

# Financial Sector (Collection of Data) (reporting standard) determination No. 40 of 2023

## **Reporting Standard SRS 251.0 Insurance**

Financial Sector (Collection of Data) Act 2001

I, Michael Murphy, delegate of APRA, under paragraph 13(1)(a) of the *Financial Sector* (Collection of Data) Act 2001 (the Act) and subsection 33(3) of the Acts Interpretation Act 1901:

- (a) revoke Financial Sector (Collection of Data) (reporting standard) determination No. 14 of 2021, including *Reporting Standard SRS 251.0 Insurance* made under that Determination; and
- (b) determine *Reporting Standard SRS 251.0 Insurance*, in the form set out in the Schedule, which applies to the financial sector entities to the extent provided in paragraph 3 of the reporting standard.

Under section 15 of the Act, I declare that the reporting standard shall begin to apply to those financial sector entities, and the revoked reporting standard shall cease to apply, on the day it is registered on the Federal Register of Legislation.

This instrument commences upon registration on the Federal Register of Legislation.

Dated: 23 May 2023

Michael Murphy Acting Chief Data Officer Technology and Data Division

#### Interpretation

In this Determination:

APRA means the Australian Prudential Regulation Authority.

*Federal Register of Legislation* means the register established under section 15A of the *Legislation Act 2003*.

*financial sector entity* has the meaning given by section 5 of the Act.

## **Schedule**

Reporting Standard SRS 251.0 Insurance comprises the document commencing on the following page.



# **Reporting Standard SRS 251.0**

## Insurance

# Objective of this reporting standard

This Reporting Standard sets out requirements for the provision of information to APRA relating to acquired insurance arrangements within a registrable superannuation entity or defined benefit registrable superannuation entity.

It includes Reporting Form SRF 251.0 Insurance arrangements, Reporting Form SRF 251.1 Insurance coverage, Reporting Form SRF 251.2 Insurance payments, Reporting Form SRF 251.3 Insurance premiums and associated specific instructions.

#### **Authority**

1. This Reporting Standard is made under section 13 of the *Financial Sector* (Collection of Data) Act 2001.

#### **Purpose**

2. Information collected under this Reporting Standard is used by APRA for the purposes of prudential supervision and publication. It may also be used by the Australian Securities and Investments Commission.

#### **Application**

3. This Reporting Standard applies to each registrable superannuation entity (RSE) licensee (RSE licensee) in respect of each RSE and defined benefit RSE within its business operations<sup>1</sup>.

<sup>&</sup>lt;sup>1</sup> For the purposes of this Reporting Standard, an RSE licensee's 'business operations' includes all activities it conducts as an RSE licensee (including the activities of each RSE of which it is the licensee), and all other

#### Commencement

4. This Reporting Standard commences on the day it is registered on the Federal Register of Legislation.

### Reporting period

5. Reporting periods under this Reporting Standard are each year ending 30 June.

#### Information required

- 6. RSE licensees must provide information required by this Reporting Standard under SRF 251.0, SRF 251.1, SRF 251.2 and SRF 251.3 for reporting periods ending on or after 30 June 2023.
- 7. An RSE licensee to which this Reporting Standard applies must provide the information required by paragraph 6, within 3 months after the end of the relevant reporting period.

#### Quarterly attestation required

- 8. An RSE licensee must provide APRA an attestation that the information it last provided APRA under this Reporting Standard on SRF 251.3 was still accurate as at the end of every calendar quarter (i.e. the periods ending 30 September, 31 December, 31 March and 30 June each year) or that the RSE Licensee has, or will be, providing updated information to APRA in accordance with paragraph 10.
- 9. An RSE licensee to which this Reporting Standard applies must provide information required under paragraph 8, within 28 calendar days after the end of each calendar quarter.

#### Ad-hoc information required

10. Where an RSE licensee makes a change to information reported on SRF 251.3 under this Reporting Standard, on or after 1 July 2023, the RSE licensee must provide updated information on SRF 251.3 required by this Reporting Standard within 28 calendar days after the end of the calendar quarter in which the change occurred for the periods ending 30 September, 31 December and 31 March.

#### **Notices**

11. If, having regard to the particular circumstances of an RSE and defined benefit RSE, APRA considers it necessary or desirable to obtain information more or less

activities of the RSE licensee to the extent that they are relevant to, or may impact on, its activities as an RSE licensee. For the avoidance of doubt, if the RSE licensee is trustee of more than one RSE or defined benefit RSE, the RSE licensee must separately provide the information required by this Reporting Standard for each RSE or defined benefit RSE within its business operations. An RSE licensee that does not have any RSEs or defined benefit RSEs within its business operations is not required to provide information under this Reporting Standard.

