



Reserve Bank Health Society Limited

ABN 91 087 648 735

Annual Report – 30 June 2014

Reserve Bank Health Society Limited

Contents

30 June 2014

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Reserve Bank Health Society Limited
Chairperson's Review
30 June 2014

The Reserve Bank Health Society (RBHS) recorded another healthy surplus in 2013/14. The result was achieved while balancing three key objectives for the Society of maintaining a strong capital position, increasing the level of general treatment benefits for some of the most heavily utilised services and keeping the annual increase in premiums to less than the increase in the relevant health services subgroup of the CPI.

The RBHS is committed to providing superior benefits to members and one of the ways we keep in tune with this is the annual survey of member satisfaction. Thanks to all the 393 members who completed the survey in 2014. The results are once again very pleasing, showing an overall satisfaction rate of 98.1 per cent amongst members. This was the highest overall satisfaction score of the 11 mostly smaller, private health insurance funds that participated in the survey this year. The RBHS continued to score very highly around measures of reliability, responsiveness and speediness in the payment of claims.

The good results in the member satisfaction survey likely reflects a number of factors, including the significant investment that the RBHS has made in recent years in moving to the technological age and the introduction of new health programs that come under the 'broader health cover' framework. The RBHS' hospital@home and rehab@home programs make it easy to get out of hospital earlier and receive personal care in your home, while the Strive for Health program helps members with chronic conditions manage their own health with the help of expert telephone or face-to-face health support at home. While only a small number of members have participated in these programs, their use more generally in the private health insurance industry is expected to increase in coming years. The RBHS' ability to implement new technology and offer new services to members also reflects the ongoing benefits of the outsourcing arrangement that commenced in 2011. The full transition of the provision of services by Lysaght Peoplecare was completed in early 2013 and so the 2013/14 financial year was the first year in which the arrangement was fully in place. The Board, together with the senior executives at Peoplecare, are continuing to work closely to ensure that the RBHS continues to provide 'simply better benefits' and services for our members.

The RBHS is a restricted access fund, which means that certain criteria must be met before a person can join; primarily this relates to being an employee (either current or in the past) of the Reserve Bank of Australia or Note Printing Australia. These criteria are set out in a Regulation that is administered by the Department of Health. During the year, the RBHS Board reviewed the eligibility criteria and decided there were elements that could be relaxed. In particular, in the past dependent children over the age of 18 (or 25 if studying full time) were unable to commence their own cover with the RBHS after the cover provided by their parent's membership lapsed. Similarly, a separated spouse/partner of a member was unable to take out their own cover with the RBHS. During the year, the RBHS Board applied to the Minister for Health to have the relevant Regulation amended and as a result, from 1 July 2014, the RBHS opened membership to people in these circumstances. While it is not expected that this expansion will have a large effect on member numbers in the short-term, it will assist by broadening out the scope of potential members in future and ensuring the fixed costs of running a health insurance fund are spread across a larger base. The RBHS Board is continually seeking ways to manage the challenge of its small size. At 2,160 members, the RBHS remains the smallest health insurance provider in the Australian market, with a share of 0.03 per cent.

As in previous years, there were changes to the broader regulatory environment for private health insurance and other changes to government policy that the RBHS was required to adapt to. The introduction of income testing and related changes to the private health insurance rebate in July 2013 would have been felt by many members. This change also introduced operational complexities for all private health insurers. The private health insurance regulator (PHIAC) also introduced a new set of capital and liquidity standards, which were introduced in the first half of 2014. While the level of capital that the RBHS is required to hold by PHIAC is little changed under the new framework, the revised standard requires a more detailed capital management policy, including a capital management plan. It similarly requires the preparation of a liquidity management plan. The new standard also increases the role and expectations of boards in the preparation and ongoing review of these plans. As a result, the RBHS Board has spent a significant amount of its time during 2014 familiarising itself with the new requirements and overseeing the developments.

Reserve Bank Health Society Limited
Chairperson's Review
30 June 2014

The composition of the Board of the RBHS underwent a number of changes during the year, with three Directors stepping down: Mr John Pick had served the Board for over 15 years, including nearly four years in the Chair role; and both Mr Anthony Dickman (another former Chair) and Mr Lindsay Boulton each served for around five to six years. All three Directors helped guide the RBHS through the significant changes of recent years and in doing so I thank them each for the initiative, resilience and wisdom in their contributions. I especially wish to highlight the contribution of John Pick, not only the significant time he contributed to the RBHS over 15 years, but also in his time as Chair of the Board, guiding through the re-registration process in the mid-2000s and his work on the Outsourcing Steering Committee through 2010/11. The Board welcomed three new Directors, Mr Sarv Girn, Mr David Lewis and Ms Emma Maley, and along with the remaining Directors, I thank them for their time and energy during the year, and look forward to working together, with hopefully a bit less change, in 2014/15.



Merylin Coombs
Chairperson - Board
Sydney, 11 September 2014

Reserve Bank Health Society Limited
Directors' report
30 June 2014

The directors present their report, together with the financial statements, on the company for the year ended 30 June 2014.

Directors

The following persons were directors of the company during the whole of the financial year and up to the date of this report, unless otherwise stated:

Ms Merylin Coombs	
Ms Andrea Brischetto	
Mr John Pick	Retired 28 November 2013
Mr Anthony Dickman	Retired 28 November 2013
Mr Warren Wise	
Mr Lindsay Boulton	Retired 13 March 2014
Mr Keith Drayton	
Mr David Lewis	Appointed 28 November 2013
Mr Emma Maley	Appointed 28 November 2013
Mr Sarv Girn	Appointed 13 March 2014

Objectives

The Reserve Bank Health Society (RBHS) is a not-for-profit restricted access health insurer with the objective of providing members with superior health benefits in a cost-effective manner.

To achieve this mission and position the fund for ongoing viability, the Board has set the following company objectives:

- To maximise service efficiency
- To maximise growth and retention within the restricted access group
- To maintain financial strength to comply with prudential standards
- To minimise operating costs
- To manage key alliances and stakeholders effectively
- To ensure governance practices comply with regulatory standards
- To maximise performance and minimise risks associated with management of the business via an outsource partner

To achieve the objectives outlined above, the company has adopted the follow strategies:

Product and Service Excellence

To deliver a range of health insurance products, including a suite of health management services with industry leading service standards that are tailored to the eligible membership base and that match the "Simply Better Benefits" ethos.

Member growth and retention

To adopt a growth and retention strategy that maximises participation from within the targeted group of eligible members.

Financial Stability

To effectively manage claims and operational costs given the financial pressures in the industry and to keep premium increases at or below the medical, dental and hospital services sub group of CPI and industry averages in the long term.

To generate underwriting surpluses and maximise capital management to maintain the financial strength of the company consistent with actuarial advice.

Corporate Governance

To ensure the company is well placed to meet the challenges in an increasingly complex, risky, competitive and highly regulated environment. Ensure that all business decisions are taken within the context of the risk appetite of the company and protect the interests of the members given the strategy to fully outsource management of the business operation.

Principal activities

The RBHS' principal activity during the financial year was the underwriting of private health insurance policies to its members. This remained unchanged from the previous financial year.

