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#### **Objective**

- » Update of slide deck of December 2023
- » What have we observed from the financial statements available to date?
  - » In the key judgements and estimates we identified in December?
  - » Quality of reporting
  - » Surprises
- » Where do we see future changes happening?
- » Not a discussion of KPIs (will hold until next session) but see reports distributed

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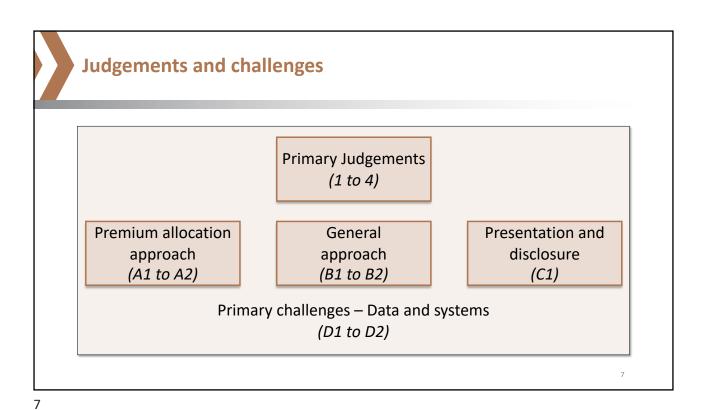




## Principles From December 2023

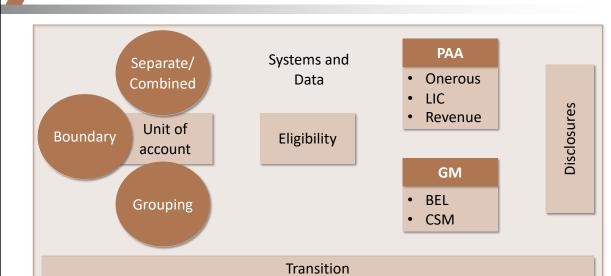
- » Described 10 key judgments or challenges faced by insurance companies
- » Every key judgment
  - » Is a decision or decision process required by an entity
  - » Requires data or a systems or both
  - » Presentation assumes that data and systems are separately considered
- » Clearly these are not the only judgements and challenges in IFRS 17

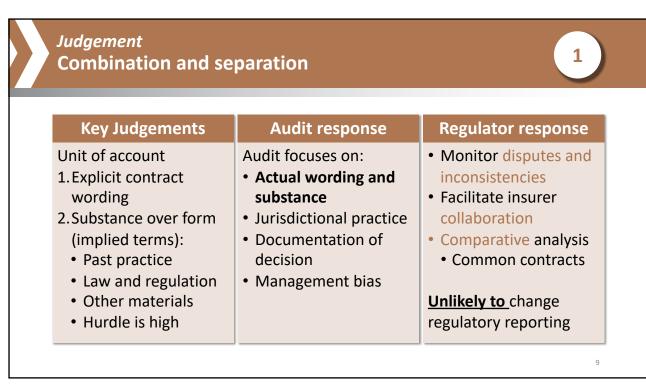
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Relationships

Sustants and PAA





# **Findings Combination and separation**

- » Minimal judgement disclosures, although there are some
- » Primary issue for contracts issued in a 'rider' format
  - » Key question is whether to maintain single contract for all riders, or
  - » Separate out each individual rider
    - » Complexities with cost and CSM allocation

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## Findings – cost allocations Combination and separation

- » IFRS 17 requires that cash flows that considered in valuing a contract include 'those that relate directly to the fulfilment of the contract.....' (Paragraph B65)
- » These are defined to include **both** direct costs **and** 'an allocation of fixed and variable overheads directly attributable to fulfilling insurance contracts .... allocated to groups of contracts using methods that are systematic and rational.....' (paragraph B65(i))

