GUIDANCE NOTE 33

Best Practice for Group Insurance Data

13 March 2017

FSC Membership this Guidance Note is most relevant to:	This Guidance Note is relevant to FSC, AIST, IFF and ISA Members broadly. However, it is particularly relevant for life insurance and reinsurance companies, superannuation trustees and fund administrators.
Date of this version:	21 October 2016
History (prior version) of this Guidance Note:	N/A
Main Purpose of this Guidance Note:	• To improve the quality and availability of group insurance data (both member exposure and claims) for use in the tendering process, for renewal pricing and reserving and more generally by the trustees and insurer. The key benefits of this are more accurate and fairer pricing and repricing; improved industry sustainability and increased regulator confidence in the industry. • To influence the broader industry, including superannuation trustees and fund administrators who are not AIST, FSC, IFF and ISA members by outlining best practice group insurance data management practices and processes. • Outline at a more granular level than SPS 250 the specific data fields that trustees, insurers and administrators should collect and report as best practice for group insurance tendering, ongoing reserving and repricing processes.

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1. Title

1.1. This Guidance Note may be cited as FSC, AIST, IFF and ISA Guidance Note No. 33 *Best Practice for Group Insurance Data*

2. Date of Issue

2.1 Originally issued [N/A].

2.2 This Guidance Note is intended to be adopted by relevant members on an incremental basis.

2.3 For this purpose, relevant Members should make necessary incremental and progressive steps to implement the systems changes required to deliver group insurance data to the best practice standard outlined in this Guidance Note.

3. Review and Transition to FSC Standard

3.1 This Guidance Note will be reviewed after a period of 24-months following its issue.

3.2 Following a thorough assessment about the extent to which the data collection and reporting requirements have been adopted consideration will be given to implementing these requirements as an FSC Standard.

4. Application of Guidance Note

4.1 This Guidance Note should be considered as a guide to best practice for FSC, AIST, IFF and ISA Members. More broadly, all relevant Members providing group insurance are encouraged to adopt the best practice outlined in this Guidance Note.

4.2 Despite the provisions of this Guidance Note, this Guidance Note does not take precedence over the provisions of a group insurance contract or reinsurance treaty and does not create legal rights which do not otherwise exist under the group insurance contract or reinsurance treaty, or otherwise impose any obligation on a relevant Member which is inconsistent with any relevant law.

4.3 This Guidance Note applies to all group insurance contracts issued by insurers who are FSC, AIST, IFF and ISA members, including contracts with Trustees of insuring Industry Funds, Public Sector Trusts, Multi-Employer Funds (also known as Master trusts), Corporate Superannuation Funds and ordinary (non-superannuation) corporate business. It applies to all sub-divisions within those funds.

5. Exclusions

5.1. Retail (Individual Risk) life insurance policies within a superannuation arrangement are excluded from this Guidance Note.

6. Statement of Purpose

6.1 The purposes of this Guidance Note are:

6.1.1 To improve the quality and availability of group insurance data (both member exposure and claims) for use in the tendering process, renewal pricing and ongoing reserving and more generally by the Trustee and Insurer to maintain and design an insurance offering. The key benefits of this are more accurate and fairer pricing; improved industry sustainability and increased regulator confidence in the industry.

6.1.2 To influence the broader industry, including superannuation trustees and fund administrators who are not FSC, AIST, IFF and ISA members by outlining best practice group insurance data management practices and processes.

6.1.3 To address group insurance sustainability issues.

6.1.4 To address the lack of best practice with respect to capturing, extracting, reporting, and storing Claims Data and Member Exposure Data, which create risks and costs for both trustees and insurers who must rely on the data that is made available to them to perform their duties and provide insurance benefits. Improving data accuracy is a benefit to consumers because it reduces uncertainties for insurers and in turn reduces the need for uncertainty margins in insurance premiums.

6.1.5 To mitigate the trend toward complex legal arrangements for disclaiming risks associated with the accuracy of tender data.

7. Principles of the Group Insurance Data Guidance Note

7.1 This Guidance Note is based on the following principles:

7.1.1 The longstanding industry practice regarding the provision of group insurance data is for incumbent (and past) group insurers to provide superannuation trustees (RSE Licensees). with claims data upon request. This Guidance Note does not propose changing this relationship but does establish best practice for the quality and data fields that should be reported and the timeliness of reporting these fields (refer to Paragraph 14 “Claims Data”).