Reserve Bank Health Society Limited

Directors' report

30 June 2014

Information on directors

Name:	Ms Merylin Coombs
Title:	Chairperson Independent Non-Executive Director
Qualifications:	B.Economics, Graduate of AICD
Experience and expertise:	Director since February 2008 Chairperson since November 2010*
Name:	Ms Andrea Brischetto
Title:	Independent Non-Executive Director
Qualifications:	B. Economics (Hons), M.Sc Economics, Member of AICD
Experience and expertise:	Director since June 2007 Deputy Chairperson since November 2008 Chairperson Audit and Risk Committee
Name:	Mr John Pick
Title:	Independent Non-Executive Director
Qualifications:	B. Business, Grad Dip Design Science, Fellow of AICD
Experience and expertise:	Director from August 1998 to November 2013 Chairperson (December 2005 to November 2008) Acting Chairperson (March 2012 to November 2012) Member Contract Performance Committee Member Benefit Review Committee
Name:	Mr Anthony Dickman
Title:	Independent Non-Executive Director
Qualifications:	BA Economics (Hons), M.Sc Economics, Grad Dip Applied Finance and Investment, Graduate of AICD
Experience and expertise:	Director from November 2007 to November 2013 Chairperson (November 2008 to November 2010) Member Contract Performance Committee
Name:	Mr Warren Wise
Title:	Independent Non-Executive Director
Qualifications:	B. Business, Graduate of AICD
Experience and expertise:	Director since July 2008 Member Audit and Risk Committee Chairperson Benefit Review Committee
Name:	Mr Lindsay Boulton
Title:	Independent Non-Executive Director
Qualifications:	BA Social Science, B. Economics (Hons), Graduate of AICD
Experience and expertise:	Director from September 2008 to March 2014 Member Audit and Risk Committee Director - Note Printing Australia Ltd
Name:	Mr Keith Drayton
Title:	Independent Non-Executive Director
Qualifications:	B. Business (Hons), M. App Finance, Member of AICD
Experience and expertise:	Director since November 2011 Chairperson Contract Performance Committee Member Benefit Review Committee

Reserve Bank Health Society Limited

Directors' report

30 June 2014

Name: Mr David Lewis
Title: Independent Non-Executive Director
Qualifications: B. Economics (Hons), LL.M: Law International Finance, LL.B (Hons): Law, Economics
Experience and expertise: Director from November 2013
Member Contract Performance Committee
Member Benefit Review Committee

Name: Ms Emma Maley
Title: Independent Non-Executive Director
Qualifications: B. Science (Computer Science), Diploma of Information Technology
Experience and expertise: Director from November 2013
Member Contract Performance Committee

Name: Mr Sarv Girm
Title: Independent Non-Executive Director
Qualifications: B.Sc Computer Science (Hons), Fellow of AICD
Experience and expertise: Director from March 2014
Member Audit and Risk Committee

Meetings of directors

The number of meetings of the company's Board of Directors ('the Board') and of each board committee held during the year ended 30 June 2014, and the number of meetings attended by each director were:

	Board Meetings		Audit and Risk Committee		Other Committee	
	Attended	Held	Attended	Held	Attended	Held
Ms Merylin Coombs	6	7	-	-	-	-
Ms Andrea Brischetto	5	7	3	3	-	-
Mr John Pick	2	3	-	-	2	2
Mr Anthony Dickman	3	3	-	-	-	-
Mr Warren Wise	7	7	3	3	2	2
Mr Lindsay Boulton	4	4	3	3	-	-
Mr Keith Drayton	7	7	-	-	4	4
Mr David Lewis	3	4	-	-	2	2
Ms Emma Maley	3	4	-	-	2	2
Mr Sarv Girm	3	3	-	-	-	-

Held: represents the number of meetings held during the time the director held office or was a member of the relevant committee.

** The Other Committees consist of:

Benefit Review Committee

The objective of the Benefit Review Committee is to assist the Board to fulfil its responsibility in relation to the setting of appropriate benefits for the RBHS bearing in mind the financial position of the company.

Contract Performance Committee

The objective of the Contract Performance Committee is to assist the Board to fulfil its responsibility in relation to the reviewing the performance of Outsourced Service Providers (OSP) against the Outsourcing Policy and the terms of the outsourcing arrangement. By undertaking this role, the Committee also assists the Board in meeting its obligations under the PHIAC Outsourcing Standard.

Reserve Bank Health Society Limited
Directors' report
30 June 2014

Contributions on winding up

The RBHS is a company limited by guarantee under the Corporations Act 2001 and hence has no contributed equity. If the RBHS is wound up and cannot meet its debts, the Constitution states that each member may be required to contribute a maximum of \$1 towards meeting any outstanding obligations of the RBHS. As the RBHS had 2,160 members as at 30 June 2014, it means the members of the company are liable to contribute a total of \$2,160 (\$1 per member) if the company is wound up.

Matters subsequent to the end of the financial year

As at the date of this directors' report, the directors are not aware of any matter of circumstance that has arisen that has significantly affected, or may significantly affect:

- i. the operations of the company;
- ii. the results of these operations; or
- iii. the state of affairs of the Company in the financial years subsequent to 30 June 2014.

Auditor's independence declaration

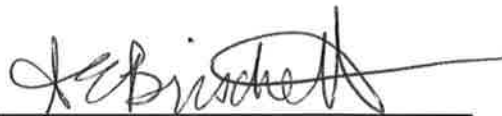
A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on the following page.

This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

On behalf of the directors



Merylin Coombs
Chairperson - Board



Andrea Brischetto
Chairperson – Audit and Risk Committee

11 September 2014
Sydney

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**Auditor's Independence Declaration
To the Directors of Reserve Bank Health Society Limited**

In accordance with the requirements of section 307C of the Corporations Act 2001, as lead auditor for the audit of Reserve Bank Health Society Limited for the year ended 30 June 2014, I declare that, to the best of my knowledge and belief, there have been:

- a no contraventions of the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and
- b no contraventions of any applicable code of professional conduct in relation to the audit.



GRANT THORNTON AUDIT PTY LTD
Chartered Accountants



A Sheridan
Partner - Audit & Assurance

Sydney, 11 September 2014

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Reserve Bank Health Society Limited
Statement of profit or loss and other comprehensive income
For the year ended 30 June 2014

	Note	2014 \$	2013 \$
Revenue			
Premium revenue		11,111,679	10,501,121
Other income	4	<u>372,861</u>	<u>451,845</u>
		<u>11,484,540</u>	<u>10,952,966</u>
Expenses			
Fund benefits paid to members		(11,797,525)	(10,099,018)
Amounts receivable from the Risk Equalisation Trust Fund		2,773,583	1,669,678
Movement in outstanding claims liability		(129,561)	112,746
State ambulance levies		<u>(146,402)</u>	<u>(137,316)</u>
		<u>(9,299,905)</u>	<u>(8,453,910)</u>
Gross underwriting result		<u>2,184,635</u>	<u>2,499,056</u>
Management expenses			
Management fees		(748,444)	(753,506)
Remuneration of auditors: Auditing the financial report		(24,255)	(23,100)
Depreciation and amortisation expense		(1,925)	(1,277)
Other management expenses		<u>(659,987)</u>	<u>(594,859)</u>
		<u>(1,434,611)</u>	<u>(1,372,742)</u>
Surplus before income tax expense (net underwriting result)		750,024	1,126,314
Income tax expense		<u>-</u>	<u>-</u>
Surplus after income tax expense for the year attributable to the members of Reserve Bank Health Society Limited		750,024	1,126,314
Other comprehensive income for the year, net of tax		<u>-</u>	<u>-</u>
Total comprehensive income for the year attributable to the members of Reserve Bank Health Society Limited		<u><u>750,024</u></u>	<u><u>1,126,314</u></u>

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes

Reserve Bank Health Society Limited
Statement of financial position
As at 30 June 2014