- frequently than as provided by paragraph 5, APRA may, by notice in writing, change the reporting periods for the particular RSE or defined benefit RSE.
- 12. Where APRA has changed the reporting periods under paragraph 11, the RSE licensee must provide the relevant information within the time specified by the notice in writing.
- 13. APRA may grant, in writing, an RSE licensee an extension of a due date with respect to one or more RSEs or defined benefit RSEs within its business operations, in which case the new due date for the provision of the information will be the due date on the specified notice of extension.

*Note:* For the avoidance of doubt, if the due date falls on a day other than a usual business day, an RSE licensee is nonetheless required to submit the information required no later than the due date.

#### Form and method of submission

14. The information required by this Reporting Standard must be given to APRA in electronic format using an electronic method available on APRA's website or by a method notified by APRA prior to submission.

#### **Quality control**

- 15. The information provided by an RSE licensee under this Reporting Standard must be the product of systems, procedures and internal controls that have been reviewed and tested by the RSE auditor of the RSE, or defined benefit RSE to which the information relates<sup>2</sup>. This will require the RSE auditor to review and test the RSE licensee's systems, procedures and internal controls designed to enable the RSE licensee to report reliable information to APRA. This review and testing must be done on:
  - (a) an annual basis or more frequently if necessary to enable the RSE auditor to form an opinion on the reliability and accuracy of information; and
  - (b) at least a limited assurance engagement consistent with professional standards and guidance notes issued by the Auditing and Assurance Standards Board as may be amended from time to time, to the extent that they are not inconsistent with the requirements of *Prudential Standard SPS 310 Audit and Related Matters* (SPS 310).
- 16. All information provided by an RSE licensee under this Reporting Standard must be subject to systems, processes and controls developed by the RSE licensee for the internal review and authorisation of that information. It is the responsibility of the Board and senior management of the RSE licensee to ensure that an appropriate set of policies, procedures and controls for the authorisation of information submitted to APRA is in place.

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<sup>&</sup>lt;sup>2</sup> Refer also to Prudential Standard SPS 310 Audit and Related Matters (SPS 310).

#### Authorisation

- 17. When an officer or agent of an RSE licensee provides the information required by this Reporting Standard using an electronic format, the officer or agent must digitally sign the relevant information using a digital certificate acceptable to APRA.
- 18. If the information required by this Reporting Standard is provided by an agent who submits the information on the RSE licensee's behalf, the RSE licensee must:
  - (a) obtain from the agent a copy of the completed form with the information provided to APRA; and
  - (b) retain the completed copy.
- 19. An officer or agent of an RSE licensee who submits the information under this Reporting Standard for, or on behalf of, the RSE licensee must be authorised by either:
  - (a) the Chief Executive Officer of the RSE licensee; or
  - (b) the Chief Financial Officer of the RSE licensee.

#### Minor alterations to forms and instructions

- 20. APRA may make minor variations to:
  - (a) a form that is part of this Reporting Standard, and the instructions to such a form, to correct technical, programming or logical errors, inconsistencies or anomalies; or
  - (b) the instructions to a form, to clarify their application to the form,

without changing any substantive requirement in the form or instructions.

21. If APRA makes such a variation, it must notify each RSE licensee that is required to report under this Reporting Standard.

#### Interpretation

22. In this Reporting Standard:

APRA means the Australian Prudential Regulation Authority established under the Australian Prudential Regulation Authority Act 1998.

*Chief Executive Officer* means the chief executive officer of the RSE licensee, by whatever name called, and whether or not he or she is a member of the Board of the RSE licensee<sup>3</sup>.

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<sup>&</sup>lt;sup>3</sup> Refer to *Prudential Standard SPS 510 Governance*.

**Chief Financial Officer** means the chief financial officer of the RSE licensee, by whatever name called.

*defined benefit RSE* has the meaning of defined benefit fund in subsection 10(1) of the SIS Act.

*due date* means the relevant due date under paragraph 7, 9, 10, or, if applicable, paragraph 13 of this Reporting Standard.

*reporting period* means a period mentioned in paragraph 5 or, if applicable, paragraph 11 of this Reporting Standard.

**RSE** means a registrable superannuation entity as defined in subsection 10(1) of the SIS Act that is not a defined benefit RSE, pooled superannuation trust, ERF, small APRA fund or single member approved deposit fund<sup>4</sup>.

**RSE auditor** means an auditor appointed by the RSE licensee to perform functions under this Reporting Standard.

**RSE licensee** has the meaning given in subsection 10(1) of the SIS Act.

SIS Act means Superannuation Industry (Supervision) Act 1993.