Key area of judgement and one that was overlooked by many insurers

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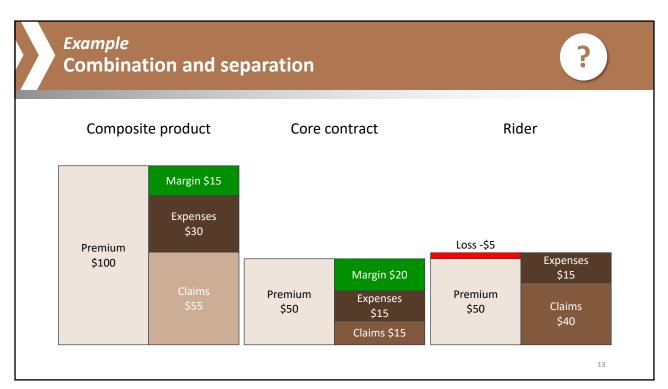
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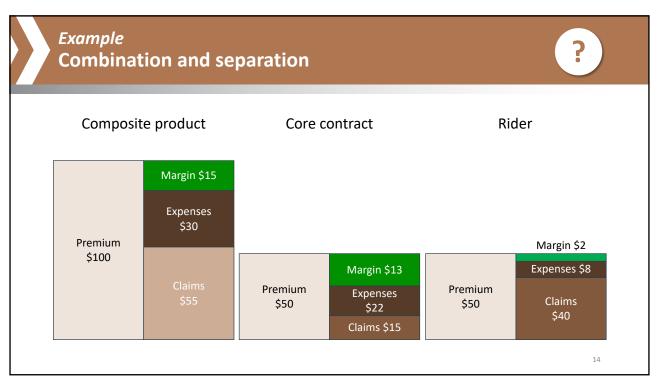


# Findings Combination and separation

- » Minimal judgement disclosures, although there are some
- » Primarily arises for contracts issued in a 'rider' format
  - » Key question is whether to maintain single contract for all riders, or
  - » Separate out each individual rider
    - » Complexities with cost and CSM allocation
    - » Results in some riders that are counter-intuitively onerous under IFRS 17

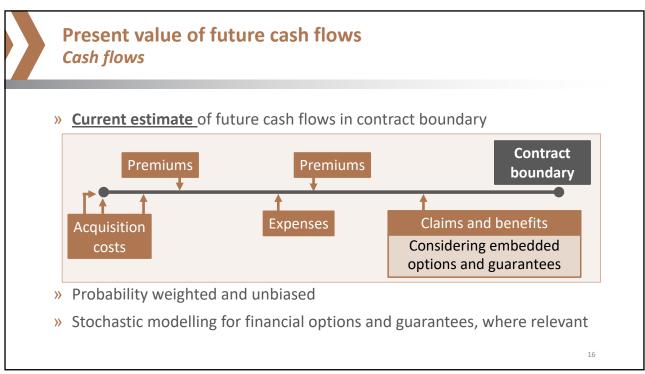
Relooking at separations to ensure separations are correct and that cost allocations are correct

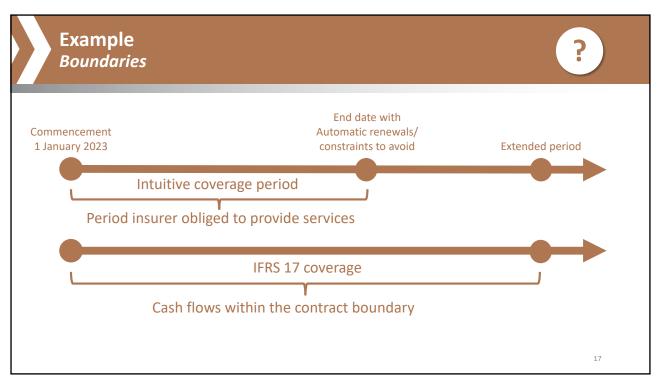




#### Judgement **Contract boundary Regulator response Key Judgements Audit response** • Consider inclusion in Duration of coverage Audit focuses on: 1. Contractual terms Actual wording as *Impact assessment* 2. Substance over form well as substance Comparative analysis Past practice Management bias Common contracts • Documentation of Interact with other Law and regulation Insurance and decision regulators Jurisdictional practice Consumer law Other materials **May** change regulatory reporting

