



Reporting Standard HRS 115.0

Insurance Risk Charge

Objective of this Reporting Standard

This Reporting Standard sets out requirements for the provision of information to APRA relating to a private health insurer's insurance risk charge.

It includes associated specific instructions and must be read in conjunction with *Prudential Standard HPS 115 Capital Adequacy: Insurance Risk Charge* (HPS 115) and *Prudential Standard HPS 340 Insurance Liability Valuation* (HPS 340).

Authority

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

Purpose

2. The information reported to APRA under this Reporting Standard is used by APRA for the purpose of prudential supervision including assessing compliance with capital standards.

Application and commencement

3. This Reporting Standard applies to all private health insurers. This Reporting Standard applies for reporting periods ending on or after 31 March 2026~~1 July 2023~~.

Information required

4. A private health insurer must provide APRA with the information required by this Reporting Standard for each reporting period.

Method of submission

5. The information required by this Reporting Standard must be given to APRA:
 - (a) in electronic format using an electronic method available on APRA's website; or

(b) by a method notified by APRA prior to submission.

Reporting periods and due dates

6. Subject to paragraph 7, a private health insurer must provide the information required by this Reporting Standard:
 - (a) in respect of each calendar quarter (i.e. the periods ending 30 September, 31 December, 31 March and 30 June); and
 - (b) in respect of each year ending 30 June.
7. If, having regard to the particular circumstances of a private health insurer, APRA considers it necessary or desirable to obtain information more or less frequently than as provided by subparagraph 6(a) or 6(b), APRA may, by notice in writing, change the reporting periods, or specify reporting periods, for the particular private health insurer.
8. The information required by this Reporting Standard must be provided to APRA:
 - (a) in the case of quarterly information, within 28 calendar days after the end of the reporting period to which the information relates;
 - (b) in the case of annual information, by 30 September each year; or
 - (c) in the case of information provided in accordance with paragraph 7, within the time specified by notice in writing.
9. APRA may, in writing, grant a private health insurer an extension of a due date, in which case the new due date will be the date on the notice of extension.

Note: For the avoidance of doubt, if the due date for a particular reporting period falls on a day other than a usual business day, a private health insurer is nonetheless required to submit the information required no later than the due date.

Quality control

10. All information provided by a private health insurer under this Reporting Standard must be subject to systems, processes and controls developed by the private health insurer for the internal review and authorisation of that information. It is the responsibility of the Board and senior management of the private health insurer to ensure that an appropriate set of policies and procedures for the authorisation of information submitted to APRA is in place.

Annual audit requirements

11. The information submitted for the purposes of paragraph 8(b) is to be subject to external audit to ensure consistency with the private health insurer's statutory financial accounts and faithful application of the capital standards.
12. Audit certification and opinion must be provided to APRA by 30 September each year.
13. If a private health insurer received a qualified auditor's report for a health benefits fund, the general fund or the private health insurer for the year previous to the year for which

the report is provided, the report for the year for which the report is provided must state whether the auditor has examined the issues identified and is satisfied that the private health insurer has taken the appropriate steps to rectify the matters raised in the previous report.

14. The auditor's report must:

- (a) state details of the program adopted to carry out the audit; and
- (b) include the name of, and be signed by, the auditor who takes responsibility for the accuracy of the report.

Authorisation

15. A person who submits the information required under this Reporting Standard must be suitably authorised by an officer of the private health insurer.

Variations

16. APRA may, in writing, vary the reporting requirements of this Reporting Standard in relation to a private health insurer.

Interpretation

17. In this Reporting Standard:

- (a) unless the contrary intention appears, words and expressions have the meanings given to them in *Prudential Standard CHPS 001 Defined terms* ~~*Definitions*~~ (~~CHPS 001~~); and
- (b) the following definitions are applicable:

APRA means the Australian Prudential Regulation Authority established under the *Australian Prudential Regulation Authority Act 1998*;

capital standards means the prudential standards which relate to capital adequacy, as defined in ~~CHPS 001~~;

officer has the same meaning as in the Act;

private health insurer has the same meaning as in the Act;

reporting period means a period mentioned in paragraph 6 or, if applicable, paragraph 7; and

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

18. Unless the contrary intention appears, a reference to an Act, Prudential Standard, Reporting Standard, Australian Accounting or Auditing Standard is a reference to the instrument as in force from time to time.

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General instructions

Reporting tables

Tables described in this reporting standard 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.

Any specific combination of values in a table must not appear on more than one row in that table when reported.

Definitions

Terms highlighted in ***bold italics*** indicate that the definition is provided in these instructions.

A

<i>Accrued premium</i>	This refers to <i>accrued premium</i> as defined in <i>CHPS</i> 001. Report this item net of any reinsurance, for the purpose of this Reporting Standard.
<i>Accrued premium (AES) amount</i>	This is the forecast value of <i>accrued premium</i> after the Adverse Event Stress (AES), as defined in HPS 115, for that month.
<i>Accrued premium (CE) amount</i>	This is the central estimate (CE) forecast of <i>accrued premium</i> for that month.
<i>Accrued premium (MA) amount</i>	The insurer is required to report this item for months 10, 11 and 12 only. For <i>health insurance business</i> (HIB), this is to be determined by adjusting <i>accrued premium (AES) amount</i> for management actions (MA), as defined in HPS 115. For health-related insurance business (HRIB), this is to be reported as the <i>accrued premium (CE)</i> after allowing for management actions, as defined in HPS 115. <i>Accrued premium (MA)</i> must reflect management actions that are appropriate and justified and comply with HPS 115. Management actions should reflect the insurer's expectations and not be limited to the extent that these result in insurance profits. This constraint will be applied separately in <i>insurance profits forecast after management actions amount</i> . For months 1 to 9 inclusive, this is a derived item.

	For HIB, this is equal to <i>accrued premium (AES) amount</i> . For HRIB, this is equal to <i>accrued premium (CE) amount</i> .
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B

<i>Benefits incurred (AES) amount</i>	This is a derived item. For <i>hospital treatment</i>, this item is calculated as the sum of: • <i>claims incurred (AES) amount</i>; • <i>calculated deficit (AES) amount</i>; and • <i>state levies (AES) amount</i>. Less: • <i>gross deficit (AES) amount</i>. For <i>general treatment</i>, this item is equal to <i>claims incurred (AES) amount</i>.
<i>Benefits incurred (CE) amount</i>	This is a derived item. For <i>hospital treatment</i>, this item is calculated as the sum of: • <i>claims incurred (CE) amount</i>; • <i>calculated deficit (CE) amount</i>; and • <i>state levies (CE) amount</i>. Less: • <i>gross deficit (CE) amount</i>. For <i>general treatment</i> and <i>health-related insurance business</i>, this item is equal to <i>claims incurred (CE) amount</i>.
<i>Benefits incurred (MA) amount</i>	This is a derived item. For <i>hospital treatment</i>, this item is calculated as the sum of: • <i>claims incurred (MA) amount</i>; • <i>calculated deficit (MA) amount</i>; and • <i>state levies (MA) amount</i>. Less: • <i>gross deficit (MA) amount</i>. For <i>general treatment</i> and <i>health-related insurance business</i>, this item is equal to <i>claims incurred (MA) amount</i>.
<i>Benefits incurred (pre-MA) amount</i>	This is a derived item, which provides an approximation of <i>benefits incurred</i>, following the Prescribed Benefit Stress to benefits incurred and <u><i>other businessmanagement expenses</i></u> in accordance with HPS 115. For <i>hospital treatment</i> and <i>general treatment</i>, this item is calculated as: • $A \times (1 + B)$