- 23. In this Reporting Standard, unless the contrary intention appears, a reference to an Act, Regulation, Prudential Standard, Reporting Standard, Australian Accounting Standard or Auditing Standard is a reference to the instrument as in force or existing from time to time.
- 24. Where this Reporting Standard provides for APRA to exercise a power or discretion, this power or discretion is to be exercised in writing.

meaning of the SIS Act, which has only one member.

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<sup>&</sup>lt;sup>4</sup> For the purposes of this Reporting Standard, 'pooled superannuation trust' has the meaning given in subsection 10(1) of the SIS Act, 'small APRA fund' means a superannuation entity that is a regulated superannuation fund, within the meaning of the SIS Act, which has no more than six members and 'single member approved deposit fund' means a superannuation entity that is an approved deposit fund, within the

# **Reporting Form SRF 251.0**

# **Insurance arrangements**

## **Instruction Guide**

This instruction guide is designed to assist in the completion of *Reporting Form SRF 251.0 Insurance arrangements* (SRF 251.0). This form collects information on the acquired insurance arrangements of a registrable superannuation entity (RSE) and defined benefit RSE.

#### General directions and notes

#### Reporting level

SRF 251.0 must be completed for each registrable superannuation entity (RSE) and defined benefit RSE.

#### Reporting tables

Tables described in this reporting form list each of the data fields required to be reported. The data fields are listed sequentially in the column order that they will appear in the reported data set. Constraints on the data that can be reported for each field have also been provided.

The Unique identifier column indicates which field or fields form the primary key of the table. Where a field has 'Y' in the Unique identifier column, this denotes that this field forms part of the primary key for the table. A blank cell in the Unique identifier column means that the field does not form part of the primary key for the table. Any specific combination of values in the fields that form the primary key of a table must not appear on more than one row in that table when reported.

#### Reporting basis and units of measurement

Amounts in SRF 251.0 are to be reported as whole numbers or whole dollars.

Items on SRF 251.0 must be reported as at the end of the reporting period.

#### **Definitions**

Terms highlighted in *bold italics* indicate that the definition is provided in *Reporting Standard SRS 101.0 Definitions for Superannuation Data Collections* (SRS 101.0).

# **Specific instructions**

#### **Table 1: Insurance arrangements**

Report in table 1 all *insurance policies*, currently or previously held by the *RSE licensee* which:

- 1) Were *in force* at any time during the reporting period or in the 5 years prior to the start of the reporting period; or
- 2) For which one or more of the following activities occurred during the reporting period:
  - a) Premiums were paid to the insurer; or
  - b) Claims were received, processed or paid.
- 3) For the period ending 30 June 2021 only: For which one or more of the following activities occurred during the five years prior to the start of the reporting period:
  - a) Premiums were paid to the insurer; or
  - b) Claims were received, processed or paid.

Report each such *group insurance policy* as a separate line with a unique *insurance cluster identifier*.

Aggregate into *insurance clusters*, by insurer, all such individual insurance policies held by the RSE licensee. Report all *insurance clusters* that cover or covered five per cent or more of the total number of *member accounts* with *individual insurance policies*.

Where the *insurance policy* has previously been reported, the same *insurance cluster identifier* should be used as when the *insurance policy* was last reported.

The insurance clusters reported will cover all *group insurance policies*, but may not cover all *individual insurance policies* held by the RSE licensee in respect of members of the RSE or defined benefit RSE.

Column	Field name	Unique identifier	Applicable to	Valid values	Description
1	Insurance Cluster	Y	All filers	No more than 20 alpha-	Report the <i>insurance cluster</i>
	Identifier			numeric characters (with	identifier.
				no special characters).	

Column	Field name	Unique identifier	Applicable to	Valid values	Description
2	Life Insurance Company Name Text		All filers	Free text	Report the <i>life insurance company</i> name.
3	Life Insurance Company Australian Business Number		All filers	11 digit valid ABN	Report the <i>life insurance company ABN</i> . Where the relevant organisation does not have an <i>ABN</i> , leave the <i>life insurance company ABN</i> field blank e.g. where the organisation is domiciled in an overseas jurisdiction.
4	Associate Indicator		All filers	<ul><li>Yes</li><li>No</li></ul>	Report whether the <i>life insurance</i> company is an associate of the RSE licensee.
5	Insurance Cluster Policy Reporting Level Type		All filers	<ul><li> Single Policy</li><li> Aggregated Policies</li></ul>	Report the <i>insurance reporting level</i> of the <i>insurance cluster</i> .
6	Insurance Cluster Policy Type		All filers	<ul> <li>Group Insurance         Policy</li> <li>Individual Insurance         Policy</li> </ul>	Report the <i>insurance policy type</i> of the <i>insurance cluster</i> .
7	Insurance Cluster Policy Count		All filers	Whole numbers	Report the number of <i>insurance policies</i> in the <i>insurance cluster</i> .
8	Insurance Policy Identifier		All filers	Free text	Report the <i>policy number</i> . Leave this field blank for <i>insurance clusters</i> with more than one <i>insurance policy</i> .
9	Insurance Cluster Open To New Members Indicator		All filers	• Yes • No	Report whether the insurance cluster is open to new members.
10	Insurance Cluster Start Date		All filers	Date values (dd/mm/yyyy)	Report the <i>insurance cluster start</i> date.
11	Insurance Cluster End Date		All filers	Date values (dd/mm/yyyy)	Report the <i>insurance cluster end date</i> .

