



**ANNUAL STATUTORY RETURN IN TERMS OF
SECTION 37 OF THE MEDICAL SCHEMES ACT 131
OF 1998**

Medical Scheme:

Financial Year End: 31 December 2012



ANNUAL STATUTORY RETURN IN TERMS OF SECTION 37 OF THE MEDICAL SCHEMES ACT 131 OF 1998 INDEX

Part	Contents
Part 1.1	Details of medical scheme & certification of return
Part 1.2	Benefit options
Part 1.3.1	Board of Trustees
Part 1.3.2	Training attended
Part 1.4	Report of the Board of Trustees
Part 2.1	Membership at the end of the financial year
Part 2.2	Number of registered members and dependants at the end of each month
Part 2.3	Age analysis of beneficiaries as at end of the financial year
Part 2.4.1	Member movement
Part 2.4.2	Age analysis of member movement for the financial year
Part 2.5	Waiting periods
Part 2.6	Utilisation
Part 2.7	Number of beneficiaries with the following chronic diseases
Part 2.8	Utilisation of services by medical and dental specialists
Part 2.9	Utilisation of services by supplementary and allied health professionals
Part 2.10	Utilisation of other benefit services
Part 2.11	Utilisation of medicines
Part 2.12	Distribution of membership at end of the financial year
Part 2.13	Utilisation of private hospitals by age group and gender
Part 2.14	Utilisation of public hospitals by age group and gender
Part 2.15	Utilisation of hospitals in respect of selected principal diagnosis types per ICD10 codes
Part 3.1	Analysis of benefits actually paid during the financial year
Part 3.2	Analysis of medical and dental specialists
Part 3.3	Analysis of supplementary and allied health professionals
Part 3.4	Analysis of other benefits
Part 3.5	Analysis of total benefits paid in respect of selected principal diagnosis types per ICD10 codes
Part 3.6	Total PMB expenditure paid per age band: in-hospital and out-of-hospital
Part 4	Notes to the financial statements
Part 4.1	Property, plant and equipment
Part 4.2	Investments
Part 4.3(a)	Trade and other receivables
Part 4.3(b)	Analysis of movement in respect of risk transfer arrangements assets
Part 4.4	Cash and cash equivalents
Part 4.5.1	Personal medical savings account trust liability
Part 4.5.2	Personal medical savings account trust investment



ANNUAL STATUTORY RETURN IN TERMS OF SECTION 37 OF THE MEDICAL SCHEMES ACT 131 OF 1998 INDEX

Part	Contents
Part 4.6	Borrowings
Part 4.7	Other non-current liabilities
Part 4.8	Trade and other payables
Part 4.9	Outstanding claims provision
Part 4.10	Risk contribution income
Part 4.11.1	Relevant healthcare expenditure
Part 4.11.2	Managed care: healthcare services (no transfer of risk) – paid and reported
Part 4.12	Managed care: management services
Part 4.13	Net (income)/expense from other risk transfer arrangements (excluding commercial reinsurance contracts)
Part 4.14	Net (income)/expense from risk transfer arrangements: commercial reinsurance contracts
Part 4.15(a)	Broker services fees
Part 4.15(b)	Other distribution costs
Part 4.16.1	Administration expenses
Part 4.16.2	Advertising and marketing expenditure
Part 4.17	Trustee remuneration and considerations
Part 4.18	Provision for impaired losses at year-end
Part 4.19	Other investment income
Part 4.20	Other realised and unrealised gains/(losses)
Part 4.21	Own facility surplus/(deficit)
Part 4.22	Finance costs
Part 4.23	Net surplus/(deficit) per benefit option
Part 4.24	Guarantees supplied to registrar in terms of the act
Part 4	Notes to the financial statements (Cont.)
Part 4.25	Guarantees and suretyships for third party liabilities (including contingent liabilities)
Part 4.26	Related party transactions
Part 5	Statement of financial position
Part 6.1	Statement of comprehensive income
Part 6.2	Monthly statement of net healthcare result
Part 7	Statement of changes in funds and reserves
Part 7.1	Accumulated funds
Part 7.2	Revaluation reserve (financial instruments)
Part 7.3	Revaluation reserve (property, plant and equipment)
Part 7.4	Reserves set aside for specific purposes
Part 7.5	Other reserves



ANNUAL STATUTORY RETURN IN TERMS OF SECTION 37 OF THE MEDICAL SCHEMES ACT 131 OF 1998 INDEX

Part	Contents
Part 8	Cash flow statement
Part 9(a)	Assets held in the republic in terms of Regulation 30 (Annexure B)
Part 9(b)	Assets held in the republic in terms of Regulation 30 (Annexure B)
Part 10	Minimum accumulated funds to be maintained
Part 10.1	Cumulative net gains on the re-measurement of properties and investments through the income statement
Part 10.2	Solvency ratio
Part 11	Report by the auditors
Part 11(a)	ISA 800 audit report in terms of Sections 36, 37 and 39 on parts 4 to 10 of the annual statutory return
Part 11(b)	ISAE 3000 limited assurance report in terms of Section 36 of the Act - compliance

Medical Scheme:
 Ref No.:
 Financial Year End:



PART 1.1 DETAILS OF MEDICAL SCHEME AND CERTIFICATION OF RETURN

Name of Medical Scheme:	
Type of Scheme:	
Type of Administration:	
Change in Administrator:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Administrator:	
Change in Administrator Effective From:	dd/mm/yyyy
Amalgamated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Scheme Amalgamated with:	
Amalgamation Effective From:	dd/mm/yyyy
Liquidated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquidation Effective From:	dd/mm/yyyy
Under Curatorship:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Curatorship Effective From:	dd/mm/yyyy
Name Change:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Name:	
Name Change Effective From:	dd/mm/yyyy
Financial Period End:	31 December 2012
Ref No.:	
1. Initials and Surname of Principal Officer:	
1.1 Postal Address:	
1.2 Telephone Number:	
1.3 Cell Phone Number:	
1.4 Fax:	
1.5 E-mail Address:	
2. Initials and Surname of Chairperson:	
2.1 Postal Address:	
2.2 Telephone Number:	
2.3 Cell Phone Number:	
2.4 Fax:	
2.5 E-mail Address:	
3. Initials and Surname of Trustee Signatory:	
3.1 Postal Address:	
3.2 Telephone Number:	

Medical Scheme:
 Ref No.:
 Financial Year End:



**PART 1.1
 DETAILS OF MEDICAL SCHEME AND CERTIFICATION OF RETURN**

3.3 Cell Phone Number:	
3.4 Fax:	
3.5 E-mail Address:	
4. Registered Office of the Medical Scheme in the RSA (Physical Address):	
4.1 Postal Address:	
4.2 Telephone Number:	
4.3 Fax:	
4.4 Website Address:	
4.5 E-mail Address:	
5. Name of Administrator:	
5.1 Postal Address:	
5.2 Telephone Number:	
5.3 Fax:	
5.4 Website Address:	
5.5 E-mail Address:	
6. Name of Co-Administrator:	
6.1 Postal Address:	
6.2 Telephone Number:	
6.3 Fax:	
6.4 Website Address:	
6.5 E-mail Address:	
7. Person (Fund manager) Responsible for the Medical Scheme:	
7.1 Telephone Number:	
7.2 Cell phone Number:	
7.3 Fax:	
7.4 E-mail Address:	
8. Name of Person Responsible for the Completion of the Return:	
8.1 Telephone Number:	
8.2 Cell phone Number:	
8.3 Fax:	
8.4 E-mail Address:	

Medical Scheme:
 Ref No.:
 Financial Year End:



PART 1.1
DETAILS OF MEDICAL SCHEME AND CERTIFICATION OF RETURN

9.1. Auditors:	
9.1.1 Name of Audit Firm:	
9.1.2 Initials and Surname of the Responsible Partner(s):	
9.1.3 Telephone Number:	
9.1.4 Cell phone Number:	
9.1.5 Fax:	
9.1.6 E-mail Address:	
9.2. Auditors:	
9.2.1 Name of Audit Firm:	
9.2.2 Initials and Surname of the Responsible Partner(s):	
9.2.3 Telephone Number:	
9.2.4 Cell phone Number:	
9.2.5 Fax:	
9.2.6 E-mail Address:	
10. Initials and Surname of the Liquidator:	
10.1 Telephone Number:	
10.2 Cell phone Number:	
10.3 Fax:	
10.4 Email Address:	
10. Initials and Surname of the Curator:	
10.1 Telephone Number:	
10.2 Cell phone Number:	
10.3 Fax:	
10.4 Email Address:	

Medical Scheme:
Ref No.:
Financial Year End:



PART 1.1
DETAILS OF MEDICAL SCHEME AND CERTIFICATION OF RETURN (CONT.)

We, the undersigned, certify that, to the best of our knowledge, the particulars contained in this return are extracted from the books, records and reconcile to the audited Annual Financial Statements of the scheme and that the information is correct.

Principal Officer:	
Signature:	
Date:	
Chairperson:	
Signature:	
Date:	
Trustee Signatory:	
Signature:	
Date:	

Medical Scheme:
Ref No.:
Financial Year End:



PART 1.2 BENEFIT OPTIONS

Number of benefit options reported on:	
List benefit options by name	

Blank document

Medical Scheme:
Ref No.:
Financial Year End:



PART 1.3.1 BOARD OF TRUSTEES

Number of Board of Trustees:	
List Board of Trustees by name	

Blank document

Medical Scheme:
Ref No.:
Financial Year End:



PART 1.3.2 TRAINING ATTENDED

Board of Trustees	Details of Training Attended
List Board of Trustees by name	



PART 1.4 REPORT OF THE BOARD OF TRUSTEES

	Answer
GENERAL	
1. Has there been a change in accounting policies? Please provide full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has there been a change in accounting estimates? Please provide full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any company/institution/person to your knowledge received or dealt with the contributions of the scheme otherwise than in terms of Sections 26(6) and 26(7)? Please provide full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are transfers to and from reserves fully disclosed in the attached financial statements? Please provide full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the scheme have fidelity guarantee and professional indemnity insurance cover in terms of the Act? Please provide full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Were any contract(s) in place during the financial year in respect of inter alia the following services provided to the members of the scheme:	
(a). Managed care: management services	<input type="checkbox"/> Yes <input type="checkbox"/> No
(i). With the administrator and its related parties	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii). With other third parties Name (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b). Managed care: healthcare benefits: no transfer of risk Name (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c). Risk transfer arrangements during previous and current financial year	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name (specify)	Previous year Current year
(d). Commercial re-insurance Name (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e). Administration agreements Name (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f). Brokerage agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g). Marketing / advertising agreements Name (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(h). Investment managers Name (specify) Investment vehicle Notice period applicable, and possible penalties incurred upon immediate liquidation	<input type="checkbox"/> Yes <input type="checkbox"/> No
(i). Other Name (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No



PART 1.4 REPORT OF THE BOARD OF TRUSTEES

				Answer
7. Did the Scheme prepare consolidated annual financial statements?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of consolidated party (specify)	% holding	Nature of relationship	Specify (where applicable)	
Please ensure that copies of all the parties consolidated annual financial statements are submitted to the Council for Medical Schemes.				
8(a). Does the scheme make use of diagnostic coding?				<input type="checkbox"/> Yes <input type="checkbox"/> No
What systems are used?				
8(b). Does the scheme make use of surgical procedure codes?				<input type="checkbox"/> Yes <input type="checkbox"/> No
What systems are used?				
8(c). Did the scheme operate any unregistered options?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.				
TECHNICAL PROVISIONS AND INTERNAL SYSTEMS				
9(a). Are underwriting, financial and investments results which can be relied upon for making management decisions, available timeously?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9(b). How frequently are these results available?				
10. Are these results generally available for the calculation of provisions?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.				
11. Is sufficient reliable data available for the calculation of provisions?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.				
12(a). Has the basis for calculating provisions been changed from the past?				<input type="checkbox"/> Yes <input type="checkbox"/> No
12(b). Are provisions calculated monthly/quarterly/half yearly/annually?				Monthly/Quarterly/Half yearly/Annually
Please provide full details to the methodology used.				
13. Has an independent person verified the adequacy of provisions?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide name, date and qualification.				
ASSET COVER				
14(a). Are any assets encumbered in terms of section 35 (6)(a)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.				
14(b). Are any assets held by another person on behalf of the scheme in terms of section 35(6)(b) ?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.				
14(c). Has there been any direct or indirect borrowing of money in terms of section 35(6)(c)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.				



**PART 1.4
REPORT OF THE BOARD OF TRUSTEES**

	Answer
14(d). Has any suretyship been given in terms of section 35(6)(d)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.	
15(a). Has any asset been revalued during the year under review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15(b). Name, date and qualification of valuator.	
15(c). Whether it was done internally or externally.	Internally/Externally
15(d). Other detail.	
16. Are all assets of the Scheme or title thereto held by the scheme in terms of section 26 and Regulation 24?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.	
17(a). Do the notes to the financial statements fully include contingent liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.	
17(b). Does the scheme have any issued guarantees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.	
INVESTMENTS	
18. Are all investments made in accordance with proper authority from the Management Board/Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.	
19. Does the Scheme hold any investment in the business of any other medical scheme, participating employer group, the administrator of the Scheme or any person associated with the parties mentioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.	
20. Did the Scheme grant a loan to any other medical scheme, participating employer group, the administrator of the Scheme or any person associated with the parties mentioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.	
21. Are appropriate systems in place to enable the frequent and effective monitoring of investments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.	
22. Are the total assets in compliance with Annexure B?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.	
GOVERNANCE	
23. Have there been any developments after the year end, which have a significant effect on the financial soundness of the Scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.	
24. Have there been any developments in respect of possible amalgamations, liquidation, and de-registration of the Scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No



PART 1.4 REPORT OF THE BOARD OF TRUSTEES

	Answer
Please provide full details (i.e. the name of scheme (amalgamating with) and the effective date (if finalised)).	
25. Did the Board/Committee meet as frequently as determined by the rules of the scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.	
26. After having taken all reasonable steps to obtain the necessary information, the Management Board/Committee hereby reports to the Registrar that:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a). The internal controls and systems of the Scheme are designed to provide reasonable assurance as to the integrity and reliability of the published financial statements.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b). Such controls and systems are based on established written policies and procedures and are implemented by trained, skilled personnel whose duties have been segregated appropriately.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c). The controls are monitored by the Scheme and that all employees are required to maintain the highest ethical standards in ensuring that the business practices of the Scheme are conducted in a manner that, in all reasonable circumstances, is beyond reproach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d). It is confirmed that nothing has come to their attention to indicate that any material malfunctioning of the aforementioned controls, procedures or systems had occurred during the year under review.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e). It is confirmed that there is no reason to believe that the medical scheme will not be a going concern in the year ahead.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to any of the above is No, provide full details.	
27. When the administration of the Scheme is contracted to a third party the Management Committee/Board should qualify questions 26 (a)-(e) as such and obtain and append a letter of comfort from the Administrator in response to this information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Does the audit committee's composition adhere to the requirements of Sections 36(10) and 36(11)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide full details.	
29. Does the scheme have an internal dispute resolution committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29(a). How many matters served before the scheme's internal dispute resolution committee?	
29(b). How many matters were resolved by the scheme's internal dispute resolution committee?	
29(c). How is the decisions made by the scheme's internal dispute resolution committee communicated to the member?	
29(a). Kindly provide reasons as to why the scheme does not have an internal dispute resolution committee?	