	Where: A equals Benefits incurred (AES) amount B equals HIB stress % For health-related insurance business, this item is calculated as: $A \times (1 + B)$ A equals Benefits incurred (CE) amount B equals HRIB stress % For general treatment and health-related insurance business, this item is also equal to claims incurred (pre-MA) amount.
Billed Risk Equalisation Special Account liability amount	Billed Risk Equalisation Special Account liability amount means the amount of Risk Equalisation Special Account payments, on the relevant day, for which an invoice from the APRA has been received by the insurer but that have not yet been paid by the insurer. Risk Equalisation Special Account has the same meaning as in the Act.

C

Calculated deficit (AES) amount	This is a derived item and is calculated as: $(A \div B) \times 1.2 \times C$ Where: A equals Calculated deficit (CE) amount B equals Single Equivalent Units (CE) count C equals Single Equivalent Units (AES) count.
Calculated deficit (CE) amount	This is the central estimate forecast of the calculated deficit for that month. The calculated deficit is the total amount that is expected to be payable by the private health insurer should each single equivalent unit (SEU) be entitled to the average amount as defined in sub-rule 11(1) of the <i>Private Health Insurance (Risk Equalisation Policy) Rules 2015</i> or its replacement.
Calculated deficit (MA) amount	This is a derived item. For months 1-9, this is calculated identically to calculated deficit (AES) amount. For months 10-12, this item is calculated as: $(A \div B) \times C$ Where: A equals Calculated deficit (AES) amount

	B equals <i>Single Equivalent Units (AES) count</i> C equals <i>Single Equivalent Units (MA) count</i>.
Central estimate of OCL	This is a derived item and is calculated as the sum of: • <i>claims component - OCL amount;</i> • <i>claims handling expenses - OCL amount;</i> • <i>risk equalisation component - OCL amount;</i> and • <i>settled but not paid claims - OCL amount</i> Less the sum of: • <i>reinsurance recoverables - OCL amount;</i> • <i>non-reinsurance recoveries - OCL amount;</i> and • <i>discount on OCL amount.</i>
Central estimate of PL	This is a derived item and is calculated as the sum of: • <i>claims component - PL amount;</i> • <i>claims handling expenses - PL amount;</i> • <i>policy administration expenses – PL amount;</i> and • <i>risk equalisation component - PL amount</i> Less the sum of: • <i>expected reinsurance recoveries - PL amount;</i> • <i>non-reinsurance recoveries - PL amount;</i> and • <i>discount on PL amount.</i>
Claims component - OCL amount	This is the value, as at the relevant date, of the claims component of the <i>central estimate of OCL</i>, determined in accordance with HPS 340. This includes claims payable for: • claims that have been reported, but are not yet settled at balance date; • claims that have been incurred, but not yet reported; and • claims that have been administratively settled, but which may be reopened. This should not include any other unpaid amounts which are certain, including those that have been settled but not paid. These amounts are to be reported separately. This is to be reported gross of any recoveries and discounting, which are reported separately.
Claims component - PL amount	This is the value, as at the relevant date, of the claims component of the <i>central estimate of PL</i>, determined in accordance with HPS 340. This is to be reported gross of any Risk Equalisation or reinsurance recoveries and discounting, which are reported separately.
Claims handling expenses - OCL amount	This is the value, as at the relevant date, of the claims handling expenses associated with those claims included within the <i>central estimate of OCL</i>, determined in accordance with HPS 340. This item is to be reported gross

	of any discounting, as all discounting is to be reported in <i>discount on OCL amount</i> .
<i>Claims handling expenses - PL amount</i>	This is the value, as at the relevant date, of the claims handling expenses associated with those claims included within the <i>central estimate of PL</i> , determined in accordance with HPS 340. This item is to be reported gross of any discounting, as all discounting is to be reported in <i>discount on PL amount</i> .
<i>Claims incurred</i>	This refers to the relevant forecast of <i>claims incurred</i> , as defined in <i>CHPS 001</i> . Report this item net of any reinsurance for the purpose of this reporting standard.
<i>Claims incurred (AES) amount</i>	This is the forecast of <i>claims incurred</i> after the Adverse Event Stress, as defined in HPS 115, for that month. For <i>general treatment</i> , this item is also equal to <i>benefits incurred (AES) amount</i> .
<i>Claims incurred (CE) amount</i>	This is the central estimate forecast of <i>claims incurred</i> for that month. For <i>general treatment</i> and <i>health-related insurance business</i> , this item is also equal to <i>benefits incurred (CE) amount</i> .
<i>Claims incurred (MA) amount</i>	The insurer is required to report this item for months 10, 11 and 12 only. This is to be determined by adjusting the <i>claims incurred (pre-MA)</i> for management actions, as defined in HPS 115. <i>Claims incurred (MA)</i> must only reflect management actions that are appropriate and justified and comply with HPS 115. Management actions should reflect the insurer's expectations and not be limited to the extent that these result in an insurance profit. This constraint will be applied separately in <i>insurance profits forecast after management actions amount</i> . For months 1 to 9 inclusive, this is a derived item and is equal to <i>claims incurred (pre-MA) amount</i> . For <i>general treatment</i> and <i>health-related insurance business</i> , this item is equal to <i>benefits incurred (MA) amount</i> .
<i>Claims incurred (pre-MA) amount</i>	This is a derived item, which provides an approximation of <i>claims incurred</i> , following the Prescribed Benefit Stress to benefits incurred and <i>management-other business expenses</i> in accordance with HPS 115. This derived item provides a basis from which management actions can be taken in determining <i>claims incurred (MA) amount</i> . For <i>hospital treatment</i> , this item is calculated as: • $A + (B - C - (D - E)) \div (1 - (F \div G))$

	Where: A equals <i>Claims incurred (AES) amount</i> B equals <i>Benefits incurred (pre-MA) amount</i> C equals <i>Benefits incurred (AES) amount</i> D equals <i>State Levies (pre-MA) amount</i> E equals <i>State Levies (AES) amount</i> F equals <i>Gross deficit (AES) amount</i> G equals <i>Claims incurred (AES) amount</i> For <i>general treatment</i> and <i>health-related insurance business</i>, this item is equal to <i>benefits incurred (pre-MA) amount</i>.
<i>Class of business</i>	Relates to insurance business only. This can be: • <i>hospital treatment;</i> • <i>general treatment;</i> or • <i>health-related insurance business (HRIB).</i>

