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Technical Annex on the exclusion of GLMs and GAMs from the AI Act high-risk classification – EIOPA's further input

Introduction and background

On 14 April 2026, EIOPA sent a letter to the co-legislators and the European Commission (EC) calling for the exclusion of generalised linear models, including linear and logistic regression[1] (to follow "GLM") and generalised additive models[2] (to follow "GAM") from the scope of the high-risk AI systems defined in point 5(c) of Annex III of Regulation (EU) 2024/1689 (AI Act).

In that letter EIOPA argues that GLMs and GAMs used for risk assessment and pricing in relation to natural persons in case of life and health insurance do not pose a significant risk of harm to the health, safety or fundamental rights of such persons. When substantiating this statement, EIOPA provided reference to some of the elements included in Article 7(2) of the AI Act[3], which provides the criteria to be assessed by the EC when determining whether amendments to Annex III should be introduced by publishing delegated acts in accordance with Article 97 of said Regulation.

In light of the above, the EC asked EIOPA to provide further context and examples to support the EC evaluation of whether to amend Annex III by excluding GLMs and GAMs from the list of high-risk systems concerning risk assessment and pricing in life and health insurance. The EC asked EIOPA to provide such information as answer to the questions in relation to Article 112(1) of the AI Act[4] included in Section 4 of the questionnaire of the Stakeholder consultation on the Draft Guidelines on the classification of high-risk AI systems under Article 6 of the AI Act which run until 23 June 2026. It is further noted that EC asked the same questions in a survey shared with the AI Board sub-group on Finance with deadline 1 July 2026.

The substantive assessment carried out by EIOPA and its members structured around Article 7(3), read together with Article 7(2), has the objective to understand whether Annex III point 5(c) should be amended so that systems relying solely on GLMs and GAMs under human supervision are no longer treated as high-risk AI systems when used for risk assessment and pricing in life and health insurance.

[1]See for reference: P. McCullagh and J.A. Nelder (1989). Generalised Linear Models, 2nd Edition, Chapman & Hall/CRC Monographs on Statistics and Applied Probability, 0412317605.
[2] See for reference: T.J. Hastie and R.J. Tibshirani (1990), Generalised Additive Models, 1st Edition, Chapman & Hall/CRC Monographs on Statistics and Applied Probability, 0412343908.
[3] Article 7AI Act is reported at the end of this technical annex
[4] Under Article 112(1) AI Act, the Commission is tasked with annually assessing the need to amend the list of high-risk AI systems set out in Annex III AI Act and the list of prohibited AI practices laid down in Article 5 AI Act.

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The assessment carried out by EIOPA against Article 7(2) criteria has the objective to understand whether the use of GLMs or GAMs pose a significant risk or harm to the health, safety or fundamental rights of natural persons in risk assessment and pricing in health or life insurance.

The assessment is also performed by considering that consumer protection in the insurance industry is the statutory objective both of Directive 2009/138/EC (Solvency II)[5] and Directive (EU) 2016/97 IDD[6], that the access and enjoyment of insurance products relate to the fundamental right of consumers of not being unfairly discriminated by insurance undertakings and that the right of consumers of not being unfairly discriminated is regulated by both European and National legislation in the insurance sector.

Conclusion of the assessment

On the basis of the assessment of the conditions set out in Article 7(2) and 7(3)(b) of the AI Act, detailed below, EIOPA considers that the conditions set out in Article 7(3) are met for a targeted amendment of Annex III, point 5(c), to exclude systems relying solely on GLMs, including linear or logistic regression, and GAMs, where they are used in life and health insurance under human supervision. Given the consumer protection's focus of insurance sectoral legislation and the specific use and of GLMs and GAMs in insurance, this deletion would not decrease the overall level of protection of health, safety and fundamental rights of natural persons under Union law.

As already set out in EIOPA's letter of 14 April 2026 to the co-legislators, GLMs and GAMs are long-established actuarial and statistical techniques used in insurance risk assessment, pricing, reserving and risk management. Their model structure is specified ex ante by natural persons; their variables, parameters and effects can be inspected; and their outputs are reproducible for a fixed model version and fixed inputs. These models do not independently[7] select new variables, change their objective, retrain themselves or alter their own parameters after deployment, unless a human-controlled process modifies them, for example when a new version of the model is released into production. In summary, traditional GLMs and GAMs are designed, run and maintained by natural persons.