7.1.2 Because Insurer Data is often not sufficient in itself to price or reprice a scheme, further data from the RSE Licensee or its Administrator is typically required. This Guidance Note does not propose changing this relationship but does establish best practice for the quality and data fields that should be reported and the timeliness of reporting the fields (refer to Paragraph 15; 16 “Trustee Claims Data”; “Member Exposure Data”).

7.1.3 The ultimate responsibility for maintaining group insurance data rests with the RSE licensee. APRA Superannuation Prudential Standard 250 states at paragraph 15 that: “An RSE licensee must maintain records of sufficient detail for a prospective insurer to properly assess the insured benefits that are made available. These records must include, for at least the previous five years, the claims experience, membership, sum insured and premiums paid in relation to beneficiaries”.

7.1.4 Trustees have an obligation under SPS 250 to hold and provide historical data for a period of five years. This Guidance Note does not purport to diminish; this obligation however it is acknowledged that for the initial transition period meeting the full data requirements of this Guidance Note five-years retrospectively may not be possible for some Trustees or Insurers. However, this does not exclude Insurers or RSE Licensees from requesting retrospective data as part of a group insurance contract or reinsurance treaty.

7.1.5 The emphasis for Insurers and RSE Licensees in implementing this Guidance Note should be on providing high quality data. The number of fields populated, while very important, should be secondary to the provision of reliable and high quality data.

7.1.6 Generally, a group insurer will cede a portion of the insurance risk to a reinsurer, who will be provided with the same data that reinsurance pricing, reserving and operations rely upon. This Guidance Note does not propose that the reinsurer may hold the insurer responsible for this data because they are not party to the final insurance contract between insurer and RSE Licensees.

8. Compliance with existing APRA Standards

8.1 APRA licensed Insurers and RSE Licensees have an obligation to comply with relevant APRA standards and to take into account practice guides where applicable. In particular:

8.1.1 *Prudential Standard SPS 250 Insurance in Superannuation (SPS 250)*

8.1.2 *Prudential Practice Guide CPG 235 – Managing Data Risk*

9. Privacy

9.1 The collection, storage, transmission and use of group insurance data is subject to the relevant law, including the Privacy Act. This Guidance does not purport to displace any obligations under the law.

9.2 During data transmission processes, Insurers and change through to RSE Licensees should ensure that measures are taken to prevent loss or inappropriate access to the data. Some such measures are identified in APRA's *Prudential Practice Guide CPG 235 – Managing Data Risk* and include:

9.2.1 Introducing a systematic and formalised approach to data security

9.2.2 Improving staff awareness about privacy

9.2.3 Data life-cycle management

10. Acronyms, Initialisms and Definitions

10.1 In this Guidance Note:

10.1.1 *"AAL"* means Automatic Acceptance Limit.

10.1.2 *"ABN"* means Australian Business Number.

10.1.3 *"APRA"* means Australian Prudential Regulation Authority.

10.1.4 *"BP"* means Benefit Period.

10.1.5 *"GSC"* means Group Salary Continuance. This may also be referred to as IP or Income Protection.

10.1.6 *"IBNR"* means Incurred But Not Reported.

10.1.7 *"ICD"* means International Classification of Diseases. This refers to the World Health Organisation Disease Codes.

10.1.8 "*IP*" means income protection insurance. This may also be referred to as GSC or Group Salary Continuance.

10.1.9 *"NPW"* means Not Proceeded With.

10.1.10 "RSE" means Registrable Superannuation Entity.

10.1.11 *"RTW"* means Return to Work.

10.1.12 *"SI"* means Sum Insured

10.1.13 *"SIS Act"* means Superannuation Industry (Supervision) Act, 1993 (Cth) and Regulations.

10.1.14 *"SG"* means the Superannuation Guarantee system under the Superannuation Guarantee Administration Act 1992 (Cth.) and associated legislation. This refers to the minimum employer contribution to employee superannuation (currently 9.5% per annum) payable per quarter of an employee's salary and wages) which an employer must make in order not to be subject to an SG charge.

10.1.15 *"TI"* means Terminal Illness.

10.1.16 "*TPD*" means total and permanent disablement.

10.1.17 *"TTD"* means Total and Temporary Disablement.

10.2 In this Guidance Note, a reference to a Relevant Member includes where appropriate or required, any delegates or agent of that Member, such as an Administrator engaged by an RSE Licensee to administer an RSE.