D

<i>Deferred Claims Liability (DCL) aggregation benefit</i>	The <i>DCL aggregation benefit</i> makes an explicit allowance for diversification between the DCL and all other components of insurance risks, as defined in HPS 115 at the 99.5 percent probability of adequacy.
<i>DCL at 75th probability of adequacy (POA) amount</i>	This is the value of claims deferred due to COVID – 19 related disruptions or other circumstances as defined by APRA. This is calculated at the 75 percent probability of adequacy (POA), as at the relevant date, determined in accordance with HPS 340.
<i>DCL at 99.5th probability of adequacy (POA) amount</i>	This is the value of claims deferred due to COVID – 19 related disruptions or other circumstances as defined by APRA. This is calculated at the 99.5 percent probability of adequacy (POA), as at the relevant date, in accordance with HPS 340.
<i>DCL Risk Charge</i>	The <i>DCL Risk Charge</i> relates to the risk that the value of the DCL will be greater than the value determined in accordance with HPS 340. This is a derived item and is calculated as: • <i>DCL at 99.5th POA amount;</i> less • <i>DCL at 75th POA amount;</i> less • <i>DCL aggregation benefit.</i>
<i>Discount on Future Exposure Risk Charge (FERC) (MA) amount</i>	This is the value of discounting the future cashflows associated with the <i>future exposure risk charge</i> . This is value of cashflows post management actions after the exclusion of any <i>insurance profits forecast after management actions</i> , in accordance with HPS 115.

<i>Discount on Outstanding Claims Liability (OCL) amount</i>	This is the value of discounting on the HPS 340 outstanding claims liability. This includes the impact of discounting on the net actuarial central estimate of outstanding claims.
<i>Discount on Premium Liability (PL) amount</i>	This is the value of discounting on the HPS 340 premium liability.

E

<i>Expected reinsurance recoveries - PL amount</i>	This is the value of expected reinsurance recoveries receivable by the <i>health benefits fund</i> or <i>general fund</i> associated with the PL, gross of any provisions for depreciation or impairment. It is determined in accordance with HPS 340. This item is to be reported gross of any discounting, as all discounting is to be reported in <i>discount on PL amount</i> .
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F

<i>Future Exposure Risk Charge</i>	This is a derived item and is calculated as the sum of: • <i>Future Exposure Risk Charge - HIB</i>; and • <i>Future Exposure Risk Charge - HRIB</i>.
<i>Future Exposure Risk Charge - HIB</i>	This is a derived item and is calculated as: • maximum of (-A + B + C, 0) where: A equals HIB <i>net margin (MA) amount</i> total B equals <i>Insurance profits forecast after management actions amount</i> for HIB C equals <i>Discount on Future Exposure Risk Charge amount</i> for HIB
<i>Future Exposure Risk Charge - HRIB</i>	This is a derived item and is calculated as: • maximum of (-A + B + C, 0) where: A equals HRIB <i>net margin (MA) amount</i> total B equals <i>Insurance profits forecast after management actions amount</i> for HRIB C equals <i>Discount on Future Exposure Risk Charge amount</i> for HRIB
<i>Future Exposure Risk Charge period</i>	This is the month of the forecast period, and ranges from the month following the reporting date to the month concluding on the 12 th month following the reporting date.

G

General fund <i>(Private health insurer fund type)</i>	This refers to the portion of the insurer referred to as the general fund as defined in <u>CHPS</u> 001.
General treatment <i>(Class of Business)</i>	General treatment has the same meaning as in the <i>Private Health Insurance Act 2007</i> (PHI Act).
Gross deficit	Gross deficit means the sum of the eligible benefits notionally allocated to the aged-based pool and the high cost claimants pool, calculated for each risk equalisation jurisdiction, in accordance with Part 2, Rule 11(1)(a) of the <i>Private Health Insurance (Risk Equalisation Policy) Rules 2015</i> .
Gross deficit (AES) amount	This is the forecast of the gross deficit after the Adverse Event Stress, as defined in HPS 115, for that month.
Gross deficit (CE) amount	This is the central estimate forecast of gross deficit for that month.
Gross deficit (MA) amount	The insurer is required to report this item for months 10, 11 and 12 only. This is to be determined by adjusting the gross deficit (pre-MA) for management actions as defined in HPS 115. Gross deficit (MA) must only reflect management actions that are appropriate and justified and comply with HPS 115. Management actions should reflect the insurer's expectations and not be limited to the extent that these result in an insurance profit. This constraint will be applied separately in insurance profits forecast after management actions amount. For months 1 to 9 inclusive this is a derived item and is equal to gross deficit (pre-MA) amount.
Gross deficit (pre-MA) amount	This is a derived item, which provides an approximation of gross deficit, following the Prescribed Benefit Stress to benefits incurred and management <u>other business</u> expenses in accordance with HPS 115. This derived item provides a basis from which management actions can be taken in determining gross deficit (MA) amount. Gross deficit (pre-MA) is calculated as: • $A \times (B \div C)$ where: A equals Claims incurred (pre-MA) amount B equals Gross deficit (AES) amount

	C equals <i>Claims incurred (AES) amount</i> .
Gross margin (AES) amount	This is a derived item. For <i>hospital treatment</i> and <i>general treatment</i> it is calculated as: • <i>accrued premium (AES) amount</i> less: • <i>benefits incurred (AES) amount</i>.
Gross margin (CE) amount	This is a derived item and is calculated as: • <i>accrued premium (CE) amount</i> less: • <i>benefits incurred (CE) amount</i>.
Gross margin (MA) amount	This is a derived item and is calculated as: • <i>accrued premium (MA) amount</i> less: • <i>benefits incurred (MA) amount</i>.
Gross margin (pre-MA) amount	This is a derived item, which provides an approximation of <i>gross margin</i>, following the Prescribed Benefit Stress to benefits incurred and management <u>other business</u> expenses in accordance with HPS 115. <i>Gross margin (pre-MA) amount</i> is calculated as: • <i>accrued premium (pre-MA) amount</i> less: • <i>benefits incurred (pre-MA) amount</i>.

H

Health benefits fund (Private health insurer fund type)	<i>Health benefits fund</i> has the same meaning as in the Act.
Health insurance business (Private health insurer business type)	<i>Health insurance business</i> (HIB) has the same meaning as in the Act.

<i>Health insurance business membership reporting period</i>	<i>Health insurance business</i> membership is the <i>hospital treatment SEUs</i> as at the relevant date for each <i>health benefits fund</i>. The applicable options are: • as at the current reporting date; • one year prior to the reporting date; • two years prior to the reporting date; and • three years prior to the reporting date.
<i>Health-related insurance business (HRIB)</i> <i>(Private health insurer business type)</i> <i>(Class of business)</i>	This is as defined in CH PS 001.
<i>Health-related insurance business accrued premium amount</i>	This is the value of <i>accrued premium</i> for <i>health-related insurance business</i> for the 12 months up to the reporting date.
<i>HIB stress %</i>	This is the <i>health insurance business</i> stress, as a percentage, determined in accordance with HPS 115.
<i>Hospital treatment</i> <i>(Class of business)</i>	<i>Hospital treatment</i> has the same meaning as in the PHI Act.
<i>HRIB stress %</i>	This is the <i>health-related insurance business</i> stress, as a percentage, determined in accordance with HPS 115.

