

Republic of the Philippines Department of Finance INSURANCE COMMISSION 1071 United Nations Avenue Manila



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TRANQUILINO E. ESPEJON IC Supervising Administrative Officer Administrative Division Insurance Commission

Circular Letter (CL) No.	2020-16
Date	17 March 2020
Supersedes	CL No. 2019-10 dated 22 March 2019

CIRULAR LETTER

TO

Date:

: ALL MUTUAL BENEFITS ASSOCIATIONS (MBAs) AUTHORIZED TO DO BUSINESS IN THE PHILIPPINES

SUBJECT : FILING OF THE 2019 ANNUAL STATEMENT FOR MUTUAL BENEFITS ASSSOCIATIONS

Section 413 of the Amended Insurance Code (Republic Act No. 10607) directs every Mutual Benefit Associations (MBAs) authorized to do business in the Philippines, annually on or before the thirtieth (30th) day of April of each year to render to the Commission an Annual Statement (AS) in such form and detail as may be prescribed by the Commission, signed and sworn by the president, secretary, treasurer and actuary of the association, showing the exact condition of the affairs on the preceding thirty-first (31st) day of December.

Pursuant to the above Section, the following guidelines are being issued in relation to the submission of the 2019 AS and the attachments:

- 1. Two (2) hard copies and one (1) soft copy of the AS using the revised template as of 31 December 2019 are required to be submitted to the Life/MBAs/Trust Division.
- 2. The AS must be signed and sworn to by the President, Chief Operating Officer/General Manager, Secretary, Treasurer, Actuary and Chief Accountant.
- 3. The cover shall be "hard bound" permanent adhesive and in color "yellow".
- 4. It shall be on a legal size bond paper (8 ½ X 14 inches) using either the Times New Roman font size #12 or Arial font size #10 to be printed in readable size.

- 5. The AS shall be accompanied by an updated list of the request documents and other schedules, referred in this CL as **ANNEX A** which shall form part as attachments in the submission of the AS. The documents in the list must be submitted in a separate folder (for items required to be submitted in **hard copy**) and in flash drives (for items to be submitted in **soft copy**).
- 6. The exact formats, columnar headings and footnote instruction found in every page of the attached blank forms (see attached Pro-Forma template) of the prescribed AS, including those required formats attached to ANNEX A shall be strictly observed.
- 7. Any AS not in accordance with the prescribed format with missing detail/information and incomplete attachments shall not be accepted.

Pursuant to Section 413 of the Amended Insurance Code all AS are required to be submitted on or before 30 April 2020. The prescription of the guidelines in the CL is without prejudice to the power of the Commission under Section 437(k) of the same Code to conduct an examination to determine compliance with laws and regulations if circumstances so warrant as determined by appropriate rules and regulations. Further, any instance of non-compliance with the prescribed guidelines shall be subject to penalties in accordance with Circular Letter No. 2014-15 dated 15 May 2014 and pursuant to Section 437(o) of the same Code, which authorizes the Commission to fix and assess fees, charges and penalties in the exercise of regulation.

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Date:__

DENNIS B. FUNA Insurance Commissioner



TRANCUILINOIÉ, ESPEJON IC Supervising Administrative Officer Administrative Division Insurance Commission

Date:

ANNEX A

CHECKLIST OF SUPPORTING DOCUMENTS OF MUTUAL BENEFIT ASSOCIATIONS For the Year Ended 31 December 2019