# **Reporting Form SRF 251.1**

# **Insurance coverage**

## **Instruction Guide**

This instruction guide is designed to assist in the completion of *Reporting Form SRF 251.1 Insurance coverage* (SRF 251.1). This form collects information on the linkages between insurance policies and superannuation products, as well as the decisions that members are making in relation to their insurance cover within superannuation.

#### General directions and notes

#### Reporting level

SRF 251.1 must be completed for each *group insurance policy* within the RSE or defined benefit RSE which has been in force at any time during the reporting period.

#### Reporting tables

Tables described in this reporting form list each of the data fields required to be reported. The data fields are listed sequentially in the column order that they will appear in the reported data set. Constraints on the data that can be reported for each field have also been provided.

The Unique identifier column indicates which field or fields form the primary key of the table. Where a field has 'Y' in the Unique identifier column, this denotes that this field forms part of the primary key for the table. A blank cell in the Unique identifier column means that the field does not form part of the primary key for the table. Any specific combination of values in the fields that form the primary key of a table must not appear on more than one row in that table when reported.

#### Reporting basis and unit of measurement

Amounts in SRF 251.1 are to be reported as whole numbers or whole dollars.

Items on SRF 251.1 must be reported as at the end of the reporting period, as at the start of the reporting period or with respect to transactions that occurred during the reporting period as specified.

These instructions specify the reporting basis and unit of measurement that apply to each item.

#### **Definitions**

Terms highlighted in *bold italics* indicate that the definition is provided in *Reporting Standard SRS 101.0 Definitions for Superannuation Data Collections* (SRS 101.0).

# **Specific instructions**

## **Table 1: Insurance offerings**

Report columns 1 to 4 and 8 as at the end of the reporting period. Report column 5 as at the start of the reporting period. Report columns 6 and 7 with respect to transactions that occurred during the reporting period.

Column	Field name	Unique	Applicable to	Valid values	Description
		identifier			
1	Insurance Cluster	Y	All filers	No more than 20 alpha-	Report the <i>insurance cluster</i>
	Identifier			numeric characters (with	identifier.
				no special characters).	
2	Superannuation Product	Y	All filers	No more than 20 alpha-	Report the superannuation product
	Identifier			numeric characters (with	identifier.
				no special characters)	The superannuation product
					identifier must correspond to a
					superannuation product identifier
					reported in SRF 605.0.
2	L T	17	A 11 C.1	710 Y	1
3	Insurance Cover Type	Y	All filers	Life Insurance	Report the <i>insurance cover type</i> .
				Total And Permanent	
				Disability Insurance	
				• Income Protection	

Column	Field name	Unique identifier	Applicable to	Valid values	Description
				Insurance  Bundled Life And Total And Permanent Disability Insurance  Bundled Life And Income Protection Insurance  Bundled Total And Permanent Disability And Income Protection Insurance  Bundled Life Total And Permanent Disability And Income Protection Insurance  Other Insurance	
4	Insurance Default Cover Offered Indicator		All filers	• Yes • No	Report if there is <i>default cover offered</i> for the specified <i>insurance cover type</i> .
5	Insurance Cover Superannuation Product Start Period Member Accounts Count		All filers	Whole numbers	Report the number of <i>member accounts</i> with insurance cover at the start of the reporting period.
6	Insurance Cover Superannuation Product New Business Member Accounts Count		All filers	Whole numbers	Report the number of <i>member</i> accounts that had cover at the end of the reporting period that did not have cover at the start of the reporting period.
7	Insurance Cover		All filers	Whole numbers	

Column	Field name	Unique	Applicable to	Valid values	Description
		identifier			
	Superannuation Product				accounts that had cover at the start of
	Ceased Member Accounts				the reporting period that did not have
	Count				cover at the end of the reporting
					period.
8	Insurance Cover		All filers	Whole numbers	Report the number of <i>member</i>
	Superannuation Product				accounts with insurance cover at the
	End Period Member				end of the reporting period.
	Accounts Count				_

## **Table 2: Member insurance choice**

Report Table 2 as at the end of the reporting period.