	Note	2014 \$	2013 \$
Assets			
Current assets			
Cash and cash equivalents	5	831,177	274,153
Trade and other receivables	6	1,197,549	916,724
Other financial assets	7	10,200,000	10,000,000
Other assets	8	33,162	32,088
Total current assets		<u>12,261,888</u>	<u>11,222,965</u>
Non-current assets			
Property, plant and equipment	9	3,197	2,833
Total non-current assets		<u>3,197</u>	<u>2,833</u>
Total assets		<u>12,265,085</u>	<u>11,225,798</u>
Liabilities			
Current liabilities			
Trade and other payables	10	954,546	794,843
Provisions	11	797,140	667,580
Total current liabilities		<u>1,751,686</u>	<u>1,462,423</u>
Total liabilities		<u>1,751,686</u>	<u>1,462,423</u>
Net assets		<u>10,513,399</u>	<u>9,763,375</u>
Equity			
Retained surpluses		<u>10,513,399</u>	<u>9,763,375</u>
Total equity		<u>10,513,399</u>	<u>9,763,375</u>

The above statement of financial position should be read in conjunction with the accompanying notes

Reserve Bank Health Society Limited
Statement of changes in equity
For the year ended 30 June 2014

	Retained surplus \$	Total equity \$
Balance at 1 July 2012	8,637,061	8,637,061
Surplus after income tax expense for the year	1,126,314	1,126,314
Other comprehensive income for the year, net of tax	-	-
	<u>1,126,314</u>	<u>1,126,314</u>
Total comprehensive income for the year	<u>1,126,314</u>	<u>1,126,314</u>
Balance at 30 June 2013	<u>9,763,375</u>	<u>9,763,375</u>
	Retained surplus \$	Total equity \$
Balance at 1 July 2013	9,763,375	9,763,375
Surplus after income tax expense for the year	750,024	750,024
Other comprehensive income for the year, net of tax	-	-
	<u>750,024</u>	<u>750,024</u>
Total comprehensive income for the year	<u>750,024</u>	<u>750,024</u>
Balance at 30 June 2014	<u>10,513,399</u>	<u>10,513,399</u>

The above statement of changes in equity should be read in conjunction with the accompanying notes

Reserve Bank Health Society Limited
Statement of cash flows
For the year ended 30 June 2014

	Note	2014 \$	2013 \$
Cash flows from operating activities			
Receipts from members & customers		10,820,571	9,904,035
Payments to members, suppliers and employees		<u>(10,445,705)</u>	<u>(9,942,196)</u>
		374,866	(38,161)
Interest received		384,371	464,001
Other revenue		<u>76</u>	<u>-</u>
Net cash from operating activities	18	<u>759,313</u>	<u>425,840</u>
Cash flows from investing activities			
Payments for investments		(29,300,000)	(27,900,000)
Payments for property, plant and equipment	9	(2,289)	(872)
Proceeds from sale of investments		<u>29,100,000</u>	<u>27,200,000</u>
Net cash used in investing activities		<u>(202,289)</u>	<u>(700,872)</u>
Cash flows from financing activities			
Net cash from financing activities		<u>-</u>	<u>-</u>
Net increase/(decrease) in cash and cash equivalents		557,024	(275,032)
Cash and cash equivalents at the beginning of the financial year		<u>274,153</u>	<u>549,185</u>
Cash and cash equivalents at the end of the financial year	5	<u><u>831,177</u></u>	<u><u>274,153</u></u>

The above statement of cash flows should be read in conjunction with the accompanying notes

Reserve Bank Health Society Limited
Notes to the financial statements
30 June 2014

Note 1. General information

The financial report covers Reserve Bank Health Society Limited as an individual entity. The financial report is presented in Australian dollars, which is Reserve Bank Health Society Limited's functional and presentation currency.

The financial report consists of the financial statements, notes to the financial statements and the directors' declaration.

Reserve Bank Health Society Limited is a not-for-profit unlisted public company limited by guarantee, incorporated and domiciled in Australia. Its registered office and principal place of business are:

Registered office
Corner Victoria & Young Streets,
Wollongong, NSW, 2500

Principal place of business
Corner Victoria & Young Streets,
Wollongong, NSW, 2500

A description of the nature of the company's operations and its principal activities are included in the directors' report, which is not part of the financial report.

The financial report was authorised for issue, in accordance with a resolution of directors, on 11 September 2014. The directors have the power to amend and reissue the financial report.

Note 2. Significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New, revised or amended Accounting Standards and Interpretations adopted

The company has adopted all of the new, revised or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period and applicable to the company.

Any new, revised or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the Corporations Act 2001. These financial statements also comply with International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB').

Historical cost convention

The financial statements have also been prepared on an historical cost basis, except for the revaluation of selected non-current assets, financial assets and financial liabilities for which the fair value method of accounting has been adopted.

Comparative figures

Where required by Australian Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

Use of estimates and judgements

The preparation of financial statements requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from the estimates. Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in any future periods affected.

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both internally and externally to the company.

In particular, information about significant areas of estimation uncertainty and critical judgements in applying accounting policies that have the most significant effect on the amounts recognised in the financial statements are described in this note under the following heading:

- Outstanding claims provision

Note 2. Significant accounting policies (continued)

Revenue recognition

Revenue is recognised when it is probable that the economic benefit will flow to the company and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Revenue is recognised for the major business activities as follows:

Premium revenue

Premium revenue is recognised in profit and loss when it has been earned. Premium revenue is recognised in profit and loss from the attachment date over the period of the contract. The attachment date is from when the insurer accepts the risk from the insured under the insurance contract. Revenue is recognised in accordance with the pattern of the incidence of risk expected over the term of the contract. Where time does not approximate the pattern of risk, previous claims experience is used to derive the incidence of risk.

The Reserve Bank Health Society receives employer contributions from the Reserve Bank of Australia and Note Printing Australia. This is recognised as premium income along with contributions received directly from members.

Interest income

Interest income is recognised on a time proportional basis taking into account the interest rates applicable to the financial assets.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Receivables

Unclosed business premium

Unclosed business premium represents amounts owing by members at the end of the reporting period, up to and including the date of the next normal payment cycle for their individual policy. The unclosed business premium consists of two components:

- i. Earned – representing contribution amounts owed by members up to and including 30 June; and
- ii. Unearned – representing contribution amounts owed by members from 30 June up to and including their next normal payment date.

Interest receivable

Interest receivable represents an accrual calculation of interest from investments outstanding as at the end of the reporting period.

Private Health insurance rebate on premiums

This is the amount claimed by Reserve Bank Health Society Limited, as a cash amount, from the Department of Human Services for the Australian Government Private Health Insurance Rebate.

Other debtors

Other debtors are recorded at amounts due less any provision for doubtful debts. Other debtors are normally settled in 30 days.

Income tax

No income tax expense was provided for as the company is entitled to tax exempt status under the provisions of Section 50-30, Item 6.3 of the Income Tax Assessment Act 1997.

Claims

Claims are recorded as an expense in the period in which the service has been provided to the member. The cost of claims therefore represents the claims paid during the period adjusted for the opening and closing provision for unrepresented and outstanding claims. The provision for unrepresented and outstanding claims provides for claims received but not assessed and claims incurred but not received. The provision is based on an actuarial assessment taking into account historical patterns of claims incidence and processing. No discount is applied to the provision due to the generally short period between claims incidence and settlement. The provision also provides for the expected payment to or receipt from the Risk Equalisation Trust Fund (RETF) in relation to the amount provided for unrepresented and outstanding claims. The provision also allows for an estimate of expenses to cover the cost of processing the claims.

Note 2. Significant accounting policies (continued)

Cash and cash equivalents

Cash and bank overdrafts are carried at face value of the amounts deposited or drawn. The carrying amounts of cash assets and bank overdrafts approximate their fair value. For the purposes of the statement of cash flows, cash includes cash on hand and deposits held at call with financial institutions net of bank overdrafts.

