



## **Prudential Standard HPS 001**

### **Definitions**

#### **Objectives and key requirements of this Prudential Standard**

This Prudential Standard defines key terms referred to in other prudential standards which are applicable to private health insurers. All prudential standards applicable to private health insurers must be read in conjunction with this Prudential Standard.

## Authority

1. This Prudential Standard is made under paragraph 92(1) of the *Private Health Insurance (Prudential Supervision) Act 2015* (the Act).

## Application

2. This Prudential Standard commences on 1 July 2019.
3. Unless the contrary intention appears, definitions in this Prudential Standard apply to all prudential standards made under subsection 92(1) of the Act (collectively ‘HI Prudential Standards’).
4. In this Prudential Standard, unless the contrary intention appears, a reference to an Act, Regulations or Prudential Standard is a reference to the Act, Regulations or Prudential Standard as in force from time to time.

## Definitions

5. Key terms in the HI Prudential Standards are defined as follows:

**Act** means the *Private Health Insurance (Prudential Supervision) Act 2015*.

**Annual balance date** is 30 June each year for private health insurers.

**Appointed actuary** has the same meaning as in the Act.

**Appointed Auditor** means an auditor appointed for the purposes of Prudential Standard HPS 310 Audit and Related Matters.

**Approved loss absorbing subordinated debt of a health benefits fund** means a security or other debt instrument, which has been approved by APRA prior to the time of issue. APRA must consider the quantum of the proposed issue and the timing for draw down, in making its decision on approval. APRA must consider that approved loss absorbing subordinated debt must be created by a debt instrument or agreement which meets and continues to meet the following terms and conditions:

- (a) it must comprise a mechanism which specifies the conditions and process for loss absorption, through diminution of value, conversion or other means, of the instrument or agreement on a going concern basis, such that prior to non-compliance with Prudential Standard HPS 110 Capital Adequacy (HPS 110) the value of the debt would be reduced to the relevant extent, and if necessary exhausted; and
- (b) it must have a minimum term of 10 years from the commencement of the loan; and
- (c) there must be no circumstances where repayment may be accelerated or called at the lender’s or any third party’s option; and
- (d) interest payments must not be payable where the payment of these would cause the fund to breach the requirements of HPS 110; and

- (e) interest payment obligations may be capitalised and interest may be charged on capitalised interest; and
- (f) capital repayments must not be made where repayment would cause the fund to breach the requirements of HPS 110; and
- (g) delayed capital repayments may be subject to continuing interest charges on the interest charge and repayment conditions specified in this paragraph.

Approved loss absorbing subordinated debt of a health benefits fund approved by PHIAC for the purposes of Rule 3A of the Private Health Insurance (Health Benefits Fund Administration) Rules 2007 as it was in effect between 1 April 2014 and 30 June 2015 is taken to have been approved by APRA for the purposes of this Prudential Standard.

**APRA-regulated institution** includes private health insurers registered under the Act.

**ASIC** means the Australian Securities and Investments Commission.

**Assets** has the same meaning as in the Act.

**Associates** has the same meaning as in clause 4 in Schedule 1 of the *Financial Sector (Shareholdings) Act 1998*.

**AASB** refers to the Australian Accounting Standards Board.

**AUASB** refers to the Auditing and Assurance Standards Board.

**Australian Accounting Standards** is a reference to the Australian Accounting Standards issued by the AASB as may be amended from time to time.

**Australian Auditing and Assurance Standards** is a reference to the Australian Auditing and Assurance Standards issued by the AUASB as may be amended from time to time.

**Authorised deposit-taking institution** means a body corporate in relation to which an authority under subsection 9(3) of the *Banking Act 1959* is in force.

**Billed risk equalisation special account liability** means the amount of risk equalisation special account payments, on the relevant day, for which an invoice from APRA has been received by the private health insurer but that have not yet been paid by the private health insurer.

**Board** means the board of directors of an APRA-regulated institution.

**Board Audit Committee** has the same meaning as in Prudential Standard CPS 510 Governance (CPS 510).

**Board Remuneration Committee** has the same meaning as in CPS 510.

**Board Risk Committee** has the same meaning as in CPS 510.

**Business day** means a day that is not a Saturday, a Sunday or a public holiday or bank holiday in the place concerned.

**Business plan** refers to a written plan as part of an insurer's risk management framework as required under Prudential Standard CPS 220 Risk Management (CPS 220).

**Cash** has the meaning given in Australian Accounting Standards Standard 107.6 as in force from time to time.

**Central estimate** means an estimate of the mean of the range of possible outcomes of any calculation required under either Prudential Standard HPS 100 Solvency (HPS 100) or HPS 110.

**Chief executive officer** has the same meaning as in the Act.

**Company** means:

- (a) a company within the meaning of the *Corporations Act 2001* (Corps Act); and
- (b) a constitutional corporation.

**Complying health insurance product** has the same meaning as in the Act.

**Constructive obligation** has the meaning given in the liability adequacy test in Australian Accounting Standard Board Standard 137 as in force from time to time.

**Constitutional corporation** has the same meaning as in the Act.

**Corporate governance** means a system by which an APRA-regulated institution is directed and controlled.

**Corporate group** is a group of entities comprising two or more companies that are related bodies corporate within the meaning of section 50 of the Corps Act.

