



HELP FILE WITH REGARDS TO THE 2010 ANNUAL STATUTORY RETURN



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LOGIN ONTO ANNUAL STATUTORY RETURN

The screenshot shows the CMS website interface. At the top left is the CMS logo. The main navigation menu includes Home, About Us, Consumer Assistance, and Links. A 'Portal Login' window is open, titled 'Login: Statutory Returns Portal'. It contains a search bar, a 'Close' button, and a user profile icon. Below the title, there is a paragraph of text explaining the login process. The login form has two input fields: 'Username' with the value 'Julindi' and 'Password' with a masked password. There are 'Login' and 'Cancel' buttons, and a link for 'forgot your password? click here'. At the bottom of the login form, it says 'Not a member yet? Click here to register now!'. The main content area features a banner for 'Prescribed Minimum Benefits (PMB's) aim to provide you with continuous care.' and 'CMS Annual Report 2009-2010 Released'. Below this is a 'Quick Links' section with links to 'Prescribed Minimum Benefits', 'Consumer Education', 'The latest news', 'How to lodge a complaint', 'About Us', 'Links to relevant websites', 'You can find all relevant publications data here', and 'Who we are (our vision and mission etc.)'. There is also a 'Latest Publications' section with a link to 'Press release 1 of 2011: Update on Bonitas Medical Fund' and a 'Lookups' section with a link to 'Medical schemes in South Africa Accredited medical brokers/brokerages'. The Windows taskbar at the bottom shows the system clock as 10:14 AM on 2011/02/18.

Not yet a user on the system:

Click on the words 'Register Here'.

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The following screen will appear when the user clicked on the 'Register Here' button:

Register - Windows Internet Explorer
http://cmsuat01/returns/register.aspx

Register

CMS COUNCIL FOR MEDICAL SCHEMES

Home | Contact Us

Click on the "..."
button to select one or many Schemes

...

First Name

Last Name

Email

Confirm Email

Telephone

Cellphone

Fax

Street

City

Postal Code

UserName

Secret Question and Answer (for lost password validation)

Mothers Maiden Name

Register

Downloading picture http://196.23.139.68/bgportal.jpg...

Local intranet | Protected Mode: Off

10:12 AM
2011/02/18

The user should ensure that he or she selects all the schemes, for which he or she would want to register, when clicking on the selection-button.

When the user submits his or her request to be registered, an e-mail will be send to the 'administrator' of that scheme, to approve the registration of the user. Please note that our system has one administrator for each scheme, which is the very first person to register as a user for that specific scheme.

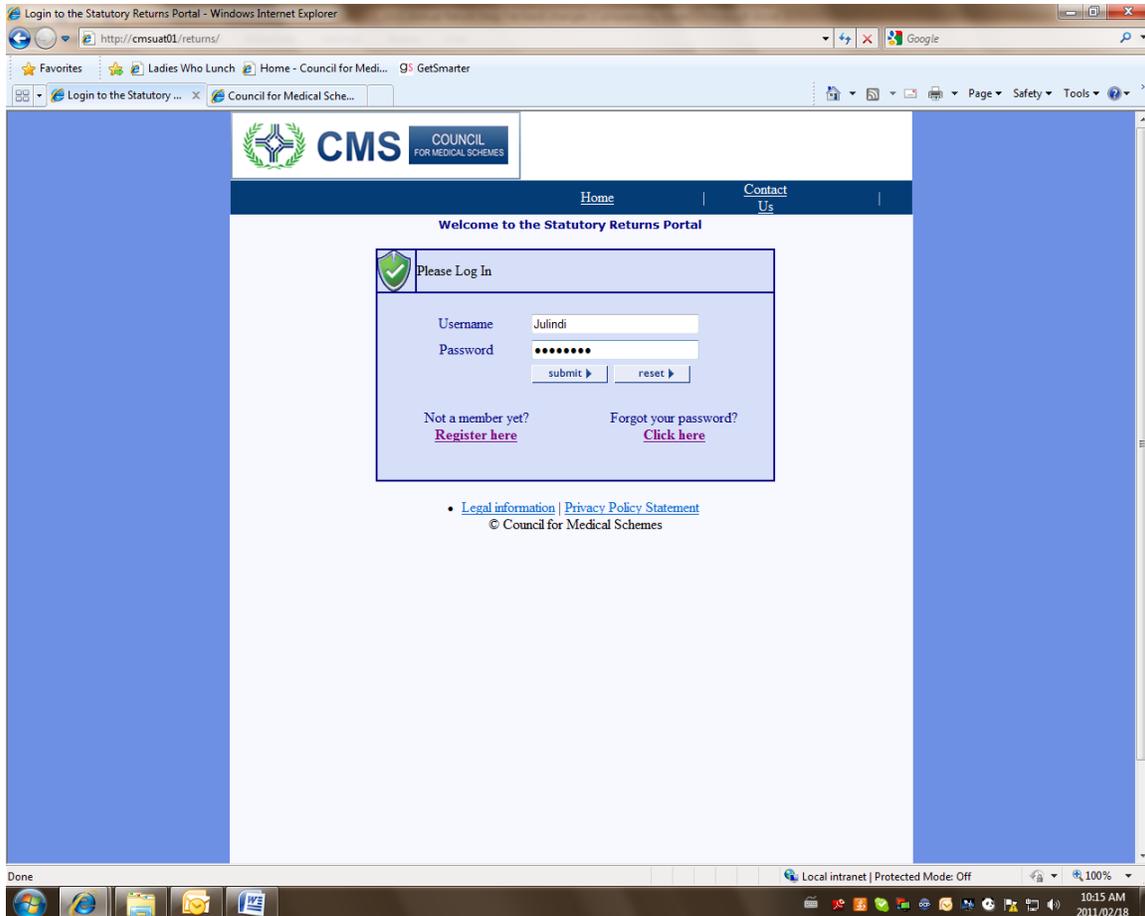
As soon as we receive the approval from the 'administrator' of the scheme, the Office will e-mail the new user his or her username and password to access the online statutory return.

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Registered as an user on the system

The user should then capture his or her user name and password on the login screen and press submit.



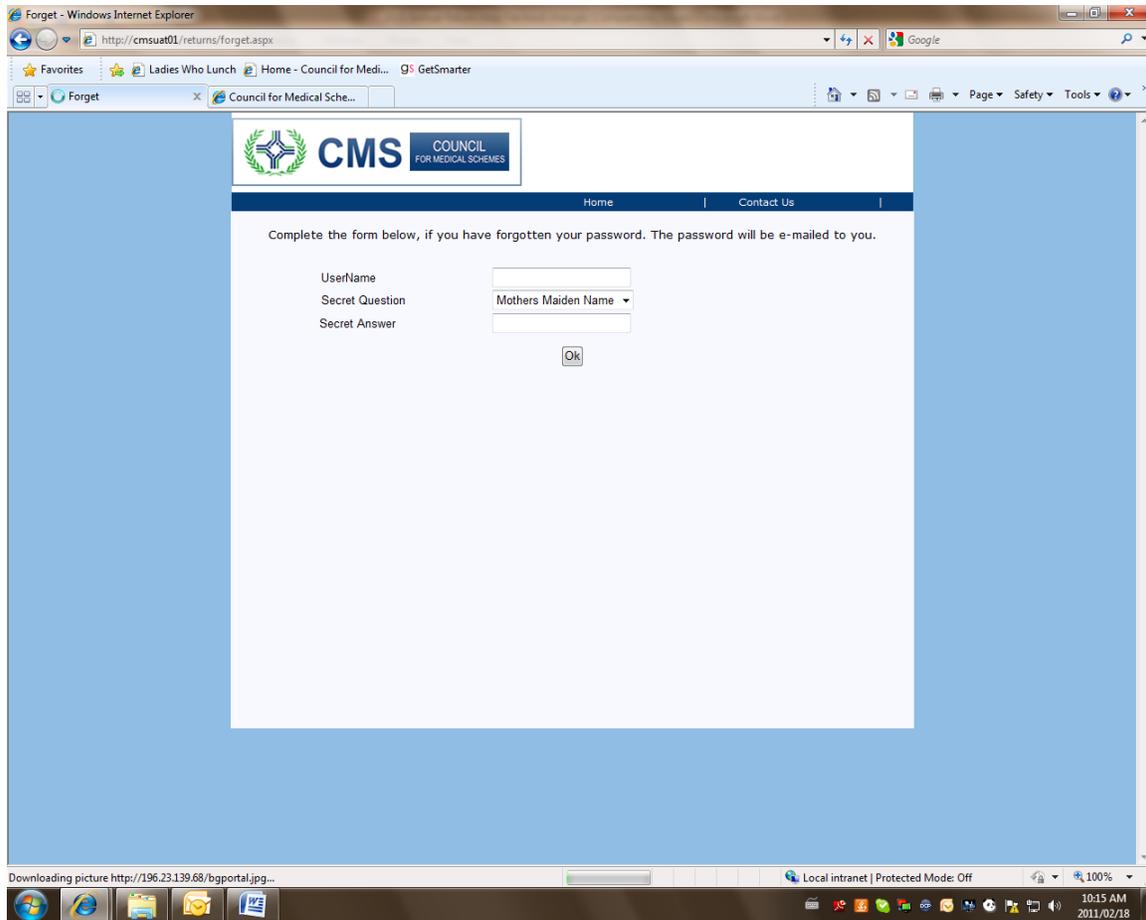
HELP FILE: 2010 ANNUAL STATUTORY RETURN



Forgot your password?

Should a user forget his or her password, the user should use the button provided on the login screen stating “Forgot your Password? **Click Here**”

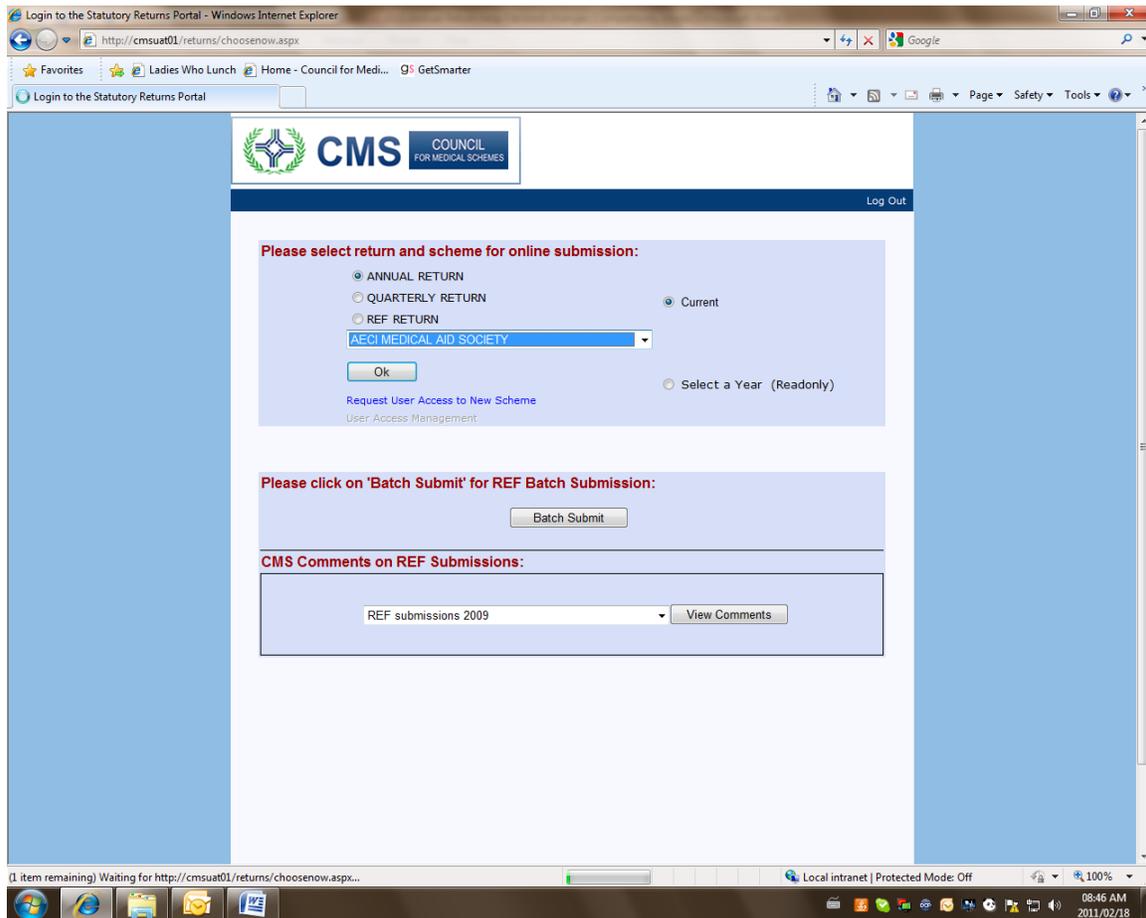
The following screen will appear, and the user will be required to complete the required information and press OK. If the secret answer corresponds with the answer captured during the registration process of the user, the user will receive an e-mail from the Office with his password.



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As soon as the user has logged in, the following screen will appear:

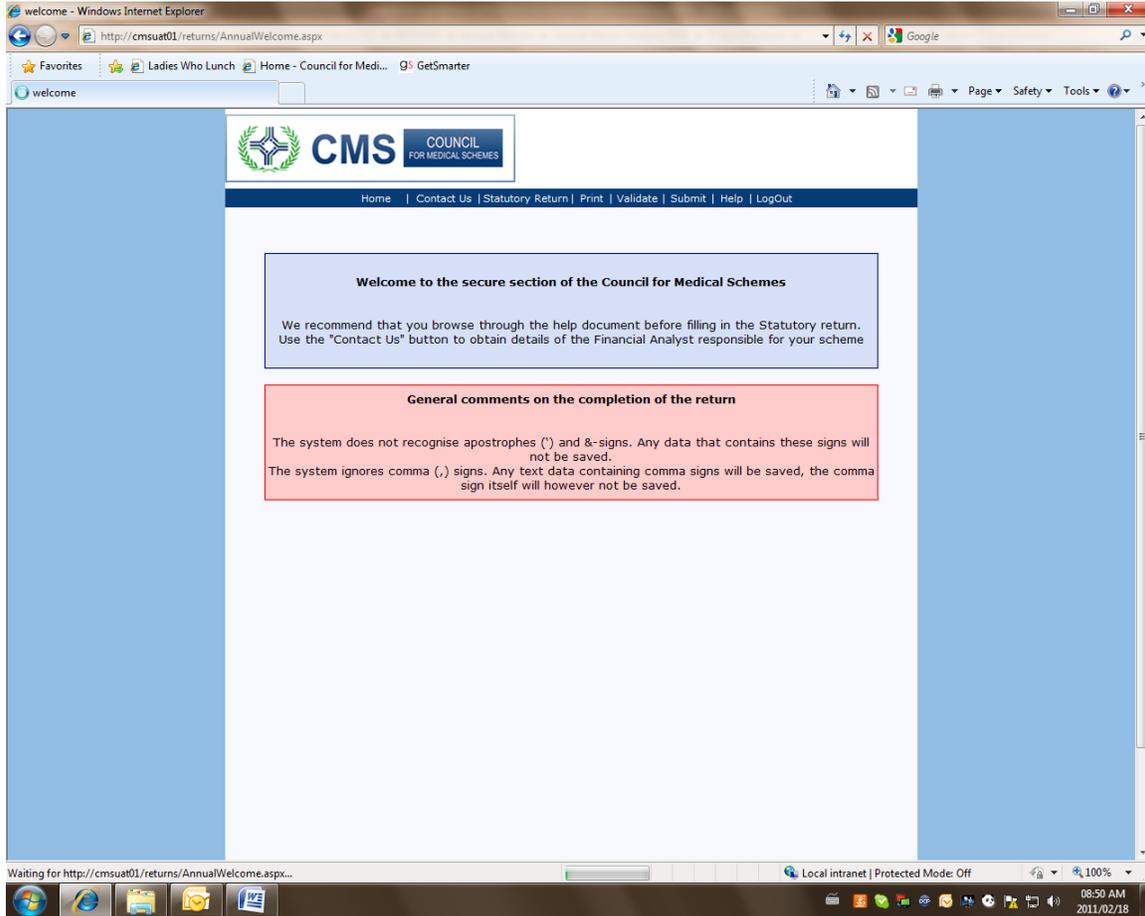


The user should choose the specific scheme he or she wants to access. The user will also have the option to choose whether he or she wants to access the current year's return or the previous years' returns (in a read-only format).

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After selecting the scheme, the following screen will appear:

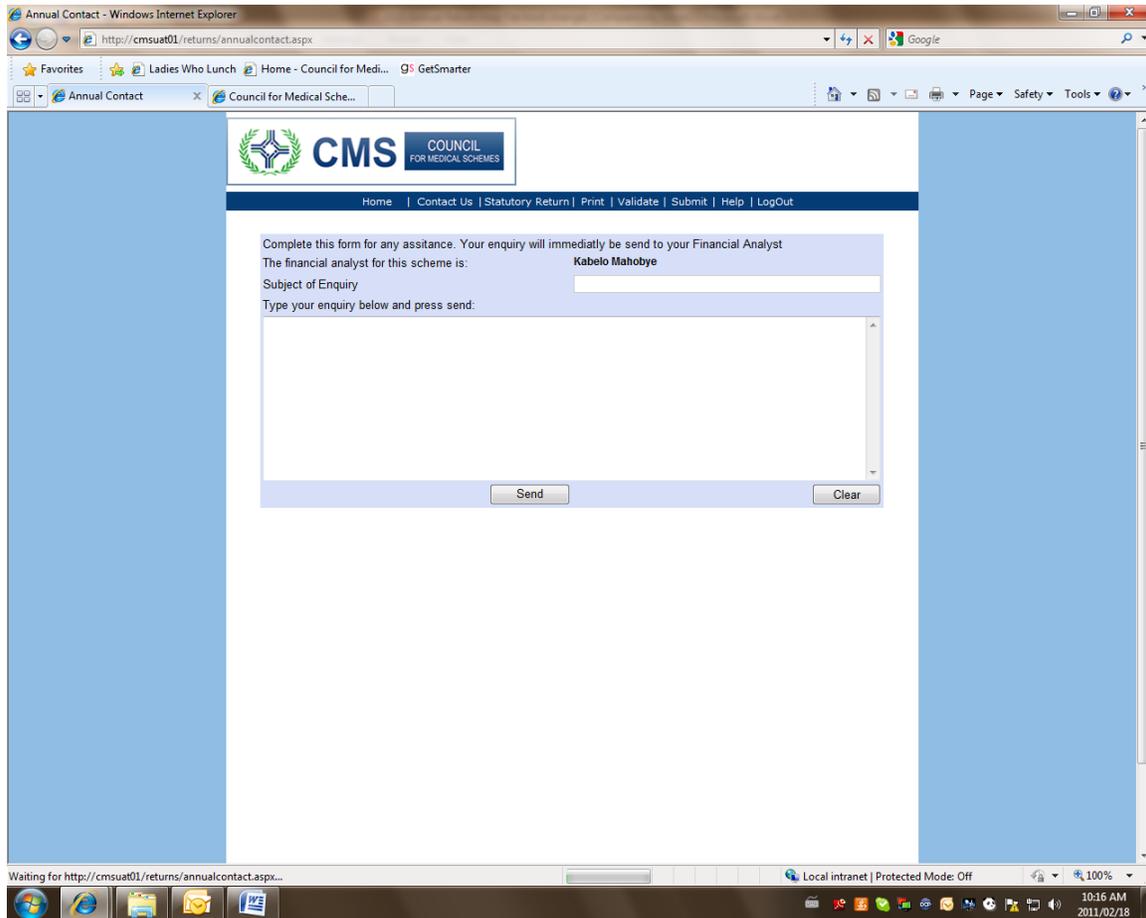


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CONTACT US

Should a user experience any problems with the online statutory return, he or she can contact the Office at any point in time by just clicking on the **'Contact us'** option on the task bar. The following screen will appear:



The name of the financial analyst responsible for the specific scheme will appear on the screen. The user should only complete the details of his or her enquiry and press 'send'. An e-mail will be send to the specific financial analyst responsible for the scheme. It is then the financial analyst's responsibility to contact the scheme and resolve the enquiry.

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STATUTORY RETURN

To access the individual parts of the online statutory return, the user should click on the 'statutory return' button on the task bar. Part 1.1 will automatically open.

General comments on the completion of the return

The system does not recognise apostrophes (') and &-signs. Any data that contains these signs will not be saved.

The system ignores comma (,) signs. Any text data containing comma signs will be saved, the comma sign itself will however not be saved.

PART 1 MEDICAL SCHEME DETAILS

Part 1.1 Details of Medical Scheme and Certification of Return

The screenshot displays the 'Statutory Returns Portal - CMS Annual Section' in a Windows Internet Explorer browser. The page title is 'PART 1: DETAILS OF MEDICAL SCHEME AND CERTIFICATION OF RETURN'. The form contains the following fields:

- Name of Medical Scheme: MMED
- Type of Scheme: Test
- Type of Administration: [Empty]
- Change in Administration: [Empty]
- Previous Administrator: [Empty]
- Change in Administrator: [Empty]
- Amalgamated: [Empty]
- Liquidated: [Empty]
- Under Curatorship: [Empty]
- Name Change: Yes No
- Financial Period End: 31 December 2010

A 'Message from webpage' dialog box is overlaid on the form, containing a warning icon and the text: 'Please ensure that the information in Part 1 is updated on a quarterly basis with all the necessary changes. For any updates regarding Part 1 only, please forward your query to ltvala@medicalschemes.com. For all other queries please select Contact Us from the link above.' An 'OK' button is visible at the bottom of the dialog.

The details of the scheme and its officials are maintained by the Office. Part 1 will therefore always be in a read-only format. In order to affect changes in this part, refer to the pop-up for the contact details of the relevant person to address the updates to.

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Please ensure that the latest details of the Principal Officer, Chairperson, Trustee signatory, Scheme, Administrator, Co-Administrator, Fund manager, User, Auditor(s) and Liquidator or Curator (where applicable) are updated every period in part 1.1 of the return. Kindly also refer to Circular 9 of 2009 in this respect. Please note that the word document will be automatically e-mailed to the various persons indicated in Part 1 of the return.

Kindly note that the Principal Officer and Board of Trustees as at 31 December will be responsible for the signing of the return. (Also refer to “*Certification of the return*” for further requirements in respect of the signing of the return.)

Reference number

When the scheme was originally uploaded onto the system, a reference number was automatically registered on our system.

Please note that the reference number will stay the same even if the scheme changed its name.

Amalgamations

A final set of audited accounts, including the statutory return for the year in which a scheme has amalgamated have to be prepared and submitted to the Registrar.

Please take note that all the sections must be completed with the data for the period in which the scheme that amalgamated was still in operation. This is done to ensure that the full 12 months’ figures are obtained for all sections, especially parts 3 and 4 in respect of the service providers and the statement of comprehensive income (the reason being that the new scheme will not report on that data in their return as only opening balances are taking into account in their return).

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Every line item of the statement of financial position should be completed in detail. The closing statement of financial position figures will become zero through the use of the last line item “Less: Transfer of assets / liability due to amalgamation”. For example:

The screenshot shows the CMS Annual Section web portal. The main content area displays the 'PART 4.2: INVESTMENTS' table. The table has four columns: a description column, 'Non-Current R', 'Current R', and 'Total R'. The rows include various investment types such as 'Investment property', 'Available for sale investments', 'Held-to-maturity investments', 'Investments held at fair value through profit or loss', 'Other (specify)', 'Group investments on consolidation', and 'Less: Transfer of assets due to amalgamation'. The final row shows 'Total Investments' with values of 654,997,432, 3,471,460,576, and 4,126,458,008 respectively.

	Non-Current R	Current R	Total R
4.2.1 Investment property	7,000,000	0	7,000,000
4.2.2 Available for sale investments	4,000,000	0	4,000,000
4.2.3 Held-to-maturity investments	400	600	1,000
4.2.4 Investments held at fair value through profit or loss	643,996,432	3,468,459,576	4,112,456,008
4.2.5 Other (specify)	600	400	1,000
4.2.6 Group investments on consolidation	0	3,000,000	3,000,000
4.2.7 Less: Transfer of assets due to amalgamation	0	0	0
4.2.8 Total Investments	654,997,432	3,471,460,576	4,126,458,008

Please ensure that the closing balances of the scheme that amalgamated agree with the opening balance that has been taken forward to the new scheme for incorporation into their accounts.

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Consolidations

Where a scheme completes the annual return on a consolidated basis, group transactions that relates to other parties in the group (not the scheme) should be aggregated and included in the specific line provided for on the statement of financial position items.

The screenshot shows the CMS Annual Section web portal. The browser address bar indicates the URL is <http://cmsust01/returns/annual.aspx?p=4&d=2>. The page title is "Statutory Returns Portal - CMS Annual Section - Windows Internet Explorer". The CMS logo and "COUNCIL FOR MEDICAL SCHEMES" are visible at the top. Navigation tabs for Parts 1 through 11 are present, with Part 4 highlighted. Below the navigation, a table titled "PART 4.2: INVESTMENTS" is displayed. The table has four columns: "Non-Current R", "Current R", and "Total R". The rows include various investment categories and a total row.

	Non-Current R	Current R	Total R
4.2.1 Investment property	7,000,000	0	7,000,000
4.2.2 Available for sale investments	4,000,000	0	4,000,000
4.2.3 Held-to-maturity investments	400	600	1,000
4.2.4 Investments held at fair value through profit or loss	643,996,432	3,468,459,576	4,112,456,008
4.2.5 Other (specify)	600	400	1,000
4.2.6 Group investments on consolidation	0	3,000,000	3,000,000
4.2.7 Less: Transfer of assets due to amalgamation	0	0	0
4.2.8 Total investments	654,997,432	3,471,460,576	4,126,458,008

The bottom of the screenshot shows the Windows taskbar with the system clock displaying 08:53 AM on 2011/02/18.

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All income statement transactions for the group companies should be included in part 4.23 line 4.23.36 and part 6 line 6.22:

Line Item	2010	2009
6.10 Net impairment losses: Trade and other receivables	(16,327,046)	(16,327,046)
6.11 Net healthcare result	(1,112,499,160)	(316,824,992)
6.12 Net impairment losses: Other (specify)	(4,000)	(4,000)
6.13 Other investment income	335,049,973	1,311,751,170
6.14 Less: Investment management fees	(9,354,280)	(9,354,280)
6.15 Less: Operating expenses on rental of investment property	(5,000)	(5,000)
6.16 Other realised and unrealised gains/(losses)	135,708,107	135,708,107
6.17 Other income (specify)	822,230,896	26,166,728
6.18 Own facility surplus/(deficit)	12,823,986	12,823,986
6.19 Less: Other expenses (specify)	(1,000)	(1,000)
6.20 Less: Finance costs	(14,909,824)	(14,909,824)
6.21 Surplus/(Deficit) for the year before consolidation	169,039,698	1,145,350,895
6.22 Consolidation results	20,000	20,000
6.23 Surplus/(Deficit) for the year after consolidation	169,059,698	1,145,370,895
6.24 Other comprehensive income	(1,298,002,064)	(3,960,410,987)

Liquidations

A final set of accounts, including the statutory return, should be prepared until the effective date of liquidation.

Auditor(s)

The details of the auditor(s), as approved by the Registrar in terms of section 36 of the Act for the applicable financial year, will be reflected in part 1.9.

Certification of the return

In terms of section 39(1) of the Act a medical scheme shall be deemed not to have complied with any provision of this Act which imposes upon such a medical scheme the obligation to furnish to the Registrar a document prepared by the medical scheme, unless such document is signed by the Principal Officer and one other person authorised in accordance with the rules of the medical scheme to sign documents.

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In addition section 39(2)(a) of the Act requires that the following persons shall sign any document within terms of any provision of the Act must be furnished by a medical scheme to the Registrar:

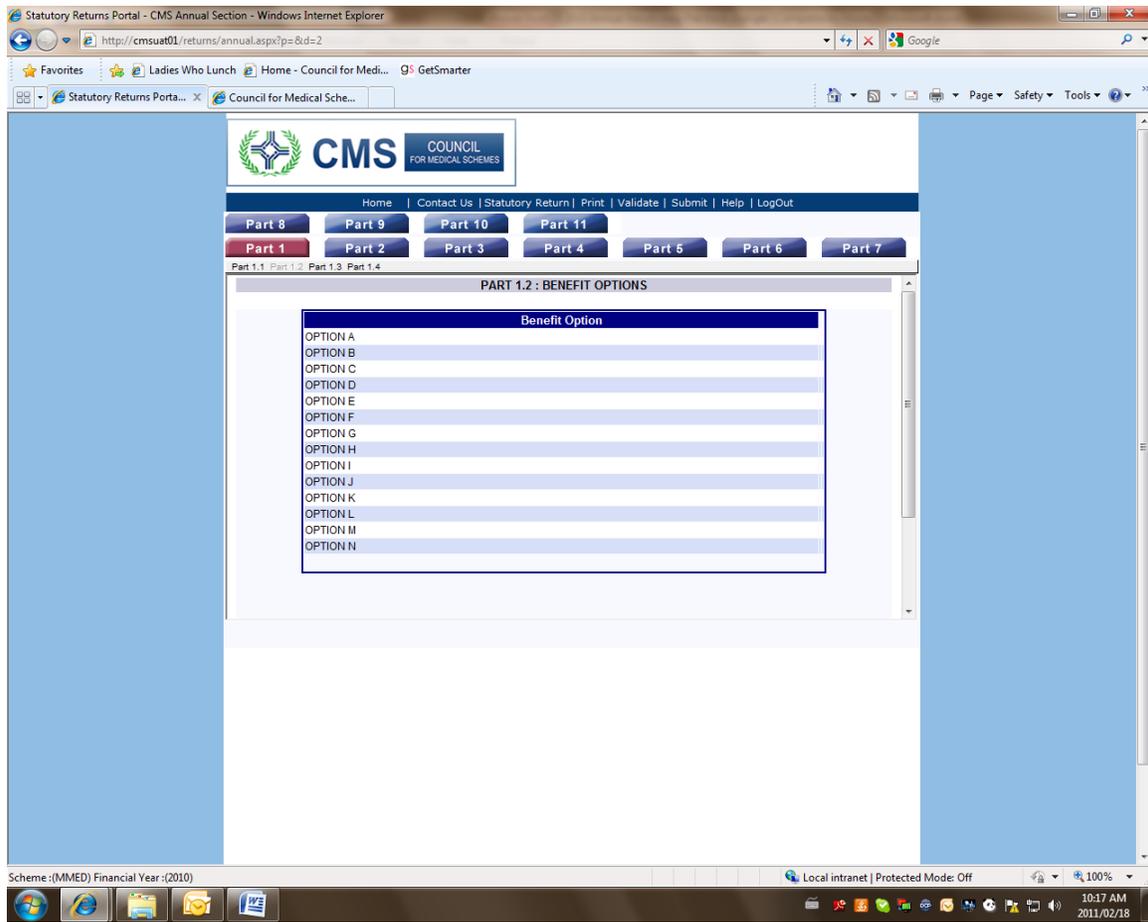
- (a) In the case of a board of trustees, the chairperson of the board of trustees, and by one other member of such board; and
- (b) In any other case, persons designated by the Registrar who exercise control over the business of the medical scheme concerned.