I

<i>Individual other insurance liability at 75th POA amount</i>	This is the value of each other insurance liability, as defined by HPS340.
<i>Individual other insurance liability at</i>	This is the value of each other insurance liability, as defined by HPS340, valued at a 99.5 per cent level of sufficiency, in accordance with HPS 115.

99.5th POA amount	
Individual other insurance liability description	This is the name of the each other insurance liability as defined by HPS340. This name will be used to identify the liability and should reflect its nature and the reason the liability has arisen.
Insurance Liability Risk Charge	This is a derived item and is calculated as the sum of: • OCL Risk Charge; • PL Risk Charge; • RE Risk Charge; and • Other Insurance Liabilities Risk Charge.
Insurance profits forecast after management actions amount	This is the private health insurer's estimate of insurance profits forecast after management actions amount. This will be deducted from the sum of net margin (MA) amount. This reflects the constraint outlined in HPS 115, that any insurance profits forecast after management actions cannot offset prior losses. The insurance profit offset to be reported is to be determined as: • Maximum of (A, 0) Where: A equals The sum of net margin (MA) amount for the months including and after management actions take effect. Insurance profits forecast after management actions amount is to be reported separately for HIB and HRIB.
Insurance Risk Charge	This is a derived item and is calculated as the sum of: • Insurance Liability Risk Charge; • Future Exposure Risk Charge; and • DCL Risk Charge

M

Management expenses	This refers to the relevant forecast of management expenses as defined in HPS 001.
Management expenses (AES) amount	This is the forecast management expenses after the Adverse Event Stress, as defined in HPS 115, for that month.
Management expenses (CE) amount	This is the central estimate forecast of management expenses for that month.

<i>Management expenses (MA) amount</i>	The insurer is required to report this item for months 10, 11 and 12 only. This is to be determined by adjusting management expenses (pre-MA) amount for management Actions as defined in HPS 115. Management expenses (MA) must only reflect management actions that are appropriate and justified and comply with HPS 115. Management actions should reflect the insurer's expectations and not be limited to the extent that these result in an insurance profit. This constraint will be applied separately in insurance profits forecast after management actions amount. For months 1 to 9 inclusive, this is a derived item and is equal to management expenses (pre-MA) amount.
<i>Management expenses (pre-MA) amount</i>	This is a derived item, which provides an approximation of management expenses, following the Prescribed Benefit Stress to benefits incurred and management expenses in accordance with HPS 115. This derived item provides a basis from which management actions can be taken in determining management expenses (MA) amount. For HIB, it is calculated as: $\bullet \text{ } \text{---} \frac{A \times (1 + B)}{100} \text{---}$ where: A equals Management expenses (AES) amount B equals HIB stress % For HRIB, it is calculated as: $\bullet \text{ } \text{---} \frac{A \times (1 + B)}{100} \text{---}$ where: A equals Management expenses (CE) amount B equals HRIB stress %

N

<i>Net margin (AES) amount</i>	This is a derived item. It is calculated as: <i>gross margin (AES) amount</i> less: <i>management other business expenses (AES) amount.</i>
<i>Net margin (CE) amount</i>	This is a derived item. It is calculated as: <i>gross margin (CE) amount</i>

	less: • management other business expenses (CE) amount,
Net margin (MA) amount	This is a derived item. It is calculated as: • gross margin (MA) amount less: • management other business expenses (MA) amount.
Non-reinsurance recoveries - OCL amount	This includes the value of recoveries under arrangements, other than reinsurance and risk equalisation arrangements, receivable by the health benefits fund or general fund associated with the OCL, net of any provisions for depreciation or impairment. It is determined in accordance with HPS 340. This item is to be reported gross of any discounting, as all discounting is to be reported in discount on OCL amount .
Non-reinsurance recoveries - PL amount	This includes the value of recoveries under arrangements, other than reinsurance arrangements, receivable by the health benefits fund or general fund associated with the PL, gross of any provisions for depreciation or impairment. It is determined in accordance with HPS 340. This item is to be reported gross of any discounting, as all discounting is to be reported in discount on PL amount .

O

OCL at 75th probability of adequacy	This is a derived item and is calculated as the sum of: • central estimate of OCL; and • risk margin at 75th probability of adequacy - OCL amount.
OCL Risk Charge	This is a derived item and is the Insurance Liability Risk Charge in respect of outstanding claims risk, which relates to the risk that the value of OCL is greater than the value determined in accordance with HPS 340. It is calculated as: (OCL at 75th probability of adequacy minus settled but not paid claims - OCL amount) multiplied by outstanding claims risk size margin, as defined by HPS 115.
Management Other business expenses	This refers to the relevant forecast of management other business expenses as defined in CHPS 001.
Management Other business expenses (AES) amount	This is the forecast management other business expenses after the Adverse Event Stress, as defined in HPS 115, for that month.
Management Other business	This is the central estimate forecast of management other business expenses for that month.

<i>expenses (CE) amount</i>	
<u>Management Other business expenses (MA) amount</u>	The insurer is required to report this item for months 10, 11 and 12 only. This is to be determined by adjusting <u>management other business expenses (pre-MA) amount</u> for management Actions as defined in HPS 115. <u>Management Other business expenses (MA)</u> must only reflect management actions that are appropriate and justified and comply with HPS 115. Management actions should reflect the insurer's expectations and not be limited to the extent that these result in an insurance profit. This constraint will be applied separately in <i>insurance profits forecast after management actions amount</i>. For months 1 to 9 inclusive, this is a derived item and is equal to <u>management other business expenses (pre-MA) amount</u>.
<u>Management Other business expenses (pre-MA) amount</u>	This is a derived item, which provides an approximation of <u>management other business expenses</u>, following the Prescribed Benefit Stress to benefits incurred and <u>management other business expenses</u> in accordance with HPS 115. This derived item provides a basis from which management actions can be taken in determining <u>management other business expenses (MA) amount</u>. For HIB, it is calculated as: $A \times (1 + B)$ where: A equals <u>Management Other business expenses (AES) amount</u> B equals <i>HIB stress %</i> For HRIB, it is calculated as: $A \times (1 + B)$ where: A equals <u>Management Other business expenses (CE) amount</u> B equals <i>HRIB stress %</i>
<i>Other Insurance Liabilities Risk Charge</i>	This is a derived item and is the <i>Insurance Liability Risk Charge</i> in respect of other insurance liabilities, which relates to the risk that the value of other insurance liabilities is less than the value determined in accordance with HPS 340. It is the sum of each <i>individual other insurance liability at 99.5th POA</i> minus the sum of each <i>individual other insurance liability at 75th POA</i>.