Property, plant and equipment

Plant and equipment

Plant and equipment is stated at historical cost less accumulated depreciation. Historical cost includes expenditure that is directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management.

In the event that settlement of all or part of the cash consideration given in the acquisition of an asset is deferred, the fair value of the purchase consideration is determined by discounting the amounts payable in the future to their present value as at the date of acquisition.

Depreciation of property, plant and equipment

Depreciation is recognised in profit or loss on a straight-line basis over the estimated useful lives of each item of property, plant and equipment.

The estimated useful lives for the current and comparative periods are as follows:

- Computer equipment 3 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Impairment of assets

At each reporting date, the company reviews the carrying values of its financial assets other than those classified as fair value through profit and loss and non financial assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to profit or loss.

Unearned premium liability

Premiums received from members prior to 30 June 2014 relating to the period beyond 30 June 2014 are recognised as Unearned Premium Liability.

Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Liability adequacy test

At each reporting date, the sufficiency of the unearned premium liability is assessed by considering the current estimate of all expected future cash flows relating to future claims against current private health insurance contracts.

If the present value of the expected future cash flows relating to future claims plus the additional risk margin to reflect the inherent uncertainty in the central estimate exceeds the unearned premium liability, less related intangible assets and related deferred acquisition costs, then the unearned premium is deemed to be deficient. Any deficiency is recognised immediately in the profit and loss. The company applies a risk margin to achieve the same probability of sufficiency for future claims as is achieved by the estimate of the outstanding claims liability.

The liability adequacy test has been performed collectively for hospital and general treatment contracts up to 1 April 2015, the next premium adjustment opportunity allowed by the Department of Health, using a probability of sufficiency of 55%. No unexpired risk liability was required at 30 June 2014 (2013: nil).

Note 2. Significant accounting policies (continued)

Provisions

Outstanding claims liability

Provision is made at the period end for the liability for outstanding claims which is measured as the central estimate of the expected payments against claims incurred but not settled at the reporting date under private health insurance contracts issued by the company. This 'central estimate' of outstanding claims is an estimate which is intended to contain no intentional over or under estimation. For this reason the inherent uncertainty in the central estimate must also be considered and a risk margin is added. Actual results could differ from the estimate.

The expected future payments include those in relation to claims reported but not yet paid and claims incurred but not yet reported, together with allowance for Risk Equalisation Trust Fund consequences and claims handling expenses.

The provision for outstanding claims liability is determined after taking into account claims paid in July of the following financial year, that relate to services provided in the current financial year.

Accounting estimates and judgments:

Risk margins are determined on a basis that reflects the company's business. Regard is had to the robustness of the valuation models, the reliability and volume of available data, past experience of the company and the industry and the characteristics of the classes of business written.

The risk margin was determined from the assumption that there is a normal distribution of differences between the calculated provisions required for past periods and the finally determined requirements for those periods. A probability of sufficiency of 55% is intended to be achieved through the adoption of the risk margin of 1.50% (2013: 1.50%) at the end of the reporting period.

The actuarial valuation model used to calculate the outstanding claims is a modified chain ladder model. This model, and variants of it, is used by other health insurers and general insurers to calculate outstanding claims liabilities by using the relationships between the claims paid at each time interval in the past, for each period incurred, to predict the extent of incurred claims for each recent period for which claim payments have not yet been completed.

As the run-off of health insurance claims is relatively rapid, the claims to be paid in the future were not discounted.

Other provisions

Provisions are recognised when:

- i. the company has a present legal or constructive obligation as a result of past events;
- ii. it is more likely than not that an outflow of economic benefits will be required to settle the obligation; and
- iii. that the outflow can be reliably measured.

Provisions are measured at the present value of management's best estimate of the expenditure required to settle the obligation at the end of the reporting period.

Health Insurance Risk Equalisation Trust Fund (RETF)

Under the provisions of the Private Health Insurance Risk Equalisation Policy Rules 2007, the risk equalisation scheme seeks to share the risks among all registered health insurers by averaging out the cost of hospital treatment across the industry. Money is then transferred from private health insurers with younger healthier members with lower average claims payments to those insurers with older and less healthy membership and which have higher average claims payments.

Goods and Services Tax ('GST') and other similar taxes

Revenues and expenses are recognised net of GST, except where GST incurred on a purchase of goods and services is not recoverable from the taxation authority, in which case the GST is recognised as part of the expense item.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the taxation authority are classified as operating cash flows.

Note 2. Significant accounting policies (continued)

Assets backing private health insurance liabilities

As part of the investment strategy, the company actively manages its investment portfolio to ensure that a portion of its investments mature in accordance with the expected pattern of future cash flows arising from private health insurance liabilities.

All insurance backing financial assets are classified as fair value through the profit or loss in accordance with the accounting policy set out on the following pages.

With the exception of property, plant & equipment, the company has determined that all assets are held to back private health insurance liabilities and their accounting treatment is set out on the following pages.

Financial instruments

Initial recognition and measurement:

Financial instruments, incorporating financial assets and financial liabilities, are recognised when the entity becomes a party to the contractual provisions of the instrument. Trade date accounting is adopted for financial assets that are derived within timeframes established by marketplace convention.

Financial instruments are initially measured at fair value plus transaction costs where the instrument is not classified as at fair value through profit or loss. Transaction costs related to instruments classified as at fair value through profit or loss are expensed to profit or loss immediately. Financial instruments are classified and measured as set out below.

Classification and subsequent measurement

Financial assets at fair value through profit or loss:

Financial assets are designated at fair value through profit or loss in accordance with AASB 1023 General Insurance Contracts. Initial recognition is at fair value, being acquisition cost, in the Statement of Financial Position and subsequent measurement is at fair value with any resultant fair value gains and losses recognised in profit or loss.

Details of fair value for the different types of financial assets are listed below:

i. *Cash and cash equivalents*

Cash and bank overdrafts are carried at face value of the amounts deposited or drawn. The carrying amounts of cash assets and bank overdrafts approximate their fair value. For the purposes of the statement of cash flows, cash includes cash on hand and deposits held at call with financial institutions net of bank overdrafts.

ii. *Investments*

Initial recognition is at fair value, being acquisition cost, in the statement of financial position with transaction costs expensed in profit and loss. Subsequent measurement is at fair value with any resultant fair value gains or losses recognised in profit and loss. Regular purchases and sales of investments are recognised on trade date – the date on which the company commits to purchase or sell the asset. Investments are derecognised when the rights to receive the cash flows from the financial assets have expired or have been transferred and the company has transferred substantially all the risks and rewards of ownership.

iii. *Loans and receivables*

Trade and other receivables to the RBHS have been classified as 'loans and receivables' and are initially recognised at fair value, being the amounts due, which is equivalent to their amortised cost.

Amounts due from members

Amounts due from members are initially recognised at fair value, being the amounts due. They are subsequently measured at fair value which is approximated by taking this initially recognised amount and reducing it for impairment as appropriate.

A provision for impairment of receivables is established when there is objective evidence that the company will not be able to collect all amounts due according to the original terms of the receivables. The amount of the provision is the difference between the asset's carrying amount and the value of estimated future cash flows. The impairment charge is recognised in profit or loss.

Note 2. Significant accounting policies (continued)

New Accounting Standards and Interpretations not yet mandatory or early adopted

Australian Accounting Standards and Interpretations that have recently been issued or amended, that are applicable to the company but are not yet mandatory, have not been early adopted by the company for the annual reporting period ended 30 June 2014. The company's assessment of the impact of these new or amended Accounting Standards and Interpretations, most relevant to the company, are set out below.

AASB 9 Financial Instruments and its consequential amendments

This standard and its consequential amendments are applicable to annual reporting periods beginning on or after 1 January 2018 and completes phases I and III of the IASB's project to replace IAS 39 (AASB 139) 'Financial Instruments: Recognition and Measurement'. This standard introduces new classification and measurement models for financial assets, using a single approach to determine whether a financial asset is measured at amortised cost or fair value. The accounting for financial liabilities continues to be classified and measured in accordance with AASB 139, with one exception, being that the portion of a change of fair value relating to the entity's own credit risk is to be presented in other comprehensive income unless it would create an accounting mismatch. Chapter 6 'Hedge Accounting' supersedes the general hedge accounting requirements in AASB 139 and provides a new simpler approach to hedge accounting that is intended to more closely align with risk management activities undertaken by entities when hedging financial and non-financial risks. The company will adopt this standard and the amendments from 1 July 2018 but the impact of its adoption is yet to be assessed by the company.

Note 3. Risk management and financial instruments

The Company has exposure to the following risks from investing in various financial instruments:

- a. Credit risk
- b. Liquidity risk
- c. Market risk
- d. Other risk

This note presents information about the company's exposure to each of the above risks, the objectives, policies and processes for measuring and managing risk. Further quantitative disclosures are included throughout these financial statements.

The Board of Directors has overall responsibility for the establishment and oversight of the risk management framework. The Board of Directors has established the Audit and Risk Committee, which is responsible for developing and monitoring risk management policies. The Audit and Risk Committee consists entirely of non-executive directors and reports regularly to the full Board of Directors on its activities.

Risk management policies are established to identify and analyse the risks faced by the company, to set appropriate risk limits and controls, and to monitor risks and adherence to limits. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and the company's activities.

The management and administration of the company is outsourced to Lysaght Peoplecare Limited (LPC) under the terms of a five (5) year management agreement. The Audit and Risk committee is responsible for monitoring LPC's compliance with the risk management policies and procedures that are in place and reviews the adequacy of the risk management framework in relation to the risks faced by the company. The Audit and Risk Committee is assisted in its oversight role by internal audit functions performed by a professional services firm. The Internal Auditor undertakes both regular and ad hoc reviews of risk management controls and procedures, the results of which are reported through the company's Audit and Risk Committee to the Board of Directors.

a. Credit risk

Credit risk is the risk of financial loss to the company if a customer or counterparty to a financial instrument fails to meet its contractual obligations, and arises principally from the company's receivables from policyholders (insurance contracts), other customers and investment securities.

Receivables from insurance contracts:

Credit risk in relation to insurance contracts is discussed in note 20.

Note 3. Risk management and financial instruments (continued)

Other receivables:

The risk of financial loss to the company from customers other than fund members arises principally from receivables due from Department of Human Services in relation to the Australian Government Private Health Insurance Rebate. The probability of financial loss to the company from this arrangement is assessed as low, the reason being that the premium reductions scheme is legislated under the Private Health Insurance Act 2007 and is an integral part of the private health insurance industry affecting all private health insurers.

There has been no history of default in relation to this category of receivables.

Investment securities (Other financial assets):

The board has addressed the issue of credit risk from investment securities through the development and regular review of the company's investment strategy. The company limits its exposure to credit risk by:

- i. investing in highly liquid securities; and
- ii. investing only with authorised deposit-taking institutions (ADIs) regulated by the Australian Prudential Regulation Authority (APRA):
 - a. Limiting the amount of funds that can be invested with any single financial institution.
 - b. Institutions are to have a minimum S&P short term credit rating of A1. This is to ensure that funds are placed with the lowest risk rated financial institutions.

Given the company's conservative investing policies and procedures, management does not expect any counterparty to fail to meet its obligations.

At the end of the reporting period, the maximum exposure of the company to any one financial institution measured at fair value was \$3,900,000 (2013: \$3,400,000).

b. Liquidity risk

Liquidity risk is the risk that the company might encounter difficulties in settling debts or otherwise meeting its obligations related to financial liabilities. The company's approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities as and when they fall due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the company's reputation.

The following procedures have been adopted by the company to manage future liquidity requirements:

- i. Management prepare daily cash flow forecasts for the upcoming six months. This forecast provides for the major types of inflows and outflows, as well as the projected net cash position each day and cumulatively over the forecast period. The forecasts are assessed and updated on a regular basis as new information comes to hand. Cash flow projections are updated daily with actual cash flow outcomes to assess accuracy and assist in improving future cash flow forecasting;
- ii. Comply with the industry Solvency Standard requirements set out in the Private Health Insurance (Health Benefits fund administration) Amendment Rule 2013 (No.1); and
- iii. Ensure an adequate match between fund assets and liabilities.

c. Market risk

Market risk is the risk that changes in market prices, such as foreign exchange rates, interest rates and equity prices will affect the fair value or future cash flows of a financial instrument. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimising the return.

Market risk in relation to insurance contracts:

Market risk in relation to insurance contracts is discussed in note 20.

Note 3. Risk management and financial instruments (continued)

Market risk in relation to investment securities:

Currency risk

Currency risk is that the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The company does not have any direct foreign investments and therefore no exposure to currency risk.

Interest rate risk

The company is subject to interest rate risk through volatility in cash flows generated by interest bearing financial instruments. The risk is that movements in interest rates could affect returns and income. Interest rate risk is managed by investing in a range of short term fixed rate deposits. Interest rate risk is minimised as the short term fixed deposits allow for regular reinvestment in line with interest rate movements. See note 12 for the impact to surplus by a change in interest rate on investments held by the company at 30 June 2014.

d. Other risk

The management and administration of the company is outsourced to Lysaght Peoplecare Limited (LPC). Consequently there is significant third party risk as the company is dependent upon LPC continuing to provide the services outlined in the management agreement in an efficient and timely manner. The term of the initial agreement is for five (5) years.

The Contract Performance Committee (CPC) assists the Board in managing this significant third party risk by:

- Undertaking the role of Contract Manager under the Management Services Agreement with LPC
- Review the performance of LPC against the general requirements of the contract annually, including:
 - Ensuring appropriate insurances are in place;
 - Succession planning for key staff involved in RBHS business;
 - Adherence to confidentiality, privacy and other compliance related requirements under service contracts;
 - Assisting the Board with the performance assessment of the contracted CEO role.
- Review the operating performance of LPC against the KPIs detailed in the contract each quarter, in particular the performance trends against service performance levels (SPLs)
- Provide recommendations to the Board in regard to actions required to correct performance issues with LPC;
- Review the contract with LPC annually and recommend changes to the Board as appropriate;
- Review requests for contract fee increases by LPC, and recommend any changes to the Board;
- Review requests for changes to SPLs and recommend any changes to the Board;
- Review the contract with LPC prior to termination or renewal, and make recommendations to the Board in terms of renewal;
- Review the Outsourcing Policy annually, and recommend changes to the Board; and
- Report any significant risk incidents through to the Audit and Risk Committee (ARC) or Board.

Capital management

The company operates in the private health insurance industry and is subject to prudential capital regulations determined in accordance with the recently revised solvency and capital adequacy standards which are set out in the Private Health Insurance (Health Benefit Fund Administration) Rules 2013 (“the rules”) administered by the Private Health Insurance Administration Council (PHIAC).

The revised Capital Adequacy Standard, which became effective 31 March 2014, requires amongst other things that the company holds sufficient assets in its health benefits fund to provide adequate capital for the conduct of the health benefits fund in accordance with the Private Health Insurance Act and in the interests of policyholders of the fund. The company’s compliance with the capital adequacy standard is an indication of its future financial strength, on a going concern basis.

Each private health insurer must have, and comply with, a written, board endorsed, capital management policy, which as a key component must include a capital management plan. The company’s capital management plan must contain:

- i. A description of the board’s risk appetite as it relates to capital needs and the process used to determine that appetite;
- ii. Target capital levels which have regard to access to internal and external capital and the impact on premiums of holding more or less capital than the amount determined;
- iii. Details of how the capital target is calculated; and
- iv. Clearly defined capital trigger points and corrective actions for each of the trigger points which specifies the actions and timeframes for those actions that the company may utilise to return capital to the target levels.

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Note 3. Risk management and financial instruments (continued)

The Board's policy is to maintain a strong capital base and to hold capital in accordance with capital management plan.

At the end of the reporting period the company had capital well in excess of the minimum statutory requirements and within the target capital range endorsed by the Board in the capital management plan.

The Board will review the capital management plan on an annual basis.

Solvency

As noted above the company is also required to comply with the revised Solvency Standard which became effective from 1 July 2014 and requires that as far as practicable that at any time the financial position of a health benefits fund conducted by the company will be able to meet, out of the fund's assets, all liabilities that are referable to the fund, as those liabilities become due.

It is also a requirement of the Solvency Standard that the company have and comply with a board endorsed liquidity management plan for each health benefits fund it conducts. The liquidity management plan must include board approved minimum liquidity requirements and management action triggers should liquidity fall below the minimum set down by the board.

At 30 June 2014, the company had a board endorsed liquidity management plan in place and would meet the liquidity requirements had the new standard applied at 30 June 2014.

Note 4. Other income

	2014	2013
	\$	\$
Interest income	372,785	451,845
Other income	76	-
	<u>372,861</u>	<u>451,845</u>

Note 5. Current assets - cash and cash equivalents

	2014	2013
	\$	\$
Cash at bank	<u>831,177</u>	<u>274,153</u>

Cash at bank bears floating interest rates between 0.00% and 2.70% (2013: 0.00% and 2.95%).

For the purpose of the cash flow statement, cash and cash equivalents relate entirely to cash at bank. Cash and cash equivalents at the end of the financial year is reconciled to the related item in the statement of financial position.

Note 6. Current assets - trade and other receivables

	2014	2013
	\$	\$
Unclosed business premium - earned	2,836	1,680
Unclosed business premium - unearned	1,236	3,984
Amounts due from the Risk Equalisation Trust Fund	838,378	553,087
Private Health Insurance Rebate on premiums	244,995	231,252
Investment income receivable	55,549	67,135
Other debtors	54,555	59,586
	<u>1,197,549</u>	<u>916,724</u>

Reserve Bank Health Society Limited
Notes to the financial statements
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Note 6. Current assets - trade and other receivables (continued)

Past due but not impaired

Customers with balances past due but without provision for impairment of receivables amount to \$2,836 as at 30 June 2014 (\$1,680 as at 30 June 2013).

The ageing of the past due but not impaired receivables are as follows:

	2014	2013
	\$	\$
Past due 0 - 30 days	1,979	1,335
Past due 31 - 120 days	857	345
	<u>2,836</u>	<u>1,680</u>

No receivables were impaired at balance date (2013: Nil)

Note 7. Current assets - other financial assets

	2014	2013
	\$	\$
Financial assets at fair value through profit or loss	<u>10,200,000</u>	<u>10,000,000</u>

Financial assets at fair value through profit or loss comprise entirely of term deposits.

Note 8. Current assets - other assets

	2014	2013
	\$	\$
Prepayments	<u>33,162</u>	<u>32,088</u>

Note 9. Non-current assets - property, plant and equipment

	2014	2013
	\$	\$
Computer equipment - at cost	6,541	4,252
Less: Accumulated depreciation	<u>(3,344)</u>	<u>(1,419)</u>
	<u>3,197</u>	<u>2,833</u>

Reserve Bank Health Society Limited
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Note 9. Non-current assets - property, plant and equipment (continued)

Reconciliations

Reconciliations of the written down values at the beginning and end of the current and previous financial year are set out below:

	Computer Equipment \$	Total \$
Balance at 1 July 2012	3,238	3,238
Additions	872	872
Depreciation expense	(1,277)	(1,277)
	<hr/>	<hr/>
Balance at 30 June 2013	2,833	2,833
Additions	2,289	2,289
Depreciation expense	(1,925)	(1,925)
	<hr/>	<hr/>
Balance at 30 June 2014	<u>3,197</u>	<u>3,197</u>

Note 10. Current liabilities - trade and other payables

	2014 \$	2013 \$
Unclosed business premium liability	1,236	3,984
Unearned premium liability (premiums in advance)	418,349	414,573
Other creditors and accruals	534,961	376,286
	<hr/>	<hr/>
	<u>954,546</u>	<u>794,843</u>

Refer to note 12 for further information on financial instruments.

Note 11. Current liabilities - provisions

	2014 \$	2013 \$
Outstanding claims liability - central estimate	788,515	659,643
Outstanding claims liability - risk margin 1.5%	8,625	7,937
	<hr/>	<hr/>
	<u>797,140</u>	<u>667,580</u>

Process for determining risk margin

The risk margin for the outstanding claims provision is based on an analysis of the historical accuracy of the Fund's provision for outstanding claims. The benefits component of the provision for each period, which reflects the expected outstanding claims at the time of reporting, calculated according to the chain ladder method, is compared to the actual claims that are subsequently paid for that period. The difference between the actual outstanding claims and the expected outstanding claims is analysed to determine a risk margin which provides a 55% probability of sufficiency.

The risk margin at 30 June 2014, is calculated as 1.50% of the central estimate of the benefits component of the outstanding claims liability. Allowance is also made for expected risk equalisation consequences and administration costs associated with claims processing in the outstanding claims liability estimate.

The risk margin adopted at 30 June 2014 was 1.50% (2013: 1.50%). The Provision was determined by adopting a one month hindsight of claims paid after 30 June. Refer to note 2 for further explanation.

Reserve Bank Health Society Limited
Notes to the financial statements
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Note 11. Current liabilities - provisions (continued)

Movements in provisions

Movements in each class of provision during the current financial year, other than employee benefits, are set out below:

2014	Outstanding Claims \$
Carrying amount at the start of the year	667,580
Add Claims incurred	11,927,085
Less Claims paid	<u>(11,797,525)</u>
Carrying amount at the end of the year	<u><u>797,140</u></u>

Note 12. Financial instruments

Financial risk management objectives

The company's activities expose it to a variety of financial risks. Note 3 presents information about the company's exposure to these risks.

Market risk

Foreign currency risk

The company has no exposure to foreign currency risk at the end of the reporting period (2013: Nil).

Price risk

The company is not exposed to any significant price risk.

Interest rate risk

Interest rate risk is explained in note 3c.

As at the reporting date, the interest rate profile of the company's interest bearing financial instruments was:

	2014		2013	
	Weighted average interest rate %	Balance \$	Weighted average interest rate %	Balance \$
Fixed rate instruments (maturing within 1 year):				
Financial assets at fair value through profit or loss	3.55%	10,200,000	4.04%	10,000,000
Variable rate instruments: Cash and cash equivalents	2.49%	<u>831,177</u>	2.29%	<u>274,153</u>
Net exposure to cash flow interest rate risk		<u><u>11,031,177</u></u>		<u><u>10,274,153</u></u>

Sensitivity Analysis:

2014	Basis points increase			Basis points decrease		
	Basis points change	Effect on surplus	Effect on equity	Basis points change	Effect on surplus	Effect on equity
Fixed rate instruments	100	102,000	102,000	100	(102,000)	(102,000)
Variable rate instruments	100	<u>8,312</u>	<u>8,312</u>	100	<u>(8,312)</u>	<u>(8,312)</u>
		<u><u>110,312</u></u>	<u><u>110,312</u></u>		<u><u>(110,312)</u></u>	<u><u>(110,312)</u></u>

Note 12. Financial instruments (continued)

2013	Basis points increase			Basis points decrease		
	Basis points change	Effect on surplus	Effect on equity	Basis points change	Effect on surplus	Effect on equity
Fixed rate instruments	100	100,000	100,000	100	(100,000)	(100,000)
Variable rate instruments	100	2,742	2,742	100	(2,742)	(2,742)
		<u>102,742</u>	<u>102,742</u>		<u>(102,742)</u>	<u>(102,742)</u>

The above results are based on the change in interest rates being maintained for the past year and with all else equal.

Credit risk

Credit risk is explained in note 3a.

Exposure to credit risk:

The carrying amount of the company's financial assets represents the maximum credit exposure. The company's maximum exposure to credit risk at the end of the reporting period was as follows:

	2014 \$	2013 \$
Financial Assets		
Cash and cash equivalents	831,177	274,153
Receivables	1,197,549	916,724
Financial assets at fair value through profit or loss: term deposits	10,200,000	10,000,000
	<u>12,228,726</u>	<u>11,190,877</u>

Liquidity risk

Liquidity risk is explained in note 3b.

Remaining contractual maturities

The following tables detail the company's remaining contractual maturity for its financial instrument liabilities. The tables have been drawn up based on the undiscounted cash flows of financial liabilities based on the earliest date on which the financial liabilities are required to be paid. The tables include both interest and principal cash flows disclosed as remaining contractual maturities and therefore these totals may differ from their carrying amount in the statement of financial position.

2014	1 month or less \$	Between 2 and 4 months \$	Between 4 and 6 months \$	More than 6 months \$	Remaining contractual maturities \$
Non-derivatives					
<i>Non-interest bearing</i>					
Trade and other payables	(534,961)	-	-	-	(534,961)
Total non-derivatives	<u>(534,961)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(534,961)</u>

2013	1 month or less \$	Between 2 and 4 months \$	Between 4 and 6 months \$	More than 6 months \$	Remaining contractual maturities \$
Non-derivatives					
<i>Non-interest bearing</i>					
Trade and other payables	(376,286)	-	-	-	(376,286)
Total non-derivatives	<u>(376,286)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(376,286)</u>

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Note 12. Financial instruments (continued)

The company is not significantly exposed to this risk as it has \$831,177 of cash plus \$1,900,000 of term deposits maturing in July 2014 to meet these obligations as they fall due.

Fair value

The fair values of financial assets and liabilities, together with their carrying amounts in the statement of financial position, for the company are as follows:

	2014		2013	
	Carrying amount \$	Fair value \$	Carrying amount \$	Fair value \$
<i>Assets</i>				
Cash and cash equivalents	831,177	831,177	274,153	274,153
Receivables	1,197,549	1,197,549	916,724	916,724
Financial assets fair valued through profit or loss	10,200,000	10,200,000	10,000,000	10,000,000
	<u>12,228,726</u>	<u>12,228,726</u>	<u>11,190,877</u>	<u>11,190,877</u>
<i>Liabilities</i>				
Trade and other payables	534,961	534,961	376,286	376,286
	<u>534,961</u>	<u>534,961</u>	<u>376,286</u>	<u>376,286</u>

Financial assets measured at fair value in the statement of financial position are grouped into three levels of fair value hierarchy. This grouping is determined based on the lowest level of significant inputs used in fair value measurement, as follows:

- Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices);
- Level 3: inputs for the asset or liability that are not based on observable market data (unobservable inputs).

The financial assets and liabilities above are classified as Level 1 due to their short term nature. The net carrying amounts for these financial assets and liabilities are deemed to approximate their fair values.

Note 13. Key management personnel disclosures

Directors

The following persons were directors of Reserve Bank Health Society Limited during the financial year:

Ms Merylin Coombs	
Ms Andrea Brischetto	
Mr John Pick	Retired 28 November 2013
Mr Anthony Dickman	Retired 28 November 2013
Mr Warren Wise	
Mr Lindsay Boulton	Retired 13 March 2014
Mr Keith Drayton	
Mr David Lewis	Appointed 28 November 2013
Mr Emma Maley	Appointed 28 November 2013
Mr Sarv Girn	Appointed 13 March 2014

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Note 13. Key management personnel disclosures (continued)

Compensation

The aggregate compensation made to directors and other members of key management personnel of the company is set out below:

	2014	2013
	\$	\$
Short-term employee benefits	3,854	12,665
Post-employment benefits	347	976
	<u>4,201</u>	<u>13,641</u>

Other transactions with key management personnel

During the period the company received health insurance contributions from key management personnel on normal terms and conditions. That is to say, on terms or conditions no more favourable than those available to other members.

Related party transactions

Related party transactions are set out in note 15.

Note 14. Contingent assets and liabilities

At 30 June 2014 the company had no contingent assets and liabilities.

Note 15. Related party transactions

Key management personnel

Disclosures relating to key management personnel are set out in note 13.

Transactions with related parties

The following transactions occurred with related parties:

	2014	2013
	\$	\$
Payment for goods and services:		
Payment to Lysaght Peoplecare Limited for management services	748,444	693,113
Payment to Reserve Bank of Australia for management services	-	60,393
Payment for services from HAMB Systems Limited	284,762	245,075
Payment for services from Australian Health Service Alliance Limited	176,199	166,566

The company is managed and administered by Lysaght Peoplecare Limited ("LPC") through a management services agreement. The nature of the relationship is outlined in note 3.

Up until the end of December 2012, the company also received management support, largely in the form of company secretarial services, from the Reserve Bank of Australia for an agreed fee. From 1 January 2013, these services commenced being provided by Lysaght Peoplecare Limited.

During the year, fees were paid to HAMB Systems Limited, a not-for-profit company over which the CEO, Michael Bassingthwaighe, has significant influence. Mr Bassingthwaighe is a director of HAMB Systems Limited for which he receives nominal remuneration to cover costs. The payments were made on normal commercial terms and conditions and relate to software and information technology services provided to the company.

During the year, fees were paid to Australian Health Service Alliance Limited, a not-for-profit company over which the CEO, Michael Bassingthwaighe, has significant influence. Mr Bassingthwaighe is a director of Australian Health Service Alliance Limited for which he receives no remuneration. The payments were made on normal commercial terms and conditions and relate to the management of provider relationships, collection, dissemination and analysis of medical and hospital data, management of Access Gap Cover, as well as prosthesis, educational services and training.

Reserve Bank Health Society Limited
Notes to the financial statements
30 June 2014

Note 15. Related party transactions (continued)

Receivable from and payable to related parties

The following balances are outstanding at the reporting date in relation to transactions with related parties:

	2014	2013
	\$	\$
Current payables:		
Payment for services from HAMB Systems Limited	26,352	-

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

Terms and conditions

All transactions were made on normal commercial terms and conditions and at market rates.

Note 16. Economic dependency

A number of RBHS members receive a contribution to their premiums as a benefit of employment by the Reserve Bank. The insurer believes that the membership base of the RBHS is sensitive to the contribution.

Note 17. Events after the reporting period

No matter or circumstance has arisen since 30 June 2014 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

Note 18. Reconciliation of surplus after income tax to net cash from operating activities

	2014	2013
	\$	\$
Surplus after income tax expense for the year	750,024	1,126,314
Adjustments for:		
Depreciation and amortisation	1,925	1,277
Change in operating assets and liabilities:		
Decrease/(increase) in trade and other receivables	(280,825)	453,250
Increase in prepayments	(1,074)	(5,063)
Increase in trade and other payables	158,675	2,942
Increase/(decrease) in other provisions	129,560	(112,746)
Increase/(decrease) in other operating liabilities	1,028	(1,040,134)
Net cash from operating activities	<u>759,313</u>	<u>425,840</u>

Note 19. Non-cash investing and financing activities

During the financial year the entity did not undertake any non-cash activities.

Note 20. Nature and extent of risks arising from insurance contracts

The purpose of insurance is risk distribution, that is, to spread risks across a large pool of individuals. Insurance provides a mechanism by which individuals who pay an agreed sum, known as a 'premium' can be indemnified against future events that may cause loss.

An insurance contract is a product under which an insurer accepts significant risk from a policyholder by agreeing to compensate the policyholder if a specified uncertain future event adversely affects the policyholder.

A health insurance contract is a type of insurance whereby the company (the insurer) agrees to reimburse the policyholder for health care costs in exchange for a premium. The contract (policy) stipulates the type of health care benefits covered as well as costs to be reimbursed.

Once a contract has been classified as an insurance contract, it remains an insurance contract for the remainder of its life, even if the insurance risk reduces significantly during the period.

The company has determined that all current contracts with policyholders are insurance contracts.

Sensitivity to insurance risk

Health insurance claims tend to be short-tailed in nature, in that the period of time between a claim event occurring and the date of payment of that claim are typically less than one year, and in most cases less than six months. Historical claim lag patterns demonstrate that greater than 90% of claims are settled within three months of the claim event occurring.

The health insurance claims are therefore generally not sensitive to factors such as inflation, changes in interest rates, or other time-value of money issues, and as such a sensitivity analysis has not been provided in the financial statements.

Selection, pricing and concentration risk

Community rating is the basis of Australia's private health insurance system. Under the Private Health Insurance Act 2007, private health insurance contracts are required to be community rated, that is, in setting premiums, or paying benefits, funds cannot discriminate on the basis of health status, age, race, sex, and sexuality, use of hospital or medical services or general claiming history. Although this risk is shared collectively across the entire pool of policyholders, actuaries and underwriters still collect health information to determine the overall premium that insurers must charge to sustain the pool.

Community rating mandates that one price must apply to all member groups within each product, meaning that the pricing applied to the member groups within a product applies to all current and future potential members.

The company manages concentration risk by pricing each product with regard to the risk profile of each policyholder group.

Another regulatory factor is Risk Equalisation which supports the principle of community rating. The Risk Equalisation scheme transfers money from private health insurers with younger healthier members with lower average claims payments to those insurers with an older and less healthy membership and which have higher average claims payments.

The Private Health Insurance Act 2007, also limits the types of treatment that private health insurers are able to offer as part of their health insurance business. Premiums for health insurance can only be changed with the approval of the Minister for Health.

Credit risk in relation to insurance contracts

Credit risk is the risk that one party to an insurance contract will cause a financial loss for the other party by failing to discharge an obligation.

The maximum exposure to credit risk to insurance contract related assets, at the end of the reporting period, is the carrying amount net of any provision for impairment of those assets, as disclosed in the statement of financial position and notes to the financial statements.

Note 20. Nature and extent of risks arising from insurance contracts (continued)

This risk is minimised through a process of arrears management whereby benefit payments are with-held from non-financial policyholders. Where payment of contributions is not received for a continual period of three months, the policy is terminated.

The company does not have any material credit risk exposure to any single receivable or group of receivables under insurance contracts entered into by the company.

Liquidity risk in relation to insurance contracts

Liquidity risk is the risk that the company will encounter difficulty in meeting obligations associated with insurance contracts.

The company manages liquidity risk in relation to insurance contracts by continuously monitoring forecast and actual cash flows and claims provisioning risk as well as holding a high percentage of highly liquid investments to meet the obligations of the company.

The approach adopted by the company in determining the outstanding claims provision is detailed in note 2. The provision is subject to some uncertainty, but the company seeks to ensure the outstanding claims provision is adequate by:

- i. ongoing and regular review of claim lags to ensure they are consistent with historical analysis;
- ii. a periodic external review conducted by the appointed actuary, incorporated within a quarterly report to the Board of Directors and the annual financial conditions report prepared for the Board of Directors and provided to the industry regulator;
- iii. ongoing and regular reviews of forecasts to ensure that factors included in calculating the outstanding claims provision remain relevant and reliable; and
- iv. the inclusion of a risk margin in the calculations (as detailed in note 2) to ensure a probability of sufficiency of 55%.

Market risk in relation to insurance contracts

Market risk is the risk that the fair value or future cash flows associated with insurance contracts will fluctuate because of changes in market prices. Factors affecting market prices faced by the company include inflation risk.

The company is exposed to inflationary risk in relation to hospital and medical services that may materially impact on the future value of claims payments. Controls in place to mitigate this risk include contracts with hospital and medical service providers, and limits applied to some benefits provided under general treatment products. The company also monitors growth in the utilisation and charges for medical services on an ongoing basis to ensure they are within forecast ranges.

Regulatory and capital adequacy risk

The company is subject to prudential regulation prescribed in the Private Health Insurance Act 2007, and administered by the Private Health Insurance Administration Council (PHIAC). The prudential regulation includes solvency and capital adequacy requirements that are designed to protect the long-term viability of the company and the best interest of members.

The company has capital objectives that significantly exceed the minimum capital adequacy requirements outlined in the standard and utilises the appointed actuary for advice to the Board in determining an appropriate target capital level for the company.

Reserve Bank Health Society Limited
Directors' declaration
30 June 2014

In the directors' opinion:

- the attached financial statements and notes thereto comply with the Corporations Act 2001, the Accounting Standards, the Corporations Regulations 2001 and other mandatory professional reporting requirements;
- the attached financial statements and notes thereto comply with International Financial Reporting Standards as issued by the International Accounting Standards Board as described in note 2 to the financial statements;
- the attached financial statements and notes thereto give a true and fair view of the company's financial position as at 30 June 2014 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of directors made pursuant to section 295(5)(a) of the Corporations Act 2001.

On behalf of the directors



Merylin Coombs
Chairperson - Board



Andrea Brischetto
Chairperson – Audit and Risk Committee

11 September 2014
Sydney

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Independent Auditor's Report To the Members of Reserve Bank Health Society Limited

We have audited the accompanying financial report of Reserve Bank Health Society Limited (the "Company"), which comprises the statement of financial position as at 30 June 2014, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the directors' declaration of the company.

Directors' responsibility for the financial report

The Directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001. The Directors' responsibility also includes such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error. The Directors also state, in the notes to the financial report, in accordance with Accounting Standard AASB 101 Presentation of Financial Statements, the financial statements comply with International Financial Reporting Standards.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require us to comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's

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judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error.

In making those risk assessments, the auditor considers internal control relevant to the Company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

Auditor's opinion

In our opinion:

- a the financial report of Reserve Bank Health Society Limited is in accordance with the Corporations Act 2001, including:
 - i giving a true and fair view of the Company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
 - ii complying with Australian Accounting Standards and the Corporations Regulations 2001; and
- b the financial report also complies with International Financial Reporting Standards as disclosed in the notes to the financial statements.



GRANT THORNTON AUDIT PTY LTD
Chartered Accountants



A Sheridan
Partner - Audit & Assurance

Sydney, 11 September 2014