The assessment recognises that life and health insurance pricing and risk assessment are crucial processes in the insurance value chain and therefore their outcomes may affect the access to and enjoyment of insurance products of natural persons. However, it also shows that those risks arise primarily from the selection and governance of data and from the underwriting or pricing policy, rather than from the GLM/GAM model architecture as such. Those risks are already addressed through existing Union insurance, conduct, prudential, data-protection and operational-resilience frameworks (Solvency II, IDD, GDPR, DORA).

[5] See for example Article 27 on the Main objective of supervision.
[6] See for example, Recitals 6, 10, 16 and 43 on the aim of the Solvency II Directive; Article 17 of the IDD on the general principle concerning information requirements and conduct of business rules.
[7] The assessment refers to traditional GLMs and GAMs. Hybrid models combining GLM/GAM and machine learning, to capture non-linearities, interactions, complex patterns in large datasets, and correcting GLM residuals are excluded from the assessment.

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In the context of these regulatory frameworks, it should be recalled that insurance is based on the assessment, pricing and pooling of risks. Union law recognises this logic and, in certain respects, requires insurers to distinguish between different risk profiles. For example, Solvency II requires insurance and reinsurance undertakings to segment their obligations into homogeneous risk groups when calculating technical provisions[8]. It also requires best estimates to be based on up-to-date and credible information, realistic assumptions and adequate, applicable and relevant actuarial and statistical methods. Risk-sensitive modelling and segmentation are not exceptional practices, but part of the prudential framework for sound insurance risk management. Similarly, the IDD product oversight and governance framework[9] requires insurance manufacturers to identify, for each insurance product, the target market and the group of compatible customers at a sufficiently granular level, taking into account the characteristics, risk profile, complexity and nature of the product. Manufacturers must also test whether the product meets the identified needs, objectives and characteristics of that target market, including through scenario analyses where relevant, and must not bring the product to the market where this is not the case. Risk-sensitive modelling and segmentation are therefore not exceptional practices, but part of a broader prudential and conduct framework aimed at ensuring sound insurance risk management and customer protection.

Looking more closely at the results of the Article 7(2) assessment, the strongest criteria supporting exclusion of GLMs and GAMs from point 5(c) of Annex III are Article 7(2)(d), because GLMs and GAMs are non-adaptive models and human-governed; Article 7(2)(i), because their outputs are reproducible and technically corrigible; Article 7(2)(j), because they support actuarially sound pricing, risk pooling and solvency; and Article 7(2)(k), because existing Union law already provides extensive safeguards, including prevention, minimisation, supervision and redress mechanisms.

The outcome of the assessment suggests that keeping these models within Annex III, point 5(c) would not materially increase the protection of health, safety or fundamental rights of natural persons. On the contrary, their continued inclusion would create overlapping compliance obligations and risk diverting finite supervisory and industry resources from less transparent, adaptive or genuinely novel AI systems that may pose more specific AI-related risks.

EIOPA considers that human-supervised GLMs and GAMs do not pose the type of significant AI-specific risk that justifies Annex III high-risk classification, and that their residual risks are already addressed through existing Union law and insurance-sector supervision.

[8] For example, Article 80 of Solvency II Directive requires undertakings to segment their insurance and reinsurance obligations into homogeneous risk groups.

[9] The product oversight and governance framework is set out in Article 25 of the IDD and further detailed in Commission Delegated Regulation (EU) 2017/2358 of 21 September 2017 supplementing Directive (EU) 2016/97 of the European Parliament and of the Council with regard to product oversight and governance requirements for insurance undertakings and insurance distributors

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Criterion-by-criterion assessment

Article 7(2) point (a): intended purpose of the AI system

Annex III, point 5(c), refers to systems used for risk assessment and pricing in relation to natural persons in life and health insurance. In this context, the intended purpose of AI systems used in these use cases may affect insurance premiums calculation, underwriting conditions, access to cover or the economic terms on which cover is offered.

The intended purpose of GLMs and GAMs in traditional actuarial practice is statistical risk assessment of parameters characterising the risk profile of natural persons[10] to adequately estimate the insurance premium. Their purpose is to identify and quantify the relationship between the risk profile of a natural person and risk factors such as expected claims, mortality, morbidity, lapse or other actuarial factors evaluated by actuaries.

