on health insurance's claims procedure

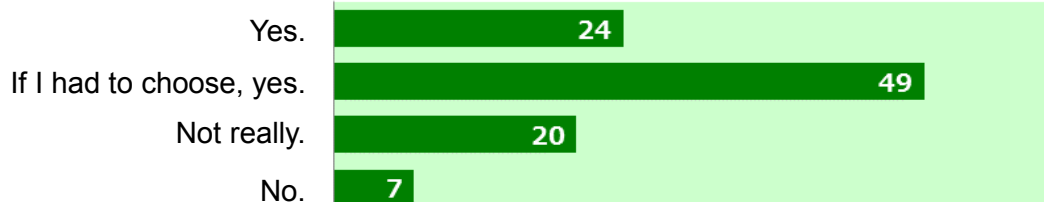
We confirmed the following requests on the health insurance's claims procedure:

#### (1) Using a smartphone to submit medical certificate data to the insurer

Over 70% of the respondents hoped for a claims procedure to be developed in which a smartphone is used to submit medical certificate data to the insurer, although some voiced concern over wrong transmission.

**Figure 6** Opinion survey on health insurance's claims procedure 1

You can submit medical certificate data issued by the medical institution to the insurer via a smartphone. Do you want this benefit claims procedure to be realized? (In percent)



(Customers' voices)

"It would be a great help if I didn't have to wait for hours in the hospital as I have young children."

"It will be useful as I have difficulty going to the hospital to get the document, suffering as I am from cancer treatment."

"I don't have to take a day off; I tend to take too many sick leaves for hospitalization and outpatient treatment."

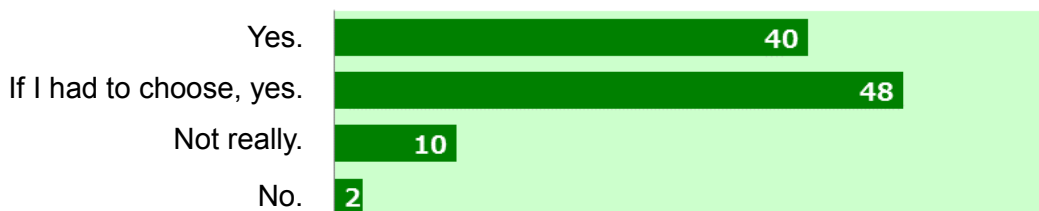
"I don't know much about smartphones/who is going to be held responsible for wrong transmission?"

(2) Method where the insurer receives medical certificate data from medical institutions

Slightly less than 90% of the respondents hoped for a claims procedure for benefits to be developed in which the insurer receives a medical certificate data via an information linkage platform with medical institutions with the customer's consent.

**Figure 7** Opinion survey on health insurance's claims procedure 2

The insurer receives medical certificate data via the information linkage platform with medical institutions with the customer's consent. Do you want this benefit claims procedure to be realized? (In percent)



(Customers' voices)

"It will become more convenient as no time and effort is required for the claimant of benefits."

"I don't know much about medical terms, so it will go smoother if experts handle the case among themselves."

"The simplified procedure is a good thing, as long as information security management and personal information protection are ensured."

"I'm worried about information being exchanged without my knowledge/It will get complicated to correct mistakes if they arise."

## Expert opinions

Picture

Consumer Conference for  
Sustainability  
President  
Ms. Yukiko Furuya

### **Society 5.0 and Consumers**

Society 5.0 was for the first time proposed as a vision of future society that Japan sought to achieve in the 5<sup>th</sup> Science and Technology Basic Plan (2016 to 2020). This discusses that Japan aims “to achieve a human-centered society (Society 5.0) in which anyone can enjoy a high quality of life full of vigor. It intends to accomplish this by incorporating advanced technologies in diverse industries and social activities and fostering innovation to create new value”<sup>(note)</sup>.

While Society 5.0 can bring about dramatic changes in consumers’ lives, viewed from consumers’ realities, it can have both positive and negative effects, depending on the way companies handle it. If Society 5.0 is human-centered in the first place, consumers in it are expected to both make their own choice to live an enriched life and act proactively to avoid risk.

### **Consider Consumer Realities**

We need to look at the situation consumers find themselves in, to ensure that they can take action as the subject. First, we must consider the position of consumers in the market. Consumers have both aspects: one impacted by the market and the other that impacts the market. In the former, consumers may fall victim or suffer a loss under the influence of systems or businesses’ approaches. Consumer policies have protected them, respecting their rights. In the latter, systems and businesses have come to recognize that their approaches can be affected by consumer behavior. Recently, they have expected consumers to play an active role in ethical or sustainable consumption, and consumer education is thriving.

