

Republic of the Philippines Department of Finance

1071 United Nations Avenue Manila



Circular Letter No.	2023-20
Date	31 July 2023
Supplements	

CIRCULAR LETTER

TO : ALL INSURANCE COMPANIES, MUTUAL BENEFIT

ASSOCIATIONS, AND COOPERATIVE INSURANCE SOCIETIES ENGAGED IN MICROINSURANCE BUSINESS

AND OPERATING IN THE PHILIPPINES

SUBJECT : GUIDELINES ON THE ELECTRONIC SUBMISSION OF THE

ENHANCED PERFORMANCE INDICATORS AND

STANDARDS FOR MICROINSURANCE (SEGURO)

WHEREAS, the set of performance indicators and standards is necessary for the Commission, the management of Microinsurance providers, insured, and other interested parties to determine whether the operations in the delivery of Microinsurance products and services by Microinsurance providers are being conducted in a viable and sustainable manner;

WHEREAS, Circular Letter No. (CL) 5-2011 or the Performance Standards for Microinsurance described the performance indicators and standards for Microinsurance and called for a periodic review of the performance standards in collaboration with industry stakeholders;

WHEREAS, CL No. 2014-15 entitled "Fees and Charges," this Commission imposes penalties for the delay in the submission of the reportorial requirements and for every wrong data entry of material information or figure in the Annual Statement.

WHEREAS, CL' No. 2016-63 adopted the Enhanced Performance Indicators and Standards for Microinsurance as the Microinsurance industry benchmarks in assessing and evaluating the operations of all Microinsurance providers and mandated Microinsurance providers to submit annually on or before the thirtieth (30th) day of April of each year, the set of Enhanced Performance Indicators and Standards for Microinsurance 2016 (SEGURO);

NOW, THEREFORE, and pursuant to the powers vested in the Insurance Commissioner under Section 437 of Republic Act No. 10607, the following guidelines are being issued in relation to the submission of the SEGURO and its attachments:

Section 1. APPLICABILITY.

This CL shall be applicable for the submission of the 2022 SEGURO and attachments by the life and non-life companies, mutual benefit associations and cooperative insurance societies engaged in Microinsurance business.

Section 2. ONLINE SUBMISSION

All Microinsurance providers must upload the SEGURO and its attachments in the IC Online Uploading Portal via https://onuploading.insurance.gov.ph/templates, on or before 29 September 2023.

Section 3. REPORTORIAL REQUIREMENTS.

All Microinsurance providers shall submit their SEGURO and its attachments guided by the following annexes, to wit:

- 1. Life and Non-Life Companies/Cooperative Insurance Societies must comply with the forms provided in Annex A.
- 2. Mutual Benefit Associations must comply with the forms provided in Annex B.

Section 4. REVIEW AND APPROVAL

Upon submission, the Company representative shall transmit an electronic mail (e-mail) notifying the Microinsurance Division that the company's SEGURO and its attachments are now completely uploaded in the online portal.

The IC Examiner-in-Charge (EIC) shall then evaluate the submitted documents.

If the submission is complete upon review, the EIC shall notify the company representative of its completeness. However, if the EIC deemed the submission as incomplete, the EIC shall notify the Company representative through electronic mail, to comply with the remaining submissions within 5 calendar days from receipt of the e-mail.

Section 5. PENALTIES

This Commission shall impose a penalty of Five Hundred Pesos (Php500.00) for each calendar day of delay from the above-mentioned deadline or upon expiration of the five (5) day period to reply, whichever is later, but in no case shall the penalty exceed Fifty Thousand Pesos (PhP50,000.00).

Notwithstanding, any microinsurance provider incurring a penalty of Fifty Thousand Pesos (PhP50,000.00) shall be given a warning, or have their license suspended or revoked, at the discretion of the Insurance Commissioner.

Section 6. EFFECTIVITY

This Circular shall take effect immediately.

For strict compliance.

REYNALDO A. REGALADO Insurance Commissioner

CHECKLIST OF SUPPORTING DOCUMENTS OF LIFE/NON-LIFE COMPANIES AND COOPERATIVE INSURANCE SOCIETIES For The Year Ended 31 December 2022

NAME OF COMPANY/COOPERATIVE

		PDF File	Excel File
1.	Enhanced Performance Indicators and Standards for Microinsurance 2016 (SEGURO) per IC CL No. 2016-63 dated 16 December 2016.		✓
	Submit duly accomplished IC Seguro Template		
	Note: Please see the notes and instructions indicated on the lower part of each sheet tab of the template in accomplishing the same.		
2.	Report/ assessment of the Institute of Corporate Director (ICD) on company's corporate governance score card for the year 2022.	✓	
3.	Copy of the following:		✓
	3.1. Schedule of Production per product/ line		
	3.2. Schedule of Collection per product/ line		
	3.3. Schedule of claims paid/denied signed by Claims Manager. Schedule showing separately in columns the Policy Number, Certificate Number, Name of Claimant, Date Filed, Sum Insured, Date of Loss, Amount of Loss, Nature of Claim, Date Paid, Date Denied, Claim Status.		
	3.4. Schedule of Outstanding Claims		
	3.5. Schedule of Summary of Certificates and Policies In Force as of 31 December 2022 (Life Company) Life Format No. 1		