Medical Scheme:
 Ref No.:
 Financial Year End:



**PART 2
 MEMBERSHIP**

**PART 2.1
 MEMBERSHIP AT THE END OF THE FINANCIAL YEAR**

	Benefit Options	Members	Adult Dependants	Child Dependants	Beneficiaries	Dependant Ratio
2.1.1						
2.1.2						
2.1.2	<i>Consolidated Total</i>					

Please provide the reasons, should the members and/or adult and/or child dependants be zero for any option:
Please provide the reasons, and action to be taken, should the principal members be less than 6 000 members:

Medical Scheme:
 Ref No.:
 Financial Year End:



PART 2.2
NUMBER OF REGISTERED MEMBERS AND DEPENDANTS AT THE END OF EACH MONTH

	Month	Members	Adult Dependants	Child Dependants	Beneficiaries	Dependant Ratio
2.2.1	January					
2.2.2	February					
2.2.3	March					
2.2.4	April					
2.2.5	May					
2.2.6	June					
2.2.7	July					
2.2.8	August					
2.2.9	September					
2.2.10	October					
2.2.11	November					
2.2.12	December					
2.2.13	Average					

Please provide the reasons if the members and/or adult dependants and/or child dependants are zero in any month:

--



PART 2.3
AGE ANALYSIS OF BENEFICIARIES AS AT END OF THE FINANCIAL YEAR

		Consolidated Total		Per Benefit Option	Per Benefit Option
		Male	Female	Male	Female
2.3.1	Less than one year				
2.3.2	1-4 years				
2.3.3	5-9 years				
2.3.4	10-14 years				
2.3.5	15-19 years				
2.3.6	20-24 years				
2.3.7	25-29 years				
2.3.8	30-34 years				
2.3.9	35-39 years				
2.3.10	40-44 years				
2.3.11	45-49 years				
2.3.12	50-54 years				
2.3.13	55-59 years				
2.3.14	60-64 years				
2.3.15	65-69 years				
2.3.16	70-74 years				
2.3.17	75-79 years				
2.3.18	80-84 years				
2.3.19	85 years +				
2.3.20	Total				
	Cumulative Total				
	65 Years + Ratio				
	Average Age per Beneficiary				

Please provide the reasons, should the total males or females be zero for any option:

Medical Scheme:
 Ref No.:
 Financial Year End:



PART 2.4.1 MEMBER MOVEMENT

		Number of New Members Joining the Scheme			Number of New Dependants Joining the Scheme	Number of Members Leaving the Scheme	Number of Dependants Leaving the Scheme
		Number of Members Transferring from Other Schemes	Number of Members not Transferring from Other Schemes	Total			
2.4.1.1	January						
2.4.1.2	February						
2.4.1.3	March						
2.4.1.4	April						
2.4.1.5	May						
2.4.1.6	June						
2.4.1.7	July						
2.4.1.8	August						
2.4.1.9	September						
2.4.1.10	October						
2.4.1.11	November						
2.4.1.12	December						
2.4.1.13	Total						



**PART 2.4.2
 AGE ANALYSIS OF MEMBER MOVEMENT FOR THE FINANCIAL YEAR**

		Number of New Members Joining the Scheme	Number of New Dependants Joining the Scheme	Number of Members Leaving the Scheme	Number of Dependants Leaving the Scheme
2.4.2.1	Less than one year				
2.4.2.2	1-4 years				
2.4.2.3	5-9 years				
2.4.2.4	10-14 years				
2.4.2.5	15-19 years				
2.4.2.6	20-24 years				
2.4.2.7	25-29 years				
2.4.2.8	30-34 years				
2.4.2.9	35-39 years				
2.4.2.10	40-44 years				
2.4.2.11	45-49 years				
2.4.2.12	50-54 years				
2.4.2.13	55-59 years				
2.4.2.14	60-64 years				
2.4.2.15	65-69 years				
2.4.2.16	70-74 years				
2.4.2.17	75-79 years				
2.4.2.18	80-84 years				
2.4.2.19	85 years +				
2.4.2.20	Total				

Please provide the reasons for the inclusion of members in the category: Less than one year



PART 2.5 WAITING PERIODS

		Number of New Beneficiaries to whom General Waiting Periods were Imposed		Number of New Beneficiaries to whom Pre-existing Condition Exclusions were Imposed		Number of New Beneficiaries to whom Late Joiner Penalties were Imposed	
		New Beneficiaries	Transferred Beneficiaries	New Beneficiaries	Transferred Beneficiaries	New Beneficiaries	Transferred Beneficiaries
2.5.1	Less than one year						
2.5.2	1-4 years						
2.5.3	5-9 years						
2.5.4	10-14 years						
2.5.5	15-19 years						
2.5.6	20-24 years						
2.5.7	25-29 years						
2.5.8	30-34 years						
2.5.9	35-39 years						
2.5.10	40-44 years						
2.5.11	45-49 years						
2.5.12	50-54 years						
2.5.13	55-59 years						
2.5.14	60-64 years						
2.5.15	65-69 years						
2.5.16	70-74 years						
2.5.17	75-79 years						
2.5.18	80-84 years						
2.5.19	85 years +						
2.5.20	Total						

Please provide reasons why no general waiting periods were imposed
Please provide reasons why no pre-existing condition exclusions were imposed
Please provide reasons why no late joiner penalties were imposed



PART 2.6 UTILISATION

		Current Year	Previous Year
2.6.1	Primary and emergency care services		
2.6.1.1	Number of beneficiaries visiting GPs at least once a year		
2.6.1.2	Total number of visits to GPs		
2.6.1.3	Number of beneficiaries visiting dentists at least once a year		
2.6.1.4	Total number of visits to dentists		
2.6.1.5	Number of beneficiaries visiting private nurses at least once a year		
2.6.1.6	Total number of visits to private nurses		
2.6.1.7	Number of beneficiaries enrolled in primary care networks		
2.6.2	Private Hospitals - beneficiaries:		
2.6.2.1	Total number of outpatient visits		
2.6.2.2	Number of inpatient admissions		
2.6.2.3	Number of same-day inpatients		
2.6.2.4	Total number of inpatient admissions for Medical cases		
2.6.2.5	Total number of inpatient admissions for Surgical cases		
2.6.2.6	Total number of inpatient admissions for Maternity cases		
2.6.2.7	Total number of inpatient admissions for Cathlab cases		
2.6.2.8	Total number of beneficiaries admitted as inpatients		
2.6.2.9	Number of beneficiaries admitted for Prescribed Minimum Benefits		
2.6.2.10	Number of beneficiaries admitted at Day clinics/ unattached operating theatres (disciplines 76 and 77)		
2.6.2.11	Number of beneficiaries receiving MRI scans		
2.6.2.12	Number of beneficiaries receiving MRI scans repetitions within 28 days		
2.6.2.13	Number of beneficiaries receiving MRI scans repetitions within 3 months		
2.6.2.14	Number of MRI scans administered		
2.6.2.15	Number of beneficiaries receiving CT scans		
2.6.2.16	Number of CT scans administered		
2.6.2.17	Number of pregnancies		
2.6.2.18	Number of births		
2.6.2.19	Number of live births		
2.6.2.20	Number of caesarean sections performed		
2.6.2.21	Number of births to women between 12 and 18 years		
2.6.2.22	Number of mammograms paid for		
2.6.2.23	Number of pap smears paid for		
2.6.2.24	Number of deaths		
2.6.2.25	Number of beneficiaries receiving PET scans		
2.6.2.26	Number of PET scans administered		
2.6.2.27	Number of beneficiaries receiving angiograms		
2.6.2.28	Number of angiograms administered		
2.6.2.29	Number of beneficiaries receiving bone density scans		
2.6.2.30	Number of bone density scans administered		

Initials of Principal Officer: _____



PART 2.6 UTILISATION

		Current Year	Previous Year
2.6.2.31	Number of inpatient days		
2.6.2.32	Number of admissions to ICU		
2.6.2.33	Number of inpatient days in ICU		
2.6.2.34	Number of admissions to High Care		
2.6.2.35	Number of inpatient days in High Care		
2.6.2.36	Number of admissions to General Ward		
2.6.2.37	Number of inpatient days in General Ward		
2.6.2.38	Number of admissions to Emergency Unit		
2.6.2.39	Number of beneficiaries admitted for Renal Dialysis		
2.6.2.40	Number of beneficiaries enrolled in hospital networks		
2.6.3	Public Hospitals - beneficiaries:		
2.6.3.1	Total number of outpatient visits		
2.6.3.2	Number of inpatient admissions		
2.6.3.3	Number of same-day inpatients		
2.6.3.4	Total number of inpatient admissions for Medical cases		
2.6.3.5	Total number of inpatient admissions for Surgical cases		
2.6.3.6	Total number of inpatient admissions for Maternity cases		
2.6.3.7	Total number of inpatient admissions for Cathlab cases		
2.6.3.8	Total number of beneficiaries admitted as inpatients		
2.6.3.9	Number of beneficiaries admitted for Prescribed Minimum Benefits		
2.6.3.10	Number of beneficiaries admitted at Day clinics/ unattached operating theatres (disciplines 76 and 77)		
2.6.3.11	Number of beneficiaries receiving MRI scans		
2.6.3.12	Number of beneficiaries receiving MRI scans repetitions within 28 days		
2.6.3.13	Number of beneficiaries receiving MRI scans repetitions within 3 months		
2.6.3.14	Number of MRI scans administered		
2.6.3.15	Number of beneficiaries receiving CT scans		
2.6.3.16	Number of CT scans administered		
2.6.3.17	Number of pregnancies		
2.6.3.18	Number of births		
2.6.3.19	Number of live births		
2.6.3.20	Number of caesarean sections performed		
2.6.3.21	Number of births to women between 12 and 18 years		
2.6.3.22	Number of mammograms paid for		
2.6.3.23	Number of pap smears paid for		
2.6.3.24	Number of deaths		
2.6.3.25	Number of beneficiaries receiving PET scans		
2.6.3.26	Number of PET scans administered		
2.6.3.27	Number of beneficiaries receiving angiograms		

Medical Scheme:
 Ref No.:
 Financial Year End:



PART 2.6 UTILISATION

		Current Year	Previous Year
2.6.3.28	Number of angiograms administered		
2.6.3.29	Number of beneficiaries receiving bone density scans		
2.6.3.30	Number of bone density scans administered		
2.6.3.31	Number of inpatient days		
2.6.3.32	Number of beneficiaries admitted to ICU		
2.6.3.33	Number of inpatient days in ICU		
2.6.3.34	Number of beneficiaries admitted to High Care		
2.6.3.35	Number of inpatient days in High Care		
2.6.3.36	Number of beneficiaries admitted to General Ward		
2.6.3.37	Number of inpatient days in General Ward		
2.6.3.38	Number of beneficiaries admitted to Emergency Unit		
2.6.3.39	Number of beneficiaries admitted for Renal Dialysis		

Please provide the reasons for any changes made to the prior year data:
Please provide reasons for the significant changes in utilisation experienced in respect of the following items:



PART 2.7
NUMBER OF BENEFICIARIES WITH THE FOLLOWING CHRONIC DISEASES

	Name of disease	Consolidated Previous Year	Consolidated Current Year	Per Benefit Option Previous Year	Per Benefit Option Current Year
2.7.1	Addison's Disease				
2.7.2	Asthma				
2.7.3	Bipolar Mood Disorder				
2.7.4	Bronchiectasis				
2.7.5	Cardiac Failure				
2.7.6	Cardiomyopathy Disease				
2.7.7	Chronic Obstructive Pulmonary Disease				
2.7.8	Chronic Renal Disease				
2.7.9	Coronary Artery Disease				
2.7.10	Crohn's Disease				
2.7.11	Diabetes Insipidus				
2.7.12	Diabetes Mellitus Type 1				
2.7.13	Diabetes Mellitus Type 2				
2.7.14	Dysrhythmias				
2.7.15	Epilepsy				
2.7.16	Glaucoma				
2.7.17	Haemophilia				
2.7.18	HIV				
2.7.19	Hyperlipidaemia				
2.7.20	Hypertension				
2.7.21	Hypothyroidism				
2.7.22	Multiple Sclerosis				
2.7.23	Parkinson's Disease				
2.7.24	Rheumatoid Arthritis				
2.7.25	Schizophrenia				
2.7.26	Systemic Lupus Erythematosus				
2.7.27	Ulcerative Colitis				

Please provide the reasons for any changes made to the prior year data:



PART 2.8 UTILISATION OF SERVICES BY MEDICAL AND DENTAL SPECIALISTS

	Health Professional (BHF PCNS Discipline code)	Total Number of Visits to Specialists	Number of Beneficiaries Visiting at Least Once Per Year
	Medical Specialists:		
2.8.1	Dermatologists (12)		
2.8.2	Obstetricians & Gynaecologists (16)		
2.8.3	Pulmonologists (17)		
2.8.4	Specialist Physicians (18)		
2.8.5	Gastroenterologists (19)		
2.8.6	Neurologists (20)		
2.8.7	Cardiologists (21)		
2.8.8	Psychiatrists (22)		
2.8.9	Medical Oncologists (23)		
2.8.10	Neurosurgeons (24)		
2.8.11	Nuclear Medicine Specialists (25)		
2.8.12	Ophthalmologists (26)		
2.8.13	Clinical Haematologists (27)		
2.8.14	Orthopaedic Surgeons (28)		
2.8.15	Otorhinolaryngologists (30)		
2.8.16	Rheumatologists (31)		
2.8.17	Paediatricians (32)		
2.8.18	Paediatric Cardiologists (33)		
2.8.19	Physical Medicine Specialists (34)		
2.8.20	Plastic & Reconstructive Surgeons (36)		
2.8.21	Radiation Oncologists (40)		
2.8.22	Surgeons (42)		
2.8.23	Cardiothoracic Surgeons (44)		
2.8.24	Urologists (46)		
2.8.25	Specialist Family Medicine (15)		
	Clinical Support Specialists:		
2.8.26	Anaesthetists (10)		
2.8.27	Diagnostic Radiologists (38)		
2.8.28	Pathologists (48)		
2.8.29	Other Medical or Clinical Support Specialists (specify)		
	Dental Professionals:		
2.8.30	Dental Therapists (95)		
2.8.31	Dental Technicians (93)		
2.8.32	Maxilla, Facial & Oral Surgeons (62)		
2.8.33	Oral Pathologists (98)		
2.8.34	Orthodontists (64)		
2.8.35	Periodontists (92)		
2.8.36	Prosthodontists (94)		



PART 2.9 UTILISATION OF SERVICES BY SUPPLEMENTARY AND ALLIED HEALTH PROFESSIONALS

	Health Professional (BHF PCNS Discipline code)	Total Number of Visits to Supplementary and Allied Health Professionals	Number of Beneficiaries Visiting at Least Once Per Year
2.9.1	Art Therapists (67)		
2.9.2	Audiologists (82)		
2.9.3	Biokineticists (75-009)		
2.9.4	Clinical / Medical / Laboratory Technologists (75)		
2.9.5	Dieticians (84)		
2.9.6	Hearing Aid Acousticians (83)		
2.9.7	Medical Scientists (69)		
2.9.8	Occupational Therapists (66)		
2.9.9	Optometrists (70)		
2.9.10	Orthoptists (74)		
2.9.11	Pharmacists (60)		
2.9.12	Physiotherapists (72)		
2.9.13	Podiatrists / Chiropodists (68)		
2.9.14	Psychologists (86)		
2.9.15	Radiographers (39)		
2.9.16	Registered Nurses (88)		
2.9.17	Social Workers (89)		
2.9.18	Speech Therapists (82)		
	Complementary Medicine Practitioners:		
2.9.19	Acupuncturists & Chinese Medicine Practitioners (105)		
2.9.20	Ayurvedic Practitioners (104)		
2.9.21	Chiropractors & Osteopaths (04 & 102)		
2.9.22	Homeopaths (08)		
2.9.23	Naturopaths & Phytotherapists (101 & 103)		
2.9.24	Therapeutic Aromatherapists (106) / Reflexologists (108) / Massage (107)		
2.9.25	Community Dentistry (96)		
2.9.26	Nurses Institute (80)		
2.9.27	Orthotist and Prosthetist (87)		
2.9.28	Psychometry (85)		
2.9.29	Registered Councillor (81)		
2.9.30	Dispensing Optometrists (71)		
2.9.31	Other Supplementary & Allied Health Professionals (specify)		