Second, it is necessary to be aware that there is a gap between consumers and companies. Since there is a problem of asymmetrical information or power balance between consumers and companies, we must be cautious about any approach that does not take the realities into consideration, be it respecting consumers’ rights or expecting them to play a role, for it can cause a big issue.

### **Expectations Toward Companies and the Role of Life Insurance**

Companies will produce various products and services while taking advantage of technological innovations and data. In doing so, they need to consider the aforementioned consumers’ realities. For example, they say that the use of data can enhance consumer convenience in life insurance. But if companies do not provide user-friendly information that allows consumers to make their own decisions, this would lead to unexpected dissatisfaction or damage on the part of consumers, which in turn may impede the use and utilization of data. Since companies have far more information than consumers, they will be held responsible for educating consumers to empower them. The education they provide must be of the sort that supports consumers rather than a conventional type that simply provides information on life.

Note The Cabinet Office’s website: [https://www8.cao.go.jp/cstp/society5\\_0/index.html](https://www8.cao.go.jp/cstp/society5_0/index.html)

### C. Status of medical data linkage in major Western countries

We can learn a lot from international cases of medical data linkage when we consider linking medical data in Japan. The Life Insurance Association of Japan has studied mechanisms for linking individual data in the healthcare area in the US, the UK, Germany, and France. In doing so, it has divided them into two: those analogous to the PHR and those in which medical institutions connect to private insurers to transmit data.

#### (a) Mechanisms analogous to the PHR

The PHR comes in various forms, allowing the patient to manage and use his/her own healthcare data. Here we have focused on PHRs led by public institutions.

The US has a system called Blue Button run by the Office of the National Coordinator for Health Information Technology. Blue Button was established in 2010 under the Obama administration, aiming at allowing individuals to access their own medical data with ease. It has been implemented by 500 or more medical institutions across the US, enabling individuals who receive medical care services in such medical institutions to download their medical data.



In the UK, the Department of Health and Social Care has run a system called the GP online services since 2015. The system enables patients to obtain their medical data (disease/diagnosis name, examination history, etc.) held by general practitioners (GPs).

France has le Dossier Medical Partage (DMP) that manages individuals' medical records, in which participants of the public healthcare system can join if they wish to do so.

In Germany, an integrated-circuit-embedded health card has been implemented as part of electronic administration for public medical insurance. The card has a functionality equivalent to the PHR. In addition to this electronic health card, Germany is planning to ensure that the public healthcare insurer provides a PHR functionality that enables the insured to access his/her electronic medical record by 2021.



**Figure 8** Medical data management by the patient in major Western countries

	US	UK	Germany	France
Mechanism for individuals to view/ manage their medical data	<p>The Office of the National Coordinator for Health Information Technology runs</p> <p><u>Blue Button</u></p> 	<p>The Department of Health and Social Care runs</p> <p><u>GP online services</u></p> 	<p>The public healthcare system's electronic health insurance card</p> <p><u>eGK</u></p> 	<p>The Caisse nationale de l'assurance maladie runs</p> <p><u>DMP</u></p> 

(b) Mechanisms of data linkage between medical institutions and private insurers

All four countries have mechanisms in which medical institutions directly transmit the insured's hospitalization/release, operational details, receipts, and other types of data to insurers. While data linkage between medical institutions and insurers is available in each country, we must keep in mind the differences between their healthcare systems and Japan's.

Commonly, health insurers have a partnership with specified medical institutions in both the US and the UK. If a patient receives medical services in a member medical institution, the institution sends bill data to the insurer, which then makes a direct payment<sup>16</sup>. Such a system has been established.

Germany has a data linkage mechanism that is limited to hospital care that is more expensive than outpatient care in the short-term. Private health insurance in principle makes a maturity payment<sup>17</sup>. Though the customer submits data required for claims to the insurer, direct payment is made for hospital care. The medical institution (hospital) can directly send hospital-related data required for claims to the insurer. Since 2013, the law has mandated the use of electronic means as a way of linking data. This enables a more simplified procedure than maturity payment for the customer while helping the medical institution to quickly collect hospital care fees, which is an advantage.