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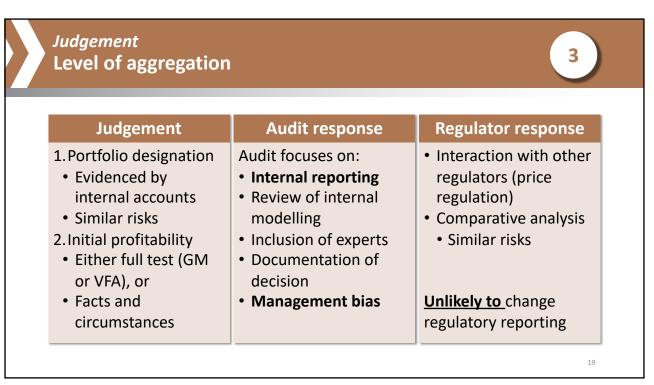


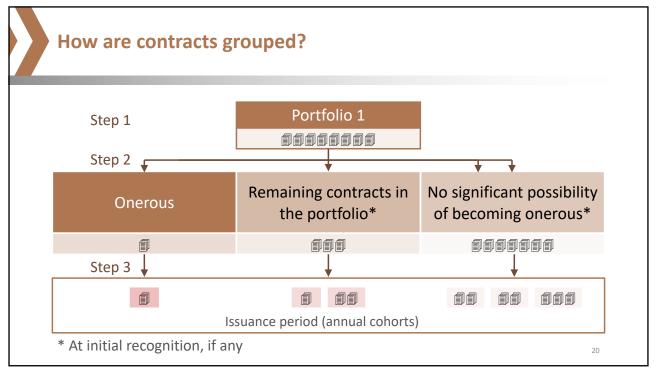
#### **Findings**

- » Limited disclosures
- » In general, this appears to have been resolvable
- » Jurisdictional oversight and knowledge sharing helped with process
  - » Eg enforceability of break clauses and historical practice

Better disclosures required, but limited likely changes to how determined

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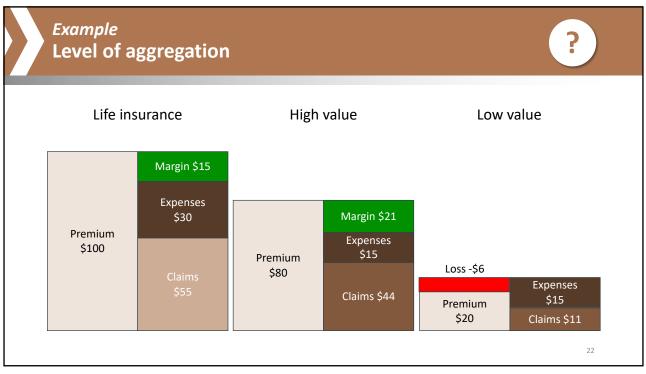


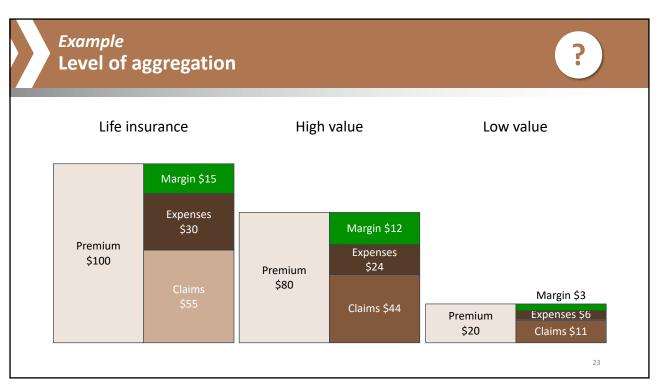
### **Findings**

- » High degree of apparent diversity and poor disclosure of judgements
- » Not always obvious how portfolios are determined
- » In general, initial profitability test produces more onerous contracts then expected:
  - » Cost allocations matter especially where policies differ in size