**Corporations legislation** has the meaning given by section 9 of the Corps Act.

**Director** has the same meaning as in the Act.

**Ensure** when used in relation to a responsibility of the board, means to take all reasonable steps and make all reasonable enquiries as are appropriate for a board so that the board can determine, to the best of its knowledge, that the stated matter has been properly addressed.

**Executive director**, for a private health insurer, means a director who is:

- (a) a member of management of the insurer; and
- (b) an employee of the insurer.

**Financial condition report** means a report on the financial condition of a private health insurer, including a report on the financial condition of each health benefits fund conducted by the insurer.

**Financial interdependency** in relation to a group of related counterparties, means a circumstance in which the financial soundness of one counterparty in the group may affect the financial soundness of another counterparty in the group.

**FSCODA** means the *Financial Sector (Collection of Data) Act 2001*.

**Fit and proper assessment** means an assessment of a person's fitness and propriety in accordance with Prudential Standard CPS 520 Fit and Proper (CPS 520).

**Fit and proper policy** means a written policy relating to the fitness and propriety of a private health insurer's responsible persons that meets the requirements of CPS 520.

**Group of related counterparties** means two or more counterparties which are related parties, or are linked by either of the following:

- (a) financial interdependency; or
- (b) any other connection or relationship that might expose the counterparties in the group to a single risk.

**Health benefits fund** has the same meaning as in the Act.

**Health business revenue estimate** of a health benefits fund, is its premium income estimate plus a central estimate of the gross revenue that it will earn in relation to its health related business in the 12 months after the relevant day, less any premium ceded to reinsurers in relation to health-related business within that 12 month period.

**Health-related business** has the same meaning as in the Act.

**Material risks** are those risks that could have a material impact, both financial and non-financial on the APRA-regulated institution, or on the interests of depositors and/or policyholders of the APRA-regulated institution. Material risks may include, but are not limited to the examples included in paragraph 26 of CPS 220.

**New product** means a product that:

- (a) has not previously been offered by a private health insurer; and
- (b) contains characteristics that are different from other products offered by the insurer.

**Non-executive director** is defined in CPS 510.

**Non-significant financial institution** (non-SFI) means a private health insurer that is not a **significant financial institution**.

**Officer** has the same meaning as in the Act.

**PHIAC** means the former Private Health Insurance Administration Council established under the National Health Act 1953, whose prudential functions transferred to APRA on 30 June 2015.

**Policy holder** has the same meaning as in the Act.

**Premium income estimate** of a health benefits fund, is the central estimate of the amount of health insurance business premium income that it will earn in the 12 months after the relevant day, where the premium increase assumption is the lesser of:

- (a) the central estimate of the amount of revenue the private health insurer's health benefits fund will earn in the 12 months after the relevant day; and
- (b) the amount determined in accordance with the methodology published by APRA, as amended from time to time.

**Previously approved subordinated debt** of a health benefits fund, means debt of a kind previously approved by PHIAC as subordinated debt, for the purposes of the solvency standard or capital adequacy standard established by the Private Health Insurance (Health Benefits Fund Administration) Rules 2007 (made under the *Private Health Insurance Act 2007*), as in force as immediately prior to 31 March 2014.

**Private health insurer** has the same meaning as in the Act.

**Probability of adequacy** means the percentile required to meet individual elements of either HPS 100 or HPS 110.

**Prudential requirements** includes requirements imposed by the Act, prudential standards and APRA rules made under the Act, reporting standards made under the FSCODA, conditions imposed at the time of registration under the Act and any other requirements imposed by APRA in writing.

**Referable** has the same meaning as in the Act.

**Related party** has the meaning given by the Australian Accounting Standards Board Standard 124 as in force from time to time.

**Relevant day** means the day on which the calculation is based for the purposes of assessing compliance with HPS 100 or HPS 110, as the case may be.

**Remuneration Policy** has the same meaning as in CPS 510.

**Responsible persons** has the same meaning as in CPS 520.

**Risk management framework** has the same meaning as in CPS 220.

**Risk management strategy** has the same meaning as in CPS 220.

**Senior management** responsibilities means the responsibilities of making, or participating in making, decisions that affect the whole, or a substantial part, of the business of the private health insurer.

**Significant financial institution** (SFI) means a private health insurer that either:

- (a) has total assets in excess of AUD \$3 billion; or
- (b) is determined as such by APRA, having regard to matters such as complexity in its operations or its membership of a group.

**Single equivalent units** (SEUs) for a policy – if a policy falls into one of the categories of policies specified below, the single equivalent unit for the policy is the number shown next to the category:

- (a) a hospital policy under which only one person is insured – 1;
- (b) a hospital policy under which 2 adults are insured (and no-one else) – 2;
- (c) a hospital policy under which 2 or more people are insured, none of whom is an adult – 1;
- (d) a hospital policy under which 2 or more people are insured, only one of whom is an adult – 1;
- (e) a hospital policy under which 3 or more people are insured, only 2 of whom are adults – 2;
- (f) a hospital policy under which 3 or more people are insured, at least 3 of whom are adults – 2.

**Size margin** of a health benefits fund, is the lesser of:

- (a) the margin based on the number of SEUs of the health benefits fund as calculated by the following formula:

$$0.75 \times (\text{SEUs})^{-0.16}; \text{ and}$$

- (b) 0.25.

**Subordinated debt** means the sum of any previously approved subordinated debt and any approved loss absorbing subordinated debt.

**Substantial shareholder** means a person with a substantial holding within the meaning given by section 9 of the Corps Act.

**Terminating management** has the same meaning as in the Act.