France has established a system in which the payment agency of the public medical security system directly and automatically sends the customer's medical care data to the private insurer. Both public and private security programs in principle make maturity payments, and "complementary health insurance" with higher linkage with public security is the mainstream of private health insurance. These form a background of automated data linkage. In the past, the insured had to claim against both the payment agency of the public security and the private insurer, separately. But in 1998, France implemented an electronic medical care information

<sup>16</sup> The direct payment here refers to the one directly made by the insurer to the medical institution. On July 14, 2010, AIG Edison Life Insurance issued a press release on its Direct Payment Service. Since then, many more life and non-life insurers have provided direct payment services for advanced medical benefits in Japan. The services are intended for proton beam therapy and heavy particle radiotherapy at member medical institutions. The customer must prepare and submit a claims form to the insurer even for the medical services provided by a member medical institution. No data linkage is made by the medical institution.

<sup>17</sup> The patient must pay the medical fees to the medical institution, and then apply for the insurer to receive benefits.

system as well as the public medical security card, enabling automated data linkage between medical institutions and the payment agency of public security. In 2000, automated linkage from the payment agency of public security to private insurers was realized.

In complementary health insurance, direct payments are becoming more widespread. The insured submits a certificate issued by the insurer to a member medical institution. A direct payment is then made for medical practice as set forth in the policy.

**Figure 9** Medical data linkage in the claim procedure in major Western countries

	<b>US</b>	<b>UK</b>	<b>Germany</b>	<b>France</b>
<b>Direct payment</b>	Available	Available	Partially available (Hospitalization)	Partially available (Examination, etc.)
<b>Claimant of benefits</b>	Member medical institution	Member medical institution	Medical institution	Member medical institution (Via public agency)
<b>Linked data</b>	Bill including medical data	Bill including medical data	Hospitalization/ release data	Medical certificate

## (2) Utilize administrative data

### A. Concrete details

Since 2011, The Life Insurance Association of Japan has requested the construction of a public–private information-sharing infrastructure that will enable private operators to use survival, death, and address information held by the government on the premise that the individual gives prior consent. In June 2011 it published the request, “Utilization and application of information communication technology (ICT) through the social security and taxation system in life insurance business.” In April 2017, it also published the “Recommendation on Utilization of the Individual Number System in the Private Sector for Promotion of Friendly Life Insurance Services for the Elderly.”

#### (a) Utilization of survival and death data

If life insurers can access the survival/death data held by the government, they can improve convenience for customers and reduce their burden, as well as realize prompt and reliable insurance payments.

A life income policy for example pays annuity as long as the insured is alive. Therefore, it is necessary to confirm the survival of the insured every year. The life insurer sends required documents to the customer, who has to go to the city hall to get a certificate, which he/she must return to the insurer. The life income policy may involve such practice. It imposes a burden related to transport or postage on the insured, and also causes considerable administrative load to the local government and the insurer. As the aging society advances, the annuity payments by private life insurers are likely to increase in the future. If insurers can utilize survival/death data, they can get rid of such paper-based practices.

Not only for annuity payment administration, but also for insurance money payment administration, we expect administrative information to be utilized in terms of the presence/absence of incidence of events.

The annual number of cases in which life insurers confirmed survival through submission notices of survival certificates or their equivalents required in the annuity payment procedure amounted to about 3.5 million, and the number of death benefits claims (or payments) was about 0.6 million<sup>18</sup>.

#### (b) Utilization of address data

If life insurers can access address data held by the government, they can improve convenience for customers and reduce their burden, as well as provide appropriate maintenance services.

A life insurance contract generally stretches over a long period of time, so it is necessary to provide appropriate maintenance services. During the policy period, however, customers often change addresses. Many customers do not inform insurers of a change in their address. The insurers spend a lot of time and effort in locating customers. This can make it difficult for the

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<sup>18</sup> Based on the questionnaire survey conducted by The Life Insurance Association of Japan in October 2018 on each member (as of fiscal 2017) The number of procedures for changing addresses (including the number of cases in which addresses were checked due to the nonarrival of notices) was the same as above.

insurers to provide required information and appropriate maintenance services for the customers.

If insurers can use address data and identify the customers' latest addresses, they can provide appropriate information and maintenance services.

The annual number of change-of-address procedures amounted to about 10 million, including about 0.7 million cases of address checks due to the nonarrival of notices.

### 3. Contribute to extended life expectancy

#### (1) Utilization of the healthcare data platform

##### A. Concrete details

The Life Insurance Association of Japan recommends the utilization of a healthcare data platform to contribute to providing products and services instrumental to extending healthy life expectancy.

When life insurers provide PHR- or wearable-terminal-based health consulting services, they may at times use analytic results of big data to provide optimal health advice consistent with individual health or life conditions.

