**Annex D**

**PHILLIPPINE INTERCOMPANY MORBIDITY STUDY**

**DATA CERTIFICATION REPORT**

***<<For Life Insurance Companies>>***

**Annual Statement Data (LIFE INSURANCE)**

|  |  |
| --- | --- |
| **HEALTH (TOTAL)** | **Insured Lives(1)****(A)** |
| 31 December 2018 |  |
| 31 December 2019 |  |
| 31 December 2020 |  |
| 31 December 2021 |  |
| 31 December 2022 |  |
| **Total** |  |
|  |  |

1. *Exhibit 15, Line 22, HEALTH (Total Insured Lives)*

**Morbidity Study Data**

|  |  |
| --- | --- |
|  | **Policy Data** |
| **Year** | **No. of Records****(A1)** | **% (A1) / (A)** |
| 2018 |  |  |
| 2019 |  |  |
| 2020 |  |  |
| 2021 |  |  |
| 2022 |  |  |
| **Total** |  |  |

**Comments on reasonability of data:**

***<<For Non-Life Insurance Companies>>***

**Annual Statement Data (NON-LIFE INSURANCE)**

|  |  |  |
| --- | --- | --- |
| **HEALTH** | **Number of Insured Lives(1)****(A)** | **Number of Claims(2)****(B)** |
| 31 December 2018 |  |  |
| 31 December 2019 |  |  |
| 31 December 2020 |  |  |
| 31 December 2021 |  |  |
| 31 December 2022 |  |  |
| **Total** |  |  |

1. *RECAPITULATION I. PREMIUMS WRITTEN AND PREMIUMS EARNED, Line 14 Health, Total No. of Insured Lives, Column 3c*
2. *RECAPITULATION II. LOSSES AND PAID, Line 14 Health, No. of Claims, Column 2*

**Morbidity Study Data**

|  |  |  |
| --- | --- | --- |
|  | **Policy Data** | **Claims Data** |
| **Year** | **No. of Records****(A1)** | **% (A1) / (A)** | **No. of Records****(B1)** | **% (B1) / (B)** |
| 2018 |  |  |  |  |
| 2019 |  |  |  |  |
| 2020 |  |  |  |  |
| 2021 |  |  |  |  |
| 2022 |  |  |  |  |
| **Total** |  |  |  |  |

**Comments on reasonability of data:**

***<<For HMOs>>***

**Detailed Schedules Data (HMO)**

|  |  |  |
| --- | --- | --- |
|  | **Enrollment Data(1)** | **Claims Data(2)** |
|  | **Full Risk** | **ASO** | **Total****(A)** | **Full Risk** | **ASO** | **Total****(B)** |
| 31 December 2018 |  |  |  |  |  |  |
| 31 December 2019 |  |  |  |  |  |  |
| 31 December 2020 |  |  |  |  |  |  |
| 31 December 2021 |  |  |  |  |  |  |
| 31 December 2022 |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

1. *Exhibit 5 SCHEDULE OF ENROLLMENT DATA, Total Number of Members/Enrollees*
2. *Exhibit 6 SCHEDULE OF CLAIMS DATA, Total Number of Members/Enrollees*

**Morbidity Study Data**

|  |  |  |
| --- | --- | --- |
|  | **Policy Data** | **Claims Data** |
| **Year** | **No. of Records****(A1)** | **% (A1) / (A)** | **No. of Records****(B1)** | **% (B1) / (B)** |
| 2018 |  |  |  |  |
| 2019 |  |  |  |  |
| 2020 |  |  |  |  |
| 2021 |  |  |  |  |
| 2022 |  |  |  |  |
| **Total** |  |  |  |  |

**Comments on reasonability of data:**

I hereby certify that the data being submitted to the Insurance Commission has been reviewed and assessed to include all information that follows the specifications as outlined in the Guidelines attached to this Circular and that the processed data will accurately contribute to the consolidation of Philippine health insurance industry morbidity experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Signature of President and/or CEO

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_