CIRCULAR LETTER

TO: All Mutual Benefit Associations (MBAs) Authorized to Do Business in the Philippines

SUBJECT: Filing of 2014 Annual Statements

In connection with the filing of the 2014 Annual Statements, the following guidelines are hereby issued:

1. The **yellow** Annual Statement (3 sets) the financial condition of MBA as of December 31, 2014 shall be signed and sworn to by the president, chief operating officer/general manager, secretary, treasurer, actuary and chief accountant and shall be on legal size bond paper (8 1/2 x 14 inches), using either the Times New Roman font size #12 or Arial font size #10;

2. The Annual Statement should be "Soft Cover Binding", permanent adhesive;

3. Annex “A” is the updated list of the required documents and other schedules which shall form part as attachments in the submission of Annual Statements and must be submitted in a separate folder;

4. The exact formats, columnar headings and footnote instructions found in every page of the blank forms of the prescribed Annual Statement including those required formats attached to Annex “A” shall be **strictly observed**;

5. Any Annual Statement not in accordance with the required format and with missing data/information and incomplete attachments **shall not be accepted**.

Please file your 2014 Annual Statements on or before April 30, 2015 to avoid penalty.

VIDA T. CHIONG
Deputy Insurance Commissioner
Officer-in-Charge
NAME OF COMPANY: ________________________________________________

LIST OF DOCUMENTS TO BE SUBMITTED TO FORM PART OF THE ANNUAL STATEMENTS OF MUTUAL BENEFIT ASSOCIATIONS
For the Year Ended December 31, 2014

A. TO BE SUBMITTED TO LIFE DIVISION (FED II):

1. 2014 Audited Financial Statements with comparative figures for 2013, signed by an external auditor accredited by this Commission (a well bound complete set of Audited Financial Statements)

2. Adjusted Trial Balance signed by the Chief Accountant

3. Statement of Income and Retained Earnings Exhibit 2

4. Computation of the Risk Based Capital Ratio of the Association

5. Soft copy of the 2014 Annual Statement and attachments (in USB)

6. Reconciliation Statement of the Audited Financial Statement versus The Annual Statement figures

7. Reconciliation of figures/accounts in the Adjusted Trial Balance (breakdown/groupings) to tally with the figures/accounts in the Annual Statement

8. 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

9. Minutes of meetings of the board and executive committees, including copy of each of the board resolutions made during the year

10. Accredited actuary’s certification on actuarial and other related accounts (e.g. reserves, certificate/policy loans, net premiums due and uncollected, policy and contract claims payable, etc.)

11. Certification of the association’s comptroller or any responsible officer with the rank of at least Vice President for the account Members’ Equity Value, Certificate/Policy and Other Loans, Premiums Contributions Due & Uncollected, Unremitted Premiums/Contributions, Members Deposit

12. Schedules of Claims Payable as of December 31, 2014 and of all claims filed for the 1st quarter of 2015

13. 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

14. Confirmation of sales of investments in Bonds and Treasury Bills, together with Statement of Securities Account of BTr-RoSS as of year end

15. Certification from the custodian bank of dollar-denominated Bonds as of year end

16. Schedule of dollar denominated bonds using the attached Mba – Required Format No. 2

17. Certification from Phil. Depository & Trust Co. for the scriptless stock certificates as of year end
18. Detailed schedules, together with supporting documents, of all investments and other asset accounts
19. Detailed schedules with supporting documents on Mortgage Loans, Guaranteed Loans, Membership Certificate Loans, Policy Loans, Collateral Loans and Other Loans accounts
20. Bank statements/passbooks of all current, savings and time deposit accounts as of December 31, 2014 and January 2015, together with the pertinent bank reconciliation statements
21. Detailed schedule of deposit in transit showing in columns the official receipts number, date, date deposited, name of depository bank and to be supported with Official Receipts and Validated Deposit Slips
22. Detailed Schedule of EDP for the last five (5) years together with the sales invoices and official receipts to support purchases of EDP Equipment during the year
23. Official receipts to support payments of Real Estate Tax during the year
24. Schedule of Reinsurance Recoverable and Due to Reinsurers as of year end, if any, using the attached MBA Required Format No. 6
25. Certification of receivables from government agencies/government owned controlled corporations
26. Seriatim list of all the members indicating therein the certificate number, effectivity date of membership, total actual contributions and equity values as of year end (in soft copy) (Required Format No. 3).
27. Summary of in-force certificates and policies by plan of insurance as of December 31, 2014 using the attached MBA Required Format No. 1
28. Soft copy of Schedule of Receivables, Claims using MBA-Required Format No. 4, & 5
29. For MBA with Micro - Insurance business
   a. Performance Standard (SEGURO)
   b. Soft Copy of the following:

   Production: Schedule showing separately in columns the name of the assured, policy number, certificate number, sum assured and premium. (per product line)

   Collections: Schedule showing separately in columns the name of the assured, policy number, certificate number, sum assured, premium, amount collected, date and number of official receipt.

   Claims Paid: Schedule showing separately in columns the name of Assured/claimant, claim no., date filed, policy number, sum insured, date of loss, amount of loss, nature of claim, date paid and voucher number.
B. TO BE SUBMITTED TO THE STATISTICS DIVISION:

1. 2014 Audited Financial Statements with comparative figures for 2013, signed by an external auditor accredited by this Commission.
2. Adjusted Trial Balance signed by the Chief Accountant.
5. Soft copy of the 2014 Annual Statement and attachments (in USB).
7. Reconciliation of figures/accounts in the Adjusted Trial Balance (breakdown/groupings) to tally with the figures/accounts in the Annual Statement.
9. 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.
10. Accredited actuary’s certification on actuarial and other related accounts (e.g. reserves, certificate/policy loans, net premiums due and uncollected, policy and contract claims payable, etc.).
12. For companies with Micro – Insurance business:
   a. Performance Standard (SEGURO)
   b. Soft Copy of the following:

Production: Schedule showing separately in columns the name of the assured, policy number, certificate number, sum assured and premium. (per product line)

Collections: Schedule showing separately in columns the name of the assured, policy number, certificate number, sum assured, premium, amount collected, date and number of official receipt.