**PART 2.10
 UTILISATION OF OTHER BENEFIT SERVICES**

	Benefit Service (BHF PCNS Discipline Code)	Total Number of Claims from Beneficiaries	Number of Beneficiaries Who Submitted at Least One Claim
2.10.1	Ambulance Services - Basic Life Support (13)		
2.10.2	Ambulance Services - Intermediate Life Support (11)		
2.10.3	Ambulance Services - Advanced Life Support (09)		
2.10.4	Blood and Blood Product Couriers (03)		
2.10.5	Blood Transfusion Services (78)		
2.10.6	Clinical Services - Oxygen Supplier (90-001)		
2.10.7	Clinical Services - Appliance Supplier (90-002/007/013/014)		
2.10.8	Clinical Services - Prosthetic Supplier (90-003/004/005/006)		
2.10.9	Clinical Services - Other (90-008/009/010/011/012)		
2.10.10	Community Health Services (97)		
2.10.11	Drug and Alcohol Rehabilitation (47)		
2.10.12	Group Practice (50)		
2.10.13	Hospice (79)		
2.10.14	Mental Health Institutions (55)		
2.10.15	Sub Acute Facilities/Step Down Facilities (49)		
2.10.16	Private Rehabilitation Hospital (Acute) (059)		
2.10.17	Prosthetic Supplier (58, 57, 77)		
2.10.18	Other Benefit Services (specify)		

Medical Scheme:
Ref No.:
Financial Year End:



PART 2.11 UTILISATION OF MEDICINES

		Total Number of Scripts Filled	Total Number of Items Dispensed
2.11.1	<i>In Hospital:</i>		
2.11.1.1	Medicines dispensed by Pharmacists		
2.11.1.2	Medicines dispensed by General Practitioners		
2.11.1.3	Medicines dispensed by Medical Specialists		
2.11.1.4	Medicines dispensed by Supplementary and Allied Health Professionals		
2.11.1.5	Medicines dispensed by Other Health Professionals		
2.11.2	<i>Out-of-Hospital:</i>		
2.11.2.1	Medicines dispensed by Pharmacists		
2.11.2.2	Medicines dispensed by General Practitioners		
2.11.2.3	Medicines dispensed by Medical Specialists		
2.11.2.4	Medicines dispensed by Supplementary and Allied Health Professionals		
2.11.2.5	Medicines dispensed by Other Health Professionals		

Medical Scheme:
 Ref No.:
 Financial Year End:



**PART 2.12
 DISTRIBUTION OF MEMBERSHIP AT END OF FINANCIAL YEAR**

	Province	Members	Adult Dependants	Child Dependants	Beneficiaries
2.12.1	Gauteng				
2.12.2	Limpopo				
2.12.3	Mpumalanga				
2.12.4	North West				
2.12.5	Free State				
2.12.6	Kwa-Zulu Natal				
2.12.7	Western Cape				
2.12.8	Eastern Cape				
2.12.9	Northern Cape				
2.12.10	Outside the Republic				
2.12.11	Total				

Please indicate how the scheme is collecting the data for this part:

	Members	Adult Dependants	Child Dependants
Private Postal Address	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Business Postal Address	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Employer (Pay Point)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Residential Address	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Other (specify)			



**PART 2.13
 UTILISATION OF PRIVATE HOSPITALS BY AGE GROUP AND GENDER**

	Age group	Number of beneficiaries admitted as inpatients	Number of inpatient admissions	Number of inpatient days
	Female:			
2.13.1.1	Less than one year			
2.13.1.2	1-4 years			
2.13.1.3	5-9 years			
2.13.1.4	10-14 years			
2.13.1.5	15-19 years			
2.13.1.6	20-24 years			
2.13.1.7	25-29 years			
2.13.1.8	30-34 years			
2.13.1.9	35-39 years			
2.13.1.10	40-44 years			
2.13.1.11	45-49 years			
2.13.1.12	50-54 years			
2.13.1.13	55-59 years			
2.13.1.14	60-64 years			
2.13.1.15	65-69 years			
2.13.1.16	70-74 years			
2.13.1.17	75-79 years			
2.13.1.18	80-84 years			
2.13.1.19	85 years +			
2.13.1.20	Subtotal			



**PART 2.13
 UTILISATION OF PRIVATE HOSPITALS BY AGE GROUP AND GENDER**

	Age group	Number of beneficiaries admitted as inpatients	Number of inpatient admissions	Number of inpatient days
	Male:			
2.13.2.1	Less than one year			
2.13.2.2	1-4 years			
2.13.2.3	5-9 years			
2.13.2.4	10-14 years			
2.13.2.5	15-19 years			
2.13.2.6	20-24 years			
2.13.2.7	25-29 years			
2.13.2.8	30-34 years			
2.13.2.9	35-39 years			
2.13.2.10	40-44 years			
2.13.2.11	45-49 years			
2.13.2.12	50-54 years			
2.13.2.13	55-59 years			
2.13.2.14	60-64 years			
2.13.2.15	65-69 years			
2.13.2.16	70-74 years			
2.13.2.17	75-79 years			
2.13.2.18	80-84 years			
2.13.2.19	85 years +			
2.13.2.20	Subtotal			



**PART 2.14
 UTILISATION OF PUBLIC HOSPITALS BY AGE GROUP AND GENDER**

	Age group	Number of beneficiaries admitted as inpatients	Number of inpatient admissions	Number of inpatient days
	Female:			✕
2.14.1.1	Less than one year			
2.14.1.2	1-4 years			
2.14.1.3	5-9 years			
2.14.1.4	10-14 years			
2.14.1.5	15-19 years			
2.14.1.6	20-24 years			
2.14.1.7	25-29 years			
2.14.1.8	30-34 years			
2.14.1.9	35-39 years			
2.14.1.10	40-44 years			
2.14.1.11	45-49 years			
2.14.1.12	50-54 years			
2.14.1.13	55-59 years			
2.14.1.14	60-64 years			
2.14.1.15	65-69 years			
2.14.1.16	70-74 years			
2.14.1.17	75-79 years			
2.14.1.18	80-84 years			
2.14.1.19	85 years +			
2.14.1.20	Subtotal			



**PART 2.14
 UTILISATION OF PUBLIC HOSPITALS BY AGE GROUP AND GENDER**

	Age group	Number of beneficiaries admitted as inpatients	Number of inpatient admissions	Number of inpatient days
	Male:			
2.14.2.1	Less than one year			
2.14.2.2	1-4 years			
2.14.2.3	5-9 years			
2.14.2.4	10-14 years			
2.14.2.5	15-19 years			
2.14.2.6	20-24 years			
2.14.2.7	25-29 years			
2.14.2.8	30-34 years			
2.14.2.9	35-39 years			
2.14.2.10	40-44 years			
2.14.2.11	45-49 years			
2.14.2.12	50-54 years			
2.14.2.13	55-59 years			
2.14.2.14	60-64 years			
2.14.2.15	65-69 years			
2.14.2.16	70-74 years			
2.14.2.17	75-79 years			
2.14.2.18	80-84 years			
2.14.2.19	85 years +			
2.14.2.20	Subtotal			

Kindly confirm that no beneficiaries visited public hospitals:



PART 2.15 UTILISATION OF HOSPITALS IN RESPECT OF SELECTED PRINCIPAL DIAGNOSIS TYPES PER ICD10 CODES

	IDC 10 codes	Principal diagnosis	Number of beneficiaries admitted as inpatients	Number of inpatient admissions	Number of inpatient days
2.15.1	A00–B99	Certain infectious and parasitic diseases			
2.15.2	C00–D48	Neoplasms			
2.15.3	D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism			
2.15.4	E00–E90	Endocrine, nutritional and metabolic diseases			
2.15.5	F00–F99	Mental and behavioural disorders			
2.15.6	G00–G99	Diseases of the nervous system			
2.15.7	H00–H59	Diseases of the eye and adnexa			
2.15.8	H60–H95	Diseases of the ear and mastoid process			
2.15.9	I00–I99	Diseases of the circulatory system			
2.15.10	J00–J99	Diseases of the respiratory system			
2.15.11	K00–K93	Diseases of the digestive system			
2.15.12	L00–L99	Diseases of the skin and subcutaneous tissue			
2.15.13	M00–M99	Diseases of the musculoskeletal system and connective tissue			
2.15.14	N00–N99	Diseases of the genitourinary system			
2.15.15	O00–O99	Pregnancy, childbirth and the puerperium			
2.15.16	P00–P96	Certain conditions originating in the perinatal period			
2.15.17	Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities			
2.15.18	R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified			
2.15.19	S00–T98	Injury, poisoning and certain other consequences of external causes			
2.15.20	U50–U98	Codes for special purposes			
2.15.21	Z00–Z99	Factors influencing health status and contact with health services			
2.15.22		Not reported			
2.15.23		Total			



PART 3

PART 3.1

ANALYSIS OF BENEFITS ACTUALLY PAID DURING THE FINANCIAL YEAR

		Total amount charged by supplier	Risk amount paid by scheme	Savings amount paid by scheme on behalf of member	Amount paid by member	Discount received
		R	R	R	R	R
3.1.1	General Practitioners					
3.1.2	Medical Specialists					
3.1.3	Dentists					
3.1.4	Dental Specialists					
3.1.5	Supplementary and Allied Health Professionals					
3.1.6	Hospitals					
3.1.6.1	<i>Unattached Operating Theatres/Day Clinics</i>					
3.1.6.1.1	Ward Fees					
3.1.6.1.2	Theatre Fees					
3.1.6.1.3	Consumables					
3.1.6.1.4	Equipment Fees					
3.1.6.1.5	Procedure Fees					
3.1.6.1.6	Medicines dispensed					
3.1.6.1.7	Other (specify)					
3.1.6.1.8	Subtotal 1					
3.1.6.2	<i>Other Private Hospitals</i>					
3.1.6.2.1	<i>Fee for service arrangements</i>					
3.1.6.2.1.1	Ward Fees					
3.1.6.2.1.2	Theatre Fees					
3.1.6.2.1.3	Consumables					
3.1.6.2.1.4	Equipment Fees					
3.1.6.2.1.5	Procedure Fees					
3.1.6.2.1.6	Medicines dispensed					
3.1.6.2.1.7	Other (specify)					
3.1.6.2.1.8	Subtotal 2					
3.1.6.2.2	<i>Managed care arrangements (In hospital benefits)</i>					
3.1.6.2.2.1	Staff model-hospital care					



PART 3.1
ANALYSIS OF BENEFITS ACTUALLY PAID DURING THE FINANCIAL YEAR

		Total amount charged by supplier	Risk amount paid by scheme	Savings amount paid by scheme on behalf of member	Amount paid by member	Discount received
		R	R	R	R	R
3.1.6.2.2.2	Global fee					
3.1.6.2.2.3	Per diem fee					
3.1.6.2.2.4	Hospital network					
3.1.6.2.2.5	Other (specify)					
3.1.6.2.2.6	Subtotal 3					
3.1.6.3	<i>State / Provincial Hospitals</i>					
3.1.6.3.1	Ward Fees					
3.1.6.3.2	Theatre Fees					
3.1.6.3.3	Consumables					
3.1.6.3.4	Equipment Fees					
3.1.6.3.5	Procedure Fees					
3.1.6.3.6	Medicines dispensed					
3.1.6.3.7	Other (specify)					
3.1.6.3.8	Subtotal 4					
3.1.6.4	Total Hospitals					
3.1.7	Medicine					
3.1.7.1	Medicines dispensed by Pharmacists					
3.1.7.2	Medicines dispensed by General Practitioners					
3.1.7.3	Medicines dispensed by Medical Specialists					
3.1.7.4	Medicines dispensed by Supplementary and Allied Health Professionals					
3.1.7.5	Medicines dispensed by Other Health Professionals					
3.1.7.6	Total Medicines					
3.1.8	Ex-gratia-payments					
3.1.9	Other Benefits					
3.1.10	Managed care arrangements (Out of hospital benefits)					
3.1.10.1	Primary care network					
3.1.10.2	Staff model - primary care					
3.1.10.3	Other (specify)					
3.1.10.4	Total Managed Care Arrangements (Out of Hospital Benefits)					
3.1.11	Total Benefits					



PART 3.2 ANALYSIS OF MEDICAL AND DENTAL SPECIALISTS

	Medical Professional (BHF PCNS Discipline code)	Total amount charged by supplier	Risk amount paid by scheme	Savings amount paid by scheme on behalf of member	Amount paid by member
		R	R	R	R
	Medical Specialists:				
3.2.1	Dermatologists (12)				
3.2.2	Obstetricians & Gynaecologists (16)				
3.2.3	Pulmonologists (17)				
3.2.4	Specialist Physicians (18)				
3.2.5	Gastroenterologists (19)				
3.2.6	Neurologists (20)				
3.2.7	Cardiologists (21)				
3.2.8	Psychiatrists (22)				
3.2.9	Medical Oncologists (23)				
3.2.10	Neurosurgeons (24)				
3.2.11	Nuclear Medicine Specialists (25)				
3.2.12	Ophthalmologists (26)				
3.2.13	Clinical Haematologists (27)				
3.2.14	Orthopaedic Surgeons (28)				
3.2.15	Otorhinolaryngologists (30)				
3.2.16	Rheumatologists (31)				
3.2.17	Paediatricians (32)				
3.2.18	Paediatric Cardiologists (33)				
3.2.19	Physical Medicine Specialists (34)				
3.2.20	Plastic & Reconstructive Surgeons (36)				
3.2.21	Radiation Oncologists (40)				
3.2.22	Surgeons (42)				
3.2.23	Cardiothoracic Surgeons (44)				
3.2.24	Urologists (46)				
	Clinical Support Specialists:				
3.2.25	Anaesthetists (10)				
3.2.26	Diagnostic Radiologists (38)				
3.2.27	Pathologists (48)				
3.2.28	Other Medical or Clinical Support Specialists (specify)				
3.2.29	Total Specialists				

Medical Scheme:
 Ref No.:
 Financial Year End:



**PART 3.2
 ANALYSIS OF MEDICAL AND DENTAL SPECIALISTS**

	Medical Professional (BHF PCNS Discipline code)	Total amount charged by supplier	Risk amount paid by scheme	Savings amount paid by scheme on behalf of member	Amount paid by member
		R	R	R	R
	<i>Dental Professionals:</i>				
3.2.30	Dental Therapists (95)				
3.2.31	Dental Technicians (93)				
3.2.32	Maxilla, Facial & Oral Surgeons (62)				
3.2.33	Oral Pathologists (98)				
3.2.34	Orthodontists (64)				
3.2.35	Periodontists (92)				
3.2.36	Prosthodontists (94)				
3.2.37	<i>Total Dental Professionals</i>				



