



STATISTICS

Life Insurance Claims and Disputes Statistics

June 2021 (issued 19 October 2021)

Forthcoming issues

This publication will be released according to the timetable published on the APRA website.

Notation

The symbol '*' indicates that the data have been masked to avoid publishing data that is not statistically credible.

Rounding

Details on tables may not add up to totals due to rounding.

Glossary and explanatory notes

A set of explanatory notes and a glossary are provided on the APRA website to assist the reader in understanding the source and definitions of the data.

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Executive summary

This publication presents the key industry-level claims and dispute outcomes for 20 Australian life insurers¹ writing direct business (i.e. excluding reinsurance), covering a rolling 12-month period from 1 July 2020 to 30 June 2021.

The admittance rate across all cover types and distribution channels was 93 per cent in the reporting period. Table 1 breaks the admittance rate down by cover type and channel.

Table 1: Claims admittance rate by cover type and distribution channel

	Individual Advised	Individual Non-Advised	Group Super	Group Ordinary
Cover type	% admitted	% admitted	% admitted	% admitted
Death	97%	92%	98%	100%
TPD	82%	64%	89%	84%
Trauma	87%	85%	*	62%
DII	95%	89%	95%	94%
CCI	n/a	88%	n/a	*
Funeral	n/a	99%	n/a	n/a
Accident	73%	87%	n/a	n/a

* In this publication, Group Ordinary CCI is masked as there was only one provider of this product, which reported fewer than 50 finalised claims.

Table 1 reveals significant variance in the admittance rate between different cover types and distribution channels, from 100 per cent (Group Ordinary Death) to 62 per cent (Group ordinary Trauma). These results, however, are affected by the number of observations – the latter combination only reflects 21 finalised claims, whereas 13 out of the 20 combinations published in Table 1 have more than 1,000. Table 4 in the main body of this publication gives the number of finalised claims for each combination.

Generally, Individual Advised business shows higher admittance rates than Individual Non-Advised for the same cover type. This could be due to the policyholder having clearer expectations up front of what is covered by the product, or (related to the previous point) the adviser discouraging the policyholder from lodging a claim that is not covered by the policy. The exception is Individual Advised Accident, which has an unusually low admittance rate. However, as noted above the number of observations is quite small (15 finalised claims, versus 2,899 for Non-Advised).

Table 2: Claims paid ratio[^] by cover type and distribution channel

Cover type	Individual Advised	Individual Non-Advised	Group Super	Group Ordinary
Death	42%	33%	72%	30%
TPD	51%	46%	97%	37%
Trauma	53%	34%	0%	70%
DII #	57%	107%	111%	121%
CCI	n/a	25%	n/a	*
Funeral	n/a	27%	n/a	n/a
Accident	12%	20%	n/a	n/a

[^] The claims paid ratio is the dollar amount of claims paid out in the reporting period as a percentage of the annual premiums receivable in the same period.

DII has recurring monthly payments. For the purposes of the reported claims ratio, total payments are approximated using an assumed 24-month payout period.

Table 2 provides the claims paid ratio by cover type and distribution channel. There is significant variance between products, ranging from 12 per cent (Individual Advised Accident) to 121 per cent (Group Ordinary DII). As this information is based on finalised claims, the caveats regarding sample size accompanying Table 1 also apply however two of the three products with the lowest claims paid ratios do have a relatively large sample: Individual Non-Advised Funeral (13,262 finalised claims) and Individual Non-Advised CCI (3,384 finalised claims).

In general, Individual products will have higher acquisition costs associated with the policy compared to Group products. As this is reflected in the premium charged, the claims payments for these products will generally be of a lower percentage of the premium income.

DII business has the highest claims paid ratio for all distribution channels. While a ratio of over 100% suggests good value for policyholders, this is not sustainable and will threaten the ongoing availability of IDII for the Australia community in the future. APRA is working with the industry to move the product to a sustainable state and thereby deliver better outcomes for policyholders, including through the release of sustainability measures outlining APRA's expectations and the ongoing review of life companies' progress in meeting them².