This is different from the type of autonomous or opaque decision-making that the high-risk framework is primarily designed to address. In a traditional GLM or GAM, the model does not independently determine its own objective. Rather the objective, e.g.in the example above the risk factors, is determined by. actuaries, underwriters or risk-management functions and documented in ad.hoc.policies (e.g. underwriting policy), furthermore – when it comes to pricing – their outcomes must be customer centric according to Article 6 on Product Testing of Product Oversight and Governance (POG) delegated regulation. These models are statistical tools used within a broader governance process, which is part of the ongoing supervision carried out in accordance with sectoral legislation.

For this reason, the intended purpose supports exclusion where the model is used as a transparent actuarial tool under human supervision. It does not support exclusion where the model is combined with non-deterministic AI components that materially determine its outcome.

Example: In German life and health insurance, biometric assumptions, lapse rates and cost assumptions are derived from external (e.g. mortality tables, industry benchmarks) and internal data (e.g. lapse or claims history). Relevant assumptions may include biometric probabilities, lapse rates, interest-rate assumptions, cost assumptions, contractual data, contract term, age, insured sum and, where lawful and appropriate, individual risk characteristics. Regression techniques and GLMs may support their estimation using those data. In any case, product pricing remains embedded in actuarial review, governance subject to supervisory scrutiny.

[10] In the context of this assessment, the terms natural person, individual, consumer are used interchangeably.

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Article 7(2) point (b): the extent to which an AI system has been used or is likely to be used

GLMs and GAMs have been widely established in insurance since at least the 1980s[11], including in life and health insurance alongside other actuarial techniques. Insurance supervisors, actuarial functions and undertakings have long-standing experience with their behaviour, limitations and validation.

Furthermore, GLMs do not pose a high risk if they simply improve upon or narrow down a previously completed human activity (e.g. document analysis, keyword search) like the issues identified in other services, e.g. Banking. ~~In banking, the regulatory and supervisory framework applicable to internal models foresees that GLMs must be calibrated using conservative actuarial standards. GLMs should be free from complex self-learning algorithms, do not produce unpredictable or discriminatory outlier behaviours that could adversely impact a natural person's fundamental rights.~~

Treating all GLMs and GAMs as high-risk would create material compliance burdens for widely used and well-understood and established statistical techniques. It would also divert supervisory and industry resources away from novel, adaptive and less interpretable AI systems that may pose more specific AI-related risks.

Article 7(2) point (c): the nature and amount of the data processed and used by the AI system, in particular whether special categories of personal data are processed

Risk assessment and pricing in life and health insurance may involve the processing of personal data, risk-factor data and, in some cases, sensitive or health-related information. For example, it may involve variables such as age, medical history, disability-related information or other factors that require careful legal and ethical assessment.

The collection and use personal data does not mean that every statistical model processing such data should be classified as high-risk under Annex III of the AI Act. The key question is whether the model architecture and deployment create significant risk of harm to the health, safety or fundamental rights of natural persons that are not already addressed by existing safeguards.

GLMs and GAMs reduce, rather than increase, opacity in relation to data use. They allow undertakings, control functions and supervisors to identify in a deterministic way which data and

[11] For example, in their 1996 paper (Haberman, Steven & Renshaw, Arthur. (1996). Generalized Linear Models and Actuarial Science. The Statistician. 45. 407. 10.2307/2988543). Haberman and Renshaw show not only the multiple practical applications of GLMs in life and health insurance (e.g. survival modelling, multiple-state models, risk classification including modelling excess mortality among smokers of life insurance lapse rates), but clearly also how human intervention is embedded in the loop and how as well outcomes of these widely used techniques are simple to monitor.

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variables are used, to measure their influence on the output through standard actuarial and model-validation techniques and to assess whether those effects are are statistically, actuarially and economically plausible, lawful and proportionate. This makes it easier to detect inappropriate variables, proxy discrimination or unjustified risk segmentation.

Furthermore, it is to be noted that the amount of data used for regression models, GLMs and GAMs is typically substantially lower than for AI systems like large language models, advanced machine learning models etc. As the model is fully explainable and transparent the risks of discriminations are substantially reduced[12].

As insurers are already subject to strong data-governance requirements[13], their GLMs and GAMs are already subject to data-quality controls, fairness assessments, non-discrimination checks[14], documentation, monitoring and data-protection obligations. Including those models in the list of high-risk AI use cases would not increase the risk mitigation measures embedded in current practices concerning model design and use, but it would increase documentation requirements, including introducing duplication of compliance measures on similar aspects.