Column	Field name	Unique identifier	Applicable to	Valid values	Description
1	Insurance Cluster Identifier	Y	All filers	No more than 20 alphanumeric characters (with no special characters).	Report the <i>insurance cluster identifier</i> .
2	Insurance Cover Type	Y	All filers	<ul> <li>Life Insurance</li> <li>Total And Permanent Disability Insurance</li> <li>Income Protection Insurance</li> <li>Other Insurance</li> </ul>	Report the <i>insurance cover type</i> .
3	Insurance Default Cover Offered Indicator	Y	All filers	<ul><li>Yes</li><li>No</li></ul>	Report the <i>default cover offered</i> indicator.  i.e. would the member have cover at

Column	Field name	Unique identifier	Applicable to	Valid values	Description
					the end of the reporting period if they had made no elections or applications regarding insurance cover.
4	Insurance Current Level Cover Type	Y	All filers	<ul> <li>No Cover</li> <li>Less Cover Than Default</li> <li>Default Level Of Cover</li> <li>More Cover Than Default No Underwriting</li> <li>More Cover Than Default With Underwriting</li> </ul>	Report the <i>current level of cover</i> .  i.e. how does the member's current level of cover compare the level of cover that they would have should they have made no elections or applications regarding insurance cover.
5	Insurance Cover Member Accounts Count		All filers	Whole numbers	Report the number of <i>member accounts</i> with insurance cover.
6	Insurance Cover Aggregate Amount		All filers	Whole dollars	Report the <i>aggregate cover</i> of <i>member accounts</i> with insurance cover. For <i>IP Insurance</i> this must be specified as an annual amount.

# **Reporting Form SRF 251.2**

# **Insurance payments**

## **Instruction Guide**

This instruction guide is designed to assist in the completion of *Reporting Form SRF 251.2 Insurance payments* (SRF 251.2). This form collects information on premium payments made to insurers and the claims management process.

#### General directions and notes

#### Reporting level

SRF 251.2 must be completed for each RSE or defined benefit RSE.

## Reporting tables

Tables described in this reporting form list each of the data fields required to be reported. The data fields are listed sequentially in the column order that they will appear in the reported data set. Constraints on the data that can be reported for each field have also been provided.

The Unique identifier column indicates which field or fields form the primary key of the table. Where a field has 'Y' in the Unique identifier column, this denotes that this field forms part of the primary key for the table. A blank cell in the Unique identifier column means that the field does not form part of the primary key for the table. Any specific combination of values in the fields that form the primary key of a table must not appear on more than one row in that table when reported.

#### Reporting basis and unit of measurement

Amounts in SRF 251.2 are to be reported as whole dollars.

Items on SRF 251.2 must be reported as at the end of the reporting period or with respect to transactions that occurred during the reporting period. Unless otherwise specified, report information with respect to transactions that occurred during the reporting period.

These instructions specify the reporting basis and unit of measurement that applies to each item.

#### **Definitions**

Terms highlighted in *bold italics* indicate that the definition is provided in *Reporting Standard SRS 101.0 Definitions for Superannuation Data Collections* (SRS 101.0).

# **Specific instructions**

#### Table 1: Premiums paid

Report all premiums paid to insurers or rebates received during the reporting period.

Column	Field name	Unique identifier	Applicable to	Valid values	Description
1	Insurance Cluster Identifier	Y	All filers	No more than 20 alphanumeric characters (with no special characters).	Report the insurance cluster identifier.
2	Insurance Cover Type	Y	All filers	<ul> <li>Life Insurance</li> <li>Total And         Permanent Disability         Insurance</li> <li>Income Protection         Insurance</li> <li>Other Insurance</li> </ul>	Report the insurance cover type.
3	Insurance Cover Year Date	Y	All filers	Date (yyyy)	Report the <i>year of cover</i> .
4	Insurance Premium Collected Amount		All filers	Whole dollars	Report the <i>insurance premium</i> collected.
5	Insurance Premium Paid Amount		All filers	Whole dollars	Report the <i>insurance premium paid</i> to the insurer.
6	Insurance Premium Rebate		All filers	Whole dollars	Report the <i>insurance premium rebate</i>

Column	Field name	Unique identifier	Applicable to	Valid values	Description
	Amount				<b>received</b> from the insurer.
7	Insurance Premium Rebate		All filers	Whole dollars	Report the <i>insurance premium rebate</i>
	Paid to Members Amount				paid to members.

Table 2: Claims admitted

Report all claims that were admitted during the reporting period.