APRA urges caution in interpreting the information presented in Table 2 as a measure of consumer value or product profitability. For insurers, claims payments are only one part of the costs associated with an insurance policy. Other costs, such as administration, acquisition costs and claims reserves, are not included. Whether and how profitable the product is to the insurer will depend in part on these factors.

² Refer to [Final individual disability income insurance sustainability measures](#) (Sep 2020).

Please note that the claims paid ratio reported in this publication is only a proxy of the loss ratio; refer to the *Industry-level results* chapter for more information on this.

In addition to APRA's publication, the Australian Securities and Investments Commission (ASIC) has made available on its MoneySmart website the *Life insurance claims comparison tool*, a consumer-oriented tool designed to readily assist in making consistent comparisons of key life insurance claims and disputes metrics across the industry.³

³ The ASIC tool is available at <https://www.moneysmart.gov.au/tools-and-resources/calculators-and-apps/life-insurance-claims-comparison-tool>.

Industry-level results

This chapter presents the high-level industry results. A spreadsheet publication with additional information and entity-level data, a database providing historic back-series, and a glossary explaining in detail all relevant terms used, are available on APRA's website.⁴

Claims outcomes

Table 3: Claims outcomes by cover type (combines distribution channels)

	Claims Finalised	Claims Admitted	Claims Declined	Claims Withdrawn	Claims Undetermined [^]
Cover type	% of received#	% of finalised	% of finalised	% of received	% of received
Death	92%	97%	3%	2%	6%
TPD	67%	88%	12%	6%	27%
Trauma	89%	86%	14%	2%	9%
DII	80%	95%	5%	7%	13%
CCI	82%	88%	12%	8%	9%
Funeral	98%	99%	1%	0%	2%
Accident	86%	87%	13%	8%	6%

'Claims received' is the sum of: claims that were undetermined at the start of the reporting period; claims that were received during the reporting period; and claims that insurers re-opened (subsequent to being withdrawn) during the reporting period.

[^] 'Claims Undetermined' refers to all claims that remain open for assessment at the end of the reporting period.

Table 3 summarises the claims outcomes by cover type, combining all distribution channels. The share of claims that are finalised during the reporting period varies considerably across the cover types. This is due in part to the relative complexity of assessing the claim: a TPD product generally takes longer than a Funeral claim, so a high share of Funeral claims is finalised, whereas a relatively large share of TPD claims remains undetermined at the end of the reporting period.

The relatively lower admittance rate in respect of cover types such as TPD and Trauma in part reflects the complexities of assessing these claims, as well as consumer clarity on what exactly is covered by the policy. Death and Funeral claims, on the other hand, are relatively straightforward to assess, which is reflected in their high admittance rate.

⁴ Refer to <https://www.apra.gov.au/life-insurance-claims-and-disputes-statistics>.

Table 4: Claims admittance rate by cover type and distribution channel

	Individual Advised		Individual Non-Advised		Group Super		Group Ordinary	
Cover type	Claims finalised	% admitted	Claims finalised	% admitted	Claims finalised	% admitted	Claims finalised	% admitted
Death	3,013	97%	1,312	92%	10,961	98%	771	100%
TPD	1,446	82%	86	64%	18,396	89%	67	84%
Trauma	4,308	87%	968	85%	*	*	21	62%
DII	10,089	95%	1,713	89%	19,173	95%	2,528	94%
CCI	n/a	n/a	3,384	88%	n/a	n/a	*	*
Funeral	n/a	n/a	13,262	99%	n/a	n/a	n/a	n/a
Accident	15	73%	2,899	87%	n/a	n/a	n/a	n/a

Table 4 summarises the claims admittance rate by cover type and distribution channel. While only Group Ordinary CCI and Group Super Trauma are masked, several other combinations have a very small number of claims finalised in the reporting period: Individual Advised Accident (15 claims across the industry), Individual Non-Advised TPD (86 claims), Group Ordinary Death (771 claims), Group Ordinary TPD (67 claims) and Group Ordinary Trauma (21 claims). APRA urges caution in interpreting the results for these combinations, as such a low volume of claims leads to more volatility in the reported admittance rates.