Article 7(2) point (d): the extent to which the AI system acts autonomously and the possibility for a human to override a decision or recommendations that may lead to potential harm

This criterion strongly supports exclusion for traditional GLMs and GAMs from the scope of high-risk AI systems.

GLMs and GAMs operate on predefined model specifications. They do not autonomously change their objective, select new variables, alter coefficients or smooth functions, retrain themselves or adapt after deployment unless a human-controlled process modifies them within guardrails that are within the deployers' risk appetite framework. As explained above, once the risk factors and other parameters specific have been selected, together with the chosen model GLM or GAM, the output is deterministic and reproductible, for fixed inputs parameters and expert judgement of actuaries.

GLMs and GAMs are not autonomous, operate according to predefined instructions and require human intervention for material modification. Such models are embedded in actuarial governance frameworks, including human oversight, validation and model control. This is materially different from adaptive systems that update their behaviour without equivalent human-controlled validation.

The relevant safeguards are actuarial validation, model-risk governance, underwriting review, compliance review, product testing and product monitoring & review, complaint handling and,

[12] See for example: Wilson, A. A., Nehme, A., Dhyani, A., & Mahbub, K. (2024). A Comparison of Generalised Linear Modelling with Machine Learning Approaches for Predicting Loss Cost in Motor Insurance. Risks, 78(4), 62. https://doi.org/10.3390/risks12040062

[13] Examples can be found in GDPR Articles 5, 6 and 9; Solvency II Articles 48, 77 and 80; Delegated Regulation (EU) 2015/35 Articles 35, 219, 260 and 272; IDD Articles 17, 20 and 25; EIOPA Opinion on AI governance and risk management.

[14] For example, Article 4, 6 and 9 of Delegated Regulation (EU) 2027/2358

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where applicable, supervisory review. The existence of these mechanisms supports the conclusion that the residual risk does not require Annex III high-risk classification.

Example: A GLM used for premium calculation is typically developed by actuaries through data preparation, model specification, calibration, validation and sign-off. Once deployed, it applies fixed parameters until a new approved version is implemented.

Article 7(2) point (e): the extent to which the use of an AI system has already caused harm to health and safety, has had an adverse impact on fundamental rights or has given rise to significant concerns in relation to the likelihood of such harm or adverse impact, as demonstrated, for example, by reports or documented allegations submitted to national competent authorities or by other reports, as appropriate

As reported in the letter of 14 April 2026, EIOPA and its members have no evidence to date that the use of such GLMs and GAMs in health and life insurance in themselves has led to significant adverse effects on fundamental rights. Furthermore, it is noted that the existing supervisory framework provides tools and means to supervisors to assess and correct undertakings' underwriting strategies.

Article 7(2) point (f): the potential extent of such harm or such adverse impact, in particular in terms of its intensity and its ability to affect multiple persons or to disproportionately affect a particular group of persons

Risk assessment and pricing in life and health insurance is the process to evaluate the risk pooling of individuals and whether they can be covered under insurance products. The outcome of this process may therefore have an impact on the possibility for an individual to have access to an insurance product and the conditions associated with this access.

EU Insurance regulation protects consumers right to receive a fair treatment when purchasing insurance products and services[15]. Given that the risk pooling techniques, are fundamental to insurance mathematics, requires discrimination between different risks, the EU law already defines where such discrimination is permitted or not. For example, according to EU law, insurers must apply gender-neutral pricing[16] and have also specific requirements concerning the use of

[15] As mentioned in the introductory paragraph, objective of the EU insurance supervisory framework – both Solvency II and the IDD – is the consumer protection.
[16] See Directive 2004/113/EC implementing the principle of equal treatment between men and women in the access to and supply of goods and services and Commission's press release on EU Rules on gender-neutral pricing in insurance

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other risk rating factors when using gender as discrimination factor[17]. These existing obligations thereby clearly set out already those cases where discrimination must be avoided in pricing and underwriting processes in insurance.

The use of GLMs and GAMs in the process to estimate premiums and coverages for individuals should not be seen as an increase of the level of opacity of insurance offer. On the contrary, it increases transparency and supervisory explainability and supports insurers and supervisors in ensuring illegal discrimination is not occuring.

Actuarial techniques based on GLMs and GAMs make it possible to identify which risk groups are affected, how strongly they are affected and whether the impact is statistically justified and fair. In GLMs, parameter estimates can be inspected. In GAMs, partial effects can be visualised and tested. This supports group-impact analysis, fairness testing and supervisory review.