Column	Field name	Unique identifier	Applicable to	Valid values	Description
1	Insurance Cluster Identifier	Y	All filers	No more than 20 alphanumeric characters (with no special characters).	Report the insurance cluster identifier.
2	Insurance Cover Type	Y	All filers	<ul> <li>Life Insurance</li> <li>Total And Permanent Disability Insurance</li> <li>Income Protection Insurance</li> <li>Other Insurance</li> </ul>	Report the <i>insurance cover type</i> .
3	Insurance Incident Year Date	Y	All filers	Date (yyyy)	Report the <i>year of incident</i> .
4	Insurance Claim Admitted Count		All filers	Whole numbers	Report the number of <i>claims admitted</i> . For example, for <i>IP Insurance</i> report the total number of <i>IP Insurance</i> claims admitted during the period.
5	Insurance Claim Admitted Amount		All filers	Whole dollars	Report the <i>aggregate cover</i> of <i>claims admitted</i> . For example, for <i>Life Insurance</i> report the total value of <i>Life Insurance</i> claims admitted

Column	Field name	Unique	Applicable to	Valid values	Description
		identifier			
					during the period.
					For <i>IP Insurance</i> report the total annual insured amount for the admitted claims.
6	Insurance Average Claim Duration Number		All filers	Whole numbers	Report the average <i>claim duration</i> in days for claims admitted during the period.

# Table 3: Claims paid

Report all claims that were paid during the reporting period.

Column	Field name	Unique identifier	Applicable to	Valid values	Description
1	Insurance Cluster Identifier	Y	All filers	No more than 20 alphanumeric characters (with no special characters).	Report the insurance cluster identifier.
2	Insurance Cover Type	Y	All filers	<ul> <li>Life Insurance</li> <li>Total And Permanent Disability Insurance</li> <li>Income Protection Insurance</li> <li>Other Insurance</li> </ul>	Report the <i>insurance cover type</i> .
3	Insurance Incident Year Date	Y	All filers	Date (yyyy)	Report the <i>year of incident</i> .
4	Insurance Claim Admitted Year Date	Y	All filers	Date (yyyy)	Report the <i>year of admittance</i> .
5	Insurance Claim Payer	Y	All filers	RSE Licensee	Report the <i>claims paid to member by</i> .

Column	Field name	Unique identifier	Applicable to	Valid values	Description
	Туре			<ul><li>Insurer</li><li>Other</li><li>Not Applicable</li></ul>	
6	Insurance Claim Paid Count		All filers	Whole numbers	Report the number of <i>claims paid</i> in the reporting period. For example, for <i>IP Insurance</i> report the total number of <i>IP Insurance</i> claims paid during the period.
7	Insurance Claim Paid Amount		All filers	Whole dollars	Report the value of <i>claims paid</i> during the period. For example, for <i>IP Insurance</i> report the total value of <i>IP Insurance</i> claims for the period.

# Table 4: Claims processing

Report all claims that were processed during the reporting period.

Column	Field name	Unique identifier	Applicable to	Valid values	Description
1	Insurance Cluster Identifier	Y	All filers	No more than 20 alphanumeric characters (with no special characters).	Report the <i>insurance cluster identifier</i> .
2	Insurance Cover Type	Y	All filers	<ul> <li>Life Insurance</li> <li>Total And         Permanent Disability         Insurance</li> <li>Income Protection         Insurance</li> </ul>	Report the <i>insurance cover type</i> .

Column	Field name	Unique identifier	Applicable to	Valid values	Description
				Other Insurance	
3	Insurance Claim Start Period Undetermined Count		All filers	Whole numbers	Report the number of <i>undetermined claims</i> as at the beginning of the reporting period.
4	Insurance Claim Received Count		All filers	Whole numbers	Report the number of <i>claims received</i> .
5	Insurance Claim Reopened Count		All filers	Whole numbers	Report the number of <i>claims re-opened</i> .
6	Insurance Claim Withdrawn Count		All filers	Whole numbers	Report the number of <i>claims</i> withdrawn.
7	Insurance Claim Admitted Count		All filers	Whole numbers	Report the number of <i>claims admitted</i> .
8	Insurance Claim Declined Count		All filers	Whole numbers	Report the number of <i>claims declined</i> .
9	Insurance Claim Finalised Other Count		All filers	Whole numbers	Report the number of <i>claims finalised</i> - <i>other</i> .
10	Insurance Claim End Period Undetermined Count		All filers	Whole numbers	Report the number of <i>undetermined claims</i> as at the end of the reporting period.
11	Insurance Claim Average Undetermined Duration Number		All filers	Whole numbers	Report the average <i>undetermined claim duration</i> in days as at the end of the reporting period.

#### Table 5: TPD assessment

Report TPD claims that were processed during the reporting period.