NAME OF ENTITY

	DOCUMENT	HARD COPY	SOF
1.	Copy of the 2019 Annual Statement		COP
2.	2019 Audited Financial Statements with comparative figures for 2018 signed by an		v
	External Auditor accredited by the Insurance Commission, and duly received by the Bureau of Internal Revenue (BIR)	V	(PDF) scannet formati
3.	Adjusted Trial Balance as of 31 December 2019 signed by the Chief Accountant		√ (PDF/
4.	Reconciliation of figures/accounts in the		scannec format)
	Adjusted Trial Balance (breakdown/groupings) to tally with the figures/accounts in the Audited Financial Statements and Annual Statement (MBA Format No. 1,1A,2,2A)		v
5.	Computation of Risk-based Capital Ratio of the company	✓ ·	v
6.	2019 General Information Sheet filed with Securities and Exchange Commission	 	
7.	Accredited actuary's certification on actuarial and all related accounts / Statement of Opinion on Policy Loans (e.g. Basic contingent benefit, reserve		
1	Optional benefit reserve, Liability on individual equity, Members 'certificate/Policy loans, Member's contributions /premiums due & uncollected, Members' assessment receivable ,Claims payable on basic contingent benefit/Optional benefits)	×	√ (PDF: S¢anned format)
•	Certification of the association's comptroller or any responsible officer with the rank of at least Vice President for the accounts: <i>Members' fees.</i>		v
	dues & fees receivable, Liability on individual equity, Unremitted members' contributions, dues & fees/premiums, Members' deposit, Members' contributions /premiums received in advance	×	(PDF/ scanned format)

Page 1 of 16

TRANCIJILINO E. ESPEJON IC Supervising Administrative Officer Administrative Division Insurance Commission

Date:

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	DOCUMENT	HARD COPY	SOFT
9.	Detailed schedule of the following actuarial accounts (with printed copies of the (i) First Page and (ii) Last Page (Showing the totals of the said actual of	(1st and last page only)	COPY (Microsoft
	ule salu schedules)		Excel format
	 a. Seriatim List of all members indicating therein the minimum basic information using the attached Life-Required (MBA Format No. 3) 		9 2. 0
	 Membership certificate/policy Loans (Cash Loan & Automatic Premium Loan)if any, indicating therein the minimum basic information: Membership certificate/Policy number, Name of member/policyholder, Membership date, Policy /Effectivity Date, Plan. Basic Benefit, Amount of Insurance, Maturity Date of Insurance Date of Loan, Maturity Date of Loan granted, Amount of Loan granted, Interest (Earned & Unearned), Outstanding Balance of Loan, Cash values as of 31 December 2019. 		
	Reserves as of 31 December 2019; C. Members' fees, dues & fees receivable, Unremitted members contributions, dues & fees, unremitted premiums, Members' assessment receivable indicating therein the minimum basic information : Membership certificate/Policy number, Name of Member/Policyholder, Membership/Policy Date, Basic benefit, Amount of Insurance. Last payment of contribution/premium, Account balance as of 31 December 2019, Equity value as of 31 December 2019;		
5	 d. Claims payable on basic contingent benefit. Claims payable on optional benefit, Other benefit payable on Basic/Optional policies as of 31 December 2019 (MBA Format No. 4) e. All claims filed (paid or unpaid) for Basic & Optional insurance in the first quarter of 2020 indicating therein the minimum information same in requirement 10.d 	5 000	
a wax a	 f. Members' contributions received in advance/Premiums received in advance indicating therein the minimum basic information: (MBA Format No. 5) 		
10.	Statement of Securities Account of BTR-ROSS/ Securities Account for Tax Tracking as of 31 December 2019.	✓ _	,
11.	Certification from the Custodian Bank for Dollar-		

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Date:

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	DOCUMENT	HARD COPY	SOFT COPY
12.	Schedule of Dollar-denominated Bonds using	8 	
2 (CON) 14	the attached MBA Format No.6.	8	✓
13.	Supporting documents of all investments not	•	-
	_ presented during the inventory	~	
14.	Detailed schedule showing the computation of		
	Fair Warket or Book Value of Schedule of Bonds		E
	and Treasury Bills, together with the pricing		V
	documents (Column 13 of Schedule A1 and A2		(Microsoft Excel formation)
	Or Annual Statement. (MBA Format No. 7)		
15.	Complete set of financial statements for IMA	••••••••••••••••••••••••••••••••••••••	
·	accounts	4	i i
16.	Supporting documents as of purchase date and	···	
	NAVPU as of 31 December 2019 for Mutual	1	
	Fund, Unit Investment Trust and Real Estate	~	
	Investment Trust		
17.	Certification from Philippine Depository & Trust		
	Corp. (PDTC) for the Scriptless Stock	<i>,</i>	
	Certificates as of 31 December 2019	Ý	
18.	Breakdown/Computation/Schedule of	. j	
	Fluctuation Reserve-Bonds/Stocks and		
	Revaluation Reserve –Real Estate as reported	\checkmark	
	in the Annual Statement		
19.	Bank Statements/Passbooks of all Current,	and the second s	1
	Savings and Time Doposit persuits and for	1	
	Savings and Time Deposit accounts as of 31 December 2019 and 21 January 2020		
	December 2019 and 31 January 2020, together with the pertinent Park Parameters	× 1	
	with the pertinent Bank Reconciliation statements		
20.		[
-0.	Detailed schedule of Deposits-in-Transit and		
	Undeposited Collections, showing in columns	ř	
	the Official Receipt Number, Official Receipt	~	
	Date, Date Deposited and Name of Depository Bank MBA Format No. 12	1	
21.	Cartification of Boselustus (- 1	
<u> </u>	Certification of Receivables from Government		
	Agencies/Government-owned and Controlled	✓ .	
22.	Corporations as of 31 December 2019		
£.C.,	Sales Invoices and Official Receipts to support		
1	purchases of Electronic Data Processing (EDP)		
	Equipment during the year ended 31 December 2019	•	
23.	the second	1	
20.	Official Receipts to support payments of		
	Premium Tax, Documentary Stamps Tax and	, İ	
•	Real Estate Tax during the year ended 31	× .	
	December 2019		
24.	Schedule of Reinsurance Recoverable and Due	·····	
	to Reinsurers as of year-end, if any using the	1	
	attached MBA Format No. 8	¥ .	V

Page 3 of 16

TRANQUILINO É. ESPEJON IC Supervising Administrative Officer Administrative Division Insurance Commission

Date:

25.	DOCUMENT	HARD						
	Summary of in-force certificates and policies by plan of insurance as of December 31, 2019 using the attached MBA - MBA Format No. 9.	×	✓					
26.	Schedule showing balance sheet items in foreign currency, if any, and their peso equivalent, including a sub-schedule showing the currency breakdown in case an account consists of multiple currencies.		· · ·					
27.	List of current members of board of directors and trustees, independent directors/trustees and their respective addresses, positions and also the chairman and members of Audit, Remuneration and Nomination committees.		✓ (Microsoft Excel format					
28.	Minutes of Meetings of the Board and Executive Committees, including a copy of Board Resolutions made during the year ended 31 December 2019	100.0000000000000000000000000000000000	✓ (PD) ^r / scanned format)					
29.	Claims paid/denied during the year (MBA Format No. 10).							
30.	Schedule of Members' Fees/Dues/Contributions Due & Unpaid (MBA Format No. 11).		· ·					
31.	Latest copy of Certificate of Tax Exemption issued by the Bureau of Internal Revenue (BIR) pursuant to BIR Revenue Memorandum Order No. 38-2019 For MBAs with Microinsurance business	< *** *** × ✓						
	a. Enhanced Performance Indicators and Standard in Microinsurance (i.e., SEGURO) using Insurance Commission Circular 2016- 63 dated 16 December 2016; and	05 0	√ (Microsoft Excel format)					
	 Report/assessment of Institute of Corporate Director (ICD) on company's corporate governance score card for the year 2018 	~						
	c. Copy of the following: c.1. Production:							
•	Schedule showing separately in columns the Certificate Number, Policy Number, Name of the Member/Assured, Sum Assured, Premium, Premium Tax, Documentary Stamp Tax, and Other Taxes (per Product Line), Total Premium Production		✓ (Microsoft Excel format)					

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TRANQUILINO E. ESPEJON IC Supervising Administrative Officer Administrative Division Insurance Commission