It is important to note that the signing authority of a Principal Officer and/or Chairperson can only be delegated to a suitable person appointed by the board of trustees; the appointment of the acting Principal Officer should be in line with the provisions of section 57(4) (a) and 57(7) of the Medical Schemes Act, and the appointment of the acting Chairperson in line with the rules of the scheme.

Where applicable, a copy of the signed board of trustee resolution, where another person was appointed, should accompany the annual statutory return.

The auditor must initial parts 4 to 10 of the return for identification purposes, and the Principal Officer should initial all parts of the return for identification purposes.

Part 1.2 Benefit Options



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The Council keeps record of the registered benefit options of the scheme and as such part 1.2 will be in a read-only format. Part 1.2 reflects all registered options for the financial year concerned; even if some of the options were discontinued during the course of the year.

A scheme should NOT request the registration of an option in part 1.2 if that option was not in operation during the year concerned. Provision has been made for financial transactions in the 'other' column in part 4.23 of the return, should the scheme have incurred some financial transactions in the year concerned for options been deregistered but are in process of being winded down.

The benefit options captured in part 1.2 will automatically pull through to parts 2.1, 2.3, 2.7 and 4.23.

Part 1.3 Board of Trustees

The screenshot shows the CMS Annual Section web portal. The main content area is titled "PART 1.3: BOARD OF TRUSTEES". Below the title is a table with the following data:

Trustee Name
LERATO SEHULARO
PAUL BOSCH
GLENDA MOSLEY
MOLEBOGENG MOLABE
JULINDI SCHEEPERS (RESIGNED 31 OCTOBER 2010)
ELIZABETH FIGUEIREDO (APPOINTED 31 JULY 2010)
KABELO MAHOBYE

As the Office keeps record of the details of the scheme and its officials, this part is in a read-only format. The names of all the board of trustees that were in office during the financial year (at any point in time) are listed in this part. It should be noted that the names captured in part 1.3 automatically pulls through to part 4.17, where the scheme completes the remuneration and considerations paid to the board of trustee members during the financial year concerned.



Part 1.4 Report of the Management Board/Committee

Statutory Returns Portal - CMS Annual Section - Windows Internet Explorer

http://cmsust01/returns/annual.aspx?p=8&d=4

Statutory Returns Portal - CMS Annual Section - Council for Medical Schemes

CMS COUNCIL FOR MEDICAL SCHEMES

Home | Contact Us | Statutory Return | Print | Validate | Submit | Help | LogOut

Part 8 | Part 9 | Part 10 | Part 11 | Part 1 | Part 2 | Part 3 | Part 4 | Part 5 | Part 6 | Part 7

Part 1.1 | Part 1.2 | Part 1.3 | Part 1.4

PART 1.4: REPORT OF THE BOARD OF TRUSTEES

Questions	Answer
GENERAL	
1. Has there been a change in accounting policies? Please provide full details. Investment properties are now accounted for at historic cost.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
2. Has there been a change in accounting estimates? Please provide full details. The outstanding claims provision was affected.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. Has any company/institution/person to your knowledge received or dealt with the contributions of the scheme otherwise than in terms of Section 26(6) and 26(7)? Please provide full details. Rogue broker.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4. Are transfers to and from reserves fully disclosed in the attached financial statements? Please provide full details.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Scheme: (MMED) Financial Year: (2010)

Local intranet | Protected Mode: Off

10:17 AM 2011/02/18

This part requires the board of trustees to complete a number of questions. The format of the questions requires a “yes” or “no” answer. More details might be required in some questions depending on the answer. Please note that the user’s answer will not be accepted if the boxes that require more detail are not completed.

The names of third party providers in question 6(a)(ii) pulls through to part 4.12. Similarly names detailed in the answers to questions 6(c), 6(d) and 7 pulls through to parts 4.13, 4.14 and 4.26 respectively.

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PART 2 NON FINANCIAL DATA

Please note that when certain specifications are met, the user will be required to complete a reason box. The user will not be able to submit the return without completing the relevant reason boxes.

Part 2.1 Membership at the End of the Financial Year

The screenshot shows the CMS Annual Section web portal. The main content area is titled "PART 2.1: MEMBERSHIP AT THE END OF THE FINANCIAL YEAR". It contains a table with the following data:

	Benefit Options	Members	Adult Dependants	Child Dependants	Beneficiaries	Dependant Ratio
2.1.1.1	OPTION A	180,762	126,155	139,943	446,860	1.47
2.1.1.2	OPTION B	45,845	28,246	24,274	98,365	1.15
2.1.1.3	OPTION C	49,566	31,799	37,067	118,432	1.39
2.1.1.4	OPTION D	16,992	10,702	10,746	38,440	1.26
2.1.1.5	OPTION E	2,180	1,210	1,415	4,805	1.20
2.1.1.6	OPTION F	62,523	39,955	37,276	139,754	1.24
2.1.2	Consolidated Total	837,709	490,406	586,671	1,914,786	1.29

Below the table, there are two text boxes with "Click here" buttons:

Please provide the reasons, should the members and/or adult and/or child dependants be zero for any option: [Click here](#)

Please provide the reasons, and actions to be taken, should the principal members be less than 6 000 members: [Click here](#)

The membership figures for each of the benefit options should be provided in this part. The dependants should also be split between adult and child dependants as defined in the rules of the scheme. Beneficiaries are the sum of members and dependants.

Dependant ratio

The dependant ratio is calculated as the total dependants (adult plus child) divided by the number of members. This calculation is done automatically.

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Reason boxes

The following reason boxes must be completed when specifications are met:

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

Part 2.2 Number of Registered Members and Dependants at the End of Each Month

	Benefit Options	Members	Adult Dependants	Child Dependants	Beneficiaries	Dependand Ratio
2.2.1	January	799,806	493,527	561,297	1,854,630	1.32
2.2.2	February	803,742	494,177	562,035	1,859,954	1.31
2.2.3	March	808,611	495,419	563,448	1,867,478	1.31
2.2.4	April	808,522	481,176	575,720	1,865,418	1.31
2.2.5	May	812,761	482,882	577,761	1,873,404	1.30
2.2.6	June	819,586	485,648	581,070	1,886,304	1.30
2.2.13	Average	819,958	491,005	575,485	1,886,448	1.30

Please provide the reasons if the members and/or adult dependants and/or child dependants are zero in any month: [Click here](#)

The scheme should capture the number of members, adult dependants and child dependants (as defined in the scheme's rules) per month in this section. Beneficiaries are the sum of members and dependants.

The December figures automatically pulls from part 2.1.

Average members and dependants

The total number of members and dependants for the year divided by the number of months in which the medical scheme had members. For example, if a scheme had members from October to

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December for the financial year, the total will be divided by three. This calculation is done automatically.

Dependant ratio

The dependant ratio is calculated as the total number of dependants (adult plus child) divided by the number of members. This calculation is done automatically.

Reason boxes

The following reason box must be completed when specifications are met:

- Please provide the reasons, should the members and/or adult and/or child dependants be zero for any option.

Part 2.3 Age Analysis of Beneficiaries as at the End of the Financial Year

The screenshot shows the CMS Annual Section web portal. The main content area displays the 'Part 2.3: AGE ANALYSIS OF BENEFICIARIES AS AT END OF THE FINANCIAL YEAR' section. The table below shows the data for this section.

	Consolidated Total		Per Benefit Option OPTION A	
	Male	Female	Male	Female
2.3.1 Less than one year	33,707	32,101	6,573	6,239
2.3.2 1-4 years	63,372	60,676	13,590	12,852
2.3.3 5-9 years	70,151	67,701	16,755	15,921
2.3.4 10-14 years	66,034	63,806	17,149	16,460
2.3.5 15-19 years	64,598	63,011	17,365	16,813
2.3.6 20-24 years	64,273	73,873	9,108	10,255
2.3.20 Total	937,954	976,832	215,940	230,920
Cumulative Total	1,914,786		446,860	
65 Years + Ratio			5.28 %	7.35 %
Average Age per Beneficiary			31.26	34.20

Please provide the reasons, should the total males or females be zero for any option: [Click here](#)

The scheme should capture the number of beneficiaries as at 31 December per age band in this section. It is important to note that the age of the beneficiary should be calculated as at **1 January** of the financial year concerned. This information should be provided on an option level, and should be split between male and female beneficiaries.

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The consolidated number of beneficiaries as well as the number of beneficiaries per option should validate to the number of beneficiaries captured in part 2.1.

65 years + ratio

The system automatically calculates the number of beneficiaries older than 65 years as a percentage of the total beneficiaries. This is done on a consolidated as well as option level.

Average age per beneficiary

The system automatically calculates the average age per beneficiary for the scheme as well as the individual options.

Reason boxes

The following reason box must be completed when specifications are met:

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

Part 2.4.1 Member Movement

The screenshot shows the CMS Annual Section web portal. The main content area displays a table titled 'PART 2.4.1: MEMBER MOVEMENT'. The table has columns for months (January to June) and a 'Total' row. The columns are: 'Number of Members Transferring from Other Schemes', 'Number of New Members Joining the Scheme' (subdivided into 'Number of Members Not Transferring from Other Schemes' and 'Total'), 'Number of New Dependants Joining the Scheme', 'Number of Members Leaving the Scheme', and 'Number of Dependants Leaving the Scheme'.

		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			
2.4.1.1	January	0	0	0	60,156	0
2.4.1.2	February	6,130	5,711	11,841	13,311	7,905
2.4.1.3	March	6,807	6,297	13,104	14,994	8,235
2.4.1.4	April	3,473	3,491	6,964	8,035	7,053
2.4.1.5	May	5,764	5,691	11,455	14,014	7,216
2.4.1.6	June	6,772	7,527	14,299	16,739	7,474
2.4.1.13	Total	61,504	64,966	126,470	152,318	148,723

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The scheme should complete the number of members transferring from other schemes as well as the number of members not transferring from other schemes (new entries into the medical scheme environment), per month in this part. The number of dependants joining the scheme should also be completed per month.

The number of members and dependants leaving the scheme should also be completed per month.

It should be noted that the net monthly movement in the beneficiaries in this part should agree with the movement in beneficiaries per month, as completed in part 2.2 of the return.

Part 2.4.2 Age Analysis of Member Movement as at the End of the Financial Year

The screenshot shows the CMS Annual Section web portal. The main content area displays a table for 'PART 2.4.2: AGE ANALYSIS OF MEMBER MOVEMENT FOR THE FINANCIAL YEAR'. The table has five columns: 'Age Band', 'Number of New Members Joining the Scheme', 'Number of New Dependants Joining the Scheme', 'Number of Members Leaving the Scheme', and 'Number of Dependants Leaving the Scheme'. The rows represent age bands from 'Less than one year' to '20-24 years', plus a 'Total' row. Below the table, there is a text prompt: 'Please provide the reasons for inclusion of members in the category: Less than one year' with a 'Click here' button.

		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	7	23,294	4	7,931
2.4.2.2	1-4 years	5	17,216	4	15,571
2.4.2.3	5-9 years	13	17,183	6	16,097
2.4.2.4	10-14 years	30	15,006	15	14,213
2.4.2.5	15-19 years	1,916	13,009	578	13,549
2.4.2.6	20-24 years	23,879	19,887	10,710	3,831
2.4.2.20	Total	126,470	152,318	148,723	130,065

Please provide the reasons for inclusion of members in the category: Less than one year [Click here](#)

The scheme should complete the number of new members and dependants joining the scheme as well as the number of members and dependants leaving the scheme per age band.

Important to note that the age of the beneficiary should be calculated as at 1 January of the financial year concerned.

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The total number of members and dependants joining the scheme should agree with the number of members and dependants joining the scheme as captured in part 2.4.1. The same applies for the number of members and dependants leaving the scheme.

The scheme should note the reasons in the event that there were members for the age groups less than one year who joined or left the scheme as they are usually considered to be dependants on a scheme.

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	35	3	27	6	0	0
2.5.2 1-4 years	133	25	87	5	0	0
2.5.3 5-9 years	254	32	91	3	0	0
2.5.4 10-14 years	269	26	93	1	0	0
2.5.5 15-19 years	324	42	91	1	0	0
2.5.20 Total	4,509	660	3,971	160	2,550	159

Please provide reasons why no general waiting periods were imposed: [Click here](#)

The scheme should complete the number of beneficiaries, per age band (new beneficiaries that entered the medical schemes environment as well as new beneficiaries transferred from other medical schemes) to whom the following were imposed:

- General waiting periods
- Pre-existing condition exclusions
- Late joiner penalties

Important to note that the age of the beneficiary should be calculated as at 1 January of the financial year concerned.

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Reason boxes

The following reason boxes must be completed when specification are met:

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

Part 2.6 Utilisation

	Current year	Previous year (LOCKED)
2.6.1 Primary and emergency care services:		
2.6.1.1 Number of beneficiaries visiting GP's at least once a year	1,348,930	1,348,930
2.6.1.2 Total number of visits to GP's	4,874,086	4,874,086
2.6.1.3 Number of beneficiaries visiting dentists at least once a year	556,297	556,297
2.6.1.4 Total number of visits to dentists	1,212,740	1,212,740
2.6.1.5 Number of beneficiaries visiting private nurses at least once a year	23,091	23,091
2.6.1.6 Total number of visits to private nurses	73,187	73,187
2.6.1.7 Number of beneficiaries enrolled in primary care networks	143,481	143,481
2.6.2 Private Hospitals: Beneficiaries		
2.6.2.1 Number of beneficiaries admitted	330,841	330,841
2.6.2.2 Number of hospital admissions	43,216	43,216
2.6.2.3 Number of same-day admissions	445,778	445,778
2.6.2.4 Number of total admissions	488,994	488,994

The previous year's figures are automatically pulled through from the previous year's return. The "Unlock previous year figures" button allows the scheme to make adjustments to these figures if needs be. In the event that the scheme had to make any adjustments to the previous year's figures, the details and/or reasons for the changes needs to be provided in the reason box.

It is important to note that the scheme is required to provide data on the number of admissions to ICU, High Care, General Ward, Emergency Unit and Renal Dialysis, and not the number of beneficiaries admitted to ICU, High Care, General Ward and Renal Dialysis.

2.6.1.1 Refers to the number of beneficiaries visiting GP's at least once a year e.g. should the scheme have 6 000 beneficiaries and only 4 000 beneficiaries visited the GP at least once during the year, then 4 000 should be included in part 2.6.1.1.

However, taken from the above example, should those 4 000 beneficiaries visited the GP 3 times each during the year, then 12 000 visits should be recorded in part 2.6.1.2.

On part 2.6.1 the number of beneficiaries visiting at least once a year should be smaller than or equal to the (total number of beneficiaries registered as at 31 December OR average numbers of beneficiaries as at 31 December). The number of beneficiaries visiting at least once a year should be smaller than or equal to the total number of visits.

On both parts 2.6.2 and 2.6.3 the number of beneficiaries receiving administrations should be smaller than or equal to the (total number of beneficiaries registered as at 31 December OR average numbers of beneficiaries as at 31 December). The number of beneficiaries receiving administrations should be smaller than or equal to the number of administrations.

Please note that part 2.6.2 refers to utilisation both in-hospital and out-of-hospital.

Number of beneficiaries admitted refers to the total number of people who were admitted / hospitalised. Thus, number of beneficiaries admitted would refer to the number of individuals belonging to a medical scheme who were admitted at a private or state hospital. Number of admissions refers to the total number of times that a specific individual was admitted/ hospitalised. Hospital admissions = admission with overnight stay (lasting 24 hours or more). Same-day admissions = (e.g. same-day procedures, lasting less than 24 hours). Total number of admissions = same-day admissions + admissions.

The number of births as per parts 2.6.2.12 and 2.6.3.11 includes both live – and still births.

The number of deaths (2.6.2.18 and 2.6.3.17) only relates to deaths of people under treatment.

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Part 2.7 Number of Beneficiaries Suffering From the Following Chronic Diseases

Please note that the Office regards the information provided in this part as confidential, and will not distribute it to the public.

The screenshot shows the 'Statutory Returns Portal - CMS Annual Section' in a Windows Internet Explorer browser. The page title is 'PART 2.7: NUMBER OF BENEFICIARIES WITH THE FOLLOWING CHRONIC DISEASES'. The table below contains the following data:

Unlock	Name of disease	Consolidated Previous Year	Consolidated Current Year	Per Benefit Option	
				OPTION A	
				Previous Year	Current Year
2.7.1	Addison's Disease	240	0	110	0
2.7.2	Asthma	55,533	0	20,443	0
2.7.3	Bipolar Mood Disorder	7,055	0	3,649	0
2.7.4	Bronchiectasis	218	0	108	0
2.7.5	Cardiac Failure	9,057	0	3,329	0
2.7.6	Cardiomyopathy Disease	2,186	0	831	0
2.7.7	Chronic Obstructive Pulmonary Disease	6,108	0	2,734	0

Below the table, there is a text box: 'Please provide the reasons for any changes made to the prior year data:' with a 'Click here' button.

The previous year's figures are automatically pulled through from the previous year's return. The "Unlock previous year figures" button allows the scheme to make adjustments to these figures if needs be. In the event that the scheme had to make any adjustments to the previous year's figures, the details and/or reasons for the changes needs to be provided in the reason box.

The **prevalence** of persons with the listed chronic conditions is required. Every beneficiary who has any of the listed chronic conditions in the financial year (January - December) must be counted.

For beneficiaries with multiple conditions - each condition must be counted separately.

REF entry and verification criteria must not be used for the Annual Statutory Return data submission as these two datasets are collected for fundamentally different purposes. DO NOT supply REF count data as this will be verified and subsequently rejected. The objective of Part 2.7

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is to measure the burden of the disease whereas the REF data would reflect the highest cost of chronic disease.

ICD-10 codes should be used to identify the prevalence of these conditions. (NAPPI and other codes should never be used). Valid ICD-10 codes to be used are shown in Table 1.

The number of beneficiaries with a chronic condition should be less than or equal to the total number of beneficiaries in a scheme as at 31 December OR Average number of beneficiaries as at 31 December.

Please note that blanks or missing numbers will not be accepted.

Table 1: ICD-10 codes for the identification of persons with chronic conditions

Disease	ICD-10 code
Addison's Disease	E27.1
Asthma	J45.0 J45.1 J45.8 J45.9 J46
Bipolar mood disorder	F31.0 F31.1 F31.2 F31.3 F31.4 F31.5 F31.6 F31.7 F31.8 F31.9
Bronchiectasis	J47 Q33.4
Cardiac failure	I50.0 I50.1 I50.9 I11.0 I13.0 I13.2
Cardiomyopathy	I42.0 - I42.9 I25.5
Chronic Renal Disease	N03.0 - N03.9 N11.0 N11.1 N11.8 N11.9

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Disease	ICD-10 code
	N18.0 N18.8 N18.9 I12.0 I13.1 I13.2 O10.2 O10.3
Chronic Obstructive Pulmonary Disease	J43.0 J43.1 J43.2 J43.8 J43.9 J44.0 J44.1 J44.8 J44.9
Coronary Artery Disease	I20.0 I20.1 I20.8 I20.9 I25.0 I25.1 I25.2 I25.3 I25.4 I25.5 I25.6 I25.8 I25.9
Crohn's Disease	K50.0 K50.1 K50.8 K50.9
Diabetes Insipidus	E23.2
Diabetes Mellitus Type 1	E10.0 E10.1 E10.2†N08.3* E10.3†H28.0* E10.3†H36.0* E10.4†G73.0* E10.4†G99.0* E10.4†G59.0* E10.4†G63.2*

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Disease	ICD-10 code
	E10.5 E10.5†I79.2* E10.6 E10.6†M14.2* E10.6†M14.6* E10.7 E10.8 E10.9 E12.0 E12.1 E12.2†N08.3* E12.3†H28.0* E12.3†H36.0* E12.4†G73.0* E12.4†G99.0* E12.4†G59.0* E12.4†G63.2* E12.5 E12.5†I79.2* E12.6 E12.6†M14.2* E12.6†M14.6* E12.7 E12.8 E12.9 O24.0 O24.2 O24.3
Diabetes Mellitus Type 2	E11.0 E11.1 E11.2†N08.3* E11.3†H28.0* E11.3†H36.0* E11.4†G73.0* E11.4†G99.0* E11.4†G59.0* E11.4†G63.2* E11.5 E11.5†I79.2* E11.6 E11.6†M14.2* E11.6†M14.6* E11.7 E11.8 E11.9

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Disease	ICD-10 code
	E12.0 E12.1 E12.2†N08.3* E12.3†H28.0* E12.3†H36.0* E12.4†G73.0* E12.4†G99.0* E12.4†G59.0* E12.4†G63.2* E12.5 E12.5†I79.2* E12.6 E12.6†M14.2* E12.6†M14.6* E12.7 E12.8 E12.9 O24.1 O24.2 O24.3
Dysrhythmias	I47.2 I48
Epilepsy	G40.0 - G40.9 G41.0 G41.1 G41.2 G41.8 G41.9
Glaucoma	H40.0 H40.1 H40.2 H40.3 H40.4 H40.5 H40.6 H40.8 H40.9 Q15.0
Haemophilia	D66 D67
Hyperlipidaemia	E78.0 E78.1 - E78.5
Hypertension	I10 I11.0 I11.9

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Disease	ICD-10 code
	I12.0 I12.9 I13.0 I13.1 I13.2 I13.9 I15.0 I15.1 I15.2 I15.8 I15.9 O10.0 O10.1 O10.2 O10.3 O10.4 O10.9 O11
Hypothyroidism	E01.8 E02 E03.0 E03.1 E03.2 E03.3 E03.4 E03.5 E03.8 E03.9 E89.0
Multiple Sclerosis	G35
Parkinson's disease	G20 G21.0 G21.1 G21.2 G21.3 G21.8 G21.9
Rheumatoid Arthritis	M05.00 M05.38†I52.8* M05.01 M05.38†I39.0* M05.02 M05.38†I39.1* M05.03 M05.38†I39.2* M05.04 M05.38†I39.3* M05.05 M05.38†I39.4* M05.06 M05.38†I39.8* M05.07 M05.38†I41.8*

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Disease	ICD-10 code	
	M05.08	M05.38†G73.7*
	M05.09	M05.38†I32.8*
	M05.10†J99.0*	M05.38†G63.6*
	M05.11†J99.0*	M05.39†I52.8*
	M05.12†J99.0*	M05.39†I39.0*
	M05.13†J99.0*	M05.39†I39.1*
	M05.14†J99.0*	M05.39†I39.2*
	M05.15†J99.0*	M05.39†I39.3*
	M05.16†J99.0*	M05.39†I39.4*
	M05.17†J99.0*	M05.39†I39.8*
	M05.18†J99.0*	M05.39†I41.8*
	M05.19†J99.0*	M05.39†G73.7*
	M05.20	M05.39†I32.8*
	M05.21	M05.39†G63.6*
	M05.22	M05.80
	M05.23	M05.81
	M05.24	M05.82
	M05.25	M05.83
	M05.26	M05.84
	M05.27	M05.85
	M05.28	M05.86
	M05.29	M05.87
	M05.30† I52.8*	M05.88
	M05.30†I39.0*	M05.89
	M05.30†I39.1*	M05.90
	M05.30†I39.2*	M05.91
	M05.30†I39.3*	M05.92
	M05.30†I39.4*	M05.93
	M05.30†I39.8*	M05.94
	M05.30†I41.8*	M05.95
	M05.30†G73.7*	M05.96
	M05.30†I32.8*	M05.97
	M05.30†G63.6*	M05.98
	M05.31†I52.8*	M05.99
	M05.31†I39.0*	M06.00
	M05.31†I39.1*	M06.01
	M05.31†I39.2*	M06.02
	M05.31†I39.3*	M06.03
	M05.31†I39.4*	M06.04
	M05.31†I39.8*	M06.05
	M05.31†I41.8*	M06.06
	M05.31†G73.7*	M06.07
	M05.31†I32.8*	M06.08
	M05.31†G63.6*	M06.09
	M05.32†I52.8*	M06.10

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Disease	ICD-10 code	
	M05.32†I39.0*	M06.11
	M05.32†I39.1*	M06.12
	M05.32†I39.2*	M06.13
	M05.32†I39.3*	M06.14
	M05.32†I39.4*	M06.15
	M05.32†I39.8*	M06.16
	M05.32†I41.8*	M06.17
	M05.32†G73.7*	M06.18
	M05.32†I32.8*	M06.19
	M05.32†G63.6*	M06.20
	M05.33† I52.8*	M06.21
	M05.33†I39.0*	M06.22
	M05.33†I39.1*	M06.23
	M05.33†I39.2*	M06.24
	M05.33†I39.3*	M06.25
	M05.33†I39.4*	M06.26
	M05.33†I39.8*	M06.27
	M05.33†I41.8*	M06.28
	M05.33†G73.7*	M06.29
	M05.33†I32.8*	M06.30
	M05.33†G63.6*	M06.31
	M05.34†I52.8*	M06.32
	M05.34†I39.0*	M06.33
	M05.34†I39.1*	M06.34
	M05.34†I39.2*	M06.35
	M05.34†I39.3*	M06.36
	M05.34†I39.4*	M06.37
	M05.34†I39.8*	M06.38
	M05.34†I41.8*	M06.39
	M05.34†G73.7*	M06.40
	M05.34†I32.8*	M06.41
	M05.34†G63.6*	M06.42
	M05.35†I52.8*	M06.43
	M05.35†I39.0*	M06.44
	M05.35†I39.1*	M06.45
	M05.35†I39.2*	M06.46
	M05.35†I39.3*	M06.47
	M05.35†I39.4*	M06.48
	M05.35†I39.8*	M06.49
	M05.35†I41.8*	M06.80
	M05.35†G73.7*	M06.81
	M05.35†I32.8*	M06.82
	M05.35†G63.6*	M06.83
	M05.36† I52.8*	M06.84
	M05.36†I39.0*	M06.85

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Disease	ICD-10 code
	M05.36†I39.1* M06.86 M05.36†39.2* M06.87 M05.36†I39.3* M06.88 M05.36†I39.4* M06.89 M05.36†I39.8* M06.90 M05.36†I41.8* M06.91 M05.36†G73.7* M06.92 M05.36†I32.8* M06.93 M05.36†G63.6* M06.94 M05.37†I52.8* M06.95 M05.37†I39.0* M06.96 M05.37†I39.1* M06.97 M05.37†I39.2* M06.98 M05.37†I39.3* M06.99 M05.37†I39.4* M08.00 M05.37†I39.8* M08.01 M05.37†I41.8* M08.02 M05.37†G73.7* M08.03 M05.37†I32.8* M08.04 M05.37†G63.6* M08.05 M08.06 M08.07 M08.08 M08.09
Schizophrenia	F20.0 F20.1 F20.2 F20.3 F20.4 F20.5 F20.6 F20.8 F20.9
Systemic Lupus Erythematosus	M32.0 M32.1†I32.8* M32.1†I39.0* M32.1†I39.1* M32.1†I39.2* M32.1†I39.3* M32.1†I39.4* M32.1†I39.8* M32.1†N08.5* M32.1†N16.4* M32.1†J99.1* M32.8

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Disease	ICD-10 code
	M32.9 L93.0 L93.1 L93.2
Ulcerative colitis	K51.0 K51.1 - K51.5 K51.8 K51.9

Part 2.8 Analysis of Utilisation of Services by 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)	125,843	83,668
2.8.2 Obstetricians & Gynaecologists (16)	470,862	198,246
2.8.3 Pulmonologists (17)	44,895	12,904
2.8.4 Specialist Physicians (18)	4,524,810	111,466
2.8.5 Gastroenterologists (19)	36,095	15,122
2.8.6 Neurologists (20)	68,232	27,184
2.8.7 Cardiologists (21)	107,171	45,111
2.8.8 Psychiatrists (22)	161,188	40,025
2.8.9 Medical Oncologists (23)	24,502	4,273
2.8.10 Neurosurgeons (24)	59,620	22,573

Both the number of visits to specialists as well as the number of beneficiaries who visited a specialist at least once in the financial year concerned should be completed in this part.

Should any specialist not be included in the list provided, the scheme should complete the required information in the 'other' box provided in part 2.8.28, and specify the specific specialist. The scheme must please ensure that only specialists not referred to elsewhere in this applicable part are listed in part 2.8.28.

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The variable “Other Medical or Clinical Support Specialists” should never be used when a pre-defined category exists. In cases where “Other Medical or Clinical Support Specialists” is used as a “dumping ground”, the Annual Statutory Return will be rejected and returned to the Principal Officer for correction and re-submission

The number of beneficiaries visiting at least once per year should be smaller than or equal to (the total number of beneficiaries in scheme as at 31 December OR average numbers of beneficiaries as at 31st December).

The number of beneficiaries visiting at least once per year should be smaller than or equal to the total number of visits to specialists.

The number of beneficiaries visiting at least once per year and the total number of visits to specialists should not be equal to zero (i.e. zeros and blanks will not be accepted).