The healthcare data platform, which has been considered by the Council of Advisors to the Health Insurance Bureau, Ministry of Health, Labor and Welfare, is a database that enables interlinked analyses of both input data (NDB<sup>19</sup>) and outcome data (long-term care DB<sup>20</sup>). It is scheduled to go into full operation in 2020<sup>21</sup>.

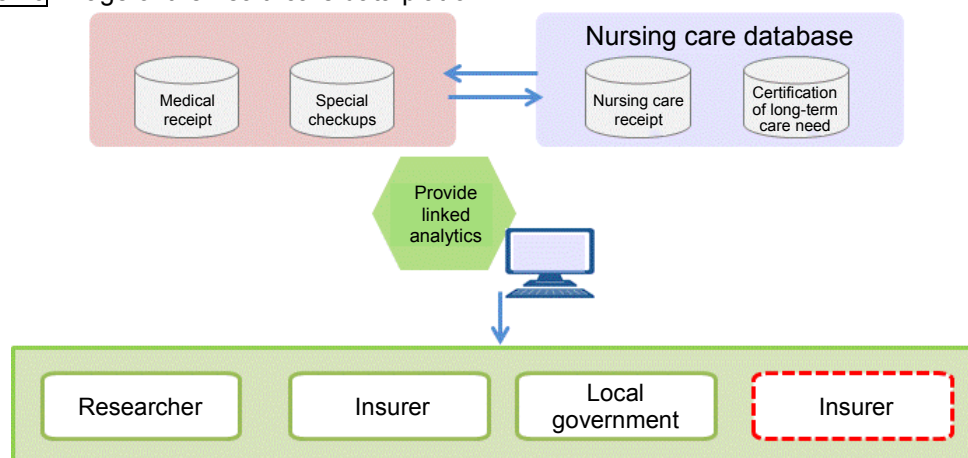
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<sup>19</sup> NDB (National Database) is a database used for studies and analyses for creating, conducting, and evaluating the medical fee optimization plan based on the Act on Assurance of Medical Care for Elderly People. As such it stores and builds information on receipts (statement of medical expenses), specific health checkups, and specific health guidance.

<sup>20</sup> Long-term Care DB (integrated long-term care insurance database) collects electronic information about the statements of long-term care expenses (long-term care receipts) under Article 197 (1) of the Long-Term Care Insurance Act. Since fiscal 2013 it has been stored on a server managed by the Ministry of Health, Labor and Welfare to start its operation.

<sup>21</sup> In the Future Investment Strategy 2018, the Next Generation Healthcare System (with extension of healthy life expectancy as the KPI), which is identified as the flagship project that will give traction to realize Society 5.0, looks ahead to the era of 100-year life spans and is referred to as a new individual- and patient-first healthcare system that actively implements innovative technologies such as data and information communication technology (ICT). As concrete measures are required to build it, the government presented the preparation of "a platform which allows government services, insurers, researchers, and private sectors to connect and analyze big data on health, medical care, and nursing care as the history of individuals" as the "promotion of use of base data for health, medical, and nursing services suitable for individuals."

Figure 10 Image of the healthcare data platform



\*Created based on material from the 5th Data Health Reform Promotion Headquarters Meeting, Ministry of Health, Labor and Welfare (February 26, 2019) by The Life Insurance Association of Japan

If life insurers utilize the healthcare data platform for studies on the extension of healthy life expectancy, studies with public interests<sup>22</sup>, they can provide new services that will contribute to extended healthy life expectancy, such as prevention of aggravation or health promotion programs based on a new type and range of information thus far unavailable.