4.	Conta			of	the	Company's	√
	4.1.	Full	Name				
	4.2.	Des	ignation				
	4.3.	Offi	cial Telepl	none N	Number		
	4.4.	Offi	cial Mobile	e Num	ber		
	4.5.	Offi	cial Fax N	umbei	r		
	4.6.	Offi	cial E-mai	l Addr	ess		

Remarks:	Submitted by:
	Signature over Printed Name
Received by:	Designation
Signature over Printed Name	
Designation	

OF MUTUAL BENEFIT ASSOCIATIONS For The Year Ended 31 December 2022

NAME OF ASSOCIATION

	DOCUMENTS	PDF File	Excel File
1.	Enhanced Performance Indicators and Standards for Microinsurance 2016 (SEGURO) per IC CL No. 2016-63 dated 16 December 2016. Submit duly accomplished IC Seguro Template Note: Please see the notes and instructions indicated on the lower part of each sheet tab of the template in accomplishing the same.		✓
2.	Report/ assessment of the Institute of Corporate Director (ICD) on association's corporate governance score card for the year 2022.	✓	
3.	Copy of the following:		✓
	3.1. 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		
	3.2. Collections		
	Schedule showing separately in columns the Certificate Number, Policy Number, Name of the Member/Assured, Sum Assured, Premium, Premium Tax, Documentary Stamp Tax, Other Taxes, Amount Collected, Official Receipt Number, and Official Receipt Date, Total Collections		
	3.3. Schedule of claims paid duly signed by General Manager/ Claims Manager		
	Claims paid during the year		

	MBA Required Format No. 01	
	Claims denied during the year MBA Required Format No. 02	
	Claims Payable: - IBNR - In Course Settlement - Due and Unpaid - Resisted MBA Required Format No. 03	
	3.4. Summary of Certificates and Policies by Plan of Insurance (Micro) as of 31 December 2022 MBA Required Format No. 04	
4.	Contact Details of the Associations' Representative:	✓
	4.1. Full Name	
	4.2. Designation	
	4.3. Official Telephone Number	
	4.4. Official Mobile Number	
	4.5. Official Fax Number	
	4.6. Official E-mail Address	

Remarks:	Submitted by:
	Signature over Printed Name
Received by:	Designation
Signature over Printed Name	
Designation	

ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31
LIFE REQUIRED FORMAT NO.01

SUMMARY OF CERTIFICATES AND POLICIES BY PLAN OF INSURANCE

In Force as o	f December 31,	
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1. GROUP INSURANCE

NO. OF POLICY	Number of
	Certificate

2. INDIVIDUAL

NO OF BOLLOY	Number of		
NO. OF POLICY	Certificate		

MBA FORMAT NO. 01	
NAME OF ASSOCIATION	
CLAIMS PAID DURING THE YEAR	2022

Microinsurance

Product/Plan	Name of Assured	Name of Beneficiary	Nature of Claim	Sum Insured	Amount of Claim	Date Filed (with complete documents)	Date of Loss	Date Paid	Claims Status

MBA FORMAT NO. 02	
NAME OF ASSOCIATION	
CLAIMS DENIED DURING THE YE	AR 2022

Microinsurance

Micromsdiance								
Product/Plan	Name of Assured	Name of Beneficiary	Nature of Claim	Sum Insured	Amount of Claim	Date of Loss	Date Denied	Claims Status
				-				

MBA FORMAT NO. 03	
Name of Company:	
As of 31 December 2022	

Total

CLAIMS PAYABLE Amount of Claim Other Benefit Amount Paid of 31 Relationship to Policy/Effectivit Type of Claim Date of Claim Name of Member/ Name of Death/Hospitalization/Accide Basic Mutual Optional Payable on Date Paid December 2022 Number Filed Policyholder Claimant the Claimant y Date Equity Value nt/Surrender Benefit Basic/Optional Policies Members' Basic Benefit 1. Due and Unpaid 2. Claims in Course settlement 3. Resisted Claims 4. Incurred But Unreported Claims Total Optional Benefit 1. Due and Unpaid 2. Claims in Course settlement 3. Resisted Claims 4. Incurred But Unreported Claims Total Micro 1. Due and Unpaid 2. Claims in Course settlement 3. Resisted Claims 4. Incurred But Unreported Claims

Manager's Signature

ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31 _	
MBA REQUIRED FORMAT NO.04	

SUMMARY OF CERTIFICATES AND POLICIES BY PLAN OF INSURANCE

In Force as of December 31, _____

1. BASIC

Plan		Number o	Amount of Insurance for			
	Certificate	Member	Dependents	Member	Dependents	
				_		
		-			 	
		-		 		
				 	 	

2. OPTIONAL FUND

INDIVIDUAL INSURANCE

GROUP INSURANCE

	Number of			Number of	Amount of Insurance for		
Plan	Policies	Member	Policies	Certificates	Member	Member	Dependents
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