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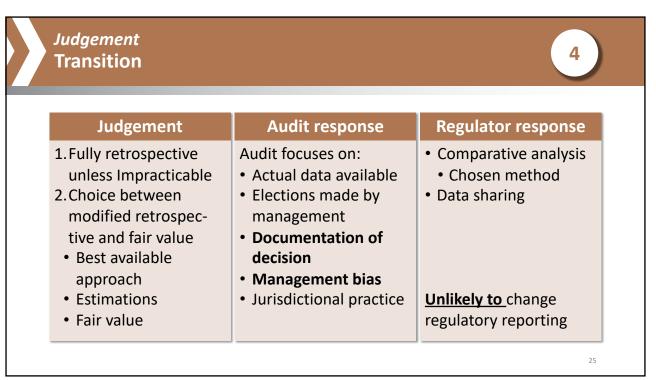


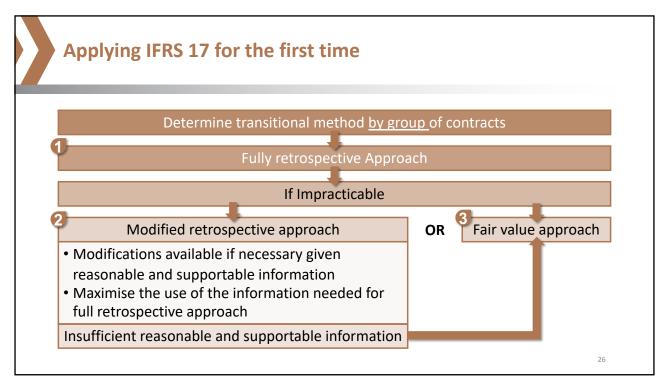
## **Findings**

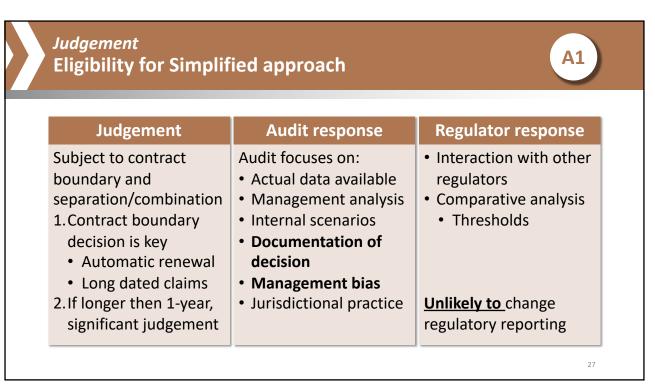
- » High degree of apparent diversity and poor disclosure of judgements
- » Not always readily apparent how portfolios are determined
- » In general, initial profitability test produces more onerous contracts then expected:
  - » Cost allocations matter especially where policies differ in size
  - » Unexpected cross subsidies have also been identified (small contracts, contracts for minority groups etc

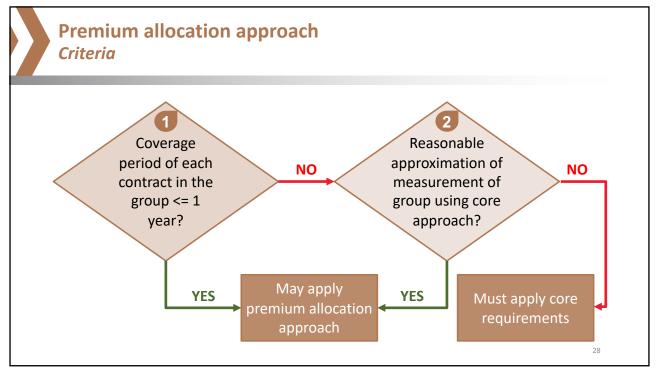
Better disclosure required Insurers are revisiting cost-allocation, however aggregation levels appear settled