Figure 11 Features of the healthcare data platform



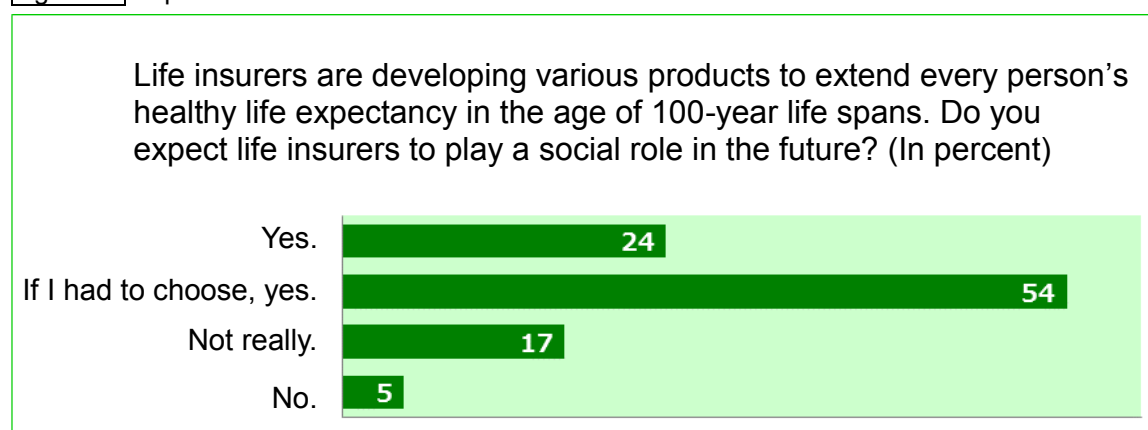
<sup>22</sup> The Report on the Expert Committee on Medical and Nursing Care Data Analytics Infrastructure (November 16, 2018) mentions that the healthcare data platform is “intended to be used by a wide range of entities, including those in the private sector, for public interests.”  
[https://www.mhlw.go.jp/stf/shingi2/0000148301\\_00002.html](https://www.mhlw.go.jp/stf/shingi2/0000148301_00002.html)

## B. Consumer opinion survey

The Life Insurance Association of Japan studied public expectations toward the insurance companies in the era of 100-year life spans in the same consumer opinion survey as mentioned in Chapter 2, 2 (1) B.

Life insurers develop various products to extend each person's healthy life expectancy<sup>23</sup>. A little under 80% of the respondents said they would expect life insurers to contribute to the extension of healthy life expectancy in the age of 100-year life spans.

**Figure 12** Expectations toward life insurers



### (Customers' voices)

"My motivation seems to change when approaches to health are quantified. Taking up a policy is just the beginning, and insurance will become something much more familiar to me."

"Both my life insurer and I need to change the way we think. I'm reassured as my life insurer is there to support me in the process."

"There are times when it is difficult to leave home in the snowy region."

"It's okay for healthy people, but it's all the more difficult for people who are sick."

<sup>23</sup> See The Life Insurance Association of Japan's Report on the Project to Support Initiatives to Promote Health, pp. 41ff.  
<http://www.seiho.or.jp/activity/health/pdf/report-7.pdf>

### C. Status of big data on healthcare in major Western countries

The Life Insurance Association of Japan studied the use of big data on healthcare in the US, the UK, France, and Sweden to get some insights.

In the cases of the French, American, British, and Swedish analytics infrastructures, the private operators are allowed to access them. They apply to the authorities mainly for research purposes, and they can use them upon approval.

In 2015, the target American analytics infrastructure permitted access for business-related innovative research, and some insurers have actually used it.

The target French analytics infrastructure allows free access to all applicants, though the insurers, and pharmaceutical manufacturers are legally forbidden to use the information for certain purposes. Insurers who provide health insurance are prohibited to use it for freedom from protection and change in premium.

For other findings, see Figure 13. A Japanese attempt to perform linked analytics on medical checkups, medical receipts, and nursing care information under the universal healthcare system is epoch-making and is expected to be used effectively.