PART 3.3 ANALYSIS OF SUPPLEMENTARY & ALLIED HEALTH PROFESSIONALS

	Medical Professional (BHF PCNS Discipline code)	Total amount charged by supplier	Risk amount paid by scheme	Savings amount paid by scheme on behalf of member	Amount paid by member
		R	R	R	R
3.3.1	Art Therapists (67)				
3.3.2	Audiologists (82)				
3.3.3	Biokineticists (75-009)				
3.3.4	Clinical / Medical / Laboratory Technologists (75)				
3.3.5	Dieticians (84)				
3.3.6	Hearing Aid Acousticians (83)				
3.3.7	Medical Scientists (69)				
3.3.8	Occupational Therapists (66)				
3.3.9	Optometrists (70)				
3.3.10	Orthoptists (74)				
3.3.11	Pharmacists (60)				
3.3.12	Physiotherapists (72)				
3.3.13	Podiatrists / Chiropodists (68)				
3.3.14	Psychologists (86)				
3.3.15	Radiographers (39)				
3.3.16	Registered Nurses (88)				
3.3.17	Social Workers (89)				
3.3.18	Speech Therapists (82)				
	Complementary Medicine Practitioners:				
3.3.19	Acupuncturists & Chinese Medicine Practitioners (105)				
3.3.20	Ayurvedic Practitioners (104)				
3.3.21	Chiropractors & Osteopaths (04 & 102)				
3.3.22	Homeopaths (08)				
3.3.23	Naturopaths & Phytotherapists (101 & 103)				
3.3.24	Therapeutic Aromatherapists (106) / Reflexologists (108) / Massage (107)				
3.3.25	Other Supplementary & Allied Health Professionals (specify)				
3.3.26	Total				



PART 3.4 ANALYSIS OF OTHER BENEFITS

	Other Benefit Services (BHF PCNS Discipline code)	Total amount charged by supplier	Risk amount paid by scheme	Savings amount paid by scheme on behalf of member	Amount paid by member
		R	R	R	R
3.4.1	Ambulance Services - Basic Life Support (13)				
3.4.2	Ambulance Services - Intermediate Life Support (11)				
3.4.3	Ambulance Services - Advanced Life Support (09)				
3.4.4	Blood and Blood Product Couriers (03)				
3.4.5	Blood Transfusion Services (78)				
3.4.6	Clinical Services - Oxygen Supplier (90-001)				
3.4.7	Clinical Services - Appliance Supplier (90-002/007/013/014)				
3.4.8	Clinical Services - Prosthetic Supplier (90-003/004/005/006)				
3.4.9	Clinical Services - Other (90-008/009/010/011/012)				
3.4.10	Community Health Services (97)				
3.4.11	Drug and Alcohol Rehabilitation (47)				
3.4.12	Group Practice (50)				
3.4.13	Hospice (79)				
3.4.14	Mental Health Institutions (55)				
3.4.15	Sub Acute Facilities/Step Down Facilities (49)				
3.4.16	Other Benefit Services (specify)				
3.4.17	Total				



PART 3.5
ANALYSIS OF TOTAL BENEFITS PAID IN RESPECT OF SELECTED PRINCIPAL DIAGNOSIS TYPES PER ICD10 CODES

	ICD 10 codes	Other Benefit Services (BHF PCNS Discipline code)	Total amount charged by supplier	Risk amount paid by scheme	Savings amount paid by scheme on behalf of member	Amount paid by member
			R	R	R	R
3.5.1	A00–B99	Certain infectious and parasitic diseases				
3.5.2	C00–D48	Neoplasms				
3.5.3	D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism				
3.5.4	E00–E90	Endocrine, nutritional and metabolic diseases				
3.5.5	F00–F99	Mental and behavioural disorders				
3.5.6	G00–G99	Diseases of the nervous system				
3.5.7	H00–H59	Diseases of the eye and adnexa				
3.5.8	H60–H95	Diseases of the ear and mastoid process				
3.5.9	I00–I99	Diseases of the circulatory system				
3.5.10	J00–J99	Diseases of the respiratory system				
3.5.11	K00–K93	Diseases of the digestive system				
3.5.12	L00–L99	Diseases of the skin and subcutaneous tissue				
3.5.13	M00–M99	Diseases of the musculoskeletal system and connective tissue				
3.5.14	N00–N99	Diseases of the genitourinary system				
3.5.15	O00–O99	Pregnancy, childbirth and the puerperium				
3.5.16	P00–P96	Certain conditions originating in the perinatal period				
3.5.17	Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities				
3.5.18	R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified				
3.5.19	S00–T98	Injury, poisoning and certain other consequences of external causes				
3.5.20	U50–U98	Codes for special purposes				
3.5.21	Z00–Z99	Factors influencing health status and contact with health services				
3.5.22		Not reported				
3.5.23		Total				



PART 3.6
TOTAL PMB EXPENDITURE PAID PER AGE BAND: IN-HOSPITAL AND OUT-OF-HOSPITAL

		Consolidated Total							Per Benefit Option			
		In-Hospital		Out-of-Hospital		Total per Age Band			In-Hospital		Out-of-Hospital	
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Male	Female
		R	R	R	R	R	R	R	R	R	R	R
3.6.1	Less than one year											
3.6.2	1-4 years											
3.6.3	5-9 years											
3.6.4	10-14 years											
3.6.5	15-19 years											
3.6.6	20-24 years											
3.6.7	25-29 years											
3.6.8	30-34 years											
3.6.9	35-39 years											
3.6.10	40-44 years											
3.6.11	45-49 years											
3.6.12	50-54 years											
3.6.13	55-59 years											
3.6.14	60-64 years											
3.6.15	65-69 years											
3.6.16	70-74 years											
3.6.17	75-79 years											
3.6.18	80-84 years											
3.6.19	85 years +											
3.6.20	Total											
	Cumulative Total											



**PART 4
 NOTES TO THE FINANCIAL STATEMENTS**

**PART 4.1
 PROPERTY, PLANT AND EQUIPMENT**

		Total	Land and Buildings	Computer Equipment and Software	Furniture and Fittings	Motor Vehicles	Other
		R	R	R	R	R	R
4.1.1	Gross Carrying Amount						
4.1.1.1	<i>At beginning of year</i>						
4.1.1.1.1	- As previously reported						
4.1.1.1.2	- Prior year adjustment						
4.1.1.2	Additions						
4.1.1.3	Disposals						
4.1.1.4	Impairment write down						
4.1.1.5	Revaluation surplus						
4.1.1.6	Other movements (specify)						
4.1.1.7	Other group balances on consolidation						
4.1.1.8	Transfer of assets due to amalgamation						
4.1.1.9	<i>At end of year</i>						
4.1.2	Accumulated Depreciation						
4.1.2.1	<i>At beginning of year</i>						
4.1.2.1.1	- As previously reported						
4.1.2.1.2	- Prior year adjustment						
4.1.2.2	Depreciation charges						



**PART 4.1
 PROPERTY, PLANT AND EQUIPMENT**

		Total	Land and Buildings	Computer Equipment and Software	Furniture and Fittings	Motor Vehicles	Other
		R	R	R	R	R	R
4.1.2.3	Impairment charges						
4.1.2.4	Accumulated depreciation on disposals						
4.1.2.5	Other movements (specify)						
4.1.2.6	Other group balances on consolidation						
4.1.2.7	Transfer of assets due to amalgamation						
4.1.2.8	At end of year						
4.1.3	Net carrying amount at end of year						

Please provide the reasons for any prior year restatements/reclassifications:



PART 4.2 INVESTMENTS

		Non-current	Current	Total
		R	R	R
4.2.1	Investment property			
4.2.2	Available-for-sale investments			
4.2.3	Held-to-maturity investments			
4.2.4	Investments held at fair value through profit or loss			
4.2.5	Other (specify)			
4.2.6	Group investments on consolidation			
4.2.7	Less: Transfer of assets due to amalgamation during the year			
4.2.8	Total investments			



PART 4.3 (a) TRADE AND OTHER RECEIVABLES

		Total R
4.3.1	<i>Contributions outstanding:</i>	
4.3.1.1	- current	
4.3.1.2	- 30 days	
4.3.1.3	- 60 days	
4.3.1.4	- 90 days	
4.3.1.5	- 120 days +	
4.3.2	<i>Recoveries from members for co-payments paid and payable (except for contributions, loans and savings plan account advances)</i>	
4.3.2.1	- current	
4.3.2.2	- 30 days	
4.3.2.3	- 60 days	
4.3.2.4	- 90 days	
4.3.2.5	- 120 days +	
4.3.3	<i>Personal medical savings account advances</i>	
4.3.3.1	- current	
4.3.3.2	- 30 days	
4.3.3.3	- 60 days	
4.3.3.4	- 90 days	
4.3.3.5	- 120 days +	
4.3.4	<i>Risk transfer arrangements</i>	
4.3.4.1	<i>Commercial reinsurance contracts</i>	
4.3.4.1.1	Share of outstanding claims provision	
4.3.4.1.2	Share of claims reported not yet paid	
4.3.4.1.3	Less: Provision for impaired losses at year end	
4.3.4.2	<i>Other Risk transfer arrangements</i>	
4.3.4.2.1	Share of outstanding claims provision	
4.3.4.2.2	Share of claims reported not yet paid	
4.3.4.2.3	Less: Provision for impaired losses at year end	
4.3.5	Prepaid expenses on risk transfer arrangements	
4.3.6	Prepaid expenses on managed care arrangements	
4.3.7	Prepaid expenses	
4.3.8	<i>Loans to members</i>	
4.3.8.1	Loans to members - Capital	
4.3.8.2	Loans to members - Interest	
4.3.9	Accrued interest	
4.3.10	<i>Member balances</i>	
4.3.10.1	- current	
4.3.10.2	- 30 days	
4.3.10.3	- 60 days	
4.3.10.4	- 90 days	
4.3.10.5	- 120 days +	

Initials of Principal Officer: _____ Initials of Auditor(s): _____



**PART 4.3 (a)
 TRADE AND OTHER RECEIVABLES**

		Total R
4.3.11	<i>Provider balances</i>	
4.3.11.1	- current	
4.3.11.2	- 30 days	
4.3.11.3	- 60 days	
4.3.11.4	- 90 days	
4.3.11.5	- 120 days +	
4.3.12	<i>Amounts owing by:</i>	
4.3.12.1	- Administrators	
4.3.12.2	- Reinsurer (other than claim recoveries)	
4.3.12.3	- Managed care organisations (other than claim recoveries)	
4.3.12.4	- Brokers	
4.3.12.5	- Other related parties (specify)	
	Description Relationship Specify	
4.3.13	Sundry debtors (specify)	
4.3.14	Less: Provision for impaired losses at year end (excluding risk transfer arrangements)	
4.3.15	Trade and other receivables of group companies on consolidation	
4.3.16	Transfer of assets due to amalgamation during the year	
4.3.17	Total trade and other receivables	

Please indicate whether the scheme has any agreements in place with employers / members to pay their contributions after 3 days of it becoming due:
Please indicate the remedial actions taken by the scheme where contributions were received after three days of it becoming due:
What is the nature of/reasons for the amount owed by the administrator?
What is the nature of/reasons for the amount owed by reinsurers (other than claims recoveries)?
What is the nature of/reasons for the amount owed by managed care organisations (other than claims recoveries)?
What is the nature of/reasons for the amount owed by brokers?
What is the nature of/reasons for the amount owed by other related parties?



PART 4.3 (b)
ANALYSIS OF MOVEMENTS IN RESPECT OF RISK TRANSFER ARRANGEMENTS
ASSETS

		Total
		R
4.3.1	<i>Commercial reinsurance contracts</i>	
4.3.1.1	Balance at beginning of year	
4.3.1.2	Less: Payments in respect of current year	
4.3.1.3	(Over)/under provision in respect of prior year	
4.3.1.4	Adjustment for current year	
4.3.2	<i>Other risk transfer arrangements</i>	
4.3.2.1	Balance at beginning of year	
4.3.2.2	Less: Payments in respect of current year	
4.3.2.3	(Over)/under provision in respect of prior year	
4.3.2.4	Adjustment for current year	
4.3.3	<i>Total risk transfer arrangements assets</i>	

Medical Scheme:
Ref No.:
Financial Year End:



PART 4.4 CASH AND CASH EQUIVALENTS

		Total R
4.4.1	Call accounts	
4.4.2	Current accounts	
4.4.3	Fixed deposits	
4.4.4	Money market instruments	
4.4.5	Cash and cash equivalents of group companies on consolidation	
4.4.6	Transfer of assets due to amalgamation during the year	
4.4.7	Total cash and cash equivalents per balance sheet	
4.4.8	Outstanding cheques	
4.4.9	Total cash and cash equivalents per part 9 of the return	



**PART 4.5.1
 PERSONAL MEDICAL SAVINGS ACCOUNTS TRUST LIABILITY**

		Total R
4.5.1.1	Balance on savings plan liability at the beginning of the year (credit balance)	
4.5.1.2	Prior year adjustment	
4.5.1.3	Less: Advances on savings plan accounts	
4.5.1.4	Balance on savings plan liability at the beginning of the year (net balance)	
4.5.1.5	<i>Savings contributions received or receivable</i>	
4.5.1.5.1	- For the current year	
4.5.1.5.2	- Received in advance	
4.5.1.5.3	- Allocated to settle prior year advances	
4.5.1.6	Transfers from other schemes	
4.5.1.7	Savings plan liabilities transferred to/(from) the scheme upon amalgamation	
4.5.1.8	Interest paid on savings plan accounts	
4.5.1.9	Less: Transfers to other schemes	
4.5.1.10	Less: Claims paid on behalf of members	
4.5.1.11	Less: Administration expenses	
4.5.1.12	Less: Bank charges and investment management fees incurred	
4.5.1.13	Less: Refunds on death or resignation	
4.5.1.14	Other (specify)	
4.5.1.15	Net balance at the end of the year	
4.5.1.16	Add: Advances on savings plan accounts	
4.5.1.17	Balance of savings plan liability at the end of the year (credit balance)	
4.5.1.18	Ageing of savings plan liability at the end of the year	
4.5.1.18.1	Current Members	
4.5.1.18.2	Resigned members	
4.5.1.18.2.1	- 0 - 6 months	
4.5.1.18.2.2	- 6 months +	

What procedures are in place to follow-up on members that need to be refunded?
Please provide the reasons for any prior year restatements/reclassifications:

Medical Scheme:
Ref No.:
Financial Year End:



**PART 4.5.2
PERSONAL MEDICAL SAVINGS ACCOUNTS TRUST INVESTMENT**

		Total
		R
4.5.2.1	Call accounts	
4.5.2.2	Current accounts	
4.5.2.3	Fixed deposits	
4.5.2.4	Other (specify)	
4.5.2.5	<i>Total personal medical savings accounts trust investment</i>	

Please provide detail as to why the personal medical savings account trust investment does not agree with the trust liability:



PART 4.6 BORROWINGS

		Interest bearing borrowings		Non-interest bearing borrowings		Total
		Current	Non-current	Current	Non-current	
		R	R	R	R	R
4.6.1	Description (specify)					
4.6.2	Borrowings of group companies on consolidation					
4.6.3	Less: Transfer of liabilities due to amalgamation during the year					
4.6.4	Total borrowings					

Were the borrowings approved by Council?

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Medical Scheme:
Ref No.:
Financial Year End:



PART 4.7 OTHER NON-CURRENT LIABILITIES

		Total
		R
4.7.1	Other non-current liabilities (specify)	
4.7.2	Less: Current portion included in current liabilities	
4.7.3	Balances of group companies on consolidation	
4.7.4	Less: Transfer of liability due to amalgamation during the year	
4.7.5	Total other non-current liabilities	



PART 4.8 TRADE AND OTHER PAYABLES

		Total
		R
4.8.1	<i>Reported claims not yet paid</i>	
4.8.1.1	Reported claims not yet paid – due to members (including outstanding cheques)	
4.8.1.2	Reported claims not yet paid – due to providers (including outstanding cheques)	
4.8.2.1	Stale cheques for claims expenses	
4.8.2.2	Stale cheques for expenses other than claims	
4.8.3	Net contributions received in advance	
4.8.4	<i>Payments received in advance under risk transfer arrangements</i>	
4.8.4.1	Payments received in advance under commercial reinsurance contracts	
4.8.4.2	Payments received in advance under other risk transfer arrangements	
4.8.5	Bank overdraft (current account)	
4.8.6	<i>Amounts owing to:</i>	
4.8.6.1	- Administrator	
4.8.6.2	- Reinsurer (other than claim recoveries)	
4.8.6.3	- Brokers	
4.8.6.4	- Managed care organisations	
4.8.6.5	- Other related parties (specify)	
	Description Relationship Specify	
4.8.7	Current portion of non-current borrowings and other non-current liabilities	
4.8.8	Amounts owing to members	
4.8.9	Unallocated deposits	
4.8.10	Post retirement benefits	
4.8.11	Other payables & accrued expenses (specify)	
4.8.12	Balances of group companies on consolidation	
4.8.13	Less: Transfer of liability due to amalgamation during the year	
4.8.14	Total trade and other payables	

What is the nature of/the reasons for the amount owed to the administrator? The amount owed is larger than the average fee per month.