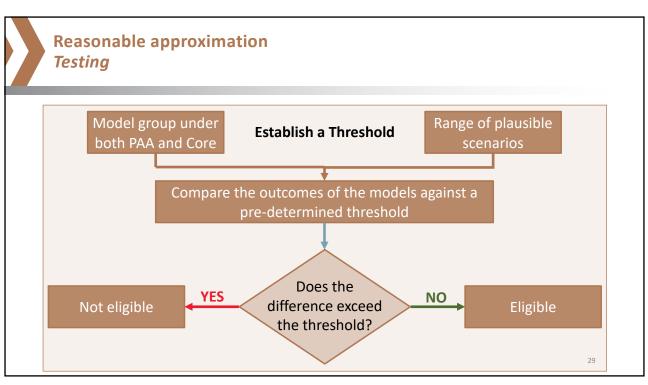
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## **Findings**

- » Significant, and typically well disclosed area of judgement
- » Considerably more contracts 'qualify' the may have been expected
  - » Some contracts in excess of 5 years
- » Key area of judgement is requirement for 'reasonable approximation' and the determination of an appropriate threshold
  - » Often references back to materiality
  - » Materiality sometimes based on contract group
  - » Other times (incorrectly?) based on entity materiality

Refinements in disclosures and methods expected

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## **Example Reasonable approximation**

- » Insurer has 50% whole of life and 50% other insurance
- » Within other insurance 70% has a contract boundary of one year or less
- » Within the greater than one year group of contracts, it identifies three groups of contracts, each of the same size
- » Insurer applies reasonable approximation test to establish whether it can use the simplified approach
- » It defines the threshold as balance sheet materiality for this insurer, balance sheet materiality is 1% of total balance sheet (total assets =\$1 billion)

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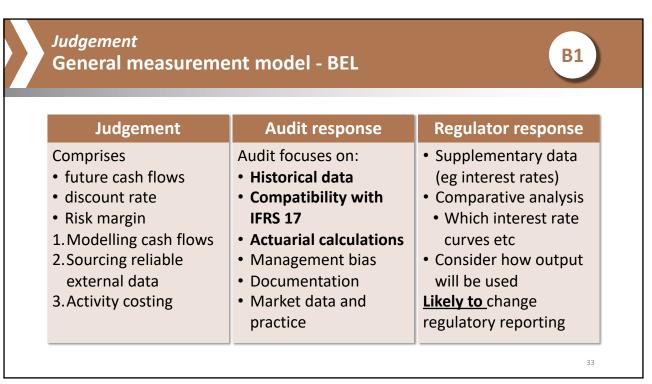
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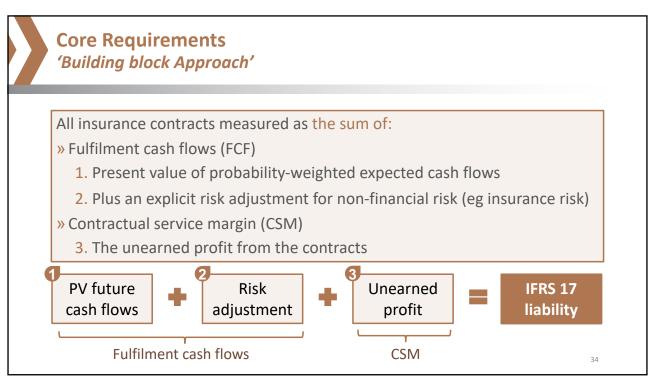
# **Example Reasonable approximation**

\$1 billion of total assets				
\$0.5 billion of whole of Life	\$0.5 billion of other insurance			
	\$0.35b< 1 year (70%)	\$0.15b>1		
		year)		
		.05 .05 .05		