Part 2.9 Analysis of Utilisation of Services by Allied and Support 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)	11,290	120
2.9.2 Audiologists (82)	149,477	28,162
2.9.3 Biokineticists (75-009)	132,944	16,141
2.9.4 Clinical / Medical / Laboratory Technologists (75)	92,832	27,675
2.9.5 Dieticians (84)	70,699	24,722
2.9.6 Hearing Aid Acousticians (83)	2,087	1,714
2.9.7 Medical Scientists (69)	158	113
2.9.8 Occupational Therapists (66)	176,322	17,124
2.9.9 Optometrists (70)	472,341	346,971
2.9.10 Orthoptists (74)	666	380

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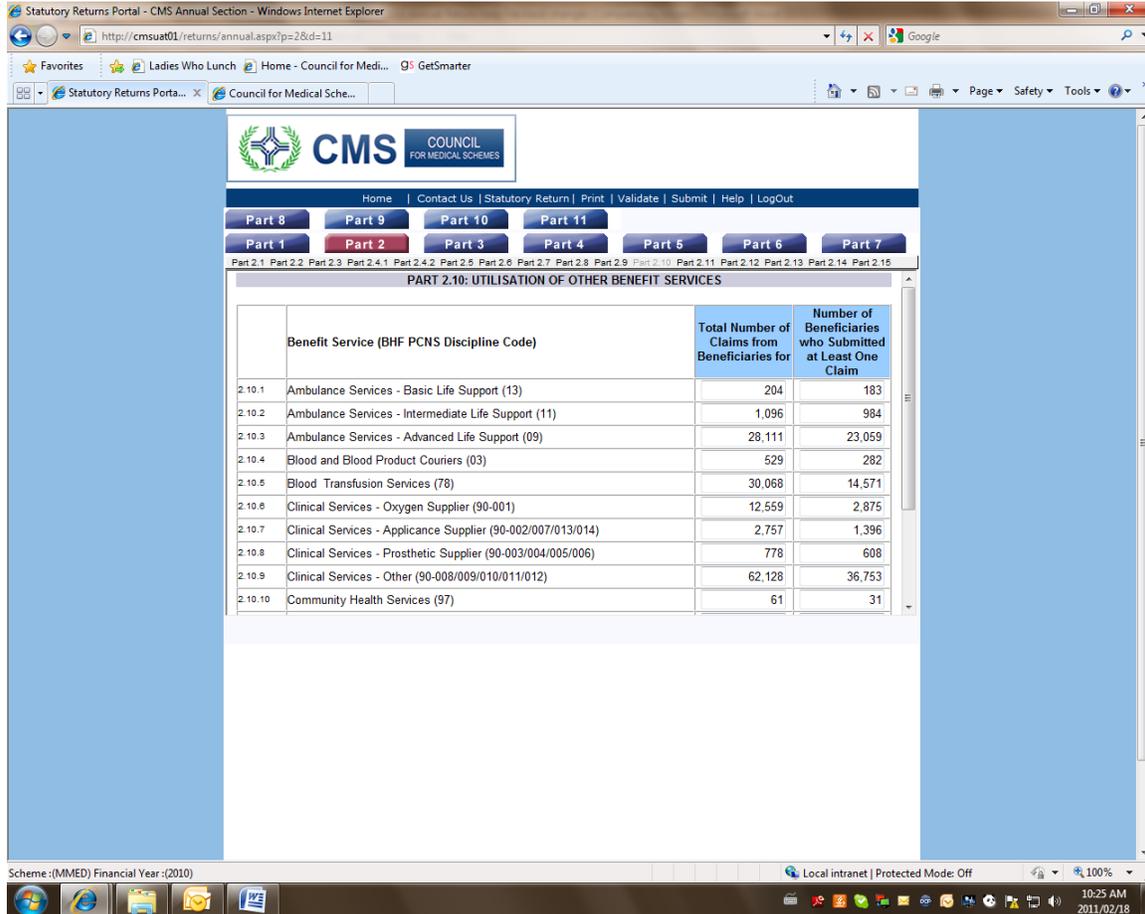
The number of visits to Supplementary and Allied Health Professionals as well as the number of beneficiaries who visited Supplementary and Allied Health Professionals at least once in the financial year concerned should be completed in this part.

The number of beneficiaries visiting at least once per year should be smaller than or equal to the (total number of beneficiaries in scheme as at 31 December OR average numbers of beneficiaries as at 31st December). The number of beneficiaries visiting at least once per year should also be smaller than or equal to the total number of visits to Supplementary and Allied Health Professionals, but not equal to zero (i.e. zeros and blanks will not be accepted). The total number of visits to Supplementary and Allied Health Professionals should also not equal zero (i.e. zeros and blanks will not be accepted).

Should any Supplementary and Allied Health Professionals not be included in the list provided, the scheme should complete the required information in the 'other' box provided in part 2.9.25, and specify the specific Supplementary and Allied Health Professionals. The scheme must please ensure that only Supplementary and Allied Health Professionals not referred to elsewhere in this applicable part are listed in part 2.9.25.

The variable Other Supplementary and Allied Health Professionals should never be used when a pre-defined category exists. In cases where Other Supplementary and Allied Health Professionals is used as a "dumping ground", the Annual Statutory Return will be rejected and returned to the Principal Officer for correction and re-submission.

Part 2.10 Analysis of Utilisation of Other Benefit Services



The screenshot shows a web browser window displaying the CMS Annual Section. The main content area is titled 'PART 2.10: UTILISATION OF OTHER BENEFIT SERVICES' and contains a table with the following data:

Benefit Service (BHF PCNS Discipline Code)	Total Number of Claims from Beneficiaries for	Number of Beneficiaries who Submitted at Least One Claim
2.10.1 Ambulance Services - Basic Life Support (13)	204	183
2.10.2 Ambulance Services - Intermediate Life Support (11)	1,096	984
2.10.3 Ambulance Services - Advanced Life Support (09)	28,111	23,059
2.10.4 Blood and Blood Product Couriers (03)	529	282
2.10.5 Blood Transfusion Services (78)	30,068	14,571
2.10.6 Clinical Services - Oxygen Supplier (90-001)	12,559	2,875
2.10.7 Clinical Services - Appliance Supplier (90-002/007/013/014)	2,757	1,396
2.10.8 Clinical Services - Prosthetic Supplier (90-003/004/005/006)	778	608
2.10.9 Clinical Services - Other (90-008/009/010/011/012)	62,128	36,753
2.10.10 Community Health Services (97)	61	31

The number of claims from beneficiaries for the other benefit services listed as well as the number of beneficiaries who submitted at least one claim during the financial year concerned should be completed in this part.

The number of beneficiaries who submitted at least one claim should be smaller than or equal to the (total number of beneficiaries in scheme as at 31 December OR average numbers of beneficiaries as at 31st December). The number of beneficiaries who submitted at least one claim should be smaller than or equal to the total number of claims from beneficiaries, but not equal to zero (i.e. zeros and blanks will not be accepted). The total number of claims from beneficiaries should not be equal to zero (i.e. zeros and blanks will not be accepted).

Should any specific benefit not be included in the list provided, the scheme should complete the required information in the 'other' box provided in part 2.10.16, and specify the specific benefit service. The scheme must please ensure that only benefit services not referred to elsewhere in this applicable part are listed in part 2.10.16.

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The variable Other Benefit Services should never be used when a pre-defined category exists. In cases where Other Benefit Services is used as a “dumping ground”, the Annual Statutory Return will be rejected and returned to the Principle Officer for correction and re-submission.

Part 2.11 Analysis of Utilisation of Medicines

The screenshot shows the CMS Annual Section web portal. The main content area displays the 'PART 2.11: UTILISATION OF MEDICINES' table. The table is organized into two main sections: 'In Hospital' and 'Out of Hospital'. Each section lists various categories of health professionals and their corresponding dispensing activities. The table has three columns: a description of the activity, 'Total Number of Scripts Filled', and 'Total Number of Items Dispensed'. The 'In Hospital' section shows zero values for all categories. The 'Out of Hospital' section shows significant values for various categories.

	Total Number of Scripts Filled	Total Number of Items Dispensed
2.11.1 In Hospital:		
2.11.1.1 Medicines dispensed by Pharmacists	0	0
2.11.1.2 Medicines dispensed by General Practitioners	0	0
2.11.1.3 Medicines dispensed by Medical Specialists	0	0
2.11.1.4 Medicines dispensed by Supplementary and Allied Health Professionals	0	0
2.11.1.5 Medicines dispensed by Other Health Professionals	0	0
2.11.2 Out of Hospital:		
2.11.2.1 Medicines dispensed by Pharmacists	11,911,745	224,719,869
2.11.2.2 Medicines dispensed by General Practitioners	937,481	2,526,973
2.11.2.3 Medicines dispensed by Medical Specialists	21,566	33,151
2.11.2.4 Medicines dispensed by Supplementary and Allied Health Professionals	33,843	59,383
2.11.2.5 Medicines dispensed by Other Health Professionals	12,049	14,473

Part 2.11 requires the total number of scripts filled and the total number of items dispensed in-hospital and out-of-hospital by various categories of health professionals.

The total number of scripts filled and the total number of items dispensed should not be equal to zero OR left blank (i.e. blanks and zeros will not be accepted).

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Part 2.12 Distribution of Membership at End of Financial Year

The screenshot shows the CMS Annual Section web portal. The main content area displays Part 2.12: DISTRIBUTION OF MEMBERSHIP AT THE END OF THE FINANCIAL YEAR. The table below shows the distribution of membership across provinces for the 2010 financial year.

	Province	Members	Adult Dependants	Child Dependants	Beneficiaries
2.12.1	Gauteng	406,063	223,676	281,732	911,471
2.12.2	Limpopo	11,953	7,824	9,762	29,539
2.12.3	Mpumalanga	32,347	20,807	25,491	78,645
2.12.4	North West	28,146	17,680	22,697	68,523
2.12.5	Free State	25,630	15,505	17,465	58,600
2.12.6	Kwa-Zulu Natal	115,777	71,125	85,557	272,459
2.12.11	Total	837,707	490,406	586,671	1,914,784

Below the table, there is a section titled "Please indicate how the scheme is collecting the data for this part:" with a table for "Members", "Adult Dependants", and "Child Dependants".

The number of members, adult dependants and child dependants per province should be completed in this part. Beneficiaries are the sum of members and dependants.

The total number of members and dependants in this part should agree with the consolidated total number of members and dependants in part 2.1.

This information is normally collected from the following sources:

- Private Postal Address
- Business Postal Address
- Employer (Pay Point)

In the event that the information is collected from other sources than the above-mentioned sources, the scheme would be required to provide more detail.

The Office would prefer this part to illustrate the distribution of members based on where services are delivered to the beneficiaries.

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Part 2.13 Utilisation of Private Hospitals by Age Group and Gender

The screenshot shows a web browser window displaying the CMS Annual Section. The page title is 'PART 2.13: UTILISATION OF PRIVATE HOSPITALS BY AGE GROUP AND GENDER'. The table below provides the required data for the 2010 financial year.

Age group	Number of beneficiaries admitted	Number of admissions	Number of days
2.13.1 Female			
2.13.1.1 Less than one year	6,239	7,000	7,100
2.13.1.2 1-4 years	12,852	13,900	14,000
2.13.1.3 5-9 years	15,921	17,212	18,000
2.13.1.4 10-14 years	16,460	16,951	21,000
2.13.1.5 15-19 years	16,813	21,543	25,000
2.13.1.6 20-24 years	10,255	16,542	16,999
2.13.1.7 25-29 years	12,283	16,542	16,999
2.13.1.8 30-34 years	20,574	30,245	30,999
2.13.1.9 35-39 years	22,130	27,564	28,600
2.13.1.10 40-44 years	19,841	26,542	26,542

The number of beneficiaries admitted to private hospitals, the number of admissions to private hospitals as well as the number of days admitted during the financial year concerned should be completed in this part.

The number of beneficiaries admitted to private hospitals should be smaller than or equal to the (total number of beneficiaries in scheme as at 31 December OR average numbers of beneficiaries as at 31st December). The number of beneficiaries admitted to private hospitals should be smaller than or equal to the total number of admissions to private hospitals.

The number of admissions to private hospitals should be smaller than or equal to the number of days admitted



Part 2.14 Utilisation of Public Hospitals by Age Group and Gender

The screenshot shows a web browser window displaying the CMS Annual Section. The page title is 'PART 2.14: UTILISATION OF PUBLIC HOSPITALS BY AGE GROUP AND GENDER'. The table below provides the required data for females.

Age group	Number of beneficiaries admitted	Number of admissions	Number of days
Female			
2.14.1.1 Less than one year	6,239	7,000	7,100
2.14.1.2 1-4 years	12,852	13,900	14,000
2.14.1.3 5-9 years	15,921	17,212	18,000
2.14.1.4 10-14 years	16,460	16,951	21,000
2.14.1.5 15-19 years	16,813	21,543	25,000
2.14.1.6 20-24 years	10,255	16,453	17,000
2.14.1.7 25-29 years	12,283	16,542	16,999
2.14.1.8 30-34 years	20,574	30,245	30,999
2.14.1.9 35-39 years	22,130	27,564	28,600
2.14.1.10 40-44 years	19,841	26,542	26,542

The number of beneficiaries admitted to public hospitals, the number of admissions to public hospitals as well as the number of days admitted during the financial year concerned should be completed in this part.

The number of beneficiaries admitted to public hospitals should be smaller than or equal to the (total number of beneficiaries in scheme as at 31 December OR average numbers of beneficiaries as at 31st December). The number of beneficiaries admitted to public hospitals should be smaller than or equal to the total number of admissions to public hospitals.

The number of admissions to public hospitals should be smaller than or equal to the number of days admitted



Part 2.15 Utilisation of Hospitals in respect of Selected Principal Diagnosis Types per ICD10 Codes

	ICD10 codes	Principal diagnosis	Number of beneficiaries admitted	Number of admissions	Number of days
2.15.1	A00-B99	Certain infectious and parasitic diseases	456	1,000	1,000
2.15.2	C00-D48	Neoplasms	780,321	879,412	900,000
2.15.3	D50-D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	12,340	65,469	70,000
2.15.4	E00-E90	Endocrine, nutritional and metabolic diseases	123,545	657,891	700,000
2.15.5	F00-F99	Mental and behavioural disorders	123,456	234,561	300,000
2.15.6	G00-G99	Diseases of the nervous system	45,641	50,000	60,000
2.15.7	H00-H59	Diseases of the eye and adnexa	1,234	2,000	3,000
2.15.8	H60-H95	Diseases of the ear and mastoid process	4,189	5,000	5,000

The number of beneficiaries admitted to in respect of the selected principal diagnosis types per ICD10 codes, the number of admissions in respect of these selected principal diagnosis types per ICD10 codes, as well as the relevant number of days admitted during the financial year concerned should be completed in this part.

The number of beneficiaries admitted in respect of the selected principal diagnosis types per ICD10 codes should be smaller than or equal to the (total number of beneficiaries in scheme as at 31 December OR average numbers of beneficiaries as at 31st December). The number of beneficiaries admitted should be smaller than or equal to the total relevant number of admissions.

The number of admissions in respect of the selected principal diagnosis types per ICD10 codes should be smaller than or equal to the number of days admitted

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PART 3 BENEFIT INFORMATION

Part 3.1 Analysis of Benefits Actually Paid During the Financial Year

The screenshot shows a web browser window displaying the CMS Annual Section. The main content is a table titled 'Part 3.1: ANALYSIS OF BENEFITS ACTUALLY PAID DURING THE FINANCIAL YEAR'. The table has six columns: 'Total amount charged by supplier', 'Risk amount paid by scheme', 'Savings amount paid by scheme on behalf of member', 'Amount paid by member', and 'Discount received'. Each column has a sub-column for the amount in 'R' (Rand). The rows list various medical categories and their corresponding financial data.

		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	1,187,653,240	483,894,239	404,399,748	299,359,253	0
3.1.2	Medical Specialists	4,672,665,663	2,756,690,003	784,878,098	1,131,097,558	0
3.1.3	Dentists	968,641,168	195,671,312	428,501,392	344,468,464	0
3.1.4	Dental Specialists	304,966,957	83,220,190	85,341,872	136,404,895	0
3.1.5	Supplementary and Allied Health Professionals	1,777,165,769	656,324,675	654,727,206	466,113,885	0
3.1.6	Hospitals					
3.1.6.1	Unattached Operating Theatres/ Day Clinics					
3.1.6.1.1	Ward Fees	12,888,658	9,171,760	2,185,235	1,531,663	0

Amounts charged by supplier must always be bigger or equal to the aggregate risk amounts paid by the scheme, amounts paid from the savings accounts as well as amounts paid by the member.

The risk amount paid by the scheme must reflect the net benefit after deduction of trade-, volume- and cash discount received.

It should be noted that part 3.1.11 (risk amount paid by the scheme column) should agree with the total benefits in part 4.11.5 (actual net claims paid and reported) (Column B) plus 4.13.1(consolidated total current year column).

The amount paid by the member are all the out of pocket expenses incurred by the member which are known to the administrator.

The scheme should capture any in-hospital managed care arrangements which are not provided for in the return in part 3.1.6.2.2.5, and any out-of-hospital managed care arrangements not provided for in the return in part 3.1.10.3.

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Any other benefits not provided for in part 3.1 of the return should be completed in part 3.4, which pulls through to part 3.1.9, and the scheme should specify the specific benefit. The scheme must please ensure that only benefits not referred to elsewhere in this part are listed in part 3.4.16.

The scheme should provide the exact nature of any amounts included in parts 3.1.6.1.7, 3.1.6.2.1.7, and 3.1.6.3.7 relating to other expenditure incurred in respect of unattached operating theatres/day clinics, private hospitals and state/provincial hospitals. The scheme should only complete these parts if the return does not cater specifically for that kind of transaction elsewhere in part 3.1.

Part 3.2.29 automatically pulls through to the total benefits for medical specialists (3.1.2) and part 3.2.37 automatically pulls through to the total benefits for dental specialists pull automatically (3.1.4). Part 3.3.26 automatically pulls through to total benefits to Supplementary and Allied Health Professionals (part 3.1.5).

Part 3.2 Analysis of Medical and Dental Specialists

The screenshot shows a web browser window displaying the CMS Annual Section portal. The main content area features a table titled 'PART 3.2: ANALYSIS OF MEDICAL AND DENTAL SPECIALISTS'. The table has five columns: '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', and 'Amount paid by member'. The table is divided into two sections: 'Medical Specialists' and 'Total Dental Professionals'. The 'Medical Specialists' section lists various medical disciplines with their respective counts and financial data. The 'Total Dental Professionals' row is highlighted in blue.

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)	55,513,007	12,036,978	25,211,123	18,264,905
3.2.2 Obstetricians & Gynaecologists (16)	399,759,973	166,883,081	98,108,929	134,767,962
3.2.3 Pulmonologists (17)	31,342,702	19,700,338	5,736,408	5,905,956
3.2.4 Specialists Physicians (18)	216,522,039	133,257,107	31,622,791	51,642,141
3.2.5 Gastroenterologists (19)	26,684,073	14,451,917	3,463,304	8,768,852
3.2.6 Neurologists (20)	48,357,895	27,364,502	8,547,119	12,446,274
3.2.7 Cardiologists (21)	134,404,251	80,807,051	26,274,344	27,322,856
3.2.37 Total Dental Professionals	304,966,957	83,220,190	85,341,872	136,404,895

Amounts charged by supplier must always be bigger or equal to the aggregate risk amounts paid by the scheme, amounts paid from the savings accounts as well as amounts paid by the member. The amounts charged by supplier should include all cost (including medicine cost).

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The risk amount paid by the scheme must reflect the net benefit after deduction of trade-, volume- and cash discount received.

The amount paid by the member are all the out of pocket expenses incurred by the member which are known to the administrator.

The scheme should capture any medical specialists that are not provided for in the return in part 3.2.28, and the scheme should specify the specific medical specialist. The scheme must please ensure that only medical specialists not referred to elsewhere in this part are listed in part 3.2.28.

Part 3.3 Analysis of Allied and Support Health Professionals

The screenshot shows a web browser window displaying the CMS Annual Section portal. The main content is a table titled 'PART 3.3: ANALYSIS OF SUPPLEMENTARY AND ALLIED HEALTH PROFESSIONALS'. The table has five columns: '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', and 'Amount paid by member'. Each column has a sub-column for the currency 'R'. The table lists various medical professionals and their associated amounts, with a total row at the bottom.

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)	352,278	106,490	66,102	179,686
3.3.2 Audiologists (82)	67,377,045	25,009,324	16,921,678	25,446,043
3.3.3 Biokineticists (75-009)	25,572,489	11,578,471	6,985,084	7,008,934
3.3.4 Clinical / Medical / Laboratory Technologists (75)	131,726,556	120,999,387	2,372,930	8,354,239
3.3.5 Dieticians (84)	15,246,421	5,675,071	4,897,379	4,673,971
3.3.6 Hearing Aid Acousticians (83)	15,640,538	5,951,418	3,868,036	5,821,084
3.3.7 Medical Scientists (69)	202,466	51,801	35,516	115,149
3.3.28 Total	1,777,165,7	656,324,675	654,727,206	466,113,885

Amounts charged by supplier must always be bigger or equal to the aggregate risk amounts paid by the scheme, amounts paid from the savings accounts as well as amounts paid by the member.

The risk amount paid by the scheme must reflect the net benefit after deduction of trade-, volume- and cash discount received.

The amount paid by the member are all the out of pocket expenses incurred by the member which are known to the administrator.

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The scheme should capture any Supplementary and Allied Health Professionals that are not provided for in the return in part 3.3.25, and the scheme should specify the specific Supplementary and Allied Health Professional. The scheme must please ensure that only Supplementary and Allied Health Professional not referred to elsewhere in this part are listed in part 3.3.25.

Part 3.4 Analysis of Other Benefits

The screenshot shows a web browser window displaying the CMS Annual Section portal. The page title is 'PART 3.4: ANALYSIS OF OTHER BENEFITS'. The table below lists various services and their associated costs and payments.

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)	293,028	214,727	0	78,301
3.4.2 Ambulance Services - Intermediate Life Support (11)	1,749,813	1,396,690	421	352,702
3.4.3 Ambulance Services - Advanced Life Support (09)	89,074,213	83,560,767	1,247	5,512,199
3.4.4 Blood and Blood Product Courier (03)	249,450	219,625	806	29,019
3.4.5 Blood Transfusion Services (78)	97,929,446	88,834,343	108,165	8,986,938
3.4.6 Clinical Services - Oxygen Supplier (90-001)	9,469,285	4,040,837	1,730,408	3,698,039
3.4.7 Clinical Services - Appliance Supplier (90.002/007/013/014)	17,847,469	12,938,776	1,235,665	3,673,028
3.4.17 Total	482,485,343	336,691,500	25,031,385	120,762,455

Amounts charged by supplier must always be bigger than or equal to the aggregate risk amounts paid by the scheme, amounts paid from the savings accounts as well as amounts paid by the member.

The risk amount paid by the scheme must reflect the net benefit after deduction of trade-, volume- and cash discount received.

The amount paid by the member are all the out of pocket expenses incurred by the member which are known to the administrator.

The scheme should capture any other benefits that are not provided for in the return in part 3.4.16, and the scheme should specify the specific benefit. The scheme must please ensure that only benefits not referred to elsewhere in this part are listed in part 3.4.16.

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Part 3.5 Analysis of Total Benefits Paid in respect of Selected Principal Diagnosis Types per ICD10 Codes

The screenshot shows a web browser window displaying the CMS Annual Section. The main content is a table titled 'PART 3.5: ANALYSIS OF TOTAL BENEFITS PAID IN RESPECT OF SELECTED PRINCIPAL DIAGNOSIS TYPES PER ICD10 CODES'. The table has six columns: ICD10 codes, Principal Diagnosis, Total amount charged by supplier, Risk amount paid by scheme, Savings amount paid by scheme on behalf of member, and Amount paid by Member. The values are in South African Rand (R). The table includes rows for ICD10 categories A00-B99, C00-D48, D50-D89, and a Total row. The total amounts are: Total amount charged by supplier: 1,103,734,346; Risk amount paid by scheme: 720,905,473; Savings amount paid by scheme on behalf of member: 85,813,005; Amount paid by Member: 296,990,863.

ICD10 codes	Principal Diagnosis	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	293,028	214,727	0	78,301
3.5.2 C00-D48	Neoplasms	1,749,813	1,396,690	421	352,702
3.5.3 D50-D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	89,074,213	83,560,767	1,247	5,512,199
3.5.22 -	Total	1,103,734,346	720,905,473	85,813,005	296,990,863

Amounts charged by supplier must always be bigger than or equal to the aggregate risk amounts paid by the scheme, amounts paid from the savings accounts as well as amounts paid by the member.

The risk amount paid by the scheme must reflect the net benefit after deduction of trade-, volume- and cash discount received.

The amount paid by the member are all the out of pocket expenses incurred by the member which are known to the administrator.

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PART 4 NOTES TO THE FINANCIAL STATEMENTS

Please note that when certain specifications are met, the user will be required to complete a reason box. The user will not be able to submit the return without completing the relevant reason boxes.

Part 4.1 Property, Plant and Equipment

	Total	Land and Buildings	Computer Equipment and Software	Furniture and Fittings	Motor Vehicles
	R	R	R	R	R
4.1.1 Gross Carrying Amount					
4.1.1.1 At beginning of year	9,540,000	7,990,000	500,000	20,000	1,000,000
4.1.1.1.1 - As previously reported	13,289,218	12,935,772	80,326	142,029	0
4.1.1.1.2 - Prior year adjustment	(3,749,218)	(4,945,772)	419,674	(122,029)	1,000,000
4.1.1.2 Additions	1,121,091	800,000	120,000	100,000	0
4.1.1.3 Disposals	(1,270,000)	(200,000)	(60,000)	(10,000)	(1,000,000)
4.1.1.4 Impairment write down	(102,000)	(100,000)	0	(2,000)	0
4.1.1.5 Revaluation surplus	1,000,000	1,000,000	0	0	0
4.1.1.6 Other movements (specify)	(999,873)	(554,228)	(479,674)	34,029	0
4.1.1.7 Other group balances on consolidation	4,000,000	4,000,000	0	0	0
Transfer of assets due to					

The opening balances in lines 4.1.1.1.1 and 4.1.2.1.1 pulls through from lines 4.1.1.9 and 4.1.2.8 of the previous year's annual return respectively.

A minus must be placed in front of all credit entries (i.e. disposals / impairment write down / accumulated depreciation).

The total depreciation charges in part 4.1.2.2 must agree with the depreciation in part 4.16.14.

Investment property should not be included in this part. Land & buildings in this part only relates to owner-occupied assets. Investment properties should be included in part 4.2.

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All assets not specifically provided for in the column headings of part 4.1 (e.g. office equipment) should be aggregated and included in the 'other' column provided.

The scheme should provide the exact nature of any amounts included in parts 4.1.1.6 and 4.1.2.5. The scheme should only complete this part if the return does not cater specifically for that kind of transaction elsewhere in part 4.1.

Part 4.2 Investments

The screenshot shows the Statutory Returns Portal interface. The main content area displays the 'PART 4.2: INVESTMENTS' table. The table has four columns: 'Non-Current R', 'Current R', and 'Total R'. The rows list various investment categories with their respective values. The total investments are 654,997,432 R for non-current, 3,471,460,576 R for current, and 4,126,458,008 R in total.

	Non-Current R	Current R	Total R
4.2.1 Investment property	7,000,000	0	7,000,000
4.2.2 Available for sale investments	4,000,000	0	4,000,000
4.2.3 Held-to-maturity investments	400	600	1,000
4.2.4 Investments held at fair value through profit or loss	643,996,432	3,468,459,576	4,112,456,008
4.2.5 Other (specify)	600	400	1,000
4.2.6 Group investments on consolidation	0	3,000,000	3,000,000
4.2.7 Less: Transfer of assets due to amalgamation	0	0	0
4.2.8 Total investments	654,997,432	3,471,460,576	4,126,458,008

The investments should be split between non-current (long-term) investments and (current) short-term investments, as per the audited financial statements of the scheme. Investments are considered to be current when it satisfies any of the following criteria:

- It is expected to be realised in, or is intended for sale in, the scheme's normal operation cycle;
- It is held primarily for the purpose of being traded; or
- It is expected to be realised within 12 months after statement of financial position date.

Every class of investments should be aggregated and disclosed in the line item provided for that specific class of investments. The scheme should provide the full details of any investments included in the 'other' button in 4.2.5.



Part 4.3 Trade and Other Receivables

Where a line starts with the word 'Less', the scheme should place a minus in front of the figure.

Part 4.3 (a)

The screenshot shows a web browser window displaying the CMS Annual Section. The main content area shows a navigation menu with buttons for Part 8 through Part 11, and a sub-menu for Part 4 (1 through 7). The selected section is 'PART 4.3 (a): TRADE AND OTHER RECEIVABLES'. Below this is a table with columns for descriptions and a 'Total' column. The table data is as follows:

		Total
		R
4.3.1	Contributions outstanding:	624,576,760
4.3.1.1	- Current	614,994,466
4.3.1.2	- 30 days	5,697,022
4.3.1.3	- 60 days	(358,416)
4.3.1.4	- 90 days	(806,723)
4.3.1.5	- 120 days +	5,050,411
4.3.2	Recoveries from members for co-payments paid and payable (except for contributions, loans and savings plan account advances)	10,030
4.3.2.1	- Current	2,000
4.3.2.2	- 30 days	10
4.3.2.3	- 60 days	10
4.3.2.4	- 90 days	10
4.3.2.5	- 120 days +	8,000

The scheme should provide a proper ageing of debtor balances, where required in the return. The scheme should not disclose the full debtor balance under one age category.

Any advances on savings plan accounts should be shown separately as part of trade and other receivables (part 4.3.3); these balances should also be aged.

The total advances on the savings plan accounts should agree with the savings plan advances disclosed in part 4.5.15(a).

Risk transfer arrangements (4.3.4) are the sum of commercial reinsurance contracts (4.3.4.1) and other risk transfer arrangements (4.3.4.2).

Commercial reinsurance contracts will constitute insurance contracts entered into with a long-term insurer registered in terms of section 9 of the Long-term Insurance Act, 1998 (Act No. 52 of 1998),

or a short-term insurer registered in terms of section 9 of the Short-term Insurance Act, 1998 (Act No. 53 of 1998).

The share of outstanding claims provision covered by commercial reinsurance contracts (4.3.4.1.1) plus the share of claims reported not yet paid covered by commercial reinsurance contracts (4.3.4.1.2) must agree with the provision for reinsurance claims recovered in part 4.14.3. 4.3.4.1.1 also has to agree to the closing balance of the “outstanding claims provision-covered by commercial reinsurance contracts” (4.9.8 Column C).

Commercial reinsurance claims paid by the scheme but not yet recovered from the reinsurer should be included in part 4.3.4.1.2.

A risk transfer asset is considered to be impaired when there is objective evidence, as a result of an event that occurred after initial recognition of the asset, that the scheme may not recover its full exposure in kind in terms of the contract, and that the event has a reliably measurable impact on the amounts that the scheme will now have to pay to the member. The provision for impaired losses in respect of commercial reinsurance contracts must be included in 4.3.4.1.3.