Claims Paid: Schedule showing separately in columns the name of Assured/claimant, claim no., date filed, policy number, sum insured, date of loss, amount of loss, nature of claim, date paid and voucher number.

Submitted by: ________________________________
Received by: ________________________________
Date: ________________________________
MBA - REQUIRED FORMAT NO. 1

SUMMARY OF CERTIFICATES AND POLICIES BY PLAN OF INSURANCE
In force as of December 31, 2014

1. BASIC

<table>
<thead>
<tr>
<th>Plan</th>
<th>Number of Certificates</th>
<th>Number of Member</th>
<th>Number of Dependents</th>
<th>Amount of Insurance for Member</th>
<th>Amount of Insurance for Dependents</th>
</tr>
</thead>
</table>

2. OPTIONAL FUND

<table>
<thead>
<tr>
<th>INDIVIDUAL INSURANCE</th>
<th>GROUP INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>Number of Policies</td>
</tr>
</tbody>
</table>
# MBA – Required Format No. 2

## Dollar Denominated Bonds

<table>
<thead>
<tr>
<th>Description</th>
<th>Face Value Peso</th>
<th>Acquisition Cost Peso</th>
<th>Price (%)</th>
<th>Dollar Rate at the Time of acquisition</th>
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<p>| Total       |                 |                        |           |                                       |</p>
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<thead>
<tr>
<th>Name of Member</th>
<th>Date of Membership</th>
<th>Certificate No.</th>
<th>Basic Benefit</th>
<th>Contribution</th>
<th>Total Equity Value</th>
<th>Effectivity Date</th>
<th>Policy Number</th>
<th>Face Amount</th>
<th>Premium</th>
<th>Reserves</th>
<th>Name</th>
<th>relationship to member</th>
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### MBA REQUIRED FORMAT NO. 4

#### ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31, 20xx

**XYZ MUTUAL BENEFIT ASSOCIATION, INC.**

(Write or stamp name of Association)

Schedule ___ - RECEIVABLES

<table>
<thead>
<tr>
<th>Certificate No.</th>
<th>Name of Member</th>
<th>Months Due &amp; Unpaid</th>
<th>General Fund</th>
<th>Basic Members' Fund</th>
<th>Optional Fund Unpaid Premium</th>
<th>Date Paid/Remitted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unpaid Fees/Dues</td>
<td>Unpaid Contributions</td>
<td>Regular</td>
<td>Micro</td>
</tr>
<tr>
<td>(1)</td>
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<td>(3)</td>
<td>(4)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
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<tr>
<td>1 Members' Fees/Dues/Contributions Due &amp; Unpaid</td>
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<td></td>
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<tr>
<td>Allowance for Probable Losses</td>
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<td>2 Members' Premiums Due &amp; Unpaid</td>
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<td>Allowance for Probable Losses</td>
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<td>3 Members' Assessment Receivable</td>
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<tr>
<td>Allowance for Probable Losses</td>
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<td>4 Members' Fees, Dues, Contribution Dues Unremitted</td>
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<tr>
<td>Name of partner</td>
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<tr>
<td>Allowance for Probable Losses</td>
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<td>Total</td>
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## MBA REQUIRED FORMAT NO# 5

### ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31, 20xx

**XYZ MUTUAL BENEFIT ASSOCIATION, INC.**  
(Write or stamp name of Association)

**Schedule - Benefits Payable**

<table>
<thead>
<tr>
<th>Date filed</th>
<th>Certificate Number</th>
<th>Name of Member</th>
<th>Name of claimant</th>
<th>Relationship to the member</th>
<th>Type of claim</th>
<th>Date of event</th>
<th>Amount of claim</th>
<th>Date paid</th>
<th>Amount paid</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>Basic Mutual Benefit</td>
<td>Optional Benefit</td>
<td>Equity value</td>
<td>Others</td>
</tr>
</tbody>
</table>

**Basic members' benefit**

1. Due and Unpaid
2. Claims in course of settlement
3. Resisted Claims
4. Incurred But Unreported claims

Total:

**Optional Benefit**

a. Regular

1. Due and Unpaid
2. Claims in course of settlement
3. Resisted Claims
4. Incurred But Unreported claims

Total:

b. Micro

1. Due and Unpaid
2. Claims in course of settlement
3. Resisted Claims
4. Incurred But Unreported claims

Total:
MBA REQUIRED FORMAT NO. 6

ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31, 20xx

XYZ MUTUAL BENEFIT ASSOCIATION, INC.
(Write or stamp name of Association)

Schedule ____ - Reinsurance Ceded

<table>
<thead>
<tr>
<th>Name of company</th>
<th>Amount Ceded</th>
<th>Reserves credit</th>
<th>Claims recoverable on</th>
<th>Amounts Due to Reinsurer</th>
<th>Premium on Reinsurance during the year</th>
<th>Commissions on ceded business</th>
<th>Recoveries on claims reinsured</th>
<th>Other recoveries (Payments)</th>
<th>Remittances made during the year</th>
</tr>
</thead>
</table>