Date:_____

	DOCUMENT HAF	
	c.2. Collections:	Y COP
	Schedule showing separately in columns the Certificate Number, Policy Number, Name of the Assured, Sum Assured, Premium, Premium Tax, Documentary Stamp Tax, Other Taxes, Amount Collected, Official Receipt Number, and Official Receipt Date. Total Collectionsc.3. Claims paid duly signed by General Manager/Claims ManagerSchedule showing separately in columns the Certificate Number, Policy Number, Name of Assured	
	Filed, Sum Insured, Date of Claimant, Relationship to the Member, Claim Number, Date Filed, Sum Insured, Date of Loss, Amount of Loss, Nature of Claim, Date Paid, and Voucher Number, Total Amount of Claims	
33.	Contact Details of the Company's representative from:	. 🗸
···•••		(Microsof Excel form
	a. Accounting Unit/Division/Department:	- ZACCI JOINIA
	a.1. Full name (i.e., First Name, Middle Initial, Last Name)	Ţ
	a.2. Designation	89 •1
	a.3. Official Telephone Number	1
	a.4. Official Fax Number	
	a.5. Official E-mail Address	
	b. Actuarial Unit/Division/Department:	
	b.1. Full name (i.e., First Name, Middle	1
	Initial, Last Name)	
	b.2. Designation	ļ
2	b.3. Official Telephone Number	
	b.4. Official Fax Number	
	b.5. Official E-mail Address	ļ
34.	FLASH DRIVE NO. 1	
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	- Containing requirements in soft copy	
•	format for Item Nos. 7,8, 9, 29 and 30	
al Lindon department	related to actuarial accounts, due to huge file size	ł
35.	FLASH DRIVE NO.2	ļ
		✓
	- Containing all requirements in soft copy	
	format, except Item Nos. 7,8, 9, 29 and 30	

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Remarks:	Submitted by:
Received by:	Signature over Printed Name
	Designation
Signature over Printed Name	
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MBA Format 1

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Date:

Statement of Financial Position

Reconciliation of Adjusted Trial Balance with Amrual Statement and Audited Financial Statements

	Variance	Column C. Reference in SOFP Column I Recon Tab 2	
	A	Column C. Columni	N. N
	Variance	Column C- Relevence in SOFP Column F Recon Tab 2	
		Column C. Column F	
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MBA Format 1.A.

SOFP RECONCILIATION IN EXCHANGE RATE

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should be as detailed as the above. Showing the cause of variance

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Administrative Division Insurance Commission

Date:

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MBA REQUIRED FORMAT No. 3

Date:

SERIATION UST OF MEMBERS AS OF 31 December 2019

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	Gash values as of 31 December 2018	Ī				-		
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MBA REQUIRED FORMAT NO. 4

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MBA REQUIRED FORMAT NO. 5

Schedule of Contributions/Premiums Received in Advance As of 31 Dicember 2019

Date:

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Membership Certificate	Name of Member	Membership Poltcy A Contificate Date e	Policy Date	Amount of Basic Benefit	Amount of Insurance	Amount Amount of Amount of of Basic Insurance Contribution/Pre Benefit Insurance mium	Mode of Payment	Amount Received for contribution	Excess of contribution payment	Ledger Liability	Non-ledger tiability	Non-ledger Liability per liability AS	Remarks
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Date:

MBA – Required Format No. 6

Dollar Denominated Bonds

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	Face	Value	Acquisi	tion Cost	Price	Dollar B-1
Description	Peso	Dollar	Peso	Dollar	(%)	Dollar Rate at the time o acquisition
otal						

MBA Required Format No. 7

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Schedule for Fair Market Value of Bonds/Treasury Bills As of December 21, 2019 DATE CERTIFICATES CATEGORY (notes 1, 2, 6) h anned titatio 4 Matare. Ser al No otal 1971 "Suppy ×35 Domestic Issues a Government Foreign Currency (note 3) a. Government b. Private

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TRANQUILINO E: ESPEJON IC Supervision Administrative Officer Administrative Division Insurance Commission

Date:

MBA REQUIRED FORMAT NO. 8

Reinsurance Ceded

		1	Balance as	of Current Year							
Name of				64 ₆			-		tion During t	ne year	
company	Amount Ceded	Reserves credit		coverable on	Amounts Reins	surer	Premium on Reinsurance during the year	Commission s on ceded business	on claims	Other recoveries (Payments)	Remitance made during the
			Paid Claims	Unpaid Claims	Premiums	Others				 	year
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MBA - REQUIRED FORMAT NO. 9

SUMMARY OF CERTIFICATES AND POLCIES BY PLAN OF INSURANCE In force as of December 31, 2019

1. BASIC

		Number of		Amount of	Insurance for
Plan	Certificates	Member	Dependents	Member	Dependents
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2. OPTIONAL FUND

	VIDUAL INSUF	the second se		GROU	P INSURANCE	
-		berof			Number of	
Plan	Policies	Member	Plan	Policies	Certificates	Member
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MBAI REQUIRED FORMAT NO. 10 Date:

			CLAIMS PAID/C	JENIED DU	RING THE Y	EAR 2019				
Nature of Claim	Nature of Claim	Name of the Assured	Name of Beneficiary	Sum Insured	Amount of Claim	Date Filed	Date of Loss	Date paid	Amount	Remark
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MBA REQUIRED FORMAT NO. 11

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Certificate No,	Name of Member	Months Due & Unpaid	General Fund	Basic Members' Fund	Optional Fund	Unpaid Premium	
		ļ	Unpaid Fees/Dues	Unpaid Contributions	Regular	Micro	Paid/Remitte
1. Members' Fe	es/Dues/Cont	ributions Due & U	T		·····	MICIO	
		Toutions Due & U	npaid		<u> </u>		T
-					NA	NA	
F	·						
F	<u> </u>						
-							1
							1
Niowance for	Deshalt			······································			1
Total	Probable Lo	SSes					1
	l						
. Members' Pre	miums Due &	Unpaid					
			······································			· · · · · · · · · · · · · · · · · · ·	
				····			
<u>. </u>							
llowance for I	robable Los	ses					16
Total							
Members' Asso	ssment Recei	ivable	,				
					<u></u>		
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					<u> </u>		200 A
		——— <u>—</u>			······		
lowance for P	robable Los						17 (1949) 1944
Total		565					
Members' Fee	S Dugs Cont	ibution Dues Unre					
ne of partner	- Paca contri	Dution Dues Unre	mitted		<u> </u>		
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}						the second second second second	
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owance for Pr	obable Loss	es					

RECEIVABLES

un TRANQUILINO E. ESPEJON IC Supervising Administrative Officer Administrative Division Insurance Commission

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CERTIFIED TRUE

MBA FORMAT #12

Association Name

Deposit in Transit and Undeposited Collection Audit Trail or Reconciliaton 31 December (YYYY)

Date:

Bank Name:

Bank Account Number:

Date	C1		Depos	sit Slip	Bank Statement	or Passhor
12/23/2019	S.I. or O.R. No.	Amount	Date	Amount	Date	
	1	100				Amount
12/23/2019	2	100	1			
12/23/2019	3	100				
12/23/2019	4					
12/26/2019	4	100				
2/26/2019	5	100				
	6	100	1			
2/26/2019	7	100		3		
2/27/2019	8	100			1	
2/27/2019	ů 9			1		
	3-	100			1	
		900	12/27/2019	900	2/1/2020	÷.

parts. The this type of reconciliaiton will also be required for other even sates premium DP. Applicables is our To this ope direction and passbook only dates are both dated on the first banking days of the second

by indeposit slips dates are dated last banking days of the year under exact and pestimody entrodium is a

days of the subsequent year , these will be considered as Deposit in Transit (Diff) some the protect

but not reflected in the bank statement/passbook/statement of account/certification- due ' charle are

 $\mathbb{M}_{\mathbb{C}}$ Supporting documents should be arranged in the same order above for efficient manage

Lenends: Sules Involce (S.C Sile ial Receipt (O.R.)