Other risk transfer arrangements will constitute all “other” reinsurance contracts that fall within the definition of IFRS 4, for example a capitation agreement entered into with a managed healthcare provider. Please note that not all capitation agreements will fall within the definition of IFRS 4 by default. Each contract will have to be evaluated in terms of IFRS 4. (Also refer to Appendix IV of the 2010 SAICA Medical Schemes Accounting Guide (2010 SAICA Guide))

Depending on the tail of the specified benefits provided and the timing and accuracy of the information received from the managed healthcare provider regarding the specified benefits delivered before year end, the scheme should recognise an outstanding claims provision and an “other risk transfer” asset. This represents the scheme’s best estimate of costs incurred and “costs” recovered in kind before year end, but not yet reported at the time.

The share of outstanding claims provision covered by other risk transfer arrangements (4.3.4.2.1) should therefore agree with the closing balance of the “outstanding claims provision-covered by other risk transfer arrangements” (4.9.8 Column D). A risk transfer asset, under for example a capitation agreement, is considered to be impaired when there is objective evidence, as a result of an event that occurred after initial recognition of the asset, that the scheme may not recover its full exposure in kind in terms of the contract, and that the event has a reliably measurable impact on the amounts that the scheme will now have to pay to the member. The provision for impaired losses in respect of other risk transfer arrangements must be included in 4.3.4.2.3.

The corresponding entries in respect of the share of claims reported not yet paid (both commercial reinsurance contracts (4.3.4.1.2) and other risk transfer arrangements (4.3.4.2.2) needs to be included in 4.8.1 (reported claims not yet paid).

The scheme should provide the exact nature of any prepaid expenditure included in line 4.3.7.

Accrued interest (part 4.3.9) should include all accrued interest, including those specified on the schemes’ investment portfolios.

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All amounts owing by providers (i.e. overpayments made to providers), should be included in the provider balances line in part 4.3.11 of the return.

The scheme should include any related party debit balances at year-end in 4.3.12.5 (unless the return provides for that related party in another specific line). These balances should correspond with the scheme's related party disclosure note in terms of IAS 24 in its audited financial statements. The nature of the related party relationship should also be indicated.

The scheme should ensure that they disclose every debtor in the specific line provided for in part 4.3. Sundry debtors (4.3.13) should only be used if the return did not make provision for that specific debtor.

The scheme should furthermore NOT aggregate all its sundry debtor balances together in one line item in sundry debtors (4.3.13). Any balance greater than 10% of the total trade and other receivables should be disclosed separately in part 4.3.13.

Users are referred to the guidance provided in the 2010 SAICA Guide (paragraph 126 of the Accounting Guide) in respect of the recognition of Road Accident Fund (RAF) debtors.

The following reason boxes might warrant completion (if the specifications are met):

<i>Specification</i>	<i>Reason box wording</i>
Contributions outstanding for more than 30 days	Please indicate whether the scheme has any agreements in place with employers / members to pay their contributions after 3 days of it becoming due.
Contributions outstanding for more than 30 days	Please indicate the remedial actions taken by the scheme where contributions were received after three days of it becoming due
4.3.12.1 > R0	What is the nature of/reasons for the amount owed by the administrator?
4.3.12.2 > R0	What is the nature of/reasons for the amount owed by reinsurers (other than claims recoveries)?
4.3.12.3 > R0	What is the nature of/reasons for the amount owed by managed care organisations (other than claims recoveries)?
4.3.12.4 > R0	What is the nature of/reasons for the amount owed by brokers?
4.3.12.5 > R0	What is the nature of/reasons for the amount owed by other related parties?

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Part 4.3(b)

The screenshot shows a web browser window displaying the CMS Annual Section. The main content area is titled 'PART 4.3(b): ANALYSIS OF MOVEMENTS IN RESPECT OF RISK TRANSFER ARRANGEMENTS ASSETS'. It contains a table with the following data:

		Total R
4.3.1	Commercial reinsurance contracts	290,000
4.3.1.1	Balance at beginning of year	290,000
4.3.1.2	Less: Payments in respect of prior year	(50,000)
4.3.1.3	(Over)/under provision in respect of prior year	(240,000)
4.3.1.4	Adjustment for current year	290,000
4.3.2	Other risk transfer arrangements	2,846,680
4.3.2.1	Balance at beginning of year	2,846,680
4.3.2.2	Less: Payments in respect of prior year	(2,846,680)
4.3.2.3	(Over)/under provision in respect of prior year	0
4.3.2.4	Adjustment for current year	2,846,680
4.3.3	Total risk transfer arrangements assets	3,136,680

In part 4.3(b) the scheme has to split out the movements in respect of risk transfer arrangements. These balances should correspond with the balances entered in part 4.3(a), and the movements in these balances between periods with the scheme's risk transfer arrangements (trade and other receivables) disclosure note in terms of IFRS 4 par.37(e) in its audited financial statements.

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Part 4.4 Cash and Cash Equivalents

Any bank overdraft balances should not be netted off against positive bank balances in this part; bank overdrafts should be disclosed in part 4.8 (trade and other payables).

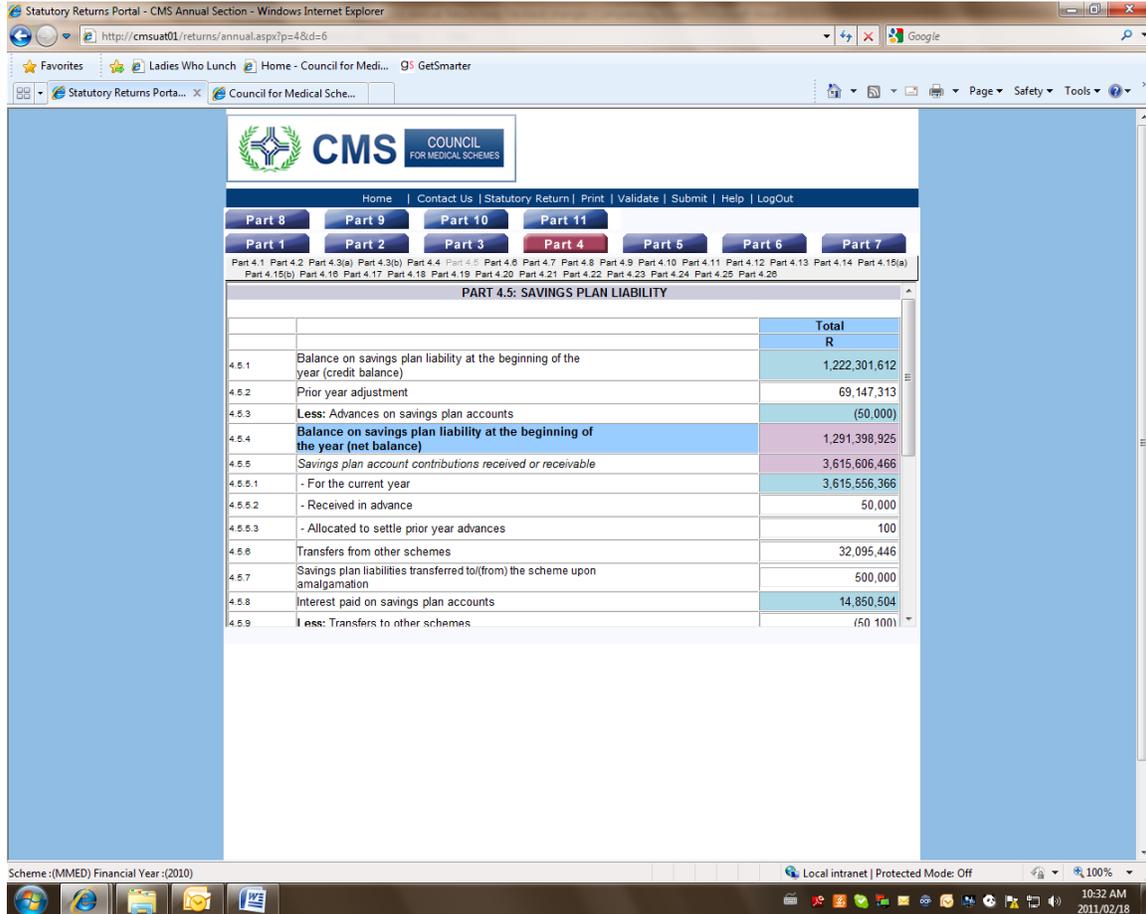
Outstanding cheques are only disclosed in part 4.4.8 if it has not already been written back to trade and other payables (4.8). If the outstanding cheques are included in cash and cash equivalents, it should be noted that 4.4.8 is only a disclosure item, to enable the Office to test the scheme's compliance with Regulation 30, read together with Annexure B. Line 4.4.7 should still agree with the scheme's audited cash and cash equivalents.

The screenshot shows a web browser window displaying the CMS Annual Section. The page title is 'Statutory Returns Portal - CMS Annual Section - Windows Internet Explorer'. The URL is 'http://cmsuat01/returns/annual.aspx?p=4&d=5'. The page features the CMS logo and navigation links for Home, Contact Us, Statutory Return, Print, Validate, Submit, Help, and LogOut. Below the navigation, there are buttons for Part 8, Part 9, Part 10, and Part 11. A secondary row of buttons includes Part 1, Part 2, Part 3, Part 4 (highlighted), Part 5, Part 6, and Part 7. A long list of part numbers is visible below these buttons. The main content area displays the table for 'PART 4.4: CASH AND CASH EQUIVALENTS'.

PART 4.4: CASH AND CASH EQUIVALENTS		Total
		R
4.4.1	Call accounts	281,410,625
4.4.2	Current accounts	242,693,813
4.4.3	Fixed deposits	20,000
4.4.4	Money market instruments	28,626,355
4.4.5	Cash and cash equivalents of group companies on consolidation	80,000
4.4.6	Less: Transfer of assets due to amalgamation	0
4.4.7	Total cash and cash equivalents per balance sheet	552,830,793
4.4.8	Outstanding cheques	0
4.4.9	Total cash and cash equivalents per part 9 of the return	552,830,793

At the bottom of the browser window, the taskbar shows the system tray with the date and time: 10:32 AM, 2011/02/18. The status bar at the bottom of the page indicates 'Scheme: (MIMED) Financial Year: (2010)' and 'Local intranet | Protected Mode: Off'.

Part 4.5 Savings Plan Liability



		Total
		R
4.5.1	Balance on savings plan liability at the beginning of the year (credit balance)	1,222,301,612
4.5.2	Prior year adjustment	69,147,313
4.5.3	Less: Advances on savings plan accounts	(50,000)
4.5.4	Balance on savings plan liability at the beginning of the year (net balance)	1,291,398,925
4.5.5	Savings plan account contributions received or receivable	3,615,606,466
4.5.5.1	- For the current year	3,615,556,366
4.5.5.2	- Received in advance	50,000
4.5.5.3	- Allocated to settle prior year advances	100
4.5.6	Transfers from other schemes	32,095,446
4.5.7	Savings plan liabilities transferred to/from the scheme upon amalgamation	500,000
4.5.8	Interest paid on savings plan accounts	14,850,504
4.5.9	Less: Transfers to other schemes	(50,100)

Where a line starts with the word 'Less', the scheme should place a minus in front of the figure.

The savings plan liability at the beginning of the year 4.5.1 as well as the opening advances on the savings plan account 4.5.3 is pulled through from the previous year's closing savings plan liability (4.5.16 in the previous year's annual return) and advances on the savings plan account (4.5.15 in the previous year's annual return).

The savings contributions for the current year in part 4.5.5.1 pulls automatically through from part 4.10.2.

The interest paid on savings plan accounts in part 4.5.8 pulls automatically through from part 4.22.2 (finance costs – interest paid on savings accounts).

The claims paid on behalf of members in part 4.5.10 pulls automatically through from part 4.11.2 (savings claims paid).

Administration expenses in part 4.5.11 pulls automatically through from part 4.16.40 (administration expenses recoverable from savings plan accounts).

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The scheme should provide the exact nature of any amounts included in line 4.5.13. The scheme should only complete this part if the return does not cater specifically for that kind of transaction elsewhere in part 4.5.

It is very important to split the debit balances included in the savings plan liability from the credit balances. These debit balances at year-end should be disclosed in part 4.5.15.

The scheme is required to split the credit savings balance at year-end between current members and resigned members. The scheme should further perform an ageing of the credit savings balances of resigned members between the balances younger than 6 months and the balances older than 6 months.

Resigned members in the ageing should include members resigned from the scheme as well as members resigned from an option with savings to an option without savings within the scheme.

Savings plan contributions are credited on the accrual basis and withdrawals on the cash basis, i.e. no provision is made for outstanding claims at the end of the accounting period.

When certain specifications are met, the reason box needs to be completed:

<i>Specification</i>	<i>Reason box wording</i>
Line 4.5.17.2.2 > R0	What procedures are in place to follow-up on members that need to be refunded?



Part 4.6 Borrowings

Statutory Returns Portal - CMS Annual Section - Windows Internet Explorer

http://cmsust01/returns/annual.aspx?p=4&d=7

Home | Contact Us | Statutory Return | Print | Validate | Submit | Help | LogOut

Part 8 Part 9 Part 10 Part 11
 Part 1 Part 2 Part 3 Part 4 Part 5 Part 6 Part 7

Part 4.1 Part 4.2 Part 4.3(a) Part 4.3(b) Part 4.4 Part 4.5 Part 4.6 Part 4.7 Part 4.8 Part 4.9 Part 4.10 Part 4.11 Part 4.12 Part 4.13 Part 4.14 Part 4.15(a) Part 4.15(b) Part 4.16 Part 4.17 Part 4.18 Part 4.19 Part 4.20 Part 4.21 Part 4.22 Part 4.23 Part 4.24 Part 4.25 Part 4.26

PART 4.6: BORROWINGS

	Description (specify)	Interest bearing borrowings		Non-interest bearing borrowings		Total
		Current	Non-Current	Current	Non-Current	
		R	R	R	R	
4.6.1	Description (specify)	10,000	2,000	0	0	12,000
4.6.2	Borrowings of group companies on consolidation	9,118,124	900,000	250,000	250,000	10,518,124
4.6.3	Less: Transfer of liabilities due to amalgamation	0	0	0	0	0
4.6.4	Total	9,128,124	902,000	250,000	250,000	10,530,124

Were the borrowings approved by Council?

Scheme :(MMED) Financial Year:(2010)

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10:32 AM 2011/02/18

The scheme should split its borrowings between interest bearing borrowings and non-interest bearing borrowings. The borrowings should further be split between current borrowings and non-current borrowings.

A liability shall be classified as current when it satisfies any of the following criteria:

- It is expected to be settled in the scheme's normal operating cycle;
- It is due to be settled within 12 months after the statement of financial position date; or
- The scheme does not have an unconditional right to defer settlement of the liability for at least 12 months after the statement of financial position date.

Details of every borrowing should be provided in the description line provided (4.6.1); it should be noted that all the scheme's borrowings should not be aggregated and disclosed as a single line in part 4.6.1.

In this regard it is important to note that section 35(6) (c) states that a medical scheme shall not directly or indirectly borrow money without the prior approval of the Council or subject to such directives as the Council may issue, this being the reason why further detail in respect of approval of the borrowings is requested in the reason box.

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Part 4.7 Other Non-Current Liabilities

Where a line starts with the word 'Less', the scheme should place a minus in front of the figure.

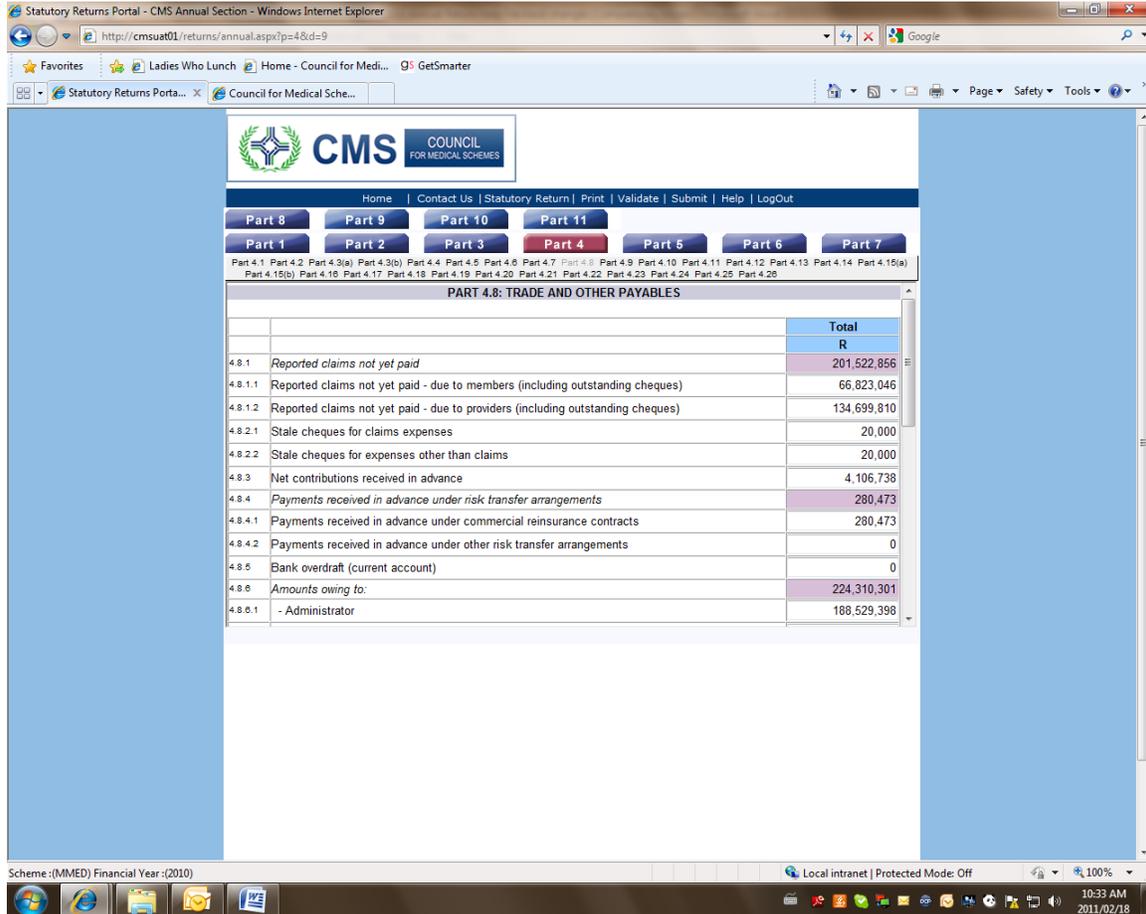
Details of every non-current liability should be provided in the description line provided (4.7.1); it should be noted that all the scheme's non-current liabilities should not be aggregated and disclosed as a single line in part 4.7.1.

The screenshot shows a web browser window displaying the CMS Annual Section. The page title is 'Statutory Returns Portal - CMS Annual Section - Windows Internet Explorer'. The URL is 'http://cmsuat01/returns/annual.aspx?p=4&d=8'. The page content includes a navigation menu with buttons for Part 8, Part 9, Part 10, Part 11, Part 1, Part 2, Part 3, Part 4 (highlighted), Part 5, Part 6, and Part 7. Below the navigation menu is a table titled 'PART 4.7: OTHER NON-CURRENT LIABILITIES'. The table has two columns: a description column and a 'Total R' column. The data in the table is as follows:

	Total R
4.7.1 Other non-current liabilities (specify)	1,454,490
4.7.2 Less: Current portion included in current liabilities	(356,069)
4.7.3 Balances of group companies on consolidation	80,200
4.7.4 Less: Transfer of liability due to amalgamation	0
4.7.5 Total other non-current liabilities	1,178,621

The browser's taskbar at the bottom shows the system tray with the date and time: 10:33 AM, 2011/02/18. The taskbar also shows several icons, including the Start button, Internet Explorer, and other applications.

Part 4.8 Trade and Other Payables



PART 4.8: TRADE AND OTHER PAYABLES		Total
		R
4.8.1	Reported claims not yet paid	201,522,856
4.8.1.1	Reported claims not yet paid - due to members (including outstanding cheques)	66,823,046
4.8.1.2	Reported claims not yet paid - due to providers (including outstanding cheques)	134,699,810
4.8.2.1	Stale cheques for claims expenses	20,000
4.8.2.2	Stale cheques for expenses other than claims	20,000
4.8.3	Net contributions received in advance	4,106,738
4.8.4	Payments received in advance under risk transfer arrangements	280,473
4.8.4.1	Payments received in advance under commercial reinsurance contracts	280,473
4.8.4.2	Payments received in advance under other risk transfer arrangements	0
4.8.5	Bank overdraft (current account)	0
4.8.6	Amounts owing to:	224,310,301
4.8.6.1	- Administrator	188,529,398

4.8.1 (Reported claims not yet paid) should include all the scheme's claims creditors (including outstanding cheques relating to reported claims not yet paid that were written back to trade and other payables). It should be noted that the reported claims not yet paid must be equal to part 4.11.1.3 (Direct benefits reported not yet paid) (Total column) and part 4.11.1.6 (Managed care: healthcare benefits reported not yet paid (no transfer of risk)) (Total column).

All outstanding cheques relating to expenses other than claims that have been written back to trade and other payables should be included in other payables and accrued expenses (4.8.11). The nature of these expenses must also be included.

Stale cheques are those long outstanding cheques that have not yet been cashed, but have also not yet prescribed.

The scheme should include all related party credit balances at year-end in 4.8.6.5 (unless the return provides for that related party in another specific line). These balances should correspond with the scheme's related party disclosure note in terms of IAS 24 in its audited financial statements. The nature of the related party relationship should also be indicated.

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The current portion of non-current borrowings and other non-current liabilities (4.8.7) pulls automatically through from parts 4.6.4 (Total of current borrowings) and 4.7.2 (Current portion included in current liabilities).

It should be noted that all unallocated deposits should be disclosed separately in part 4.8.9 and should not be netted off against outstanding contributions in part 4.3.1 of the return.

The scheme should ensure that they disclose every creditor in the specific line provided for. Other payables and accrued expenses (4.8.11) should only be used if the return did not make provision for that specific creditor.

The scheme should furthermore NOT aggregate all its sundry creditor balances together in one line item in other payables and accrued expenses (4.8.11). Any balance greater than 10% of the total trade and other payables should be disclosed separately in part 4.8.11.

It is important to note that the provision for outstanding claims is not included in this section, but disclosed in part 4.9.

When certain specifications are met, the following reason boxes need to be completed:

<i>Specification</i>	<i>Reason box wording</i>
Line 4.8.6.1 > (Line 4.16.2 current year both columns / 12)	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.
Line 4.8.6.3 > (- Line 6.8.1 total column / 12)	What is the nature of/the reasons for the amount owed to brokers? The amount owed is larger than the average fee per month.
If line 4.8.6.4 > ((- Line 6.7 total column + line 4.13.1) consolidated total / 12)	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.
If 4.8.8 > (4.8.14 x 10%)	Part 4.8: What is the nature of/the reasons for the amount owed to members in line 4.8.8?
Line 4.8.9 > (Line 6.1 total column / 12)	What is the nature of/the reasons for the unallocated deposits? The amount owed is larger than the average gross contributions per month.
Third party administered scheme and line 4.8.10 > R0	In respect of which employees are the post retirement benefits due?
If lines 4.8.5 + 4.8.7 > R0	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.

Please note that the queries raised in this part are linked to other parts in the return. After completing the return in full it will be necessary to return to this part, and address the queries.

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Part 4.9 Outstanding Claims Provision

PART 4.9: OUTSTANDING CLAIMS PROVISION				
	A	B	C	D
	Total	Outstanding claims provision - not covered by risk transfer arrangements	Outstanding claims provision - covered by commercial reinsurance contracts	Outstanding claims provision - covered by other risk transfer arrangements
	R	R	R	R
4.9.1 Balance at beginning of year	481,911,127	479,064,447	0	2,846,680
4.9.1.1 - As previously reported:	544,995,606	542,098,926	50,000	2,846,680
4.9.1.2 - Prior year adjustment	(63,084,479)	(63,034,479)	(50,000)	0
4.9.1.3 - Transfer of liability due to amalgamation (IN)	0	0	0	0

Where a line starts with the word 'Less', the scheme should place a minus in front of the figure.

The outstanding claims provision (total) (column A) consists out of the following categories:

- a) Outstanding claims provision (not covered by risk transfer arrangements) (column B)
- b) Outstanding claims provision (covered by commercial reinsurance contracts) (column C)
- c) Outstanding claims provision (covered by other risk transfer arrangements) (column D)

Please refer to explanation provided in 4.3(a) in respect of other risk transfer arrangements. Also refer to the 2010 SAICA Guide for further details.

The balance at the beginning of the year as previously reported (4.9.1.1) (columns A - D) pulls automatically through from the closing balance per the previous year's return in part 4.9.8. Any prior year adjustments should be reflected in part 4.9.1.2 (prior year adjustment).

The outstanding claims provision at the end of the year (covered by commercial reinsurance contracts) (column C) must agree with part 4.3.4.1.1 (a) (commercial reinsurance contracts: share of outstanding claims provision).

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The outstanding claims provision at the end of the year (covered by other risk transfer arrangements) (column D) must agree with part 4.3.4.2.1 (a) (other risk transfer arrangements: share of outstanding claims provision).

The scheme should at all times be able to explain any over or under provision of the prior year's outstanding claims provision. The reason box will require further details in respect of over/under provisions greater than 10% of the previous year's provision.

The liability adequacy test (LAT) provision adjustment in line 4.9.5 should be made in terms of IFRS 4. (Please refer to guidance provided in the 2010 SAICA Guide.)

The provision is net of estimated recoveries from members for co-payments and savings plan accounts. Thus, the provision is only calculated on the claims that the scheme has a liability to pay for. It should further be noted that the totals per line 4.9.8.5 should agree with the totals in line 4.9.8.

Part 4.10 Gross Contributions

The screenshot shows the Statutory Returns Portal interface. At the top, there is a navigation bar with links for Home, Contact Us, Statutory Return, Print, Validate, Submit, Help, and LogOut. Below this is a series of buttons for different parts of the return, with Part 4 highlighted in red. The main content area displays the 'PART 4.10: GROSS CONTRIBUTIONS' table. The table has two columns: a description of the contribution type and a 'Total' column with a 'R' (Rand) symbol. The data is as follows:

	Total R
4.10.1 Gross contribution income	16,619,189,351
4.10.2 Less: Savings plan account contribution income	(3,615,556,366)
4.10.3 Risk contribution income	13,003,632,985

Below the table, there is a text prompt: "Please indicate reasons here if gross contributions are zero." with a "Click here" button next to it.

Where a line starts with the word 'Less', the scheme should place a minus in front of the figure.

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Gross contributions are the amounts incurred by members, in terms of the registered rules of the scheme, for the purchase of healthcare benefits. Gross contributions include savings plan contributions. Therefore, any subsidies received from an employer, over and above the contributions per the registered rules of the scheme should not form part of gross contribution income. These subsidies should be disclosed in other income in parts 6.17 and 4.23.31 of the return.

Also, important to note that any prescribed unallocated deposits should also not form part of gross contribution income; as these amounts are not in line with the scheme's current year's registered contribution table. Any prescribed unallocated deposits should be disclosed in other income in parts 6.17 and 4.23.31 of the return.

Any contributions written off, which is not recoverable, should not be deducted from gross contributions; any write-offs of contribution income should form part of impairment losses: Trade and other receivables in parts 6.9.10 and 4.23.24 of the return.

Contributions are recognised in the accounting period to which the related risks refer. For this reason, any unpaid contributions at the end of the accounting period are reflected as current assets, and any contributions received in advance are reflected as current liabilities. These amounts are disclosed separately in trade and other receivables (part 4.3) or trade and other payables (part 4.8).

Services contracted to manage claim costs are neither deducted from gross contributions, nor included in claims costs, but are included in managed care: management services expenses (part 4.12).

In accordance with sections 26(1)(c) and 26(4) of the Act, a scheme is not allowed to collect fees payable by a member to a third party, e.g. a funeral fund/wellness programmes on behalf of that third party. Therefore, gross contributions should not include any such fees. Should any fees of this nature exist, it should be disclosed as a liability in part 4.8 of the return.

Schemes will be required to provide more details if no gross contributions were accrued during the year.



Part 4.11 Relevant Healthcare Expenditure

PART 4.11: RELEVANT HEALTHCARE EXPENDITURE			
	A	B	C
	Total	In respect of risk carried by the scheme (including claims incurred in respect of commercial reinsurance contracts)	In respect of related risk transfer arrangements (excluding claims incurred in respect of commercial reinsurance contracts)
	R	R	R
4.11.1 Gross claims paid and reported	14,835,949,939	14,652,240,722	183,709,217
4.11.1.1 - Direct benefits for the period	11,250,530,480	11,069,667,943	180,862,537
4.11.1.2 - Direct benefits for the previous period	1,253,131,634	1,250,284,954	2,846,680
4.11.1.3 - Direct benefits reported not yet paid	201,522,856	201,522,856	0
4.11.1.4 - Managed care: healthcare benefits for the period (no transfer of risk)	2,117,940,983	2,117,940,983	0
4.11.1.5 - Managed care: healthcare benefits for the previous period (no transfer of risk)	0	0	0

Where a line starts with the word 'Less', the scheme should place a minus in front of the figure.

Total (Column A)

4.11.1.4 - (Total column) Managed care: healthcare benefits for the period (no risk transfer) + 4.11.1.5 - Managed care: healthcare benefits for the previous period (no risk transfer) + 4.11.1.6 - Managed care: healthcare benefits reported not yet paid (no transfer of risk) + 4.13.1 - Premiums/fees paid (Capitation fees) (consolidated total current year) should be greater than or equal to 3.1.6.2.2.6 (risk amount paid by scheme column + savings amount paid by scheme on behalf of member + discount received columns) - Sub total of managed care arrangements (in hospital benefits) + 3.1.10.4 (risk amount paid by scheme column + savings amount paid by scheme on behalf of member + discount received columns) - Total managed care arrangements (out of hospital benefits).

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Net relevant healthcare expenditure incurred in respect of risk carried by the scheme (including claims incurred in respect of commercial reinsurance contracts) (Column B)

Gross claims paid and reported

Total costs of settling all claims (before deducting claims paid from savings accounts) arising from healthcare events that have occurred in the period and those that have occurred previously (gross claims reported), and for which no provision was made, including costs for managed care: healthcare services (no transfer of risk).

The direct benefits reported not yet paid in line 4.11.1.3 should be greater or equal to the share of claims reported not yet paid in line 4.3.4.1.2.