Table 5: Claims decline reasons by cover type (combines distribution channels)

Cover type	Contractual definition not met	Exclusion clause	Unintentional non-disclosure or misrepresentation	Fraudulent claim	Other reasons
Death	25%	11%	1%	12%	51%
TPD	37%	3%	0%	10%	50%
Trauma	41%	3%	0%	5%	50%
DII	30%	7%	1%	11%	52%
CCI	32%	8%	0%	9%	50%
Funeral	17%	0%	0%	33%	50%
Accident	44%	3%	0%	2%	50%

Table 5 summarises the reasons provided by insurers for declining a claim, by cover type. The contractual definition not being met is the dominant cause for claims being declined.

Table 6: Claims withdrawn rate by cover type and distribution channel

Cover type	Individual Advised	Individual Non-Advised	Group Super	Group Ordinary
Death	2%	3%	2%	1%
TPD	5%	7%	6%	10%
Trauma	2%	3%	*	0%
DII	5%	10%	8%	7%
CCI	n/a	8%	n/a	*
Funeral	n/a	0%	n/a	n/a
Accident	61%	7%	n/a	n/a

Table 6 summarises the claims withdrawn rate by cover type and distribution channel. Withdrawal rates are relatively low across all cover type and distribution channel combinations. The only exception is Individual Advised Accident, which has a very small sample size of 15 finalised claims across the industry.

Table 7: Claims withdrawn reasons by cover type (combines distribution channels)

Cover type	Withdrawn by claimant	Withdrawn by insurer due to claimant inactivity	Other reasons
Death	28%	52%	20%
TPD	37%	55%	8%
Trauma	56%	29%	14%
DII	43%	50%	7%
CCI	69%	28%	3%
Funeral	14%	84%	2%
Accident	60%	39%	1%

Table 7 summarises the claims withdrawn reasons by cover type. For Trauma, CCI and Accident claims, most withdrawals were initiated by claimants. For Death, TPD, DII and Funeral claims, most withdrawals were initiated by the insurer due to claimant inactivity. This could be because the insurer did not receive any response from the claimant when further information was requested, as well as (for some cover types) instances where the insured has deceased subsequent to the claim being lodged and the claim is superseded by the death claim.

Claim frequency and claims paid ratio

Table 8: Claims frequency by cover type and distribution channel

Cover type	Individual Advised	Individual Non-Advised	Group Super	Group Ordinary
Death	0.18%	0.22%	0.12%	0.03%
TPD	0.13%	0.11%	0.21%	0.03%
Trauma	0.49%	0.28%	0.00%	0.32%
DII	1.19%	1.54%	0.50%	0.56%
CCI	n/a	0.20%	n/a	*
Funeral	n/a	1.91%	n/a	n/a
Accident	0.17%	0.35%	n/a	n/a

Table 8 summarises the claims frequency by cover type and distribution channel. The claims frequency refers to the number of admitted claims as a proportion of average lives insured. As reported in Table 3, certain combinations have a very small number of claims finalised in the reporting period. The same caveats regarding the interpretation of the results therefore also apply here.

Table 9: Claims paid ratio[^] by cover type and distribution channel

Cover type	Individual Advised	Individual Non-Advised	Group Super	Group Ordinary
Death	42%	33%	72%	30%
TPD	51%	46%	97%	37%
Trauma	53%	34%	0%	70%
DII #	57%	107%	111%	121%
CCI	n/a	25%	n/a	*
Funeral	n/a	27%	n/a	n/a
Accident	12%	20%	n/a	n/a

[^] The claims paid ratio is the dollar amount of claims paid out in the reporting period as a percentage of the annual premiums receivable in the same period.

DII has recurring monthly payments. For the purposes of the reported claims ratio, total payments are approximated using an average 24-month payout period.

Table 9 provides the claims paid ratio by cover type and distribution channel. APRA urges caution in interpreting this information as a measure of consumer value or product profitability. For insurers, claims payments are only one part of the costs associated with an insurance policy. Other costs, such as administration, acquisition costs and claims reserves, are not included. Whether and how profitable the product is to the insurer will depend in part on these factors.