	Materiality @ individual group level	Materiality for all groups subject to test	Materiality at entity level
Test	1% of \$50 million = \$0.5 million	1% of \$150 million = \$1.5 million	1% of \$1 billion = \$10 million

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#### **Findings**

- » Significant reliance on actuarial data and models
- » Typically good disclosures, although poor disclosure of sensitivity
- » Strong correlation with prudential reporting

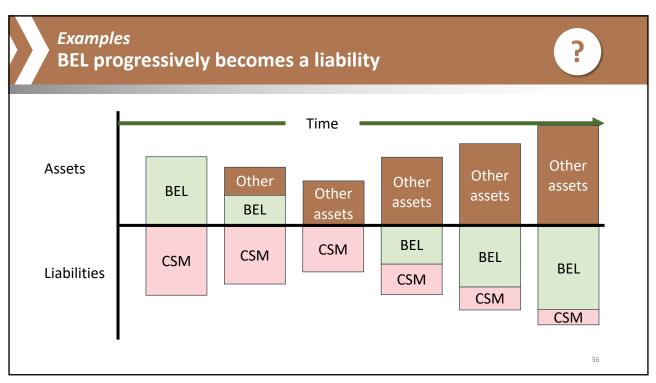
#### But

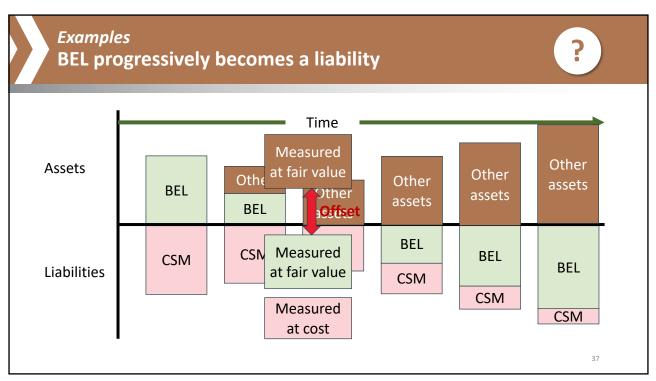
- » 'Break' occurs because of:
  - » Grouping (level of aggregation), not done for actuarial or prudential (for CSM and cost allocation purposes)
  - » Accounting mismatch where BEL stays a net asset

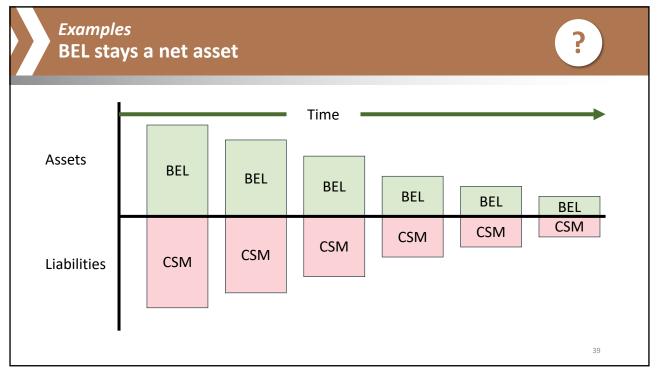
Considerable effort been expended to limit mismatch where there is a net asset