11. Data Importance Grading

11.1 To increase the effectiveness of this Guidance Note a "Data Importance Grading" has been assigned to each data field.

11.2 These assist Insurers and RSE Licensee to direct their resources to collecting the data fields that are of greatest value.

11.3 The values are:

	Best practice data for tendering, repricing, reserving and insurance management purposes
	Useful data for a complete understanding of a Trustee's member exposure and claims experience and greater accuracy in pricing and reserving

12. Data Quality and Reporting Frequency

12.1 A summary of the procedures used to produce the data extract should be provided with the claims or member exposure data. Examples of the procedures that should be documented include:

12.1.1 Unique report numbers

12.1.2 Code numbers

12.1.3 Explanation about how data fields are selected

12.2 Each data extract should contain a complete version of the claims or member exposure data. Data extracts containing only the changes since the most recent data extract was issued are not considered best practice.

12.3 All associated information that is useful for interpreting the data should be provided, for example:

12.3.1 Product Disclosure Statements

12.3.2 Applicable business rules

12.3.3 Details of product designs from previous schemes

12.4 For Trustees:

12.4.1 Member exposure data should be updated on a monthly basis and each monthly census extract should be accessible at all times.

12.4.2 On a 12-monthly basis the Trustee or their delegate should provide written confirmation that the data supplied has been validated and checked for accuracy.

12.4.3 Auditing should take place on a periodic basis to check for and protect against corruption of data.

12.4.4 Entities should refer to *Prudential Practice Guide CPG 235 – Managing Data Risk* for guidance about data validation techniques.

12.5 For Insurers:

12.5.1 Claims data should be updated on a monthly basis and each monthly census extract should be accessible at all times.

12.5.2 On a 12-monthly basis the Insurer or their delegate should provide written confirmation that the data supplied has been validated and checked for accuracy.

12.5.3 Auditing should take place on a periodic basis to check for and protect against corruption of data.

12.5.4 Entities should refer to *Prudential Practice Guide CPG 235 – Managing Data Risk* for guidance about data validation techniques.

13. Data Validation

13.1 APRA *Prudential Practice Guide CPG-235 Managing Data Risk* deals with how Trustees and Insurers can ensure data is fit for use. Entities should give consideration to these controls in managing their databases.

14. Provision of Retrospective Data

14.1 Where data that is available to the Trustee or Insurer was collected prior to the introduction of this Guidance Note, best practise is for that data to be made available to all relevant Entities (i.e. Trustee, Insurer, Reinsurer) for tendering, insurance offer design, repricing and ongoing reserving purposes.

14.2 Previous insurers and reinsurers should also be granted access to the data that pertains to the date they went on risk or earlier for the purpose of revising their remaining IBNR and other reserves.

14.3 Where these data are available they should be provided retrospectively for a minimum of five-years prior to the current data extract date with the provision of at least ten years of data considered best practice.

14.4 In instances where a successor fund transfer or merger between Trustees takes place, an incoming Trustee should require five years retrospective data for incoming members in accordance with requirements under SPS250.

14.5 Insurers and Trustees have a responsibility for ensuring that the data collected is both complete and reliable. Entities are encouraged to implement business processes to validate data on a periodic basis to minimise the degree of data degradation. Data cleansing should also be undertaken when data quality requirements change over time.

15. Data transmission and storage

15.1 Arrangements for the transmission of group insurance data are generally agreed between Insurer and Trustee in contractual arrangements.

15.2 Data transmitted between parties should to the greatest extent possible be formatted on the basis of the greatest possible useability and accessibility. Standard file formats include:

15.2.1 .csv

15.2.2 .xlsx

15.2.3 .xls

15.2.4 .xltm

15.2.5 .xlsb

16. Claims Data Fields and Definitions

16.1 Insurers should provide data on each member claim in its own data line.

16.2 The data extraction date should be provided in each extract provided to the Trustee.

Data Field	Definition	Importance grading
Identifying information		
Fund member code	Provide the unique member number that shows linkage between claimant and member exposure	
Scheme division/category	Identify the scheme or division applicable to the fund member (e.g. retained, spouse, Div. 1, Div. 2 etc)	
Insurer unique claim identification number	Insurer's unique claim identification number (if applicable)	
Associated claim numbers (insurer)	Other insurer claim numbers associated with the member. The purpose of this is to know about GSC, TPD and associated claims to automatically get a more holistic perspective.	
General Information		
Claimant gender	Male, female	
Date of birth	(dd/mm/yyyy)	
Occupation Rating	If claimant is occupationally rated, please advise rating. Applicable occupation rating definitions should be provided.	
Occupation	Occupation rating for large schemes; Job title for small schemes. Applicable occupation rating definitions should be provided.	
Post code	Post code of the claimant at their home address	
Employer Name	Full name of employer (other for self employed or spouse)	
Employer ABN	Australian Business Number for employer	
Date joined fund	Date the claimant joined the fund (dd/mm/yyyy)	
Date joined employer	Date claimant joined employer, (dd/mm/yyyy)	
Date cover commenced	Date the member first obtained cover (dd/mm/yyyy). Please specify for each benefit (if applicable)	
Cover details		
Claimant salary	As defined in policy. Copy of policy to be provided.	

Additional cover(s) (refer to box alongside)	Fund should provide information about additional cover, including whether it is underwritten, the amount and the code.	
Benefit type	TPD, Death, GSC, terminal illness etc.	
Sum Insured (Death, TPD, GSC etc)	Monthly member's SI at date of claim for record split by cover type, e.g. Death, TPD, GSC etc. For GSC this is monthly benefit	
No.Unit - default	Current default covers obtained within eligibility period at time of joining fund	
Benefit Amount - default	Current default covers obtained within eligibility period at time of joining fund	
Claims details		
Claim status	Please specify: paid, pending, declined, open, closed, litigated, withdrawn etc. Defined in table.	
Employment status at date of event	Please specify: permanent, contractor, casual, unemployed, etc.	
Amount Paid	Total amount of benefit paid to the claimant. For GSC, this will include cumulative amounts paid including superannuation benefits and ancillary benefits.	
Declined or Closed Reason	RTW, BP completed, Declined with reason why, fully paid, expiry age reached, not eligible, benefit ceasing on TPD payment, under pre-existing clause etc	
Definition of disability assessed under according to category of membership	Please provide the definition of disability as outlined in the policy	
Cause of Claim (ICD)	Cause of claim code (use ICD code)	
Historic cause of claim code (Insurer specific)	Cause of claim code (insurer specific) if applicable. Manual with code definitions to be supplied.	

e-Claim	Did member lodge claim via electronic claim lodgement facility. Yes or No.	
Lawyer involvement		
Lawyer involved from initial lodgement	Yes or No. Please supply law firm ABN.	
Lawyer involved with case litigation	Yes or No. Please supply law firm ABN.	
Case hearings	Superannuation Complaints Tribunal, Financial Ombudsman Service, Court proceedings, etc.	
Claim Dates		
Date of event	The date of the event giving rise to the claim (dd/mm/yyyy)	
Date ceased work	Date the claimant stopped working due to the event (dd/mm/yyy)	
Date of lodgement of completed claim forms with Insurer	The date when the completed claims forms were lodged with the insurer (dd/mm/yyyy)	
Date of lodgement of completed claim forms with Trustee	The date when the completed claims forms were lodged with the trustee (dd/mm/yyyy)	
Date claim approved by insurer	The date when processing was completed and the claim benefit was approved by the insurer (dd/mm/yyyy)	
Date claim paid by insurer	The date the benefit was paid to the member or beneficiary (dd/mm/yyyy)	
Date claim closed by insurer	The date the claim was closed (dd/mm/yyyy)	
Date claim denied	Date when processing has occurred and the client was notified that the claim was denied (dd/mm/yyyy)	
Date claim reopened (for previous litigated, declined, NPW etc).	Date claim was reopened (if applicable).	
GSC claims/income protection		
GSC Benefit Type	Please specify: full base benefit, partial base benefit, SG benefit, lump sum settlement, etc - if more than one payment type, summarise in separate transaction line	

Waiting Period	Define waiting period for income protection.	
Benefit Period	Define benefit period for claimant's income protection	
Escalation Indicator	Please specify whether a GSC benefit escalation indicator has been applied (Y/N). If yes, please provide the terms.	
"Paid from" date	The start date of a period that is covered by each monthly IP claim payment	
"Paid to" date	The end date of a period that is covered by each of monthly IP claim payment.	
Closed reason	Please specify: Return to Work, Expiry of benefit period, Death etc	
Original Monthly Benefit	Monthly Benefit at claim commencement under the policy terms including default and voluntary cover: • Reduced by the pre-disability income cap under the policy terms • Excluding claims escalation amount • Not reduced by claim offsets • Not reduced by partial benefit payments	
Current Monthly Benefit Entitled at extraction date	Monthly Benefit at data extraction date under the policy terms including default and voluntary cover: • Reduced by the pre-disability income cap under the policy terms • Including claims escalation amount • Not reduced by claim offsets • Not reduced by partial benefit payments	