Please note that the claims paid ratio reported in this publication is only a proxy of the loss ratio, which is normally determined using premiums paid in respect of a period and the cost of claims being incurred in that same period, regardless of when they are reported or finalised. For the claims paid ratio reported here, the premiums used are annualised premiums receivable rather than actual premiums received, and the claims used exclude the claims reserve as well as changes to the claims reserve. However, this is partially offset by the inclusion of claims from earlier periods.

In general, Individual products will have higher acquisition costs associated with the policy compared to Group products. As this is reflected in the premium charged, the claims payments will be a lower percentage of the premium income.

DII business has the highest claims paid ratio for all distribution channels, implying that the all-in costs of the products exceed premiums paid. While a ratio of over 100% suggests good value for policyholders, this is not sustainable and will threaten the ongoing availability of IDII for the Australia community in the future. APRA is working with the industry to move the product to a sustainable state and thereby deliver better outcomes for policyholders,

including through the release of sustainability measures outlining APRA's expectations and the ongoing review of life companies' progress in meeting them.⁵

Claims processing duration

Table 10: Claims processing duration by cover type (combines distribution channels)

Cover type	0-2 weeks	>2 weeks to 2 months	>2 months to 6 months	>6 months to 12 months	>12 months	Est. average duration (months)
Death	70%	20%	7%	2%	1%	1.2
TPD	14%	20%	37%	20%	10%	5.6
Trauma	46%	39%	12%	2%	1%	1.5
DII	40%	40%	14%	5%	2%	2.0
CCI	59%	27%	11%	2%	1%	1.5
Funeral	87%	12%	1%	0%	0%	0.7
Accident	73%	19%	5%	1%	2%	1.4

Table 10 summarises claims processing durations in respect of finalised claims. This is the period of time from when a claim is reported to when it is finalised. The table shows, for each cover type, the distribution of finalised claims across different duration categories, with the estimated average duration (in months) reported in the final column. TPD has the longest average claims processing duration, whereas Funeral insurance has the shortest, which reflects the respective complexity of these products. For Death, Trauma, CCI, Funeral and Accident, the majority of claims are finalised within 0-2 weeks.

⁵ Refer to [Final individual disability income insurance sustainability measures](#) (Sep 2020), and the [Quarterly Life Insurance Performance Statistics](#).

Dispute lodgement ratio

Table 11: Dispute lodgement ratio[^] by cover type and distribution channel

Cover type	Individual Advised	Individual Non-Advised	Group Super	Group Ordinary
Death	7	17	1	0
TPD	51	52	26	5
Trauma	41	13	*	65
DII #	175	213	55	36
CCI	n/a	16	n/a	*
Funeral	n/a	8	n/a	n/a
Accident	42	9	n/a	n/a

[^] The dispute lodgement ratio is the number of disputes lodged during the reporting period per 100,000 lives insured.

Table 11 provides the dispute lodgement ratio, which is defined as the number of disputes lodged per 100,000 lives insured. In this publication, a 'dispute' can refer to a dispute managed within the insurer's internal dispute resolution system, a dispute registered with an external dispute resolution scheme or tribunal, or legal proceedings initiated by the claimant against the insurer regarding a claim.

The dispute lodgement ratio is indicative of the likelihood of a claims-related dispute occurring. However, APRA urges caution in interpreting this information. The dispute rate per finalised claim could be considered a more appropriate measure of the probability of a claims-related dispute. However, because both the numerator and denominator are very small, the resulting ratio would be very volatile, particularly at the entity level. Assuming that for a fixed number of lives insured the likelihood of a claim is broadly constant over time, using lives insured as the denominator creates a more stable ratio.

APRA also notes that disputes generally relate to old claims, and even older claim events; any insurer that has rapidly grown or shrunk its business since then may report dispute lodgement ratios that significantly differ from the 'true' underlying experience. This is particularly likely for insurers in run-off, and for the Group Super channel where the trustees have the option to change their insurance providers every 2-3 years.

Table 11 shows that more complex products have higher dispute lodgement ratios. TPD, Trauma and DII in particular show relatively high ratios. While DII shows higher ratios than TPD and Trauma, it also has a higher claims frequency (Table 8).