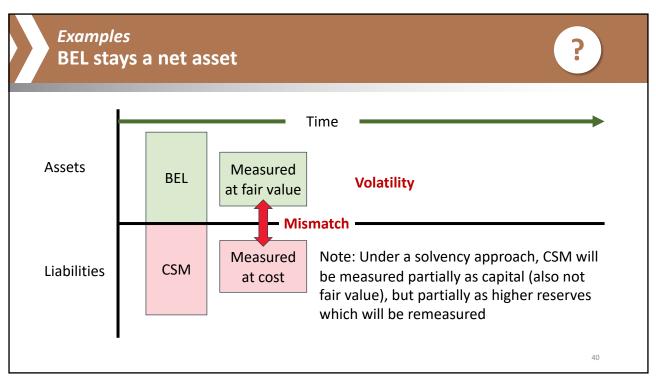
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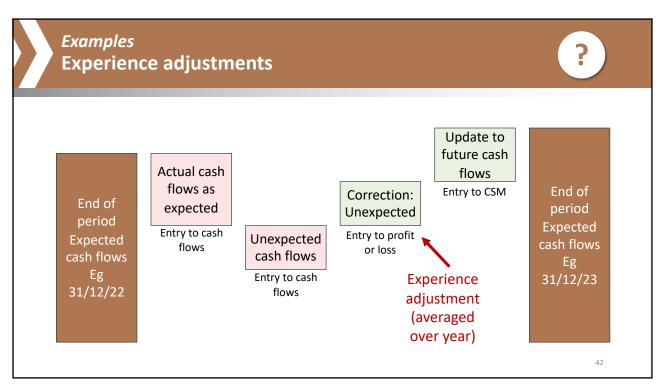


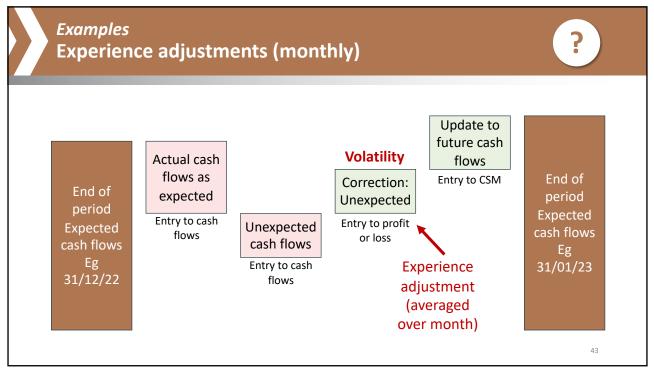


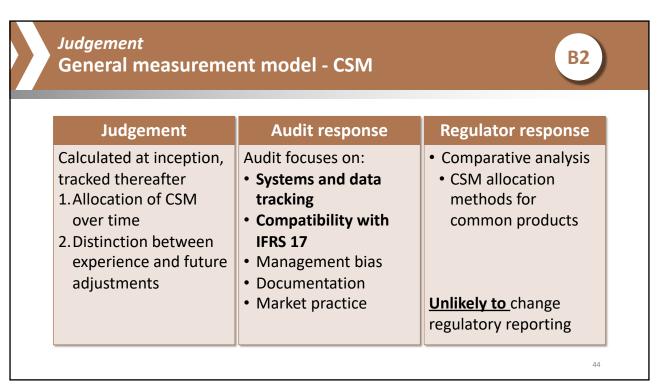


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Consideration of moving to less frequent remeasurement







# \*\* Findings General measurement model - CSM \*\* Area of significant change from previous accounting and from regulatory \*\* Challenges with: \*\* Cost allocation (see discussion above) \*\* Measurement at 'cost' (see discussion above) \*\* Allocation of CSM over time \*\* Pattern of benefits method \*\*Insurers now 'comparing notes' to better align release pattern

#### Judgement C1 **Disclosure Regulator response Key Judgements Audit response** 1. Forward looking Facilitate market Audit focuses on: disclosures Understanding of communication 2. Risk discussion and underlying data Anticipate systemic analysis Reviewing disclosures: issues 3. Completeness of • Clarify IFRS reviews Accuracy disclosures Completeness 4. Description of policy • Relevance choices Understandability **Unlikely to** change regulatory reporting

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#### **Findings**

- » Disclosures about judgements and estimates have generally been poor:
  - » not unexpected
  - » generally improve over time in response to questions and queries
- » Risk margins:
  - » Risk margin disclosure is useful to contextualise approach taken (prudential versus pricing versus internal risk)
  - » Disclosure limited
- » Risk concentration disclosure particularly poor

Will improve with time as market and regulator discipline ramps up

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