Current Monthly Benefit Paid	Monthly Benefit at data extraction date under the policy terms including default and voluntary cover: • Reduced by the pre-disability income cap under the policy terms • Including claims escalation amount • Reduced by claim offsets • Reduced by partial benefit payments	
Recurrent claim	Yes or No. Date reopened (dd/mm/yyyy)	
Offset type	If the current monthly benefit paid is less than the current monthly benefit entitlement, outline the reason(s) for the offset e.g. Centrelink, partial RTW, other retail policy, workers compensation, sick leave, etc.	
Offset Amount	If the current monthly benefit paid is less than the current monthly benefit entitlement, outline the amount of each offset type. e.g. $XX for Workers Comp, $YYY for Sick leave, $ZZZ for partial RTW income	
Non-super IP		
Lump sum settlement	Yes or No	
Ancillary benefit paid	Yes or No	
Amount of ancillary benefit	If applicable insert amount ($) paid for ancillary benefits	
Define ancillary benefits	Please list any applicable ancillary benefits provided to claimant	

Additional non-default covers

The table below must be populated for every claim that has additional non-default covers. The claim ID number in the table below must match with the claim ID number in the table above for those claims.

If there are multiple additional covers obtained via different sources and at different dates, each of these must be listed (as per Appendix 1)

Policy number	Member number	Insurer unique claim number	Cover Type	Date cover obtained	Unitised or Fixed	No of units if unitised	Sum Insured	How was cover obtained?	Was cover underwritten?	Accepted/Declined
GL0001	10002	11112	TPD	1/01/2011	Unitised	2	$500,000	Opt in under AAL	No	Pending
GL0001	10002	11112	TPD	1/01/2012	Fixed	0	$100,000	Life Events	No	Pending
GL0001	10002	11112	TPD	1/01/2013	Fixed	0	$2,000,000	Full Underwriting	Yes	Pending
GSC0001	10002	99998	GSC	1/01/2013	Fixed	0	$6,000	Full Underwriting	Yes	Accepted

17. Trustee claims data and definitions

17.1 Trustees should provide data on each member claim in its own data line.

17.2 The data extraction date should be provided in each extract provided to the Insurer.

Data Field	Definition	Importance Grading
Trustee claims information		
Trustee unique claim identification number	Trustee's unique claim identification number (if applicable)	
Associated claim numbers (trustee)	Other trustee claim numbers associated with the primary claim so trustees can identify (if applicable)	
Administrator unique claim identification number	Administrator's unique claim identification number (if applicable)	
Associated claim numbers (administrator)	Other administrator claim numbers associated with the primary claim so trustees can identify (if applicable)	
Non-insured claim	Yes/No	
Date claim approved by trustee	The date that the claim benefit was approved by the trustee (dd/mm/yyyy)	

18. Member Exposure Data Fields and Definitions

18.1 Trustees should provide data on each member benefit (i.e. Death, Total and Permanent Disability, Trauma, Group Salary Continuance) in its own data line.

18.2 The data extraction date should be provided in each extract.

Data Field	Definition	Importance grading
Data Summary		
Fund Member count	Total number of members in the fund receiving contribution in past 12-months	
Member count by product	Member count by product type e.g. death, TPD, IP etc.	
Number of members insured	Total number of members in the fund insured	
General Information		
Member Code	Unique identifier for each member, including the member policy number, policy category number and definitions of these.	
Choice member	Yes/No	
Account left open to pay terminally ill member insurance premium (if insurance definition of TI different to super definition)	Yes/No, if yes please indicate the date of release of funds to the member who satisfied the TI definition in the SIS Act	
Scheme Division/Category	Identify the scheme or division applicable to the fund member (e.g. retained, Spouse, Div 1, Div 2, etc.)	
Date of Birth	Member's date of birth (dd,mm,yyyy)	
Gender	Male/female	
Occupation	Occupation rating for large schemes; Job title for small schemes	
Occupation rating	If premiums are occupationally rated, please advise what they are for each member	
Premium rating	Please provide the premium rate table codes used for the Fund	
Salary	Member's annual taxable income from employment. Not applicable to casual employees	
Post code	Post code of the employee at their home address	