What is the nature of/the reasons for the amount owed to brokers? The amount owed is larger than the average fee per month.

Initials of Principal Officer: _____ Initials of Auditor(s): _____

Medical Scheme:
Ref No.:
Financial Year End:



PART 4.8 TRADE AND OTHER PAYABLES

What is the nature of/the reasons for the amount owed to managed care organisations? The amount owed is larger than the average fee per month.
What is the nature of/the reasons for the amount owed to members in line 4.8.8?
What is the nature of/the reasons for the unallocated deposits? The amount owed is larger than the average gross contributions per month.
In respect of which employees are the post retirement benefits due?
Please indicate whether the scheme obtained approval from Council to directly or indirectly borrow money, as is required by section 35(6)(c) of the Medical Schemes Act:



PART 4.9 OUTSTANDING CLAIMS PROVISION

		A Total	B Outstanding claims provision - not covered by risk transfer arrangements	C Outstanding claims provision – covered by commercial reinsurance contracts	D Outstanding claims provision – covered by other risk transfer arrangements
		R	R	R	R
4.9.1	<i>Balance at beginning of year</i>				
4.9.1.1	- As previously reported:				
4.9.1.2	- Prior year adjustment				
4.9.1.3	- Transfer of liability due to amalgamation (IN)				
4.9.2	Less: Payments in respect of the prior year				
4.9.3	(Under)/Over provision in respect of the prior year				
4.9.4	Adjustment for the current year				
4.9.5	Liability adequacy test (LAT) provision adjustment				
4.9.6	Total outstanding claims provision at end of year				
4.9.7	Less: Transfer of liability due to amalgamation (OUT)				
4.9.8	Total outstanding claims provision at end of year				

	<i>Representing:</i>				
4.9.8.1	Estimated gross claims				
4.9.8.2	Less: Estimated recoveries from				
4.9.8.3	- co-payments				
4.9.8.4	- savings plan accounts				
4.9.8.5	Balance at end of year				

Please provide the reasons for any (under)/over provision which is more than 10% of the previous year's provision:

Please provide the reasons for any prior year restatements/reclassifications:

Medical Scheme:
Ref No.:
Financial Year End:



PART 4.10
RISK CONTRIBUTION INCOME

		Total
		R
4.10.1	Gross contributions per registered rules	
4.10.2	Less: Savings contributions received	
4.10.3	<i>Risk contribution income</i>	

Please provide the reasons if the gross contributions are zero:



**PART 4.11.1
RELEVANT HEALTHCARE EXPENDITURE**

		A Total	B In respect of risk carried by the scheme (including claims incurred in respect of commercial reinsurance contracts)	C In respect of related risk transfer arrangements (excluding claims incurred in respect of commercial reinsurance contracts)
		R	R	R
4.11.1	<i>Gross claims paid and reported</i>			
4.11.1.1	- Direct benefits for the period			
4.11.1.2	- Direct benefits for the previous period			
4.11.1.3	- Direct benefits reported not yet paid			
4.11.1.4	- Managed care: healthcare benefits for the period (no transfer of risk)			0
4.11.1.5	- Managed care: healthcare benefits for the previous period (no transfer of risk)			0
4.11.1.6	- Managed care: healthcare benefits reported not yet paid (no transfer of risk)			0
4.11.1.7	- Services provided to members in own facilities			0
4.11.2	Less: Savings plan claims paid			0
4.11.3	Less: Discount received on claims			0
4.11.4	Less: Claims recoveries from third parties			0
4.11.5	Net actual claims paid and reported			
4.11.6	Provision for outstanding claims at the end of the financial year			
4.11.7	Less: Provision for outstanding claims at end of the previous year			
4.11.8	Net claims incurred (excluding net (income)/expense from other risk transfer arrangements)			
4.11.9	Net (income)/expense from other risk transfer arrangements		0	
4.11.10	Relevant healthcare expenditure			

Initials of Principal Officer: _____ Initials of Auditor(s): _____



**PART 4.11.2
 MANAGED CARE: HEALTHCARE SERVICES (NO TRANSFER OF RISK) – PAID AND REPORTED**

		Consolidated total		Per contract	
		Current year	Previous year	Current year	Previous year
		R	R	R	R
4.11.2.1	Contracted network primary health care and specialist services				
4.11.2.2	Dental management services				
4.11.2.3	Diabetes management services				
4.11.2.4	Disease management services				
4.11.2.5	Drug utilisation management services				
4.11.2.6	HIV/AIDS disease management services				
4.11.2.7	Hospital management services				
4.11.2.8	Managing provider networks				
4.11.2.9	Pathology management services				
4.11.2.10	Primary health care services network				
4.11.2.11	Other (specify)				
4.11.2.2	Total managed care: healthcare services (no transfer of risk)				

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**PART 4.12
 MANAGED CARE: MANAGEMENT SERVICES**

		Administrator¹ / Self-administration	Other third parties	Total
		R	R	R
4.12.1	Chronic medication management services			
4.12.2	Claims management services			
4.12.3	Clinical risk management services			
4.12.4	Contracted network primary health care and specialist services			
4.12.5	Dental management services			
4.12.6	Development of clinical protocols and funding policies for new and existing medicines, treatments and technologies			
4.12.7	Development, implementation and management of agreements with provider networks and providers, including management of professional risk expenditure			
4.12.8	Disease management services			
4.12.9	Drug utilisation management services			
4.12.10	HIV/AIDS disease management services			
4.12.11	Hospital management services			
4.12.12	Oncology benefit management services			
4.12.13	Optometry management services			
4.12.14	Pathology benefit management services			
4.12.15	Pharmaceutical benefit management services			
4.12.16	Provider network management services			
4.12.17	Psychiatric and psychology benefit management services			
4.12.18	Radiology management services			
4.12.19	Respiratory benefit management services			
4.12.20	Service provider negotiations and management			
4.12.21	Other (specify)			
4.12.22	Total managed care: management services			

Why is the amount paid not split between the different services provided?

¹ Includes related parties to the administrator



PART 4.13
NET (INCOME)/EXPENSES FROM OTHER RISK TRANSFER ARRANGEMENTS (EXCLUDING COMMERCIAL REINSURANCE CONTRACTS)

		Consolidated total		Per contract	
		Current year	Previous year	Current year	Previous year
		R	R	R	R
4.13.1	Premiums/fees paid (Capitation fees)				
4.13.1.1	Benefit management services				
4.13.1.2	Clinical risk management services				
4.13.1.3	Contracted network primary health care and specialist services				
4.13.1.4	Dental management services				
4.13.1.5	Diabetes management services				
4.13.1.6	Disease management services				
4.13.1.7	Drug utilisation management services				
4.13.1.8	HIV/AIDS disease management services				
4.13.1.9	Hospital management services				
4.13.1.10	Managing provider networks				
4.13.1.11	Optometry management services				
4.13.1.12	Pathology management services				
4.13.1.13	Pharmaceutical benefit management services				
4.13.1.14	Prescribed minimum benefit management services				
4.13.1.15	Primary care services				
4.13.1.16	Primary healthcare services network				
4.13.1.17	Radiology management services				
4.13.1.18	Specialist management services				
4.13.1.19	Other (specify)				



PART 4.13
NET (INCOME)/EXPENSES FROM OTHER RISK TRANSFER ARRANGEMENTS (EXCLUDING COMMERCIAL REINSURANCE CONTRACTS)

		Consolidated total		Per contract	
		Current year	Previous year	Current year	Previous year
		R	R	R	R
4.13.2	Claims recoveries in respect of related risk transfer arrangements				
4.13.2.1	Benefit management services				
4.13.2.2	Clinical risk management services				
4.13.2.3	Contracted network primary health care and specialist services				
4.13.2.4	Dental management services				
4.13.2.5	Diabetes management services				
4.13.2.6	Disease management services				
4.13.2.7	Drug utilisation management services				
4.13.2.8	HIV/AIDS disease management services				
4.13.2.9	Hospital management services				
4.13.2.10	Managing provider networks				
4.13.2.11	Optometry management services				
4.13.2.12	Pathology management services				
4.13.2.13	Pharmaceutical benefit management services				
4.13.2.14	Prescribed minimum benefit management services				
4.13.2.15	Primary care services				
4.13.2.16	Primary healthcare services network				
4.13.2.17	Radiology management services				
4.13.2.18	Specialist management services				
4.13.2.19	Other (specify)				



PART 4.13
NET (INCOME)/EXPENSES FROM OTHER RISK TRANSFER ARRANGEMENTS (EXCLUDING COMMERCIAL REINSURANCE CONTRACTS)

		Consolidated total		Per contract	
		Current year	Previous year	Current year	Previous year
		R	R	R	R
4.13.3	Other (specify)				
4.13.4	Net (income)/expense from other risk transfer arrangements				

Please provide the basis for the calculation of the estimated claims recoveries in respect of the following related risk transfer arrangements:
Please provide the reasons for any prior year restatements:

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Medical Scheme:
Ref No.:
Financial Year End:



PART 4.14
NET INCOME/(EXPENSES) FROM RISK TRANSFER ARRANGEMENTS:
COMMERCIAL REINSURANCE CONTRACTS

		Consolidated total	Per contract
		R	R
4.14.1	Reinsurance premiums paid		
4.14.2	Reinsurance claims recovered		
4.14.3	Provision for reinsurance claims recovered		
4.14.4	Profit/(Loss) on reinsurance arrangements		
4.14.5	Commissions on reinsurance agreements		
4.14.6	Discounts received		
4.14.7	<i>Net income/(expense) from commercial reinsurance</i>		

Medical Scheme:
 Ref No.:
 Financial Year End:



**PART 4.15 (a)
 BROKER SERVICE FEES**

		Broker service fees
		R
4.15.1	Paid to brokers	
4.15.2	Paid to related party brokers (specify)	
4.15.3	Total broker service fees	

Why does the broker fees per average member per month exceed the statutory limit of R78.66?
Why does the broker fees exceed the statutory limit of 3.42% of gross contributions?

Medical Scheme:
Ref No.:
Financial Year End:



PART 4.15 (b)
OTHER DISTRIBUTION COSTS

		Other distribution costs
		R
4.15.1	Paid to related parties (specify)	
4.15.2	Other (specify)	
4.15.3	Total distribution costs	

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PART 4.16.1 ADMINISTRATION EXPENSES

		Current year		Previous year	
		Fund	Own Facilities	Fund	Own Facilities
		R	R	R	R
4.16.1.1	Actuarial fees				
4.16.1.2	<i>Administration fees:</i>				
4.16.1.2.1	- Fees paid to the administrator				
4.16.1.2.2	- Indirect fees paid to the administrator				
4.16.1.3	Advertising				
4.16.1.4	Annual general meeting costs				
4.16.1.5	Association fees				
4.16.1.6	<i>Audit expense:</i>				
4.16.1.6.1	- Audit services				
4.16.1.6.2	- Audit expenses				
4.16.1.6.3	- Audit committees				
4.16.1.6.4	- Over/(under) provision of prior year's audit fees				
4.16.1.6.5	- Other non-audit expenses (specify)				
4.16.1.7	Bank charges				
4.16.1.8	Call centre fees				
4.16.1.9	Co-administration fees paid for ongoing services provided by third parties				
4.16.1.10	Computer expenses				
4.16.1.11	Consultancy fees (not the contracted administrator)				
4.16.1.12	Council for Medical Schemes expenses				
4.16.1.13	Debt collection fees				
4.16.1.14	Depreciation				



**PART 4.16.1
 ADMINISTRATION EXPENSES**

		Current year		Previous year	
		Fund	Own Facilities	Fund	Own Facilities
		R	R	R	R
4.16.1.15	Electronic checking fees				
4.16.1.16	Entertainment				
4.16.1.17	Fidelity guarantee insurance premiums				
4.16.1.18	Insurance fees				
4.16.1.19	Internal audit fees				
4.16.1.20	Investigation fees				
4.16.1.21	Legal fees				
4.16.1.22	Marketing expenses				
4.16.1.23	MVA administration fees				
4.16.1.24	Operating leases and other rentals (incl. property rentals)				
4.16.1.25	Other levies				
4.16.1.26	Penalties (including CMS penalties)				
4.16.1.27	Pharmacy administration fees				
4.16.1.28	Principal Officer fees & remuneration				
4.16.1.29	Principal Officer travel and other expenses incurred				
4.16.1.30	Printing, stationery and postage				
4.16.1.31	Professional fees				
4.16.1.32	Professional indemnity insurance premiums				
4.16.1.33	Repairs and maintenance				
4.16.1.34	Staff remuneration and employment costs				
4.16.1.35	Telephone, postage and fax				



**PART 4.16.1
 ADMINISTRATION EXPENSES**

		Current year		Previous year	
		Fund	Own Facilities	Fund	Own Facilities
		R	R	R	R
4.16.1.36	Travel, accommodation and conferences				
4.16.1.37	Trustees' remuneration and considerations				
4.16.1.38	Water and electricity				
4.16.1.39	Other administration expenses (specify)				
4.16.1.40	Less: Administration expenses recoverable from savings plan accounts				
4.16.1.41	Total administration expenses				

Kindly provide the reasons why no fidelity or professional indemnity insurance was accounted for in the current year.
Kindly provide information on the nature of the co-administration services rendered to the scheme, including the name of the provider.
Please provide the reasons for any prior year restatements/reclassifications:



**PART 4.16.2
 ADVERTISING AND MARKETING EXPENDITURE**

		Consolidated total		Per contract	
		Current year	Previous year	Current year	Previous year
		R	R	R	R
4.16.2.1	Details of services provided				
4.16.2.2	Total advertising and marketing expenditure				

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**PART 4.17
 TRUSTEE REMUNERATION AND CONSIDERATIONS**

		Fees for meeting attendance	Fees for holding of office	Fees for consultancy services	Allowances	Training	Conference fees	Telephone expenses	Accommodation, travel and meals	Other disbursements and reimbursements	Total	Fees received in respect of services rendered to related parties
		R	R	R	R	R	R	R	R	R	R	R
4.17.1	Per trustee member											
4.17.2	Total trustee remuneration and considerations											

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**PART 4.18
 PROVISION FOR IMPAIRED LOSSES AT YEAR-END**

		Amount recognised in the income statement for the year							
		A Provision for impaired losses at beginning of year	B Unused amounts reversed during the year (credit in income statement)	C Additional provisions made during the year (debit in income statement)	D Amounts utilised during the year	E Provision for impaired losses at year-end	F Impaired losses recognised directly in the income statement (debit in income statement)	G Previous impairment losses recovered (credit in the income statement)	H Total movement in income statement for the year
		R	R	R	R	R	R	R	R
4.18.1	Contributions owed by members that are not collectable								
4.18.2	Amounts owed in respect of member's portions of claims that are not recoverable								
4.18.3	Amounts owed by service providers that are not recoverable								
4.18.4	Amounts owed by members in respect of savings plan accounts that are not recoverable								
4.18.5	Other (specify)								
4.18.6	Total								

Medical Scheme:
Ref No.:
Financial Year End:



**PART 4.19
OTHER INVESTMENT INCOME**

		Total
		R
4.19.1	<i>Income from investments and property:</i>	
4.19.1.1	- Interest	
4.19.1.2	- Dividends received	
4.19.1.3	- Rentals	
4.19.1.4	- Policy income	
4.19.2	Other (specify)	
4.19.3	<i>Total other investment income</i>	



PART 4.20
OTHER REALISED AND UNREALISED GAINS/(LOSSES)

		Total
		R
4.20.1	Profit/(loss) on disposal of property, plant and equipment	
4.20.2	Profit/(loss) on disposal of investment property	
4.20.3	Realised gain/(loss) on disposal of available-for-sale investments	
4.20.4	Unrealised gain/(loss) on revaluation of investment property	
4.20.5	Net gain/(loss) on revaluation of investments carried at fair value through the income statement	
4.20.6	Other (specify)	
4.20.7	Total realised and unrealised gains/(losses)	

Medical Scheme:
Ref No.:
Financial Year End:



PART 4.21
OWN FACILITY SURPLUS / (DEFICIT)

		Total
		R
4.21.1	Income from services rendered to third parties	
4.21.2	Less: Total cost incurred in operating own facility	
4.21.2.1	Less: Total healthcare provider costs	
4.21.2.2	Less: Changes in inventories	
4.21.2.3	Less: Administration expenditure	
4.21.2.4	Less: Other costs incurred in operating own facility	
4.21.2.5	Add: Costs relating to members included in claims	
4.21.3	Total own facility surplus/(deficit)	

Medical Scheme:
Ref No.:
Financial Year End:



PART 4.22 FINANCE COSTS

		Total
		R
4.22.1	Borrowings	
4.22.2	Interest paid on savings plan accounts	
4.22.3	Other (specify)	
4.22.4	Total finance costs	



PART 4.23
NET SURPLUS / (DEFICIT) PER BENEFIT OPTION

		Consolidated total	Other	Per benefit option
		R	R	R
4.23.1	Gross contributions			
4.23.2	Less: Savings contributions			
4.23.3	<i>Risk contribution income</i>			
4.23.4	<i>Gross claims paid and reported in respect of risk carried by the scheme (including claims incurred in respect of commercial reinsurance contracts)</i>			
4.23.4.1	- Direct benefits for the period			
4.23.4.2	- Direct benefits for the previous period			
4.23.4.3	- Direct benefits reported not yet paid			
4.23.4.4	- Managed care: healthcare benefits for the period (no transfer of risk)			
4.23.4.5	- Managed care: healthcare benefits for the previous period (no transfer of risk)			
4.23.4.6	- Managed care: healthcare benefits reported not yet paid (no transfer of risk)			
4.23.4.7	- Services provided to members in own facilities			
4.23.5	Less: Savings plan claims paid			
4.23.6	Less: Discount received on claims			
4.23.7	Less: Claims recoveries from third parties			
4.23.8	<i>Net actual claims paid and reported in respect of risk carried by the scheme (including claims incurred in respect of commercial reinsurance contracts)</i>			
4.23.9	Provision for outstanding claims at the end of the financial year			
4.23.10	Less: Provision for outstanding claims at end of the previous year			
4.23.11	<i>Net claims incurred in respect of risk carried by the scheme (including claims incurred in respect of commercial reinsurance contracts)</i>			
4.23.12	<i>Gross claims paid and reported in respect of related risk transfer arrangement (excluding claims incurred in respect of commercial reinsurance contracts)</i>			
4.23.12.1	- Direct benefits for the period			
4.23.12.2	- Direct benefits for the previous period			
4.23.12.3	- Direct benefits reported not yet paid			
4.23.13	<i>Net actual claims paid and reported in respect of related risk transfer arrangements (excluding claims incurred in respect of commercial reinsurance contracts)</i>			
4.23.14	Provision for outstanding claims at the end of the financial year			

Initials of Principal Officer: _____ Initials of Auditor(s): _____



PART 4.23
NET SURPLUS / (DEFICIT) PER BENEFIT OPTION

		Consolidated total	Other	Per benefit option
		R	R	R
4.23.15	Less: Provision for outstanding claims at end of the previous year			
4.23.16	Net claims incurred in respect of related risk transfer arrangements (excluding claims incurred in respect of commercial reinsurance contracts)			
4.23.17	Net income/(expense) on risk transfer arrangements			
4.23.17.1	Premiums/fees paid (Capitation fees)			
4.23.17.2	Less: Estimated claims recoveries			
4.23.17.3	Other (specify)			
4.23.18	Relevant healthcare expenditure			
4.23.19	Gross healthcare result			
4.23.20	Net income/(expense) on commercial reinsurance contracts			
4.23.21	Less: Managed care: management services			
4.23.22.1	Less: Broker service fees			
4.23.22.2	Less: Other distribution costs			
4.23.23	Administration expenses			
4.23.24	Net impairment losses: Trade and other receivables			
4.23.25	Net healthcare result			
4.23.26	Net impairment losses: Other (specify)			
4.23.27	Other investment income			
4.23.28	Less: Investment management fees			
4.23.29	Less: Operating expenses on rental of investment property			
4.23.30	Other realised and unrealised gains/(losses)			
4.23.31	Other income (specify)			
4.23.32	Own facility surplus/(deficit)			
4.23.33	Less: Other expenses (specify)			
4.23.34	Less: Finance costs			
4.23.35	Surplus/(Deficit) for the year before consolidation			
4.23.36	Consolidation results			
4.23.37	Surplus/(Deficit) for the year after consolidation			
4.23.38	Members at the end of the financial year			
4.23.39	Beneficiaries at the end of the financial year			

What procedures are in place to refund the personal medical savings account trustliability to members, and what is the timing thereof?

Medical Scheme:
Ref No.:
Financial Year End:



PART 4.24
GUARANTEES SUPPLIED TO REGISTRAR IN TERMS OF THE ACT

		Total
		R
4.24.1	Name of institution	
4.24.2	Total guarantees	

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Medical Scheme:
 Ref No.:
 Financial Year End:



**PART 4.25
 GUARANTEES AND SURETYSHIPS FOR THIRD PARTY LIABILITIES (INCLUDING
 CONTINGENT LIABILITIES)**

		Guarantees	Suretyships	Encumbered Assets	Other
		R	R	R	R
4.25.1	To whom				
4.25.2	Total				

<p>Were the guarantees, suretyship for third party liabilities or encumbered assets approved by Council? Please also indicate the date of approval.</p>



**PART 4.26
 RELATED PARTY TRANSACTIONS**

		Name	Nature of related party relationship	Nature of transactions/ balances at year-end	Was the transaction/ balances at year-end at arm's-length ? (Y/N)	Amount R
STATEMENT OF COMPREHENSIVE INCOME						
4.26.1	Transactions for the year (statement of comprehensive income)		Nature of relationship	Specify		
4.26.1.1	Trustee remuneration & considerations	Board of Trustees	Key management personnel		Trustee remuneration	
4.26.1.2	Trustees: Fees received in respect of services rendered to related parties	Board of Trustees	Key management personnel		Services rendered to related parties	
4.26.1.3	Principal Officer remuneration & considerations	Principal Officer	Key management personnel		Principal Officer remuneration	
4.26.1.4	Name of consolidated party (specify)		Nature of relationship	Specify		
STATEMENT OF FINANCIAL POSITION						
4.26.2	Balances at year end (statement of financial position)		Nature of relationship	Specify		
4.26.2.1	Name of consolidated party (specify)		Nature of relationship	Specify		

Please provide the reasons for the transactions/balances at year-end not at arm's-length:



PART 5 STATEMENT OF FINANCIAL POSITION

		Current year	Previous year
		R	R
5.1	ASSETS		
5.1.1	Non-current assets		
5.1.1.1	Property, plant and equipment		
5.1.1.2	Investments		
5.1.1.3	Other non-current assets (specify)		
5.1.2	Current assets		
5.1.2.1	Inventories		
5.1.2.2	Trade and other receivables		
5.1.2.3	Investments		
5.1.2.4	Cash and cash equivalents		
5.1.2.5	Personal medical savings account trust investment		0
5.1.2.6	Other current assets (specify)		
5.1.3	Total assets		
5.2	FUNDS AND LIABILITIES		
5.2.1	Members' funds		
5.2.1.1	Accumulated funds		
5.2.1.2	Revaluation Reserve - Investments		
5.2.1.3	Revaluation Reserve - Property, plant and equipment		
5.2.1.4	Reserves set aside for specific purposes		
5.2.1.5	Other reserves		
5.2.1.6	Minority interest		
5.2.2	Non-current liabilities		
5.2.2.1	Borrowings		
5.2.2.2	Other non-current liabilities		
5.2.3	Current liabilities		
5.2.3.1	Personal medical savings account trust liability		
5.2.3.2	Trade and other payables		
5.2.3.3	Outstanding claims provision		
5.2.3.4	Other current liabilities (specify)		
5.2.4	Total funds and liabilities		

Please provide the reasons for any prior year restatements/reclassifications:



PART 6.1 STATEMENT OF COMPREHENSIVE INCOME

		Current year	Previous year
		R	R
6.1.1	Gross contributions		
6.1.2	Less: Savings contributions		
6.1.3	<i>Risk contribution income</i>		
6.1.4	<i>Relevant healthcare expenditure</i>		
6.1.4.1	Net claims incurred		
6.1.4.2	Net income/(expense) on risk transfer arrangements		
6.1.5	Gross healthcare result		
6.1.6	Net income/(expense) on commercial reinsurance		
6.1.7	Less: Managed care: management services		
6.1.8.1	Less: Broker service fees		
6.1.8.2	Less: Other distribution costs		
6.1.9	Less: Administration expenses		
6.1.10	Net impairment losses: Trade and other receivables		
6.1.11	Net healthcare result		
6.1.12	Net impairment losses: Other (specify)		
6.1.13	Other investment income		
6.1.14	Less: Investment management fees		
6.1.15	Less: Operating expenses on rental of investment property		
6.1.16	Other realised and unrealised gains/(losses)		
6.1.17	Other income (specify)		
6.1.18	Own facility surplus/(deficit)		
6.1.19	Less: Other expenses (specify)		
6.1.20	Less: Finance costs		
6.1.21	Surplus/(Deficit) for the year before consolidation		
6.1.22	Consolidation results		
6.1.23	Surplus/(Deficit) for the year after consolidation		
6.1.24	Other comprehensive income		
6.1.25	Fair value adjustment on available-for-sale investments		
6.1.26	Reclassification adjustment		
6.1.27	Land and buildings revaluation		
6.1.28	Other (specify)		
6.1.29	Total comprehensive income for the year		

Please provide the reasons for any prior year restatements/reclassifications:

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PART 6.2
MONTHLY STATEMENT OF NET HEALTHCARE RESULT

		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
		R	R	R	R	R	R	R	R	R	R	R	R	R
6.2.1	Gross contributions													
6.2.2	Less: Savings contributions													
6.2.3	<i>Risk contribution income</i>													
6.2.4	<i>Relevant healthcare expenditure</i>													
6.2.4.1	Net claims incurred													
6.2.4.2	Net income/(expense) on risk transfer arrangements													
6.2.5	Gross healthcare result													
6.2.6	Net income/(expense) on commercial reinsurance													
6.2.7	<i>Less: Managed care: management services</i>													
6.2.7.1	Managed care: management services: paid to administrator and its related parties													
6.2.7.2	Managed care: management services: paid to other third parties													
6.2.8.1	Less: Broker service fees													
6.2.8.2	Less: Other distribution costs													
6.2.9	<i>Less: Administration expenses</i>													
6.2.9.1	Administration fees and indirect fees paid to the administrator													
6.2.9.2	Co-administration fees													
6.2.9.3	Other administration expenditure													
6.2.10	Net impairment losses: Trade and other receivables													
6.2.11	Net healthcare result													
6.2.12	Surplus/(Deficit) for the year after consolidation													



**PART 7
 STATEMENT OF CHANGES IN FUNDS AND RESERVES**

**PART 7.1
 ACCUMULATED FUNDS**

		Current year	Previous year
		R	R
7.1.1	<i>Balance at the beginning of the year:</i>		
7.1.1.1	- As previously reported		
7.1.1.2	- Prior year adjustment (including effect of first time adoption of IFRS)		
7.1.2	Surplus/(Deficit) for the year		
7.1.3	<i>Transfer to/(from) accumulated funds</i>		
7.1.3.1	- Due to amalgamation		
7.1.3.2	- Due to re-measurement of property, plant and equipment		
7.1.3.3	- Other transfers		
7.1.4	Other (specify)		
7.1.5	<i>Balance at the end of the year</i>		

Please provide the reasons for any prior year restatements/reclassifications:

--



**PART 7.2
 REVALUATION RESERVES (INVESTMENTS)**

		Current year	Previous year
		R	R
7.2.1	<i>Balance at the beginning of the year:</i>		
7.2.1.1	- As previously reported		
7.2.1.2	- Prior year adjustment (including effect of first time adoption of IFRS)		
7.2.2	Unrealised gains/(losses) on revaluation of investments		
7.2.3	Realised gains/(losses) on derecognition of investments		
7.2.4	Revaluation adjustment		
7.2.5	<i>Transfer (to)/from reserves</i>		
7.2.5.1	- Due to amalgamation		
7.2.5.2	- Other (specify)		
7.2.6	<i>Balance at the end of the year</i>		

Please provide the reasons for any prior year restatements/reclassifications:

--



**PART 7.3
 REVALUATION RESERVE (PROPERTY, PLANT AND EQUIPMENT)**

		Current year	Previous year
		R	R
7.3.1	<i>Balance at the beginning of the year:</i>		
7.3.1.1	- As previously reported		
7.3.1.2	- Prior year adjustment (including effect of first time adoption of IFRS)		
7.3.2	Unrealised gains/(losses) on revaluation of property, plant and equipment		
7.3.3	Revaluation adjustment		
7.3.4	<i>Transfer (to)/from reserves</i>		
7.3.4.1	- Due to amalgamation		
7.3.4.2	- Other (specify)		
7.3.5	<i>Balance at the end of the year</i>		

Please provide the reasons for any prior year restatements/reclassifications:

--



**PART 7.4
 RESERVES SET ASIDE FOR SPECIFIC PURPOSES**

		Current year		Previous year	
		Consolidated	Per reserve	Consolidated	Per reserve
		R	R	R	R
7.4.1	<i>Balance at the beginning of the year:</i>				
7.4.1.1	- As previously reported				
7.4.1.2	- Prior year adjustment (including effect of first time adoption of IFRS)				
7.4.2	<i>Transfer (to)/from reserves</i>				
7.4.2.1	- Due to amalgamation				
7.4.2.2	- Other (specify)				
7.4.3	<i>Balance at the end of the year</i>				

Please provide the reasons for any prior year restatements/reclassifications:



**PART 7.5
 OTHER RESERVES**

		Current year		Previous year	
		Consolidated	Per reserve	Consolidated	Per reserve
		R	R	R	R
7.5.1	<i>Balance at the beginning of the year:</i>				
7.5.1.1	- As previously reported				
7.5.1.2	- Prior year adjustment (including effect of first time adoption of IFRS)				
7.5.2	<i>Transfer (to)/from reserves</i>				
7.5.2.1	- Due to amalgamation				
7.5.2.2	- Other (specify)				
7.5.3	<i>Balance at the end of the year</i>				

Please provide the reasons for any prior year restatements/reclassifications:

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PART 8 CASH FLOW STATEMENT

		Current year	Previous year
		R	R
8.1	CASH FLOWS FROM OPERATING ACTIVITIES		
8.1.1	<i>Cash receipts from members and providers</i>		
8.1.1.1	Cash receipts from members – contributions		
8.1.1.2	Cash receipts from members and providers – other		
8.1.2	<i>Cash paid to providers, employees and members</i>		
8.1.2.1	Cash paid to providers and members – claims		
8.1.2.2	Cash paid to providers and employees – non-healthcare expenditure		
8.1.2.3	Cash paid to members – savings plan refunds		
8.1.3	<i>Cash generated from/(used in) operations</i>		
8.1.4	Interest paid		
8.1.5	Other (specify)		
8.1.6	Net cash from/(used in) operating activities		
8.2	CASH FLOWS FROM INVESTING ACTIVITIES		
8.2.1	Purchase of property, plant and equipment		
8.2.2	Proceeds on disposal of property, plant and equipment		
8.2.3	Purchase of investment property		
8.2.4	Proceeds on disposal of investment property		
8.2.5	Purchase of investments		
8.2.6	Proceeds on disposal of investments		
8.2.7	Interest received		
8.2.8	Dividend received		
8.2.9	Rentals received		
8.2.10	Other (specify)		
8.2.11	Net cash from/(used in) investing activities		
8.3	CASH FLOWS FROM FINANCING ACTIVITIES		
8.3.1	(Repayments)/Increase in borrowings		
8.3.2	Other (specify)		
8.3.3	Net cash from(used in) financing activities		
8.4	NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS		
8.5	<i>Cash and cash equivalents at the beginning of the year</i>		
8.5.1	- As previously reported		
8.5.2	- Prior year adjustment		

Medical Scheme:
Ref No.:
Financial Year End:



PART 8 CASH FLOW STATEMENT

		Current year	Previous year
		R	R
8.6	Other (specify)		
8.8	Net cash flows upon consolidation		0
8.9	Transfer of cash and cash equivalents due to amalgamation		
8.10	<i>Cash and cash equivalents at the end of the year</i>		

Please provide the reasons for any prior year restatements/reclassifications:



PART 9(a)

ASSETS HELD IN THE REPUBLIC IN TERMS OF REGULATION 30 IN CONJUNCTION WITH ANNEXURE B TO THE REGULATIONS

	Name and Description	Investments ²	Underlying assets of Policies of Insurance captured in Categories 4(a)(v), 6(a)(ii) and 6(b)	Underlying assets of Equity Unit Trusts or Pooled Equity Managed Funds captured in Categories 4(a)(iv)	Total Annexure B Fair Value
		R	R	R	R
9.1	CATEGORY ONE - Deposits and balances in current and savings accounts, negotiable deposits, money market instruments, structured bank notes, margin deposits with SAFEX and collateralised deposits.				
1(a)(i)	BANKS with net qualifying capital and reserve funds > R5 billion				
	Per Bank - Name (specify)				
	Other (specify)				
	SUB-TOTAL: CATEGORY 1(a)(i)				
1(a)(ii)	BANKS with net qualifying capital and reserve funds > R100 million				
	Per Bank - Name (specify)				
	Other (specify)				
	SUB-TOTAL: CATEGORY 1(a)(ii)				
1(a)(iii)	DEPOSITS COLLATERALISED with securities issued by the government of the RSA where an appropriate ISMA has been concluded				
	Name (specify)				
	SUB-TOTAL: CATEGORY 1(a)(iii)				
	SUB-TOTAL: CATEGORY 1(a)				

² Schemes are required to demonstrate compliance to Annexure B on a "look through" basis. This does however not apply to category 4(a)(iv), 4(a)(v), 6(a)(ii) and 6(b) assets whose underlying assets are disclosed in separate columns to enable compliance testing both on the investment value and based on the underlying asset exposure.



PART 9(a)

ASSETS HELD IN THE REPUBLIC IN TERMS OF REGULATION 30 IN CONJUNCTION WITH ANNEXURE B TO THE REGULATIONS

	Name and Description	Investments ²	Underlying assets of Policies of Insurance captured in Categories 4(a)(v), 6(a)(ii) and 6(b)	Underlying assets of Equity Unit Trusts or Pooled Equity Managed Funds captured in Categories 4(a)(iv)	Total Annexure B Fair Value
		R	R	R	R
1(b)	TERRITORIES OUTSIDE THE REPUBLIC - Deposits and balances in current and savings accounts, negotiable deposit and money market instruments with a foreign bank				
	Per Bank - Name (specify)				
	Description	Specify			
	Other (specify)				
	SUB-TOTAL: CATEGORY 1(b)				
9.2	CATEGORY TWO - Bills, bonds and securities issued or guaranteed by and loans to or guaranteed by:				
2(a)	INSIDE THE REPUBLIC				
2(a)(i)	Instruments guaranteed by the government of the RSA				
2(a)(ii)	Local Authorities authorized by law to levy rates upon immovable property				
2(a)(iii)	Development Bank				
2(a)(iv)	Industrial Development Corporation (IDC)				
2(a)(v)	Infrastructure Finance Corporation Limited (INCA)				
2(a)(vi)	Land and Agricultural Bank				



PART 9(a)

ASSETS HELD IN THE REPUBLIC IN TERMS OF REGULATION 30 IN CONJUNCTION WITH ANNEXURE B TO THE REGULATIONS

	Name and Description	Investments ²	Underlying assets of Policies of Insurance captured in Categories 4(a)(v), 6(a)(ii) and 6(b)	Underlying assets of Equity Unit Trusts or Pooled Equity Managed Funds captured in Categories 4(a)(iv)	Total Annexure B Fair Value
		R	R	R	R
2(a)(vii)	Trans-Caledonian Tunnel Authority (TCTA)				
2(a)(viii)	SA Roads Board				
2(a)(ix)	ESKOM				
2(a)(x)	Transnet				
2(a)(xi)	Per Bank with net qualifying capital and reserve funds > R5 billion - Name (specify)				
2(a)(xii)	Per Bank with net qualifying capital and reserve funds > R100 million - Name (specify)				
2(a)(xiii)	Per corporate institution not included in above categories, where debt is traded on the Bond Exchange				
2(a)(xiv)	Per other approved by Registrar institution not included in above categories				
	Description	Specify			
	SUB-TOTAL: CATEGORY 2(a)				
2(b) TERRITORIES OUTSIDE THE REPUBLIC					
2(b)(i)	Per Foreign institution - Name (specify)				
	Description	Specify			
	SUB-TOTAL: CATEGORY 2(b)				



PART 9(a)

ASSETS HELD IN THE REPUBLIC IN TERMS OF REGULATION 30 IN CONJUNCTION WITH ANNEXURE B TO THE REGULATIONS

	Name and Description	Investments ²	Underlying assets of Policies of Insurance captured in Categories 4(a)(v), 6(a)(ii) and 6(b)	Underlying assets of Equity Unit Trusts or Pooled Equity Managed Funds captured in Categories 4(a)(iv)	Total Annexure B Fair Value
		R	R	R	R
9.3	CATEGORY THREE - Immovable property, units in unit trust schemes in property shares, shares & loans to & debentures in property companies				
3(a)	INSIDE THE REPUBLIC				
3(a)(i)	Per Single property - Name (specify)				
	Description Specify				
	SUB-TOTAL: CATEGORY 3(a)				
3(b)	TERRITORIES OUTSIDE THE REPUBLIC				
	Per Foreign institution - Name (specify)				
	Description Specify				
	SUB-TOTAL: CATEGORY 3(b)				
9.4	CATEGORY FOUR - Shares, convertible debentures, exchange traded funds, units in equity unit trust schemes, linked policies of insurance				
4(a)(i)	UNLISTED SHARES, UNLISTED DEBENTURES, LISTED SHARES AND CONVERTIBLE DEBENTURES IN THE DEVELOPMENT CAPITAL AND VENTURE CAPITAL SECTORS OF THE JSE				
	Name (specify)				
	Description Specify				
	SUB-TOTAL: CATEGORY 4(a)(i)				



PART 9(a)

ASSETS HELD IN THE REPUBLIC IN TERMS OF REGULATION 30 IN CONJUNCTION WITH ANNEXURE B TO THE REGULATIONS

	Name and Description	Investments ²	Underlying assets of Policies of Insurance captured in Categories 4(a)(v), 6(a)(ii) and 6(b)	Underlying assets of Equity Unit Trusts or Pooled Equity Managed Funds captured in Categories 4(a)(iv)	Total Annexure B Fair Value
		R	R	R	R
4(a)(ii)	SHARES AND CONVERTIBLE DEBENTURES LISTED ON JSE (Other than DEVELOPMENT CAPITAL SECTOR):				
4(a)(ii)(i)	Per Company with market capitalisation of more than R50 billion				
	Per company - Name (specify)				
	SUB-TOTAL: CATEGORY 4(a)(ii)(i)				
4(a)(ii)(ii)	Per Company with market capitalisation of between R5 billion and R50 billion				
	Per company - Name (specify)				
	SUB-TOTAL: CATEGORY 4(a)(ii)(ii)				
4(a)(ii)(iii)	Per Company with market capitalisation of less than R5 billion				
	Per company - Name (specify)				
	SUB-TOTAL: CATEGORY 4(a)(ii)(iii)				
4(a)(iii)	EXCHANGE TRADED FUNDS TRADED ON THE JSE:				
4(a)(iii)(i)	Per fund with diversified holdings across the component sectors of the JSE				
	Per fund - Name (specify)				
	SUB-TOTAL: CATEGORY 4(a)(iii)(i)				



PART 9(a)

ASSETS HELD IN THE REPUBLIC IN TERMS OF REGULATION 30 IN CONJUNCTION WITH ANNEXURE B TO THE REGULATIONS

	Name and Description	Investments ²	Underlying assets of Policies of Insurance captured in Categories 4(a)(v), 6(a)(ii) and 6(b)	Underlying assets of Equity Unit Trusts or Pooled Equity Managed Funds captured in Categories 4(a)(iv)	Total Annexure B Fair Value
		R	R	R	R
4(a)(iii)(ii)	Per fund with holdings focused in sub-sectors of the JSE				
	Per fund - Name (specify)				
	SUB-TOTAL: CATEGORY 4(a)(iii)(ii)				
4(a)(iv)	UNITS IN EQUITY UNIT TRUSTS OR POOLED EQUITY MANAGED FUNDS				
4(a)(iv)(i)	Per unit trust with diversified holdings across the component sectors of the JSE				
	Per unit trust - Name (specify)			0	
	SUB-TOTAL: CATEGORY 4(a)(iv)(i)			0	
4(a)(iv)(ii)	Per fund with holdings focused in sub-sectors of the JSE				
	Per fund - Name (specify)			0	
	SUB-TOTAL: CATEGORY 4(a)(iv)(ii)			0	
4(a)(v)	POLICIES OF INSURANCE LINKED TO THE PERFORMANCE OF UNDERLYING EQUITIES OR EQUITY INDICES:				
4(a)(v)(i)	Per policy of insurance with diversified holdings across the component sectors of the JSE				
	Per policy of insurance - Name (specify)		0		
	SUB-TOTAL: CATEGORY 4(a)(v)(i)		0		



PART 9(a)

ASSETS HELD IN THE REPUBLIC IN TERMS OF REGULATION 30 IN CONJUNCTION WITH ANNEXURE B TO THE REGULATIONS

	Name and Description	Investments ²	Underlying assets of Policies of Insurance captured in Categories 4(a)(v), 6(a)(ii) and 6(b)	Underlying assets of Equity Unit Trusts or Pooled Equity Managed Funds captured in Categories 4(a)(iv)	Total Annexure B Fair Value
		R	R	R	R
4(a)(v)(ii)	Per policy of insurance with holdings focused in sub-sectors of the JSE				
	Per policy of insurance - Name (specify)		0		
	SUB-TOTAL: CATEGORY 4(a)(v)(ii)		0		
	SUB-TOTAL: CATEGORY 4(a)				
4(b)	TERRITORIES OUTSIDE THE REPUBLIC				
	Per Foreign institution - Name (specify)				
	Description Specify				
	SUB-TOTAL: CATEGORY 4(b)				
9.5	CATEGORY FIVE - Listed and unlisted debentures				
5(a)	INSIDE THE REPUBLIC				
	Name (specify)				
	Description Specify				
	SUB-TOTAL: CATEGORY 5(a)				
5(b)	TERRITORIES OUTSIDE THE REPUBLIC				
	Per Foreign institution - Name (specify)				
	SUB-TOTAL: CATEGORY 5(b)				



PART 9(a)

ASSETS HELD IN THE REPUBLIC IN TERMS OF REGULATION 30 IN CONJUNCTION WITH ANNEXURE B TO THE REGULATIONS

	Name and Description	Investments ²	Underlying assets of Policies of Insurance captured in Categories 4(a)(v), 6(a)(ii) and 6(b)	Underlying assets of Equity Unit Trusts or Pooled Equity Managed Funds captured in Categories 4(a)(iv)	Total Annexure B Fair Value
		R	R	R	R
9.6	CATEGORY SIX - Policies of insurance not directly linked and directly linked to market value of underlying assets				
6(a)(i)	POLICY PROCEEDS ARE NOT DIRECTLY LINKED TO THE MARKET VALUE OF THE UNDERLYING ASSETS				
	Per registered insurer (specify)		0		
	SUB-TOTAL: CATEGORY 6(a)(i)		0		
6(a)(ii)	POLICY PROCEEDS ARE DIRECTLY LINKED TO THE MARKET VALUE OF THE UNDERLYING ASSETS				
	Per registered insurer (specify)		0		
	SUB-TOTAL: CATEGORY 6(a)(ii)		0		
	SUB-TOTAL: CATEGORY 6(a)		0		
6(b)	TERRITORIES OUTSIDE THE REPUBLIC				
	Per Foreign insurer - Name (specify)		0		
	SUB-TOTAL: CATEGORY 6(b)		0		



PART 9(a)

ASSETS HELD IN THE REPUBLIC IN TERMS OF REGULATION 30 IN CONJUNCTION WITH ANNEXURE B TO THE REGULATIONS

	Name and Description	Investments ²	Underlying assets of Policies of Insurance captured in Categories 4(a)(v), 6(a)(ii) and 6(b)	Underlying assets of Equity Unit Trusts or Pooled Equity Managed Funds captured in Categories 4(a)(iv)	Total Annexure B Fair Value
		R	R	R	R
9.7	CATEGORY SEVEN - Other assets not referred to elsewhere in this Annexure				
7(a)(i)	INVENTORIES				
	Name (specify)		0	0	
	SUB-TOTAL: CATEGORY 7(a)(i)		0	0	
7(a)(ii)	DERIVATIVES:				
	Per asset class category - Name (specify)				
	Description Specify				
	SUB-TOTAL: DERIVATIVES 7(a)(ii)				
7(a)(iii)	OTHER ASSETS				
	Per asset - Name (specify)				
	Property, plant and equipment: computer equipment and software		0	0	
	Property, plant and equipment: furniture and fittings		0	0	
	Property, plant and equipment: motor vehicles		0	0	
	Property, plant and equipment: other		0	0	
	SUB-TOTAL: OTHER ASSETS 7(a)(iii)				
	SUB-TOTAL: CATEGORY 7(a)				



PART 9(a)

ASSETS HELD IN THE REPUBLIC IN TERMS OF REGULATION 30 IN CONJUNCTION WITH ANNEXURE B TO THE REGULATIONS

	Name and Description	Investments ²	Underlying assets of Policies of Insurance captured in Categories 4(a)(v), 6(a)(ii) and 6(b)	Underlying assets of Equity Unit Trusts or Pooled Equity Managed Funds captured in Categories 4(a)(iv)	Total Annexure B Fair Value
		R	R	R	R
7(b) TERRITORIES OUTSIDE THE REPUBLIC					
	Per Foreign institution - Name (specify)				
	Description	Specify			
	SUB-TOTAL: CATEGORY 7(b)				
9.8	Less: assets encumbered		0	0	
9.9	Total net assets per Regulation 30				
9.10	Assets encumbered		0	0	
9.11	Intangible assets		0	0	
9.12	Trade and other receivables		0	0	
9.13	Less: transfer of assets due to amalgamation during the year		0	0	
9.14	Total assets		0	0	