Disputes outcomes

Table 12: Disputes outcomes by cover type (combines distribution channels)

	Disputes Resolved	<i>Original decision maintained</i>	<i>Original decision reversed</i>	<i>Other outcomes</i>	Disputes Withdrawn	Disputes Undetermined [^]
Cover type	% of lodged#	% of resolved	% of resolved	% of resolved	% of lodged	% of lodged
Death	73%	34%	10%	55%	9%	17%
TPD	74%	31%	12%	56%	4%	22%
Trauma	79%	50%	11%	40%	4%	16%
DII	81%	27%	11%	62%	5%	14%
CCI	88%	17%	29%	54%	4%	7%
Funeral	83%	29%	13%	58%	9%	9%
Accident	86%	23%	22%	55%	3%	12%

'Disputes lodged' refers to disputes that were undetermined at the start of the reporting period; disputes that were received during the reporting period; and disputes that insurers re-opened (subsequent to being withdrawn) during the reporting period.

[^] 'Disputes Undetermined' refers to all disputes that remain open for assessment at the end of the reporting period.

Table 12 summarises disputes outcomes by cover type. It includes all claims-related disputes in the data collection, whether they are internal, external or litigated. Apart from Trauma and Accident, most disputes are resolved by other means. These include, but are not limited to, those resolved through ex-gratia payment, premium refund, partial payment, settlement or non-cash benefit and resolved outside jurisdiction (the latter for external disputes only). DII has the highest proportion of disputes resolved by other outcomes. The highest rate of claim reversal decisions is in relation to CCI at 29 per cent, albeit with a low number of total disputes resolved.

As the number of claims-related disputes will be a fraction of the number of claims, it follows that there is only a relatively small sample of disputes. A total of 6,036 disputes were resolved during the reporting period. TPD and DII make up the vast majority of disputes, representing 32 per cent and 54 per cent of the total, respectively. Two products in particular have a small number of disputes resolved: Funeral (48 disputes) and Accident (65 disputes).

Table 13: Original decision reversed reasons by cover type (combines distribution channels)

Cover type	Original outcome incorrect	Additional information received	Other reasons
Death	40%	40%	20%
TPD	37%	47%	16%
Trauma	35%	39%	26%
DII	41%	41%	18%
CCI	8%	42%	51%
Funeral	50%	17%	33%
Accident	7%	36%	57%

Table 13 summarises original decision reversed reasons by cover type. For Death, DII and Funeral, claims outcomes were reversed mostly due to original outcome having been determined to be incorrect, while additional information being received was the main reason for the other products except for Accident being other reasons.

Table 14: Dispute withdrawn reasons by cover type (combines distribution channels)

Cover type	Withdrawn by claimant	Withdrawn by insurer due to claimant inactivity	Withdrawn by EDR, court or tribunal	Other reasons
Death	63%	3%	23%	10%
TPD	65%	5%	20%	10%
Trauma	69%	6%	19%	6%
DII	69%	3%	19%	9%
CCI	27%	27%	0%	45%
Funeral	100%	0%	0%	0%
Accident	50%	50%	0%	0%

Table 14 summarises disputes withdrawn reasons by cover type. Note that during the reporting period, 380 disputes in total were withdrawn across all cover types; the reported results will therefore be subject to significant margins of error. Possible exceptions are DII (205 disputes withdrawn) and TPD (111 disputes withdrawn). At the other extreme, Funeral and Accident only have 5 and 2 withdrawn disputes in total respectively.

Disputes processing duration

Table 15: Disputes processing duration by cover type (combines distribution channels)

Cover type	0-45 days	>45 days to 90 days	>90 days	Est. average duration (months)
Death	71%	11%	19%	2.4
TPD	62%	13%	25%	3.7
Trauma	70%	12%	18%	2.1
DII	75%	12%	14%	2.2
CCI	65%	19%	16%	1.8
Funeral	85%	4%	10%	1.4
Accident	74%	12%	14%	1.9

Table 15 summarises disputes processing duration by cover type. The majority of disputes were resolved in 0-45 days. TPD has the longest estimated average disputes processing duration at more than three months, reflecting the product's complexity, whereas Funeral disputes tend to have significantly shorter processing durations.



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