Managed Care: Healthcare Benefits (no transfer of risk)

The cost of healthcare services under payment systems, such as capitation fees (healthcare services purchased), emergency services and disease management (where healthcare service benefits are included in the contract). However, amounts should only be included in 4.11.1.4, 4.11.1.5 and 4.11.1.6 if there was no transfer of risk from the scheme to the managed healthcare provider in terms of IFRS 4.

Claims incurred exclude payments made to third parties contracted to provide cost containment processes, such as specialist and hospital referrals, case management, peer reviews, claims audits, statistical analysis, and disease management (where healthcare service benefits are not included in the contract), as it constitutes managed care: management service expenses. These costs are disclosed in part 4.12 of the return.

The completion of line 4.11.1.5 is tested against the answer obtained in part 1.4 question 6b.

Services provided to members in own facilities

Line 4.11.1.7 should be greater than zero when there is a value in line 4.21.3.

Net claims incurred

Claims assessed, accrued and paid for services rendered during the accounting period and for services rendered during the previous accounting period not included in the previous period's outstanding claims provision, net of recoveries from members for co-payments and savings plan accounts and discounts received.

The savings claims paid in part 4.11.2 automatically pulls through from the total benefits in part 3.1.11 (total savings amount paid by scheme on behalf of member column).

Trade -, volume-, cash discounts and rebates received on claims pulls through from part 3.1.11 (Total Benefits (Discount Received)).

Provision for outstanding claims

The provision for outstanding claims at the end of the financial year in part 4.11.6 (column B) automatically pulls through from part 4.9.8 ((column B) (outstanding claims provision not covered by risk transfer arrangements) + (column C) (outstanding claims provision covered by commercial reinsurance contracts at end of year)).

The provision for outstanding claims at the end of the previous financial year in part 4.11.7 (column B) automatically pulls through from 4.9.1 ((column B) outstanding claims provision not covered by risk transfer arrangements + (column C) (outstanding claims provision covered by commercial reinsurance contracts at end of year)).

It should be noted that the value in 4.11.5 (actual net claims paid and reported) (Column B) plus 4.13.1 (premiums/fees paid) (consolidated total current year column) should agree to the total benefits in part 3.1.11 (risk amount paid by the scheme column).

Net relevant healthcare expenditure incurred in respect of related risk transfer arrangements (excluding claims incurred in respect of commercial reinsurance contracts) (Column C)

Please note that this part must only be completed if the risk transfer arrangement (capitation agreement) meets the definition of a reinsurance contract in terms of IFRS 4. IFRS 4 requires the scheme to assess each contract separately to determine whether there is a significant transfer of insurance risk.

In the event that a capitation agreement meets the definition of a reinsurance agreement, IFRS 4 states that an insurer shall not offset risk transfer assets against the related insurance liabilities or income or expense from risk transfer arrangements against the expense or income from the related insurance contracts.

The cost that the scheme would have incurred (had it not entered into the capitation agreement) to deliver the specified benefits represents the scheme's exposure to its member (as the capitation agreement cannot absolve a medical scheme from its responsibility towards its members). These "costs" have to be disclosed in 4.11.1.1 and/or 4.11.1.2 and/or 4.11.1.3 as claims incurred from insurance contracts. The claims included in these parts should also include claims that have been incurred but not yet reported. (Please refer to 2010 SAICA Guide Appendix IV.) There is a validation rule testing that when the scheme had an outstanding claims provision in line 4.11.7, line 4.11.1.2 should have a value greater than zero.

The cost that the scheme would have incurred (had it not entered into the capitation agreement) to deliver the specified benefits represents the scheme's recovery in kind from the managed healthcare provider. This recovery in kind of cost incurred has to be disclosed as recoveries from risk transfer arrangements (4.13.2). The recovery included in part 4.13.2 must also include the recovery in respect of the risk transfer asset raised at year end.

Please take note that the above estimate claims incurred and estimated claims recoveries may not be offset.

The direct benefits reported not yet paid in line 4.11.1.3 should be equal to the share of claims reported not yet paid in line 4.3.4.12.2.

As amounts should only be included in 4.11.1.4, 4.11.1.5 and 4.11.1.6 if there was no transfer of risk from the scheme to the managed healthcare provider in terms of IFRS 4, these fields are fixed as zeros in column C.

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Similarly are lines 4.11.2 (savings plan claims paid) and 4.11.3 (discount received on claims) also fixed as zeros.

The provision for outstanding claims at the end of the financial year in part 4.11.6 (column C) automatically pulls through from part 4.9.8 (column D) (outstanding claims provision covered by other risk transfer arrangements).

The provision for outstanding claims at the end of the previous financial year in part 4.11.7 (column C) automatically pulls through from 4.9.1 (column D) (outstanding claims provision covered by other risk transfer arrangements).

Part 4.11.9 (net (income)/expense from other risk transfer arrangements) column C (net claims incurred in respect of related risk transfer arrangements (excluding claims incurred in respect of commercial reinsurance contracts) automatically pulls through from part 4.13.4 (net (income)/expense from other risk transfer arrangements- consolidated total current year column). Part 4.11.9 column B is a fixed zero field.

Part 4.12 Managed Care: Management Services

The screenshot shows the 'PART 4.12: MANAGED CARE: MANAGEMENT SERVICES' section of the CMS Annual Section. The table below represents the data shown in the screenshot:

		Administrator / Self-administration	Per third party A Test (Pty) Ltd	Total
		R	R	R
4.12.1	Asthma programme	7,000	0	10,000
4.12.2	Case management	7,000	0	10,000
4.12.3	Chronic medicine management	7,000	0	10,000
4.12.4	Clinical review/auditing	7,000	0	10,000
4.12.5	Dental benefit management	7,000	0	10,000
4.12.6	Disease management	7,000	0	10,000
4.12.7	Disease/prescribed minimum benefit management	7,000	0	10,000
4.12.8	Drug utilisation review	7,000	0	10,000
4.12.9	Female Wellness programme	7,000	0	10,000
4.12.10	Fraud hotline	7,000	0	10,000
4.12.11	Health advice line	7,000	0	10,000

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Managed health care means clinical and financial risk assessment and management of healthcare, with a view to facilitating appropriateness and cost-effectiveness of relevant health services within the constraints of what is affordable, through the use of rules-based and clinical management-based programs.

Managed care: management services is therefore the cost of managing healthcare expenditure, such as bill review, specialist and hospital referrals, case management, disease management (where healthcare benefits are not included in the contract), peer review, claims audits and statistical analysis. It does not include the cost of any relevant healthcare services.

Managed care: management services expenses are disclosed, showing separately internal expenditure (incurred by the administrator) and outsourcing costs (services delivered by third parties). The expenses should be allocated per party. The names of the third party contracts will be pulled through from the detail supplied in part 1.4, question 6(a).

The scheme should ensure that they disclose every managed care: management service in the specific line provided for. The other line (4.12.29) should only be used if the return did not make provision for a specific managed care: management service.

The scheme should not aggregate all its managed care: management services together in one line item in the other box provided in part 4.12.29; a detailed split of all services received should be provided. Further detail will be required by way of a reason box if an aggregate amount is entered in this line.

Users are also referred to circular 49 of 2007 “Financial reporting by accredited managed care arrangements” in which managed care organisations are instructed to supply schemes with a breakdown of the fee over the various services performed.

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Part 4.13 Net (income)/expenses from other risk transfer arrangements (excluding commercial reinsurance contracts)

This part should be completed per contract (“other” risk transfer arrangement-`capitation agreement). The names of the various contracts for both the current and previous financial years will be pulled through from the detail completed in part 1.4, question 6(c).

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

	Consolidated total		Per contract	
	Current year	Previous year	Test A	
			Current year	Previous year
4.13.1 Premiums/fees paid (capitation fee)	157,033,251	277,033,251	20,957,891	0
4.13.2 Less: Claims recoveries in respect of related risk transfer arrangements	(183,709,217)	(1,099,773,385)	(12,719,405)	0
4.13.3 Other (specify)	2,846,680	2,846,680	2,846,680	0
4.13.4 Net (income)/expense from other risk transfer arrangements	(23,829,286)	(819,893,454)	11,085,166	0

Please provide the basis for the calculation of the estimated claims recoveries in respect of related risk transfer arrangements: [Click here](#)

Important to note that this part should only be completed if the capitation agreement meets the definition of a reinsurance contract in terms of IFRS 4. IFRS 4 requires the scheme to assess each contract separately to determine whether there is a significant transfer of insurance risk. For additional guidance on risk transfer arrangements, please refer the 2010 SAICA Guide.

The premiums/fees paid (capitation fees) should be captured in part 4.13.1. The estimated claim recovery (as explained in part 4.11 under net claims in respect of related risk transfer arrangements) should be captured in part 4.13.2. Please note that this figure should be a negative figure, as claims recoveries is a credit balance.

Any other transactions not provided for in part 4.13.1 and part 4.13.2 should be captured in part 4.13.3 (other). The details of these transactions should be provided.

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It should also be noted that where a risk transfer arrangement includes a portion of administration fees (i.e. a call centre or nurse line), the capitation fees should be split between the administration portion and the risk transfer portion. The administration portion should be included in either part 4.12 or part 4.16 of the return, where ever it is the most applicable.

It should further be noted that Part 4.13.2 (Less: Claims recoveries in respect of related risk transfer arrangements consolidated total current year column) should agree with:

- the sum of Part 4.11.1.1 to 4.11.1.3 (Column C: direct benefits in respect of related risk transfer arrangements (excluding claims incurred in respect of commercial reinsurance contracts)); and
- plus the difference movement in the provision for outstanding claims in respect of related risk transfer arrangements (excluding claims incurred in respect of commercial reinsurance contracts) in lines 4.11.6 and 4.11.7 (Column C).

When certain specifications are met, the following reason box needs to be completed:

<i>Specification</i>	<i>Reason box wording</i>
(Consolidated total current year lines 4.13.1 + 4.13.2)/Consolidated total current year line 4.13.1 > 50% or if < 50%	Please provide the basis for the calculation of the estimated claims recoveries in respect of related risk transfer arrangements,

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Part 4.14 Net income/ (expenses) from risk transfer arrangements: commercial reinsurance contracts

This part should be completed per reinsurance contract. The names of the various contracts will be pulled through from the detail completed in part 1.4, question 6(d).

The screenshot shows a web browser window displaying the CMS Annual Section. The main content area is titled 'PART 4.14: NET INCOME/(EXPENSE) FROM RISK TRANSFER ARRANGEMENTS: COMMERCIAL REINSURANCE CONTRACTS'. Below the title is a table with three columns: 'Consolidated total', 'Per reinsurance contract', and a dropdown menu for 'ABC Insurers'. The table contains the following data:

	Consolidated total	Per reinsurance contract ABC Insurers
4.14.1 Re-insurance premiums paid	(222,696)	(222,696)
4.14.2 Re-insurance claims recovered	0	0
4.14.3 Provision for reinsurance claims recovered	300,000	300,000
4.14.4 Profit/(Loss) on re-insurance arrangements	(57,777)	(57,777)
4.14.5 Commissions on reinsurance agreements	0	0
4.14.6 Discounts received	0	0
4.14.7 Net income/(expense) from commercial reinsurance arrangements	19,527	19,527

A *reinsurance contract* is defined by IFRS 4 as an insurance contract issued by one insurer (the reinsurer) to compensate another insurer (the cedant) for losses on one or more contracts issued by the cedant. Contracts which meet the definition of reinsurance contracts in IFRS 4 are referred to as risk transfer arrangements in the 2010 SAICA Guide. Income and expenses relating to risk transfer arrangements are disclosed separately in the statement of comprehensive income.

A medical scheme may also enter into *commercial reinsurance contracts*, in terms of which it transfers some or all of its risk to a legally registered reinsurer. In this instance the reinsurer will compensate the medical scheme in cash for losses incurred.

It should be noted that all reinsurance contracts should be submitted to the Registrar in terms of section 20(3) of the Act.

Prepaid re-insurance premiums are included in current assets in part 4.3 of the return.

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Profit/ (loss) on a commercial reinsurance arrangements (4.14.4) should be recognised either as a debtor or creditor over the period of risk covered by the policy that covers a period for more than one year. Please note that this is not the difference between the claims recovered and the premiums paid, but the profit/ (loss) share in terms of the commercial reinsurance contract.

The commissions on commercial reinsurance arrangements (4.14.5) and discounts received (4.14.6) are as specified in the actual commercial reinsurance contract.

Please note that all expenses in respect of commercial reinsurance contracts must be captured as a negative amount and all income in respect of commercial reinsurance contracts as a positive amount.

Part 4.15(a) Broker service fees

The screenshot shows the CMS Annual Section web portal. The main content area is titled "PART 4.15(a): BROKER SERVICE FEES". It contains a table with the following data:

		Broker service fees
		R
4.15.1	Paid to related parties	40,000,000.000
4.15.2	Other (specify)	400,562,667
4.15.3	Total broker service fees	40,400,562,667

Below the table, there are two questions with "Click here" links:

- Why does the broker fees per average member per month exceed the statutory limit of R74.84? [Click here](#)
- Why does the broker fees exceed the statutory limit of 3.42% of gross contributions? [Click here](#)

A scheme may compensate a person, in accordance with its rules and the provisions of the Act and the regulations, for services provided to the scheme's members. Broker service fees usually accrue and are paid on a monthly basis as contributions are received. Amounts paid and payable for broker services comprise fees paid to brokers for new contracts initiated by the brokers "ongoing fees" in respect of current contracts. Acquisition costs are the costs that an insurer incurs

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to sell, underwrite and initiate a new insurance contract. Consideration should be given to related party relationships in transactions relating to brokers.

When certain specifications are met, the following reason boxes need to be completed:

Specification	Reason box wording
4.15.3/12/2.2.13 (Members) > R74.84	Why does the broker fee per average member per month exceed the statutory limit of R74.84?
4.15.3 > (4.10.1 x 3.42%)	Why do the broker fees exceed the statutory limit of 3.42% of gross contributions?

Part 4.15(b) Other distribution costs

The screenshot shows the CMS Annual Section web portal. The main content area displays the 'PART 4.15(b): OTHER DISTRIBUTION COSTS' form. The form includes a table with the following data:

	Other distribution costs
	R
4.15.1 Paid to related parties	700
4.15.2 Other (specify)	6,300
4.15.3 Total distribution costs	7,000

Distribution costs that are incurred under co-administration or other arrangements are included under administration expenses in the statement of comprehensive income and are separately disclosed in the notes, unless those fees are paid to brokers. Where those distribution fees are paid to brokers, they are included as part of brokers' service fees.

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The scheme should ensure that an accurate split between broker fees and distribution costs are made between part 4.15(a) and part 4.15. (b). The scheme should furthermore ensure no distribution costs are included in part 4.16 (administration expenses).

Distribution costs do not include marketing and advertising expenses unless those expenses are paid to brokers. Marketing and advertising costs are included in part 4.16.22 and part 4.16.3 respectively.

Consideration should be given to related party relationships and transactions relating to brokers fees and distribution costs. These transactions should correspond with the scheme's related party disclosure note in terms of IAS 24 in its audited financial statements.

The scheme should specify the distribution costs in part 4.15.2 per individual party; all distribution costs should not be aggregated and disclosed as one line item in part 4.15.2.

Part 4.16 Administration Expenses

	Current year		Previous year (LOCKED)	
	Fund R	Own Facilities R	Fund R	Own Facilities R
4.16.1 Actuarial fees	0	0	0	0
4.16.2 Administration fees:				
4.16.2.1 - Fees paid to the administrator	1,764,004,641	0	1,764,004,641	0
4.16.2.2 - Indirect fees paid to the administrator	0	0	0	0
4.16.3 Advertising	0	0	0	0
4.16.4 Annual general meeting costs	0	0	0	0
4.16.5 Association fees	4,682,796	0	4,682,796	0
4.16.6 Audit expense:				
4.16.6.1 - Audit services	2,242,739	0	2,242,739	0
4.16.6.2 - Audit expenses	0	0	300,000	0
4.16.6.3 - Audit committees	186,751	0	186,751	0

Where a line starts with the word 'Less', the scheme should place a minus in front of the figure.

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The previous year's amounts are automatically pulled through from the previous year's return. The "Unlock previous year amounts" button allows the scheme to make adjustments to these figures if needs be.

The scheme should ensure that they disclose every expense in the specific line provided for in part 4.16 of the return. Other administration expenses (4.16.39) should only be used if the return did not make provision for that specific expense.

Association fees (4.16.5) relate to fees paid to non-professional organisations, e.g. BHF membership etc.

The audit committee fees (4.16.6.3) should include all audit committee fees (i.e. fees paid to non-executive audit committee members); this line does not only refer to specific audit expenses incurred by the auditor.

Consultancy fees (4.16.11) are those fees paid where the board of trustees obtained expert advice on legal, accounting and/or any other business matter of which the members of the board of trustees may lack sufficient expertise.

Council for Medical Schemes expenses (4.16.12) are any other fees paid to the Council for Medical Schemes such as rule registration fees etc. It also includes membership levies paid to the Council for Medical Schemes. Penalties incurred should however not be included in this line, but in line 4.16.26.

The depreciation included in part 4.16.14 should agree with the total depreciation charges included in part 4.1.2.2.

In the event that the scheme has not incurred any expenses in respect of fidelity guarantee insurance fees (4.16.17) or professional indemnity insurance premiums (4.16.32), the scheme will be required to complete a reason box, indicating the reasons for not incurring the said expenditure (non-compliance with the requirements imposed by section 57(4)(f)).

Investigation fees (4.16.20) will include any special investigations initiated by the scheme (including fraud investigations).

Please note that marketing (4.16.22) and advertising (4.16.3) expenses exclude fees paid to brokers as well as any distribution costs, which are disclosed under part 4.15 of the return.

Principal Officer fees and remuneration (4.16.28) should include all fees and remuneration paid to the Principal Officer, which is regarded as remuneration for his own benefit.

Principal Officer travel and other expenses incurred (4.16.29) should include all fees paid to the Principal Officer in terms of where the Principal Officer were reimbursed for expenses incurred that did not form part of his remuneration/fees. This also includes fees paid on behalf of the Principal Officer (e.g. travelling, accommodation etc.).

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Please note that penalties in part 4.16.26 should include those penalties paid to the Registrar.

Professional fees (4.16.31) relate to membership fees paid to associations in respect of individuals (i.e. accountants, nurses, doctors etc.).

Travel, accommodation and conferences (4.16.36) should include all cost incurred in respect of travel, accommodation and conferences. However, these costs should exclude the cost incurred with regards to the Principal Officer and trustees, which should be included in 4.16.29 and 4.16.37 respectively.

The trustee remuneration expenses in part 4.16.37 pulls automatically through from part 4.17.

The scheme should not aggregate all its other administration expenses together in one line item in part 4.16.39. Every expense greater than 10% of the total administration expenses should be disclosed separately in part 4.16.39.

Where a scheme received a subsidy or refund from any third party for administration expenses incurred by the scheme, those subsidies should not be included in part 4.16.39. Any such subsidies should be included in 'other income' in part 6.17 of the return. The Office wants to see the total costs to administer the scheme in part 4.16.

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Part 4.17 Trustee Remuneration and Considerations

The screenshot shows the CMS Annual Section interface in a Windows Internet Explorer browser. The page title is 'Statutory Returns Portal - CMS Annual Section - Windows Internet Explorer'. The URL is 'http://cmsust01/returns/annual.aspx?p=4&d=19'. The browser's address bar shows 'http://cmsust01/returns/annual.aspx?p=4&d=19'. The page content includes the CMS logo and navigation links for Home, Contact Us, Statutory Return, Print, Validate, Submit, Help, and LogOut. Below the navigation links are buttons for Part 1 through Part 7. The main content area displays 'PART 4.17: TRUSTEE REMUNERATION AND CONSIDERATIONS' with a table showing trustee remuneration and considerations. The table has three columns: Description, Total trustee remuneration and considerations, and Per trustee member LERATO SEHULARI. The table data is as follows:

	Total trustee remuneration and considerations	Per trustee member LERATO SEHULARI
4.17.1 Fees for meeting attendance	575,468	96,725
4.17.2 Fees for holding of office	0	0
4.17.3 Fees for consultancy services	40,461	0
4.17.4 Allowances	0	0
4.17.5 Training	1,600	0
4.17.6 Conference fees	0	0
4.17.7 Telephone expenses	0	0
4.17.8 Accommodation, travelling and meals	0	0
4.17.9 Other disbursements and reimbursements	0	0
4.17.10 Total trustee remuneration and considerations	617,529	96,725
4.17.11 Fees received in respect of services rendered to related parties	107,200	7,000

Please note that the names of the trustees automatically pull through from part 1.3. This would encompass the names of all the trustees that were trustees during the financial year, including those trustees that have resigned within the financial year. Trustees appointed in the new financial year (effective 1 January 2011), will not be reflected.

Per section 57(8) of the Medical schemes Act 131 of 1998 as amended, the members of the board of trustees shall disclose annually in writing to the Registrar any payment or considerations made to them in that particular year by the medical scheme. Therefore all scheme expenditure relating to trustees must be disclosed per trustee member in this section, and not only trustee remuneration. The scheme should also ensure the correct disclosure of fees received by the trustees in respect of services rendered to related parties (i.e. subsidiaries, joint ventures, associates and significant control) to the scheme.

The scheme should further ensure that an accurate split is made between the different kinds of payments made in respect of the trustees, as requested in the return.



Part 4.18 Provision for impaired losses at year-end

The screenshot shows the 'PART 4.18: PROVISION FOR IMPAIRED LOSSES AT YEAR-END' table. The table is structured as follows:

	Amount recognised in the income statement for the year						P imp l rec (c in sta
	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)	
	R	R	R	R	R	R	
4.18.1 Contributions owed by members that are not collectable	11,251,717	(3,925,524)	0	0	7,326,193	177,750	

Part 4.18 requires a reconciliation of the provision for impaired losses for the year (columns A to E) and a breakdown of the amount recognised in the statement of comprehensive income (columns B, C, and F to H).

The columns should therefore be completed as follows:

Column A: Positive amount – This represents the balance of the provision for impaired losses at the beginning of the year

Column B: Negative amount – This represent unused provisions reversed during the year to the statement of comprehensive income.

Column C: Positive amount – This represent additional provisions that were made during the year.

Column D: Negative Amount – This represent provisions utilised during the year (amounts written off directly against the provision).

Column E: Positive amount – This represents the balance of the provision for impaired losses at year-end.

Column F: Positive amount – This represent impaired losses that were recognised directly in the statement of comprehensive income, and not against the provision.

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Column G: Negative amount – This column represents previous impairment losses that were recovered.

Column H: This constitutes the net effect in the statement of comprehensive income, and can therefore be either positive or negative, depending on the nature of the transaction flows.

The amount per part 4.18.6 (Total) (column E) must agree with part 4.3.4.1.3 (provision for impaired losses at year end – commercial reinsurance contracts) plus part 4.3.4.2.3 (provision for impaired losses at year end - other risk transfer arrangements) plus part 4.3.14 (provision for impaired losses at year end (excluding risk transfer arrangements)).

The amount per part 4.18.6 (Total) (column H) must agree with the sum of part 4.23.24 (consolidated column – Net impairment losses: Trade and other receivables) and part 4.23.26 (consolidated column - Net impairment losses: Other).

Any other transactions not specifically provided for in part 4.18 should be captured in part 4.18.5 (other), such as impairment losses on risk transfer arrangements. Thus, the movement in the provision for impaired losses relating to risk transfer arrangements (please refer to 4.3.4.1.3 and 4.3.4.2.3) should also be included in 4.18.5 (other).

Please note that the value calculated in column E (Provision for impaired losses at year-end) is the sum of columns A to D. The value of column H (Total movement in statement of comprehensive income for the year) is calculated as the sum of columns B, C, F and G.

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Example:

2009

Debtor X had an outstanding balance of R1 000 at 31 December 2009.

- A provision for impaired losses in respect of debtor X was raised at 31 December 2009 of R600.

The scheme's total provision for impaired losses at 31 December 2009 was R5 000.

- R1 000 of this provision was in respect of debtor Y. (Amounts owed in respect of member's portions of claims that are not recoverable).
- R3 400 was in respect of amounts owed by service providers that are not recoverable.

The screenshot shows the CMS Annual Section web portal. The browser address bar indicates the URL: <http://cmsuat01/returns/annual.aspx?p=4&d=20>. The page title is "Statutory Returns Portal - CMS Annual Section - Windows Internet Explorer".

The CMS logo and "COUNCIL FOR MEDICAL SCHEMES" are visible at the top. Navigation links include Home, Contact Us, Statutory Return, Print, Validate, Submit, Help, and LogOut. The form is divided into sections for Part 8 through Part 11, with Part 4 currently selected.

Part 4.18 is expanded to show a table with the following data:

	R	income statement	statement		R	statement (debit in income statement)	if sta
		R	R	R	R	R	
Contributions owed by members that are not collectable	600	0	0	0	600	0	
Amounts owed in respect of members' portions of claims that are not recoverable	1,000	0	0	0	1,000	0	
Amounts owed by service providers that are not recoverable	3,400		0	0	3,400	0	
Amounts owed							

The system tray at the bottom shows the date and time as 10:38 AM on 2011/02/18.

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2010

1. During the 2010 financial year debtor X was liquidated and the total amount of R1 000 was written off.
 - The amount of R600 included in the provision for impairment losses at 31 December 2009 was written off directly against debtor X's account (Dt Provision for impaired losses R600, Ct Debtors R600).
 - The additional R400 was written off in the statement of comprehensive income in the 2010 financial year (Dt I/S R400, Ct Debtors 400).

The screenshot shows the CMS Annual Section web portal in Internet Explorer. The browser address bar shows the URL: http://cmsuat01/returns/annual.aspx?p=4&d=20. The page title is "Statutory Returns Portal - CMS Annual Section - Windows Internet Explorer".

The CMS logo and "COUNCIL FOR MEDICAL SCHEMES" are displayed at the top. Below the logo is a navigation menu with links: Home, Contact Us, Statutory Return, Print, Validate, Submit, Help, LogOut. There are also buttons for Part 8, Part 9, Part 10, and Part 11. Below these are buttons for Part 1, Part 2, Part 3, Part 4 (highlighted in red), Part 5, Part 6, and Part 7.

The main content area displays a table with the following columns:

	Provision for impaired losses at beginning of year	Unused amounts reversed during the year (credit in income statement)	Additional provisions made during the year (debit in income statement)	Amounts utilised during the year	Provision for impaired losses at year-end	Impaired losses recognised directly in the income statement (debit in income statement)	Pre-impairment losses recognised directly in the income statement (credit in income statement)
	R	R	R	R	R	R	
4.19.1 Contributions owed by members that are not collectable	600	0	0	(600)	0	400	
4.19.2 Amounts owed in respect of members' portions of claims that are	1,000	0	0	0	1,000	0	

The table is part of a larger form with various sections labeled Part 4.1 through Part 4.26. The bottom of the screenshot shows the Windows taskbar with the system clock displaying 10:39 AM on 2011/02/18.

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- The scheme recovered an amount of R300 in the 2010 financial year in respect of amounts previously written off (Dt Bank R300, Ct I/S R300) (Amounts owed by service providers that are not recoverable).

Statutory Returns Portal - CMS Annual Section - Windows Internet Explorer

http://cmsuat01/returns/annual.aspx?p=4&d=20

Statutory Returns Portal - Council for Medical Schemes

CMS COUNCIL FOR MEDICAL SCHEMES

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Part 8 | Part 9 | Part 10 | Part 11

Part 1 | Part 2 | Part 3 | **Part 4** | Part 5 | Part 6 | Part 7

Part 4.1 | Part 4.2 | Part 4.3(a) | Part 4.3(b) | Part 4.4 | Part 4.5 | Part 4.6 | Part 4.7 | Part 4.8 | Part 4.9 | Part 4.10 | Part 4.11 | Part 4.12 | Part 4.13 | Part 4.14 | Part 4.15(a) | Part 4.15(b) | Part 4.16 | Part 4.17 | Part 4.18 | Part 4.19 | Part 4.20 | Part 4.21 | Part 4.22 | Part 4.23 | Part 4.24 | Part 4.25 | Part 4.26

	Income statement		Income statement		Income statement (debit in income statement)		Income statement	
	R	R	R	R	R	R	R	R
Contributions received by members that are not recoverable	600	0	0	(600)	0	400	0	0
Contributions received by members that are recoverable	1,000	0	0	0	1,000	0	0	0
Contributions received by service providers that are not recoverable	3,400	0	0	0	3,400	0	(300)	0

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Debtor Y's repayment of debt improved substantially during the year, and the provision of R1 000 was written back (Dt Provision for impaired losses R1 000, Ct I/S R1 000).

Statutory Returns Portal - CMS Annual Section - Windows Internet Explorer

http://cmsust01/returns/annual.aspx?p=4&d=20

Statutory Returns Portal - CMS Annual Section - Windows Internet Explorer

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Part 8 Part 9 Part 10 Part 11

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Part 4.1 Part 4.2 Part 4.3(a) Part 4.3(b) Part 4.4 Part 4.5 Part 4.6 Part 4.7 Part 4.8 Part 4.9 Part 4.10 Part 4.11 Part 4.12 Part 4.13 Part 4.14 Part 4.15(a) Part 4.15(b) Part 4.16 Part 4.17 Part 4.18 Part 4.19 Part 4.20 Part 4.21 Part 4.22 Part 4.23 Part 4.24 Part 4.25 Part 4.26

	income statement		statement		statement (debit in income statement)		income statement	
	R	R	R	R	R	R	R	R
Contributions paid by members that are not deductible	600	0	0	(600)	0	400	0	0
Contributions owed by members' employers that are recoverable	1,000	(1,000)	0	0	0	0	0	0
Contributions owed by service providers that are not recoverable	3,400	0	0	0	3,400	0	0	(300)

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- During the 2010 financial year an additional provision in respect of the scheme's debtors (excluding debtors X and Y) of R1 500 was raised (Dt I/S R1 500, Ct Provision for impaired losses R1 500).