Example: In a GAM used for health insurance pricing, the effect of age can be visualised as a smooth function. This allows both the undertaking and the supervisory authority to assess whether the premium structure reflects statistically morbidity or claims patterns rather than arbitrary group-based effects.

Article 7(2) point (g): the extent to which persons who are potentially harmed or suffer an adverse impact are dependent on the outcome produced with an AI system, in particular because for practical or legal reasons it is not reasonably possible to opt-out from that outcome

Not applicable as the impact of GLM and GAM outcomes on persons is mitigated by the existing insurance regulatory and supervisory framework, by market depth and consumer choice, and by the fact that life insurance and many health insurance products are typically non-compulsory and complementary to public social-security or healthcare protection. Persons can generally always opt-out from the outcome of pricing or risk assessment on health and life products by of a given insurer, by submitting the request for quotation to another undertaking. Should unfair practices in the market occur, the existing supervisory framework provides protection to consumers and allows supervisors to assess – including preventively - and correct unfair market practices.

[17] See paragraph 2.3 of Commission on Guidelines on the application of Council Directive 2004/113/EC to insurance, in the light of the judgment of the Court of Justice of the European Union in Case C-236/09

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Article 7(2) point (h): the extent to which there is an imbalance of power, or the persons who are potentially harmed or suffer an adverse impact are in a vulnerable position in relation to the deployer of an AI system, in particular due to status, authority, knowledge, economic or social circumstances, or age

There is a clear knowledge and information asymmetry between insurers and consumers. Life and health insurance may also involve vulnerable customers, including persons with health conditions, older persons or consumers with limited financial literacy.

This criterion supports transparency, fairness in product design, governance and supervisory oversight, but not necessarily high-risk classification for stand-alone GLMs and GAMs. As already detailed above, compared with opaque or adaptive systems, GLMs and GAMs reduce the knowledge imbalance between insurer, supervisor and affected person because variables and marginal effects can be documented, validated and explained.

The residual asymmetry is already addressed by sectoral frameworks: IDD general fairness and transparency rules, specific product design rules and sales requirements on demands and needs; Solvency II governance, risk-management and actuarial-function requirements; GDPR transparency, accuracy and fairness principles; complaint-handling and supervisory mechanisms.

Article 7(2) point (i): the extent to which the outcome produced involving an AI system is easily corrigible or reversible, taking into account the technical solutions available to correct or reverse it, whereby outcomes having an adverse impact on health, safety or fundamental rights, shall not be considered to be easily corrigible or reversible

This criterion strongly supports exclusion for GLMs and GAMs when they are used under human supervision.

GLM and GAM outputs are reproducible. If a data error, modelling error or inappropriate variable is identified, the model can be corrected and re-run. This makes the outcome more corrigible than outputs produced by complex or opaque systems where the reason for the outcome may be difficult to identify.

Example: In life or health insurance, if an incorrect underwriting class or data coding error is identified by the supervisor or by the undertaking itself, the relevant input can be corrected and the premium or underwriting output recalculated.

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Article 7(2) point (j): the magnitude and likelihood of benefit of the deployment of the AI system for individuals, groups, or society at large, including possible improvements in product safety

As reported in point 7(2)(a) the use of GLMs and GAMs in insurance pricing and risk assessment provides significant benefits, including in terms of reduction of the risk of harm of fundamental rights of individuals. This because they: (i) support statistically sound pricing, sustainable risk pooling, adequate reserving, product availability and transparent allocation of expected costs across homogeneous risk groups; (ii) reduce arbitrary or purely judgmental pricing by requiring risk factors to be specified, tested, documented and monitored.

High-risk classification of GLMs and GAMs used in life and health insurance could reduce these benefits by creating duplicative compliance burdens for mature, transparent techniques and by diverting resources from the governance of more opaque, adaptive or novel AI systems.

Example: GLMs used for mortality, morbidity or lapse modelling support product sustainability and the insurer's ability to meet contractual and regulatory obligations. Accurate pricing and reserving protect both current and future policyholders by reducing the risk that premiums are inadequate or that obligations are underfunded.