Employer name	Full name of employer (other for self-employed or spouse)	
Employer ABN	Please supply Australian Business Number for employer	
Employee workplace address	Address of workplace where employee spends majority of time	
Employment Status	Identify part-time, full-time, casual, contractor etc. as defined in employment contract	
Date joined fund	Date the Member joined the scheme	
Date cover commenced	Date the member first obtained cover if different to the date joined scheme	
Date of Exit	Date the member exits the fund, including any applicable rules	
Date of last SG contribution	Date of last SG contribution made by member in database at extract date.	
Date of last voluntary contribution	Date of last voluntary SG contribution made by member in database at extract date.	
Account balance	Member's account balance in database at extract date (investment value). This information is useful from the perspective of product design and projecting changes in insurance.	
IP Cover details		
IP waiting period	Outline the waiting periods that apply to categories of members.	
IP product code	If more than one version of a product, provide the applicable product code	
IP benefit period	Outline the benefit periods that apply to categories of members.	
Premium details		
Premium frequency	Definition of billing frequency from the member	
Default premium	Member's default cover premium ($) for each billing period	
Voluntary premium	Member's voluntary cover premium ($) for each billing period	
Benefit details		
Additional cover (refer to box alongside)	Fund should provide information about additional cover, including whether it is underwritten, the amount and the code.	

Sum Insured (Death, TPD, GSC etc)	Monthly member's SI split by cover type, e.g. Death, TPD, GSC etc. For GSC, this is the monthly benefit.	
No.Unit - default	Current default covers obtained within eligibility period at time of joining fund	
Benefit Amount - default	Current default covers obtained within eligibility period at time of joining fund	
Benefit Scale		
Default cover	Unit scale benefits applicable to the member as at the extract date	
Voluntary cover	Voluntary unit scale benefits applicable to the member as at the extract date	
Medical information		
Underwriting for voluntary cover	Was the cover underwritten (Y/N)	
Declined voluntary cover	Was the additional cover declined on underwriting? Y/N	
Smoker status	Smoker/Non smoker status for underwritten covers only	
Percent load	Percentage loading applicable to the fund member (%)	
Per mille load	Dollar loading applicable to the fund member (number)	
Per mille load period	Load period expressed in years (leave blank if indefinite)	
Per mille load decision	Outline any loadings that have been applied once underwriting taken place.	
Exclusion indicator	Were exclusions applied to the fund member's additional cover (Yes or No)	
Exclusion type	Outline exclusion types applicable to fund member (separate with comma if more than one)	

Additional non-default covers

The table below must be populated for every claim that has additional non-default covers as shown in column highlighted in yellow of above table. The claim ID number in the table below must match with the claim ID number in the table above for those claims.

If there are multiple additional covers obtained via different sources and at different dates, each of these must be listed (as per Appendix A)

										Medical information for Underwritten Covers						
Policy number	**Member number**	**Cover Type**	**Date cover obtained**	**Unitised or Fixed**	**No of units if unitised**	**Sum Insured**	**How was cover obtained?**	**Was cover underwritten?**	**Accepted/ Declined**	**Smoker status**	**Underwriting loadings waived**	**Percent load**	**Per mille load**	**Per mille load period**	**Exclusion indicator**	**Exclusion type**
GL0001	10002	Death &TPD		Unitised	2	$500,000	Opt in under AAL	No	Accepted							
GL0001	10002	Death &TPD		Fixed	0	$100,000	Life Events	No	Accepted							
GL0001	10002	Death &TPD		Fixed	0	$2,000,000	Full Underwriting	Yes	Accepted	Smoker	No	50%	NA	NA	Yes	Knee injuries
GSC0001	10002	GSC		Fixed	0	$6,000	Full Underwriting	Yes	Accepted	Smoker	No	50%	NA	NA	Yes	Knee injuries

19 Appendix A: Example of completed data table

19.1 An example of how the claims and member exposure data is intended to be presented between insurer and trustee is provided in Excel format on the Financial Services Council website.

19.2 The file can be downloaded at:
http://www.fsc.org.au/downloads/file/Events/APPENDIXAExampleofcompleteddatatable.xlsx