	Income statement		statement		R	statement (debit in income statement)		Income statement	
	R	R	R	R		R	R	R	R
Contributions received by members that are not deductible	600	0	0	(600)	0	400	0	0	0
Contributions received by members that are recoverable	1,000	(1,000)	0	0	0	0	0	0	0
Contributions received by members that are not recoverable	3,400	0	1,500	0	4,900	0	0	0	(300)

The transactions will have to be included in the return as follows:

- Column A: R5 000 (balance at beginning of year)
- Column B: -R1 000 (debtor Y's unused amount reversed)
- Column C: R1 500 (additional provision during the year)
- Column D: -R600 (debtor X amount utilised during the year)
- Column E: $R5\ 000 - R1\ 000 + R1\ 500 - R600 = R4\ 900$ (balance at end of year)
- Column F: R400 (Debtor X's amount written off directly in the statement of comprehensive income)
- Column G: -R300 (previous impairment losses recovered)
- Column H: $-R1\ 000 + R1\ 500 + R400 - R300 = R600$ (net effect in statement of comprehensive income)



Part 4.19 Other Investment Income

PART 4.19: OTHER INVESTMENT INCOME		Total
		R
4.19.1	Income from investments and property	335,045,493
4.19.1.1	- Interest	324,735,493
<i>Note: Interest includes interest received from bank accounts</i>		
4.19.1.2	- Dividends received	10,310,000
4.19.1.3	- Rentals	0
4.19.1.4	- Policy income	0
4.19.2	Other (specify)	4,480
4.19.3	Total other investment income	335,049,973

Please note that any fees paid to asset managers should be disclosed separately in part 6.14 (investment management fees).

Furthermore, the direct operating expenses on rental of investment property should also be included in part 6.15.

Important to note that realised gains/ (losses) on the disposal of investments should not form part of other investment income; all realised gains/ (losses) should be included in part 4.20.

For purposes of the return, please note that interest received on bank accounts should be included in part 4.19 (other investment income) and not part 6.17 (other income).

Important to note that any interest paid by the scheme on borrowings or credit balances as well as interest paid on savings plan accounts are disclosed as part of finance costs in part 4.22, and should not be deducted from investment income.

The scheme should furthermore not aggregate all its investment income in one line item in part 4.19.2. The scheme should ensure that they disclose every type of investment income

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separately in the specific line provided for in part 4.19. Other investment income (4.19.2) should only be used if the return does not make provision for that type of investment income.

Part 4.20 Other Realised and Unrealised Gains/ (Losses)

The screenshot shows a web browser window displaying the Statutory Returns Portal. The page title is "Statutory Returns Portal - CMS Annual Section - Windows Internet Explorer". The URL is "http://cmsuat01/returns/annual.aspx?p=4&d=22". The page features the CMS logo and navigation links for Home, Contact Us, Statutory Return, Print, Validate, Submit, Help, and LogOut. A menu of parts is visible, with Part 4 highlighted. The main content area displays the table for Part 4.20: OTHER REALISED AND UNREALISED GAINS/(LOSSES).

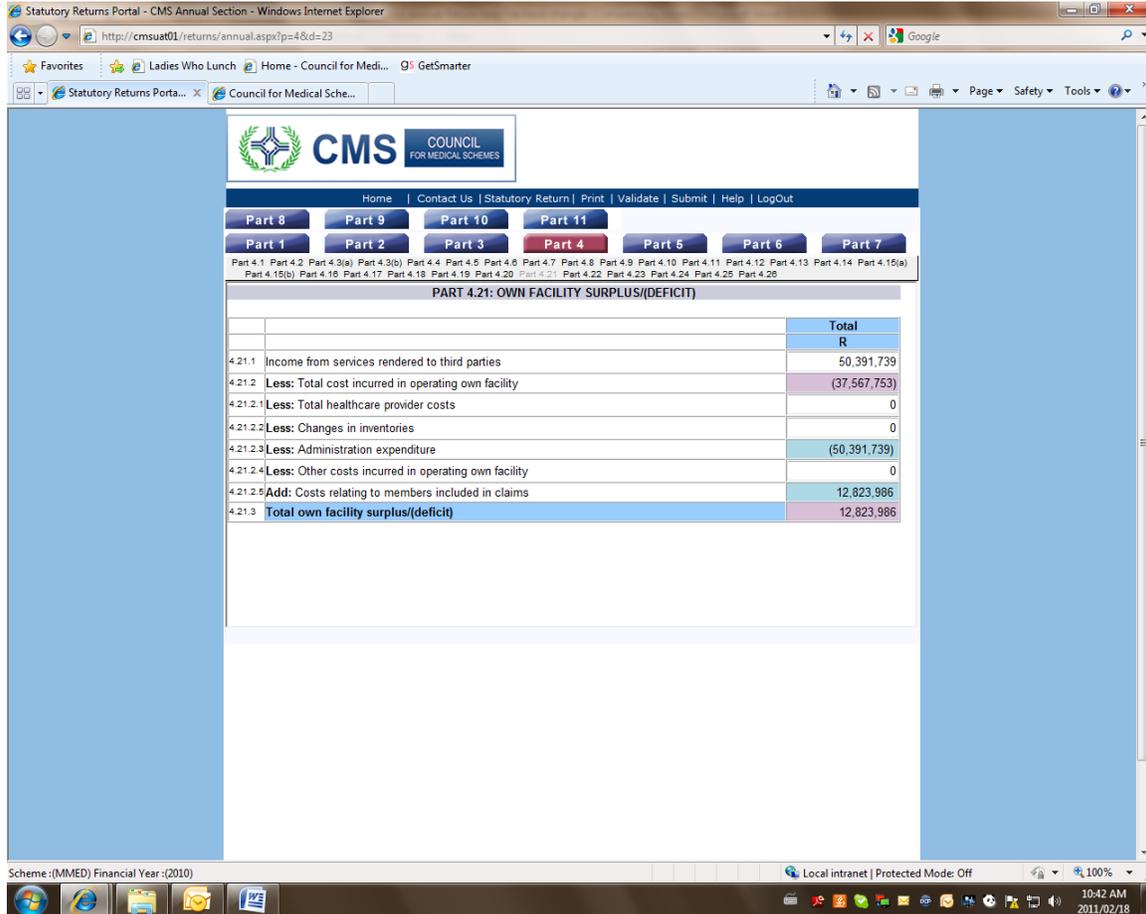
	Total
	R
4.20.1 Profit/(loss) on disposal of property, plant and equipment	0
4.20.2 Profit/(loss) on disposal of investment property	0
4.20.3 Realised gain/(loss) on disposal of available-for-sale investments	0
4.20.4 Unrealised gain/(loss) on revaluation of investment property	0
4.20.5 Net gain/(loss) on revaluation of investments carried at fair value through the income statement	135,708,107
4.20.6 Other (specify)	0
4.20.7 Total realised and unrealised gains/(losses)	135,708,107

Net gains and losses arising from changes in the fair value of investments held at fair value through profit or loss are included in the income statement in the period in which they arise. Unrealised gains and losses arising from changes in the fair value of the available-for-sale investments are included in the available-for-sale reserve and statement of other comprehensive income. Once an available-for-sale investment is sold, the realised fair value gain or loss on the changes in the fair value of the available-for-sale investments is included in the income statement.

Only the movement through the income statement is accounted for in this part.

The scheme should furthermore not aggregate all its realised and unrealised gains and losses in one line item in part 4.20.6. The scheme should ensure that they individually disclose all realised and unrealised gains and losses in the specific line provided for in part 4.20. Other (4.20.6) should only be used if the return does not make provision for that type of realised and unrealised gains and losses.

Part 4.21 Own Facility Surplus/ (Deficit)



PART 4.21: OWN FACILITY SURPLUS/(DEFICIT)		Total
		R
4.21.1	Income from services rendered to third parties	50,391,739
4.21.2	Less: Total cost incurred in operating own facility	(37,567,753)
4.21.2.1	Less: Total healthcare provider costs	0
4.21.2.2	Less: Changes in inventories	0
4.21.2.3	Less: Administration expenditure	(50,391,739)
4.21.2.4	Less: Other costs incurred in operating own facility	0
4.21.2.5	Add: Costs relating to members included in claims	12,823,986
4.21.3	Total own facility surplus/(deficit)	12,823,986

Where a line starts with the word 'Less', the scheme should place a minus in front of the figure.

Total cost incurred in operating own facilities

Costs incurred by the healthcare funder in operating its own medical equipment, hospital, clinic, pathology laboratory and radiology facility or any other related service on behalf of members.

4.21.1 (Income from services rendered to third parties) arises from making the scheme's own facilities available and rendering services to third parties, and is recognised on an accrual basis. This will not include any income from the scheme's members; only the non-related contributions income and claims expenditure are disclosed as part of own facility surplus or deficit.

The claims related expenditure paid on behalf of the scheme's members is shown as part of claims incurred, and the contributions received are disclosed as part of gross contributions. Hence, the cost of services provided to members included in net claims incurred (4.21.2.5) automatically pulls through from part 4.11.1.7 (Services provided to members in own facilities (column A)).

The scheme should disclose the total costs of operating the own facility in part 4.21.2 (and not only those costs that relate to services rendered to third parties). The total cost incurred in operating own facility (4.21.2) consists of the sum of the following costs:

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- 4.21.2.1 – total healthcare provider costs
- 4.21.2.2 – changes in inventories
- 4.21.2.3 – administrative expenditure
- 4.21.2.4 – other costs incurred in operating own facility

The administrative expenditure incurred in operating the own facility in part 4.21.2.3 automatically pulls through from part 4.16.40 (current year: own facility column). Please note that although it is shown as part of administration expenses in part 4.16, it will not be included in the statement of comprehensive income as part of the administration expense, but as part of the own facility surplus/ (deficit) in line 6.18.

Part 4.22 Finance Costs

The screenshot shows the CMS Annual Section web portal. The main content area displays the 'PART 4.22: FINANCE COSTS' table. The table has a 'Total' column and a 'R' column. The data is as follows:

	Total	R
4.22.1 Borrowings		0
4.22.2 Interest paid on savings plan accounts		14,850,504
4.22.3 Other (specify)		59,320
4.22.4 Total finance costs		14,909,824

When considered to be material, finance costs are disclosed separately on the face of the statement of comprehensive income, and does not form part of investment income.

Finance costs include interest paid on savings plan accounts, and should not be netted off against interest received on savings plan accounts.

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The scheme should not aggregate all its finance costs in one line item in part 4.22.3. The scheme should ensure that they disclose every type of finance costs separately in the specific line provided for in part 4.22. Other finance costs (4.22.3) should only be used if the return did not make provision for that type of finance cost.

Part 4.23 Net Surplus/ (Deficit) per Benefit Option

The screenshot shows the CMS Annual Section web portal. The browser address bar indicates the URL is <http://cmsust01/returns/annual.aspx?p=4&d=25>. The page title is 'Statutory Returns Portal - CMS Annual Section - Windows Internet Explorer'. The CMS logo and 'COUNCIL FOR MEDICAL SCHEMES' are visible at the top. Navigation tabs for Part 8 through Part 11 are present, with Part 4 highlighted. The main content area displays the 'PART 4.23: NET SURPLUS/(DEFICIT) PER BENEFIT OPTION' table. The table has four columns: 'Consolidated Total', 'Other', and 'Per benefit option' (with a dropdown menu set to 'OPTION A'). Each of these columns has a sub-column for 'R' (Rands). The table lists various financial items with their corresponding values in Rands.

	Consolidated Total	Other	Per benefit option OPTION A
	R	R	R
4.23.1 Gross contribution income	16,619,189,351	(459,951)	6,221,285,503
4.23.2 Less: Savings contribution income	(3,615,556,366)	60,047	(1,555,768,250)
4.23.3 Net contribution income	13,003,632,985	(399,904)	4,665,517,253
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>	14,652,240,722	12,807,732	6,231,402,055
4.23.4.1 - Direct benefits for the period	11,069,667,943	(168,121)	4,695,291,009
4.23.4.2 - Direct benefits for the previous period	1,250,284,954	161,185	990,776,769
4.23.4.3 - Direct benefits reported not yet paid	201,522,856	(386)	85,373,026
4.23.4.4 - Managed care: healthcare benefits for the period (no transfer of risk)	2,117,940,983	(8,932)	459,961,251

The option names captured in part 1.2 automatically pulls through to part 4.23.

Where a line starts with the word 'Less', the scheme should place a minus in front of the figure.

The results of each benefit option under a medical scheme are to be separately disclosed, and the accounting records are to be maintained in such a way that the financial results for each benefit option can be determined.

The other column provided should be used to capture any transactions in this financial year which relates to options that were discontinued at the beginning of the financial year, for which the scheme incurred some expenses or received some income.

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Any other transactions not provided for in part 4.23.17.1 and part 4.23.17.2 should be captured in part 4.23.17.3 (other). The details of these transactions should be provided.

Details (per nature of transaction) of the following income and expenses should also be provided in the different parts:

- Net impairment losses: Other (4.23.26)
- Other income (4.23.31)
- Other expenses (4.23.33)

The consolidated column (the sum of the individual option results) in part 4.23 should agree on a line by line basis to the individual amounts in the income statement.

The consolidated column's lines should also agree to the following parts:

<i>Consolidated Line</i>	<i>Column</i>	<i>Should agree to part</i>
4.23.1		4.10.1 - Gross contribution income
4.23.2		4.10.2 - Less: Savings plan account contribution income
4.23.4.1		4.11.1.1- Direct benefits for the period (Column B)
4.23.4.2		4.11.1.2- Direct benefits for the previous period (Column B)
4.23.4.3		4.11.1.3 - Direct benefits reported not yet paid (Column B)
4.23.4.4		4.11.1.4 - Managed care: healthcare benefits for the period (no transfer of risk) (Total)
4.23.4.5		4.11.1.5 - Managed care: healthcare benefits for the previous period (no transfer of risk) (Total)
4.23.4.6		4.11.1.6 - Managed care: healthcare benefits reported not yet paid (no transfer of risk) (Total)
4.23.4.7		4.11.1.7 - Services provided to members in own facilities (Total)
4.23.5		4.11.2 Less: Savings plan claims paid (Total)
4.23.6		4.11.3 - Less: Discount received on claims (Total)
4.23.7		4.11.4 - Less: Claims recoveries from third parties (Total)
4.23.9		4.11.6 - Provision for outstanding claims at the end of the financial year (Column B)
4.23.10		4.11.7 - Provision for outstanding claims at end of the previous year (Column B)
4.23.12.1		4.11.1.1- Direct benefits for the period (Column C)
4.23.12.2		4.11.1.2- Direct benefits for the previous period (Column C)
4.23.12.3		4.11.1.3 - Direct benefits reported not yet paid (Column C)
4.23.14		4.11.6 - Provision for outstanding claims at the end of the financial year (Column C)
4.23.15		4.11.7 - Provision for outstanding claims at end of the previous year (Column C)
4.23.17		4.13.4 – Net (income)/expense from other risk transfer arrangements (Consolidated total current year column)
4.23.17.1		4.13.1 - Premiums/fees paid (Capitation fees) (Consolidated total current year column)

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<i>Consolidated Line</i>	<i>Column</i>	<i>Should agree to part</i>
4.23.17.2		4.13.2 – Less: Claims recoveries in respect of related risk transfer arrangements (Consolidated total current year column)
4.23.17.3		4.13.3 - (Other) (Consolidated total current year column)
4.23.18		4.11.10 - Relevant healthcare expenditure (Total)
4.23.20		4.14.7 – Net income/(expense) from commercial reinsurance arrangements (Consolidated total)
4.23.21		4.12.31 - Managed care: management services (Total)
4.23.22.1		4.15.3(a) - Broker service fees
4.23.22.2		4.15.3(b) - Other distribution costs
4.23.23		4.16.41 - Administration expenses (Current year: Fund)
4.23.24 + 4.23.26		4.18.6 - Column H - Total movement in statement of comprehensive income for the year
4.23.27		4.19.3 - Total other investment income
4.23.30		4.20.7 - Total realised and unrealised gains/(losses)
4.23.32		4.21.3 - Total own facility surplus/(deficit)
4.23.34		4.22.4 - Total finance costs

For more information on “other” risk transfer arrangements to be included in 4.23.12 to 4.23.17.3, please refer to details provided in part 4.3 (Trade and other receivables), 4.9 (Outstanding claims provision), 4.11 (Net claims incurred) and 4.13 (Net income/ (expense) from other risk transfer arrangements (excluding commercial reinsurance contracts)).

The members and beneficiaries per benefit option in lines 4.23.38 and 4.23.39 are pulled through from part 2.1.

If no savings plan contributions were received during the year, and a savings plan liability still existed at year end, the scheme will be required to supply further information regarding the procedures in place to refund the monies, and the timing thereof.



Part 4.24 Guarantees Supplied to Registrar in Terms of the Act

The screenshot displays the 'PART 4.24: GUARANTEES SUPPLIED TO REGISTRAR IN TERMS OF THE ACT' section of the CMS Annual Section. The page features a navigation menu with buttons for Part 1 through Part 11. Below the navigation, a table is presented with the following data:

PART 4.24: GUARANTEES SUPPLIED TO REGISTRAR IN TERMS OF THE ACT		Total
4.24.1	Name of Institution	20,000
4.24.2	Total guarantees	20,000

Where, in accordance with the Act, a third party has provided a guarantee to the scheme to ensure the financial soundness of the scheme and/or its benefit options, details of such guarantee is disclosed in this part.

This will be any guarantees supplied in terms of section 24(5) of the Act and/or regulation 2(1) (j) of the Regulations to the Act; and/or sections 33(3) and 44(9) (b) of the Act.

The scheme should also indicate the name of the institution which provided such guarantee to the scheme (i.e. a bank, the administrator etc.).



Part 4.25 Guarantees and Suretyships for Third Parties Liabilities (Including Contingent Liabilities)

The screenshot shows the 'PART 4.25: GUARANTEES AND SURETYSHIPS FOR THIRD PARTIES LIABILITIES (INCLUDING CONTINGENT LIABILITIES)' section of the CMS Annual Section. The page features a navigation menu with buttons for Part 1 through Part 11, with Part 4 highlighted. Below the navigation, there is a table with the following data:

	Guarantees	Suretyships	Encumbered Assets	Other
	R	R	R	R
4.25.1 To whom	10,000	20,000	30,000	40,000
4.25.2 Total	10,000	20,000	30,000	40,000

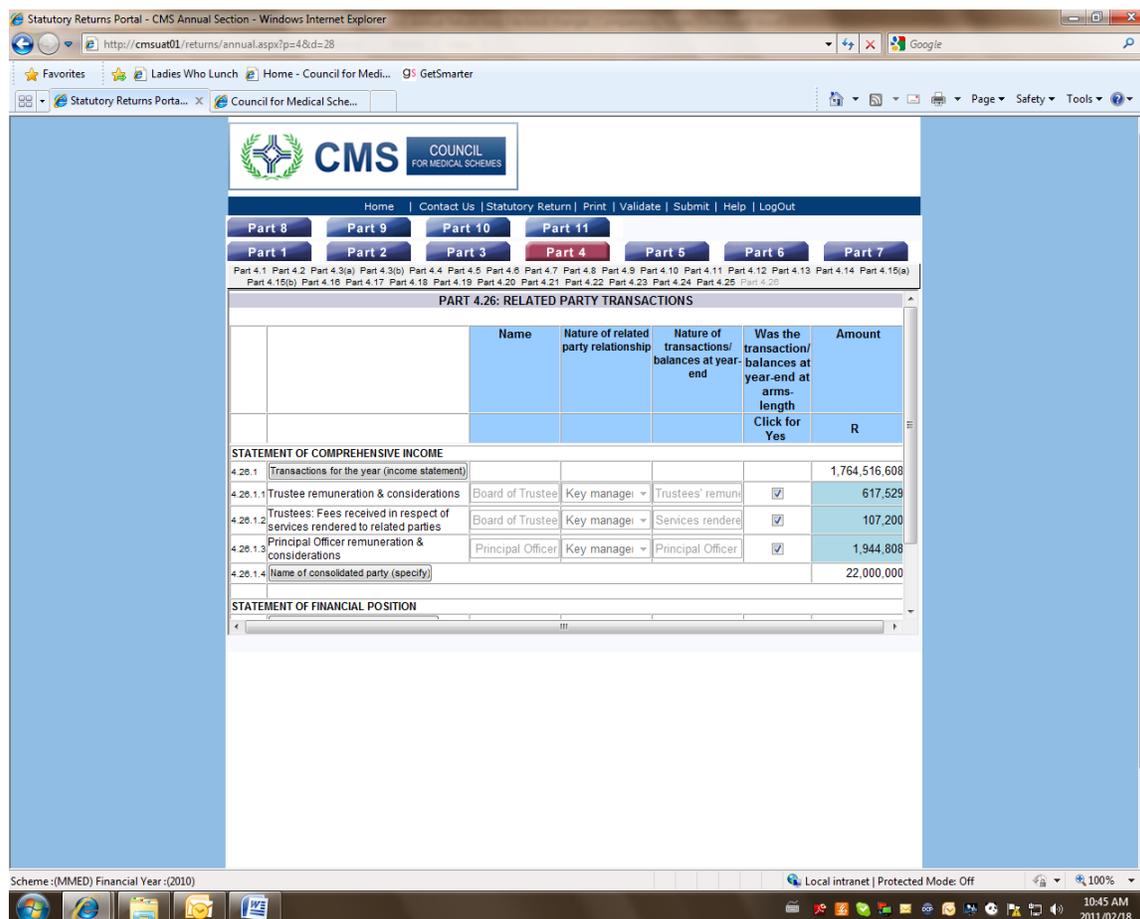
Below the table, there is a text prompt: "Were the guarantees, suretyship for third party liabilities or encumbered assets approved by Council? Please also indicate the date of approval." followed by a "Click here" button.

Where the scheme has provided a guarantee and/or suretyship to a third party, details of such guarantee and/or suretyship should be disclosed, per individual party to which such guarantee or suretyship was given.

The scheme should also list all assets individually, which were encumbered at end of the financial year end.

Whenever a scheme has completed this part, further detail in respect of Council's approval in terms of section 35(6) will be required.

Part 4.26 Related Party Transactions



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Part 1 Part 2 Part 3 Part 4 Part 5 Part 6 Part 7

Part 4.1 Part 4.2 Part 4.3(a) Part 4.3(b) Part 4.4 Part 4.5 Part 4.6 Part 4.7 Part 4.8 Part 4.9 Part 4.10 Part 4.11 Part 4.12 Part 4.13 Part 4.14 Part 4.15(a) Part 4.15(b) Part 4.16 Part 4.17 Part 4.18 Part 4.19 Part 4.20 Part 4.21 Part 4.22 Part 4.23 Part 4.24 Part 4.25 Part 4.26

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 arms-length Click for Yes	Amount R
STATEMENT OF COMPREHENSIVE INCOME					
4.26.1	Transactions for the year (income statement)				1,764,516,608
4.26.1.1	Trustee remuneration & considerations	Board of Trustees	Key manager	Trustees' remuneration	617,529
4.26.1.2	Trustees: Fees received in respect of services rendered to related parties	Board of Trustees	Key manager	Services rendered	107,200
4.26.1.3	Principal Officer remuneration & considerations	Principal Officer	Key manager	Principal Officer	1,944,808
4.26.1.4	Name of consolidated party (specify)				22,000,000
STATEMENT OF FINANCIAL POSITION					

Scheme: (MMED) Financial Year: (2010)

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Due to inconsistencies experienced in the past, no differentiation between income and expenditure, as well as debit and credit balances are required.

Potential related parties as well as related party disclosure are discussed in detail in Appendices V and VI of the 2010 SAICA Guide. In terms of IAS 24 – *Related Party Disclosure*, a party is related to an entity if:

- (a) directly, or indirectly through one or more intermediaries, the party:
 - (i) controls, is controlled by, or is under common control with, the entity (this includes parents, subsidiaries and fellow subsidiaries);
 - (ii) has an interest in the entity that gives it significant influence over the entity; or
 - (iii) has joint control over the entity;
- (b) the party is an associate (as defined in IAS 28 – *Investments in Associates*) of the entity or its parent;
- (c) the party is a joint venture in which the entity is a venturer (see IAS 31 – *Interests in Joint Ventures*);
- (d) the party is a member of the key management personnel of the entity or its parent;
- (e) the party is a close member of the family of any individual referred to in (a) or (d);

- (f) the party is an entity that is controlled, jointly controlled or significantly influenced by, or for which significant voting power in such entity resides with, directly or indirectly, any individual referred to in (d) or (e); or
- (g) the party is a post-employment benefit plan for the benefit of employees of the entity, or of any entity that is a related party of the entity.

The individual totals per this part should agree with the scheme's note in the audited financial statement with regards to related party transactions (in terms of IAS 24). The statement of comprehensive income transactions for the year should be disclosed per party and per nature of transaction in part 4.26.1. The scheme should not aggregate all the statement of comprehensive income related party transactions.

The balances owing to/from related parties at year-end should be disclosed in part 4.26.2. The statement of financial position balances for the year should be disclosed per party and per nature. The scheme should not aggregate all the related party balances.

The following are examples of the type of information that we require for purposes of part 4.26 when a scheme has identified an entity as a related party:

(Please note that the following examples are not considered to be an exhaustive list of all possible related parties and transactions.)

Board of trustees/Principal officer/Executive management and their close family members ("Key management personnel")

_Trustee remuneration and considerations will be pulled through as an aggregate from part 4.17.

- Fees received by trustees in respect of services rendered to related parties to the scheme will also pull through as an aggregate from part 4.17.
- Principal Officer remuneration and considerations will be pulled through from part 4.16.27 and part 4.16.28.
- Any other members of "executive" management's remuneration should be disclosed separately from the board of trustees and Principal Officers' remuneration.
- Gross contributions received (disclosed in aggregate)
- Gross claims paid (disclose in aggregate)
- Ex-gratia payments (disclose in aggregate)
- Any other transaction entered into between the scheme and one of the parties mentioned above (disclose per individual)
- Any transactions between the scheme and another entity that is controlled, jointly controlled or significantly influenced by, or for which significant voting power in such entity resides with, directly or indirectly, one of the parties mentioned above (disclose per individual)
- Outstanding balances on savings accounts (disclosed in aggregate)
- Outstanding contributions payable to scheme (disclosed in aggregate)
- Outstanding claims due by the scheme (disclosed in aggregate)
- Outstanding balances with regards to any other transaction (disclose per individual)

Employer groups

- Grant received from employer
- Administration refund from employer
- Rent paid to the employer
- Administration fees paid if the employer group handles the administration function
- Site office costs
- Any other transactions
- Outstanding balances due by the scheme in respect of the above transactions
- Outstanding balances due to the scheme in respect of the above transactions

Administrators

- Administration fees paid
- Administration fees recovered
- Site office costs
- Rent received (where administrator rents building from scheme)
- Rent paid (where scheme rents building from administrator)
- Any other transactions
- Outstanding balances due by the scheme in respect of the above transactions
- Outstanding balances due to the scheme in respect of the above transactions

Managed care organisations

- Managed care fee (the total amount per party must be provided as the details would have been provided in 4.12).
- Outstanding balances due by the scheme in respect of the above transactions
- Outstanding balances due to the scheme in respect of the above transactions

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Subsidiaries, Joint Ventures, Associates and Significant Control

(These entities' names will pull through from question 7 in part 1.4. Additional entries for each related party can be created by clicking on the "Copy" button.)

- Any transactions
- Outstanding balances due by the scheme
- Outstanding balances due to the scheme

Please supply a detailed list

Description	Name	Nature of related party relationship	Nature of transactions/balances at year-end	Was the transaction/balances at year-end at arms-length (Click for Yes)	Amount	
ABC Marketing -Pty	ABC Marketing -Pty	Subsidiary	Advertising expenditu	<input checked="" type="checkbox"/>	3,000,000	Copy Delete
ABC Marketing -Pty	ABC Marketing -Pty	Subsidiary	Marketing expenditur	<input checked="" type="checkbox"/>	7,000,000	Copy
DEF Investments -Pt	DEF Investments -Pt	Significant influence	Rent of property	<input checked="" type="checkbox"/>	12,000,000	Copy

Done

4.26.1.3	Principal Officer remuneration & considerations	Principal Officer	Key manager	Principal Officer	<input checked="" type="checkbox"/>	1,944,808
4.26.1.4	Name of consolidated party (specify)					22,000,000

STATEMENT OF FINANCIAL POSITION

Details need to be provided where transactions did not occur on an arms-length basis.