Article 7(2) point (k): extent to which existing Union law provides effective redress, prevention or minimisation of risks and Article 7(3) point (b) the deletion does not decrease the overall level of protection of health, safety and fundamental rights under Union law

- Life and health insurers and their distributors are already subject to extensive Union and national requirements. These include prudential governance, actuarial oversight, risk management, product oversight and governance, conduct-of-business rules, complaint handling, data protection and ICT risk management. More specifically, as a matter of example these regulations cover both GLM and AI models (including non-high-risk Solvency II Directive sets policyholder protection as the main objective of supervision (Article 27), requires an effective system of governance (Article 41), an effective risk-management system covering underwriting and reserving (Article 44), ORSA and continuous compliance with capital and technical-provision requirements (Article 45), actuarial-function oversight of methodologies, models, data quality and underwriting policy (Article 48), best estimates based on credible information and adequate actuarial and statistical methods (Article 77), and segmentation into homogeneous risk groups (Article 80).
- Solvency II Delegated Regulation (EU) 2015/35 complements these requirements by specifying data quality, grouping of life or health obligations into homogeneous risk groups, actuarial-function tasks and underwriting/reserving policies, including assessment and management of the risk of loss resulting from inadequate pricing and provisioning assumptions.
- IDD Articles 17, 20 and 25 provide conduct and product-governance safeguards for customers.

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- IDD Delegated Regulation (EU) 2017/2358 providing specific requirements in the context of designing, testing, documenting and monitoring products by reference to the needs, objectives, characteristics and risk profile of the consumers (identified target market).
- GDPR Articles 5, 6, 9 and, where applicable, 22, provide data-protection safeguards.
- DORA provides ICT risk-management and operational-resilience safeguards where the model is implemented through ICT systems or outsourced technology dependencies.

For these reasons, deleting stand-alone, human-supervised GLMs and GAMs from Annex III point 5(c) would not reduce the overall level of protection for consumers under Union law. It would preserve sectoral safeguards while avoiding overlapping high-risk AI obligations for mature and interpretable statistical techniques.

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Article 7 AI Act «Amendment to Annex III»

7. The Commission is empowered to adopt delegated acts in accordance with Article 98 to amend Annex III by adding or modifying use cases of high risk AI systems where both of the following conditions are fulfilled:
   a. the AI systems are intended to be used in any of the areas listed in Annex III;
   b. the AI systems pose a risk of harm to health and safety or an adverse impact on fundamental rights and that risk is equivalent to or greater than the risk of harm or of adverse impact posed by the high risk AI systems already referred to in Annex III.
8. When assessing the condition under paragraph 7 point (b) the Commission shall take into account the following criteria:
   a. the intended purpose of the AI system;
   b. the extent to which an AI system has been used or is likely to be used;
   c. the nature and amount of the data processed and used by the AI system in particular whether special categories of personal data are processed;
   d. the extent to which the AI system acts autonomously and the possibility for a human to override a decision or recommendations that may lead to potential harm;
   e. the extent to which the use of an AI system has already caused harm to health and safety has had an adverse impact on fundamental rights or has given rise to significant concerns in relation to the likelihood of such harm or adverse impact as demonstrated for example by reports or documented allegations submitted to national competent authorities or by other reports as appropriate;
   f. the potential extent of such harm or such adverse impact in particular in terms of its intensity and its ability to affect multiple persons or to disproportionately affect a particular group of persons;
   g. the extent to which persons who are potentially harmed or suffer an adverse impact are dependent on the outcome produced with an AI system in particular because for practical or legal reasons it is not reasonably possible to opt out from that outcome;
   h. the extent to which there is an imbalance of power or the persons who are potentially harmed or suffer an adverse impact are in a vulnerable position in relation to the deployer of an AI system in particular due to status authority knowledge economic or social circumstances or age;
   i. the extent to which the outcome produced involving an AI system is easily corrigible or reversible taking into account the technical solutions available to correct or reverse it whereby outcomes having an adverse impact on health safety or fundamental rights shall not be considered to be easily corrigible or reversible;
   j. the magnitude and likelihood of benefit of the deployment of the AI system for individuals groups or society at large including possible improvements in product safety;
   k. the extent to which existing Union law provides for:
      i. effective measures of redress in relation to the risks posed by an AI system with the exclusion of claims for damages;
      ii. effective measures to prevent or substantially minimise those risks;
9. The Commission is empowered to adopt delegated acts in accordance with Article 98 to amend the list in Annex III by removing high risk AI systems where both of the following conditions are fulfilled:
   a. the high risk AI system concerned no longer poses any significant risks to fundamental rights health or safety taking into account the criteria listed in paragraph 8;
   b. the deletion does not decrease the overall level of protection of health safety and fundamental rights under Union law;

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