Medical Scheme:
Ref No.:
Financial Year End:



PART 9(b)
ASSETS HELD IN THE REPUBLIC IN TERMS OF REGULATION 30 IN CONJUNCTION WITH
ANNEXURE B TO THE REGULATIONS

	Name of the person / company / institution managing the investments	Total
		R
9.2.1	Managed by the scheme	
9.2.2	Name (specify)	
9.2.3	Total net assets per Regulation 30	

Medical Scheme:
 Ref No.:
 Financial Year End:



PART 10
MINIMUM ACCUMULATED FUNDS TO BE MAINTAINED BY A MEDICAL SCHEME IN TERMS OF
REGULATION 29

PART 10.1
CUMULATIVE NET GAINS ON RE-MEASUREMENT OF PROPERTIES AND INVESTMENTS
THROUGH THE INCOME STATEMENT

		Year to date R
10.1.1	Balance at beginning of period	
10.1.2	Prior year adjustment	
10.1.3	Net gains/(losses) on re-measurement to fair value of financial instruments and investment properties included in the income statement	
10.1.4	Impairment losses and reversal of impairment losses on revaluation of investments and property, plant and equipment included in the income statement	
10.1.5	Realisation of cumulative gains or losses on disposal of investments	
10.1.6	Consolidation results	
10.1.7	Realisation of assets upon amalgamation during the year	
e	Other (Specify)	
10.1.9	<i>Cumulative net gain on revaluation of investments and property, plant and equipment included in the income statement</i>	

Please indicate the reasons for the prior year adjustment:

Medical Scheme:
 Ref No.:
 Financial Year End:



PART 10.2 SOLVENCY RATIO

		Total R
10.2.1	Total members' funds per balance sheet	
10.2.2	Less: Unrealised non-distributable reserve	
10.2.3	Less: Funds set aside for specific purposes	
10.2.4	Less: Cumulative net gains on revaluation of investments and property, plant and equipment included in the income statement	
10.2.5	Less: Specific assets encumbered for third party liabilities	
10.2.6	Less: Minority interest	
10.2.7	Add: Sub-ordinated loan as approved by the Council	
10.2.8	Total net assets	
10.2.9	Total net assets	
10.2.10	Annualised gross contributions	
10.2.11	Solvency ratio	

Please indicate the reasons for not meeting 25% solvency:
How many days were the solvency less than 25%?
When was/will the business plan be submitted to the Council for Medical Schemes (in terms of section 35(11) and Regulation 29(4))?



Part 11(a)

Circumstances:

- Work performed is regarded as sufficient to satisfy the requirement for the auditor to report as required by Sections 36(8), 37(3) read in conjunction with 37(2), and 39(3);
- The auditor's opinion on the annual financial statements for the current year / period is unmodified; and
- The auditor has not identified any regulatory matter to report (for example, a Reportable Irregularity) in terms of the Auditing Professions Act.

REPORT OF THE INDEPENDENT AUDITOR OF <NAME OF SCHEME> TO THE REGISTRAR OF MEDICAL SCHEMES ON PARTS 4 TO 10 OF THE ANNUAL STATUTORY RETURN AS REQUIRED BY SECTIONS 36, 37 AND 39 OF THE MEDICAL SCHEMES ACT NO. 131 OF 1998³

We have audited Parts 4 to 10 of the annual statutory return (the Return) of <Name of Scheme> (the Scheme) for the year ended <insert date>, comprising information from the annual financial statements, prepared in accordance with International Financial Reporting Standards, and additional historical financial information extracted from the underlying accounting records of the Scheme for the purpose of reporting to the Registrar of Medical Schemes (the Registrar), as required by Sections 36, 37 and 39 of the Medical Schemes Act No. 131 of 1998 (the Act), whether Parts 4 to 10 of the Return have been prepared in all material respects, in accordance with the provisions of the Act, related Regulations, the Guidance Manual for the completion of the Return and the applicable Circulars issued by the Council for Medical Schemes (the "Act and related Regulations").

Trustees' Responsibility for the Return

The trustees are responsible for the preparation of Parts 4 to 10 of the Return from the annual financial statements and information contained in the underlying accounting records of the Scheme and for such internal control as they determine is necessary to ensure Parts 4 to 10 of the Return is prepared in accordance with the Act and related Regulations, and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility as required by Sections 36(8), 37(3) read in conjunction with 37(2), and 39(3) of the Act is to express our opinion on whether Parts 4 to 10 of the Return have been prepared in all material respects in compliance with the provisions of the Act and related Regulations based on our audit. We completed our audit of the annual financial statements of the Scheme for the year ended <insert date> on which we issued an <unmodified / modified>⁴ opinion on <insert date of audit report>. Our audit of the annual financial statements was conducted in accordance with *International Standards on Auditing*.

Our audit involved performing procedures to obtain audit evidence about the amounts and disclosures in Parts 4 to 10 of the Return. The procedures selected depended on our judgment, including the assessment of the risks of material misstatement of the Return, whether due to fraud or error. In making those risk

³ The Office of the Registrar requires auditors to submit this report on the auditor's letterhead.

⁴ Where a modified opinion has been expressed on the annual financial statements, the auditor considers the implications for the opinion to be expressed in the auditor's report on Parts 4 to 10 of the Return.

Medical Scheme:
Ref No.:
Financial Year End:



assessments we considered evidence obtained during our audit of the annual financial statements of the Scheme relevant to the entity's preparation and presentation of the annual financial statements, in order to design such additional audit procedures relevant to the preparation of Part 4 to 10 of the Return that are appropriate in the circumstances. Our audit also included obtaining evidence that the Parts 4 to 10 of the Return have been prepared in accordance with the provisions of the Act and related Regulations from information in the annual financial statements and additional historical financial information extracted from the underlying accounting records of the Scheme.

We believe that our evidence obtained is sufficient and appropriate to provide a reasonable basis for our audit opinion.

Opinion

In our opinion, Parts 4 to 10 of the Return of the Scheme have been prepared in all material respects, in accordance with the provisions of the Act and related Regulations.

Restriction on Distribution or Use of the Auditor's Report

Our report is presented solely for the purpose set out in the first paragraph of the report and for the information of the Registrar, and is not to be used for any other purpose, nor to be distributed to any other parties without our prior written permission. Our report relates only to the information included in Parts 4 to 10 of the Return.

Registered audit firm

Per *<Name of director / partner>*

Registered Auditor

<Director / Partner >

<Date>



Part 11(b)

ASSURANCE REPORT OF THE INDEPENDENT AUDITOR OF <NAME OF SCHEME> TO THE REGISTRAR OF MEDICAL SCHEMES IN ACCORDANCE WITH THE REQUIREMENTS OF SECTIONS 36(5) AND 36(8) OF THE MEDICAL SCHEMES ACT NO. 131 OF 1998⁵

We have performed our assurance engagement in accordance with the requirements of Sections 36(5) and 36(8) of the Medical Schemes Act No. 131 of 1998 (the Act) in order to provide the Registrar of Medical Schemes (the Registrar) with limited assurance regarding compliance by <Name of Scheme> (the Scheme) with the Sections of the Act and related Regulations specified below:

1. Section 24(5) and/or Regulation 2 (1)(j); and/or sections 33(3) and 44(9)(b) as applicable, relating to the furnishing of financial guarantees;
2. Section 26(1)(c) relating to the establishment of a bank account under the scheme's direct control;
3. Sections 26(4) relating to the restriction of payments made from the scheme's bank account; and 26(5) relating to the prohibition on any dividend, rebate or bonus payment by a Scheme;
4. Section 26(7) relating to the period within which all subscriptions or contributions are to be paid directly to the Scheme;
5. Section 26(11) relating to the prohibition on a registered medical Scheme from carrying on any other business;
6. Section 37(4)(d) relating to disclosures in the annual financial statements in respect of benefit options offered, read together with section 33 relating to approval and withdrawal of benefit options;
7. Sections 35(4), 35(5), 35(7) and 35(8) relating to assets and investments held by the Scheme, as well as Regulation 30 relating to limitations on assets held, read together with Annexure B of the Regulations which specifies the limitations on percentages of different categories of assets that may be held;
8. Section 35(6) relating to prohibition on encumbrances of Scheme assets without the prior approval of the Medical Council;
9. Sections 36(10) and 36(11) relating to the appointment of an audit committee and the composition of the majority of its members;
10. Section 57(4)(f) regarding the duties of the Trustees to take out and maintain an appropriate level of professional indemnity and fidelity insurance;
11. Sections 59(2) relating to the payment within 30 days of a benefit to be paid to a member or supplier of service, read together with Regulations 6(1), 6(2), 6(3) and 6(4) relating to the manner of payment of benefits;
12. Regulation 9A relating to a prohibition on any provision in the rules of a Scheme that permits an accumulation of unexpended benefits by a beneficiary from one year to the next, other than as provided for in personal medical savings accounts;
13. Section 30(1)(e) relating to Scheme Rules allocating a personal medical savings account to a member within the limit and in the manner prescribed from time to time for payment of any relevant health service;

⁵ The Office of the Registrar requires auditors to submit this report on the auditor's letterhead



14. Regulations 10(1), 10(4), 10(5) and 10(6) relating to personal medical savings accounts;
15. Sections 4(1), 4(2), 4(4) and 4(5) of the Financial Institutions (Protection of Funds) Act 28 of 2001 relating to the investment of personal medical savings account monies and the separation thereof from scheme assets, read together with Section 2(c) of the Protection of Funds Act relating to the allocation of investment income earned in respect of these monies;
16. Regulations 15 relating to the provision of managed health care; 18 relating to provisions to be included in administration agreements; and 19 relating to requirements of the parties on termination of an administration agreement;
17. Section 65 relating to broker services and commission, read together with Regulations 28(1), 28(2), 28(5) relating to compensation of brokers by a Scheme and 28B relating to requirements for accreditation of brokers by the Medical Council; and
18. Regulation 29 relating to the minimum accumulated funds to be maintained by a Scheme.

Trustees' responsibility

The trustees are responsible for compliance by the Scheme with all Sections of the Act and related Regulations and for such internal control as they determine is necessary to ensure compliance in all material respects with those Sections and Regulations specified above.

Auditor's responsibility

Our responsibility, in accordance with Sections 36(5)(b) and 36(8)(b) of the Act, is to express our limited assurance conclusion whether, based on our work performed, anything has come to our attention that causes us to believe that the Scheme has not complied with the Sections of the Act and related Regulations specified above. We conducted our assurance engagement in accordance with the International Standard on Assurance Engagements (ISAE) 3000, *Assurance Engagements Other Than Audits or Reviews of Historic Financial Information*. That standard requires us to comply with ethical requirements and to plan and perform our assurance engagement to obtain sufficient appropriate evidence to support our limited assurance conclusion expressed below.

We completed our audit of the annual financial statements of the Scheme for the year ended <insert date>, prepared in accordance with International Financial Reporting Standards (IFRS), on which we issued an <unmodified/modified>⁶ opinion on <insert date of audit report>. Our audit was performed in accordance with *International Standards on Auditing*. Where appropriate, we have drawn on evidence obtained regarding instances of non-compliance with the above Sections and Regulations identified during the course of our audit that might materially affect the annual financial statements, and have performed such additional procedures as we considered necessary which included:

- Making inquiries of the Scheme's management primarily responsible for financial and accounting matters and regulatory compliance;
- Re-performance of calculations, substantive analytical review procedures; and
- Inspection of supporting documentation considered necessary to assess compliance with the sections specified above.

⁶ Where a modified opinion has been expressed on the annual financial statements, the auditor considers the implications for the *Limited Assurance Conclusion* expressed in this report.

Medical Scheme:
Ref No.:
Financial Year End:



In a limited assurance engagement the evidence gathering procedures are more limited than for a reasonable assurance engagement and therefore less assurance is obtained than in a reasonable assurance engagement. We believe that our evidence obtained is sufficient and appropriate to provide a basis for our limited assurance conclusion.

Limited assurance conclusion

Based on our work performed, nothing has come to our attention that causes us to believe that the Scheme has not complied with the Sections of the Act and related Regulations specified above⁷.

Restriction on use and distribution

Our report is presented solely in compliance with Sections 36(5)(b) and 36(8)(b) of the Act for the purpose set out in the first paragraph of the report, and for the information of the Registrar and is not to be used for any other purpose, nor to be distributed to any other parties without our prior written consent. Our report relates only to instances of non-compliance by the Scheme with those Sections of the Act and related Regulations specified above identified in the course of our compliance engagement.

Registered audit firm

Per <Name of director/partner>

Registered Auditor

<Director / Partner >

<Date>

⁷ Where the auditor identifies instances of non-compliance with any of the sections specified, the assurance report should contain, within the limited assurance conclusion section of the report, a clear description of all such instances of non-compliance as illustrated in the **Appendix** to this report. Also refer to the guidance in paragraphs 51 – 53 of ISAE 3000, *Assurance Engagements Other Than Audits or Reviews of Historical Financial Information*.



APPENDIX

Instances of non-compliance that may be identified which, if material may result in a modified conclusion and are to be reported to the Registrar, may include:

1. The guarantee supplied to the Registrar in terms of section 24(5) of the Act and/or Regulation 2(1)(j); and/or sections 33(3) and 44(9)(b) of the Act, may be invalid;
2. The scheme's bank account may not be under the scheme's direct control or in its name in accordance with section 26(1)(c);
3. Invoices may not be prepared and payments may not be made in accordance with sections 26(4) and 26(5) of the Act;
4. Contributions may not be received within three days after payment thereof became due in accordance with section 26(7) of the Act;
5. The scheme is carrying on any business other than the business of a medical scheme in accordance with section 26(11) of the Act;
6. Accounting records may not be maintained for each benefit option in accordance with section 37(4)(d) of the Act, read together with section 33 of the Act;
7. Investments may not be made in accordance with sections 35(4), 35(5), 35(7) and 35(8) of the Act, as well as Regulation 30, read together with Annexure B of the Regulations.
8. The Scheme may have entered into financial arrangements that may not be in accordance with section 35(6) of the Act;
9. That the Scheme *<had/ did not have>* an audit committee in operation for the entire financial year, and if it did have an audit committee, the constitution of the audit committee was not in terms of the requirements of sections 36(10) and 36(11) of the Act;
10. The Scheme either failed to take out fidelity guarantee and professional indemnity, or the cover provided in policy *<insert policy number>* to the value of *<insert sum insured>*, was not in accordance with section 57(4)(f) of the Act, and / or the premiums for the policy were not fully paid up;
11. Benefits were not paid in accordance with the requirements of section 59(2) of the Act, read together with Regulations 6(1), 6(2), 6(3) and 6(4);
12. The Scheme failed to comply with Regulation 9A and provided for the accumulation of unexpended benefits;
13. The rules of the Scheme did not allow for medical savings accounts to be operated by the Scheme in terms of section 30(1)(e) of the Act;
14. Medical savings accounts operated were not in accordance with Regulations 10(1), 10(4), 10(5) and 10(6);
15. Personal medical savings account monies were not invested in accordance with Sections 4(1), 4(2), 4(4) and 4(5) of the Financial Institutions (Protection of Funds) Act 28 of 2001 or investment income earned in respect of these monies were not appropriately allocated to these monies in accordance with Section 2(c) of the Protection of Funds Act;
16. Written agreements entered into by the Scheme with administrator(s) and/or managed care organisation(s) did not comply with Regulations 15, 18 and 19;
17. Payments to brokers in terms of section 65 were not made in terms of Regulations 28(1), 28(2), 28(5) and 28B; and
18. The solvency of the Scheme was not correctly calculated in terms of Regulation 29.