Column	Field name	Unique	Applicable to	Valid values	Description
		identifier			

Column	Field name	Unique identifier	Applicable to	Valid values	Description
1	Insurance Cluster Identifier	Y	All filers	No more than 20 alphanumeric characters (with no special characters).	Report the <i>insurance cluster identifier</i> .
2	Assessment Criteria Total And Permanent Disability Type	Y	All filers	<ul> <li>Activities Of Daily Life</li> <li>Any Occupation</li> <li>Own Occupation</li> <li>Other</li> </ul>	Report the <i>TPD assessment criteria</i> .
3	Assessment Criteria Other Total And Permanent Disability Description Text	Y	All filers	Free text	Where 'Other' has been selected in column 2, report the description of the other <i>TPD assessment criteria</i> . Please use separate entries should there be multiple definitions that need to be reported. Report 'not applicable' or '0' for this item if 'Activities Of Daily Life', 'Any Occupation', or' Own Occupation' have been selected for Column 2 of this table.
4	Insurance Claim Assessment Type	Y	All filers	<ul><li>Admitted</li><li>Declined</li><li>Finalised Other</li></ul>	Report the <i>claim assessment</i> .
5	Insurance Claim Total And Permanent Disability Count		All filers	Whole numbers	Report the number of <i>claims</i> .
6	Insurance Claim Total And Permanent Disability Amount		All filers	Whole dollars	Report the <i>aggregate cover</i> of <i>TPD insurance</i> claims finalised.

# **Reporting Form SRF 251.3**

# **Insurance premiums**

# **Instruction Guide**

This instruction guide is designed to assist in the completion of *Reporting Form SRF 251.3 Insurance premiums* (SRF 251.3). This form collects information on insurance premiums disclosed to members on a forward-looking basis.

#### General directions and notes

#### Reporting level

SRF 251.3 must be completed for each group insurance policy within an RSE or defined benefit RSE in force as at the end of the reporting period.

Reporting on SRF 251.3 must include each group insurance policy that is offered on a default basis and has been reported as such in 'Insurance Default Cover Offered Indicator' (SRF 251.1 table 1, column 4).

#### Reporting tables

Tables described in this reporting form list each of the data fields required to be reported. The data fields are listed sequentially in the column order that they will appear in the reported data set. Constraints on the data that can be reported for each field have also been provided.

The Unique identifier column indicates which field or fields form the primary key of the table. Where a field has 'Y' in the Unique identifier column, this denotes that this field forms part of the primary key for the table. A blank cell in the Unique identifier column means that the field does not form part of the primary key for the table. Any specific combination of values in the fields that form the primary key of a table must not appear on more than one row in that table when reported.

#### Reporting basis and unit of measurement

Items on SRF 251.3 must be reported as at the end of the reporting period, or, where an RSE licensee is submitting ad-hoc information, as at the date of the change.

These instructions specify the reporting basis and unit of measurement that applies to each item.

#### **Definitions**

Terms highlighted in *bold italics* indicate that the definition is provided in *Reporting Standard SRS 101.0 Definitions for Superannuation Data Collections* (SRS 101.0).

# **Specific instructions**

#### **Table 1: Insurance tables**

Table 1 defines insurance tables that are used to group premiums disclosed in Table 2. Report under Table 1 to define all insurance tables for each *group insurance policy* within the RSE.

Where different premium rates apply to different occupation categories, report a row with a different Insurance Table Identifier for each premium rate in table 1. RSE licensees should report 'Yes' in 'Occupation Category Cover Included Indicator' columns (SRF 251.3 table 1, columns 7 to 12) for one or more occupation categories that would be covered under the RSE's occupation definition.

Reporting on SRF 251.3 must include each group insurance policy that is offered on a default basis and has been reported as such in 'Insurance Default Cover Offered Indicator' (SRF 251.1 table 1, column 4).

Column	Field name	Unique identifier	Applicable to	Valid values	Description
1	Insurance Table Identifier	Y	All filers	No more than 20 alphanumeric characters (with no special characters).	Report the <i>insurance table identifier</i> .
2	Insurance Cluster		All filers	No more than 20 alpha-	Report the <i>insurance cluster</i>

Column	Field name	Unique identifier	Applicable to	Valid values	Description
	Identifier			numeric characters (with no special characters).	identifier.
3	Insurance Cluster Subgroup Text		All filers	Free text	Report the <i>insurance cluster</i> subgroup.
4	Insurance Cover Type		All filers	<ul> <li>Life Insurance</li> <li>Total And Permanent Disability Insurance</li> <li>Income Protection Insurance</li> <li>Bundled Life And Total And Permanent Disability Insurance</li> <li>Bundled Life And Income Protection Insurance</li> <li>Bundled Total And Permanent Disability And Income Protection Insurance</li> <li>Bundled Life Total And Permanent Disability And Income Protection Insurance</li> <li>Bundled Life Total And Permanent Disability And Income Protection Insurance</li> <li>Other Insurance</li> </ul>	Report the insurance cover type.
5	Worker Category Text		All filers	Free text	Report the <i>worker category</i> .
6	Worker Category Default Indicator		All filers	• Yes • No	Report the <i>default worker category</i> indicator.