**Figure 13** Each country's healthcare database and private access

	France	US	UK	Sweden
Operator/holder	Caisse nationale de l'assurance maladie (CNAM)	The Centers for Medicare and Medicaid Services (CMS), United States Department of Health and Human Services	Public Health England (PHE)	National Board of Health and Welfare (NBHW)
Database overview	<ul style="list-style-type: none"> <li>○ French Administrative Health Care Database (SNDS)</li> <li>• Integrates existing health and nursing care databases:               <ol style="list-style-type: none"> <li>1. System national d'information inter-regimes de l'Assurance maladie</li> <li>2. Medical information system program</li> <li>3. Medical causes of death database</li> <li>4. Medical and social database</li> <li>5. Complementary health insurance specimen database</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>○ Medicare claims data is held in the following three data files:               <ol style="list-style-type: none"> <li>1. Data that allows individuals to be identified (IDFs and RIFs)</li> <li>2. Data that excludes direct identifiers (LDS)</li> <li>3. Public file (PUFs)</li> </ol> </li> <li>• RIFs can link individual identifier information with other databases outside the CMS.</li> </ul>	<ol style="list-style-type: none"> <li>1. Medical database</li> <li>2. Cancer database, etc.</li> </ol> <ul style="list-style-type: none"> <li>• Multiple databases can be linked</li> </ul>	<ul style="list-style-type: none"> <li>○ Healthcare data Registry               <ul style="list-style-type: none"> <li>• Composed of a total of seven registries on cancer, childbirth, patient, prescription, dentistry, cause of death, and welfare.</li> <li>• Individual numbers can be used to link registries.</li> </ul> </li> </ul>
Private access	<ul style="list-style-type: none"> <li>• Accessible if application is approved by the authorities</li> <li>• Though anybody can apply, insurers that provide health insurance and pharmaceutical manufacturers are forbidden to use the information for certain purposes (e.g., change in premium).</li> <li>• The insurers and the pharmaceutical manufacturers mentioned above can apply in one of the following ways:               <ol style="list-style-type: none"> <li>1. Apply with a certificate for the non-use of data for the forbidden purposes.</li> <li>2. Work together with a research institution which handles data processing for application.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• For (1) IDFs and RIFs, and (2) LDS, accessible if application is approved by the authorities</li> <li>• Applicants are basically researchers.</li> <li>• Though access for product/service development was not permitted, it has been allowed since 2015.</li> <li>• Part of the then administration's approach to data utilization leading to medical system transformation</li> <li>• Insurers have accessed it.</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible if application is approved by the authorities</li> <li>• There is no indication of restrictions on applicants, whether public, or private or industry.</li> <li>• On condition that access is for healthcare-related purposes</li> <li>• The PHE allows the Association of the British Pharmaceutical Industry (ABPI) to access it, among other accessible organizations.</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible if application is approved by the authorities</li> <li>• There is no indication of restrictions on applicants (researchers), whether public, or private or industry.</li> </ul>



## 4. Summary

We have thus far proposed the use of medical and administrative data to improve customer convenience and contribute to reduce the burden, as well as the utilization of the healthcare data platform to contribute to the extension of healthy life expectancy.

Our efforts to reduce the burden related to policy procedures will help you to plan your retirement life and enjoy hobbies without having to go through bothersome procedures for receiving annuity every year after your retirement. In case you are hospitalized or require nursing care, you can quickly finish the procedure for receiving benefits so that you can concentrate on early recovery or rehabilitation to prevent aggravation. Your fulfillment in life may depend on how you overcome retirement, hospitalization, nursing care, and other major events in life. If you proactively engage in a role that only you can play, you can consequently create a fulfilling and meaningful life. The extension of healthy life expectancy can be said to be the basis of everything.

The Life Insurance Association of Japan hosted a panel discussion entitled “The Role of Life Insurance in Society 5.0” at the 110<sup>th</sup> Anniversary Ceremony on February 25, 2019. There we deepened our understanding of the following issues: the utilization of data can be advanced on the premise that personal information is protected; it is important for companies to provide information so that individuals can control their own information; the question of digitalization in undigitalized areas arises in actual operation; and it is necessary to solve technical and cost-related issues.

On the basis of the insights gained from the panel discussion, we at the Life Insurance Association of Japan would like to gain customers’ understanding, solve each issue with our partners, and play a new role in contributing to the creation of a sustainable society and the extension of healthy life expectancy.

Figure 14 Create a fulfilling and meaningful life



End of text

## Conclusion

As we head from Heisei to the next era, we have various social issues as big environmental changes take place: e.g., demographic aging, the declining population, the arrival of an era of longevity and 100-year life spans, and technological advancement. Against such a backdrop, last year, The Life Insurance Association of Japan announced a slogan, “Create a Brighter Future” so that each one of us can firmly look ahead, paint a vision of the future, and live a safe and hopeful life.

Chapter 1 presented our current position as to how to respond to changes in environment and social security in order to make our social security system, which embodies the provision of safety to society, sustainable. It covered the 3Ps, elements required for each one of us to live a safe and hopeful life, and summarized what role the life insurance industry must play in it.

Chapter 2 proposed the use of medical and administrative data to improve customer convenience and reduce the burden in insurance contract procedures, as well as the utilization of the healthcare data platform to extend healthy life expectancy. Building the extension of healthy life expectancy, improved procedural convenience, and reduced burden can hopefully help create a sustainable society in Japan, which is currently in an era of population decline and demographic aging.

The life insurance industry is an industry to complement the social security system. Its main duty is to provide products and services that will be there for each one of its customers throughout their lives for a long period of time. The Life Insurance Association of Japan will open up a future full of safety and hope, looking 10 years ahead, and beyond, making sure that what has been considered in this report and proposal can lead to a situation where society, people, and businesses can all do well and to solving the social issues facing Japan.

The Life Insurance Association of Japan