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The following are examples of how part 4.26 have to be completed:

		Name	Nature of Related party relationship	Nature of transactions/ balances at year-end	Was the transaction/ balances at year-end at arms-length	Amount
					Y/N	R
STATEMENT OF COMPREHENSIVE INCOME						
4.26.1	Transactions for the year (statement of comprehensive income)					
4.26.1.1	Trustee remuneration & considerations	Board of Trustees	Key management personnel	Trustee remuneration	Yes	617,529
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	Yes	203,152
4.26.1.3	Principal Officer remuneration & considerations	Principal Officer	Key management personnel	Principal Officer remuneration	Yes	1,944,808

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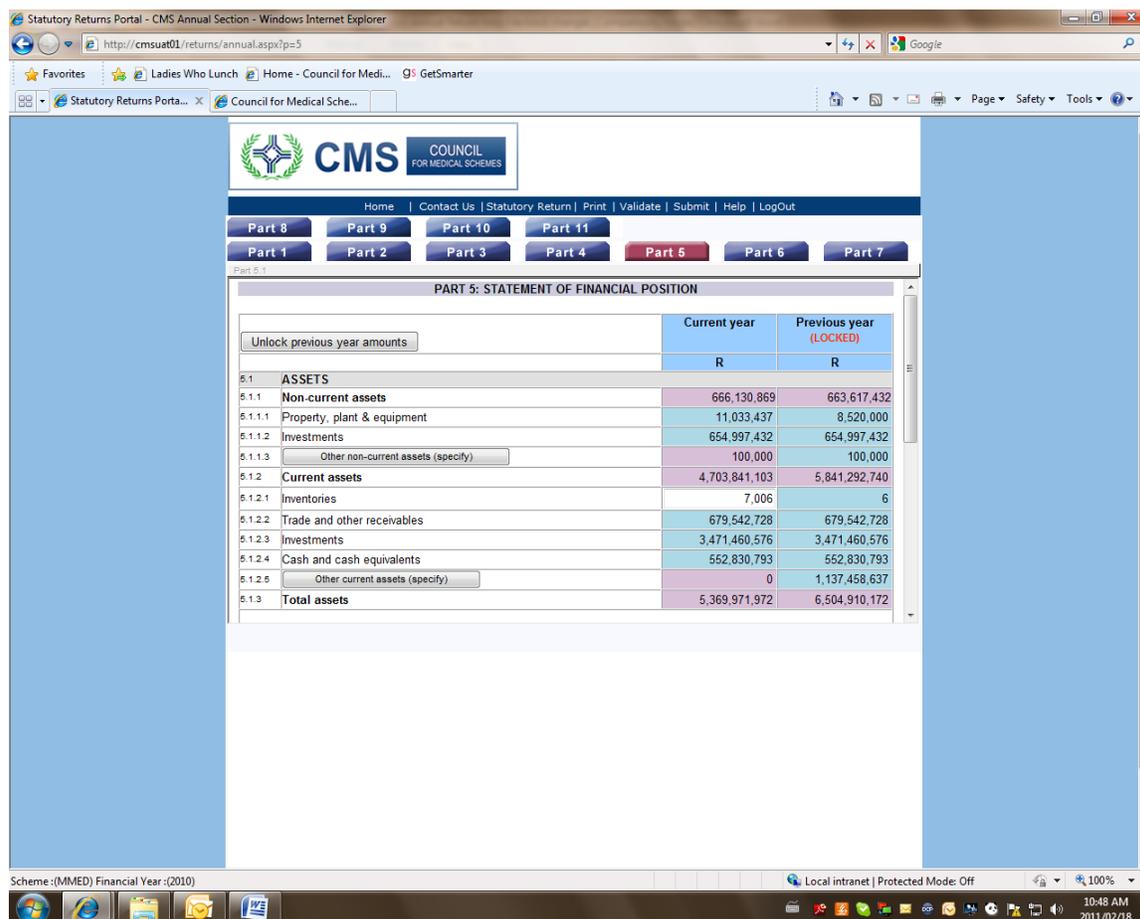
		Name	Nature of Related party relationship	Nature of transactions/ balances at year-end	Was the transaction/ balances at year-end at arms-length	Amount
4.26.1.4	AB Ltd	Subsidiary	Subsidiary	Rental	No	20,000
4.26.1.5	Contributions	Board of Trustees	Key management personnel	Trustee contributions	Yes	139,915
4.26.1.6	Contributions	Principal Officer	Key management personnel	Principal Officer contributions	Yes	13,275
4.26.1.7	Claims paid	Board of Trustees	Key management personnel	Trustee claims paid	Yes	38,219
4.26.1.8	Claims paid	Board of Trustees	Key management personnel	Trustee claims paid MSA	Yes	38,492
4.26.1.9	Claims paid	Principal Officer	Key management personnel	Principal Officer claims paid	Yes	102
4.26.1.10	Claims paid	Principal Officer	Key management personnel	Principal Officer claims paid MSA	Yes	3,656
4.26.1.11	A Smit Medical practice	Board of Trustees	Key management personnel	Healthcare provider fees paid	Yes	333,833
4.26.1.12	AB Administrators (Pty) Ltd	Administrator	Significant influence	Administration fees	Yes	2,500,000
4.26.1.13	AB Administrators (Pty) Ltd	Administrator	Significant influence	Interest received on monthly balances	Yes	491,652

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		Name	Nature of Related party relationship	Nature of transactions/ balances at year-end	Was the transaction/ balances at year-end at arms-length	Amount
4.26.1.14	AB Administrators (Pty) Ltd	Administrator	Significant influence	Interest paid on monthly balances	Yes	48,679
4.26.1.15	AB Administrators (Pty) Ltd	Managed care organisation	Significant influence	Managed care fees	Yes	419,503,072
STATEMENT OF FINANCIAL POSITION						
4.26.2	Balances at year end (statement of financial position)					
4.26.2.1	AB Ltd	Subsidiary	Subsidiary	Rental owed	No	40,000
4.26.2.2	Contributions debtor	Principal Officer	Key management personnel	Principal Officer contribution debtor	Yes	1,093
4.26.2.3	Savings plan liability	Principal Officer	Key management personnel	Savings plan liability	Yes	1,683
4.26.2.4	Contributions debtor	Board of Trustees	Key management personnel	Trustee contributions debtors	Yes	5,397
4.26.2.5	Savings plan liability	Board of Trustees	Key management personnel	Savings plan liability	Yes	9,556
4.26.2.6	AB Administrators (Pty) Ltd	Administrator	Significant influence	Administration fees payable	Yes	188,529,398

PART 5 STATEMENT OF FINANCIAL POSITION



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Part 5: PART 5: STATEMENT OF FINANCIAL POSITION

	Current year	Previous year (LOCKED)
	R	R
ASSETS		
5.1.1 Non-current assets	666,130,869	663,617,432
5.1.1.1 Property, plant & equipment	11,033,437	8,520,000
5.1.1.2 Investments	654,997,432	654,997,432
5.1.1.3 Other non-current assets (specify)	100,000	100,000
5.1.2 Current assets	4,703,841,103	5,841,292,740
5.1.2.1 Inventories	7,006	6
5.1.2.2 Trade and other receivables	679,542,728	679,542,728
5.1.2.3 Investments	3,471,460,576	3,471,460,576
5.1.2.4 Cash and cash equivalents	552,830,793	552,830,793
5.1.2.5 Other current assets (specify)	0	1,137,458,637
5.1.3 Total assets	5,369,971,972	6,504,910,172

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Most of the statement of financial position balances for the current year pulls automatically through from the individual parts, completed in part 4 and part 7 of the return; except for other non-current assets, inventories, other current assets and minority interest (where a scheme completes consolidated financial statements).

Details of other non-current and current assets should be provided in the description line provided for in part 5.1.1.3 and 5.1.2.5 respectively; all the scheme's non-current and current assets should not be aggregated and disclosed as a single line in part 5.1.1.3 and 5.1.2.5.

The majority of the scheme's previous year's figures are automatically pulled through from the previous year's return. The scheme has the option to unlock these amounts and edit them in instances where changes occurred. The following lines pull through from opening balances in parts 4 and 7:

- Property, plant and equipment;
- Accumulated funds;
- Revaluation reserve – investments;
- Revaluation reserve – property, plant and equipment;
- Reserves set aside for specific purposes;

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- Other reserves;
- Savings plan liability; and
- Outstanding claims provision.

The savings plan liability is a current liability, due to the fact that if the members of the scheme leave tomorrow, their credit savings account balances must be transferred or paid out immediately in terms of Regulation 10 of the Act.

Details of other current liabilities should be provided in the description line provided for in part 5.2.3.4; all the scheme's current liabilities should not be aggregated and disclosed as a single line in part 5.2.3.4.

The total assets in part 5.1.3 must agree with the total funds and liabilities in part 5.3 (both current and prior year columns).

PART 6 STATEMENT OF COMPREHENSIVE INCOME

	Current year	Previous year (LOCKED)
	R	R
0.1 Gross contribution income	16,619,189,351	16,619,189,351
0.2 Less: Savings contribution income	(3,615,556,366)	(3,615,556,366)
0.3 Net contribution income	13,003,632,985	13,003,632,985
0.4 Relevant healthcare expenditure	(11,296,455,565)	(10,500,391,397)
0.4.1 Net claims incurred	(11,320,284,851)	(11,320,284,851)
0.4.2 Net (income)/expense on risk transfer arrangements	23,829,286	819,893,454
0.5 Gross healthcare result	1,707,177,420	2,503,241,588
0.6 Net income/(expense) on commercial reinsurance	19,527	19,527
0.7 Less: Managed care: management services	(419,763,072)	(419,763,072)
0.8.1 Less: Broker service fees	(404,562,667)	(404,562,667)
0.8.2 Less: Other distribution costs	(7,000)	(7,000)
0.9 Less: Administration expenses	(1,979,036,322)	(1,979,426,322)

The total amount for the current year income statement should at all times agree on a line for line basis with the amounts captured in part 4.23 of the return.

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The other comprehensive income should agree with the net movements in the different reserve accounts (excluding movements due to amalgamations), for both the current and previous financial year.

The prior year figures are automatically pulled through from the previous year's annual statutory return. Line 6.4.2 should agree to line 4.13.4's previous year consolidated total column. Line 6.9 should agree with line 4.16.41's previous year fund total column. The user has the option to unlock these amounts for editing when prior year adjustments/restatements occurred.

Details (per nature of transaction) of the following income and expenses should be provided in the different parts:

- Net impairment losses: Other (6.12)
- Other income (6.17)
- Other expenses (6.19)
- Other comprehensive income (6.28)

Where the scheme receives a grant from a sponsor, an employer, third party fund administrator, etc., whether to comply with Regulation 29 of the Regulations to the Act, namely, minimum accumulated funds to be maintained by the scheme, or for any other reason, the grant is shown separately under "Other income" in part 6.17. Such grants do therefore not form part of the scheme's net healthcare result.

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PART 7 STATEMENT OF CHANGES IN FUNDS AND RESERVES

Part 7.1 Accumulated Funds

	Current year	Previous year
	R	R
7.1.1 Balance at the beginning of the year	7,088,573,690	3,130,729,383
7.1.1.1 - As previously reported	4,273,533,598	7,088,573,690
7.1.1.2 - Prior year adjustment (including effect of first time adoption of IFRS)	2,815,040,092	(3,957,844,307)
7.1.2 Surplus/(Deficit) for the year	169,059,698	1,145,370,895
7.1.3 Transfer to/(from) accumulated funds	0	(2,846,680)
7.1.3.1 - Due to amalgamation	60,000	0
7.1.3.2 - Due to re-measurement property, plant and equipment	70,000	0
7.1.5 Balance at the end of the year	3,130,581,232	4,273,533,598

The opening balance as previously reported at the beginning of the previous year (7.1.1.1), pulls automatically through from the previous year's annual return (7.1.1). Therefore, the scheme should restate the prior year's figures (where applicable) on the return by making use of line 7.1.1.2.

The closing balance of the previous year (7.1.5) pulls automatically through to the opening balance of the current year (as previously reported - 7.1.1.1). The current year's figure will therefore automatically incorporate any restatements of prior year balances.

The net surplus/ (deficit) after consolidation for the year in part 7.1.2 pulls through from part 6.23, for both the current and previous financial year.

The scheme should provide the exact nature of any amounts included in part 7.1.4. The scheme should only complete this part if the return does not cater specifically for that kind of transaction elsewhere in part 7.1.

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Part 7.2 Revaluation Reserve (Financial Instruments)

The screenshot shows the CMS Annual Section web portal. The main content area displays the 'PART 7.2: REVALUATION RESERVES (INVESTMENTS)' table. The table has three columns: 'Current year R', 'Previous year R', and a description. The data is as follows:

	Current year R	Previous year R
7.2.1 Balance at the beginning of the year	0	0
7.2.1.1 - As previously reported	0	0
7.2.1.2 - Prior year adjustment (including the first time adoption of IFRS)	0	0
7.2.2 Unrealised gains/(losses) on revaluation of Investments	5,000,000	0
7.2.3 Realised (gains)/losses on derecognition of investments	(1,000,000)	0
7.2.4 Revaluation adjustment	60	0
7.2.5 Transfer (to)/from reserves	2,000,000	0
7.2.6 Other (specify)	(60)	0
7.2.7 Balance at the end of the year	6,000,000	0

The opening balance as previously reported at the beginning of the previous year (7.2.1.1), automatically pulls through from the previous year's annual return (7.2.1). Therefore, the scheme should restate the prior year's figures (where applicable) on the return by making use of line 7.2.1.2.

The closing balance of the previous year (7.2.7) pulls automatically through to the opening balance of the current year (as previously reported – 7.2.1.1). Hence, the current year's figure will automatically incorporate any restatements of prior year's balances.

The unrealised gains/losses on revaluation of investments (7.2.2) automatically pull through from 6.25, for both the current and previous financial year.

The realised (gains)/losses on derecognition of investments (7.2.3) automatically pulls through from 6.26, for both the current and previous financial year.

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The scheme should provide the exact nature of any amounts included in part 7.2.6. The scheme should only complete this part if the return does not cater specifically for that kind of transaction elsewhere in part 7.2.

Part 7.3 Revaluation Reserve (Property, Plant and Equipment)

The screenshot shows a web browser window displaying the CMS Annual Section. The page title is "PART 7.3: REVALUATION RESERVES (PROPERTY, PLANT AND EQUIPMENT)". The table below shows the following data:

	Current year R	Previous year R
7.3.1 Balance at the beginning of the year	0	0
7.3.1.1 - As previously reported	0	0
7.3.1.2 - Prior year adjustment (including the first time adoption of IFRS)	0	0
7.3.2 Unrealised gains/(losses) on revaluation of property, plant and equipment	7,000,000	0
7.3.3 Revaluation adjustment	3,070,000	0
7.3.4 Transfer (to)/from reserves	5,000,000	0
7.3.5 Other (specify)	0	0
7.3.6 Balance at the end of the year	15,070,000	0

The opening balance as previously reported at the beginning of the previous year (7.3.1.1), pulls automatically through from the previous year's annual return (7.3.1). Therefore, the scheme should restate the prior year's figures (where applicable) on the return. The scheme should please use 7.3.1.2 for any restatements.

The closing balance of the previous year (7.3.6) pulls automatically through to the opening balance of the current year (as previously reported – 7.3.1.1). Hence, the current year's figure will automatically incorporate any restatements of prior year's balances.

The unrealised gains/losses on revaluation of property, plant and equipment (7.3.2) automatically pulls through from 6.27, for both the current and previous financial year.

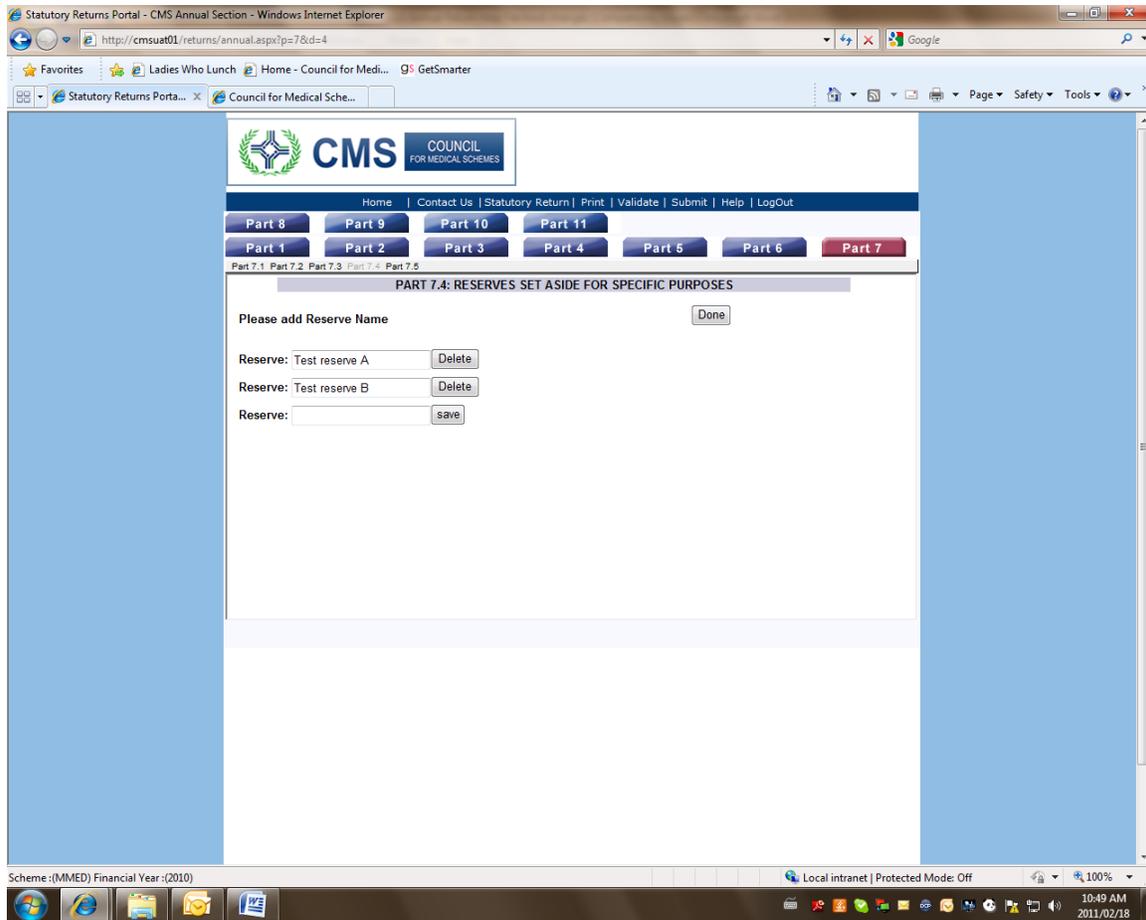
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The scheme should provide the exact nature of any amounts included in part 7.3.5. The scheme should only complete this part if the return does not cater specifically for that kind of transaction elsewhere in part 7.3.

Part 7.4 Reserves Set Aside for Specific Purposes

The scheme should complete this part per individual reserve set aside for specific purposes. The following screen will appear, to enable the scheme to capture the individual reserves:



After capturing all the reserves set aside for specific purposes the user should press the 'done' button. The reserves captured will then automatically pull through to part 7.4.

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Part 7.1 | Part 7.2 | Part 7.3 | Part 7.4 | Part 7.5

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 Balance at the beginning of the year	(2,000)	(3,000)	0	0
7.4.1.1 - As previously reported	(2,000)	(3,000)	0	0
7.4.1.2 - Prior year adjustment (including the first time adoption of IFRS)	0	0	0	0
7.4.2 Transfer (to)/from reserves	(2,000,000)	(1,500,000)	0	0
7.4.3 Other (specify)	0	0	(2,000)	(3,000)
7.4.4 Balance at the end of the year	(2,002,000)	(1,503,000)	(2,000)	(3,000)

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The consolidated balance at the beginning of the previous year (7.4.1.1) automatically pulls through from the scheme's previous' annual return (7.4.1). Therefore, the scheme should restate the prior year's figures (where applicable) on the current year's return.

The data should be captured per individual reserve, as the consolidated column sums the total of all the individual reserves.

The closing balance of the previous year (7.4.4) pulls automatically through to the opening balance of the current year (as previously reported – 7.4.1.1). Hence, the current year's figure will automatically incorporate any restatements of prior year's balances.

The scheme should provide the exact nature of any amounts included in part 7.4.3. The scheme should also only complete this part, if the return does not cater specifically for that kind of transaction elsewhere in part 7.4.

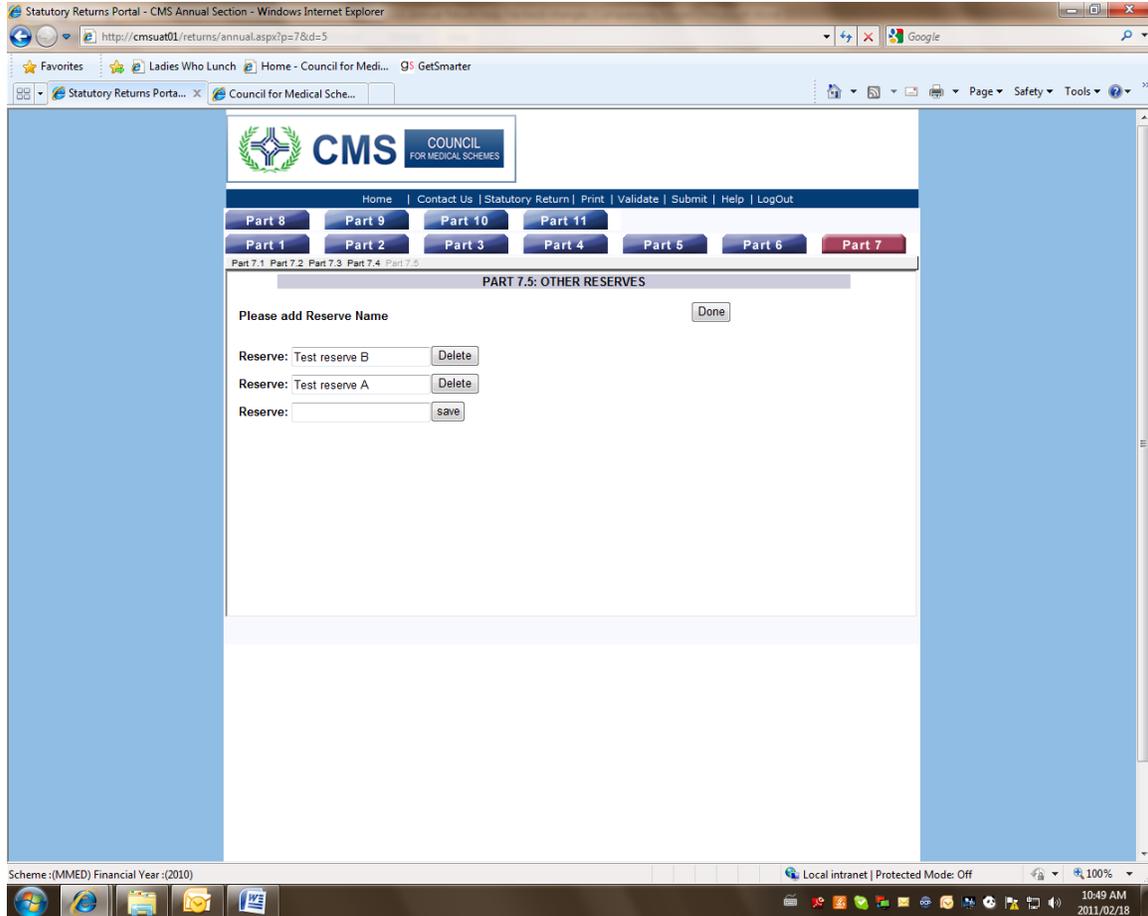
It should be noted that reserves set aside for specific purposes are excluded from the scheme's solvency ratio in terms of Regulation 29.

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Part 7.5 Other Reserves

The scheme should complete this part per individual other reserve. The following screen will appear, to enable the scheme to capture the individual reserves:



After capturing all the other reserves, the user should press the 'done' button. The reserves captured will then automatically pull through to part 7.5.

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Statutory Returns Portal - CMS Annual Section - Council for Medical Schemes

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Part 7.1 | Part 7.2 | Part 7.3 | Part 7.4 | Part 7.5

PART 7.5: OTHER RESERVES

	Current year		Previous year	
	Consolidated	Per Reserve	Consolidated	Per Reserve
	R	R	R	R
7.5.1 Balance at the beginning of the year	2,000	3,000	0	0
7.5.1.1 - As previously reported	2,000	3,000	0	0
7.5.1.2 - Prior year adjustment (including the first time adoption of IFRS)	0	0	0	0
7.5.2 Transfer (to)/from reserves	(5,000,000)	(3,000,000)	0	0
7.5.3 Other (specify)	0	0	2,000	3,000
7.5.4 Balance at the end of the year	(4,998,000)	(2,997,000)	2,000	3,000

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The consolidated balance at the beginning of the previous year (7.5.1.1) automatically pulls through from the scheme's previous' annual return (7.5.1). Therefore, the scheme should restate the prior year's figures (where applicable) on the current year's return.

The data should be captured per individual reserve, as the consolidated column sums the total of all the individual reserves.

The closing balance of the previous year (7.5.4) pulls automatically through to the opening balance of the current year (as previously reported – 7.5.1.1). Hence, the current year's figure will automatically incorporate any restatements of prior year's balances.

The scheme should provide the exact nature of any amounts included in part 7.5.3. The scheme should also only complete this part, if the return does not cater specifically for that kind of transaction elsewhere in part 7.5.

It should be noted that other reserves are included from the scheme's solvency ratio in terms of Regulation 29.

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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	Cash flows from operations before working capital changes	(185,316,272)	623,897,085
8.1.2	Working capital changes	1,545,807	(73,522,921)
8.1.2.1	- (Increase)/Decrease in inventories	(50,000)	0
8.1.2.2	- (Increase)/Decrease in trade and other receivables	(88,060,298)	(148,921,600)
8.1.2.3	- Increase/(Decrease) in trade and other payables	22,650,520	6,201,368
8.1.2.4	- Increase/(Decrease) in outstanding claims provision	50,000	0
8.1.2.5	- Increase/(Decrease) in savings plan liability	66,955,585	69,197,311
8.1.3	Cash generated from operations	(183,770,465)	550,374,164
8.1.4	Interest paid	(14,909,824)	(24,432,218)
8.1.5	Other (specify)	362,643,884	(116,325,152)
8.1.6	Net cash from operating activities	163,963,595	409,616,794

Where a line starts with the word 'Less', the scheme should place a minus in front of the figure.

The scheme should also include the cash flow statement's comparative figures in the return.

Details (per nature of transaction) of the following income and expenses should be provided in the different parts:

- Other cash flows from operating activities (8.1.5)
- Other cash flows from investing activities (8.2.10)
- Other cash flows from financing activities (8.3.2)
- Other net increases in cash and cash equivalents (8.6)

The cash and cash equivalents at the end of the current year in part 8.8, should agree with the total cash and cash equivalents per statement of financial position in part 4.4.7 less any bank overdrafts in part 4.8.5. The cash and cash equivalents at the end of the previous year in part 8.8, should either agree with or be less than part 5.1.2.4 (previous year column)

The cash and cash equivalents at the beginning of the previous year (8.5.1) pull automatically through from the scheme's previous year's annual return (8.5). The closing balance at the end of

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the previous year (8.8) pulls then automatically through to opening cash and cash equivalent for the current year in part 8.5.1.

PART 9 INVESTMENT ANALYSIS

Part 9(a) Assets Held in the Republic

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Part 9(a) | Part 9(b)

PART 9 (a): ASSETS HELD IN THE REPUBLIC IN TERMS OF REGULATION 30 IN CONJUNCTION WITH ANNEXURE REGULATIONS

Hide Notice

Please refer to our website for the following guidelines on the categorisation of assets in terms of Annexure B as at 31 December 2010:

- 1) List of registered banks as at 31 December 2010: categorisation for Annexure B purposes;
- 2) Instruments listed on BESA as at 31 December 2010: categorisation for Annexure B purposes;
- 3) Instruments listed on the JSE as at 31 December 2010: categorisation for Annexure B purposes;
- 4) List of registered insurers as at 31 December 2010;

	Name and Description	Direct Investment	Policies of Insurance	Equity Unit Trusts or Pooled Equity Managed Funds	To
9.1	CATEGORY ONE - Deposits and balances in current and savings accounts, negotiable deposits, money market instruments, 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)	2,165,017,634	2,000	1,000	

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Please note that the definitions of the fair values of assets as set out in Regulation 30(4) may in some instances not be in line with International Financial Reporting Standards (IFRS). However, in terms of Regulation 30(7) the Registrar directs medical schemes to calculate the fair value of assets as prescribed by the International Financial Reporting Standards.

The bank institutions for all cash investments (including all current bank accounts), should be provided in category 9.1 of part 9(a) the return. These balances should take the effect of outstanding cheques into account as per part 4.4.9. Please note that should the investment portfolios have a 'trading account', the scheme should indicate at which bank institution these accounts are held.

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The names of all the registered banks will appear in a drop down list and the scheme should simply choose the institution required. Please note that only one institution can be selected at a time. The amount invested in any one institution should be in aggregate.

Please refer to the published guideline on our website that provides a listing of all registered banks; mutual banks; local branches of foreign banks; and foreign banks with approved local representative offices as per the South African Reserve Banks' Banks Supervision Unit. The guideline further sub-categorises these banks in terms of Category 1 of Annexure B to the Regulations.

The name of the institutions which issued all bills, bonds, securities or any other money market investments should be captured in 9.2 of part 9(a) of the return.

The names of all the listed entities which are classified in categories 2(a)(i) – 2(a)(xiv) and 2(b) will appear in a drop down list and the scheme should simply choose the institution required. Please note that only one institution can be selected at a time. The amount invested in any one institution should be in aggregate. Where the scheme has investments in other entities than those listed, the “other” button provided in the drop down list should be used, clearly indicating the nature of these investments.

Please refer to the published guideline on our website that provides a detailed listing of all listed instruments on the Bond Exchange of South Africa (BESA). The guideline further categorises these instruments in the different sub-categories to category 2 of Annexure B to the Regulations.

A detailed list of every single property investment should be captured in category 9.3 of part 9(a) of the return, including the names of all property companies (again listed in a drop down list) in which the scheme invests. The amounts can be aggregated per company or per property. These also include owner occupied properties. The said drop down list only indicate listed property companies, any other investments (i.e. owner occupied buildings, etc.) should be entered by making use of the “other” button within the drop down list. For investments in listed securities please refer to the published guideline on our website that provides a categorisation of listed instruments on the Johannesburg Stock Exchange (JSE).

Part 9(a) subtotal: Category 3(a) must be equal or greater than the total investment property (part 4.2.1) plus the net carrying amount of the land and buildings at end of year (part 4.1.3).

A detailed list of all the companies in which any equity investments are held should be captured in category 9.4 of part 9(a) of the return. These amounts must be aggregated per company. The scheme should simply choose the institution required from the applicable drop down lists. The amount invested in any one institution should be in aggregate. Where the scheme has investments in other entities than those listed, the “other” button provided in the drop down list should be used, clearly indicating the nature of these investments.

Please refer to the published guideline on our website that provides information on the categorisation of all listed instruments on both the JSE and BESA in accordance to the requirements of Annexure B to the Regulations in the different sub-categories of

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categories 2 (bonds), 3 (property), 4 (shares), 5 (debentures) and 7 (other assets). All these guidelines have been incorporated in the drop down lists in the relevant categories.

The underlying assets of all equity unit trusts, pooled equity managed funds and policies of insurance should be provided separately from the direct investment in the relevant columns of the part. These underlying assets should be disclosed to the same extent as the other individual investments described above, in categories 1 - 7 of part 9(a) of the return.

The total of the amounts captured in the relevant columns for equity unit trusts or pooled equity managed funds and policies of insurances should agree with the totals captured in the direct investment column's categories 4(a)(iv), 4(a)(v) and 6 respectively. In order to prevent double counting, any amounts captured in these columns will not be included in the total assets in category 9.10 of part 9(a) of the return.

This will effect the requirements of explanatory note 8 to Annexure B: "Unit trusts and policies of insurance may not be utilised to circumvent the limitations of these regulations. Medical schemes are required to demonstrate on a "look-through" basis that such avenues have not been utilised to bypass the limitations imposed by Annexure B".

Please refer to the list of insurers registered in the Republic that is published on our website.

Some investment portfolios refer to percentage holdings in 'other assets' or 'international assets', please note that the full details of these investments should be provided per asset class in the return.

Part 9(a) subtotal: Category 7(a) (i) must agree with the current year's inventories (part 5.1.2.1).