P

<i>PL at 75th probability of adequacy</i>	This is a derived item and is calculated as the sum of: • <i>central estimate of PL</i>; and • <i>risk margin at 75th probability of adequacy - PL amount</i>.
<i>PL Risk Charge</i>	This is a derived item and is the <i>Insurance Liability Risk Charge</i> in respect of premiums liabilities risk, which relates to the risk that the value of PL is greater than the value determined in accordance with HPS 340. For HIB, this is calculated as <i>PL at 75th probability of adequacy</i> for HIB multiplied by <i>HIB stress %</i>. For HRIB, this is calculated as <i>PL at 75th probability of adequacy</i> for HRIB multiplied by <i>HRIB stress %</i>. The <i>PL Risk Charge</i> is the sum of HIB and HRIB.
<i>Policy administration expenses - PL amount</i>	This is the value, as at the relevant date, of the policy administration expenses associated with those claims included within the <i>central estimate of PL</i> determined in accordance with HPS 340. This item is to be reported gross of any discounting, as all discounting is to be reported in <i>discount on PL amount</i>.
<i>Private health insurer business type</i>	This is either <i>health insurance business</i> or <i>health-related insurance business</i>.
<i>Private health insurer fund type</i>	This is either a <i>health benefits fund</i> or <i>general fund</i>.

R

<i>RE Risk Charge</i>	This is a derived item and is the <i>Insurance Liability Risk Charge</i> in respect of risk equalisation, which relates to the risk that the value of risk equalisation transfers are less favourable than the value determined in accordance with HPS 340. It is calculated as <i>unbilled calculated deficit amount</i> multiplied by the risk equalisation charge factor of 4%, as set out in HPS 115.
<i>Reinsurance recoverables - OCL amount</i>	This is the value of reinsurance recoverables, being amounts due to the <i>health benefits fund</i> or <i>general fund</i> under a reinsurance arrangement, that arise from the recognition of the central estimate of the OCL. The value must be reported net of any provisions for doubtful debts and in accordance with HPS 340. This item is to be reported gross of any discounting, as all discounting is to be reported in <i>discount on OCL amount</i>.
<i>Risk equalisation</i>	This is the value, as at the relevant date, of any amount estimated to be payable or receivable under the Risk Equalisation Special Account arising

component - OCL amount	from <i>claims incurred</i> and included within the <i>central estimate of OCL</i> determined in accordance with HPS 340. This item is to be reported gross of any discounting, as all discounting is to be reported in <i>discount on OCL amount</i> .
Risk equalisation component - PL amount	This is the value, as at the relevant date, of any amount estimated to be payable or receivable under the Risk Equalisation Special Account arising from claims included within the <i>central estimate of PL</i> determined in accordance with HPS 340. This item is to be reported gross of any discounting, as all discounting is to be reported in <i>discount on PL amount</i> .
Risk margin at 75th POA - OCL amount	This is the value, as at the relevant date, of the risk margin component of OCL, net of recoveries, determined in accordance with HPS 340. The risk margin is that which has been applied to the Outstanding Claims Liabilities for HIB and HRIB, and may include diversification across the insurance portfolio within the <i>health benefits fund</i> or <i>general fund</i> .
Risk margin at 75th POA - PL amount	This is the value, as at the relevant date, of the risk margin component of PL, net of recoveries, determined in accordance with HPS 340. The risk margin is that which has been applied to the Premium Liabilities for HIB and HRIB, and may include diversification across the insurance portfolio within the <i>health benefits fund</i> or <i>general fund</i> .
Risk margin at 75th POA – risk equalisation transfers amount	This is the value, as at the relevant date, of the risk margin component of risk equalisation transfers, determined in accordance with HPS 340.

S

Settled but not paid claims - OCL amount	This is the value, as at the relevant date, of unpaid claims amounts where the value has been determined. This includes claims that have been settled but not paid and included within the <i>central estimate of OCL</i> determined in accordance with HPS 340. These items should be disclosed as OCL instead of current liabilities or trade creditors. This item is to be reported gross of any discounting, as all discounting is to be reported in <i>discount on OCL amount</i> .
Single Equivalent Units (AES) count	This is the value of forecast <i>Single Equivalent Units</i> after the Adverse Event Stress, as defined in HPS 115, for that month.
Single Equivalent Units (CE) count	This is the central estimate forecast of <i>Single Equivalent Units</i> for that month.

<i>Single Equivalent Units (fund) count</i>	This is the value, at the <i>health insurance business membership reporting period</i>, of the <i>SEUs</i> for the <i>health benefits fund</i>. The value of <i>SEUs</i> should be consistent with that calculated from the relevant HRS 601 return.
<i>Single Equivalent Units (MA) count</i>	The is to be reported for months 10, 11 and 12 only. This is to be determined by adjusting <i>Single Equivalent Units (AES) count</i> for management actions as defined in HPS 115. <i>Single Equivalent Units (MA)</i> must only reflect management actions that are appropriate and justified and comply with HPS 115. Management actions should reflect the insurer's expectations and not be limited to the extent that these result in an insurance profit. This constraint will be applied separately in <i>insurance profits forecast after management actions amount</i>. For months 1 to 9 inclusive this is a derived item and is equal to <i>Single Equivalent Units (AES) count</i>.
<i>Single equivalent units (SEUs)</i>	This refers to the relevant forecast of <i>Single Equivalent Units</i> as defined in CHHPS 001.
<i>Single Equivalent Units (transferor funds) count</i>	This is the value, at the <i>health insurance business membership reporting period</i>, of the <i>SEUs</i> for all <i>health benefits funds</i> which have since transferred into the <i>health benefits fund</i>. That is, where another <i>health benefits fund/s</i> has been transferred into this <i>health benefits fund</i>, the <i>Single Equivalent Units (transferor funds) count</i> is the total <i>SEUs</i> from all transferor <i>health benefits funds</i> at the relevant period. This may include from before the transfer took place. For example, where fund A has been transferred into the reporting <i>health benefits fund</i> by the end of the reporting period, the <i>SEUs</i> of fund A should be reported for previous <i>health insurance business membership reporting periods</i>. For periods after the transfer has occurred, the value for the transferor/s <i>Single Equivalent Units (transferor funds) count</i> is to be reported as zero.
<i>State levies</i>	<i>State levies</i> are all state ambulance levies payable by the <i>health benefits fund</i>.
<i>State levies (AES) amount</i>	This is the forecast of <i>state levies</i> after the Adverse Event Stress, as defined in HPS 115, for that month.
<i>State levies (CE) amount</i>	This is the central estimate forecast of <i>state levies</i> for that month.

<i>State levies (MA) amount</i>	The insurer is required to report this item for months 10, 11 and 12 only. This is to be determined by adjusting the <i>state levies</i> amount for management actions as defined in HPS 115. <i>State levies (MA) amount</i> must only reflect management actions that are appropriate and justified and comply with HPS 115. Management actions should reflect the insurer's expectations and not be limited to the extent that these result in an insurance profit. This constraint will be applied separately in <i>insurance profits forecast after management actions amount</i>. For months 1 to 9 inclusive this is a derived item and is equal to <i>state levies (pre-MA) amount</i>.
<i>State levies (pre-MA) amount</i>	This is a derived item, which provides an approximation of <i>state levies</i>, following the Prescribed Benefit Stress to benefits incurred and <i>management other business expenses</i> in accordance with HPS 115. This derived item provides a basis from which management actions can be taken in determining <i>state levies (MA) amount</i>. <i>State levies (pre-MA) amount</i> is calculated as: • $A \times (1 + B)$ Where: A equals <i>State Levies (AES) amount</i> B equals <i>HIB stress %</i>

U

<i>Unbilled calculated deficit amount</i>	Unbilled calculated deficit means the central estimate of the total amount that would have been payable by the insurer should each <i>SEU</i> been entitled to the average amount as defined in rule 11(1)(e) of the <i>Private Health Insurance (Risk Equalisation Policy) Rules 2015</i> or its replacement, and under the following conditions: • over the period up to the reporting date; • where the risk equalisation levy has accrued but has not yet been paid; and • where an invoice, notice or receipt from APRA has not yet been received by the private health insurer, for that period.
<i>Unbilled gross deficit amount</i>	Unbilled <i>gross deficit</i> means the sum of the eligible benefits notionally allocated to the aged-based pool and the high cost claimants pool, calculated for each risk equalisation jurisdiction, in accordance with Part 2, rule 11(1)(a) of the <i>Private Health Insurance (Risk Equalisation Policy) Rules 2015</i> and under the following conditions: • over the period up to the reporting date; • where the risk equalisation levy has accrued but has not yet been paid; and

	• where an invoice, notice or receipt from APRA has not yet been received by the private health insurer, for that period.
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Specific instructions

Table 1: Insurance Risk Charge - Health-Related Insurance Business Accrued Premium

Reporting basis

This table applies to *health benefits funds* and the *general fund*.

Units of measurement

Report values in whole Australian dollars.

	Name	Valid values	Description
1	Private Health Insurer Fund Type	<i>Health benefits fund</i> <i>General fund</i>	Report the <i>private health insurer fund type</i> .
2	Private Health Insurer Fund Name	Free text	Report the name of the <i>private health insurer fund type</i>. This is in the event an insurer has multiple <i>health benefits funds</i>. In the event an insurer has only one <i>health benefits fund</i>, its name should be the same as the insurer. For the <i>general fund</i>, report the same name as the insurer.
3	Health-Related Insurance Business Accrued Premium Amount	Whole dollars	Report the <i>health-related insurance business accrued premium amount</i> .

Table 2: Insurance Risk Charge - Health Insurance Business Membership

Reporting basis

This table applies to *health benefits funds* only.

Units of measurement

Report counts as whole numbers.

	Name	Valid values	Description
1	Private Health Insurer Fund Name	Free text	Report the name of the <i>health benefits fund</i> . This is in the event an insurer has multiple <i>health benefits funds</i> . In the event an insurer has only one <i>health benefits fund</i> , its name should be the same as the insurer.
2	Health Insurance Business Membership Reporting Period	• As at the current reporting date • One year prior to the reporting date • Two years prior to the reporting date • Three years prior to the reporting date	Report the <i>health insurance business membership reporting period</i> .
3	Single Equivalent Units (Fund) Count	Whole number	Report the <i>Single Equivalent Units (fund) count</i> .
4	Single Equivalent Units (Transferor Funds) Count	Whole number	Report the <i>Single Equivalent Units (transferor funds) count</i> . <i>Single Equivalent Units (transferor funds) count</i> is to be left blank where the <i>health insurance business</i>

	Name	Valid values	Description
			<i>membership reporting period</i> is 'As at the current reporting date'.

Table 3: Insurance Liability Risk Charge - Outstanding Claims Liabilities

Reporting basis

This table applies to *health benefits funds* and the *general fund*.

Units of measurement

Report values in whole Australian dollars.

	Name	Valid values	Description
1	Private Health Insurer Fund Type	• <i>Health benefits fund</i> • <i>General fund</i>	Report the <i>private health insurer fund type</i> .
2	Private Health Insurer Fund Name	Free text	Report the name of the <i>private health insurer fund type</i>. This is in the event an insurer has multiple <i>health benefits funds</i>. In the event an insurer has only one <i>health benefits fund</i>, the name should be the same as the insurer. For the <i>general fund</i>, report the same name as the insurer.
3	Private Health Insurer Business Type	• <i>Health insurance business</i> • <i>Health-related insurance business</i>	Report the <i>private health insurer business type</i>. <i>Health insurance business</i> does not apply where the <i>private health insurer fund type</i> is <i>general fund</i>. Report <i>health-related insurance business</i> where the <i>private health insurer fund type</i> is <i>general fund</i>.

	Name	Valid values	Description
4	Claims Component - OCL Amount	Whole dollars	Report the <i>claims component - OCL amount</i> .
5	Claims Handling Expenses - OCL Amount	Whole dollars	Report the <i>claims handling expenses - OCL amount</i> .
6	Risk Equalisation Component - OCL Amount	Whole dollars	Report the <i>risk equalisation component - OCL amount</i> . Report risk equalisation amounts payable as a positive value. Report risk equalisation amounts receivable as a negative value.
7	Settled But Not Paid Claims - OCL Amount	Whole dollars	Report the <i>settled but not paid claims - OCL amount</i> .
8	Reinsurance Recoverables - OCL Amount	Whole dollars	Report the <i>reinsurance recoverables - OCL amount</i> .
9	Non-Reinsurance Recoveries - OCL Amount	Whole dollars	Report the <i>non-reinsurance recoveries - OCL amount</i> .
10	Discount on Outstanding Claims Liability Amount	Whole dollars	Report the <i>discount on OCL amount</i> . Report any discount on OCL as a positive value.

	Name	Valid values	Description
11	Risk Margin At 75 th POA - OCL Amount	Whole dollars	Report the <i>risk margin at 75th POA - OCL amount</i> .

Table 4: Insurance Liability Risk Charge - Premiums Liabilities

Reporting basis

This table applies to *health benefits funds* and the *general fund*.

Units of measurement

Report values in whole Australian dollars.

	Name	Valid values	Description
1	Private Health Insurer Fund Type	• <i>Health benefits fund</i> • <i>General fund</i>	Report the <i>private health insurer fund type</i> .
2	Private Health Insurer Fund Name	Free text	Report the name of the <i>private health insurer fund type</i>. This is in the event an insurer has multiple <i>health benefits funds</i>. In the event an insurer has only one <i>health benefits fund</i>, the name should be the same as the insurer. For the <i>general fund</i>, report the same name as the insurer.
3	Private Health Insurer Business Type	• <i>Health insurance business</i> • <i>Health-related insurance business</i>	Report the <i>private health insurer business type</i>. <i>Health insurance business</i> does not apply where the <i>private health insurer fund type</i> is <i>general fund</i>. Report <i>health-related insurance business</i> where the <i>private health insurer fund type</i> is <i>general fund</i>.

	Name	Valid values	Description
4	Claims Component - PL Amount	Whole dollars	Report the <i>claims component - PL amount</i> .
5	Claims Handling Expenses - PL Amount	Whole dollars	Report the <i>claims handling expenses - PL amount</i> .
6	Policy Administration Expenses - PL Amount	Whole dollars	Report the <i>policy administration expenses - PL amount</i> .
7	Risk Equalisation Component - PL Amount	Whole dollars	Report the <i>risk equalisation component - PL amount</i> . Report risk equalisation amounts payable as a positive value. Report risk equalisation amounts receivable as a negative value.
8	Expected Reinsurance Recoveries - PL Amount	Whole dollars	Report the <i>expected reinsurance recoveries - PL amount</i> .
9	Non-reinsurance Recoveries - PL Amount	Whole dollars	Report the <i>non-reinsurance recoveries - PL amount</i> .
10	Discount on Premiums Liabilities Amount	Whole dollars	Report the <i>discount on PL amount</i> . Report any discount on PL as a positive value.

	Name	Valid values	Description
11	Risk Margin At 75 th POA - PL Amount	Whole dollars	Report the <i>risk margin at 75th POA - PL amount</i> .

Table 5: Insurance Liability Risk Charge - Risk Equalisation Transfers

Reporting basis

This table applies to *health benefits funds* and the *general fund*.

Units of measurement

Report values in whole Australian dollars.

	Name	Valid values	Description
1	Private Health Insurer Fund Type	<i>Health benefits fund</i> <i>General fund</i>	Report the <i>private health insurer fund type</i> .
2	Private Health Insurer Fund Name	Free text	Report the name of the <i>private health insurer fund type</i>. This is in the event an insurer has multiple <i>health benefits funds</i>. In the event an insurer has only one <i>health benefits fund</i>, the name should be the same as the insurer. For the <i>general fund</i>, report the same name as the insurer.
3	Unbilled Calculated Deficit Amount	Whole dollars	Report the <i>unbilled calculated deficit amount</i> .
4	Unbilled Gross Deficit Amount	Whole dollars	Report the <i>unbilled gross deficit amount</i> .
5	Billed Risk Equalisation Special	Whole dollars	Report the <i>billed Risk Equalisation Special Account liability amount</i> .

	Name	Valid values	Description
	Account Liability Amount		
6	Risk Margin At 75 th POA – Risk Equalisation Transfers Amount	Whole dollars	Report the <i>risk margin at 75th POA – risk equalisation transfers amount</i> .

Table 6: Insurance Liability Risk Charge - Other Insurance Liabilities

Reporting basis

This table applies to *health benefits funds* and the *general fund*.

Units of measurement

Report values in whole Australian dollars.

	Name	Valid values	Description
1	Private Health Insurer Fund Type	• <i>Health benefits fund</i> • <i>General fund</i>	Report the <i>private health insurer fund type</i> .
2	Private Health Insurer Fund Name	Free text	Report the name of the <i>private health insurer fund type</i>. This is in the event an insurer has multiple <i>health benefits funds</i>. In the event an insurer has only one <i>health benefits fund</i>, the name should be the same as the insurer. For the <i>general fund</i>, report the same name as the insurer.
3	Private Health Insurer Business Type	• <i>Health insurance business</i> • <i>Health-related insurance business</i>	Report the <i>private health insurer business type</i>. <i>Health insurance business</i> does not apply where the <i>private health insurer fund type</i> is <i>general fund</i>. Report <i>health-related insurance business</i> where the <i>private health insurer fund type</i> is <i>general fund</i>.

	Name	Valid values	Description
4	Individual Other Insurance Liability Description	Free text	Report the <i>individual other insurance liability description</i> .
5	Individual Other Insurance Liability At 75th POA Amount	Whole dollars	Report the <i>individual other insurance liability at 75th POA amount</i> .
6	Individual Other Insurance Liability At 99.5th POA Amount	Whole dollars	Report the <i>individual other insurance liability at 99.5th POA amount</i> .

Table 7: Future Exposure Risk Charge - Central Estimate

Reporting basis

This table applies to *health benefits funds* and the *general fund*.

Units of measurement

Report monetary values in whole Australian dollars.

Report counts as whole numbers.

	Name	Valid values	Description
1	Private Health Insurer Fund Type	• <i>Health benefits fund</i> • <i>General fund</i>	Report the <i>private health insurer fund type</i> .
2	Private Health Insurer Fund Name	Free text	Report the name of the <i>private health insurer fund type</i>. This is in the event an insurer has multiple <i>health benefits funds</i>. In the event an insurer has only one <i>health benefits fund</i>, the name should be the same as the insurer. For the <i>general fund</i>, report the same name as the insurer.
3	Class Of Business	• <i>Hospital treatment</i> • <i>General treatment</i> • <i>Health-related insurance business</i>	Report the <i>class of business</i>. <i>Hospital treatment and general treatment</i> do not apply where the <i>private health insurer fund type</i> is <i>general fund</i>.

	Name	Valid values	Description
			Report <i>health-related insurance business</i> where the <i>private health insurer fund type</i> is <i>general fund</i> .
4	Future Exposure Risk Charge Period	• Month 1 • Month 2 • Month 3 • Month 4 • Month 5 • Month 6 • Month 7 • Month 8 • Month 9 • Month 10 • Month 11 • Month 12	Report the <i>Future Exposure Risk Charge period</i> .
5	Single Equivalent Units (CE) Count	Whole number	Report the <i>Single Equivalent Units (CE) count</i>. Report this item only where the <i>class of business</i> is <i>hospital treatment</i>.
6	Accrued Premium (CE) Amount	Whole dollars	Report the <i>accrued premium (CE) amount</i>. Report this item net of any reinsurance.
7	Claims Incurred (CE) Amount	Whole dollars	Report the <i>claims incurred (CE) amount</i>. Report this item net of any reinsurance.

	Name	Valid values	Description
8	Gross Deficit (CE) Amount	Whole dollars	Report the <i>gross deficit (CE) amount</i> . Report this item only where the <i>class of business</i> is <i>hospital treatment</i> .
9	Calculated Deficit (CE) Amount	Whole dollars	Report the <i>calculated deficit (CE) amount</i> . Report this item only where the <i>class of business</i> is <i>hospital treatment</i> .
10	State Levies (CE) Amount	Whole dollars	Report the <i>state levies (CE) amount</i> . Report this item only where the <i>class of business</i> is <i>hospital treatment</i> .
11	Management Other <u>Business</u> Expenses (CE) Amount	Whole dollars	Report the management other business <u>expenses (CE)</u> <i>amount</i> .

Table 8: Future Exposure Risk Charge - Adverse Event Stress

Reporting basis

This table applies to *health benefits funds* only.

Units of measurement

Report monetary values in whole Australian dollars.

Report counts as whole numbers.

	Name	Valid values	Description
1	Private Health Insurer Fund Name	Free text	Report the name of the <i>health benefits fund</i> . This is in the event an insurer has multiple <i>health benefits funds</i> . In the event an insurer has only one <i>health benefits fund</i> , the name should be the same as the insurer.
2	Class Of Business	• <i>Hospital treatment</i> • <i>General treatment</i>	Report the <i>class of business</i> .
3	Future Exposure Risk Charge Period	• Month 1 • Month 2 • Month 3 • Month 4 • Month 5 • Month 6 • Month 7 • Month 8 • Month 9	Report the <i>Future Exposure Risk Charge period</i> .

	Name	Valid values	Description
		- Month 10 - Month 11 - Month 12	
4	Single Equivalent Units (AES) Count	Whole number	Report the <i>Single Equivalent Units (AES) count</i>. Report this item only where the <i>class of business</i> is <i>hospital treatment</i>.
5	Accrued Premium (AES) Amount	Whole dollars	Report the <i>accrued premium (AES) amount</i>. Report this item net of any reinsurance.
6	Claims Incurred (AES) Amount	Whole dollars	Report the <i>claims incurred (AES) amount</i>. Report this item net of any reinsurance.
7	Gross Deficit (AES) Amount	Whole dollars	Report the <i>gross deficit (AES) amount</i>. Report this item only where the <i>class of business</i> is <i>hospital treatment</i>.
8	State Levies (AES) Amount	Whole dollars	Report the <i>state levies (AES) amount</i>. Report this item only where the <i>class of business</i> is <i>hospital treatment</i>.
9	Management Other Business Expenses (AES) Amount	Whole dollars	Report the management other business expenses (AES) amount.

Table 9: Future Exposure Risk Charge - Adverse Event Stress and Prescribed Benefit Stress including Management Actions

Reporting basis

This table applies to *health benefits funds* and the *general fund*.

Units of measurement

Report monetary values in whole Australian dollars.

Report counts as whole numbers.

	Name	Valid values	Description
1	Private Health Insurer Fund Type	• <i>Health benefits fund</i> • <i>General fund</i>	Report the <i>private health insurer fund type</i> .
2	Private Health Insurer Fund Name	Free text	Report the name of the <i>private health insurer fund type</i>. This is in the event an insurer has multiple <i>health benefits funds</i>. In the event an insurer has only one <i>health benefits fund</i>, the name should be the same as the insurer. For the <i>general fund</i>, report the same name as the insurer.
3	Class Of Business	• <i>Hospital treatment</i> • <i>General treatment</i> • <i>Health-related insurance business</i>	Report the <i>class of business</i>. <i>Hospital treatment and general treatment</i> do not apply where the <i>private health insurer fund type</i> is <i>general fund</i>.

	Name	Valid values	Description
			Report <i>health-related insurance business</i> where the <i>private health insurer fund type</i> is <i>general fund</i> .
4	Future Exposure Risk Charge Period	- Month 10 - Month 11 - Month 12	Report the <i>Future Exposure Risk Charge period</i> where management action is possible. That is, only months 10, 11 and 12.
5	Single Equivalent Units (MA) Count	Whole number	Report the <i>Single Equivalent Units (MA) count</i>. Report this item only where the <i>class of business</i> is <i>hospital treatment</i>.
6	Accrued Premium (MA) Amount	Whole dollars	Report the <i>accrued premium (MA) amount</i>. Report this item net of any reinsurance.
7	Claims Incurred (MA) Amount	Whole dollars	Report the <i>claims incurred (MA) amount</i>. Report this item net of any reinsurance.
8	Gross Deficit (MA) Amount	Whole dollars	Report the <i>gross deficit (MA) amount</i>. Report this item only where the <i>class of business</i> is <i>hospital treatment</i>.
9	State Levies (MA) Amount	Whole dollars	Report the <i>state levies (MA) amount</i>. Report this item only where the <i>class of business</i> is <i>hospital treatment</i>.

	Name	Valid values	Description
10	Management <u>Other Business</u> Expenses (MA) Amount	Whole dollars	Report the management <u>other business</u> expenses (MA) amount.

Table 10: Future Exposure Risk Charge - Adjustments

Reporting basis

This table applies to *health benefits funds* and the *general fund*.

Units of measurement

Report values in whole Australian dollars.

	Name	Valid values	Description
1	Private Health Insurer Fund Type	• <i>Health benefits fund</i> • <i>General fund</i>	Report the <i>private health insurer fund type</i> .
2	Private Health Insurer Fund Name	Free text	Report the name of the <i>private health insurer fund type</i>. This is in the event an insurer has multiple <i>health benefits funds</i>. In the event an insurer has only one <i>health benefits fund</i>, the name should be the same as the insurer. For the <i>general fund</i>, report the same name as the insurer.
3	Private Health Insurer Business Type	• <i>Health insurance business</i> • <i>Health-related insurance business</i>	Report the <i>private health insurer business type</i>. <i>Health insurance business</i> does not apply where the <i>private health insurer fund type</i> is <i>general fund</i>. Report <i>health-related insurance business</i> where the <i>private health insurer fund type</i> is <i>general fund</i>.

	Name	Valid values	Description
4	Insurance Profits Forecast After Management Actions Amount	Whole dollars	Report the <i>insurance profits forecast after management actions amount</i>. <i>Insurance profits forecast after management actions amount</i> is to be reported as a positive value, to reflect an addition to the <i>Future Exposure Risk Charge</i>.
5	Discount on Future Exposure Risk Charge Amount	Whole dollars	Report the <i>discount on Future Exposure Risk Charge amount</i>. Discounts on insurance losses are to be reported as a negative value, to reflect a deduction to the <i>Future Exposure Risk Charge</i>.

Table 11: Deferred Claims Liability Risk Charge

Reporting basis

This table applies to *health benefits funds* and the *general fund*.

Units of measurement

Report values in whole Australian dollars.

	Name	Valid values	Description
1	Private Health Insurer Fund Type	• <i>Health benefits fund</i> • <i>General fund</i>	Report the <i>private health insurer fund type</i> .
2	Private Health Insurer Fund Name	Free text	Report the name of the <i>private health insurer fund type</i>. This is in the event an insurer has multiple <i>health benefits funds</i>. In the event an insurer has only one <i>health benefits fund</i>, the name should be the same as the insurer. For the <i>general fund</i>, report the same name as the insurer.
3	Private Health Insurer Business Type	• <i>Health insurance business</i> • <i>Health-related insurance business</i>	Report the <i>private health insurer business type</i>. <i>Health insurance business</i> does not apply where the <i>private health insurer fund type</i> is <i>general fund</i>. Report <i>health-related insurance business</i> where the <i>private health insurer fund type</i> is <i>general fund</i>.

	Name	Valid values	Description
4	DCL at 75th POA Amount	Whole dollars	Report the <i>DCL at 75th POA amount.</i>
5	DCL at 99.5th POA Amount	Whole dollars	Report the <i>DCL at 99.5th POA amount.</i>
6	DCL Aggregation Benefit	Whole dollars	Report the <i>DCL aggregation benefit.</i> Report a <i>DCL aggregation benefit</i> that would result in decrease in the <i>DCL Risk Charge</i> as a positive value.