Column	Field name	Unique identifier	Applicable to	Valid values	Description
7	Occupation Category 1 Cover Included Indicator		All filers	• Yes • No	Report the <i>includes cover for category 1 occupations</i> indicator.
8	Occupation Category 2 Cover Included Indicator		All filers	• Yes • No	Report the <i>includes cover for category</i> 2 occupations.
9	Occupation Category 3 Cover Included Indicator		All filers	• Yes • No	Report the <i>includes cover for category 3 occupations</i> indicator.
10	Occupation Category 4 Cover Included Indicator		All filers	• Yes • No	Report the <i>includes cover for category</i> 4 occupations indicator.
11	Occupation Category 5 Cover Included Indicator		All filers	• Yes • No	Report the <i>includes cover for category</i> 5 occupations indicator.
12	Occupation Category 6 Cover Included Indicator		All filers	<ul><li>Yes</li><li>No</li></ul>	Report the <i>includes cover for category</i> 6 occupations indicator.
13	Smoker Status Type		All filers	<ul><li>Smoker</li><li>Non Smoker</li><li>Aggregate</li></ul>	Report the <i>smoker status</i> .
14	Smoker Status Default Indicator		All filers	<ul><li>Yes</li><li>No</li></ul>	Report the <i>default smoker status</i> indicator.
15	Insurance Cover Valuation Basis Type		All filers	<ul><li>Agreed Value</li><li>Indemnity Value</li><li>Not Applicable</li></ul>	Report the cover valuation basis.
16	Date Of Change		All filers	Date values	Where an RSE licensee makes a

Column	Field name	Unique	Applicable to	Valid values	Description
		identifier			
				(dd/mm/yyyy)	change to information relating to insurance, report the date of change. Where there is no change, leave this field blank.

## **Table 2: Insurance premiums**

Report the items in Table 2 for each premium disclosed for each insurance table defined in Table 1 as at the end of the reporting period. This table collects information on insurance premiums disclosed to members on a forward-looking basis.

Column	Field name	Unique identifier	Applicable to	Valid values	Description
1	Insurance Table Identifier	Y	All filers	No more than 20 alphanumeric characters (with no special characters).	Report the <i>insurance table identifier</i> .
2	Sex Type	Y	All filers	<ul> <li>Female</li> <li>Male</li> <li>Other</li> <li>Not Stated Or Inadequately Described</li> <li>Aggregate</li> </ul>	Report the <i>sex</i> of the insured person.
3	Member Age Number	Y	All filers	Whole numbers	Report the <i>age</i> of the insured person.
4	Insurance Income Protection Waiting Period Number	Y	All filers	Whole numbers	Report the <i>income protection waiting period</i> in days.  If the premium charged does not include cover for <i>income protection insurance</i> , report 999.

Column	Field name	Unique identifier	Applicable to	Valid values	Description
5	Insurance Income Protection Benefit Period Type	Y	All filers	<ul> <li>Up To 1 Year</li> <li>Up To 2 Years</li> <li>Up To 5 Years</li> <li>Until Age 60</li> <li>Until Age 65</li> <li>Until Age 67</li> <li>Until Age 70</li> <li>Other</li> <li>Not Applicable</li> </ul>	Report the income protection benefit period.
6	Insurance Cover Default Life Insurance Cover Level Amount		All filers	Whole dollars	Report the <i>default level of cover</i> for life insurance as a dollar amount.
7	Insurance Cover Default Total And Permanent Disability Insurance Cover Level Amount		All filers	Whole dollars	Report the <i>default level of cover</i> for total and permanent disability insurance as a dollar amount.
8	Insurance Cover Default Income Protection Insurance Cover Level Amount		All filers	Whole dollars	Report the <i>default level of cover</i> for income protection insurance as a dollar amount.
9	Insurance Cover Default Cover Level Salary Percent		All filers	Percentage to 2 decimal places	Report the <i>default level of cover</i> as a percentage of salary.
10	Insurance Cover Cost Amount		All filers	Whole dollars	Report the annual <i>cost of cover</i> for the <i>default level of cover</i> .  Where the default level of cover has been expressed as a percentage of salary, report the annual <i>cost of cover</i>

Column	Field name	Unique	Applicable to	Valid values	Description
		identifier			
					per \$1000 of cover.
11	Insurance Premium		All filers	Whole dollars	Report the <i>premium tax rebate</i>
	Members Tax Rebate				provided to members.
	Amount				
12	Date Of Change		All filers	Date values	Where an RSE licensee makes a
				(dd/mm/yyyy)	change to information relating to
					insurance, report the date of change.
					Where there is no change, leave this
					field blank.