The following assets in category 7(a) (iii) pulls through automatically:

<i>Asset</i>	<i>Pull through from</i>
Property, plant and equipment: computer equipment and software (direct investment)	4.1.3 - Net Carrying amount at end of year (Computer Equipment and Software)
Property, plant and equipment: furniture and fittings (direct investment)	4.1.3 - Net Carrying amount at end of year (Furniture and Fittings)
Property, plant and equipment: motor vehicles (direct investment)	4.1.3 - Net Carrying amount at end of year (Motor Vehicles)
Property, plant and equipment: other (direct investment)	4.1.3 - Net Carrying amount at end of year (Other)

Part 9(a) subtotal: category 7(a)(iii) must be equal to or greater than the net carrying amount the computer equipment, Furniture & fittings, Motor vehicles column and Other assets at end of year (part 4.1.3).

Trade and other receivables in category 9.9 of part 9(a) (direct investment) of the return automatically pulls through from part 5.1.2.2 of the statement of financial position.

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The total assets in category 9.10 of part 9(a) of the return is the sum of all the amounts captured under categories 9.1 – 9.7 (all the grey headings), plus intangible assets and trade and other receivables. This total should agree with the sum of the total assets in part 5.1.3 of the statement of financial position and outstanding cheques per part 4.4.8.

Assets encumbered in category 9.11 of part 9(a) (direct investment) of the return pulls automatically through from part 4.25.2 of the return.

Part 9(b) Assets Held in the Republic in Terms of Regulation 30 in Conjunction with Annexure B to the Regulations

The screenshot shows the CMS Annual Section web portal. The main content area displays the following table:

Name of the person/company/institution managing the investments	Person/company/institution responsible for the investment management		
	Managed on behalf of the scheme R	Managed by the scheme R	Total R
9.2.1 Managed by the scheme <input type="text" value="Specify..."/>	4,678,388,807	10,990,437	4,689,379,244
9.2.2 Total net assets per Regulation 30	4,678,388,807	10,990,437	4,689,379,244

This part should be completed per person/company/institution managing the investments of the scheme, whether it is managed on behalf of the scheme or by the scheme itself.

Important to note that only FAIS registered entities are allowed to manage investments on behalf of a medical scheme.

Please refer to the Financial Services Board's website (www.fsb.co.za) for more details on registered Financial Service Providers. A list of these providers as at 31 December is also published on our website.

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The total net assets per Regulation 30 in Part 9(b) must agree with the total net assets per Regulation 30 in Part 9(a).

PART 10 MINIMUM ACCUMULATED FUNDS TO BE MAINTAINED

Part 10.1 Cumulative Net Gain on Re-measurement of Properties and Investments

The screenshot shows the CMS Annual Section web portal. The main content area displays the following table:

PART 10.1: CUMULATIVE NET GAINS ON RE-MEASUREMENT OF PROPERTIES AND INVESTMENTS THROUGH THE INCOME STATEMENT	
	R
10.1.1 Balance at beginning of period	263,970,569
10.1.2 Prior year adjustment	(9,998,887)
10.1.3 Net gains/(losses) on re-measurement to fair value of financial instruments and investment properties included in the income statement	135,778,107
10.1.4 Impairment losses and reversal of impairment losses on revaluation of investments and property, plant and equipment included in the income statement	70,000
10.1.5 Realisation of cumulative gains or losses on disposal of investments	70,000
10.1.6 Consolidation results	20,000
10.1.7 Other (specify)	(125,939,220)
10.1.8 Cumulative net gain on revaluation of investments and property, plant and equipment included in the income statement	263,970,569

Part 10.1 is only applicable to those kind of investments, where it is/was the scheme's accounting policy to take any unrealised gains/(losses) on the re-measurement of investments to the income statement (accumulated funds); as all other unrealised gains will be accommodated in the revaluation reserves in part 7.2 and part 7.3 (and as part of the statement of other comprehensive income). Any consolidated results are also included in this part, in order to ensure that the solvency calculation is based on scheme-only results.

Part 10.1 starts with the net gains/ (losses) on the re-measurement of properties and investments to fair value, which were previously included in accumulated funds. This balance at the beginning of the year (10.1.1) pulls automatically through from the scheme's previous year's annual return.

In the event that there is an adjustment to the opening balance, the scheme would be required to provide details in respect of this adjustment in the reason box.

Part 10.1 continues to extract all the net unrealised gains/ (losses) included in the current year's income statement.

The unrealised gains/ (losses) on revaluation of investments and property, plant and equipment included in the income statement in part 10.1.2 pulls automatically through from part 4.20.4 (unrealised gains/ (losses) on revaluation of investment property), and part 4.20.5 (net gains/ (losses) on revaluation of investments carried at fair value through the income statement) as well as part 7.1.3.2 (due to re-measurement of investments and property, plant and equipment).

Part 10.1.3 summarise the total gross unrealised gains/ (losses) in the current year's accumulated funds.

However, to ensure that only the net unrealised gains/ (losses) are deducted from the solvency ratio, the scheme should capture any permanent impairment losses and reversal of impairment losses on revaluation of investments and property, plant and equipment included in the income statement in part 10.1.4. This amount should be captured as a negative amount, to ensure that it is deducted from the gross unrealised gains.

Furthermore, the scheme should deduct all realised portions of any unrealised gains/(losses), which were previously included in the accumulated funds (income statement), in part 10.1.5; this will ensure that only the net unrealised gain/(loss) is deducted from the solvency calculation.

The scheme's consolidated results are excluded in line 10.1.6 (automatic pull through from line 6.22).

A detailed description of any transaction included in part 10.1.7 should be provided; as this will have a direct impact on the solvency calculation of the scheme at year-end.



Part 10.2 Solvency Ratio

The screenshot shows the CMS Annual Section web portal. The main content area displays the Solvency Ratio table for Part 10.2. The table is titled 'PART 10.2: SOLVENCY RATIO' and is presented in a grid format with columns for line items and values in Rand (R). The values are right-aligned. The table includes the following data:

PART 10.2: SOLVENCY RATIO		R
10.2.1	Total members' funds per balance sheet	3,145,152,232
10.2.2	Less: Unrealised non-distributable reserve	(21,070,000)
10.2.3	Less: Funds set aside for specific purposes	2,002,000
10.2.4	Less: Cumulative net gains on revaluation of investments and property, plant and equipment included in the income statement	(263,970,569)
10.2.5	Less: Specific assets encumbered for third party liabilities	(50,000)
10.2.6	Less: Minority interest	(501,000)
10.2.7	Add: Sub-ordinated loan as approved by the Council	6,998,000
10.2.8	Total net assets	2,868,560,663
10.2.9	TOTAL NET ASSETS	2,868,560,663
10.2.10	GROSS CONTRIBUTIONS	16,619,189,351
10.2.11	SOLVENCY RATIO	17.26%

Accumulated funds in terms of Regulation 29

Accumulated funds represent the net asset value of the scheme excluding funds set-aside for specific purposes, unrealised non-distributable reserves and encumbered assets. Therefore, the total members' funds in 10.2.1 pulls automatically through from part 5.2.1 of the return.

Unrealised non-distributable reserves

Both the revaluation reserve for investments (part 7.2) as well as the revaluation reserve for property, plant and equipment (part 7.3) should be deducted from the total members' funds for solvency purposes; to ensure that unrealised non-distributable reserves are excluded.

Therefore, part 10.2.2 automatically pulls through from (part 5.2.1.2 (revaluation reserve for investments) plus part 5.2.1.3 (revaluation reserve for property, plant and equipment)).

Funds set aside for specific purposes

All funds set aside for future claims, whatever they are called, should be included in accumulated funds. This has the effect of looking at the nature of the fund, rather than the name.

However, funds “set aside for specific *non-claims* purposes” should be excluded from accumulated funds.

It is therefore recommended that schemes classify their reserves properly keeping in mind the Regulation 29 prescriptions.

Part 10.2.3 pulls automatically through from part 5.2.1.4 (reserves set aside for specific purposes).

Cumulative net gains on revaluation of investments and property, plant and equipment included in the income statement

Part 10.2.4 automatically pulls through from part 10.1.6; should part 10.1.6 be an unrealised gain. Where part 10.1 resulted in a net cumulative unrealised loss, it is ignored and not pulled through to part 10.2; as net unrealised losses are not added to accumulated funds to calculate solvency.

However, in some instances it was noted that a scheme’s accounting policy states that for some investments the unrealised gains/ (losses) on the re-measurement of that investment are taken to the income statement (i.e. investment property), and for its other investments the unrealised gain/ (loss) on the re-measurement of that investment to fair value are taken to a revaluation reserve (i.e. available-for-sale investments).

Therefore, to ensure that only the net unrealised gains are deducted from solvency, the formula in part 10.2.4 also determines whether the scheme had any revaluation reserves in part 10.2.2. Where a scheme had a positive revaluation reserve (hence an unrealised gain) in the statement of financial position, as well as an unrealised loss in part 10.1.6, the formula in part 10.2.4 will add back the unrealised loss in part 10.1.6, limited to the revaluation reserve amount in part 10.2.2. This will ensure that only unrealised gains are deducted from the solvency ratio, and that no unrealised losses are added to the solvency ratio.

Important to note that, where a scheme had a revaluation reserve (unrealised gain) in part 10.2.2 as well as a cumulative net unrealised gain in part 10.1.6 the full unrealised gain will pull through to part 10.2.4.

Encumbered assets

Section 35(4) of the Act states: “A medical scheme shall not be deemed to hold an asset for the purposes of this Act to the extent that such asset is encumbered”. In addition, section 35(6) (c) states that a medical scheme shall not directly or indirectly borrow money without the prior approval of the Council or subject to such directives as the Council may issue.

Therefore, where a specific asset is encumbered in respect of obligations between other persons (third party liability), there is a risk of loss to the scheme. For example, a cession of share certificates or insurance policy as collateral for a third party loan. In such a case, the liability will be in the third party’s books. Such encumbered assets should be deducted from the accumulated funds. Should other variants of encumbrances present themselves to medical schemes, the underlying principles, including risk of loss and location of liability, should be considered. The final effect should not be an iniquitous position for the scheme.

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However, where an encumbered asset is in respect of a liability that is in the scheme's statement of financial position, the encumbered assets should not be deducted from accumulated funds. This would be the case, for instance, in a finance lease or instalment sale agreement where computer equipment has been purchased. If the encumbered assets were to be deducted, the net effect would be a net liability, which is tantamount to double accounting.

The amount in line 10.2.5 pulls automatically through from part 4.25.2 in respect of total encumbered assets and total suretyships.

Minority interest

Only scheme-specific funds are taken into account in the solvency calculation. Minority interests in consolidated parties are therefore deducted from the total members' funds per statement of financial position. The amount in line 10.2.6 automatically pulls through from line 5.2.1.6 (minority interest).

Subordinated loans

The scheme should only add a subordinated loan in part 10.2.7 if Council has approved the subordinated loan, and gave approval that the specific loan can be treated as equity.

Annualised gross contributions

It should be noted that the gross annual contributions includes the annual contributions to members' savings accounts. Hence, the annualised gross contributions in part 10.2.10 pulls automatically through from part 6.1 of the return.

Where a scheme did not meet the required minimum solvency level of 25%, as set out in Regulation 29, they should complete the reason box at the bottom of part 10.2; indicating the reasons for not meeting the 25% solvency level, how many days the solvency level was below 25%, and whether a business plan was submitted to Council in terms of section 35(11) and Regulation 29(4)).

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PART 11 REPORTING BY THE AUDITORS IN TERMS OF SECTIONS 36, 37 & 39 OF THE ACT

Please note that these reports need to be amended by the auditor, printed on the auditor's letterhead and signed by the auditor.

Part 11(a) – Auditor's report



This part is a normal audit report, where the auditor signs off on parts 4 to 10 of the annual return. Auditors can also refer to our website for the guideline containing this report.

It should be noted that this report should be amended and printed on the auditor's letterhead; and signed.



Part 11(b) – Limited assurance report

The screenshot displays the 'Statutory Returns Portal - CMS Annual Section' in a Windows Internet Explorer browser. The page features the CMS logo and a navigation menu with buttons for Part 1 through Part 11. Part 11 is highlighted, and the sub-section 'Part 11 B' is selected. The main content area displays the title 'ISAE 3000 Limited Assurance Report in terms of Section 36 of the Act - Compliance' and the subtitle 'ASSURANCE REPORT OF THE INDEPENDENT AUDITOR OF MMED 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 1998'. The report text begins with '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 MMED (the Scheme) with the Sections of the Act and related Regulations specified below:' followed by a list of six specific sections of the Act and Regulations.

This part contains the agreed upon procedure report to be signed off by the auditor. Auditors can also refer to our website for the guideline containing this report.

This part requires the auditor to report on certain non-compliance matters with regards to the Medical Schemes Act 131 of 1998, which were noted during the performance of their normal audit procedures.

The auditor should ensure that all the necessary tests are performed during the course of the audit, to be able to sign off on this report.

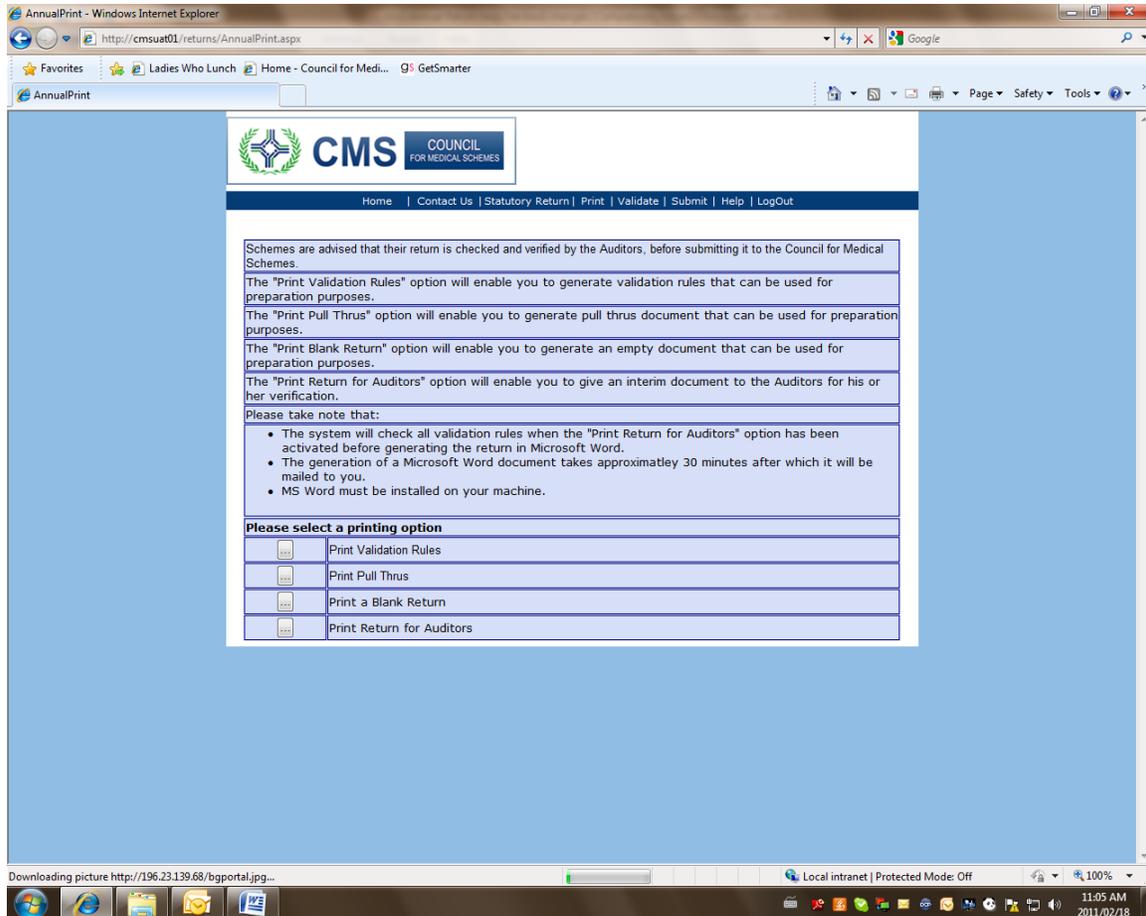
It is also very important that the auditor specifies all the exceptions noted.

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PRINT REQUEST FOR RETURN

To access the print options available, the user should click on the “print” option available on the task bar. The following screen will appear:



This page explains in detail the different print options available to the user as well as the procedures to be followed.

Hence, the user has the following print options:

- Print validation rules: A list of all the validation rules applicable to that specific year’s statutory return will be e-mailed to the user.
- Print pull throughs: A list of all the pull throughs applicable for that specific year’s statutory return will be e-mailed to the user.
- Print a blank return: A blank word document for that specific year’s statutory return will be e-mailed to the user.
- Print return for auditors: A draft word document, which contains all the information currently captured on the return, will be e-mailed to the user.

It should be noted that all print requests are sent to the Office’s generators, which are processed on a first come first serve basis. Hence, all requests are queued at the generators to be

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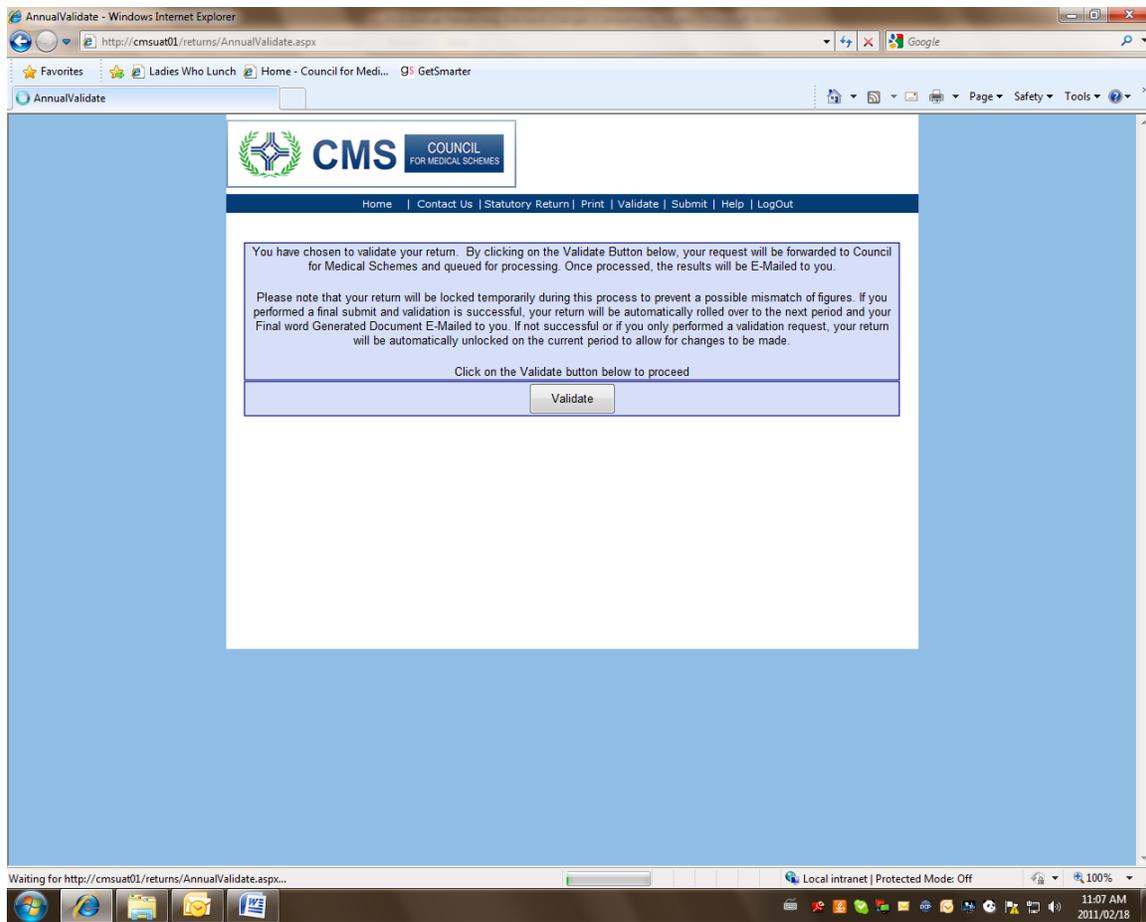
processed. Please note that it takes approximately 30 minutes for an annual statutory return word document to be generated.

Therefore, should you be third in the queue, you will only receive your word document (whether it is a final or draft copy) in an hour and a half's time.

Also important to note that print requests will be e-mailed to the user as well as to the Principal Officer, Chairperson and Trustee signature. The data captured in part 1.1 of the return will be used to obtain the e-mail addresses of the relevant people.

VALIDATION OF RETURN

To validate a return, please click on the 'validate' option on the task bar. The following screen will appear:

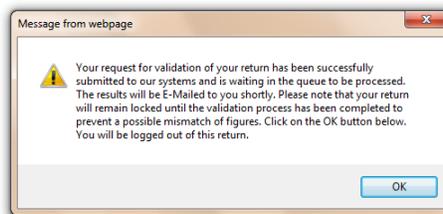


This page explains in detail the validation process. It should be noted that all validation requests are sent to the Office's generators, which are processed on a first come first serve basis. Hence, all requests are queued at the generators to be processed. Please note that it takes approximately 5 minutes to validate an annual statutory return. Therefore, should you be third in the queue, you will only receive your validation results via e-mail in 15 minutes' time.

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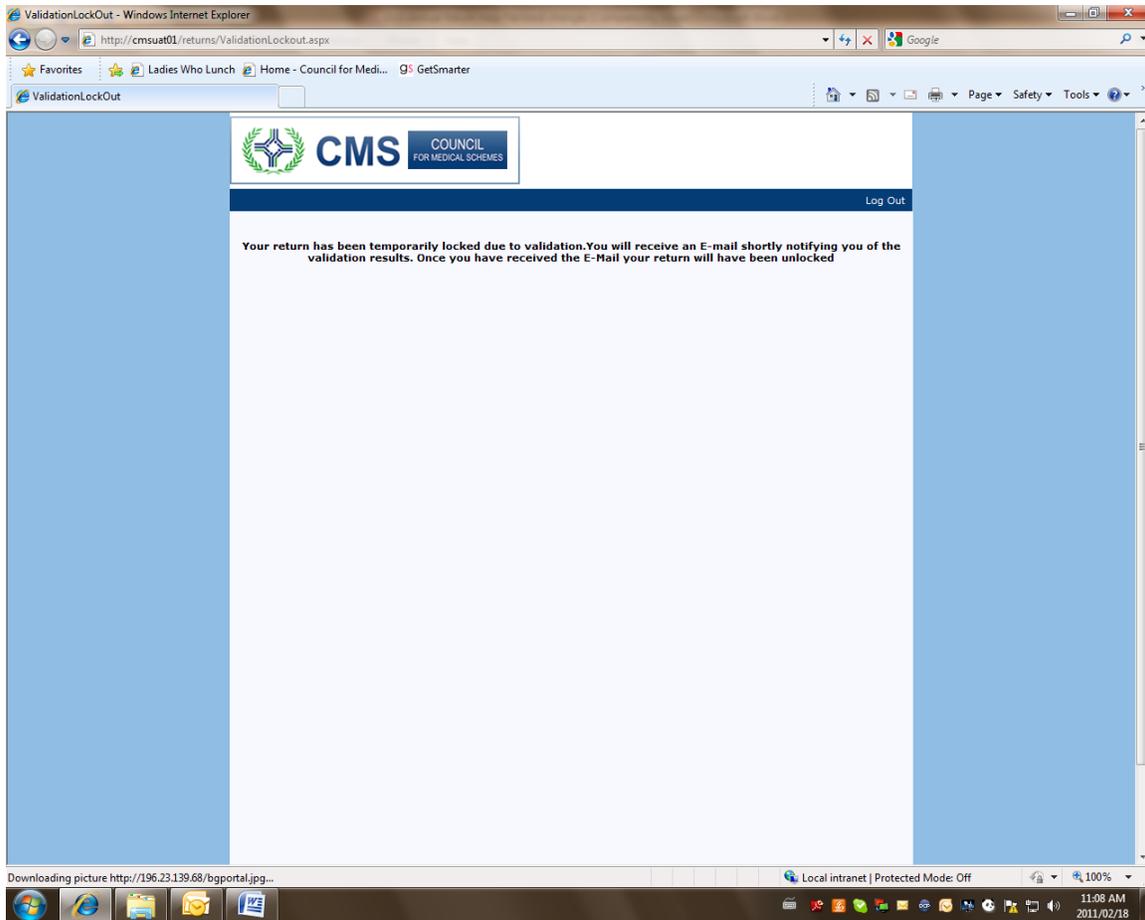
After clicking on the validate button the following screen appears, which only explains the validation process further. The user should click on OK.



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It should be noted that the user will not be able to access the online statutory return, whilst the return is in the queue to be validated. The following screen will appear, if the user tries to access the online statutory return, whilst the return is busy validating:



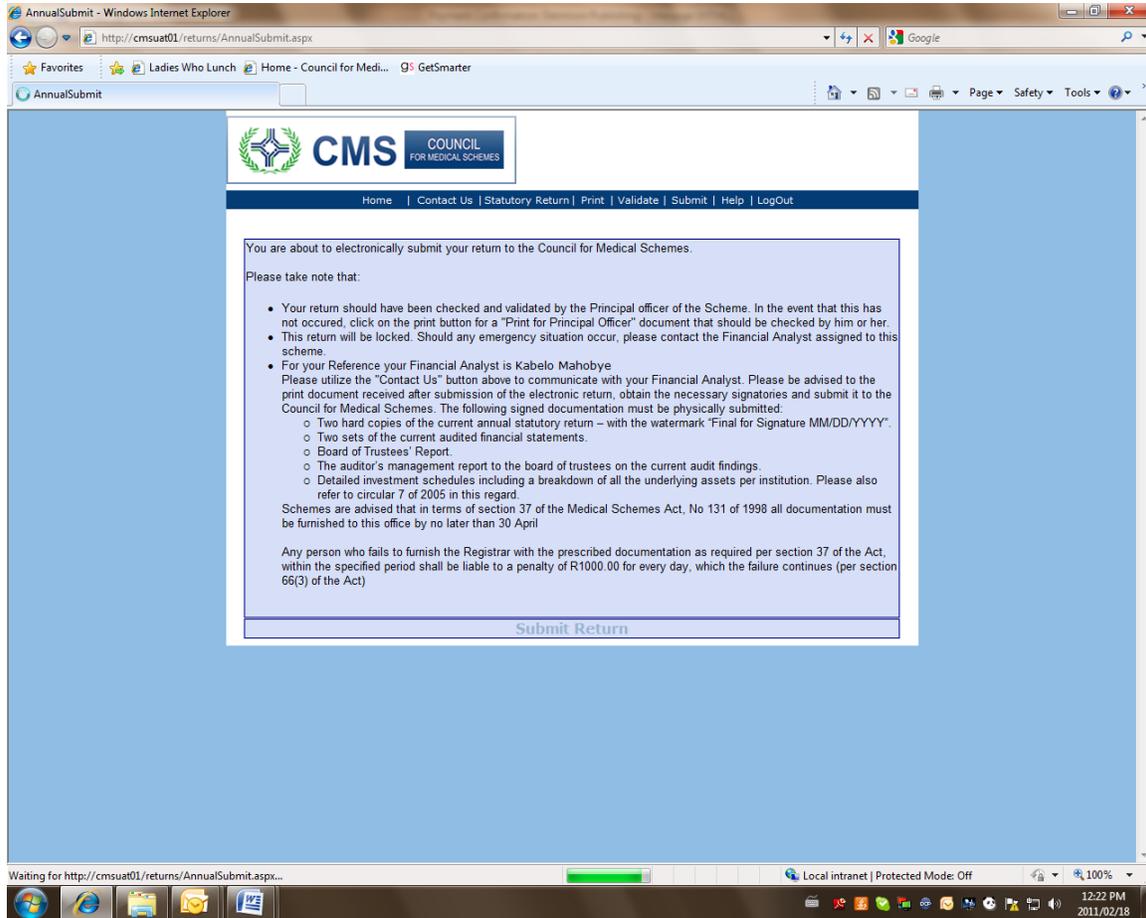
HELP FILE: 2010 ANNUAL STATUTORY RETURN



SUBMISSION OF RETURN

When the return has been completed in its entirety, the auditors and the board of trustees had approved the draft word document and all validation rules have successfully passed, the user can submit the return, which will ensure that a final word document is e-mailed to the scheme.

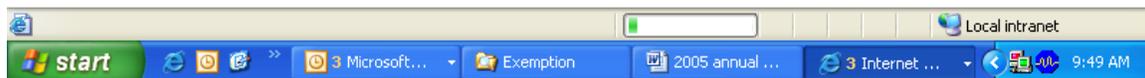
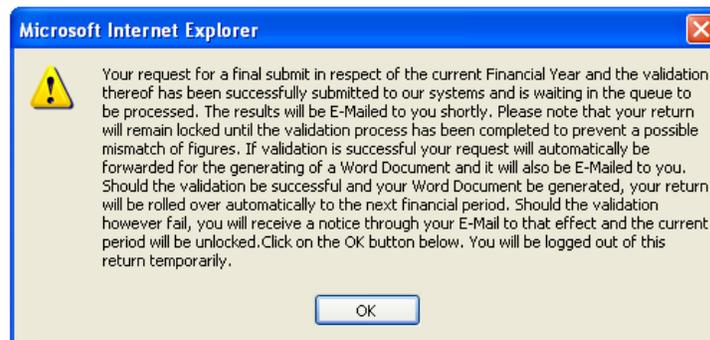
The user should use the 'submit' option on the task bar, to submit the return. The following screen will appear:



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The user should now click on the 'Submit Return' button at the bottom of the page. The following screen will appear:



The user should now only click on the OK button.

Important to note that when the return has been submitted it will automatically be sent to the validation generators, to ensure that the final return has successfully validated. If all the validation rules passed successfully, the system will automatically send the return to the word document generator, where it will be queued for processing of the final word document.

Again, as stated under the print function, all print requests are sent to the Office's generators, which are processed on a first come first serve basis. Hence, all requests are queued at the generators to be processed. Please note that it takes approximately 30 minutes for an annual statutory return word document to be generated. Therefore, should you be third in the queue, you will only receive your word document (whether it is a final or draft copy) in an hour and a half's time.

It should also be noted that after the return has been submitted, it will be locked and the user will not be able to make any further adjustments to the return. Hence, before the user does a final submission of the return, he or she should ensure that both the board of trustees and auditors are in agreement that no further changes are required to the online statutory return.

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HELP FUNCTION

This document will be available from the 'Help' function on the task bar.

LOG OUT FUNCTION

As soon as the user presses the "Log out" button on the task bar, it will go back to the login screen:

