

HKFRS 17
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Hong Kong Financial Reporting Standard 17

Insurance Contracts



Hong Kong Institute of
Certified Public Accountants
香港會計師公會

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BASIS FOR CONCLUSIONS

ILLUSTRATIVE EXAMPLES

HKFRS 17 *Insurance Contracts* is set out in paragraphs 1–132 and appendices A–D. All the paragraphs have equal authority. Paragraphs in **bold type** state the main principles. Terms defined in Appendix A are in *italics* the first time that they appear in the Standard. Definitions of other terms are given in the Glossary for HKFRS Standards. The Standard should be read in the context of its objective and the Basis for Conclusions, the *Preface to Hong Kong Financial Reporting Standards* and the *Conceptual Framework for Financial Reporting*. HKAS 8 *Accounting Policies, Changes in Accounting Estimates and Errors* provides a basis for selecting and applying accounting policies in the absence of explicit guidance.

Introduction

Overview

- IN1 HKFRS 17 *Insurance Contracts* establishes principles for the recognition, measurement, presentation and disclosure of insurance contracts issued. It also requires similar principles to be applied to reinsurance contracts held and investment contracts with discretionary participation features issued. The objective is to ensure that entities provide relevant information in a way that faithfully represents those contracts. This information gives a basis for users of financial statements to assess the effect that contracts within the scope of HKFRS 17 have on the financial position, financial performance and cash flows of an entity.
- IN2 HKFRS 17 is effective for annual periods beginning on or after 1 January 2023. Earlier application is permitted.
- IN3 HKFRS 17 supersedes HKFRS 4 *Insurance Contracts*.

Reasons for issuing the HKFRS 17

The Hong Kong Institute of Certified Public Accountants supports the reasons for the International Accounting Standards Board (IASB) issuing IFRS 17 *Insurance Contracts* and therefore issued HKFRS 17 to maintain convergence of HKFRS with International Financial Reporting Standards.

- IN4 The previous HKFRS Standard on insurance contracts, HKFRS 4, was an interim standard that allowed entities to use a wide variety of accounting practices for insurance contracts, reflecting national accounting requirements and variations of those requirements. The differences in accounting treatment across jurisdictions and products made it difficult for investors and analysts to understand and compare insurers' results. Most stakeholders, including insurers, agreed on the need for a common global insurance accounting standard even though opinions varied as to what it should be. Long-term and complex insurance risks are difficult to reflect in the measurement of insurance contracts. In addition, insurance contracts are not typically traded in markets and may include a significant investment component, posing further measurement challenges. Some previous insurance accounting practices permitted under HKFRS 4 did not adequately reflect the true underlying financial positions or the financial performance of these insurance contracts. To address these issues, the International Accounting Standards Board (IASB) undertook a project to make insurers' financial statements more useful and insurance accounting practices consistent across jurisdictions.

Main features

- IN5 HKFRS 17 reflects the IASB's view that an insurance contract combines features of both a financial instrument and a service contract. In addition, many insurance contracts generate cash flows with substantial variability over a long period. To provide useful information about these features, the IASB developed an approach that:
- (a) combines current measurement of the future cash flows with the recognition of profit over the period services are provided under the contract;
 - (b) presents insurance service results (including presentation of insurance revenue) separately from insurance finance income or expenses; and

- (c) requires an entity to make an accounting policy choice portfolio-by-portfolio of whether to recognise all insurance finance income or expenses for the reporting period in profit or loss or to recognise some of that income or expenses in other comprehensive income.

IN6 The key principles in HKFRS 17 are that an entity:

- (a) identifies as insurance contracts those contracts under which the entity accepts significant insurance risk from another party (the policyholder) by agreeing to compensate the policyholder if a specified uncertain future event (the insured event) adversely affects the policyholder.
- (b) separates specified embedded derivatives, distinct investment components and distinct performance obligations from the insurance contracts.
- (c) divides the contracts into groups it will recognise and measure.
- (d) recognises and measures groups of insurance contracts at:
 - (i) a risk-adjusted present value of the future cash flows (the fulfilment cash flows) that incorporates all of the available information about the fulfilment cash flows in a way that is consistent with observable market information; plus (if this value is a liability) or minus (if this value is an asset)
 - (ii) an amount representing the unearned profit in the group of contracts (the contractual service margin).
- (e) recognises the profit from a group of insurance contracts over the period the entity provides insurance coverage, and as the entity is released from risk. If a group of contracts is or becomes loss-making, an entity recognises the loss immediately.
- (f) presents separately insurance revenue, insurance service expenses and insurance finance income or expenses.
- (g) discloses information to enable users of financial statements to assess the effect that contracts within the scope of HKFRS 17 have on the financial position, financial performance and cash flows of an entity. To do this, an entity discloses qualitative and quantitative information about:
 - (i) the amounts recognised in its financial statements from insurance contracts;
 - (ii) the significant judgements, and changes in those judgements, made when applying the Standard; and
 - (iii) the nature and extent of the risks from contracts within the scope of this Standard.

- IN7 The measurement required by HKFRS 17 results in:
- (a) the liability for a group of insurance contracts relating to performance obligations for remaining service being measured broadly consistent with HKFRS 15 *Revenue from Contracts with Customers* except that:
 - (i) the measurement is updated for changes in financial assumptions (to differing degrees depending on the type of insurance contract); and
 - (ii) the liability often includes an investment component typically not in contracts within the scope of HKFRS 15.
 - (b) the liability for a group of insurance contracts relating to incurred claims being measured broadly consistently with HKAS 37 *Provisions, Contingent Liabilities and Contingent Assets*, except that the liability often includes an investment component that is typically not in contracts within the scope of HKAS 37.
- IN8 An entity may apply a simplified measurement approach (the premium allocation approach) to some insurance contracts. The simplified measurement approach allows an entity to measure the amount relating to remaining service by allocating the premium over the coverage period.

Hong Kong Financial Reporting Standard 17

Insurance Contracts

Objective

- 1 **HKFRS 17 *Insurance Contracts* establishes principles for the recognition, measurement, presentation and disclosure of *insurance contracts* within the scope of the Standard. The objective of HKFRS 17 is to ensure that an entity provides relevant information that faithfully represents those contracts. This information gives a basis for users of financial statements to assess the effect that insurance contracts have on the entity's financial position, financial performance and cash flows.**

- 2 An entity shall consider its substantive rights and obligations, whether they arise from a contract, law or regulation, when applying HKFRS 17. A contract is an agreement between two or more parties that creates enforceable rights and obligations. Enforceability of the rights and obligations in a contract is a matter of law. Contracts can be written, oral or implied by an entity's customary business practices. Contractual terms include all terms in a contract, explicit or implied, but an entity shall disregard terms that have no commercial substance (ie no discernible effect on the economics of the contract). Implied terms in a contract include those imposed by law or regulation. The practices and processes for establishing contracts with customers vary across legal jurisdictions, industries and entities. In addition, they may vary within an entity (for example, they may depend on the class of customer or the nature of the promised goods or services).

Scope

- 3 An entity shall apply HKFRS 17 to:
 - (a) insurance contracts, including *reinsurance contracts*, it issues;
 - (b) reinsurance contracts it holds; and
 - (c) *investment contracts with discretionary participation features* it issues, provided the entity also issues insurance contracts.

- 4 All references in HKFRS 17 to insurance contracts also apply to:
 - (a) reinsurance contracts held, except:
 - (i) for references to insurance contracts issued; and
 - (ii) as described in paragraphs 60–70A.
 - (b) investment contracts with discretionary participation features as set out in paragraph 3(c), except for the reference to insurance contracts in paragraph 3(c) and as described in paragraph 71.

- 5 All references in HKFRS 17 to insurance contracts issued also apply to insurance contracts acquired by the entity in a transfer of insurance contracts or a business combination other than reinsurance contracts held.

- 6 Appendix A defines an insurance contract and paragraphs B2–B30 of Appendix B provide guidance on the definition of an insurance contract.
- 7 An entity shall not apply HKFRS 17 to:
- (a) warranties provided by a manufacturer, dealer or retailer in connection with the sale of its goods or services to a customer (see HKFRS 15 *Revenue from Contracts with Customers*).
 - (b) employers' assets and liabilities from employee benefit plans (see HKAS 19 *Employee Benefits* and HKFRS 2 *Share-based Payment*) and retirement benefit obligations reported by defined benefit retirement plans (see HKAS 26 *Accounting and Reporting by Retirement Benefit Plans*).
 - (c) contractual rights or contractual obligations contingent on the future use of, or the right to use, a non-financial item (for example, some licence fees, royalties, variable and other contingent lease payments and similar items: see HKFRS 15, HKAS 38 *Intangible Assets* and HKFRS 16 *Leases*).
 - (d) residual value guarantees provided by a manufacturer, dealer or retailer and a lessee's residual value guarantees when they are embedded in a lease (see HKFRS 15 and HKFRS 16).
 - (e) financial guarantee contracts, unless the issuer has previously asserted explicitly that it regards such contracts as insurance contracts and has used accounting applicable to insurance contracts. The issuer shall choose to apply either HKFRS 17 or HKAS 32 *Financial Instruments: Presentation*, HKFRS 7 *Financial Instruments: Disclosures* and HKFRS 9 *Financial Instruments* to such financial guarantee contracts. The issuer may make that choice contract by contract, but the choice for each contract is irrevocable.
 - (f) contingent consideration payable or receivable in a business combination (see HKFRS 3 *Business Combinations*).
 - (g) insurance contracts in which the entity is the *policyholder*, unless those contracts are reinsurance contracts held (see paragraph 3(b)).
 - (h) credit card contracts, or similar contracts that provide credit or payment arrangements, that meet the definition of an insurance contract if, and only if, the entity does not reflect an assessment of the *insurance risk* associated with an individual customer in setting the price of the contract with that customer (see HKFRS 9 and other applicable HKFRS Standards). However, if, and only if, HKFRS 9 requires an entity to separate an insurance coverage component (see paragraph 2.1(e)(iv) of HKFRS 9) that is embedded in such a contract, the entity shall apply HKFRS 17 to that component.
- 8 Some contracts meet the definition of an insurance contract but have as their primary purpose the provision of services for a fixed fee. An entity may choose to apply HKFRS 15 instead of HKFRS 17 to such contracts that it issues if, and only if, specified conditions are met. The entity may make that choice contract by contract, but the choice for each contract is irrevocable. The conditions are:
- (a) the entity does not reflect an assessment of the risk associated with an individual customer in setting the price of the contract with that customer;

- (b) the contract compensates the customer by providing services, rather than by making cash payments to the customer; and
- (c) the insurance risk transferred by the contract arises primarily from the customer's use of services rather than from uncertainty over the cost of those services.

8A Some contracts meet the definition of an insurance contract but limit the compensation for *insured events* to the amount otherwise required to settle the policyholder's obligation created by the contract (for example, loans with death waivers). An entity shall choose to apply either HKFRS 17 or HKFRS 9 to such contracts that it issues unless such contracts are excluded from the scope of HKFRS 17 by paragraph 7. The entity shall make that choice for each *portfolio of insurance contracts*, and the choice for each portfolio is irrevocable.

Combination of insurance contracts

9 A set or series of insurance contracts with the same or a related counterparty may achieve, or be designed to achieve, an overall commercial effect. In order to report the substance of such contracts, it may be necessary to treat the set or series of contracts as a whole. For example, if the rights or obligations in one contract do nothing other than entirely negate the rights or obligations in another contract entered into at the same time with the same counterparty, the combined effect is that no rights or obligations exist.

Separating components from an insurance contract (paragraphs B31–B35)

10 An insurance contract may contain one or more components that would be within the scope of another Standard if they were separate contracts. For example, an insurance contract may include an *investment component* or a component for services other than *insurance contract services* (or both). An entity shall apply paragraphs 11–13 to identify and account for the components of the contract.

11 An entity shall:

- (a) apply HKFRS 9 to determine whether there is an embedded derivative to be separated and, if there is, how to account for that derivative.
- (b) separate from a host insurance contract an investment component if, and only if, that investment component is distinct (see paragraphs B31–B32). The entity shall apply HKFRS 9 to account for the separated investment component unless it is an investment contract with discretionary participation features within the scope of HKFRS 17 (see paragraph 3(c)).

12 After applying paragraph 11 to separate any cash flows related to embedded derivatives and distinct investment components, an entity shall separate from the host insurance contract any promise to transfer to a policyholder distinct goods or services other than insurance contract services, applying paragraph 7 of HKFRS 15. The entity shall account for such promises applying HKFRS 15. In applying paragraph 7 of HKFRS 15 to separate the promise, the entity shall apply paragraphs B33–B35 of HKFRS 17 and, on initial recognition, shall:

- (a) apply HKFRS 15 to attribute the cash inflows between the insurance component and any promises to provide distinct goods or services other than insurance contract services; and

- (b) attribute the cash outflows between the insurance component and any promised goods or services other than insurance contract services, accounted for applying HKFRS 15 so that:
- (i) cash outflows that relate directly to each component are attributed to that component; and
 - (ii) any remaining cash outflows are attributed on a systematic and rational basis, reflecting the cash outflows the entity would expect to arise if that component were a separate contract.
- 13 After applying paragraphs 11–12, an entity shall apply HKFRS 17 to all remaining components of the host insurance contract. Hereafter, all references in HKFRS 17 to embedded derivatives refer to derivatives that have not been separated from the host insurance contract and all references to investment components refer to investment components that have not been separated from the host insurance contract (except those references in paragraphs B31–B32).

Level of aggregation of insurance contracts

- 14 **An entity shall identify portfolios of insurance contracts. A portfolio comprises contracts subject to similar risks and managed together. Contracts within a product line would be expected to have similar risks and hence would be expected to be in the same portfolio if they are managed together. Contracts in different product lines (for example single premium fixed annuities compared with regular term life assurance) would not be expected to have similar risks and hence would be expected to be in different portfolios.**
- 15 **Paragraphs 16–24 apply to insurance contracts issued. The requirements for the level of aggregation of reinsurance contracts held are set out in paragraph 61.**
- 16 **An entity shall divide a portfolio of insurance contracts issued into a minimum of:**
- (a) a group of contracts that are onerous at initial recognition, if any;**
 - (b) a group of contracts that at initial recognition have no significant possibility of becoming onerous subsequently, if any; and**
 - (c) a group of the remaining contracts in the portfolio, if any.**
- 17 If an entity has reasonable and supportable information to conclude that a set of contracts will all be in the same group applying paragraph 16, it may measure the set of contracts to determine if the contracts are onerous (see paragraph 47) and assess the set of contracts to determine if the contracts have no significant possibility of becoming onerous subsequently (see paragraph 19). If the entity does not have reasonable and supportable information to conclude that a set of contracts will all be in the same group, it shall determine the group to which contracts belong by considering individual contracts.
- 18 For contracts issued to which an entity applies the premium allocation approach (see paragraphs 53–59), the entity shall assume no contracts in the portfolio are onerous at initial recognition, unless facts and circumstances indicate otherwise. An entity shall assess whether contracts that are not onerous at initial recognition have no significant possibility of becoming onerous subsequently by assessing the likelihood of changes in applicable facts and circumstances.
- 19 For contracts issued to which an entity does not apply the premium allocation approach (see paragraphs 53–54), an entity shall assess whether contracts that are not onerous at initial recognition have no significant possibility of becoming onerous:

- (a) based on the likelihood of changes in assumptions which, if they occurred, would result in the contracts becoming onerous.
 - (b) using information about estimates provided by the entity's internal reporting. Hence, in assessing whether contracts that are not onerous at initial recognition have no significant possibility of becoming onerous:
 - (i) an entity shall not disregard information provided by its internal reporting about the effect of changes in assumptions on different contracts on the possibility of their becoming onerous; but
 - (ii) an entity is not required to gather additional information beyond that provided by the entity's internal reporting about the effect of changes in assumptions on different contracts.
- 20 If, applying paragraphs 14–19, contracts within a portfolio would fall into different groups only because law or regulation specifically constrains the entity's practical ability to set a different price or level of benefits for policyholders with different characteristics, the entity may include those contracts in the same group. The entity shall not apply this paragraph by analogy to other items.
- 21 An entity is permitted to subdivide the groups described in paragraph 16. For example, an entity may choose to divide the portfolios into:
- (a) more groups that are not onerous at initial recognition—if the entity's internal reporting provides information that distinguishes:
 - (i) different levels of profitability; or
 - (ii) different possibilities of contracts becoming onerous after initial recognition; and
 - (b) more than one group of contracts that are onerous at initial recognition—if the entity's internal reporting provides information at a more detailed level about the extent to which the contracts are onerous.
- 22 An entity shall not include contracts issued more than one year apart in the same group. To achieve this the entity shall, if necessary, further divide the groups described in paragraphs 16–21.**
- 23 A *group of insurance contracts* shall comprise a single contract if that is the result of applying paragraphs 14–22.
- 24 An entity shall apply the recognition and measurement requirements of HKFRS 17 to the groups of contracts determined by applying paragraphs 14–23. An entity shall establish the groups at initial recognition and add contracts to the groups applying paragraph 28. The entity shall not reassess the composition of the groups subsequently. To measure a group of contracts, an entity may estimate the *fulfilment cash flows* at a higher level of aggregation than the group or portfolio, provided the entity is able to include the appropriate fulfilment cash flows in the measurement of the group, applying paragraphs 32(a), 40(a)(i) and 40(b), by allocating such estimates to groups of contracts.

Recognition

- 25 **An entity shall recognise a group of insurance contracts it issues from the earliest of the following:**
- (a) **the beginning of the *coverage period* of the group of contracts;**
 - (b) **the date when the first payment from a policyholder in the group becomes due; and**
 - (c) **for a group of onerous contracts, when the group becomes onerous.**
- 26 If there is no contractual due date, the first payment from the policyholder is deemed to be due when it is received. An entity is required to determine whether any contracts form a group of onerous contracts applying paragraph 16 before the earlier of the dates set out in paragraphs 25(a) and 25(b) if facts and circumstances indicate there is such a group.
- 27 [Deleted]
- 28 In recognising a group of insurance contracts in a reporting period, an entity shall include only contracts that individually meet one of the criteria set out in paragraph 25 and shall make estimates for the discount rates at the date of initial recognition (see paragraph B73) and the coverage units provided in the reporting period (see paragraph B119). An entity may include more contracts in the group after the end of a reporting period, subject to paragraphs 14–22. An entity shall add a contract to the group in the reporting period in which that contract meets one of the criteria set out in paragraph 25. This may result in a change to the determination of the discount rates at the date of initial recognition applying paragraph B73. An entity shall apply the revised rates from the start of the reporting period in which new contracts are added to the group.

Insurance acquisition cash flows (paragraphs B35A–B35D)

- 28A An entity shall allocate *insurance acquisition cash flows* to groups of insurance contracts using a systematic and rational method applying paragraphs B35A–B35B, unless it chooses to recognise them as expenses applying paragraph 59(a).
- 28B An entity not applying paragraph 59(a) shall recognise as an asset insurance acquisition cash flows paid (or insurance acquisition cash flows for which a liability has been recognised applying another HKFRS Standard) before the related group of insurance contracts is recognised. An entity shall recognise such an asset for each related group of insurance contracts.
- 28C An entity shall derecognise an asset for insurance acquisition cash flows when the insurance acquisition cash flows are included in the measurement of the related group of insurance contracts applying paragraph 38(c)(i) or paragraph 55(a)(iii).
- 28D If paragraph 28 applies, an entity shall apply paragraphs 28B–28C in accordance with paragraph B35C.
- 28E At the end of each reporting period, an entity shall assess the recoverability of an asset for insurance acquisition cash flows if facts and circumstances indicate the asset may be impaired (see paragraph B35D). If an entity identifies an impairment loss, the entity shall adjust the carrying amount of the asset and recognise the impairment loss in profit or loss.

- 28F An entity shall recognise in profit or loss a reversal of some or all of an impairment loss previously recognised applying paragraph 28E and increase the carrying amount of the asset, to the extent that the impairment conditions no longer exist or have improved.

Measurement (paragraphs B36–B119F)

- 29 An entity shall apply paragraphs 30–52 to all groups of insurance contracts within the scope of HKFRS 17, with the following exceptions:
- (a) for groups of insurance contracts meeting either of the criteria specified in paragraph 53, an entity may simplify the measurement of the group using the premium allocation approach in paragraphs 55–59.
 - (b) for groups of reinsurance contracts held, an entity shall apply paragraphs 32–46 as required by paragraphs 63–70A. Paragraph 45 (on *insurance contracts with direct participation features*) and paragraphs 47–52 (on onerous contracts) do not apply to groups of reinsurance contracts held.
 - (c) for groups of investment contracts with discretionary participation features, an entity shall apply paragraphs 32–52 as modified by paragraph 71.
- 30 When applying HKAS 21 *The Effects of Changes in Foreign Exchange Rates* to a group of insurance contracts that generate cash flows in a foreign currency, an entity shall treat the group of contracts, including the *contractual service margin*, as a monetary item.
- 31 In the financial statements of an entity that issues insurance contracts, the fulfilment cash flows shall not reflect the non-performance risk of that entity (non-performance risk is defined in HKFRS 13 *Fair Value Measurement*).

Measurement on initial recognition (paragraphs B36–B95F)

- 32 **On initial recognition, an entity shall measure a group of insurance contracts at the total of:**
- (a) **the fulfilment cash flows, which comprise:**
 - (i) **estimates of future cash flows (paragraphs 33–35);**
 - (ii) **an adjustment to reflect the time value of money and the *financial risks* related to the future cash flows, to the extent that the financial risks are not included in the estimates of the future cash flows (paragraph 36); and**
 - (iii) **a *risk adjustment for non-financial risk* (paragraph 37).**
 - (b) **the contractual service margin, measured applying paragraphs 38–39.**

Estimates of future cash flows (paragraphs B36–B71)

- 33** An entity shall include in the measurement of a group of insurance contracts all the future cash flows within the boundary of each contract in the group (see paragraph 34). Applying paragraph 24, an entity may estimate the future cash flows at a higher level of aggregation and then allocate the resulting fulfilment cash flows to individual groups of contracts. The estimates of future cash flows shall:
- (a)** incorporate, in an unbiased way, all reasonable and supportable information available without undue cost or effort about the amount, timing and uncertainty of those future cash flows (see paragraphs B37–B41). To do this, an entity shall estimate the expected value (ie the probability-weighted mean) of the full range of possible outcomes.
 - (b)** reflect the perspective of the entity, provided that the estimates of any relevant market variables are consistent with observable market prices for those variables (see paragraphs B42–B53).
 - (c)** be current—the estimates shall reflect conditions existing at the measurement date, including assumptions at that date about the future (see paragraphs B54–B60).
 - (d)** be explicit—the entity shall estimate the adjustment for non-financial risk separately from the other estimates (see paragraph B90). The entity also shall estimate the cash flows separately from the adjustment for the time value of money and financial risk, unless the most appropriate measurement technique combines these estimates (see paragraph B46).
- 34** Cash flows are within the boundary of an insurance contract if they arise from substantive rights and obligations that exist during the reporting period in which the entity can compel the policyholder to pay the premiums or in which the entity has a substantive obligation to provide the policyholder with insurance contract services (see paragraphs B61–B71). A substantive obligation to provide insurance contract services ends when:
- (a)** the entity has the practical ability to reassess the risks of the particular policyholder and, as a result, can set a price or level of benefits that fully reflects those risks; or
 - (b)** both of the following criteria are satisfied:
 - (i)** the entity has the practical ability to reassess the risks of the portfolio of insurance contracts that contains the contract and, as a result, can set a price or level of benefits that fully reflects the risk of that portfolio; and
 - (ii)** the pricing of the premiums up to the date when the risks are reassessed does not take into account the risks that relate to periods after the reassessment date.
- 35** An entity shall not recognise as a liability or as an asset any amounts relating to expected premiums or expected claims outside the boundary of the insurance contract. Such amounts relate to future insurance contracts.

Discount rates (paragraphs B72–B85)

36 An entity shall adjust the estimates of future cash flows to reflect the time value of money and the financial risks related to those cash flows, to the extent that the financial risks are not included in the estimates of cash flows. The discount rates applied to the estimates of the future cash flows described in paragraph 33 shall:

- (a)** reflect the time value of money, the characteristics of the cash flows and the liquidity characteristics of the insurance contracts;
- (b)** be consistent with observable current market prices (if any) for financial instruments with cash flows whose characteristics are consistent with those of the insurance contracts, in terms of, for example, timing, currency and liquidity; and
- (c)** exclude the effect of factors that influence such observable market prices but do not affect the future cash flows of the insurance contracts.

Risk adjustment for non-financial risk (paragraphs B86–B92)

37 An entity shall adjust the estimate of the present value of the future cash flows to reflect the compensation that the entity requires for bearing the uncertainty about the amount and timing of the cash flows that arises from non-financial risk.

Contractual service margin

38 The contractual service margin is a component of the asset or liability for the group of insurance contracts that represents the unearned profit the entity will recognise as it provides insurance contract services in the future. An entity shall measure the contractual service margin on initial recognition of a group of insurance contracts at an amount that, unless paragraph 47 (on onerous contracts) or paragraph B123A (on insurance revenue relating to paragraph 38(c)(ii)) applies, results in no income or expenses arising from:

- (a)** the initial recognition of an amount for the fulfilment cash flows, measured by applying paragraphs 32–37;
- (b)** any cash flows arising from the contracts in the group at that date;
- (c)** the derecognition at the date of initial recognition of:
 - (i)** any asset for insurance acquisition cash flows applying paragraph 28C; and
 - (ii)** any other asset or liability previously recognised for cash flows related to the group of contracts as specified in paragraph B66A.

39 For insurance contracts acquired in a transfer of insurance contracts or in a business combination within the scope of HKFRS 3, an entity shall apply paragraph 38 in accordance with paragraphs B93–B95F.

Subsequent measurement

- 40 The carrying amount of a group of insurance contracts at the end of each reporting period shall be the sum of:
- (a) the *liability for remaining coverage* comprising:
 - (i) the fulfilment cash flows related to future service allocated to the group at that date, measured applying paragraphs 33–37 and B36–B92;
 - (ii) the contractual service margin of the group at that date, measured applying paragraphs 43–46; and
 - (b) the *liability for incurred claims*, comprising the fulfilment cash flows related to past service allocated to the group at that date, measured applying paragraphs 33–37 and B36–B92.
- 41 An entity shall recognise income and expenses for the following changes in the carrying amount of the liability for remaining coverage:
- (a) insurance revenue—for the reduction in the liability for remaining coverage because of services provided in the period, measured applying paragraphs B120–B124;
 - (b) insurance service expenses—for losses on groups of onerous contracts, and reversals of such losses (see paragraphs 47–52); and
 - (c) insurance finance income or expenses—for the effect of the time value of money and the effect of financial risk as specified in paragraph 87.
- 42 An entity shall recognise income and expenses for the following changes in the carrying amount of the liability for incurred claims:
- (a) insurance service expenses—for the increase in the liability because of claims and expenses incurred in the period, excluding any investment components;
 - (b) insurance service expenses—for any subsequent changes in fulfilment cash flows relating to incurred claims and incurred expenses; and
 - (c) insurance finance income or expenses—for the effect of the time value of money and the effect of financial risk as specified in paragraph 87.

Contractual service margin (paragraphs B96—B119B)

- 43 The contractual service margin at the end of the reporting period represents the profit in the group of insurance contracts that has not yet been recognised in profit or loss because it relates to the future service to be provided under the contracts in the group.

44 For *insurance contracts without direct participation features*, the carrying amount of the contractual service margin of a group of contracts at the end of the reporting period equals the carrying amount at the start of the reporting period adjusted for:

- (a) the effect of any new contracts added to the group (see paragraph 28);
- (b) interest accreted on the carrying amount of the contractual service margin during the reporting period, measured at the discount rates specified in paragraph B72(b);
- (c) the changes in fulfilment cash flows relating to future service as specified in paragraphs B96–B100, except to the extent that:
 - (i) such increases in the fulfilment cash flows exceed the carrying amount of the contractual service margin, giving rise to a loss (see paragraph 48(a)); or
 - (ii) such decreases in the fulfilment cash flows are allocated to the loss component of the liability for remaining coverage applying paragraph 50(b).
- (d) the effect of any currency exchange differences on the contractual service margin; and
- (e) the amount recognised as insurance revenue because of the transfer of insurance contract services in the period, determined by the allocation of the contractual service margin remaining at the end of the reporting period (before any allocation) over the current and remaining coverage period applying paragraph B119.

45 For *insurance contracts with direct participation features* (see paragraphs B101–B118), the carrying amount of the contractual service margin of a group of contracts at the end of the reporting period equals the carrying amount at the start of the reporting period adjusted for the amounts specified in subparagraphs (a)–(e) below. An entity is not required to identify these adjustments separately. Instead, a combined amount may be determined for some, or all, of the adjustments. The adjustments are:

- (a) the effect of any new contracts added to the group (see paragraph 28);
- (b) the change in the amount of the entity's share of the fair value of the *underlying items* (see paragraph B104(b)(i)), except to the extent that:
 - (i) paragraph B115 (on risk mitigation) applies;
 - (ii) the decrease in the amount of the entity's share of the fair value of the underlying items exceeds the carrying amount of the contractual service margin, giving rise to a loss (see paragraph 48); or
 - (iii) the increase in the amount of the entity's share of the fair value of the underlying items reverses the amount in (ii).
- (c) the changes in fulfilment cash flows relating to future service, as specified in paragraphs B101–B118, except to the extent that:
 - (i) paragraph B115 (on risk mitigation) applies;

- (ii) such increases in the fulfilment cash flows exceed the carrying amount of the contractual service margin, giving rise to a loss (see paragraph 48); or
 - (iii) such decreases in the fulfilment cash flows are allocated to the loss component of the liability for remaining coverage applying paragraph 50(b).
- (d) the effect of any currency exchange differences arising on the contractual service margin; and
- (e) the amount recognised as insurance revenue because of the transfer of insurance contract services in the period, determined by the allocation of the contractual service margin remaining at the end of the reporting period (before any allocation) over the current and remaining coverage period, applying paragraph B119.

46 Some changes in the contractual service margin offset changes in the fulfilment cash flows for the liability for remaining coverage, resulting in no change in the total carrying amount of the liability for remaining coverage. To the extent that changes in the contractual service margin do not offset changes in the fulfilment cash flows for the liability for remaining coverage, an entity shall recognise income and expenses for the changes, applying paragraph 41.

Onerous contracts

47 An insurance contract is onerous at the date of initial recognition if the fulfilment cash flows allocated to the contract, any previously recognised insurance acquisition cash flows and any cash flows arising from the contract at the date of initial recognition in total are a net outflow. Applying paragraph 16(a), an entity shall group such contracts separately from contracts that are not onerous. To the extent that paragraph 17 applies, an entity may identify the group of onerous contracts by measuring a set of contracts rather than individual contracts. An entity shall recognise a loss in profit or loss for the net outflow for the group of onerous contracts, resulting in the carrying amount of the liability for the group being equal to the fulfilment cash flows and the contractual service margin of the group being zero.

48 A group of insurance contracts becomes onerous (or more onerous) on subsequent measurement if the following amounts exceed the carrying amount of the contractual service margin:

- (a) unfavourable changes relating to future service in the fulfilment cash flows allocated to the group arising from changes in estimates of future cash flows and the risk adjustment for non-financial risk; and
- (b) for a group of insurance contracts with direct participation features, the decrease in the amount of the entity's share of the fair value of the underlying items.

Applying paragraphs 44(c)(i), 45(b)(ii) and 45(c)(ii), an entity shall recognise a loss in profit or loss to the extent of that excess.

49 An entity shall establish (or increase) a loss component of the liability for remaining coverage for an onerous group depicting the losses recognised applying paragraphs 47–48. The loss component determines the amounts that are presented in profit or loss as reversals of losses on onerous groups and are consequently excluded from the determination of insurance revenue.

- 50 After an entity has recognised a loss on an onerous group of insurance contracts, it shall allocate:
- (a) the subsequent changes in fulfilment cash flows of the liability for remaining coverage specified in paragraph 51 on a systematic basis between:
 - (i) the loss component of the liability for remaining coverage; and
 - (ii) the liability for remaining coverage, excluding the loss component.
 - (b) solely to the loss component until that component is reduced to zero:
 - (i) any subsequent decrease relating to future service in fulfilment cash flows allocated to the group arising from changes in estimates of future cash flows and the risk adjustment for non-financial risk; and
 - (ii) any subsequent increases in the amount of the entity's share of the fair value of the underlying items.

Applying paragraphs 44(c)(ii), 45(b)(iii) and 45(c)(iii), an entity shall adjust the contractual service margin only for the excess of the decrease over the amount allocated to the loss component.

- 51 The subsequent changes in the fulfilment cash flows of the liability for remaining coverage to be allocated applying paragraph 50(a) are:
- (a) estimates of the present value of future cash flows for claims and expenses released from the liability for remaining coverage because of incurred insurance service expenses;
 - (b) changes in the risk adjustment for non-financial risk recognised in profit or loss because of the release from risk; and
 - (c) insurance finance income or expenses.

- 52 The systematic allocation required by paragraph 50(a) shall result in the total amounts allocated to the loss component in accordance with paragraphs 48–50 being equal to zero by the end of the coverage period of a group of contracts.

Premium allocation approach

- 53 An entity may simplify the measurement of a group of insurance contracts using the premium allocation approach set out in paragraphs 55–59 if, and only if, at the inception of the group:
- (a) the entity reasonably expects that such simplification would produce a measurement of the liability for remaining coverage for the group that would not differ materially from the one that would be produced applying the requirements in paragraphs 32–52; or
 - (b) the coverage period of each contract in the group (including insurance contract services arising from all premiums within the contract boundary determined at that date applying paragraph 34) is one year or less.

- 54 The criterion in paragraph 53(a) is not met if at the inception of the group an entity expects significant variability in the fulfilment cash flows that would affect the measurement of the liability for remaining coverage during the period before a claim is incurred. Variability in the fulfilment cash flows increases with, for example:
- (a) the extent of future cash flows relating to any derivatives embedded in the contracts; and
 - (b) the length of the coverage period of the group of contracts.
- 55 Using the premium allocation approach, an entity shall measure the liability for remaining coverage as follows:
- (a) on initial recognition, the carrying amount of the liability is:
 - (i) the premiums, if any, received at initial recognition;
 - (ii) minus any insurance acquisition cash flows at that date, unless the entity chooses to recognise the payments as an expense applying paragraph 59(a); and
 - (iii) plus or minus any amount arising from the derecognition at that date of:
 - 1. any asset for insurance acquisition cash flows applying paragraph 28C; and
 - 2. any other asset or liability previously recognised for cash flows related to the group of contracts as specified in paragraph B66A.
 - (b) at the end of each subsequent reporting period, the carrying amount of the liability is the carrying amount at the start of the reporting period:
 - (i) plus the premiums received in the period;
 - (ii) minus insurance acquisition cash flows; unless the entity chooses to recognise the payments as an expense applying paragraph 59(a);
 - (iii) plus any amounts relating to the amortisation of insurance acquisition cash flows recognised as an expense in the reporting period; unless the entity chooses to recognise insurance acquisition cash flows as an expense applying paragraph 59(a);
 - (iv) plus any adjustment to a financing component, applying paragraph 56;
 - (v) minus the amount recognised as insurance revenue for services provided in that period (see paragraph B126); and
 - (vi) minus any investment component paid or transferred to the liability for incurred claims.

- 56 If insurance contracts in the group have a significant financing component, an entity shall adjust the carrying amount of the liability for remaining coverage to reflect the time value of money and the effect of financial risk using the discount rates specified in paragraph 36, as determined on initial recognition. The entity is not required to adjust the carrying amount of the liability for remaining coverage to reflect the time value of money and the effect of financial risk if, at initial recognition, the entity expects that the time between providing each part of the services and the related premium due date is no more than a year.
- 57 If at any time during the coverage period, facts and circumstances indicate that a group of insurance contracts is onerous, an entity shall calculate the difference between:
- (a) the carrying amount of the liability for remaining coverage determined applying paragraph 55; and
 - (b) the fulfilment cash flows that relate to remaining coverage of the group, applying paragraphs 33–37 and B36–B92. However, if, in applying paragraph 59(b), the entity does not adjust the liability for incurred claims for the time value of money and the effect of financial risk, it shall not include in the fulfilment cash flows any such adjustment.
- 58 To the extent that the fulfilment cash flows described in paragraph 57(b) exceed the carrying amount described in paragraph 57(a), the entity shall recognise a loss in profit or loss and increase the liability for remaining coverage.
- 59 In applying the premium allocation approach, an entity:
- (a) may choose to recognise any insurance acquisition cash flows as expenses when it incurs those costs, provided that the coverage period of each contract in the group at initial recognition is no more than one year.
 - (b) shall measure the liability for incurred claims for the group of insurance contracts at the fulfilment cash flows relating to incurred claims, applying paragraphs 33–37 and B36–B92. However, the entity is not required to adjust future cash flows for the time value of money and the effect of financial risk if those cash flows are expected to be paid or received in one year or less from the date the claims are incurred.

Reinsurance contracts held

- 60 The requirements in HKFRS 17 are modified for reinsurance contracts held, as set out in paragraphs 61–70A.
- 61 An entity shall divide portfolios of reinsurance contracts held applying paragraphs 14–24, except that the references to onerous contracts in those paragraphs shall be replaced with a reference to contracts on which there is a net gain on initial recognition. For some reinsurance contracts held, applying paragraphs 14–24 will result in a group that comprises a single contract.

Recognition

- 62 Instead of applying paragraph 25, an entity shall recognise a group of reinsurance contracts held from the earlier of the following:
- (a) the beginning of the coverage period of the group of reinsurance contracts held; and
 - (b) the date the entity recognises an onerous group of underlying insurance contracts applying paragraph 25(c), if the entity entered into the related reinsurance contract held in the group of reinsurance contracts held at or before that date.
- 62A Notwithstanding paragraph 62(a), an entity shall delay the recognition of a group of reinsurance contracts held that provide proportionate coverage until the date that any underlying insurance contract is initially recognised, if that date is later than the beginning of the coverage period of the group of reinsurance contracts held.

Measurement

- 63 In applying the measurement requirements of paragraphs 32–36 to reinsurance contracts held, to the extent that the underlying contracts are also measured applying those paragraphs, the entity shall use consistent assumptions to measure the estimates of the present value of the future cash flows for the group of reinsurance contracts held and the estimates of the present value of the future cash flows for the group(s) of underlying insurance contracts. In addition, the entity shall include in the estimates of the present value of the future cash flows for the group of reinsurance contracts held the effect of any risk of non-performance by the issuer of the reinsurance contract, including the effects of collateral and losses from disputes.
- 64 Instead of applying paragraph 37, an entity shall determine the risk adjustment for non-financial risk so that it represents the amount of risk being transferred by the holder of the group of reinsurance contracts to the issuer of those contracts.
- 65 The requirements of paragraph 38 that relate to determining the contractual service margin on initial recognition are modified to reflect the fact that for a group of reinsurance contracts held there is no unearned profit but instead a net cost or net gain on purchasing the reinsurance. Hence, unless paragraph 65A applies, on initial recognition the entity shall recognise any net cost or net gain on purchasing the group of reinsurance contracts held as a contractual service margin measured at an amount equal to the sum of:
- (a) the fulfilment cash flows;
 - (b) the amount derecognised at that date of any asset or liability previously recognised for cash flows related to the group of reinsurance contracts held;
 - (c) any cash flows arising at that date; and
 - (d) any income recognised in profit or loss applying paragraph 66A.
- 65A If the net cost of purchasing reinsurance coverage relates to events that occurred before the purchase of the group of reinsurance contracts held, notwithstanding the requirements of paragraph B5, the entity shall recognise such a cost immediately in profit or loss as an expense.

- 66 Instead of applying paragraph 44, an entity shall measure the contractual service margin at the end of the reporting period for a group of reinsurance contracts held as the carrying amount determined at the start of the reporting period, adjusted for:
- (a) the effect of any new contracts added to the group (see paragraph 28);
 - (b) interest accreted on the carrying amount of the contractual service margin, measured at the discount rates specified in paragraph B72(b);
 - (ba) income recognised in profit or loss in the reporting period applying paragraph 66A;
 - (bb) reversals of a loss-recovery component recognised applying paragraph 66B (see paragraph B119F) to the extent those reversals are not changes in the fulfilment cash flows of the group of reinsurance contracts held;
 - (c) changes in the fulfilment cash flows, measured at the discount rates specified in paragraph B72(c), to the extent that the change relates to future service, unless:
 - (i) the change results from a change in fulfilment cash flows allocated to a group of underlying insurance contracts that does not adjust the contractual service margin for the group of underlying insurance contracts; or
 - (ii) the change results from applying paragraphs 57–58 (on onerous contracts), if the entity measures a group of underlying insurance contracts applying the premium allocation approach.
 - (d) the effect of any currency exchange differences arising on the contractual service margin; and
 - (e) the amount recognised in profit or loss because of services received in the period, determined by the allocation of the contractual service margin remaining at the end of the reporting period (before any allocation) over the current and remaining coverage period of the group of reinsurance contracts held, applying paragraph B119.
- 66A An entity shall adjust the contractual service margin of a group of reinsurance contracts held, and as a result recognise income, when the entity recognises a loss on initial recognition of an onerous group of underlying insurance contracts or on addition of onerous underlying insurance contracts to a group (see paragraphs B119C–B119E).
- 66B An entity shall establish (or adjust) a loss-recovery component of the asset for remaining coverage for a group of reinsurance contracts held depicting the recovery of losses recognised applying paragraphs 66(c)(i)–(ii) and 66A. The loss-recovery component determines the amounts that are presented in profit or loss as reversals of recoveries of losses from reinsurance contracts held and are consequently excluded from the allocation of premiums paid to the reinsurer (see paragraph B119F).

- 67 Changes in the fulfilment cash flows that result from changes in the risk of non-performance by the issuer of a reinsurance contract held do not relate to future service and shall not adjust the contractual service margin.
- 68 Reinsurance contracts held cannot be onerous. Accordingly, the requirements of paragraphs 47–52 do not apply.

Premium allocation approach for reinsurance contracts held

- 69 An entity may use the premium allocation approach set out in paragraphs 55–56 and 59 (adapted to reflect the features of reinsurance contracts held that differ from insurance contracts issued, for example the generation of expenses or reduction in expenses rather than revenue) to simplify the measurement of a group of reinsurance contracts held, if at the inception of the group:
- (a) the entity reasonably expects the resulting measurement would not differ materially from the result of applying the requirements in paragraphs 63–68; or
 - (b) the coverage period of each contract in the group of reinsurance contracts held (including insurance coverage from all premiums within the contract boundary determined at that date applying paragraph 34) is one year or less.
- 70 An entity cannot meet the condition in paragraph 69(a) if, at the inception of the group, an entity expects significant variability in the fulfilment cash flows that would affect the measurement of the asset for remaining coverage during the period before a claim is incurred. Variability in the fulfilment cash flows increases with, for example:
- (a) the extent of future cash flows relating to any derivatives embedded in the contracts; and
 - (b) the length of the coverage period of the group of reinsurance contracts held.
- 70A If an entity measures a group of reinsurance contracts held applying the premium allocation approach, the entity shall apply paragraph 66A by adjusting the carrying amount of the asset for remaining coverage instead of adjusting the contractual service margin.

Investment contracts with discretionary participation features

- 71 An investment contract with discretionary participation features does not include a transfer of significant insurance risk. Consequently, the requirements in HKFRS 17 for insurance contracts are modified for investment contracts with discretionary participation features as follows:
- (a) the date of initial recognition (see paragraphs 25 and 28) is the date the entity becomes party to the contract.
 - (b) the contract boundary (see paragraph 34) is modified so that cash flows are within the contract boundary if they result from a substantive obligation of the entity to deliver cash at a present or future date. The entity has no substantive obligation to deliver cash if it has the practical ability to set a price for the promise to deliver the cash that fully reflects the amount of cash promised and related risks.
 - (c) the allocation of the contractual service margin (see paragraphs 44(e) and 45(e)) is modified so that the entity shall recognise the contractual service margin over the duration of the group of contracts in a systematic way that reflects the transfer of investment services under the contract.

Modification and derecognition

Modification of an insurance contract

- 72 If the terms of an insurance contract are modified, for example by agreement between the parties to the contract or by a change in regulation, an entity shall derecognise the original contract and recognise the modified contract as a new contract, applying HKFRS 17 or other applicable Standards if, and only if, any of the conditions in (a)–(c) are satisfied. The exercise of a right included in the terms of a contract is not a modification. The conditions are that:
- (a) if the modified terms had been included at contract inception:
 - (i) the modified contract would have been excluded from the scope of HKFRS 17, applying paragraphs 3–8A;
 - (ii) an entity would have separated different components from the host insurance contract applying paragraphs 10–13, resulting in a different insurance contract to which HKFRS 17 would have applied;
 - (iii) the modified contract would have had a substantially different contract boundary applying paragraph 34; or
 - (iv) the modified contract would have been included in a different group of contracts applying paragraphs 14–24.
 - (b) the original contract met the definition of an *insurance contract with direct participation features*, but the modified contract no longer meets that definition, or vice versa; or
 - (c) the entity applied the premium allocation approach in paragraphs 53–59 or paragraphs 69–70 to the original contract, but the modifications mean that the contract no longer meets the eligibility criteria for that approach in paragraph 53 or paragraph 69.
- 73 If a contract modification meets none of the conditions in paragraph 72, the entity shall treat changes in cash flows caused by the modification as changes in estimates of fulfilment cash flows by applying paragraphs 40–52.

Derecognition

- 74 **An entity shall derecognise an insurance contract when, and only when:**
- (a) **it is extinguished, ie when the obligation specified in the insurance contract expires or is discharged or cancelled; or**
 - (b) **any of the conditions in paragraph 72 are met.**
- 75 When an insurance contract is extinguished, the entity is no longer at risk and is therefore no longer required to transfer any economic resources to satisfy the insurance contract. For example, when an entity buys reinsurance, it shall derecognise the underlying insurance contract(s) when, and only when, the underlying insurance contract(s) is or are extinguished.

- 76 An entity derecognises an insurance contract from within a group of contracts by applying the following requirements in HKFRS 17:
- (a) the fulfilment cash flows allocated to the group are adjusted to eliminate the present value of the future cash flows and risk adjustment for non-financial risk relating to the rights and obligations that have been derecognised from the group, applying paragraphs 40(a)(i) and 40(b);
 - (b) the contractual service margin of the group is adjusted for the change in fulfilment cash flows described in (a), to the extent required by paragraphs 44(c) and 45(c), unless paragraph 77 applies; and
 - (c) the number of coverage units for expected remaining insurance contract services is adjusted to reflect the coverage units derecognised from the group, and the amount of the contractual service margin recognised in profit or loss in the period is based on that adjusted number, applying paragraph B119.
- 77 When an entity derecognises an insurance contract because it transfers the contract to a third party or derecognises an insurance contract and recognises a new contract applying paragraph 72, the entity shall instead of applying paragraph 76(b):
- (a) adjust the contractual service margin of the group from which the contract has been derecognised, to the extent required by paragraphs 44(c) and 45(c), for the difference between (i) and either (ii) for contracts transferred to a third party or (iii) for contracts derecognised applying paragraph 72:
 - (i) the change in the carrying amount of the group of insurance contracts resulting from the derecognition of the contract, applying paragraph 76(a).
 - (ii) the premium charged by the third party.
 - (iii) the premium the entity would have charged had it entered into a contract with equivalent terms as the new contract at the date of the contract modification, less any additional premium charged for the modification.
 - (b) measure the new contract recognised applying paragraph 72 assuming that the entity received the premium described in (a)(iii) at the date of the modification.

Presentation in the statement of financial position

- 78 An entity shall present separately in the statement of financial position the carrying amount of portfolios of:
- (a) **insurance contracts issued that are assets;**
 - (b) **insurance contracts issued that are liabilities;**
 - (c) **reinsurance contracts held that are assets; and**
 - (d) **reinsurance contracts held that are liabilities.**

- 79 An entity shall include any assets for insurance acquisition cash flows recognised applying paragraph 28B in the carrying amount of the related portfolios of insurance contracts issued, and any assets or liabilities for cash flows related to portfolios of reinsurance contracts held (see paragraph 65(b)) in the carrying amount of the portfolios of reinsurance contracts held.

Recognition and presentation in the statement(s) of financial performance (paragraphs B120–B136)

- 80 **Applying paragraphs 41 and 42, an entity shall disaggregate the amounts recognised in the statement(s) of profit or loss and other comprehensive income (hereafter referred to as the statement(s) of financial performance) into:**

- (a) **an insurance service result (paragraphs 83–86), comprising insurance revenue and insurance service expenses; and**
- (b) **insurance finance income or expenses (paragraphs 87–92).**

- 81 An entity is not required to disaggregate the change in the risk adjustment for non-financial risk between the insurance service result and insurance finance income or expenses. If an entity does not make such a disaggregation, it shall include the entire change in the risk adjustment for non-financial risk as part of the insurance service result.

- 82 **An entity shall present income or expenses from reinsurance contracts held separately from the expenses or income from insurance contracts issued.**

Insurance service result

- 83 **An entity shall present in profit or loss insurance revenue arising from the groups of insurance contracts issued. Insurance revenue shall depict the provision of services arising from the group of insurance contracts at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those services. Paragraphs B120–B127 specify how an entity measures insurance revenue.**

- 84 **An entity shall present in profit or loss insurance service expenses arising from a group of insurance contracts issued, comprising incurred claims (excluding repayments of investment components), other incurred insurance service expenses and other amounts as described in paragraph 103(b).**

- 85 **Insurance revenue and insurance service expenses presented in profit or loss shall exclude any investment components. An entity shall not present premium information in profit or loss if that information is inconsistent with paragraph 83.**

- 86 An entity may present the income or expenses from a group of reinsurance contracts held (see paragraphs 60–70A), other than insurance finance income or expenses, as a single amount; or the entity may present separately the amounts recovered from the reinsurer and an allocation of the premiums paid that together give a net amount equal to that single amount. If an entity presents separately the amounts recovered from the reinsurer and an allocation of the premiums paid, it shall:

- (a) **treat reinsurance cash flows that are contingent on claims on the underlying contracts as part of the claims that are expected to be reimbursed under the reinsurance contract held;**

- (b) treat amounts from the reinsurer that it expects to receive that are not contingent on claims of the underlying contracts (for example, some types of ceding commissions) as a reduction in the premiums to be paid to the reinsurer;
- (ba) treat amounts recognised relating to recovery of losses applying paragraphs 66(c)(i)–(ii) and 66A–66B as amounts recovered from the reinsurer; and
- (c) not present the allocation of premiums paid as a reduction in revenue.

Insurance finance income or expenses (see paragraphs B128–B136)

87 Insurance finance income or expenses comprises the change in the carrying amount of the group of insurance contracts arising from:

- (a) the effect of the time value of money and changes in the time value of money; and
- (b) the effect of financial risk and changes in financial risk; but
- (c) excluding any such changes for groups of insurance contracts with direct participation features that would adjust the contractual service margin but do not do so when applying paragraphs 45(b)(ii), 45(b)(iii), 45(c)(ii) or 45(c)(iii). These are included in insurance service expenses.

87A An entity shall apply:

- (a) paragraph B117A to insurance finance income or expenses arising from the application of paragraph B115 (risk mitigation); and
- (b) paragraphs 88 and 89 to all other insurance finance income or expenses.

88 In applying paragraph 87A(b), unless paragraph 89 applies, an entity shall make an accounting policy choice between:

- (a) including insurance finance income or expenses for the period in profit or loss; or
- (b) disaggregating insurance finance income or expenses for the period to include in profit or loss an amount determined by a systematic allocation of the expected total insurance finance income or expenses over the duration of the group of contracts, applying paragraphs B130–B133.

89 In applying paragraph 87A(b), for insurance contracts with direct participation features, for which the entity holds the underlying items, an entity shall make an accounting policy choice between:

- (a) including insurance finance income or expenses for the period in profit or loss; or
- (b) disaggregating insurance finance income or expenses for the period to include in profit or loss an amount that eliminates accounting mismatches with income or expenses included in profit or loss on the underlying items held, applying paragraphs B134–B136.

90 If an entity chooses the accounting policy set out in paragraph 88(b) or in paragraph 89(b), it shall include in other comprehensive income the difference between the insurance finance income or expenses measured on the basis set out in those paragraphs and the total insurance finance income or expenses for the period.

- 91 **If an entity transfers a group of insurance contracts or derecognises an insurance contract applying paragraph 77:**
- (a) **it shall reclassify to profit or loss as a reclassification adjustment (see HKAS 1 *Presentation of Financial Statements*) any remaining amounts for the group (or contract) that were previously recognised in other comprehensive income because the entity chose the accounting policy set out in paragraph 88(b).**
 - (b) **it shall not reclassify to profit or loss as a reclassification adjustment (see HKAS 1) any remaining amounts for the group (or contract) that were previously recognised in other comprehensive income because the entity chose the accounting policy set out in paragraph 89(b).**
- 92 Paragraph 30 requires an entity to treat an insurance contract as a monetary item under HKAS 21 for the purpose of translating foreign exchange items into the entity's functional currency. An entity includes exchange differences on changes in the carrying amount of groups of insurance contracts in the statement of profit or loss, unless they relate to changes in the carrying amount of groups of insurance contracts included in other comprehensive income applying paragraph 90, in which case they shall be included in other comprehensive income.

Disclosure

- 93 **The objective of the disclosure requirements is for an entity to disclose information in the notes that, together with the information provided in the statement of financial position, statement(s) of financial performance and statement of cash flows, gives a basis for users of financial statements to assess the effect that contracts within the scope of HKFRS 17 have on the entity's financial position, financial performance and cash flows. To achieve that objective, an entity shall disclose qualitative and quantitative information about:**
- (a) **the amounts recognised in its financial statements for contracts within the scope of HKFRS 17 (see paragraphs 97–116);**
 - (b) **the significant judgements, and changes in those judgements, made when applying HKFRS 17 (see paragraphs 117–120); and**
 - (c) **the nature and extent of the risks from contracts within the scope of HKFRS 17 (see paragraphs 121–132).**
- 94 An entity shall consider the level of detail necessary to satisfy the disclosure objective and how much emphasis to place on each of the various requirements. If the disclosures provided, applying paragraphs 97–132, are not enough to meet the objective in paragraph 93, an entity shall disclose additional information necessary to meet that objective.
- 95 An entity shall aggregate or disaggregate information so that useful information is not obscured either by the inclusion of a large amount of insignificant detail or by the aggregation of items that have different characteristics.
- 96 Paragraphs 29–31 of HKAS 1 set out requirements relating to materiality and aggregation of information. Examples of aggregation bases that might be appropriate for information disclosed about insurance contracts are:
- (a) type of contract (for example, major product lines);

- (b) geographical area (for example, country or region); or
- (c) reportable segment, as defined in HKFRS 8 *Operating Segments*.

Explanation of recognised amounts

- 97 Of the disclosures required by paragraphs 98–109A, only those in paragraphs 98–100, 102–103, 105–105B and 109A apply to contracts to which the premium allocation approach has been applied. If an entity uses the premium allocation approach, it shall also disclose:
- (a) which of the criteria in paragraphs 53 and 69 it has satisfied;
 - (b) whether it makes an adjustment for the time value of money and the effect of financial risk applying paragraphs 56, 57(b) and 59(b); and
 - (c) the method it has chosen to recognise insurance acquisition cash flows applying paragraph 59(a).
- 98 An entity shall disclose reconciliations that show how the net carrying amounts of contracts within the scope of HKFRS 17 changed during the period because of cash flows and income and expenses recognised in the statement(s) of financial performance. Separate reconciliations shall be disclosed for insurance contracts issued and reinsurance contracts held. An entity shall adapt the requirements of paragraphs 100–109 to reflect the features of reinsurance contracts held that differ from insurance contracts issued; for example, the generation of expenses or reduction in expenses rather than revenue.
- 99 An entity shall provide enough information in the reconciliations to enable users of financial statements to identify changes from cash flows and amounts that are recognised in the statement(s) of financial performance. To comply with this requirement, an entity shall:
- (a) disclose, in a table, the reconciliations set out in paragraphs 100–105B; and
 - (b) for each reconciliation, present the net carrying amounts at the beginning and at the end of the period, disaggregated into a total for portfolios of contracts that are assets and a total for portfolios of contracts that are liabilities, that equal the amounts presented in the statement of financial position applying paragraph 78.
- 100 An entity shall disclose reconciliations from the opening to the closing balances separately for each of:
- (a) the net liabilities (or assets) for the remaining coverage component, excluding any loss component.
 - (b) any loss component (see paragraphs 47–52 and 57–58).
 - (c) the liabilities for incurred claims. For insurance contracts to which the premium allocation approach described in paragraphs 53–59 or 69–70A has been applied, an entity shall disclose separate reconciliations for:
 - (i) the estimates of the present value of the future cash flows; and
 - (ii) the risk adjustment for non-financial risk.

- 101 For insurance contracts other than those to which the premium allocation approach described in paragraphs 53–59 or 69–70A has been applied, an entity shall also disclose reconciliations from the opening to the closing balances separately for each of:
- (a) the estimates of the present value of the future cash flows;
 - (b) the risk adjustment for non-financial risk; and
 - (c) the contractual service margin.
- 102 The objective of the reconciliations in paragraphs 100–101 is to provide different types of information about the insurance service result.
- 103 An entity shall separately disclose in the reconciliations required in paragraph 100 each of the following amounts related to services, if applicable:
- (a) insurance revenue.
 - (b) insurance service expenses, showing separately:
 - (i) incurred claims (excluding investment components) and other incurred insurance service expenses;
 - (ii) amortisation of insurance acquisition cash flows;
 - (iii) changes that relate to past service, ie changes in fulfilment cash flows relating to the liability for incurred claims; and
 - (iv) changes that relate to future service, ie losses on onerous groups of contracts and reversals of such losses.
 - (c) investment components excluded from insurance revenue and insurance service expenses (combined with refunds of premiums unless refunds of premiums are presented as part of the cash flows in the period described in paragraph 105(a)(i)).
- 104 An entity shall separately disclose in the reconciliations required in paragraph 101 each of the following amounts related to services, if applicable:
- (a) changes that relate to future service, applying paragraphs B96–B118, showing separately:
 - (i) changes in estimates that adjust the contractual service margin;
 - (ii) changes in estimates that do not adjust the contractual service margin, ie losses on groups of onerous contracts and reversals of such losses; and
 - (iii) the effects of contracts initially recognised in the period.

- (b) changes that relate to current service, ie:
 - (i) the amount of the contractual service margin recognised in profit or loss to reflect the transfer of services;
 - (ii) the change in the risk adjustment for non-financial risk that does not relate to future service or past service; and
 - (iii) *experience adjustments* (see paragraphs B97(c) and B113(a)), excluding amounts relating to the risk adjustment for non-financial risk included in (ii).
 - (c) changes that relate to past service, ie changes in fulfilment cash flows relating to incurred claims (see paragraphs B97(b) and B113(a)).
- 105 To complete the reconciliations in paragraphs 100–101, an entity shall also disclose separately each of the following amounts not related to services provided in the period, if applicable:
- (a) cash flows in the period, including:
 - (i) premiums received for insurance contracts issued (or paid for reinsurance contracts held);
 - (ii) insurance acquisition cash flows; and
 - (iii) incurred claims paid and other insurance service expenses paid for insurance contracts issued (or recovered under reinsurance contracts held), excluding insurance acquisition cash flows.
 - (b) the effect of changes in the risk of non-performance by the issuer of reinsurance contracts held;
 - (c) insurance finance income or expenses; and
 - (d) any additional line items that may be necessary to understand the change in the net carrying amount of the insurance contracts.
- 105A An entity shall disclose a reconciliation from the opening to the closing balance of assets for insurance acquisition cash flows recognised applying paragraph 28B. An entity shall aggregate information for the reconciliation at a level that is consistent with that for the reconciliation of insurance contracts, applying paragraph 98.
- 105B An entity shall separately disclose in the reconciliation required by paragraph 105A any impairment losses and reversals of impairment losses recognised applying paragraph 28E–28F.
- 106 For insurance contracts issued other than those to which the premium allocation approach described in paragraphs 53–59 has been applied, an entity shall disclose an analysis of the insurance revenue recognised in the period comprising:

- (a) the amounts relating to the changes in the liability for remaining coverage as specified in paragraph B124, separately disclosing:
- (i) the insurance service expenses incurred during the period as specified in paragraph B124(a);
 - (ii) the change in the risk adjustment for non-financial risk, as specified in paragraph B124(b);
 - (iii) the amount of the contractual service margin recognised in profit or loss because of the transfer of insurance contract services in the period, as specified in paragraph B124(c); and
 - (iv) other amounts, if any, for example, experience adjustments for premium receipts other than those that relate to future service as specified in paragraph B124(d).
- (b) the allocation of the portion of the premiums that relate to the recovery of insurance acquisition cash flows (see paragraph B125).
- 107 For insurance contracts other than those to which the premium allocation approach described in paragraphs 53–59 or 69–70A has been applied, an entity shall disclose the effect on the statement of financial position separately for insurance contracts issued and reinsurance contracts held that are initially recognised in the period, showing their effect at initial recognition on:
- (a) the estimates of the present value of future cash outflows, showing separately the amount of the insurance acquisition cash flows;
 - (b) the estimates of the present value of future cash inflows;
 - (c) the risk adjustment for non-financial risk; and
 - (d) the contractual service margin.
- 108 In the disclosures required by paragraph 107, an entity shall separately disclose amounts resulting from:
- (a) contracts acquired from other entities in transfers of insurance contracts or business combinations; and
 - (b) groups of contracts that are onerous.
- 109 For insurance contracts other than those to which the premium allocation approach described in paragraphs 53–59 or 69–70A has been applied, an entity shall disclose when it expects to recognise the contractual service margin remaining at the end of the reporting period in profit or loss quantitatively, in appropriate time bands. Such information shall be provided separately for insurance contracts issued and reinsurance contracts held.
- 109A An entity shall disclose quantitatively, in appropriate time bands, when it expects to derecognise an asset for insurance acquisition cash flows applying paragraph 28C.

Insurance finance income or expenses

- 110 An entity shall disclose and explain the total amount of insurance finance income or expenses in the reporting period. In particular, an entity shall explain the relationship between insurance finance income or expenses and the investment return on its assets, to enable users of its financial statements to evaluate the sources of finance income or expenses recognised in profit or loss and other comprehensive income.
- 111 For contracts with direct participation features, the entity shall describe the composition of the underlying items and disclose their fair value.
- 112 For contracts with direct participation features, if an entity chooses not to adjust the contractual service margin for some changes in the fulfilment cash flows, applying paragraph B115, it shall disclose the effect of that choice on the adjustment to the contractual service margin in the current period.
- 113 For contracts with direct participation features, if an entity changes the basis of disaggregation of insurance finance income or expenses between profit or loss and other comprehensive income, applying paragraph B135, it shall disclose, in the period when the change in approach occurred:
- (a) the reason why the entity was required to change the basis of disaggregation;
 - (b) the amount of any adjustment for each financial statement line item affected; and
 - (c) the carrying amount of the group of insurance contracts to which the change applied at the date of the change.

Transition amounts

- 114 An entity shall provide disclosures that enable users of financial statements to identify the effect of groups of insurance contracts measured at the transition date applying the modified retrospective approach (see paragraphs C6–C19A) or the fair value approach (see paragraphs C20–C24B) on the contractual service margin and insurance revenue in subsequent periods. Hence an entity shall disclose the reconciliation of the contractual service margin applying paragraph 101(c), and the amount of insurance revenue applying paragraph 103(a), separately for:
- (a) insurance contracts that existed at the transition date to which the entity has applied the modified retrospective approach;
 - (b) insurance contracts that existed at the transition date to which the entity has applied the fair value approach; and
 - (c) all other insurance contracts.
- 115 For all periods in which disclosures are made applying paragraphs 114(a) or 114(b), to enable users of financial statements to understand the nature and significance of the methods used and judgements applied in determining the transition amounts, an entity shall explain how it determined the measurement of insurance contracts at the transition date.

- 116 An entity that chooses to disaggregate insurance finance income or expenses between profit or loss and other comprehensive income applies paragraphs C18(b), C19(b), C24(b) and C24(c) to determine the cumulative difference between the insurance finance income or expenses that would have been recognised in profit or loss and the total insurance finance income or expenses at the transition date for the groups of insurance contracts to which the disaggregation applies. For all periods in which amounts determined applying these paragraphs exist, the entity shall disclose a reconciliation from the opening to the closing balance of the cumulative amounts included in other comprehensive income for financial assets measured at fair value through other comprehensive income related to the groups of insurance contracts. The reconciliation shall include, for example, gains or losses recognised in other comprehensive income in the period and gains or losses previously recognised in other comprehensive income in previous periods reclassified in the period to profit or loss.

Significant judgements in applying HKFRS 17

- 117 An entity shall disclose the significant judgements and changes in judgements made in applying HKFRS 17. Specifically, an entity shall disclose the inputs, assumptions and estimation techniques used, including:
- (a) the methods used to measure insurance contracts within the scope of HKFRS 17 and the processes for estimating the inputs to those methods. Unless impracticable, an entity shall also provide quantitative information about those inputs.
 - (b) any changes in the methods and processes for estimating inputs used to measure contracts, the reason for each change, and the type of contracts affected.
 - (c) to the extent not covered in (a), the approach used:
 - (i) to distinguish changes in estimates of future cash flows arising from the exercise of discretion from other changes in estimates of future cash flows for contracts without direct participation features (see paragraph B98);
 - (ii) to determine the risk adjustment for non-financial risk, including whether changes in the risk adjustment for non-financial risk are disaggregated into an insurance service component and an insurance finance component or are presented in full in the insurance service result;
 - (iii) to determine discount rates;
 - (iv) to determine investment components; and
 - (v) to determine the relative weighting of the benefits provided by insurance coverage and investment-return service or by insurance coverage and investment-related service (see paragraphs B119–B119B).
- 118 If, applying paragraph 88(b) or paragraph 89(b), an entity chooses to disaggregate insurance finance income or expenses into amounts presented in profit or loss and amounts presented in other comprehensive income, the entity shall disclose an explanation of the methods used to determine the insurance finance income or expenses recognised in profit or loss.

- 119 An entity shall disclose the confidence level used to determine the risk adjustment for non-financial risk. If the entity uses a technique other than the confidence level technique for determining the risk adjustment for non-financial risk, it shall disclose the technique used and the confidence level corresponding to the results of that technique.
- 120 An entity shall disclose the yield curve (or range of yield curves) used to discount cash flows that do not vary based on the returns on underlying items, applying paragraph 36. When an entity provides this disclosure in aggregate for a number of groups of insurance contracts, it shall provide such disclosures in the form of weighted averages, or relatively narrow ranges.

Nature and extent of risks that arise from contracts within the scope of HKFRS 17

- 121 An entity shall disclose information that enables users of its financial statements to evaluate the nature, amount, timing and uncertainty of future cash flows that arise from contracts within the scope of HKFRS 17. Paragraphs 122–132 contain requirements for disclosures that would normally be necessary to meet this requirement.
- 122 These disclosures focus on the insurance and financial risks that arise from insurance contracts and how they have been managed. Financial risks typically include, but are not limited to, credit risk, liquidity risk and market risk.
- 123 If the information disclosed about an entity's exposure to risk at the end of the reporting period is not representative of its exposure to risk during the period, the entity shall disclose that fact, the reason why the period-end exposure is not representative, and further information that is representative of its risk exposure during the period.
- 124 For each type of risk arising from contracts within the scope of HKFRS 17, an entity shall disclose:
- (a) the exposures to risks and how they arise;
 - (b) the entity's objectives, policies and processes for managing the risks and the methods used to measure the risks; and
 - (c) any changes in (a) or (b) from the previous period.
- 125 For each type of risk arising from contracts within the scope of HKFRS 17, an entity shall disclose:
- (a) summary quantitative information about its exposure to that risk at the end of the reporting period. This disclosure shall be based on the information provided internally to the entity's key management personnel.
 - (b) the disclosures required by paragraphs 127–132, to the extent not provided applying (a) of this paragraph.
- 126 An entity shall disclose information about the effect of the regulatory frameworks in which it operates; for example, minimum capital requirements or required interest-rate guarantees. If an entity applies paragraph 20 in determining the groups of insurance contracts to which it applies the recognition and measurement requirements of HKFRS 17, it shall disclose that fact.

All types of risk—concentrations of risk

- 127 An entity shall disclose information about concentrations of risk arising from contracts within the scope of HKFRS 17, including a description of how the entity determines the concentrations, and a description of the shared characteristic that identifies each concentration (for example, the type of insured event, industry, geographical area, or currency). Concentrations of financial risk might arise, for example, from interest-rate guarantees that come into effect at the same level for a large number of contracts. Concentrations of financial risk might also arise from concentrations of non-financial risk; for example, if an entity provides product liability protection to pharmaceutical companies and also holds investments in those companies.

Insurance and market risks—sensitivity analysis

- 128 An entity shall disclose information about sensitivities to changes in risk variables arising from contracts within the scope of HKFRS 17. To comply with this requirement, an entity shall disclose:
- (a) a sensitivity analysis that shows how profit or loss and equity would have been affected by changes in risk variables that were reasonably possible at the end of the reporting period:
 - (i) for insurance risk—showing the effect for insurance contracts issued, before and after risk mitigation by reinsurance contracts held; and
 - (ii) for each type of market risk—in a way that explains the relationship between the sensitivities to changes in risk variables arising from insurance contracts and those arising from financial assets held by the entity.
 - (b) the methods and assumptions used in preparing the sensitivity analysis; and
 - (c) changes from the previous period in the methods and assumptions used in preparing the sensitivity analysis, and the reasons for such changes.
- 129 If an entity prepares a sensitivity analysis that shows how amounts different from those specified in paragraph 128(a) are affected by changes in risk variables and uses that sensitivity analysis to manage risks arising from contracts within the scope of HKFRS 17, it may use that sensitivity analysis in place of the analysis specified in paragraph 128(a). The entity shall also disclose:
- (a) an explanation of the method used in preparing such a sensitivity analysis and of the main parameters and assumptions underlying the information provided; and
 - (b) an explanation of the objective of the method used and of any limitations that may result in the information provided.

Insurance risk—claims development

- 130 An entity shall disclose actual claims compared with previous estimates of the undiscounted amount of the claims (ie claims development). The disclosure about claims development shall start with the period when the earliest material claim(s) arose and for which there is still uncertainty about the amount and timing of the claims payments at the end of the reporting period; but the disclosure is not required to start more than 10 years before the end of the reporting period. The entity is not required to disclose information about the development of claims for which uncertainty about the amount and timing of the claims payments is typically resolved within one year. An entity shall reconcile the disclosure about claims development with the aggregate carrying amount of the groups of insurance contracts, which the entity discloses applying paragraph 100(c).

Credit risk—other information

- 131 For credit risk that arises from contracts within the scope of HKFRS 17, an entity shall disclose:
- (a) the amount that best represents its maximum exposure to credit risk at the end of the reporting period, separately for insurance contracts issued and reinsurance contracts held; and
 - (b) information about the credit quality of reinsurance contracts held that are assets.

Liquidity risk—other information

- 132 For liquidity risk arising from contracts within the scope of HKFRS 17, an entity shall disclose:
- (a) a description of how it manages the liquidity risk.
 - (b) separate maturity analyses for portfolios of insurance contracts issued that are liabilities and portfolios of reinsurance contracts held that are liabilities that show, as a minimum, net cash flows of the portfolios for each of the first five years after the reporting date and in aggregate beyond the first five years. An entity is not required to include in these analyses liabilities for remaining coverage measured applying paragraphs 55–59 and paragraphs 69–70A. The analyses may take the form of:
 - (i) an analysis, by estimated timing, of the remaining contractual undiscounted net cash flows; or
 - (ii) an analysis, by estimated timing, of the estimates of the present value of the future cash flows.
 - (c) the amounts that are payable on demand, explaining the relationship between such amounts and the carrying amount of the related portfolios of contracts, if not disclosed applying (b) of this paragraph.

Appendix A Defined terms

This appendix is an integral part of HKFRS 17 Insurance Contracts.

contractual service margin	A component of the carrying amount of the asset or liability for a group of insurance contracts representing the unearned profit the entity will recognise as it provides insurance contract services under the insurance contracts in the group.
coverage period	The period during which the entity provides insurance contract services . This period includes the insurance contract services that relate to all premiums within the boundary of the insurance contract .
experience adjustment	A difference between: <ul style="list-style-type: none"> (a) for premium receipts (and any related cash flows such as insurance acquisition cash flows and insurance premium taxes)—the estimate at the beginning of the period of the amounts expected in the period and the actual cash flows in the period; or (b) for insurance service expenses (excluding insurance acquisition expenses)—the estimate at the beginning of the period of the amounts expected to be incurred in the period and the actual amounts incurred in the period.
financial risk	The risk of a possible future change in one or more of a specified interest rate, financial instrument price, commodity price, currency exchange rate, index of prices or rates, credit rating or credit index or other variable, provided in the case of a non-financial variable that the variable is not specific to a party to the contract.
fulfilment cash flows	An explicit, unbiased and probability-weighted estimate (ie expected value) of the present value of the future cash outflows minus the present value of the future cash inflows that will arise as the entity fulfils insurance contracts , including a risk adjustment for non-financial risk .
group of insurance contracts	A set of insurance contracts resulting from the division of a portfolio of insurance contracts into, at a minimum, contracts issued within a period of no longer than one year and that, at initial recognition: <ul style="list-style-type: none"> (a) are onerous, if any; (b) have no significant possibility of becoming onerous subsequently, if any; or (c) do not fall into either (a) or (b), if any.
insurance acquisition cash flows	Cash flows arising from the costs of selling, underwriting and starting a group of insurance contracts (issued or expected to be issued) that are directly attributable to the portfolio of insurance contracts to which the group belongs. Such cash flows include cash flows that are not directly attributable to individual contracts or groups of insurance contracts within the portfolio.

insurance contract	A contract under which one party (the issuer) accepts significant insurance risk from another party (the policyholder) by agreeing to compensate the policyholder if a specified uncertain future event (the insured event) adversely affects the policyholder .
insurance contract services	The following services that an entity provides to a policyholder of an insurance contract : <ul style="list-style-type: none"> (a) coverage for an insured event (insurance coverage); (b) for insurance contracts without direct participation features, the generation of an investment return for the policyholder, if applicable (investment-return service); and (c) for insurance contracts with direct participation features, the management of underlying items on behalf of the policyholder (investment-related service).
insurance contract with direct participation features	An insurance contract for which, at inception: <ul style="list-style-type: none"> (a) the contractual terms specify that the policyholder participates in a share of a clearly identified pool of underlying items; (b) the entity expects to pay to the policyholder an amount equal to a substantial share of the fair value returns on the underlying items; and (c) the entity expects a substantial proportion of any change in the amounts to be paid to the policyholder to vary with the change in fair value of the underlying items.
insurance contract without direct participation features	An insurance contract that is not an insurance contract with direct participation features .
insurance risk	Risk, other than financial risk , transferred from the holder of a contract to the issuer.
insured event	An uncertain future event covered by an insurance contract that creates insurance risk .
investment component	The amounts that an insurance contract requires the entity to repay to a policyholder in all circumstances, regardless of whether an insured event occurs.

investment contract with discretionary participation features

A financial instrument that provides a particular investor with the contractual right to receive, as a supplement to an amount not subject to the discretion of the issuer, additional amounts:

- (a) that are expected to be a significant portion of the total contractual benefits;
- (b) the timing or amount of which are contractually at the discretion of the issuer; and
- (c) that are contractually based on:
 - (i) the returns on a specified pool of contracts or a specified type of contract;
 - (ii) realised and/or unrealised investment returns on a specified pool of assets held by the issuer; or
 - (iii) the profit or loss of the entity or fund that issues the contract.

liability for incurred claims

An entity's obligation to:

- (a) investigate and pay valid claims for **insured events** that have already occurred, including events that have occurred but for which claims have not been reported, and other incurred insurance expenses; and
- (b) pay amounts that are not included in (a) and that relate to:
 - (i) **insurance contract services** that have already been provided; or
 - (ii) any **investment components** or other amounts that are not related to the provision of **insurance contract services** and that are not in the **liability for remaining coverage**.

liability for remaining coverage

An entity's obligation to:

- (a) investigate and pay valid claims under existing **insurance contracts** for **insured events** that have not yet occurred (ie the obligation that relates to the unexpired portion of the insurance coverage); and
- (b) pay amounts under existing **insurance contracts** that are not included in (a) and that relate to:
 - (i) **insurance contract services** not yet provided (ie the obligations that relate to future provision of **insurance contract services**); or
 - (ii) any **investment components** or other amounts that are not related to the provision of **insurance contract services** and that have not been transferred to the **liability for incurred claims**.

INSURANCE CONTRACTS

policyholder	A party that has a right to compensation under an insurance contract if an insured event occurs.
portfolio of insurance contracts	Insurance contracts subject to similar risks and managed together.
reinsurance contract	An insurance contract issued by one entity (the reinsurer) to compensate another entity for claims arising from one or more insurance contracts issued by that other entity (underlying contracts).
risk adjustment for non-financial risk	The compensation an entity requires for bearing the uncertainty about the amount and timing of the cash flows that arises from non-financial risk as the entity fulfils insurance contracts .
underlying items	Items that determine some of the amounts payable to a policyholder . Underlying items can comprise any items; for example, a reference portfolio of assets, the net assets of the entity, or a specified subset of the net assets of the entity.

Appendix B Application guidance

This appendix is an integral part of HKFRS 17 Insurance Contracts.

- B1 This appendix provides guidance on the following:
- (a) definition of an insurance contract (see paragraphs B2–B30);
 - (b) separation of components from an insurance contract (see paragraphs B31–B35);
 - (ba) asset for insurance acquisition cash flows (see paragraphs B35A–B35D);
 - (c) measurement (see paragraphs B36–B119F);
 - (d) insurance revenue (see paragraphs B120–B127);
 - (e) insurance finance income or expenses (see paragraphs B128–B136); and
 - (f) interim financial statements (see paragraph B137).

Definition of an insurance contract (Appendix A)

- B2 This section provides guidance on the definition of an insurance contract as specified in Appendix A. It addresses the following:
- (a) uncertain future event (see paragraphs B3–B5);
 - (b) payments in kind (see paragraph B6);
 - (c) the distinction between insurance risk and other risks (see paragraphs B7–B16);
 - (d) significant insurance risk (see paragraphs B17–B23);
 - (e) changes in the level of insurance risk (see paragraphs B24–B25); and
 - (f) examples of insurance contracts (see paragraphs B26–B30).

Uncertain future event

- B3 Uncertainty (or risk) is the essence of an insurance contract. Accordingly, at least one of the following is uncertain at the inception of an insurance contract:

- (a) the probability of an insured event occurring;
 - (b) when the insured event will occur; or
 - (c) how much the entity will need to pay if the insured event occurs.
- B4 In some insurance contracts, the insured event is the discovery of a loss during the term of the contract, even if that loss arises from an event that occurred before the inception of the contract. In other insurance contracts, the insured event is an event that occurs during the term of the contract, even if the resulting loss is discovered after the end of the contract term.
- B5 Some insurance contracts cover events that have already occurred but the financial effect of which is still uncertain. An example is an insurance contract that provides insurance coverage against an adverse development of an event that has already occurred. In such contracts, the insured event is the determination of the ultimate cost of those claims.

Payments in kind

- B6 Some insurance contracts require or permit payments to be made in kind. In such cases, the entity provides goods or services to the policyholder to settle the entity's obligation to compensate the policyholder for insured events. An example is when the entity replaces a stolen article instead of reimbursing the policyholder for the amount of its loss. Another example is when an entity uses its own hospitals and medical staff to provide medical services covered by the insurance contract. Such contracts are insurance contracts, even though the claims are settled in kind. Fixed-fee service contracts that meet the conditions specified in paragraph 8 are also insurance contracts, but applying paragraph 8, an entity may choose to account for them applying either HKFRS 17 or HKFRS 15 *Revenue from Contracts with Customers*.

The distinction between insurance risk and other risks

- B7 The definition of an insurance contract requires that one party accepts significant insurance risk from another party. HKFRS 17 defines insurance risk as 'risk, other than financial risk, transferred from the holder of a contract to the issuer'. A contract that exposes the issuer to financial risk without significant insurance risk is not an insurance contract.
- B8 The definition of financial risk in Appendix A refers to financial and non-financial variables. Examples of non-financial variables not specific to a party to the contract include an index of earthquake losses in a particular region or temperatures in a particular city. Financial risk excludes risk from non-financial variables that are specific to a party to the contract, such as the occurrence or non-occurrence of a fire that damages or destroys an asset of that party. Furthermore, the risk of changes in the fair value of a non-financial asset is not a financial risk if the fair value reflects changes in the market prices for such assets (ie a financial variable) and the condition of a specific non-financial asset held by a party to a contract (ie a non-financial variable). For example, if a guarantee of the residual value of a specific car in which the policyholder has an insurable interest exposes the guarantor to the risk of changes in the car's physical condition, that risk is insurance risk, not financial risk.
- B9 Some contracts expose the issuer to financial risk in addition to significant insurance risk. For example, many life insurance contracts guarantee a minimum rate of return to policyholders, creating financial risk, and at the same time promise death benefits that may significantly exceed the policyholder's account balance, creating insurance risk in the form of mortality risk. Such contracts are insurance contracts.

- B10 Under some contracts, an insured event triggers the payment of an amount linked to a price index. Such contracts are insurance contracts, provided that the payment contingent on the insured event could be significant. For example, a life-contingent annuity linked to a cost-of-living index transfers insurance risk because the payment is triggered by an uncertain future event—the survival of the person who receives the annuity. The link to the price index is a derivative, but it also transfers insurance risk because the number of payments to which the index applies depends on the survival of the annuitant. If the resulting transfer of insurance risk is significant, the derivative meets the definition of an insurance contract, in which case it shall not be separated from the host contract (see paragraph 11(a)).
- B11 Insurance risk is the risk the entity accepts from the policyholder. This means the entity must accept, from the policyholder, a risk to which the policyholder was already exposed. Any new risk created by the contract for the entity or the policyholder is not insurance risk.
- B12 The definition of an insurance contract refers to an adverse effect on the policyholder. This definition does not limit the payment by the entity to an amount equal to the financial effect of the adverse event. For example, the definition includes ‘new for old’ insurance coverage that pays the policyholder an amount that permits the replacement of a used and damaged asset with a new one. Similarly, the definition does not limit the payment under a life insurance contract to the financial loss suffered by the deceased’s dependants, nor does it exclude contracts that specify the payment of predetermined amounts to quantify the loss caused by death or an accident.
- B13 Some contracts require a payment if a specified uncertain future event occurs, but do not require an adverse effect on the policyholder as a precondition for the payment. This type of contract is not an insurance contract even if the holder uses it to mitigate an underlying risk exposure. For example, if the holder uses a derivative to hedge an underlying financial or non-financial variable correlated with the cash flows from an asset of the entity, the derivative is not an insurance contract because the payment is not conditional on whether the holder is adversely affected by a reduction in the cash flows from the asset. The definition of an insurance contract refers to an uncertain future event for which an adverse effect on the policyholder is a contractual precondition for payment. A contractual precondition does not require the entity to investigate whether the event actually caused an adverse effect, but it does permit the entity to deny the payment if it is not satisfied that the event did cause an adverse effect.
- B14 Lapse or persistency risk (the risk that the policyholder will cancel the contract earlier or later than the issuer had expected when pricing the contract) is not insurance risk because the resulting variability in the payment to the policyholder is not contingent on an uncertain future event that adversely affects the policyholder. Similarly, expense risk (ie the risk of unexpected increases in the administrative costs associated with the servicing of a contract, rather than in the costs associated with insured events) is not insurance risk because an unexpected increase in such expenses does not adversely affect the policyholder.
- B15 Consequently, a contract that exposes the entity to lapse risk, persistency risk or expense risk is not an insurance contract unless it also exposes the entity to significant insurance risk. However, if the entity mitigates its risk by using a second contract to transfer part of the non-insurance risk to another party, the second contract exposes the other party to insurance risk.
- B16 An entity can accept significant insurance risk from the policyholder only if the entity is separate from the policyholder. In the case of a mutual entity, the mutual entity accepts risk from each policyholder and pools that risk. Although policyholders bear that pooled risk collectively because they hold the residual interest in the entity, the mutual entity is a separate entity that has accepted the risk.

Significant insurance risk

- B17 A contract is an insurance contract only if it transfers significant insurance risk. Paragraphs B7–B16 discuss insurance risk. Paragraphs B18–B23 discuss the assessment of whether the insurance risk is significant.
- B18 Insurance risk is significant if, and only if, an insured event could cause the issuer to pay additional amounts that are significant in any single scenario, excluding scenarios that have no commercial substance (ie no discernible effect on the economics of the transaction). If an insured event could mean significant additional amounts would be payable in any scenario that has commercial substance, the condition in the previous sentence can be met even if the insured event is extremely unlikely, or even if the expected (ie probability-weighted) present value of the contingent cash flows is a small proportion of the expected present value of the remaining cash flows from the insurance contract.
- B19 In addition, a contract transfers significant insurance risk only if there is a scenario that has commercial substance in which the issuer has a possibility of a loss on a present value basis. However, even if a reinsurance contract does not expose the issuer to the possibility of a significant loss, that contract is deemed to transfer significant insurance risk if it transfers to the reinsurer substantially all the insurance risk relating to the reinsured portions of the underlying insurance contracts.
- B20 The additional amounts described in paragraph B18 are determined on a present-value basis. If an insurance contract requires payment when an event with uncertain timing occurs and if the payment is not adjusted for the time value of money, there may be scenarios in which the present value of the payment increases, even if its nominal value is fixed. An example is insurance that provides a fixed death benefit when the policyholder dies, with no expiry date for the cover (often referred to as whole-life insurance for a fixed amount). It is certain that the policyholder will die, but the date of death is uncertain. Payments may be made when an individual policyholder dies earlier than expected. Because those payments are not adjusted for the time value of money, significant insurance risk could exist even if there is no overall loss on the portfolio of contracts. Similarly, contractual terms that delay timely reimbursement to the policyholder can eliminate significant insurance risk. An entity shall use the discount rates required in paragraph 36 to determine the present value of the additional amounts.
- B21 The additional amounts described in paragraph B18 refer to the present value of amounts that exceed those that would be payable if no insured event had occurred (excluding scenarios that lack commercial substance). Those additional amounts include claims handling and assessment costs, but exclude:
- (a) the loss of the ability to charge the policyholder for future service. For example, in an investment-linked life insurance contract, the death of the policyholder means that the entity can no longer perform investment management services and collect a fee for doing so. However, this economic loss for the entity does not result from insurance risk, just as a mutual fund manager does not take on insurance risk in relation to the possible death of a client. Consequently, the potential loss of future investment management fees is not relevant when assessing how much insurance risk is transferred by a contract.
 - (b) a waiver, on death, of charges that would be made on cancellation or surrender. Because the contract brought those charges into existence, their waiver does not compensate the policyholder for a pre-existing risk. Consequently, they are not relevant when assessing how much insurance risk is transferred by a contract.

- (c) a payment conditional on an event that does not cause a significant loss to the holder of the contract. For example, consider a contract that requires the issuer to pay CU1 million¹ if an asset suffers physical damage that causes an insignificant economic loss of CU1 to the holder. In this contract, the holder transfers the insignificant risk of losing CU1 to the issuer. At the same time, the contract creates a non-insurance risk that the issuer will need to pay CU999,999 if the specified event occurs. Because there is no scenario in which an insured event causes a significant loss to the holder of the contract, the issuer does not accept significant insurance risk from the holder and this contract is not an insurance contract.
- (d) possible reinsurance recoveries. The entity accounts for these separately.
- B22 An entity shall assess the significance of insurance risk contract by contract. Consequently, the insurance risk can be significant even if there is minimal probability of significant losses for a portfolio or group of contracts.
- B23 It follows from paragraphs B18–B22 that, if a contract pays a death benefit that exceeds the amount payable on survival, the contract is an insurance contract unless the additional death benefit is not significant (judged by reference to the contract itself rather than to an entire portfolio of contracts). As noted in paragraph B21(b), the waiver on death of cancellation or surrender charges is not included in this assessment if that waiver does not compensate the policyholder for a pre-existing risk. Similarly, an annuity contract that pays out regular sums for the rest of a policyholder's life is an insurance contract, unless the aggregate life-contingent payments are insignificant.

Changes in the level of insurance risk

- B24 For some contracts, the transfer of insurance risk to the issuer occurs after a period of time. For example, consider a contract that provides a specified investment return and includes an option for the policyholder to use the proceeds of the investment on maturity to buy a life-contingent annuity at the same rates the entity charges other new annuitants at the time the policyholder exercises that option. Such a contract transfers insurance risk to the issuer only after the option is exercised, because the entity remains free to price the annuity on a basis that reflects the insurance risk that will be transferred to the entity at that time. Consequently, the cash flows that would occur on the exercise of the option fall outside the boundary of the contract, and before exercise there are no insurance cash flows within the boundary of the contract. However, if the contract specifies the annuity rates (or a basis other than market rates for setting the annuity rates), the contract transfers insurance risk to the issuer because the issuer is exposed to the risk that the annuity rates will be unfavourable to the issuer when the policyholder exercises the option. In that case, the cash flows that would occur when the option is exercised are within the boundary of the contract.
- B25 A contract that meets the definition of an insurance contract remains an insurance contract until all rights and obligations are extinguished (ie discharged, cancelled or expired), unless the contract is derecognised applying paragraphs 74–77, because of a contract modification.

Examples of insurance contracts

- B26 The following are examples of contracts that are insurance contracts if the transfer of insurance risk is significant:
- (a) insurance against theft or damage.
- (b) insurance against product liability, professional liability, civil liability or legal expenses.

¹ CU denotes currency unit.

- (c) life insurance and prepaid funeral plans (although death is certain, it is uncertain when death will occur or, for some types of life insurance, whether death will occur within the period covered by the insurance).
- (d) life-contingent annuities and pensions, ie contracts that provide compensation for the uncertain future event—the survival of the annuitant or pensioner—to provide the annuitant or pensioner with a level of income that would otherwise be adversely affected by his or her survival. (Employers' liabilities that arise from employee benefit plans and retirement benefit obligations reported by defined benefit retirement plans are outside the scope of HKFRS 17, applying paragraph 7(b)).
- (e) insurance against disability and medical costs.
- (f) surety bonds, fidelity bonds, performance bonds and bid bonds, ie contracts that compensate the holder if another party fails to perform a contractual obligation; for example, an obligation to construct a building.
- (g) product warranties. Product warranties issued by another party for goods sold by a manufacturer, dealer or retailer are within the scope of HKFRS 17. However, product warranties issued directly by a manufacturer, dealer or retailer are outside the scope of HKFRS 17 applying paragraph 7(a), and are instead within the scope of HKFRS 15 or HKAS 37 *Provisions, Contingent Liabilities and Contingent Assets*.
- (h) title insurance (insurance against the discovery of defects in the title to land or buildings that were not apparent when the insurance contract was issued). In this case, the insured event is the discovery of a defect in the title, not the defect itself.
- (i) travel insurance (compensation in cash or in kind to policyholders for losses suffered in advance of, or during, travel).
- (j) catastrophe bonds that provide for reduced payments of principal, interest or both, if a specified event adversely affects the issuer of the bond (unless the specified event does not create significant insurance risk; for example, if the event is a change in an interest rate or a foreign exchange rate).
- (k) insurance swaps and other contracts that require a payment depending on changes in climatic, geological or other physical variables that are specific to a party to the contract.

B27 The following are examples of items that are not insurance contracts:

- (a) investment contracts that have the legal form of an insurance contract but do not transfer significant insurance risk to the issuer. For example, life insurance contracts in which the entity bears no significant mortality or morbidity risk are not insurance contracts; such contracts are financial instruments or service contracts—see paragraph B28. Investment contracts with discretionary participation features do not meet the definition of an insurance contract; however, they are within the scope of HKFRS 17 provided they are issued by an entity that also issues insurance contracts, applying paragraph 3(c).
- (b) contracts that have the legal form of insurance, but return all significant insurance risk to the policyholder through non-cancellable and enforceable mechanisms that adjust future payments by the policyholder to the issuer as a direct result of insured losses. For example, some financial reinsurance contracts or some group contracts return all significant insurance risk to the policyholders; such contracts are normally financial instruments or service contracts (see paragraph B28).

- (c) self-insurance (ie retaining a risk that could have been covered by insurance). In such situations, there is no insurance contract because there is no agreement with another party. Thus, if an entity issues an insurance contract to its parent, subsidiary or fellow subsidiary, there is no insurance contract in the consolidated financial statements because there is no contract with another party. However, for the individual or separate financial statements of the issuer or holder, there is an insurance contract.
- (d) contracts (such as gambling contracts) that require a payment if a specified uncertain future event occurs, but do not require, as a contractual precondition for payment, the event to adversely affect the policyholder. However, this does not exclude from the definition of an insurance contract contracts that specify a predetermined payout to quantify the loss caused by a specified event such as a death or an accident (see paragraph B12).
- (e) derivatives that expose a party to financial risk but not insurance risk, because the derivatives require that party to make (or give them the right to receive) payment solely based on the changes in one or more of a specified interest rate, a financial instrument price, a commodity price, a foreign exchange rate, an index of prices or rates, a credit rating or a credit index or any other variable, provided that, in the case of a non-financial variable, the variable is not specific to a party to the contract.
- (f) credit-related guarantees that require payments even if the holder has not incurred a loss on the failure of the debtor to make payments when due; such contracts are accounted for applying HKFRS 9 *Financial Instruments* (see paragraph B29).
- (g) contracts that require a payment that depends on a climatic, geological or any other physical variable not specific to a party to the contract (commonly described as weather derivatives).
- (h) contracts that provide for reduced payments of principal, interest or both, that depend on a climatic, geological or any other physical variable, the effect of which is not specific to a party to the contract (commonly referred to as catastrophe bonds).
- B28 An entity shall apply other applicable Standards, such as HKFRS 9 and HKFRS 15, to the contracts described in paragraph B27.
- B29 The credit-related guarantees and credit insurance contracts discussed in paragraph B27(f) can have various legal forms, such as that of a guarantee, some types of letters of credit, a credit default contract or an insurance contract. Those contracts are insurance contracts if they require the issuer to make specified payments to reimburse the holder for a loss that the holder incurs because a specified debtor fails to make payment when due to the policyholder applying the original or modified terms of a debt instrument. However, such insurance contracts are excluded from the scope of HKFRS 17 unless the issuer has previously asserted explicitly that it regards the contracts as insurance contracts and has used accounting applicable to insurance contracts (see paragraph 7(e)).
- B30 Credit-related guarantees and credit insurance contracts that require payment, even if the policyholder has not incurred a loss on the failure of the debtor to make payments when due, are outside the scope of HKFRS 17 because they do not transfer significant insurance risk. Such contracts include those that require payment:
- (a) regardless of whether the counterparty holds the underlying debt instrument; or
- (b) on a change in the credit rating or the credit index, rather than on the failure of a specified debtor to make payments when due.

Separating components from an insurance contract (paragraphs 10–13)

Investment components (paragraph 11(b))

- B31 Paragraph 11(b) requires an entity to separate a distinct investment component from the host insurance contract. An investment component is distinct if, and only if, both the following conditions are met:
- (a) the investment component and the insurance component are not highly interrelated.
 - (b) a contract with equivalent terms is sold, or could be sold, separately in the same market or the same jurisdiction, either by entities that issue insurance contracts or by other parties. The entity shall take into account all information reasonably available in making this determination. The entity is not required to undertake an exhaustive search to identify whether an investment component is sold separately.
- B32 An investment component and an insurance component are highly interrelated if, and only if:
- (a) the entity is unable to measure one component without considering the other. Thus, if the value of one component varies according to the value of the other, an entity shall apply HKFRS 17 to account for the combined investment and insurance component; or
 - (b) the policyholder is unable to benefit from one component unless the other is also present. Thus, if the lapse or maturity of one component in a contract causes the lapse or maturity of the other, the entity shall apply HKFRS 17 to account for the combined investment component and insurance component.

Promises to transfer distinct goods or services other than insurance contract services (paragraph 12)

- B33 Paragraph 12 requires an entity to separate from an insurance contract a promise to transfer distinct goods or services other than insurance contract services to a policyholder. For the purpose of separation, an entity shall not consider activities that an entity must undertake to fulfil a contract unless the entity transfers a good or service other than insurance contract services to the policyholder as those activities occur. For example, an entity may need to perform various administrative tasks to set up a contract. The performance of those tasks does not transfer a service to the policyholder as the tasks are performed.
- B34 A good or service other than an insurance contract service promised to a policyholder is distinct if the policyholder can benefit from the good or service either on its own or together with other resources readily available to the policyholder. Readily available resources are goods or services that are sold separately (by the entity or by another entity), or resources that the policyholder has already got (from the entity or from other transactions or events).
- B35 A good or service other than an insurance contract service that is promised to the policyholder is not distinct if:
- (a) the cash flows and risks associated with the good or service are highly interrelated with the cash flows and risks associated with the insurance components in the contract; and
 - (b) the entity provides a significant service in integrating the good or service with the insurance components.

Insurance acquisition cash flows (paragraphs 28A–28F)

- B35A To apply paragraph 28A, an entity shall use a systematic and rational method to allocate:
- (a) insurance acquisition cash flows directly attributable to a group of insurance contracts:
 - (i) to that group; and
 - (ii) to groups that will include insurance contracts that are expected to arise from renewals of the insurance contracts in that group.
 - (b) insurance acquisition cash flows directly attributable to a portfolio of insurance contracts, other than those in (a), to groups of contracts in the portfolio.
- B35B At the end of each reporting period, an entity shall revise amounts allocated as specified in paragraph B35A to reflect any changes in assumptions that determine the inputs to the method of allocation used. An entity shall not change amounts allocated to a group of insurance contracts after all contracts have been added to the group (see paragraph B35C).
- B35C An entity might add insurance contracts to a group of insurance contracts across more than one reporting period (see paragraph 28). In those circumstances, an entity shall derecognise the portion of an asset for insurance acquisition cash flows that relates to insurance contracts added to the group in that period and continue to recognise an asset for insurance acquisition cash flows to the extent that the asset relates to insurance contracts expected to be added to the group in a future reporting period.
- B35D To apply paragraph 28E:
- (a) an entity shall recognise an impairment loss in profit or loss and reduce the carrying amount of an asset for insurance acquisition cash flows so that the carrying amount of the asset does not exceed the expected net cash inflow for the related group of insurance contracts, determined applying paragraph 32(a).
 - (b) when an entity allocates insurance acquisition cash flows to groups of insurance contracts applying paragraph B35A(a)(ii), the entity shall recognise an impairment loss in profit or loss and reduce the carrying amount of the related assets for insurance acquisition cash flows to the extent that:
 - (i) the entity expects those insurance acquisition cash flows to exceed the net cash inflow for the expected renewals, determined applying paragraph 32(a); and
 - (ii) the excess determined applying (b)(i) has not already been recognised as an impairment loss applying (a).

Measurement (paragraphs 29–71)

Estimates of future cash flows (paragraphs 33–35)

B36 This section addresses:

- (a) unbiased use of all reasonable and supportable information available without undue cost or effort (see paragraphs B37–B41);
- (b) market variables and non-market variables (see paragraphs B42–B53);
- (c) using current estimates (see paragraphs B54–B60); and
- (d) cash flows within the contract boundary (see paragraphs B61–B71).

Unbiased use of all reasonable and supportable information available without undue cost or effort (paragraph 33(a))

B37 The objective of estimating future cash flows is to determine the expected value, or probability-weighted mean, of the full range of possible outcomes, considering all reasonable and supportable information available at the reporting date without undue cost or effort. Reasonable and supportable information available at the reporting date without undue cost or effort includes information about past events and current conditions, and forecasts of future conditions (see paragraph B41). Information available from an entity's own information systems is considered to be available without undue cost or effort.

B38 The starting point for an estimate of the cash flows is a range of scenarios that reflects the full range of possible outcomes. Each scenario specifies the amount and timing of the cash flows for a particular outcome, and the estimated probability of that outcome. The cash flows from each scenario are discounted and weighted by the estimated probability of that outcome to derive an expected present value. Consequently, the objective is not to develop a most likely outcome, or a more-likely-than-not outcome, for future cash flows.

B39 When considering the full range of possible outcomes, the objective is to incorporate all reasonable and supportable information available without undue cost or effort in an unbiased way, rather than to identify every possible scenario. In practice, developing explicit scenarios is unnecessary if the resulting estimate is consistent with the measurement objective of considering all reasonable and supportable information available without undue cost or effort when determining the mean. For example, if an entity estimates that the probability distribution of outcomes is broadly consistent with a probability distribution that can be described completely with a small number of parameters, it will be sufficient to estimate the smaller number of parameters. Similarly, in some cases, relatively simple modelling may give an answer within an acceptable range of precision, without the need for many detailed simulations. However, in some cases, the cash flows may be driven by complex underlying factors and may respond in a non-linear fashion to changes in economic conditions. This may happen if, for example, the cash flows reflect a series of interrelated options that are implicit or explicit. In such cases, more sophisticated stochastic modelling is likely to be necessary to satisfy the measurement objective.

- B40 The scenarios developed shall include unbiased estimates of the probability of catastrophic losses under existing contracts. Those scenarios exclude possible claims under possible future contracts.
- B41 An entity shall estimate the probabilities and amounts of future payments under existing contracts on the basis of information obtained including:
- (a) information about claims already reported by policyholders.
 - (b) other information about the known or estimated characteristics of the insurance contracts.
 - (c) historical data about the entity's own experience, supplemented when necessary with historical data from other sources. Historical data is adjusted to reflect current conditions, for example, if:
 - (i) the characteristics of the insured population differ (or will differ, for example, because of adverse selection) from those of the population that has been used as a basis for the historical data;
 - (ii) there are indications that historical trends will not continue, that new trends will emerge or that economic, demographic and other changes may affect the cash flows that arise from the existing insurance contracts; or
 - (iii) there have been changes in items such as underwriting procedures and claims management procedures that may affect the relevance of historical data to the insurance contracts.
 - (d) current price information, if available, for reinsurance contracts and other financial instruments (if any) covering similar risks, such as catastrophe bonds and weather derivatives, and recent market prices for transfers of insurance contracts. This information shall be adjusted to reflect the differences between the cash flows that arise from those reinsurance contracts or other financial instruments, and the cash flows that would arise as the entity fulfils the underlying contracts with the policyholder.

Market variables and non-market variables

- B42 HKFRS 17 identifies two types of variables:
- (a) market variables—variables that can be observed in, or derived directly from, markets (for example, prices of publicly traded securities and interest rates); and
 - (b) non-market variables—all other variables (for example, the frequency and severity of insurance claims and mortality).
- B43 Market variables will generally give rise to financial risk (for example, observable interest rates) and non-market variables will generally give rise to non-financial risk (for example, mortality rates). However, this will not always be the case. For example, there may be assumptions that relate to financial risks for which variables cannot be observed in, or derived directly from, markets (for example, interest rates that cannot be observed in, or derived directly from, markets).

Market variables (paragraph 33(b))

- B44 Estimates of market variables shall be consistent with observable market prices at the measurement date. An entity shall maximise the use of observable inputs and shall not substitute its own estimates for observable market data except as described in paragraph 79 of HKFRS 13 *Fair Value Measurement*. Consistent with HKFRS 13, if variables need to be derived (for example, because no observable market variables exist) they shall be as consistent as possible with observable market variables.
- B45 Market prices blend a range of views about possible future outcomes and also reflect the risk preferences of market participants. Consequently, they are not a single-point forecast of the future outcome. If the actual outcome differs from the previous market price, this does not mean that the market price was 'wrong'.
- B46 An important application of market variables is the notion of a replicating asset or a replicating portfolio of assets. A replicating asset is one whose cash flows *exactly* match, in all scenarios, the contractual cash flows of a group of insurance contracts in amount, timing and uncertainty. In some cases, a replicating asset may exist for some of the cash flows that arise from a group of insurance contracts. The fair value of that asset reflects both the expected present value of the cash flows from the asset and the risk associated with those cash flows. If a replicating portfolio of assets exists for some of the cash flows that arise from a group of insurance contracts, the entity can use the fair value of those assets to measure the relevant fulfilment cash flows instead of explicitly estimating the cash flows and discount rate.
- B47 HKFRS 17 does not require an entity to use a replicating portfolio technique. However, if a replicating asset or portfolio does exist for some of the cash flows that arise from insurance contracts and an entity chooses to use a different technique, the entity shall satisfy itself that a replicating portfolio technique would be unlikely to lead to a materially different measurement of those cash flows.
- B48 Techniques other than a replicating portfolio technique, such as stochastic modelling techniques, may be more robust or easier to implement if there are significant interdependencies between cash flows that vary based on returns on assets and other cash flows. Judgement is required to determine the technique that best meets the objective of consistency with observable market variables in specific circumstances. In particular, the technique used must result in the measurement of any options and guarantees included in the insurance contracts being consistent with observable market prices (if any) for such options and guarantees.

Non-market variables

- B49 Estimates of non-market variables shall reflect all reasonable and supportable evidence available without undue cost or effort, both external and internal.
- B50 Non-market external data (for example, national mortality statistics) may have more or less relevance than internal data (for example, internally developed mortality statistics), depending on the circumstances. For example, an entity that issues life insurance contracts shall not rely solely on national mortality statistics, but shall consider all other reasonable and supportable internal and external sources of information available without undue cost or effort when developing unbiased estimates of probabilities for mortality scenarios for its insurance contracts. In developing those probabilities, an entity shall give more weight to the more persuasive information. For example:
- (a) internal mortality statistics may be more persuasive than national mortality data if national data is derived from a large population that is not representative of the insured population. This might be because, for example, the demographic characteristics of the insured population could significantly differ from those of the national population, meaning that an entity would need to place more weight on the internal data and less weight on the national statistics.

- (b) conversely, if the internal statistics are derived from a small population with characteristics that are believed to be close to those of the national population, and the national statistics are current, an entity shall place more weight on the national statistics.

- B51 Estimated probabilities for non-market variables shall not contradict observable market variables. For example, estimated probabilities for future inflation rate scenarios shall be as consistent as possible with probabilities implied by market interest rates.
- B52 In some cases, an entity may conclude that market variables vary independently of non-market variables. If so, the entity shall consider scenarios that reflect the range of outcomes for the non-market variables, with each scenario using the same observed value of the market variable.
- B53 In other cases, market variables and non-market variables may be correlated. For example, there may be evidence that lapse rates (a non-market variable) are correlated with interest rates (a market variable). Similarly, there may be evidence that claim levels for house or car insurance are correlated with economic cycles and therefore with interest rates and expense amounts. The entity shall ensure that the probabilities for the scenarios and the risk adjustments for the non-financial risk that relates to the market variables are consistent with the observed market prices that depend on those market variables.

Using current estimates (paragraph 33(c))

- B54 In estimating each cash flow scenario and its probability, an entity shall use all reasonable and supportable information available without undue cost or effort. An entity shall review the estimates that it made at the end of the previous reporting period and update them. In doing so, an entity shall consider whether:
- (a) the updated estimates faithfully represent the conditions at the end of the reporting period.
- (b) the changes in estimates faithfully represent the changes in conditions during the period. For example, suppose that estimates were at one end of a reasonable range at the beginning of the period. If the conditions have not changed, shifting the estimates to the other end of the range at the end of the period would not faithfully represent what has happened during the period. If an entity's most recent estimates are different from its previous estimates, but conditions have not changed, it shall assess whether the new probabilities assigned to each scenario are justified. In updating its estimates of those probabilities, the entity shall consider both the evidence that supported its previous estimates and all newly available evidence, giving more weight to the more persuasive evidence.
- B55 The probability assigned to each scenario shall reflect the conditions at the end of the reporting period. Consequently, applying HKAS 10 *Events after the Reporting Period*, an event occurring after the end of the reporting period that resolves an uncertainty that existed at the end of the reporting period does not provide evidence of the conditions that existed at that date. For example, there may be a 20 per cent probability at the end of the reporting period that a major storm will strike during the remaining six months of an insurance contract. After the end of the reporting period but before the financial statements are authorised for issue, a major storm strikes. The fulfilment cash flows under that contract shall not reflect the storm that, with hindsight, is known to have occurred. Instead, the cash flows included in the measurement include the 20 per cent probability apparent at the end of the reporting period (with disclosure applying HKAS 10 that a non-adjusting event occurred after the end of the reporting period).

- B56 Current estimates of expected cash flows are not necessarily identical to the most recent actual experience. For example, suppose that mortality experience in the reporting period was 20 per cent worse than the previous mortality experience and previous expectations of mortality experience. Several factors could have caused the sudden change in experience, including:
- (a) lasting changes in mortality;
 - (b) changes in the characteristics of the insured population (for example, changes in underwriting or distribution, or selective lapses by policyholders in unusually good health);
 - (c) random fluctuations; or
 - (d) identifiable non-recurring causes.
- B57 An entity shall investigate the reasons for the change in experience and develop new estimates of cash flows and probabilities in the light of the most recent experience, the earlier experience and other information. The result for the example in paragraph B56 would typically be that the expected present value of death benefits changes, but not by as much as 20 per cent. In the example in paragraph B56, if mortality rates continue to be significantly higher than the previous estimates for reasons that are expected to continue, the estimated probability assigned to the high-mortality scenarios will increase.
- B58 Estimates of non-market variables shall include information about the current level of insured events and information about trends. For example, mortality rates have consistently declined over long periods in many countries. The determination of the fulfilment cash flows reflects the probabilities that would be assigned to each possible trend scenario, taking account of all reasonable and supportable information available without undue cost or effort.
- B59 Similarly, if cash flows allocated to a group of insurance contracts are sensitive to inflation, the determination of the fulfilment cash flows shall reflect current estimates of possible future inflation rates. Because inflation rates are likely to be correlated with interest rates, the measurement of fulfilment cash flows shall reflect the probabilities for each inflation scenario in a way that is consistent with the probabilities implied by the market interest rates used in estimating the discount rate (see paragraph B51).
- B60 When estimating the cash flows, an entity shall take into account current expectations of future events that might affect those cash flows. The entity shall develop cash flow scenarios that reflect those future events, as well as unbiased estimates of the probability of each scenario. However, an entity shall not take into account current expectations of future changes in legislation that would change or discharge the present obligation or create new obligations under the existing insurance contract until the change in legislation is substantively enacted.

Cash flows within the contract boundary (paragraph 34)

- B61 Estimates of cash flows in a scenario shall include all cash flows within the boundary of an existing contract and no other cash flows. An entity shall apply paragraph 2 in determining the boundary of an existing contract.

- B62 Many insurance contracts have features that enable policyholders to take actions that change the amount, timing, nature or uncertainty of the amounts they will receive. Such features include renewal options, surrender options, conversion options and options to stop paying premiums while still receiving benefits under the contracts. The measurement of a group of insurance contracts shall reflect, on an expected value basis, the entity's current estimates of how the policyholders in the group will exercise the options available, and the risk adjustment for non-financial risk shall reflect the entity's current estimates of how the actual behaviour of the policyholders may differ from the expected behaviour. This requirement to determine the expected value applies regardless of the number of contracts in a group; for example it applies even if the group comprises a single contract. Thus, the measurement of a group of insurance contracts shall not assume a 100 per cent probability that policyholders will:
- (a) surrender their contracts, if there is some probability that some of the policyholders will not; or
 - (b) continue their contracts, if there is some probability that some of the policyholders will not.
- B63 When an issuer of an insurance contract is required by the contract to renew or otherwise continue the contract, it shall apply paragraph 34 to assess whether premiums and related cash flows that arise from the renewed contract are within the boundary of the original contract.
- B64 Paragraph 34 refers to an entity's practical ability to set a price at a future date (a renewal date) that fully reflects the risks in the contract from that date. An entity has that practical ability in the absence of constraints that prevent the entity from setting the same price it would for a new contract with the same characteristics as the existing contract issued on that date, or if it can amend the benefits to be consistent with the price it will charge. Similarly, an entity has that practical ability to set a price when it can reprice an existing contract so that the price reflects overall changes in the risks in a portfolio of insurance contracts, even if the price set for each individual policyholder does not reflect the change in risk for that specific policyholder. When assessing whether the entity has the practical ability to set a price that fully reflects the risks in the contract or portfolio, it shall consider all the risks that it would consider when underwriting equivalent contracts on the renewal date for the remaining service. In determining the estimates of future cash flows at the end of a reporting period, an entity shall reassess the boundary of an insurance contract to include the effect of changes in circumstances on the entity's substantive rights and obligations.
- B65 Cash flows within the boundary of an insurance contract are those that relate directly to the fulfilment of the contract, including cash flows for which the entity has discretion over the amount or timing. The cash flows within the boundary include:
- (a) premiums (including premium adjustments and instalment premiums) from a policyholder and any additional cash flows that result from those premiums.
 - (b) payments to (or on behalf of) a policyholder, including claims that have already been reported but have not yet been paid (ie reported claims), incurred claims for events that have occurred but for which claims have not been reported and all future claims for which the entity has a substantive obligation (see paragraph 34).
 - (c) payments to (or on behalf of) a policyholder that vary depending on returns on underlying items.
 - (d) payments to (or on behalf of) a policyholder resulting from derivatives, for example, options and guarantees embedded in the contract, to the extent that those options and guarantees are not separated from the insurance contract (see paragraph 11(a)).

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- (e) an allocation of insurance acquisition cash flows attributable to the portfolio to which the contract belongs.
- (f) claim handling costs (ie the costs the entity will incur in investigating, processing and resolving claims under existing insurance contracts, including legal and loss-adjusters' fees and internal costs of investigating claims and processing claim payments).
- (g) costs the entity will incur in providing contractual benefits paid in kind.
- (h) policy administration and maintenance costs, such as costs of premium billing and handling policy changes (for example, conversions and reinstatements). Such costs also include recurring commissions that are expected to be paid to intermediaries if a particular policyholder continues to pay the premiums within the boundary of the insurance contract.
- (i) transaction-based taxes (such as premium taxes, value added taxes and goods and services taxes) and levies (such as fire service levies and guarantee fund assessments) that arise directly from existing insurance contracts, or that can be attributed to them on a reasonable and consistent basis.
- (j) payments by the insurer in a fiduciary capacity to meet tax obligations incurred by the policyholder, and related receipts.
- (k) potential cash inflows from recoveries (such as salvage and subrogation) on future claims covered by existing insurance contracts and, to the extent that they do not qualify for recognition as separate assets, potential cash inflows from recoveries on past claims.
- (ka) costs the entity will incur:
 - (i) performing investment activity, to the extent the entity performs that activity to enhance benefits from insurance coverage for policyholders. Investment activities enhance benefits from insurance coverage if the entity performs those activities expecting to generate an investment return from which policyholders will benefit if an insured event occurs.
 - (ii) providing investment-return service to policyholders of insurance contracts without direct participation features (see paragraph B119B).
 - (iii) providing investment-related service to policyholders of insurance contracts with direct participation features.
- (l) an allocation of fixed and variable overheads (such as the costs of accounting, human resources, information technology and support, building depreciation, rent, and maintenance and utilities) directly attributable to fulfilling insurance contracts. Such overheads are allocated to groups of contracts using methods that are systematic and rational, and are consistently applied to all costs that have similar characteristics.
- (m) any other costs specifically chargeable to the policyholder under the terms of the contract.

B66 The following cash flows shall not be included when estimating the cash flows that will arise as the entity fulfils an existing insurance contract:

- (a) investment returns. Investments are recognised, measured and presented separately.
- (b) cash flows (payments or receipts) that arise under reinsurance contracts held. Reinsurance contracts held are recognised, measured and presented separately.
- (c) cash flows that may arise from future insurance contracts, ie cash flows outside the boundary of existing contracts (see paragraphs 34–35).
- (d) cash flows relating to costs that cannot be directly attributed to the portfolio of insurance contracts that contain the contract, such as some product development and training costs. Such costs are recognised in profit or loss when incurred.
- (e) cash flows that arise from abnormal amounts of wasted labour or other resources that are used to fulfil the contract. Such costs are recognised in profit or loss when incurred.
- (f) income tax payments and receipts the insurer does not pay or receive in a fiduciary capacity or that are not specifically chargeable to the policyholder under the terms of the contract.
- (g) cash flows between different components of the reporting entity, such as policyholder funds and shareholder funds, if those cash flows do not change the amount that will be paid to the policyholders.
- (h) cash flows arising from components separated from the insurance contract and accounted for using other applicable Standards (see paragraphs 10–13).

B66A Before the recognition of a group of insurance contracts, an entity might be required to recognise an asset or liability for cash flows related to the group of insurance contracts other than insurance acquisition cash flows either because of the occurrence of the cash flows or because of the requirements of another HKFRS Standard. Cash flows are related to the group of insurance contracts if those cash flows would have been included in the fulfilment cash flows at the date of initial recognition of the group had they been paid or received after that date. To apply paragraph 38(c)(ii) an entity shall derecognise such an asset or liability to the extent that the asset or liability would not be recognised separately from the group of insurance contracts if the cash flow or the application of the HKFRS Standard occurred at the date of initial recognition of the group of insurance contracts.

Contracts with cash flows that affect or are affected by cash flows to policyholders of other contracts

B67 Some insurance contracts affect the cash flows to policyholders of other contracts by requiring:

- (a) the policyholder to share with policyholders of other contracts the returns on the same specified pool of underlying items; and

- (b) either:
- (i) the policyholder to bear a reduction in their share of the returns on the underlying items because of payments to policyholders of other contracts that share in that pool, including payments arising under guarantees made to policyholders of those other contracts; or
 - (ii) policyholders of other contracts to bear a reduction in their share of returns on the underlying items because of payments to the policyholder, including payments arising from guarantees made to the policyholder.

B68 Sometimes, such contracts will affect the cash flows to policyholders of contracts in other groups. The fulfilment cash flows of each group reflect the extent to which the contracts in the group cause the entity to be affected by expected cash flows, whether to policyholders in that group or to policyholders in another group. Hence the fulfilment cash flows for a group:

- (a) include payments arising from the terms of existing contracts to policyholders of contracts in other groups, regardless of whether those payments are expected to be made to current or future policyholders; and
- (b) exclude payments to policyholders in the group that, applying (a), have been included in the fulfilment cash flows of another group.

B69 For example, to the extent that payments to policyholders in one group are reduced from a share in the returns on underlying items of CU350 to CU250 because of payments of a guaranteed amount to policyholders in another group, the fulfilment cash flows of the first group would include the payments of CU100 (ie would be CU350) and the fulfilment cash flows of the second group would exclude CU100 of the guaranteed amount.

B70 Different practical approaches can be used to determine the fulfilment cash flows of groups of contracts that affect or are affected by cash flows to policyholders of contracts in other groups. In some cases, an entity might be able to identify the change in the underlying items and resulting change in the cash flows only at a higher level of aggregation than the groups. In such cases, the entity shall allocate the effect of the change in the underlying items to each group on a systematic and rational basis.

B71 After all insurance contract services have been provided to the contracts in a group, the fulfilment cash flows may still include payments expected to be made to current policyholders in other groups or future policyholders. An entity is not required to continue to allocate such fulfilment cash flows to specific groups but can instead recognise and measure a liability for such fulfilment cash flows arising from all groups.

Discount rates (paragraph 36)

B72 An entity shall use the following discount rates in applying HKFRS 17:

- (a) to measure the fulfilment cash flows—current discount rates applying paragraph 36;
- (b) to determine the interest to accrete on the contractual service margin applying paragraph 44(b) for insurance contracts without direct participation features—discount rates determined at the date of initial recognition of a group of contracts, applying paragraph 36 to nominal cash flows that do not vary based on the returns on any underlying items;

- (c) to measure the changes to the contractual service margin applying paragraphs B96(a)–B96(b) and B96(d) for insurance contracts without direct participation features—discount rates applying paragraph 36 determined on initial recognition;
 - (d) for groups of contracts applying the premium allocation approach that have a significant financing component, to adjust the carrying amount of the liability for remaining coverage applying paragraph 56—discount rates applying paragraph 36 determined on initial recognition;
 - (e) if an entity chooses to disaggregate insurance finance income or expenses between profit or loss and other comprehensive income (see paragraph 88), to determine the amount of the insurance finance income or expenses included in profit or loss:
 - (i) for groups of insurance contracts for which changes in assumptions that relate to financial risk do not have a substantial effect on the amounts paid to policyholders, applying paragraph B131—discount rates determined at the date of initial recognition of a group of contracts, applying paragraph 36 to nominal cash flows that do not vary based on the returns on any underlying items;
 - (ii) for groups of insurance contracts for which changes in assumptions that relate to financial risk have a substantial effect on the amounts paid to policyholders, applying paragraph B132(a)(i)—discount rates that allocate the remaining revised expected finance income or expenses over the remaining duration of the group of contracts at a constant rate; and
 - (iii) for groups of contracts applying the premium allocation approach applying paragraphs 59(b) and B133—discount rates determined at the date of the incurred claim, applying paragraph 36 to nominal cash flows that do not vary based on the returns on any underlying items.
- B73 To determine the discount rates at the date of initial recognition of a group of contracts described in paragraphs B72(b)–B72(e), an entity may use weighted-average discount rates over the period that contracts in the group are issued, which applying paragraph 22 cannot exceed one year.
- B74 Estimates of discount rates shall be consistent with other estimates used to measure insurance contracts to avoid double counting or omissions; for example:
- (a) cash flows that do not vary based on the returns on any underlying items shall be discounted at rates that do not reflect any such variability;
 - (b) cash flows that vary based on the returns on any financial underlying items shall be:
 - (i) discounted using rates that reflect that variability; or
 - (ii) adjusted for the effect of that variability and discounted at a rate that reflects the adjustment made.
 - (c) nominal cash flows (ie those that include the effect of inflation) shall be discounted at rates that include the effect of inflation; and
 - (d) real cash flows (ie those that exclude the effect of inflation) shall be discounted at rates that exclude the effect of inflation.

- B75 Paragraph B74(b) requires cash flows that vary based on the returns on underlying items to be discounted using rates that reflect that variability, or to be adjusted for the effect of that variability and discounted at a rate that reflects the adjustment made. The variability is a relevant factor regardless of whether it arises because of contractual terms or because the entity exercises discretion, and regardless of whether the entity holds the underlying items.
- B76 Cash flows that vary with returns on underlying items with variable returns, but that are subject to a guarantee of a minimum return, do not vary solely based on the returns on the underlying items, even when the guaranteed amount is lower than the expected return on the underlying items. Hence, an entity shall adjust the rate that reflects the variability of the returns on the underlying items for the effect of the guarantee, even when the guaranteed amount is lower than the expected return on the underlying items.
- B77 HKFRS 17 does not require an entity to divide estimated cash flows into those that vary based on the returns on underlying items and those that do not. If an entity does not divide the estimated cash flows in this way, the entity shall apply discount rates appropriate for the estimated cash flows as a whole; for example, using stochastic modelling techniques or risk-neutral measurement techniques.
- B78 Discount rates shall include only relevant factors, ie factors that arise from the time value of money, the characteristics of the cash flows and the liquidity characteristics of the insurance contracts. Such discount rates may not be directly observable in the market. Hence, when observable market rates for an instrument with the same characteristics are not available, or observable market rates for similar instruments are available but do not separately identify the factors that distinguish the instrument from the insurance contracts, an entity shall estimate the appropriate rates. HKFRS 17 does not require a particular estimation technique for determining discount rates. In applying an estimation technique, an entity shall:
- (a) maximise the use of observable inputs (see paragraph B44) and reflect all reasonable and supportable information on non-market variables available without undue cost or effort, both external and internal (see paragraph B49). In particular, the discount rates used shall not contradict any available and relevant market data, and any non-market variables used shall not contradict observable market variables.
 - (b) reflect current market conditions from the perspective of a market participant.
 - (c) exercise judgement to assess the degree of similarity between the features of the insurance contracts being measured and the features of the instrument for which observable market prices are available and adjust those prices to reflect the differences between them.
- B79 For cash flows of insurance contracts that do not vary based on the returns on underlying items, the discount rate reflects the yield curve in the appropriate currency for instruments that expose the holder to no or negligible credit risk, adjusted to reflect the liquidity characteristics of the group of insurance contracts. That adjustment shall reflect the difference between the liquidity characteristics of the group of insurance contracts and the liquidity characteristics of the assets used to determine the yield curve. Yield curves reflect assets traded in active markets that the holder can typically sell readily at any time without incurring significant costs. In contrast, under some insurance contracts the entity cannot be forced to make payments earlier than the occurrence of insured events, or dates specified in the contracts.
- B80 Hence, for cash flows of insurance contracts that do not vary based on the returns on underlying items, an entity may determine discount rates by adjusting a liquid risk-free yield curve to reflect the differences between the liquidity characteristics of the financial instruments that underlie the rates observed in the market and the liquidity characteristics of the insurance contracts (a bottom-up approach).

- B81 Alternatively, an entity may determine the appropriate discount rates for insurance contracts based on a yield curve that reflects the current market rates of return implicit in a fair value measurement of a reference portfolio of assets (a top-down approach). An entity shall adjust that yield curve to eliminate any factors that are not relevant to the insurance contracts, but is not required to adjust the yield curve for differences in liquidity characteristics of the insurance contracts and the reference portfolio.
- B82 In estimating the yield curve described in paragraph B81:
- (a) if there are observable market prices in active markets for assets in the reference portfolio, an entity shall use those prices (consistent with paragraph 69 of HKFRS 13).
 - (b) if a market is not active, an entity shall adjust observable market prices for similar assets to make them comparable to market prices for the assets being measured (consistent with paragraph 83 of HKFRS 13).
 - (c) if there is no market for assets in the reference portfolio, an entity shall apply an estimation technique. For such assets (consistent with paragraph 89 of HKFRS 13) an entity shall:
 - (i) develop unobservable inputs using the best information available in the circumstances. Such inputs might include the entity's own data and, in the context of HKFRS 17, the entity might place more weight on long-term estimates than on short-term fluctuations; and
 - (ii) adjust those data to reflect all information about market participant assumptions that is reasonably available.
- B83 In adjusting the yield curve, an entity shall adjust market rates observed in recent transactions in instruments with similar characteristics for movements in market factors since the transaction date, and shall adjust observed market rates to reflect the degree of dissimilarity between the instrument being measured and the instrument for which transaction prices are observable. For cash flows of insurance contracts that do not vary based on the returns on the assets in the reference portfolio, such adjustments include:
- (a) adjusting for differences between the amount, timing and uncertainty of the cash flows of the assets in the portfolio and the amount, timing and uncertainty of the cash flows of the insurance contracts; and
 - (b) excluding market risk premiums for credit risk, which are relevant only to the assets included in the reference portfolio.
- B84 In principle, for cash flows of insurance contracts that do not vary based on the returns of the assets in the reference portfolio, there should be a single illiquid risk-free yield curve that eliminates all uncertainty about the amount and timing of cash flows. However, in practice the top-down approach and the bottom-up approach may result in different yield curves, even in the same currency. This is because of the inherent limitations in estimating the adjustments made under each approach, and the possible lack of an adjustment for different liquidity characteristics in the top-down approach. An entity is not required to reconcile the discount rate determined under its chosen approach with the discount rate that would have been determined under the other approach.

B85 HKFRS 17 does not specify restrictions on the reference portfolio of assets used in applying paragraph B81. However, fewer adjustments would be required to eliminate factors that are not relevant to the insurance contracts when the reference portfolio of assets has similar characteristics. For example, if the cash flows from the insurance contracts do not vary based on the returns on underlying items, fewer adjustments would be required if an entity used debt instruments as a starting point rather than equity instruments. For debt instruments, the objective would be to eliminate from the total bond yield the effect of credit risk and other factors that are not relevant to the insurance contracts. One way to estimate the effect of credit risk is to use the market price of a credit derivative as a reference point.

Risk adjustment for non-financial risk (paragraph 37)

B86 The risk adjustment for non-financial risk relates to risk arising from insurance contracts other than financial risk. Financial risk is included in the estimates of the future cash flows or the discount rate used to adjust the cash flows. The risks covered by the risk adjustment for non-financial risk are insurance risk and other non-financial risks such as lapse risk and expense risk (see paragraph B14).

B87 The risk adjustment for non-financial risk for insurance contracts measures the compensation that the entity would require to make the entity indifferent between:

- (a) fulfilling a liability that has a range of possible outcomes arising from non-financial risk; and
- (b) fulfilling a liability that will generate fixed cash flows with the same expected present value as the insurance contracts.

For example, the risk adjustment for non-financial risk would measure the compensation the entity would require to make it indifferent between fulfilling a liability that—because of non-financial risk—has a 50 per cent probability of being CU90 and a 50 per cent probability of being CU110, and fulfilling a liability that is fixed at CU100. As a result, the risk adjustment for non-financial risk conveys information to users of financial statements about the amount charged by the entity for the uncertainty arising from non-financial risk about the amount and timing of cash flows.

B88 Because the risk adjustment for non-financial risk reflects the compensation the entity would require for bearing the non-financial risk arising from the uncertain amount and timing of the cash flows, the risk adjustment for non-financial risk also reflects:

- (a) the degree of diversification benefit the entity includes when determining the compensation it requires for bearing that risk; and
- (b) both favourable and unfavourable outcomes, in a way that reflects the entity's degree of risk aversion.

B89 The purpose of the risk adjustment for non-financial risk is to measure the effect of uncertainty in the cash flows that arise from insurance contracts, other than uncertainty arising from financial risk. Consequently, the risk adjustment for non-financial risk shall reflect all non-financial risks associated with the insurance contracts. It shall not reflect the risks that do not arise from the insurance contracts, such as general operational risk.

- B90 The risk adjustment for non-financial risk shall be included in the measurement in an explicit way. The risk adjustment for non-financial risk is conceptually separate from the estimates of future cash flows and the discount rates that adjust those cash flows. The entity shall not double-count the risk adjustment for non-financial risk by, for example, also including the risk adjustment for non-financial risk implicitly when determining the estimates of future cash flows or the discount rates. The discount rates that are disclosed to comply with paragraph 120 shall not include any implicit adjustments for non-financial risk.
- B91 HKFRS 17 does not specify the estimation technique(s) used to determine the risk adjustment for non-financial risk. However, to reflect the compensation the entity would require for bearing the non-financial risk, the risk adjustment for non-financial risk shall have the following characteristics:
- (a) risks with low frequency and high severity will result in higher risk adjustments for non-financial risk than risks with high frequency and low severity;
 - (b) for similar risks, contracts with a longer duration will result in higher risk adjustments for non-financial risk than contracts with a shorter duration;
 - (c) risks with a wider probability distribution will result in higher risk adjustments for non-financial risk than risks with a narrower distribution;
 - (d) the less that is known about the current estimate and its trend, the higher will be the risk adjustment for non-financial risk; and
 - (e) to the extent that emerging experience reduces uncertainty about the amount and timing of cash flows, risk adjustments for non-financial risk will decrease and vice versa.
- B92 An entity shall apply judgement when determining an appropriate estimation technique for the risk adjustment for non-financial risk. When applying that judgement, an entity shall also consider whether the technique provides concise and informative disclosure so that users of financial statements can benchmark the entity's performance against the performance of other entities. Paragraph 119 requires an entity that uses a technique other than the confidence level technique for determining the risk adjustment for non-financial risk to disclose the technique used and the confidence level corresponding to the results of that technique.

Initial recognition of transfers of insurance contracts and business combinations (paragraph 39)

- B93 When an entity acquires insurance contracts issued or reinsurance contracts held in a transfer of insurance contracts that do not form a business or in a business combination within the scope of HKFRS 3, the entity shall apply paragraphs 14–24 to identify the groups of contracts acquired, as if it had entered into the contracts on the date of the transaction.
- B94 An entity shall use the consideration received or paid for the contracts as a proxy for the premiums received. The consideration received or paid for the contracts excludes the consideration received or paid for any other assets and liabilities acquired in the same transaction. In a business combination within the scope of HKFRS 3, the consideration received or paid is the fair value of the contracts at that date. In determining that fair value, an entity shall not apply paragraph 47 of HKFRS 13 (relating to demand features).

- B95 Unless the premium allocation approach for the liability for remaining coverage in paragraphs 55–59 and 69–70A applies, on initial recognition the contractual service margin is calculated applying paragraph 38 for acquired insurance contracts issued and paragraph 65 for acquired reinsurance contracts held using the consideration received or paid for the contracts as a proxy for the premiums received or paid at the date of initial recognition.
- B95A If acquired insurance contracts issued are onerous, applying paragraph 47, the entity shall recognise the excess of the fulfilment cash flows over the consideration paid or received as part of goodwill or gain on a bargain purchase for contracts acquired in a business combination within the scope of HKFRS 3, or as a loss in profit or loss for contracts acquired in a transfer. The entity shall establish a loss component of the liability for remaining coverage for that excess, and apply paragraphs 49–52 to allocate subsequent changes in fulfilment cash flows to that loss component.
- B95B For a group of reinsurance contracts held to which paragraphs 66A–66B apply, an entity shall determine the loss-recovery component of the asset for remaining coverage at the date of the transaction by multiplying:
- (a) the loss component of the liability for remaining coverage of the underlying insurance contracts at the date of the transaction; and
 - (b) the percentage of claims on the underlying insurance contracts the entity expects at the date of the transaction to recover from the group of reinsurance contracts held.
- B95C The entity shall recognise the amount of the loss-recovery component determined applying paragraph B95B as part of goodwill or gain on a bargain purchase for reinsurance contracts held acquired in a business combination within the scope of HKFRS 3, or as income in profit or loss for contracts acquired in a transfer.
- B95D Applying paragraphs 14–22, at the date of the transaction an entity might include in an onerous group of insurance contracts both onerous insurance contracts covered by a group of reinsurance contracts held and onerous contracts not covered by the group of reinsurance contracts held. To apply paragraph B95B in such cases, an entity shall use a systematic and rational basis of allocation to determine the portion of the loss component of the group of insurance contracts that relates to insurance contracts covered by the group of reinsurance contracts held.

Asset for insurance acquisition cash flows

- B95E When an entity acquires insurance contracts issued in a transfer of insurance contracts that do not form a business or in a business combination within the scope of HKFRS 3, the entity shall recognise an asset for insurance acquisition cash flows at fair value at the date of the transaction for the rights to obtain:
- (a) future insurance contracts that are renewals of insurance contracts recognised at the date of the transaction; and
 - (b) future insurance contracts, other than those in (a), after the date of the transaction without paying again insurance acquisition cash flows the acquiree has already paid that are directly attributable to the related portfolio of insurance contracts.
- B95F At the date of the transaction, the amount of any asset for insurance acquisition cash flows shall not be included in the measurement of the acquired group of insurance contracts applying paragraphs B93–B95A.

Changes in the carrying amount of the contractual service margin for insurance contracts without direct participation features (paragraph 44)

- B96 For insurance contracts without direct participation features, paragraph 44(c) requires an adjustment to the contractual service margin of a group of insurance contracts for changes in fulfilment cash flows that relate to future service. These changes comprise:
- (a) experience adjustments arising from premiums received in the period that relate to future service, and related cash flows such as insurance acquisition cash flows and premium-based taxes, measured at the discount rates specified in paragraph B72(c).
 - (b) changes in estimates of the present value of the future cash flows in the liability for remaining coverage, except those described in paragraph B97(a), measured at the discount rates specified in paragraph B72(c).
 - (c) differences between any investment component expected to become payable in the period and the actual investment component that becomes payable in the period. Those differences are determined by comparing (i) the actual investment component that becomes payable in the period with (ii) the payment in the period that was expected at the start of the period plus any insurance finance income or expenses related to that expected payment before it becomes payable.
 - (ca) differences between any loan to a policyholder expected to become repayable in the period and the actual loan to a policyholder that becomes repayable in the period. Those differences are determined by comparing (i) the actual loan to a policyholder that becomes repayable in the period with (ii) the repayment in the period that was expected at the start of the period plus any insurance finance income or expenses related to that expected repayment before it becomes repayable.
 - (d) changes in the risk adjustment for non-financial risk that relate to future service. An entity is not required to disaggregate the change in the risk adjustment for non-financial risk between (i) a change related to non-financial risk and (ii) the effect of the time value of money and changes in the time value of money. If an entity makes such a disaggregation, it shall adjust the contractual service margin for the change related to non-financial risk, measured at the discount rates specified in paragraph B72(c).
- B97 An entity shall not adjust the contractual service margin for a group of insurance contracts without direct participation features for the following changes in fulfilment cash flows because they do not relate to future service:
- (a) the effect of the time value of money and changes in the time value of money and the effect of financial risk and changes in financial risk. These effects comprise:
 - (i) the effect, if any, on estimated future cash flows;
 - (ii) the effect, if disaggregated, on the risk adjustment for non-financial risk; and
 - (iii) the effect of a change in discount rate.

- (b) changes in estimates of fulfilment cash flows in the liability for incurred claims.
 - (c) experience adjustments, except those described in paragraph B96(a).
- B98 The terms of some insurance contracts without direct participation features give an entity discretion over the cash flows to be paid to policyholders. A change in the discretionary cash flows is regarded as relating to future service, and accordingly adjusts the contractual service margin. To determine how to identify a change in discretionary cash flows, an entity shall specify at inception of the contract the basis on which it expects to determine its commitment under the contract; for example, based on a fixed interest rate, or on returns that vary based on specified asset returns.
- B99 An entity shall use that specification to distinguish between the effect of changes in assumptions that relate to financial risk on that commitment (which do not adjust the contractual service margin) and the effect of discretionary changes to that commitment (which adjust the contractual service margin).
- B100 If an entity cannot specify at inception of the contract what it regards as its commitment under the contract and what it regards as discretionary, it shall regard its commitment to be the return implicit in the estimate of the fulfilment cash flows at inception of the contract, updated to reflect current assumptions that relate to financial risk.

Changes in the carrying amount of the contractual service margin for insurance contracts with direct participation features (paragraph 45)

- B101 Insurance contracts with direct participation features are insurance contracts that are substantially investment-related service contracts under which an entity promises an investment return based on underlying items. Hence, they are defined as insurance contracts for which:
- (a) the contractual terms specify that the policyholder participates in a share of a clearly identified pool of underlying items (see paragraphs B105–B106);
 - (b) the entity expects to pay to the policyholder an amount equal to a substantial share of the fair value returns on the underlying items (see paragraph B107); and
 - (c) the entity expects a substantial proportion of any change in the amounts to be paid to the policyholder to vary with the change in fair value of the underlying items (see paragraph B107).
- B102 An entity shall assess whether the conditions in paragraph B101 are met using its expectations at inception of the contract and shall not reassess the conditions afterwards, unless the contract is modified, applying paragraph 72.
- B103 To the extent that insurance contracts in a group affect the cash flows to policyholders of contracts in other groups (see paragraphs B67–B71), an entity shall assess whether the conditions in paragraph B101 are met by considering the cash flows that the entity expects to pay the policyholders determined applying paragraphs B68–B70.

- B104 The conditions in paragraph B101 ensure that insurance contracts with direct participation features are contracts under which the entity's obligation to the policyholder is the net of:
- (a) the obligation to pay the policyholder an amount equal to the fair value of the underlying items; and
 - (b) a variable fee (see paragraphs B110–B118) that the entity will deduct from (a) in exchange for the future service provided by the insurance contract, comprising:
 - (i) the amount of the entity's share of the fair value of the underlying items; less
 - (ii) fulfilment cash flows that do not vary based on the returns on underlying items.
- B105 A share referred to in paragraph B101(a) does not preclude the existence of the entity's discretion to vary the amounts paid to the policyholder. However, the link to the underlying items must be enforceable (see paragraph 2).
- B106 The pool of underlying items referred to in paragraph B101(a) can comprise any items, for example a reference portfolio of assets, the net assets of the entity, or a specified subset of the net assets of the entity, as long as they are clearly identified by the contract. An entity need not hold the identified pool of underlying items. However, a clearly identified pool of underlying items does not exist when:
- (a) an entity can change the underlying items that determine the amount of the entity's obligation with retrospective effect; or
 - (b) there are no underlying items identified, even if the policyholder could be provided with a return that generally reflects the entity's overall performance and expectations, or the performance and expectations of a subset of assets the entity holds. An example of such a return is a crediting rate or dividend payment set at the end of the period to which it relates. In this case, the obligation to the policyholder reflects the crediting rate or dividend amounts the entity has set, and does not reflect identified underlying items.
- B107 Paragraph B101(b) requires that the entity expects a substantial share of the fair value returns on the underlying items will be paid to the policyholder and paragraph B101(c) requires that the entity expects a substantial proportion of any change in the amounts to be paid to the policyholder to vary with the change in fair value of the underlying items. An entity shall:
- (a) interpret the term 'substantial' in both paragraphs in the context of the objective of insurance contracts with direct participation features being contracts under which the entity provides investment-related services and is compensated for the services by a fee that is determined by reference to the underlying items; and
 - (b) assess the variability in the amounts in paragraphs B101(b) and B101(c):
 - (i) over the duration of the insurance contract; and
 - (ii) on a present value probability-weighted average basis, not a best or worst outcome basis (see paragraphs B37–B38).

B108 For example, if the entity expects to pay a substantial share of the fair value returns on underlying items, subject to a guarantee of a minimum return, there will be scenarios in which:

- (a) the cash flows that the entity expects to pay to the policyholder vary with the changes in the fair value of the underlying items because the guaranteed return and other cash flows that do not vary based on the returns on underlying items do not exceed the fair value return on the underlying items; and
- (b) the cash flows that the entity expects to pay to the policyholder do not vary with the changes in the fair value of the underlying items because the guaranteed return and other cash flows that do not vary based on the returns on underlying items exceed the fair value return on the underlying items.

The entity's assessment of the variability in paragraph B101(c) for this example will reflect a present value probability-weighted average of all these scenarios.

B109 Reinsurance contracts issued and reinsurance contracts held cannot be insurance contracts with direct participation features for the purposes of HKFRS 17.

B110 For insurance contracts with direct participation features, the contractual service margin is adjusted to reflect the variable nature of the fee. Hence, changes in the amounts set out in paragraph B104 are treated as set out in paragraphs B111–B114.

B111 Changes in the obligation to pay the policyholder an amount equal to the fair value of the underlying items (paragraph B104(a)) do not relate to future service and do not adjust the contractual service margin.

B112 Changes in the amount of the entity's share of the fair value of the underlying items (paragraph B104(b)(i)) relate to future service and adjust the contractual service margin, applying paragraph 45(b).

B113 Changes in the fulfilment cash flows that do not vary based on the returns on underlying items (paragraph B104(b)(ii)) comprise:

- (a) changes in the fulfilment cash flows other than those specified in (b). An entity shall apply paragraphs B96–B97, consistent with insurance contracts without direct participation features, to determine to what extent they relate to future service and, applying paragraph 45(c), adjust the contractual service margin. All the adjustments are measured using current discount rates.
- (b) the change in the effect of the time value of money and financial risks not arising from the underlying items; for example, the effect of financial guarantees. These relate to future service and, applying paragraph 45(c), adjust the contractual service margin, except to the extent that paragraph B115 applies.

B114 An entity is not required to identify the adjustments to the contractual service margin required by paragraphs B112 and B113 separately. Instead, a combined amount may be determined for some or all of the adjustments.

Risk mitigation

- B115 To the extent that an entity meets the conditions in paragraph B116, it may choose not to recognise a change in the contractual service margin to reflect some or all of the changes in the effect of the time value of money and financial risk on:
- (a) the amount of the entity's share of the underlying items (see paragraph B112) if the entity mitigates the effect of financial risk on that amount using derivatives or reinsurance contracts held; and
 - (b) the fulfilment cash flows set out in paragraph B113(b) if the entity mitigates the effect of financial risk on those fulfilment cash flows using derivatives, non-derivative financial instruments measured at fair value through profit or loss, or reinsurance contracts held.
- B116 To apply paragraph B115, an entity must have a previously documented risk-management objective and strategy for mitigating financial risk as described in paragraph B115. In applying that objective and strategy:
- (a) an economic offset exists between the insurance contracts and the derivative, non-derivative financial instrument measured at fair value through profit or loss, or reinsurance contract held (ie the values of the insurance contracts and those risk mitigating items generally move in opposite directions because they respond in a similar way to the changes in the risk being mitigated). An entity shall not consider accounting measurement differences in assessing the economic offset.
 - (b) credit risk does not dominate the economic offset.
- B117 The entity shall determine the fulfilment cash flows in a group to which paragraph B115 applies in a consistent manner in each reporting period.
- B117A If the entity mitigates the effect of financial risk using derivatives or non-derivative financial instruments measured at fair value through profit or loss, it shall include insurance finance income or expenses for the period arising from the application of paragraph B115 in profit or loss. If the entity mitigates the effect of financial risk using reinsurance contracts held, it shall apply the same accounting policy for the presentation of insurance finance income or expenses arising from the application of paragraph B115 as the entity applies to the reinsurance contracts held applying paragraphs 88 and 90.
- B118 If, and only if, any of the conditions in paragraph B116 cease to be met an entity shall cease to apply paragraph B115 from that date. An entity shall not make any adjustment for changes previously recognised in profit or loss.

Recognition of the contractual service margin in profit or loss

- B119 An amount of the contractual service margin for a group of insurance contracts is recognised in profit or loss in each period to reflect the insurance contract services provided under the group of insurance contracts in that period (see paragraphs 44(e), 45(e) and 66(e)). The amount is determined by:

- (a) identifying the coverage units in the group. The number of coverage units in a group is the quantity of insurance contract services provided by the contracts in the group, determined by considering for each contract the quantity of the benefits provided under a contract and its expected coverage period.
- (b) allocating the contractual service margin at the end of the period (before recognising any amounts in profit or loss to reflect the insurance contract services provided in the period) equally to each coverage unit provided in the current period and expected to be provided in the future.
- (c) recognising in profit or loss the amount allocated to coverage units provided in the period.

B119A To apply paragraph B119, the period of investment-return service or investment-related service ends at or before the date that all amounts due to current policyholders relating to those services have been paid, without considering payments to future policyholders included in the fulfilment cash flows applying paragraph B68.

B119B Insurance contracts without direct participation features may provide an investment-return service if, and only if:

- (a) an investment component exists, or the policyholder has a right to withdraw an amount;
- (b) the entity expects the investment component or amount the policyholder has a right to withdraw to include an investment return (an investment return could be below zero, for example, in a negative interest rate environment); and
- (c) the entity expects to perform investment activity to generate that investment return.

Reinsurance contracts held—recognition of recovery of losses on underlying insurance contracts (paragraphs 66A–66B)

B119C Paragraph 66A applies if, and only if, the reinsurance contract held is entered into before or at the same time as the onerous underlying insurance contracts are recognised.

B119D To apply paragraph 66A, an entity shall determine the adjustment to the contractual service margin of a group of reinsurance contracts held and the resulting income by multiplying:

- (a) the loss recognised on the underlying insurance contracts; and
- (b) the percentage of claims on the underlying insurance contracts the entity expects to recover from the group of reinsurance contracts held.

B119E Applying paragraphs 14–22, an entity might include in an onerous group of insurance contracts both onerous insurance contracts covered by a group of reinsurance contracts held and onerous insurance contracts not covered by the group of reinsurance contracts held. To apply paragraphs 66(c)(i)–(ii) and paragraph 66A in such cases, the entity shall apply a systematic and rational method of allocation to determine the portion of losses recognised on the group of insurance contracts that relates to insurance contracts covered by the group of reinsurance contracts held.

B119F After an entity has established a loss-recovery component applying paragraph 66B, the entity shall adjust the loss-recovery component to reflect changes in the loss component of an onerous group of underlying insurance contracts (see paragraphs 50–52). The carrying amount of the loss-recovery component shall not exceed the portion of the carrying amount of the loss component of the onerous group of underlying insurance contracts that the entity expects to recover from the group of reinsurance contracts held.

Insurance revenue (paragraphs 83 and 85)

B120 The total insurance revenue for a group of insurance contracts is the consideration for the contracts, ie the amount of premiums paid to the entity:

- (a) adjusted for a financing effect; and
- (b) excluding any investment components.

B121 Paragraph 83 requires the amount of insurance revenue recognised in a period to depict the transfer of promised services at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those services. The total consideration for a group of contracts covers the following amounts:

- (a) amounts related to the provision of services, comprising:
 - (i) insurance service expenses, excluding any amounts relating to the risk adjustment for non-financial risk included in (ii) and any amounts allocated to the loss component of the liability for remaining coverage;
 - (ia) amounts related to income tax that are specifically chargeable to the policyholder;
 - (ii) the risk adjustment for non-financial risk, excluding any amounts allocated to the loss component of the liability for remaining coverage; and
 - (iii) the contractual service margin.
- (b) amounts related to insurance acquisition cash flows.

B122 Insurance revenue for a period relating to the amounts described in paragraph B121(a) is determined as set out in paragraphs B123–B124. Insurance revenue for a period relating to the amounts described in paragraph B121(b) is determined as set out in paragraph B125.

B123 Applying HKFRS 15, when an entity provides services, it derecognises the performance obligation for those services and recognises revenue. Consistently, applying HKFRS 17, when an entity provides services in a period, it reduces the liability for remaining coverage for the services provided and recognises insurance revenue. The reduction in the liability for remaining coverage that gives rise to insurance revenue excludes changes in the liability that do not relate to services expected to be covered by the consideration received by the entity. Those changes are:

- (a) changes that do not relate to services provided in the period, for example:
 - (i) changes resulting from cash inflows from premiums received;
 - (ii) changes that relate to investment components in the period;
 - (iia) changes resulting from cash flows from loans to policyholders;
 - (iii) changes that relate to transaction-based taxes collected on behalf of third parties (such as premium taxes, value added taxes and goods and services taxes) (see paragraph B65(i));
 - (iv) insurance finance income or expenses;
 - (v) insurance acquisition cash flows (see paragraph B125); and
 - (vi) derecognition of liabilities transferred to a third party.
- (b) changes that relate to services, but for which the entity does not expect consideration, ie increases and decreases in the loss component of the liability for remaining coverage (see paragraphs 47–52).

B123A To the extent that an entity derecognises an asset for cash flows other than insurance acquisition cash flows at the date of initial recognition of a group of insurance contracts (see paragraphs 38(c)(ii) and B66A), it shall recognise insurance revenue and expenses for the amount derecognised at that date.

B124 Consequently, insurance revenue for the period can also be analysed as the total of the changes in the liability for remaining coverage in the period that relates to services for which the entity expects to receive consideration. Those changes are:

- (a) insurance service expenses incurred in the period (measured at the amounts expected at the beginning of the period), excluding:
 - (i) amounts allocated to the loss component of the liability for remaining coverage applying paragraph 51(a);
 - (ii) repayments of investment components;
 - (iii) amounts that relate to transaction-based taxes collected on behalf of third parties (such as premium taxes, value added taxes and goods and services taxes) (see paragraph B65(i));
 - (iv) insurance acquisition expenses (see paragraph B125); and
 - (v) the amount related to the risk adjustment for non-financial risk (see (b)).
- (b) the change in the risk adjustment for non-financial risk, excluding:
 - (i) changes included in insurance finance income or expenses applying paragraph 87;

- (ii) changes that adjust the contractual service margin because they relate to future service applying paragraphs 44(c) and 45(c); and
 - (iii) amounts allocated to the loss component of the liability for remaining coverage applying paragraph 51(b).
- (c) the amount of the contractual service margin recognised in profit or loss in the period, applying paragraphs 44(e) and 45(e).
- (d) other amounts, if any, for example, experience adjustments for premium receipts other than those that relate to future service (see paragraph B96(a)).
- B125 An entity shall determine insurance revenue related to insurance acquisition cash flows by allocating the portion of the premiums that relate to recovering those cash flows to each reporting period in a systematic way on the basis of the passage of time. An entity shall recognise the same amount as insurance service expenses.
- B126 When an entity applies the premium allocation approach in paragraphs 55–58, insurance revenue for the period is the amount of expected premium receipts (excluding any investment component and adjusted to reflect the time value of money and the effect of financial risk, if applicable, applying paragraph 56) allocated to the period. The entity shall allocate the expected premium receipts to each period of insurance contract services:
- (a) on the basis of the passage of time; but
 - (b) if the expected pattern of release of risk during the coverage period differs significantly from the passage of time, then on the basis of the expected timing of incurred insurance service expenses.
- B127 An entity shall change the basis of allocation between paragraphs B126(a) and B126(b) as necessary if facts and circumstances change.

Insurance finance income or expenses (paragraphs 87–92)

- B128 Paragraph 87 requires an entity to include in insurance finance income or expenses the effect of the time value of money and financial risk and changes therein. For the purposes of HKFRS 17:
- (a) assumptions about inflation based on an index of prices or rates or on prices of assets with inflation-linked returns are assumptions that relate to financial risk;
 - (b) assumptions about inflation based on an entity's expectation of specific price changes are not assumptions that relate to financial risk; and
 - (c) changes in the measurement of a group of insurance contracts caused by changes in the value of underlying items (excluding additions and withdrawals) are changes arising from the effect of the time value of money and financial risk and changes therein.
- B129 Paragraphs 88–89 require an entity to make an accounting policy choice as to whether to disaggregate insurance finance income or expenses for the period between profit or loss and other comprehensive income. An entity shall apply its choice of accounting policy to portfolios of insurance contracts. In assessing the appropriate accounting policy for a portfolio of insurance contracts, applying paragraph 13 of HKAS 8 *Accounting Policies, Changes in Accounting Estimates and Errors*, the entity shall consider for each portfolio the assets that the entity holds and how it accounts for those assets.

- B130 If paragraph 88(b) applies, an entity shall include in profit or loss an amount determined by a systematic allocation of the expected total finance income or expenses over the duration of the group of insurance contracts. In this context, a systematic allocation is an allocation of the total expected finance income or expenses of a group of insurance contracts over the duration of the group that:
- (a) is based on characteristics of the contracts, without reference to factors that do not affect the cash flows expected to arise under the contracts. For example, the allocation of the finance income or expenses shall not be based on expected recognised returns on assets if those expected recognised returns do not affect the cash flows of the contracts in the group.
 - (b) results in the amounts recognised in other comprehensive income over the duration of the group of contracts totalling zero. The cumulative amount recognised in other comprehensive income at any date is the difference between the carrying amount of the group of contracts and the amount that the group would be measured at when applying the systematic allocation.
- B131 For groups of insurance contracts for which changes in assumptions that relate to financial risk do not have a substantial effect on the amounts paid to the policyholder, the systematic allocation is determined using the discount rates specified in paragraph B72(e)(i).
- B132 For groups of insurance contracts for which changes in assumptions that relate to financial risk have a substantial effect on the amounts paid to the policyholders:
- (a) a systematic allocation for the finance income or expenses arising from the estimates of future cash flows can be determined in one of the following ways:
 - (i) using a rate that allocates the remaining revised expected finance income or expenses over the remaining duration of the group of contracts at a constant rate; or
 - (ii) for contracts that use a crediting rate to determine amounts due to the policyholders—using an allocation that is based on the amounts credited in the period and expected to be credited in future periods.
 - (b) a systematic allocation for the finance income or expenses arising from the risk adjustment for non-financial risk, if separately disaggregated from other changes in the risk adjustment for non-financial risk applying paragraph 81, is determined using an allocation consistent with that used for the allocation for the finance income or expenses arising from the future cash flows.
 - (c) a systematic allocation for the finance income or expenses arising from the contractual service margin is determined:
 - (i) for insurance contracts that do not have direct participation features, using the discount rates specified in paragraph B72(b); and
 - (ii) for insurance contracts with direct participation features, using an allocation consistent with that used for the allocation for the finance income or expenses arising from the future cash flows.

- B133 In applying the premium allocation approach to insurance contracts described in paragraphs 53–59, an entity may be required, or may choose, to discount the liability for incurred claims. In such cases, it may choose to disaggregate the insurance finance income or expenses applying paragraph 88(b). If the entity makes this choice, it shall determine the insurance finance income or expenses in profit or loss using the discount rate specified in paragraph B72(e)(iii).
- B134 Paragraph 89 applies if an entity, either by choice or because it is required to, holds the underlying items for insurance contracts with direct participation features. If an entity chooses to disaggregate insurance finance income or expenses applying paragraph 89(b), it shall include in profit or loss expenses or income that exactly match the income or expenses included in profit or loss for the underlying items, resulting in the net of the separately presented items being nil.
- B135 An entity may qualify for the accounting policy choice in paragraph 89 in some periods but not in others because of a change in whether it holds the underlying items. If such a change occurs, the accounting policy choice available to the entity changes from that set out in paragraph 88 to that set out in paragraph 89, or vice versa. Hence, an entity might change its accounting policy between that set out in paragraph 88(b) and that set out in paragraph 89(b). In making such a change an entity shall:
- (a) include the accumulated amount previously included in other comprehensive income by the date of the change as a reclassification adjustment in profit or loss in the period of change and in future periods, as follows:
 - (i) if the entity had previously applied paragraph 88(b)—the entity shall include in profit or loss the accumulated amount included in other comprehensive income before the change as if the entity were continuing the approach in paragraph 88(b) based on the assumptions that applied immediately before the change; and
 - (ii) if the entity had previously applied paragraph 89(b)—the entity shall include in profit or loss the accumulated amount included in other comprehensive income before the change as if the entity were continuing the approach in paragraph 89(b) based on the assumptions that applied immediately before the change.
 - (b) not restate prior period comparative information.
- B136 When applying paragraph B135(a), an entity shall not recalculate the accumulated amount previously included in other comprehensive income as if the new disaggregation had always applied; and the assumptions used for the reclassification in future periods shall not be updated after the date of the change.

The effect of accounting estimates made in interim financial statements

- B137 If an entity prepares interim financial statements applying HKAS 34 *Interim Financial Reporting*, the entity shall make an accounting policy choice as to whether to change the treatment of accounting estimates made in previous interim financial statements when applying HKFRS 17 in subsequent interim financial statements and in the annual reporting period. The entity shall apply its choice of accounting policy to all groups of insurance contracts it issues and groups of reinsurance contracts it holds.

Appendix C

Effective date and transition

This appendix is an integral part of HKFRS 17 Insurance Contracts.

Effective date

- C1 An entity shall apply HKFRS 17 for annual reporting periods beginning on or after 1 January 2023. If an entity applies HKFRS 17 earlier, it shall disclose that fact. Early application is permitted for entities that apply HKFRS 9 *Financial Instruments* on or before the date of initial application of HKFRS 17.
- C2 For the purposes of the transition requirements in paragraphs C1 and C3–C33:
- (a) the date of initial application is the beginning of the annual reporting period in which an entity first applies HKFRS 17; and
 - (b) the transition date is the beginning of the annual reporting period immediately preceding the date of initial application.
- C2A *Initial Application of HKFRS 17 and HKFRS 9—Comparative Information*, issued in February 2022, added paragraphs C28A–C28E and C33A. An entity that chooses to apply paragraphs C28A–C28E and C33A shall apply them on initial application of HKFRS 17.

Transition

- C3 Unless it is impracticable to do so, or paragraph C5A applies, an entity shall apply HKFRS 17 retrospectively, except that:
- (a) an entity is not required to present the quantitative information required by paragraph 28(f) of HKAS 8 *Accounting Policies, Changes in Accounting Estimates and Errors*; and
 - (b) an entity shall not apply the option in paragraph B115 for periods before the transition date. An entity may apply the option in paragraph B115 prospectively on or after the transition date if, and only if, the entity designates risk mitigation relationships at or before the date it applies the option.
- C4 To apply HKFRS 17 retrospectively, an entity shall at the transition date:
- (a) identify, recognise and measure each group of insurance contracts as if HKFRS 17 had always applied;
 - (aa) identify, recognise and measure any assets for insurance acquisition cash flows as if HKFRS 17 had always applied (except that an entity is not required to apply the recoverability assessment in paragraph 28E before the transition date);
 - (b) derecognise any existing balances that would not exist had HKFRS 17 always applied; and
 - (c) recognise any resulting net difference in equity.

- C5 If, and only if, it is impracticable for an entity to apply paragraph C3 for a group of insurance contracts, an entity shall apply the following approaches instead of applying paragraph C4(a):
- (a) the modified retrospective approach in paragraphs C6–C19A, subject to paragraph C6(a); or
 - (b) the fair value approach in paragraphs C20–C24B.
- C5A Notwithstanding paragraph C5, an entity may choose to apply the fair value approach in paragraphs C20–C24B for a group of insurance contracts with direct participation features to which it could apply HKFRS 17 retrospectively if, and only if:
- (a) the entity chooses to apply the risk mitigation option in paragraph B115 to the group of insurance contracts prospectively from the transition date; and
 - (b) the entity has used derivatives, non-derivative financial instruments measured at fair value through profit or loss, or reinsurance contracts held to mitigate financial risk arising from the group of insurance contracts, as specified in paragraph B115, before the transition date.
- C5B If, and only if, it is impracticable for an entity to apply paragraph C4(aa) for an asset for insurance acquisition cash flows, the entity shall apply the following approaches to measure the asset for insurance acquisition cash flows:
- (a) the modified retrospective approach in paragraphs C14B–C14D and C17A, subject to paragraph C6(a); or
 - (b) the fair value approach in paragraphs C24A–C24B.

Modified retrospective approach

- C6 The objective of the modified retrospective approach is to achieve the closest outcome to retrospective application possible using reasonable and supportable information available without undue cost or effort. Accordingly, in applying this approach, an entity shall:
- (a) use reasonable and supportable information. If the entity cannot obtain reasonable and supportable information necessary to apply the modified retrospective approach, it shall apply the fair value approach.
 - (b) maximise the use of information that would have been used to apply a fully retrospective approach, but need only use information available without undue cost or effort.
- C7 Paragraphs C9–C19A set out permitted modifications to retrospective application in the following areas:
- (a) assessments of insurance contracts or groups of insurance contracts that would have been made at the date of inception or initial recognition;
 - (b) amounts related to the contractual service margin or loss component for insurance contracts without direct participation features;

- (c) amounts related to the contractual service margin or loss component for insurance contracts with direct participation features; and
 - (d) insurance finance income or expenses.
- C8 To achieve the objective of the modified retrospective approach, an entity is permitted to use each modification in paragraphs C9–C19A only to the extent that an entity does not have reasonable and supportable information to apply a retrospective approach.

Assessments at inception or initial recognition

- C9 To the extent permitted by paragraph C8, an entity shall determine the following matters using information available at the transition date:
- (a) how to identify groups of insurance contracts, applying paragraphs 14–24;
 - (b) whether an insurance contract meets the definition of an insurance contract with direct participation features, applying paragraphs B101–B109;
 - (c) how to identify discretionary cash flows for insurance contracts without direct participation features, applying paragraphs B98–B100; and
 - (d) whether an investment contract meets the definition of an investment contract with discretionary participation features within the scope of HKFRS 17, applying paragraph 71.
- C9A To the extent permitted by paragraph C8, an entity shall classify as a liability for incurred claims a liability for settlement of claims incurred before an insurance contract was acquired in a transfer of insurance contracts that do not form a business or in a business combination within the scope of HKFRS 3.
- C10 To the extent permitted by paragraph C8, an entity shall not apply paragraph 22 to divide groups into those that do not include contracts issued more than one year apart.

Determining the contractual service margin or loss component for groups of insurance contracts without direct participation features

- C11 To the extent permitted by paragraph C8, for contracts without direct participation features, an entity shall determine the contractual service margin or loss component of the liability for remaining coverage (see paragraphs 49–52) at the transition date by applying paragraphs C12–C16C.
- C12 To the extent permitted by paragraph C8, an entity shall estimate the future cash flows at the date of initial recognition of a group of insurance contracts as the amount of the future cash flows at the transition date (or earlier date, if the future cash flows at that earlier date can be determined retrospectively, applying paragraph C4(a)), adjusted by the cash flows that are known to have occurred between the date of initial recognition of a group of insurance contracts and the transition date (or earlier date). The cash flows that are known to have occurred include cash flows resulting from contracts that ceased to exist before the transition date.

- C13 To the extent permitted by paragraph C8, an entity shall determine the discount rates that applied at the date of initial recognition of a group of insurance contracts (or subsequently):
- (a) using an observable yield curve that, for at least three years immediately before the transition date, approximates the yield curve estimated applying paragraphs 36 and B72–B85, if such an observable yield curve exists.
 - (b) if the observable yield curve in paragraph (a) does not exist, estimate the discount rates that applied at the date of initial recognition (or subsequently) by determining an average spread between an observable yield curve and the yield curve estimated applying paragraphs 36 and B72–B85, and applying that spread to that observable yield curve. That spread shall be an average over at least three years immediately before the transition date.
- C14 To the extent permitted by paragraph C8, an entity shall determine the risk adjustment for non-financial risk at the date of initial recognition of a group of insurance contracts (or subsequently) by adjusting the risk adjustment for non-financial risk at the transition date by the expected release of risk before the transition date. The expected release of risk shall be determined by reference to the release of risk for similar insurance contracts that the entity issues at the transition date.
- C14A Applying paragraph B137, an entity may choose not to change the treatment of accounting estimates made in previous interim financial statements. To the extent permitted by paragraph C8, such an entity shall determine the contractual service margin or loss component at the transition date as if the entity had not prepared interim financial statements before the transition date.
- C14B To the extent permitted by paragraph C8, an entity shall use the same systematic and rational method the entity expects to use after the transition date when applying paragraph 28A to allocate any insurance acquisition cash flows paid (or for which a liability has been recognised applying another HKFRS Standard) before the transition date (excluding any amount relating to insurance contracts that ceased to exist before the transition date) to:
- (a) groups of insurance contracts that are recognised at the transition date; and
 - (b) groups of insurance contracts that are expected to be recognised after the transition date.
- C14C Insurance acquisition cash flows paid before the transition date that are allocated to a group of insurance contracts recognised at the transition date adjust the contractual service margin of that group, to the extent insurance contracts expected to be in the group have been recognised at that date (see paragraphs 28C and B35C). Other insurance acquisition cash flows paid before the transition date, including those allocated to a group of insurance contracts expected to be recognised after the transition date, are recognised as an asset, applying paragraph 28B.
- C14D If an entity does not have reasonable and supportable information to apply paragraph C14B, the entity shall determine the following amounts to be nil at the transition date:
- (a) the adjustment to the contractual service margin of a group of insurance contracts recognised at the transition date and any asset for insurance acquisition cash flows relating to that group; and
 - (b) the asset for insurance acquisition cash flows for groups of insurance contracts expected to be recognised after the transition date.

- C15 If applying paragraphs C12–C14D results in a contractual service margin at the date of initial recognition, to determine the contractual service margin at the date of transition an entity shall:
- (a) if the entity applies C13 to estimate the discount rates that apply on initial recognition, use those rates to accrete interest on the contractual service margin; and
 - (b) to the extent permitted by paragraph C8, determine the amount of the contractual service margin recognised in profit or loss because of the transfer of services before the transition date, by comparing the remaining coverage units at that date with the coverage units provided under the group of contracts before the transition date (see paragraph B119).
- C16 If applying paragraphs C12–C14D results in a loss component of the liability for remaining coverage at the date of initial recognition, an entity shall determine any amounts allocated to the loss component before the transition date applying paragraphs C12–C14D and using a systematic basis of allocation.
- C16A For a group of reinsurance contracts held that provides coverage for an onerous group of insurance contracts and was entered into before or at the same time that the insurance contracts were issued, an entity shall establish a loss-recovery component of the asset for remaining coverage at the transition date (see paragraphs 66A–66B). To the extent permitted by paragraph C8, an entity shall determine the loss-recovery component by multiplying:
- (a) the loss component of the liability for remaining coverage for the underlying insurance contracts at the transition date (see paragraphs C16 and C20); and
 - (b) the percentage of claims for the underlying insurance contracts the entity expects to recover from the group of reinsurance contracts held.
- C16B Applying paragraphs 14–22, at the transition date an entity might include in an onerous group of insurance contracts both onerous insurance contracts covered by a group of reinsurance contracts held and onerous insurance contracts not covered by the group of reinsurance contracts held. To apply paragraph C16A in such cases, an entity shall use a systematic and rational basis of allocation to determine the portion of the loss component of the group of insurance contracts that relates to insurance contracts covered by the group of reinsurance contracts held.
- C16C If an entity does not have reasonable and supportable information to apply paragraph C16A, the entity shall not identify a loss-recovery component for the group of reinsurance contracts held.

Determining the contractual service margin or loss component for groups of insurance contracts with direct participation features

- C17 To the extent permitted by paragraph C8, for contracts with direct participation features an entity shall determine the contractual service margin or loss component of the liability for remaining coverage at the transition date as:
- (a) the total fair value of the underlying items at that date; minus
 - (b) the fulfilment cash flows at that date; plus or minus

- (c) an adjustment for:
- (i) amounts charged by the entity to the policyholders (including amounts deducted from the underlying items) before that date.
 - (ii) amounts paid before that date that would not have varied based on the underlying items.
 - (iii) the change in the risk adjustment for non-financial risk caused by the release from risk before that date. The entity shall estimate this amount by reference to the release of risk for similar insurance contracts that the entity issues at the transition date.
 - (iv) insurance acquisition cash flows paid (or for which a liability has been recognised applying another HKFRS Standard) before the transition date that are allocated to the group (see paragraph C17A).
- (d) if (a)–(c) result in a contractual service margin—minus the amount of the contractual service margin that relates to services provided before that date. The total of (a)–(c) is a proxy for the total contractual service margin for all services to be provided under the group of contracts, ie before any amounts that would have been recognised in profit or loss for services provided. The entity shall estimate the amounts that would have been recognised in profit or loss for services provided by comparing the remaining coverage units at the transition date with the coverage units provided under the group of contracts before the transition date; or
- (e) if (a)–(c) result in a loss component—adjust the loss component to nil and increase the liability for remaining coverage excluding the loss component by the same amount.

C17A To the extent permitted by paragraph C8, an entity shall apply paragraphs C14B–C14D to recognise an asset for insurance acquisition cash flows, and any adjustment to the contractual service margin of a group of insurance contracts with direct participation features for insurance acquisition cash flows (see paragraph C17(c)(iv)).

Insurance finance income or expenses

- C18 For groups of insurance contracts that, applying paragraph C10, include contracts issued more than one year apart:
- (a) an entity is permitted to determine the discount rates at the date of initial recognition of a group specified in paragraphs B72(b)–B72(e)(ii) and the discount rates at the date of the incurred claim specified in paragraph B72(e)(iii) at the transition date instead of at the date of initial recognition or incurred claim.
 - (b) if an entity chooses to disaggregate insurance finance income or expenses between amounts included in profit or loss and amounts included in other comprehensive income applying paragraphs 88(b) or 89(b), the entity needs to determine the cumulative amount of insurance finance income or expenses recognised in other comprehensive income at the transition date to apply paragraph 91(a) in future periods. The entity is permitted to determine that cumulative amount either by applying paragraph C19(b) or:
 - (i) as nil, unless (ii) applies; and
 - (ii) for insurance contracts with direct participation features to which paragraph B134 applies, as equal to the cumulative amount recognised in other comprehensive income on the underlying items.

- C19 For groups of insurance contracts that do not include contracts issued more than one year apart:
- (a) if an entity applies paragraph C13 to estimate the discount rates that applied at initial recognition (or subsequently), it shall also determine the discount rates specified in paragraphs B72(b)–B72(e) applying paragraph C13; and
 - (b) if an entity chooses to disaggregate insurance finance income or expenses between amounts included in profit or loss and amounts included in other comprehensive income, applying paragraphs 88(b) or 89(b), the entity needs to determine the cumulative amount of insurance finance income or expenses recognised in other comprehensive income at the transition date to apply paragraph 91(a) in future periods. The entity shall determine that cumulative amount:
 - (i) for insurance contracts for which an entity will apply the methods of systematic allocation set out in paragraph B131—if the entity applies paragraph C13 to estimate the discount rates at initial recognition—using the discount rates that applied at the date of initial recognition, also applying paragraph C13;
 - (ii) for insurance contracts for which an entity will apply the methods of systematic allocation set out in paragraph B132—on the basis that the assumptions that relate to financial risk that applied at the date of initial recognition are those that apply on the transition date, ie as nil;
 - (iii) for insurance contracts for which an entity will apply the methods of systematic allocation set out in paragraph B133—if the entity applies paragraph C13 to estimate the discount rates at initial recognition (or subsequently)—using the discount rates that applied at the date of the incurred claim, also applying paragraph C13; and
 - (iv) for insurance contracts with direct participation features to which paragraph B134 applies—as equal to the cumulative amount recognised in other comprehensive income on the underlying items.

- C19A Applying paragraph B137, an entity may choose not to change the treatment of accounting estimates made in previous interim financial statements. To the extent permitted by paragraph C8, such an entity shall determine amounts related to insurance finance income or expenses at the transition date as if it had not prepared interim financial statements before the transition date.

Fair value approach

- C20 To apply the fair value approach, an entity shall determine the contractual service margin or loss component of the liability for remaining coverage at the transition date as the difference between the fair value of a group of insurance contracts at that date and the fulfilment cash flows measured at that date. In determining that fair value, an entity shall not apply paragraph 47 of HKFRS 13 *Fair Value Measurement* (relating to demand features).
- C20A For a group of reinsurance contracts held to which paragraphs 66A–66B apply (without the need to meet the condition set out in paragraph B119C), an entity shall determine the loss-recovery component of the asset for remaining coverage at the transition date by multiplying:
- (a) the loss component of the liability for remaining coverage for the underlying insurance contracts at the transition date (see paragraphs C16 and C20); and
 - (b) the percentage of claims for the underlying insurance contracts the entity expects to recover from the group of reinsurance contracts held.

- C20B Applying paragraphs 14–22, at the transition date an entity might include in an onerous group of insurance contracts both onerous insurance contracts covered by a group of reinsurance contracts held and onerous insurance contracts not covered by the group of reinsurance contracts held. To apply paragraph C20A in such cases, an entity shall use a systematic and rational basis of allocation to determine the portion of the loss component of the group of insurance contracts that relates to insurance contracts covered by the group of reinsurance contracts held.
- C21 In applying the fair value approach, an entity may apply paragraph C22 to determine:
- (a) how to identify groups of insurance contracts, applying paragraphs 14–24;
 - (b) whether an insurance contract meets the definition of an insurance contract with direct participation features, applying paragraphs B101–B109;
 - (c) how to identify discretionary cash flows for insurance contracts without direct participation features, applying paragraphs B98–B100; and
 - (d) whether an investment contract meets the definition of an investment contract with discretionary participation features within the scope of HKFRS 17, applying paragraph 71.
- C22 An entity may choose to determine the matters in paragraph C21 using:
- (a) reasonable and supportable information for what the entity would have determined given the terms of the contract and the market conditions at the date of inception or initial recognition, as appropriate; or
 - (b) reasonable and supportable information available at the transition date.
- C22A In applying the fair value approach, an entity may choose to classify as a liability for incurred claims a liability for settlement of claims incurred before an insurance contract was acquired in a transfer of insurance contracts that do not form a business or in a business combination within the scope of HKFRS 3.
- C23 In applying the fair value approach, an entity is not required to apply paragraph 22, and may include in a group contracts issued more than one year apart. An entity shall only divide groups into those including only contracts issued within a year (or less) if it has reasonable and supportable information to make the division. Whether or not an entity applies paragraph 22, it is permitted to determine the discount rates at the date of initial recognition of a group specified in paragraphs B72(b)–B72(e)(ii) and the discount rates at the date of the incurred claim specified in paragraph B72(e)(iii) at the transition date instead of at the date of initial recognition or incurred claim.
- C24 In applying the fair value approach, if an entity chooses to disaggregate insurance finance income or expenses between profit or loss and other comprehensive income, it is permitted to determine the cumulative amount of insurance finance income or expenses recognised in other comprehensive income at the transition date:
- (a) retrospectively—but only if it has reasonable and supportable information to do so; or
 - (b) as nil—unless (c) applies; and
 - (c) for insurance contracts with direct participation features to which paragraph B134 applies—as equal to the cumulative amount recognised in other comprehensive income from the underlying items.

Asset for insurance acquisition cash flows

- C24A In applying the fair value approach for an asset for insurance acquisition cash flows (see paragraph C5B(b)), at the transition date, an entity shall determine an asset for insurance acquisition cash flows at an amount equal to the insurance acquisition cash flows the entity would incur at the transition date for the rights to obtain:
- (a) recoveries of insurance acquisition cash flows from premiums of insurance contracts issued before the transition date but not recognised at the transition date;
 - (b) future insurance contracts that are renewals of insurance contracts recognised at the transition date and insurance contracts described in (a); and
 - (c) future insurance contracts, other than those in (b), after the transition date without paying again insurance acquisition cash flows the entity has already paid that are directly attributable to the related portfolio of insurance contracts.
- C24B At the transition date, the entity shall exclude from the measurement of any groups of insurance contracts the amount of any asset for insurance acquisition cash flows.

Comparative information

- C25 Notwithstanding the reference to the annual reporting period immediately preceding the date of initial application in paragraph C2(b), an entity may also present adjusted comparative information applying HKFRS 17 for any earlier periods presented, but is not required to do so. If an entity does present adjusted comparative information for any earlier periods, the reference to 'the beginning of the annual reporting period immediately preceding the date of initial application' in paragraph C2(b) shall be read as 'the beginning of the earliest adjusted comparative period presented'.
- C26 An entity is not required to provide the disclosures specified in paragraphs 93–132 for any period presented before the beginning of the annual reporting period immediately preceding the date of initial application.
- C27 If an entity presents unadjusted comparative information and disclosures for any earlier periods, it shall clearly identify the information that has not been adjusted, disclose that it has been prepared on a different basis, and explain that basis.
- C28 An entity need not disclose previously unpublished information about claims development that occurred earlier than five years before the end of the annual reporting period in which it first applies HKFRS 17. However, if an entity does not disclose that information, it shall disclose that fact.

Entities that first apply HKFRS 17 and HKFRS 9 at the same time

- C28A An entity that first applies HKFRS 17 and HKFRS 9 at the same time is permitted to apply paragraphs C28B–C28E (classification overlay) for the purpose of presenting comparative information about a financial asset if the comparative information for that financial asset has not been restated for HKFRS 9. Comparative information for a financial asset will not be restated for HKFRS 9 if either the entity chooses not to restate prior periods (see paragraph 7.2.15 of HKFRS 9), or the entity restates prior periods but the financial asset has been derecognised during those prior periods (see paragraph 7.2.1 of HKFRS 9).

- C28B An entity applying the classification overlay to a financial asset shall present comparative information as if the classification and measurement requirements of HKFRS 9 had been applied to that financial asset. The entity shall use reasonable and supportable information available at the transition date (see paragraph C2(b)) to determine how the entity expects the financial asset would be classified and measured on initial application of HKFRS 9 (for example, an entity might use preliminary assessments performed to prepare for the initial application of HKFRS 9).
- C28C In applying the classification overlay to a financial asset, an entity is not required to apply the impairment requirements in Section 5.5 of HKFRS 9. If, based on the classification determined applying paragraph C28B, the financial asset would be subject to the impairment requirements in Section 5.5 of HKFRS 9 but the entity does not apply those requirements in applying the classification overlay, the entity shall continue to present any amount recognised in respect of impairment in the prior period in accordance with HKAS 39 *Financial Instruments: Recognition and Measurement*. Otherwise, any such amounts shall be reversed.
- C28D Any difference between the previous carrying amount of a financial asset and the carrying amount at the transition date that results from applying paragraphs C28B–C28C shall be recognised in opening retained earnings (or other component of equity, as appropriate) at the transition date.
- C28E An entity that applies paragraphs C28B–C28D shall:
- (a) disclose qualitative information that enables users of financial statements to understand:
 - (i) the extent to which the classification overlay has been applied (for example, whether it has been applied to all financial assets derecognised in the comparative period);
 - (ii) whether and to what extent the impairment requirements in Section 5.5 of HKFRS 9 have been applied (see paragraph C28C);
 - (b) only apply those paragraphs to comparative information for reporting periods between the transition date to HKFRS 17 and the date of initial application of HKFRS 17 (see paragraphs C2 and C25); and
 - (c) at the date of initial application of HKFRS 9, apply the transition requirements in HKFRS 9 (see Section 7.2 of HKFRS 9).

Redesignation of financial assets

- C29 At the date of initial application of HKFRS 17, an entity that had applied HKFRS 9 to annual reporting periods before the initial application of HKFRS 17:
- (a) may reassess whether an eligible financial asset meets the condition in paragraph 4.1.2(a) or paragraph 4.1.2A(a) of HKFRS 9. A financial asset is eligible only if the financial asset is not held in respect of an activity that is unconnected with contracts within the scope of HKFRS 17. Examples of financial assets that would not be eligible for reassessment are financial assets held in respect of banking activities or financial assets held in funds relating to investment contracts that are outside the scope of HKFRS 17.

- (b) shall revoke its previous designation of a financial asset as measured at fair value through profit or loss if the condition in paragraph 4.1.5 of HKFRS 9 is no longer met because of the application of HKFRS 17.
 - (c) may designate a financial asset as measured at fair value through profit or loss if the condition in paragraph 4.1.5 of HKFRS 9 is met.
 - (d) may designate an investment in an equity instrument as at fair value through other comprehensive income applying paragraph 5.7.5 of HKFRS 9.
 - (e) may revoke its previous designation of an investment in an equity instrument as at fair value through other comprehensive income applying paragraph 5.7.5 of HKFRS 9.
- C30 An entity shall apply paragraph C29 on the basis of the facts and circumstances that exist at the date of initial application of HKFRS 17. An entity shall apply those designations and classifications retrospectively. In doing so, the entity shall apply the relevant transition requirements in HKFRS 9. The date of initial application for that purpose shall be deemed to be the date of initial application of HKFRS 17.
- C31 An entity that applies paragraph C29 is not required to restate prior periods to reflect such changes in designations or classifications. The entity may restate prior periods only if it is possible without the use of hindsight. If an entity restates prior periods, the restated financial statements must reflect all the requirements of HKFRS 9 for those affected financial assets. If an entity does not restate prior periods, the entity shall recognise, in the opening retained earnings (or other component of equity, as appropriate) at the date of initial application, any difference between:
- (a) the previous carrying amount of those financial assets; and
 - (b) the carrying amount of those financial assets at the date of initial application.
- C32 When an entity applies paragraph C29, it shall disclose in that annual reporting period for those financial assets by class:
- (a) if paragraph C29(a) applies—its basis for determining eligible financial assets;
 - (b) if any of paragraphs C29(a)–C29(e) apply:
 - (i) the measurement category and carrying amount of the affected financial assets determined immediately before the date of initial application of HKFRS 17; and
 - (ii) the new measurement category and carrying amount of the affected financial assets determined after applying paragraph C29.
 - (c) if paragraph C29(b) applies—the carrying amount of financial assets in the statement of financial position that were previously designated as measured at fair value through profit or loss applying paragraph 4.1.5 of HKFRS 9 that are no longer so designated.

- C33 When an entity applies paragraph C29, the entity shall disclose in that annual reporting period qualitative information that would enable users of financial statements to understand:
- (a) how it applied paragraph C29 to financial assets the classification of which has changed on initially applying HKFRS 17;
 - (b) the reasons for any designation or de-designation of financial assets as measured at fair value through profit or loss applying paragraph 4.1.5 of HKFRS 9; and
 - (c) why the entity came to any different conclusions in the new assessment applying paragraphs 4.1.2(a) or 4.1.2A(a) of HKFRS 9.
- C33A For a financial asset derecognised between the transition date and date of initial application of HKFRS 17, an entity may apply paragraphs C28B–C28E (classification overlay) for the purpose of presenting comparative information as if paragraph C29 had been applied to that asset. Such an entity shall adapt the requirements of paragraphs C28B–C28E so that the classification overlay is based on how the entity expects the financial asset would be designated applying paragraph C29 at the date of initial application of HKFRS 17.

Withdrawal of other HKFRS Standards

- C34 HKFRS 17 supersedes HKFRS 4 *Insurance Contracts*, as amended in 2020.

Appendix D

Amendments to other HKFRS Standards

This Appendix describes the amendments to other Standards when HKFRS 17 was issued in 2018 and was amended in 2020 and 2022. An entity shall apply the amendments for annual periods beginning on or after 1 January 2023. If an entity applies HKFRS 17 for an earlier period, these amendments shall be applied for that earlier period.

The amendments contained in this appendix when this Standard was issued in 2018 and amended in 2020 and 2022 have been incorporated into the text of the relevant Standards.

*Basis for Conclusions on
Hong Kong Financial Reporting Standard 17*

Insurance Contracts



Hong Kong Institute of
Certified Public Accountants
香港會計師公會

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Basis for Conclusions on IFRS 17 *Insurance Contracts*

HKFRS 17 is based on IFRS 17 *Insurance Contracts*. In approving HKFRS 17, the Financial Reporting Standards Committee of the Hong Kong Institute of Certified Public Accountants considered and agreed with the IASB's Basis for Conclusions on IFRS 17. Accordingly, there are no significant differences between HKFRS 17 and IFRS 17. The IASB's Basis for Conclusions is reproduced below. The paragraph numbers of IFRS 17 referred to below generally correspond with those in HKFRS 17.

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Basis for Conclusions on IFRS 17 Insurance Contracts

This Basis for Conclusions accompanies, but is not part of, IFRS 17. It summarises the considerations of the International Accounting Standards Board (the Board) in developing IFRS 17. Individual Board members gave greater weight to some factors than to others. The Board also published an Effects Analysis which describes the likely costs and benefits of IFRS 17.

The need to change previous accounting and history of the project

BC1 The previous IFRS Standard on insurance contracts, IFRS 4 *Insurance Contracts*, allowed entities to use a wide variety of accounting practices for insurance contracts, reflecting national accounting requirements and variations in those requirements. The differences in accounting treatment across jurisdictions and products made it difficult for investors and analysts to understand and compare insurers' results. Most stakeholders, including insurers, agreed on the need for a common global insurance accounting standard even though opinions varied as to what it should be. Long-duration and complex insurance risks are difficult to reflect in the measurement of insurance contracts. In addition, insurance contracts are not typically traded in markets and may include a significant investment component, posing further measurement challenges. Some previous insurance accounting practices permitted under IFRS 4 did not adequately reflect the true underlying financial positions or performance arising from these insurance contracts. To address these issues, the Board undertook a project to make insurers' financial statements more useful and insurance accounting practices consistent across jurisdictions. IFRS 17 completes this project.

History of the project

BC2 The Board's predecessor organisation, the International Accounting Standards Committee, began a project on insurance contracts in 1997. The Board was created in 2001 and included an insurance project in its initial work plan. Because it was not feasible to complete the project in time for the many entities that would adopt IFRS Standards in 2005, the Board split the project into two phases.

BC3 The Board completed Phase I in 2004 by issuing IFRS 4, which:

- (a) made limited improvements to then existing accounting practices for insurance contracts; and
- (b) required an entity to disclose information about insurance contracts.

BC4 However, the Board had always intended to replace IFRS 4 because it permits a wide range of practices. In particular, IFRS 4 included a 'temporary exemption' that explicitly stated that an entity need not ensure that its accounting policies are relevant to the economic decision-making needs of users of financial statements or that such accounting policies are reliable. As a result, there was wide diversity in the financial reporting of insurance contracts across entities applying IFRS Standards, and within some entities' financial statements. In addition, some of that financial reporting did not provide useful information about those contracts to users of financial statements.

BC5 IFRS 17 is the outcome of the second phase of the Board's project. It is a comprehensive Standard for accounting for insurance contracts. It is the result of the proposals set out in the following consultation documents previously published by the Board:

- (a) the 2007 Discussion Paper, which set out the Board's preliminary views on the main components of an accounting model for an entity's rights and obligations (assets and liabilities) arising from an insurance contract. The Board received 162 comment letters about those preliminary views.
- (b) the 2010 Exposure Draft of proposals for a Standard on insurance contracts. The Board received 251 comment letters about the proposals.
- (c) the 2013 Exposure Draft of revised proposals on targeted aspects of the proposed Standard. The Board received 194 comment letters about the proposals.

- BC6 When developing IFRS 17, the Board consulted with multiple stakeholders over many years. In addition to considering comment letters on the 2007 Discussion Paper, the 2010 Exposure Draft and the 2013 Exposure Draft, the Board developed IFRS 17 after considering:
- (a) input from the Insurance Working Group, a group of senior financial executives of insurers, analysts, actuaries, auditors and regulators established in 2004;
 - (b) four rounds of field work conducted in 2009, 2011, 2013 and 2016, which helped the Board to better understand some of the practical challenges of applying the proposed insurance model; and
 - (c) more than 900 meetings with individuals and with groups of users and preparers of financial statements, actuaries, auditors, regulators and others to test proposals and to understand affected parties' concerns about the 2010 and 2013 Exposure Drafts.

Amendments to IFRS 17

- BC6A After IFRS 17 was issued in May 2017, the Board undertook activities to support entities and monitor their progress in implementing the Standard. These activities included establishing a Transition Resource Group for IFRS 17 to discuss implementation questions, and meeting with stakeholders affected by the changes introduced by IFRS 17, including preparers and users of financial statements, auditors and regulators. These activities helped the Board to understand the concerns and challenges that arose for some entities while implementing the Standard. In the light of these activities, the Board concluded that the costs of proposing targeted amendments to IFRS 17 to address concerns and challenges could be justified if those amendments would not change the fundamental principles of the Standard. The Board considered suggestions to amend the Standard in relation to 25 topics.
- BC6B To maintain the benefits of IFRS 17, the Board decided that any amendments to IFRS 17 must not:
- (a) result in a significant loss of useful information for users of financial statements compared with the information that would have resulted from applying IFRS 17 as issued in May 2017; or
 - (b) unduly disrupt implementation already under way.
- BC6C The 2019 Exposure Draft Amendments to IFRS 17 set out the targeted amendments that the Board proposed, considering the criteria described in paragraph BC6B. The Board received 123 comment letters about the proposed amendments. Having considered the feedback on the 2019 Exposure Draft, the Board issued Amendments to IFRS 17 in June 2020.

The need for a new approach

- BC7 The Board considered whether the following approaches could be used to account for insurance contracts:
- (a) applying generally applicable IFRS Standards (see paragraphs BC9–BC12); and
 - (b) selecting an existing model for accounting for insurance contracts (see paragraphs BC13–BC15).
- BC8 The paragraphs that follow explain why the Board rejected these approaches and developed a new Standard for insurance contracts.

Applying generally applicable IFRS Standards

- BC9 Insurance contracts are excluded from the scope of many existing IFRS Standards that might otherwise apply to such contracts, including Standards on:
- (a) revenue (see IFRS 15 *Revenue from Contracts with Customers*);
 - (b) liabilities (see IAS 37 *Provisions, Contingent Liabilities and Contingent Assets*); and
 - (c) financial instruments (see IFRS 9 *Financial Instruments* and IAS 32 *Financial Instruments: Presentation*).
- BC10 If the Board extended the scope of existing IFRS Standards to include insurance contracts, an entity would need to:
- (a) identify service components and investment components within each premium that it receives. The Board decided that it would be difficult for an entity to routinely separate components of an insurance contract, and setting requirements to do so would result in complexity. Such separation would also ignore interdependencies between components, with the result that the sum of the values of the components may not always equal the value of the contract as a whole, even on initial recognition.
 - (b) account for the service component in applying IFRS 15. As noted in paragraph BC26(a), the Board decided that the results of IFRS 17 are broadly consistent with those of IFRS 15, subject to requiring additional remeasurement. But the Board also decided that:
 - (i) the specific requirements of IFRS 17 are necessary to determine how to account for particular aspects of insurance contracts.
 - (ii) the additional remeasurement is necessary to give relevant information; for example, information about the financial aspects of insurance contracts that are more significant for many insurance contracts than for contracts in the scope of IFRS 15. In particular, when applying IFRS 17, changes in financial assumptions will be recognised earlier for some insurance contracts than they would be when applying IFRS 15.
 - (c) account for its liability for incurred claims in applying IAS 37. IAS 37 would require the measurement of the liability to reflect current estimates of cash flows and a current market-based discount rate, which would reflect risks specific to the liability. This measurement would be broadly consistent with the requirements in IFRS 17 for the measurement of the liability for incurred claims.
 - (d) apply the financial instruments Standards to the investment component. If an entity accounted for the investment components of an insurance contract in the same way it accounts for other financial liabilities, it would, consistent with IFRS 17, not recognise principal deposited as revenue and would account separately for embedded options and guarantees when so required by IFRS 9. However, it would also:
 - (i) measure the investment components at fair value through profit or loss or at amortised cost, as applicable. The Board decided that measuring all interrelated cash flows using the same current value measurement required by IFRS 17 provides more useful information.
 - (ii) measure the investment components so that the fair value of the investment component would be no less than the amount payable on demand, discounted from the first date the payment could be required (the deposit floor). This is discussed in paragraphs BC165–BC166.

- (iii) recognise, for investment components measured at fair value through profit or loss, the costs of originating contracts as an expense when incurred, with no corresponding gain at inception. For investment components measured at amortised cost, incremental transaction costs relating to the investment component would reduce the initial carrying amount of that liability. The treatment of insurance acquisition cash flows applying IFRS 17 is discussed in paragraphs BC175–BC184K.

BC11 Overall, applying generally applicable IFRS Standards would provide useful information for users of financial statements and would be relatively easy to apply to insurance contracts for which there is no significant variability in outcomes and no significant investment component. This is because, in those cases, the issues arising with IFRS 15 and IFRS 9 discussed above would not occur. However, simply applying generally applicable Standards would be difficult and would produce information of limited relevance for other types of insurance contracts. In contrast, the model required by IFRS 17 can be applied to all types of insurance contracts.

BC12 Although the Board has rejected an approach that requires routine separation of components of an insurance contract, IFRS 17 requires some components of an insurance contract to be separated if the cash flows attributable to the individual components are distinct. In those cases, the problems created by interdependencies are less significant. The requirements for separating and measuring non-insurance components of an insurance contract are discussed in paragraphs BC98–BC114.

Selecting an existing model

BC13 Some stakeholders, mainly from the United States (US), suggested that the Board develop an approach based on existing US generally accepted accounting practices (US GAAP) for insurance contracts. The Board rejected this suggestion because such an approach would be based on the type of entity issuing the contract and on numerous standards developed at different times. In addition, although US GAAP is widely used as a basis for accounting for insurance contracts, it was developed in the context of US insurance products and the US regulatory environment. Further, when IFRS 17 was developed, the US Financial Accounting Standards Board was working on a project to improve, simplify and enhance the financial reporting requirements for long-term insurance contracts issued by entities applying US GAAP.

BC14 The Board also decided that it would be inappropriate to account for insurance contracts using other national insurance accounting models because many such models:

- (a) do not use current estimates of all cash flows;
- (b) require no explicit risk measurement, even though risk is the essence of insurance;
- (c) fail to reflect the time value or the intrinsic value of some or all embedded options and guarantees, or else they measure time value or intrinsic value in a way that is inconsistent with current market prices;
- (d) lack global acceptance; and
- (e) present an entity's financial performance, particularly for life insurance, in a manner difficult for users of financial statements to understand.

- BC15 The Board considered whether regulatory requirements already being used by insurers could form the basis of the requirements in IFRS 17 for financial reporting purposes. However, the Board noted that:
- (a) although some regulatory requirements require current market-consistent measurement of future cash flows, their focus is on solvency, and they do not consider reporting of financial performance. Hence, for example, the measurement required by Solvency II, a regulation adopted by the European Union, is broadly consistent with the measurement of the fulfilment cash flows required by IFRS 17. However, Solvency II does not consider the determination or reporting of an entity's financial performance over time, which under IFRS 17 is achieved through the contractual service margin.
 - (b) regulatory requirements may include simplifications and practical expedients that are appropriate in the context of the regulatory regime in which they were developed, but which may not be appropriate in an international financial reporting environment.
 - (c) regulatory reporting frequently includes jurisdiction-specific requirements, which accommodate issues specific to that jurisdiction, including policy objectives.

Overview of the approach taken in the Standard

- BC16 IFRS 17 reflects the Board's view that an insurance contract combines features of both a financial instrument and a service contract. In addition, many insurance contracts generate cash flows with substantial variability over a long period. To provide useful information about these features, the Board developed an approach that:
- (a) combines current measurement of the future cash flows with the recognition of profit over the period that services are provided under the contract (see paragraphs BC18–BC26);
 - (b) presents insurance service results (including presentation of insurance revenue) separately from insurance finance income or expenses (see paragraphs BC27–BC37); and
 - (c) requires an entity to make an accounting policy choice at a portfolio level of whether to recognise all insurance finance income or expenses in profit or loss or to recognise some of that income or expenses in other comprehensive income (see paragraphs BC38–BC49).
- BC17 The Board developed this approach rather than a fair value model. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see IFRS 13 *Fair Value Measurement*). However, many stakeholders suggested that such an approach places too much emphasis on hypothetical transactions that rarely happen. Therefore, IFRS 17 requires an entity to measure insurance contracts in a way that reflects the fact that entities generally fulfil insurance contracts directly over time by providing services to policyholders, rather than by transferring the contracts to a third party.

Measurement of insurance contracts and recognition of profit

- BC18 An insurance contract typically combines features of a financial instrument and a service contract in such a way that those components are interrelated. Hence, the Board concluded that entities should not unbundle the components and account for them separately, except as discussed in paragraphs BC98–BC114. Instead, the Board developed requirements to account for both the financial and service components without unbundling them. Measurement at current value is consistent with the requirements for comparable financial instruments. Recognising profit at the same time services are provided is consistent with IFRS 15. Therefore, IFRS 17 requires an entity to measure insurance contracts at:

- (a) a current risk-adjusted present value that incorporates all reasonable and supportable information available without undue cost or effort about the future cash flows, in a way that is consistent with observable market information (the fulfilment cash flows (see paragraphs BC19–BC20)); and
- (b) an amount representing the unearned profit in the contracts relating to services still to be provided (the contractual service margin (see paragraphs BC21–BC26)).

Fulfilment cash flows (paragraphs 33–37 of IFRS 17)

BC19 The current value of the fulfilment cash flows allocated to a group of insurance contracts includes:

- (a) a current, unbiased estimate of the future cash flows expected to fulfil the insurance contracts. The estimate of future cash flows reflects the perspective of the entity, provided that the estimates of any relevant market variables are consistent with the observable market prices for those variables (see paragraphs BC147–BC184N).
- (b) an adjustment for the time value of money and the financial risks associated with the future cash flows, to the extent that the financial risks are not included in the estimate of the future cash flows. For example, if the cash flows being discounted are an estimate of the probability-weighted average (the mean), that mean itself does not include an adjustment for risk, and any financial risk (ie uncertainty relating to financial risk on whether the ultimate cash flows will equal the mean) will be included in the discount rate (a risk-adjusted rate). If, in contrast, the cash flows being discounted are an estimate of the mean with an adjustment to reflect uncertainty related to financial risk, the discount rate will be a rate that reflects only the time value of money (ie not adjusted for risk). The discount rates are consistent with observable current market prices for instruments whose cash flow characteristics are consistent with the estimates of the cash flows of the insurance contracts. The discount rates also exclude the effects of any factors that influence observable market prices but are not relevant to the estimates of the cash flows of the insurance contracts (see paragraphs BC185–BC205B).
- (c) an adjustment for the effects of non-financial risk, referred to as a risk adjustment for non-financial risk. The risk adjustment for non-financial risk is defined as the compensation that the entity requires for bearing the uncertainty about the amount and timing of the cash flows that arises from non-financial risk (see paragraphs BC206–BC217).

BC20 The underlying objective of the Board’s approach to the measurement of the fulfilment cash flows is to achieve consistent measurement with current market information when possible. That market-consistent measurement includes any options and guarantees embedded in the insurance contracts. The Board decided that the use of a market-consistent current value measurement model for the fulfilment cash flows is desirable because it provides the most relevant information about:

- (a) fulfilment cash flows, by incorporating all reasonable and supportable information available without undue cost or effort on a timely basis; and, hence,
- (b) changes in the fulfilment cash flows, including changes in the economic value of options and guarantees embedded in insurance contracts. This means that there is no need for a separate liability adequacy test.

Contractual service margin on initial recognition (paragraphs 38 and 47 of IFRS 17)

BC21 On initial recognition, the contractual service margin is an amount that reflects the excess of the consideration charged for a group of insurance contracts over the risk-adjusted expected present value of the cash outflows expected to fulfil the group of contracts and any insurance acquisition cash flows incurred before the recognition of the group of contracts. It depicts the profit that the entity expects to earn by providing the services promised under the contracts in the group over the duration of the coverage of the group.¹ Accordingly, IFRS 17 does not permit the entity to recognise that excess as a gain on initial recognition, but instead requires the entity to recognise that gain as the entity satisfies its obligation to provide services over the coverage period. However, if a group of contracts is onerous on initial recognition, IFRS 17 requires an entity to recognise a loss immediately (see paragraph BC284). Accordingly, if a group of contracts is onerous on initial recognition, no contractual service margin would be recognised. This reflects the Board's view that the carrying amount of a group of insurance contracts should reflect the obligation of the entity to provide future service, and that amount should be at least equal to the fulfilment cash flows. This is consistent with the approach to the recognition of profits and losses on contracts with customers required in IFRS 15.

Subsequent measurement and recognition of profit (paragraphs 40–46 of IFRS 17)

BC22 After initial recognition, IFRS 17 requires the measurement of the fulfilment cash flows to reflect estimates based on current assumptions, for the reasons set out in paragraphs BC20 and BC155.

BC23 After initial recognition, IFRS 17 also requires an entity to recognise specified changes in the contractual service margin for a group of insurance contracts. These changes depict changes in the future profit to be earned from providing services under the contracts, and include:

- (a) changes in the estimates of the fulfilment cash flows that relate to future service (see paragraphs BC222–BC269C);
- (b) the effect of the time value of money on the contractual service margin (see paragraphs BC270–BC276E) and, for insurance contracts with direct participation features, changes in the entity's share of the underlying items (see paragraphs BC238–BC263);
- (c) the effect of changes in foreign currency exchange rates on the contractual service margin (see paragraphs BC277–BC278); and
- (d) the profit earned in the period from providing services (see paragraphs BC279–283J).

BC24 Although the service and financial components of an insurance contract are not separated for measurement on initial recognition, the Board decided that changes in the carrying amount of the insurance contract have different information value, depending on the nature of the change. As a result of the combined treatment of the changes in the fulfilment cash flows and the changes in the contractual service margin:

- (a) changes in estimates that relate to future service only affect the measurement of the total liability² to the extent they make a group of insurance contracts onerous (except as described in paragraph BC275);
- (b) changes in estimates relating to current period and past period service are recognised in profit or loss (see paragraphs BC224(c) and BC232–BC236); and

¹ In June 2020, the Board amended IFRS 17 to require an entity to recognise an amount of the contractual service margin in profit or loss in each period to reflect the insurance contract services provided in that period (see paragraphs BC283A–BC283J).

² Insurance contracts can be assets or liabilities depending on the timing of their cash flows. For simplicity, this Basis generally describes the carrying amount as a liability.

- (c) changes in estimates arising from assumptions that relate to financial risks, including the effects of changes in discount rates, are recognised in profit or loss, or profit or loss and other comprehensive income, in the period in which the change occurs (except for some such changes for insurance contracts with direct participation features (see paragraphs BC238–BC247)).

BC25 The total carrying amount of a group of insurance contracts (ie the fulfilment cash flows plus the contractual service margin) can be regarded as having the following components:

- (a) a liability for remaining coverage, being the portion of the fulfilment cash flows that relates to coverage that will be provided under the contracts in future periods, plus the remaining contractual service margin, if any;³ and
- (b) a liability for incurred claims, being the fulfilment cash flows for claims and expenses already incurred but not yet paid.

BC26 Overall, the measurement required by IFRS 17 results in:

- (a) the measurement of the liability for remaining coverage and the resulting profit and revenue recognition being broadly consistent with IFRS 15, except that:
 - (i) for insurance contracts without direct participation features—the measurement is updated for changes in financial assumptions; and
 - (ii) for insurance contracts with direct participation features—the measurement is updated for changes in the fair value of the items in which the entity and the policyholder participate; and
- (b) the component relating to incurred claims being measured broadly consistently with IAS 37.

Presentation of insurance revenue (paragraphs 83, 85 and B120–B127 of IFRS 17)

BC27 The determination of revenue under previous insurance accounting practices varied across jurisdictions and often resulted in the presentation of revenue amounts that could not be easily compared with the information reported by other entities, either in the insurance industry or in other industries. Two common factors that resulted in this lack of comparability were:

- (a) the accounting of deposits as revenue; and
- (b) the recognition of revenue on a cash basis.

BC28 In contrast, IFRS 17 requires entities to present revenue for insurance contracts determined in a way that is broadly consistent with the general principles in IFRS 15. Consistent with that Standard, an entity depicts revenue for the transfer of promised coverage and other services at an amount that reflects the consideration to which the entity expects to be entitled in exchange for the services. This means that the entity:

- (a) excludes from insurance revenue any investment components; and
- (b) recognises insurance revenue in each period as it satisfies the performance obligations in the insurance contracts.

³ In June 2020, the Board amended the definition of a liability for remaining coverage to include amounts for which an entity will provide investment-return service or investment-related service (see paragraphs BC283A–BC283J).

- BC29 IFRS 17, consistent with IFRS 15, requires that the statement of financial position reports the asset or liability for a group of insurance contracts, and the statement(s) of financial performance reports the progress towards satisfaction of the performance obligations in the contracts:
- (a) IFRS 15 establishes the amount of revenue to be recognised each period and adjusts the contract asset or contract liability at the start of the period by the amount of revenue recognised to measure the contract asset or contract liability at the end of the period; and
 - (b) IFRS 17 requires a measurement model that establishes the carrying amount of the asset or liability for the group of insurance contracts at the start and end of the reporting period. The amount of insurance revenue presented is determined by reference to these two measurements.
- BC30 The Board decided that determining insurance revenue in this way makes the financial statements of entities that issue insurance contracts more understandable and more comparable with other entities. It also increases comparability among entities that issue insurance contracts. Both this approach and the simpler premium allocation approach (see paragraphs BC288–BC295) allocate customer consideration in a way that reflects the transfer of services provided under the contract. As a result, the insurance revenue presented for contracts accounted for using the general requirements in IFRS 17 can be meaningfully combined with the insurance revenue for contracts accounted for using the premium allocation approach. Many users of financial statements use measures of revenue to provide information about the volume of business and gross performance.
- BC31 The Board considered the view that lack of comparability between the presentation of insurance results and revenue amounts reported by entities in other sectors would not be a significant disadvantage to users of financial statements of entities that issue insurance contracts. In the view of some, users of financial statements do not typically compare the results of entities that issue insurance contracts with those of other entities. Instead, they argue that many users of financial statements that specialise in the insurance sector rely on the disaggregated information in the notes to the financial statements. Therefore, those who held this view expected users of financial statements to derive little value from the information reported in the statement(s) of financial performance because:
- (a) the accounting models for life insurance contracts, unlike those for other transactions, typically measure the profit from insurance contracts directly through the changes in the insurance contract liability. In contrast, the profit from other transactions is measured as the difference between revenue and expenses.
 - (b) measures of total premiums that include both revenue and investment components are considered by some to be the most meaningful measure of gross performance and growth for insurance contracts. Such measures give information about the total increase in assets under management. However, those with this view accept that this measure is inconsistent with usual concepts of revenue and therefore accept that this information should not be presented in the statement(s) of financial performance. Applying IFRS 17, this would instead be reported in the notes to the financial statements and elsewhere.
- BC32 The Board rejected this view. The Board hopes that the changes brought in by IFRS 17 will enable a wider range of users to understand financial statements of entities that issue insurance contracts and compare them with financial statements of other entities. Alternative approaches to the presentation of revenue considered but also rejected by the Board are discussed in paragraphs BC332–BC339.

Excluding investment components from insurance revenue and incurred claims (paragraph 85 of IFRS 17)

- BC33 An investment component is an amount that the insurance contract requires the entity to repay to the policyholder even if an insured event does not occur.⁴ Such obligations, if not included within an insurance contract, would be measured and presented in accordance with IFRS 9. The Board decided that when an investment component is interrelated with the insurance components in an insurance contract, it is appropriate to measure both the investment component and the insurance component in accordance with IFRS 17, for the reasons set out in paragraphs BC10(a) and BC108. However, the Board decided that it would not faithfully represent the similarities between financial instruments within the scope of IFRS 9 and investment components embedded in insurance contracts within the scope of IFRS 17 if an entity were to present the receipts and repayments of such investment components as insurance revenue and incurred claims. To do so would be equivalent to a bank recognising a deposit as revenue and its repayment as an expense. Accordingly, the requirements of the Standard exclude such investment components from insurance revenue and incurred claims.⁵
- BC34 To achieve this without separating the investment component for measurement purposes, the Board decided to identify the investment components only at the time revenue and incurred claims are recognised, and to exclude the amounts so identified. In doing this, the Board considered defining the investment component as (a) the amount that the contract requires to be repaid when no insured event occurs, rather than (b) the amount that would be repaid even if an insured event does not occur. For example, if the entity pays the higher of an account balance and a fixed amount in the event of a policyholder's death, using the definition in (a) the whole of the payment that results from the policyholder's death would be regarded as relating to the insurance component rather than to the investment component. Using the definition in (a) has the practical advantage that an entity would need to identify cash flows relating to an investment component only if it made a payment in the absence of an insured event. However, the Board decided that defining an investment component in this way does not faithfully represent the fact that the amount accumulated in the account balance through deposits by the policyholder is paid to the policyholder in all circumstances, including in the event of the policyholder's death. In the Board's view, the insurance benefit is the additional amount that the entity would be required to pay if an insured event occurs.

Amendments to IFRS 17—definition of an investment component

- BC34A In June 2020, the Board amended the definition of an investment component to clarify that an investment component is the amounts that an insurance contract requires the entity to repay to a policyholder in all circumstances, regardless of whether an insured event occurs (see paragraph BC34). A discussion at a meeting of the Transition Resource Group for IFRS 17 suggested that the wording of the definition before the amendment did not capture fully the explanation in paragraph BC34.

⁴ In June 2020, the Board amended the definition of an investment component to clarify that an investment component is the amounts that an insurance contract requires the entity to repay to a policyholder in all circumstances, regardless of whether an insured event occurs (see paragraph BC34A).

⁵ In June 2020, the Board amended paragraph B123 of IFRS 17 to clarify that changes caused by cash flows from loans to policyholders do not give rise to insurance revenue. This treatment is similar to the treatment of investment components.

Recognising revenue as the entity satisfies its performance obligations (paragraphs 83 and B120–B127 of IFRS 17)

- BC35 The Board noted the inherent challenges for some insurance contracts in identifying and measuring progress in satisfying the performance obligations during the period; for example, for stop-loss contracts and for contracts that include financial guarantees. However, the liability for remaining coverage represents the obligation to provide coverage for a future period and other services needed to fulfil the contract. As a result, recognising insurance revenue to the extent of a reduction in the liability for remaining coverage, adjusted to eliminate changes that do not relate to the satisfaction of the performance obligation, would faithfully represent the entity's performance in providing services. The adjustments to the liability for remaining coverage exclude from total insurance revenue the part of the change in the liability for remaining coverage that does not relate to cash flows expected to generate revenue; for example, insurance finance income or expenses, and losses on groups of onerous contracts. These adjustments ensure that the total insurance revenue presented over the duration of the group of insurance contracts is the same as the premiums received for services, adjusted for a financing component.
- BC36 The Board considered whether each period's coverage should be treated as a separate performance obligation or whether the coverage for the entire contract should be regarded as a single performance obligation that would be satisfied over time. When considering the principle from IFRS 15, the Board concluded that the obligation to provide coverage in any particular part of the entire coverage period would generally not be a separate performance obligation, and the coverage and services provided over the whole duration of the contract would generally be treated as a single performance obligation that is satisfied over time. Hence, a change in the pattern of expected cash flows results in the entity updating its measure of progress and adjusting the amount of revenue recognised accordingly. That approach is also consistent with the requirements in IFRS 17 to adjust the contractual service margin for changes in estimates of cash flows relating to future service (see paragraphs BC222–BC226).
- BC37 A consequence of the decision to measure the satisfaction of the entity's performance obligations in each period using the change in the measurement of the liability for remaining coverage during each period is that insurance revenue will be recognised partly on the basis of the expected claims and benefits. Some expressed concern about this and hence questioned whether the service provided by an insurance contract was adequately represented by the change in the measurement of an entity's obligation. Rather, they thought that revenue (the gross amount) ought to be determined independently of changes in the obligation (the net amount). One way of doing this would be to use time-based methods for measuring progress, such as those typically used for other contracts. However, the Board concluded that time-based methods of allocating premiums would not reflect the fact that the value of the services provided in each period may differ. Instead, the Board noted that the amount reported as the liability for remaining coverage represents the value of the obligation to provide services. The Board therefore concluded that the reduction in the liability for remaining coverage is a reasonable representation of the value of the performance obligation to provide services that was satisfied in the period. The reduction in the liability for remaining coverage includes an allocation of the contractual service margin to reflect the services provided in the period. That allocation reflects the quantity of benefits provided and duration of contracts in a group. The other changes in the liability for remaining coverage that represent revenue for the period are measured using current assumptions. The total change in the liability for remaining coverage that represents revenue therefore faithfully represents the amount of insurance revenue that the entity is entitled to.

Presentation of insurance finance income or expenses (paragraphs 87–92 and B128–B136 of IFRS 17)

- BC38 Insurance finance income or expenses comprise the changes in the carrying amount of the asset or liability for a group of insurance contracts arising from:
- (a) the effect of the time value of money and changes in the time value of money; and
 - (b) the effect of financial risks and changes in financial risks; but

- (c) excluding any such effects for groups of insurance contracts with direct participation features that would normally adjust the contractual service margin but do not do so because the group of insurance contracts is onerous. These effects are recognised as part of the insurance service result, for the reasons given in paragraph BC247.
- BC39 The definition of financial risk in IFRS 17 is unchanged from that in IFRS 4. To provide clarity on the treatment of assumptions about inflation when applying IFRS 17, the Board decided to specify that for the purposes of IFRS 17:
- (a) assumptions about inflation based on an index of prices or rates or on prices of assets with inflation-linked returns are financial assumptions; and
- (b) assumptions about inflation based on an entity's expectation of specific price changes are non-financial assumptions.
- BC40 The Board has not considered whether this specification would be appropriate outside the context of IFRS 17.
- BC41 Consistent with the requirement in IAS 1 *Presentation of Financial Statements* to present finance costs separately, an entity is required to present insurance finance income or expenses separately from the insurance service result. Doing so provides useful information about different aspects of the entity's performance.
- BC42 IFRS 17 requires entities to make an accounting policy choice for each portfolio on how to present insurance finance income or expenses. Such income or expenses for a portfolio of insurance contracts is either all included in profit or loss or is disaggregated between profit or loss and other comprehensive income. If disaggregated, the amount in profit or loss is based on a systematic allocation of the expected total finance income or expenses over the duration of the groups of insurance contracts in the portfolio. The systematic allocation is based on the characteristics of the insurance contracts, without reference to factors that do not affect the cash flows expected to arise under the contracts. For example, the allocation of the insurance finance income or expenses should be based on expected recognised returns on assets only if those expected recognised returns affect the cash flows of the contracts. (In specific circumstances, an amount that eliminates accounting mismatches is included in profit or loss rather than an amount based on a systematic allocation (see paragraph BC48)).
- BC43 The Board decided to allow entities to choose an accounting policy for the presentation of insurance finance income or expenses to balance the sometimes competing demands of understandability and comparability. By allowing an accounting policy choice, the Board:
- (a) acknowledges that it could be appropriate for an entity to disaggregate the effect of changes in assumptions that relate to financial risks between profit or loss and other comprehensive income by presenting the insurance finance income or expenses in profit or loss using a systematic allocation based on the characteristics of the insurance contract;
- (b) but also:
- (i) acknowledges that an inherent feature of such a systematic allocation in profit or loss is that accounting mismatches are likely to arise; hence, an accounting policy choice allows entities to avoid such mismatches by permitting them to present the insurance finance income or expenses using a current measurement basis; and
- (ii) allows entities to avoid the costs and complexity of using other comprehensive income when the benefits of doing so do not outweigh those costs (because permitting entities to present the total insurance finance income or expenses in a period in profit or loss allows entities to avoid additional calculations to derive separate amounts to be presented in profit or loss and other comprehensive income).

- BC44 The Board noted that, in selecting an accounting policy, entities would need to apply judgement regarding the policy's relative benefits and costs. The Board decided to require entities to make the accounting policy choice for each portfolio because a key factor in making the choice will be what assets the entity regards as backing the insurance contracts. The Board received feedback that many entities regard the choice of strategies for assets backing insurance contracts to be driven by the differences between portfolios of insurance contracts. Hence, an entity might hold financial assets measured at fair value through other comprehensive income for one portfolio, and for another portfolio, hold financial assets measured at fair value through profit or loss. Accordingly, an option applied to portfolios of insurance contracts would allow entities to reduce accounting mismatches. The Board concluded that even if it were to allow an accounting policy choice, entities within the same jurisdiction are likely to remain comparable because they are likely to issue similar products and adopt similar asset strategies for those products. Thus, the entities are likely to make similar accounting policy choices.
- BC45 Alternative approaches to the presentation of insurance finance income or expenses considered but rejected by the Board are discussed in paragraphs BC340–BC342C.

Basis of disaggregation (paragraphs B129–B136 of IFRS 17)

- BC46 Allowing an accounting policy choice on whether to present in profit or loss insurance finance income or expenses using a systematic allocation raises the question of what constitutes a systematic allocation.
- BC47 The Board considered a cost-based presentation approach and discussed various practical methods of determining a cost measurement basis for the insurance finance income or expenses. However, the Board concluded that some potentially appropriate approaches, such as some projected crediting methods, could not be described as cost measurements. Instead, the Board decided to set an objective for disaggregating the insurance finance income or expenses of a systematic allocation based on the characteristics of the insurance contracts. The Board considered whether this disaggregation objective alone would be sufficient, given the variety of contracts and the need to tailor more specific requirements to the features of different contracts. However, the Board concluded that a lack of prescribed methods might result in a lack of comparable information. Therefore the Board set out constraints on how a systematic allocation should be determined in paragraphs B130–B133 of IFRS 17.
- BC48 An inherent feature of any systematic allocation of insurance finance income or expenses based on the characteristics of a group of insurance contracts is potential accounting mismatches between the insurance contracts and the finance income or expenses on assets held by the entity. The only way of completely eliminating such accounting mismatches for all insurance contracts would be to measure both the insurance contracts and the assets using the same measure of current value and to include all finance income or expenses in profit or loss. The Board rejected such an approach for the reasons set out in paragraph BC340. However, for insurance contracts for which there can be no economic mismatch with the assets held, it is possible to eliminate accounting mismatches between the insurance contracts and the assets in a different way, by using the current period book yield. The current period book yield is the change in the carrying amount of assets regarded as backing the insurance contracts, recognised in profit or loss for the period. The Board concluded that this approach is appropriate only for groups of insurance contracts for which there can be no economic mismatch with the assets held; ie groups of insurance contracts with direct participation features as defined in IFRS 17 if the entity holds the underlying items. The Board concluded this approach is inappropriate for other insurance contracts for the reasons set out in paragraph BC342.
- BC49 If an entity fulfils its obligations under the contracts in the group, the systematic allocation required by IFRS 17 means that the cumulative amount recognised in other comprehensive income over the duration of the group equals zero. To achieve this outcome if an entity transfers a group of insurance contracts before the fulfilment of all the contracts in the group, IFRS 17 requires that the cumulative amount recognised in other comprehensive income by the date of the transfer should be reclassified to profit or loss at the date of the transfer. The Board considered whether the same requirement should apply to groups of insurance contracts to which the current period book yield applies. However, the Board noted that the cumulative amount recognised in other comprehensive income over the duration of a group that is not transferred will not necessarily equal zero under the current period book yield. The Board concluded that to achieve the objective of the current period book yield, which is to eliminate accounting mismatches between the insurance contracts and the assets held, no amounts should be reclassified from other comprehensive income to profit or loss on a transfer of a group beyond any such amounts arising because of the change in carrying amount of the assets recognised in profit or loss in the period of the transfer.

Pervasive issues

BC50 In developing the approach outlined in paragraph BC16, the Board considered the following pervasive issues:

- (a) the level of aggregation;
- (b) accounting mismatches; and
- (c) the complexity of the Standard.

The level of aggregation

BC51 An entity's rights and obligations arise from individual contracts with policyholders. However, a fundamental aspect of much insurance activity is that the entity issues a large number of similar contracts knowing that some will result in claims and others will not. The large number of contracts reduces the risk that the outcome across all the contracts will differ from that expected by the entity. This aspect of insurance activity, combined with the requirements of IFRS 17 that require different timing of recognition of gains and losses (for example losses on onerous contracts are recognised earlier than gains on profitable contracts), means that the level of aggregation at which contracts are recognised and measured is an important factor in the representation of an entity's financial performance.

BC52 In reaching a decision on the level of aggregation, the Board balanced the loss of information inevitably caused by the aggregation of contracts with the usefulness of the resulting information in depicting the financial performance of an entity's insurance activities and with the operational burden of collecting the information (see paragraphs BC115–BC139T).

Accounting mismatches

BC53 The Board decided to set the scope of IFRS 17 as insurance contracts rather than insurance entities for the reasons set out in paragraphs BC63–BC64. The Board was aware that the development of an accounting model for insurance contracts would inevitably result in possible accounting mismatches because of the different basis of accounting for assets and liabilities in other Standards. Nonetheless the Board has minimised the extent of accounting mismatch, when possible, while recognising this limitation. Particular consideration was given to potential or perceived accounting mismatches arising from:

- (a) the presentation of insurance finance income or expenses (see paragraphs BC38–BC49);
- (b) risk mitigation activities (see paragraphs BC54–BC55);
- (c) the measurement of underlying items for insurance contracts with direct participation features (see paragraph BC56); and
- (d) reinsurance (see paragraph BC298).

BC54 Some stakeholders noted that the approach to accounting for risk mitigation activities in IFRS 17 does not fully eliminate accounting mismatches. In particular:

- (a) some requested that the Board create a hedge accounting solution for insurance contracts without direct participation features;
- (b) some noted that the Board is researching a model for dynamic risk management, and suggested aligning the projects; and
- (c) some noted that the application of the risk mitigation requirements on a prospective basis would not eliminate accounting mismatches for relationships that started before the date of initial application.

- BC55 The Board's decisions on risk mitigation techniques related to insurance contracts with direct participation features reduce the accounting mismatches that were introduced by the variable fee approach by providing an option to align the overall effect of the variable fee approach more closely to the model for other insurance contracts (see paragraphs BC250–BC256H). However, the Board concluded that it would not be appropriate to develop a bespoke solution for all hedging activities for insurance contracts, noting that such a solution should form part of a broader project. The Board did not want to delay the publication of IFRS 17 pending finalisation of that broader project. The Board also concluded that a prospective basis was necessary for the application of the risk mitigation requirements on transition, for the reasons set out in paragraph BC393.
- BC56 Insurance contracts with direct participation features are measured by reference to the fair value of the underlying items (see paragraphs BC238–BC249D). This measurement reflects the investment-related nature of the contracts. Applying IFRS Standards, many underlying items will also be measured at fair value. The Board also decided to amend some IFRS Standards to enable additional underlying items to be measured at fair value (see paragraph BC65(c)). However, there could still be underlying items that cannot be measured at fair value applying IFRS Standards; for example, other insurance contracts or net assets of a subsidiary. The Board noted that all such mismatches would be eliminated only if all assets and liabilities were recognised and measured at fair value.

Complexity of the Standard

- BC57 The Board acknowledges that the following important aspects of IFRS 17 add complexity to the Standard, compared with the original proposals in the 2007 Discussion Paper:
- (a) the existence and treatment of the contractual service margin, including:
 - (i) recognising it as profit over the coverage period of the contracts (see paragraph BC59);
 - (ii) adjusting it for changes in estimates of cash flows relating to future service, with different requirements for different types of insurance contracts (see paragraph BC60); and
 - (iii) the consequent need for a specified level of aggregation (see paragraphs BC51–BC52).
 - (b) the statement(s) of financial performance presentation, including:
 - (i) the presentation of revenue on a basis consistent with IFRS 15 (see paragraph BC61); and
 - (ii) the option to disaggregate insurance finance income or expenses between profit or loss and other comprehensive income (see paragraph BC62).
- BC58 For each aspect, the Board was persuaded by stakeholder feedback that the requirements in IFRS 17 are necessary to provide useful information about insurance contracts issued by an entity.
- BC59 The recognition of the contractual service margin as profit over the coverage period, rather than as a gain immediately on initial recognition of the group of insurance contracts, adds complexity for preparers because they will need to track and allocate the contractual service margin. This method of recognising the contractual service margin also may add complexity for users of financial statements because of the need to understand the amounts recognised in the statement of financial position and in the statement(s) of financial performance. However, the Board concluded that recognition of the profit in the group of insurance contracts over the coverage period is necessary to represent faithfully an entity's financial performance over the coverage period.

- BC60 The requirement to adjust the contractual service margin for changes in estimates relating to future service increases complexity for both users and preparers of financial statements. For users of financial statements, complexity may arise from the need to understand how gains and losses arising from events of previous years affect current-year profit or loss. For preparers of financial statements, complexity arises from the need to identify the changes in estimates of future cash flows that adjust the contractual service margin separately from changes in estimates that do not adjust the contractual service margin. For both, a particular source of complexity arises from the distinction between changes in estimates relating to future service and changes relating to past service. That distinction may be subjective and may vary according to when the entity makes the change in estimate. An entity adjusts the contractual service margin for a change in estimates of cash flows that is made before the cash flows occur. In contrast, the entity recognises an experience adjustment in profit or loss and does not adjust the contractual service margin if there is no change in estimate before the cash flows occur. However, in the light of the feedback received, the Board concluded that adjusting the contractual service margin for changes in future service provides relevant information about the unearned profit in the group of insurance contracts and is consistent with the approach in IFRS 15 (see paragraphs BC222–BC224).
- BC61 The requirement to present insurance revenue in the financial statements increases complexity for preparers because entities must identify investment components and exclude them from insurance revenue and from incurred claims presented in the statement of profit or loss. Some preparers expressed concern about the operational challenges of compliance. However, the Board decided that these potential challenges are outweighed by the following benefits of the requirements:
- (a) distinguishing insurance revenue from investment components provides significant benefits for users of financial statements. For example, many users have indicated that if entities reported investment components as revenue, they would overstate revenue and could distort performance measures such as combined ratios. Such reporting would also hamper comparability between insurers and entities in other industries.
 - (b) measuring insurance revenue to depict the consideration the entity expects to receive in exchange for providing services would increase consistency between the measurement and presentation of insurance revenue and the revenue from other types of contracts with customers within the scope of IFRS 15. Such a measurement would reduce the complexity of financial statements overall.
- BC62 Requiring an entity to make an accounting policy choice on how to present insurance finance income or expenses introduces complexity for both preparers of financial statements, who have to assess what choice to make, and for users of financial statements who have to understand what choice has been made and its implications on the amounts presented. The Board had proposed requiring insurance finance income or expenses to be disaggregated between profit or loss and other comprehensive income. However, the Board was persuaded that the balance between the costs and benefits of such disaggregation will vary significantly across entities depending on the type of insurance contracts that they issue and the information that the users of their financial statements find most useful. The Board therefore concluded that it should leave the assessment of that balance to be made by the entity.

Scope of the Standard and definition of insurance contracts (paragraphs 3–8A and B2–B30 of IFRS 17)

- BC63 Some argued that IFRS 17 should deal with all aspects of financial reporting by entities that issue insurance contracts to ensure that the financial reporting is internally consistent. They noted that regulatory requirements often cover all aspects of an entity's insurance business, as do some national accounting requirements. However, the Board decided that IFRS 17 should apply only to insurance contracts and should be applicable to all entities holding those contracts. The Board decided to base its approach on the type of activity rather than on the type of the entity because:
- (a) a robust definition of an insurer that could be applied consistently from country to country would be difficult to create;

- (b) entities that might meet the definition frequently have major activities in other areas as well as in insurance, and would need to determine how and to what extent these non-insurance activities would be accounted for in a manner similar to insurance activities or in a manner similar to how other entities account for their non-insurance activities;
- (c) if an entity that issues insurance contracts accounted for a transaction in one way and an entity that does not issue insurance contracts accounted for the same transaction in a different way, comparability across entities would be reduced.
- BC64 Accordingly, IFRS 17 applies to all insurance contracts (as defined in IFRS 17) throughout the duration of those contracts, regardless of the type of entity issuing the contracts.
- BC65 IFRS 17 generally does not set requirements for the other assets and liabilities of entities that issue insurance contracts, because those assets and liabilities fall within the scope of other IFRS Standards. However, IFRS 17 provides the following exceptions:
- (a) it applies to investment contracts with discretionary participation features, provided that the issuer also issues insurance contracts. In the Board's view, applying the requirements in IFRS 17 provides more relevant information about such contracts than would be provided by applying other Standards. The Board also noted that investment contracts with discretionary participation features are almost exclusively issued by entities that issue insurance contracts (see paragraphs BC82–BC86).
- (b) it applies to financial guarantee contracts provided they meet the definition of insurance contracts in IFRS 17, the entity has previously asserted that it regards such contracts as insurance contracts and the entity has used accounting that is applicable to insurance contracts for such financial guarantee contracts. The Board noted that it has previously heard incompatible views on the appropriate accounting model for financial guarantee contracts and does not view work in this area as a high priority (see paragraphs BC91–BC94).
- (c) it amends other IFRS Standards (see Appendix D of IFRS 17) to permit an entity to recognise its own shares as assets and to measure such assets, own debt and owner-occupied property at fair value when held in an investment fund that provides investors with benefits determined by units in the fund or when an entity holds the investment as an underlying item for insurance contracts with direct participation features. The Board decided that for many contracts that specify a link to returns on underlying items, those underlying items include a mix of assets that are almost all measured at fair value through profit or loss. Measurement of own shares, own debt and owner-occupied property at fair value through profit or loss would be consistent with the measurement of the majority of the underlying assets and would prevent accounting mismatches.
- BC66 IFRS 17 does not set requirements for insurance contracts held by policyholders, other than reinsurance contracts held. Other IFRS Standards include requirements that may apply to some aspects of such contracts. For example, IAS 37 sets requirements for reimbursements from insurance contracts held that provide cover for expenditure required to settle a provision and IAS 16 *Property, Plant and Equipment* sets requirements for some aspects of reimbursement under an insurance contract held that provides coverage for the impairment or loss of property, plant and equipment. Furthermore, IAS 8 *Accounting Policies, Changes in Accounting Estimates and Errors* specifies a hierarchy that an entity should use when developing an accounting policy if no IFRS Standard applies specifically to an item. Accordingly, the Board did not view work on policyholder accounting as a high priority.

Definition of an insurance contract (paragraph 6, Appendix A and paragraphs B2–B30 of IFRS 17)

BC67 The definition of an insurance contract determines which contracts are within the scope of IFRS 17 and outside the scope of other IFRS Standards. The definition of an insurance contract in IFRS 17 is the same as the definition in IFRS 4, with clarifications to the related guidance in Appendix B of IFRS 4 to require that:

- (a) an insurer should consider the time value of money in assessing whether the additional benefits payable in any scenario are significant (see paragraph B20 of IFRS 17 and paragraph BC78); and
- (b) a contract does not transfer significant insurance risk if there is no scenario with commercial substance in which the insurer can suffer a loss on a present value basis (see paragraph B19 of IFRS 17 and paragraph BC78).

BC68 The following aspects of the definition of an insurance contract are discussed below:

- (a) the definition of a contract (see paragraphs BC69–BC70);
- (b) the insurance risk (see paragraphs BC71–BC72);
- (c) the insurable interest (see paragraphs BC73–BC75);
- (d) the quantity of insurance risk (see paragraphs BC76–BC80); and
- (e) the expiry of insurance-contingent rights and obligations (see paragraph BC81).

Definition of a contract (paragraph 2 of IFRS 17)

BC69 IFRS 17 defines a contract as an agreement between two or more parties that creates enforceable rights and obligations, and explains that contracts can be written, oral or implied by an entity's business practices. IFRS 17 also requires an entity to consider all its substantive rights and obligations, whether they arise from contract, law or regulation. Thus, when referring to contractual terms the effects of law and regulation are also considered. These requirements are consistent with IFRS 15. They apply when an entity considers how to classify a contract and when assessing the substantive rights and obligations for determining the boundary of a contract. However, in measuring a group of insurance contracts, IFRS 17 requires an entity to include estimates of future cash flows that are at the discretion of the entity and hence may not be enforceable. The Board's reasons for requiring such cash flows to be included in the measurement are set out in paragraphs BC167–BC169.

BC70 IFRS 17 is consistent with the Board's principle set out in the 2015 Exposure Draft of *The Conceptual Framework* that contracts should be combined as necessary to report their substance.

Insurance risk (Appendix A and paragraphs B7–B25 of IFRS 17)

BC71 The definition of an insurance contract in IFRS 17 focuses on the feature unique to insurance contracts—insurance risk.

BC72 Some contracts have the legal form of insurance contracts but do not transfer significant insurance risk to the issuer. IFRS 17 does not treat such contracts as insurance contracts even though the contracts are traditionally described as insurance contracts and may be subject to regulation by insurance supervisors. Similarly, some contracts may contain significant insurance risk and therefore may meet the definition of insurance contracts in IFRS 17, even though they do not have the legal form of insurance contracts. Thus, IFRS 17 adopts a definition of an insurance contract that reflects the contract's economic substance and not merely its legal form.

Insurable interest (paragraphs B7–B16 of IFRS 17)

- BC73 The definition of an insurance contract reflects the risk the entity accepts from the policyholders by agreeing to compensate the policyholders if they are adversely affected by an uncertain event (paragraph B12 of IFRS 17). The notion that the uncertain event must have an adverse effect on the policyholder is known as ‘insurable interest’.
- BC74 The Board considered whether it should eliminate the notion of insurable interest and replace it with the notion that insurance involves assembling risks into a pool in which they can be managed together. Some argued that doing so would appropriately include the following within the scope of the Standard:
- (a) contracts that require payment if a specified uncertain future event occurs, causing economic exposure similar to insurance contracts, whether the other party has an insurable interest or not; and
 - (b) some contracts used as insurance that do not include a notion of insurable interest, for example, weather derivatives.
- BC75 However, the Board decided to retain the notion of insurable interest because without the reference to ‘adverse effect’, the definition might have captured any prepaid contract to provide services with uncertain costs. Such a definition would have extended the meaning of the term ‘insurance contract’ beyond its traditional meaning, which the Board did not want to do. The notion of insurable interest is also needed to avoid including gambling in the definition of insurance. Furthermore, it is a principle-based distinction, particularly between insurance contracts and contracts used for hedging.

Quantity of insurance risk (paragraphs B17–B25 of IFRS 17)

- BC76 Paragraphs B17–B25 of IFRS 17 discuss how much insurance risk must be present before a contract qualifies as an insurance contract.
- BC77 In developing this material, the Board considered the criteria in US GAAP for a contract to be treated as an insurance contract, which includes the notion that there should be a ‘reasonable possibility’ of a ‘significant loss’. The Board observed that some practitioners use the following guideline when applying US GAAP: a reasonable possibility of a significant loss is at least a 10 per cent probability of a loss of at least 10 per cent of premium.
- BC78 However, quantitative guidance risks creating an arbitrary dividing line that results in different accounting treatments for similar transactions that fall marginally on different sides of the line. Quantitative guidance also creates opportunities for accounting arbitrage by encouraging transactions that fall marginally on one side of the line or the other. For these reasons, IFRS 17 does not include quantitative guidance. Instead, noting the criteria applied in US GAAP, the Board decided to add the requirement that a contract transfers insurance risk only if there is a scenario with commercial substance in which the issuer has a possibility of a loss on a present value basis.

- BC79 The Board also considered whether it should define the significance of insurance risk by referring to materiality, which the *Conceptual Framework for Financial Reporting*⁶ describes as follows:

Information is material if omitting it or misstating it could influence decisions that users make on the basis of financial information about a specific reporting entity.⁷

However, a single contract, or even a single book of similar contracts, would rarely generate a material loss in relation to the financial statements as a whole. Although entities manage contracts by portfolios, the contractual rights and obligations arise from individual contracts. Consequently, IFRS 17 defines the significance of insurance risk in relation to individual contracts (see paragraph B22 of IFRS 17).

- BC80 The Board also rejected the notion of defining the significance of insurance risk by expressing the expected (ie probability-weighted) average of the present values of the adverse outcomes as a proportion of the expected present value of all outcomes, or as a proportion of the premium. This notion had some intuitive appeal because it would include both amount and probability. However, such a definition would have meant that a contract could start as a financial liability and become an insurance contract as time passes or probabilities are reassessed. In the Board's view, it would be too burdensome to require an entity to continuously monitor whether a contract meets the definition of an insurance contract over its duration. Instead, the Board adopted an approach that requires the decision about whether a contract is an insurance contract to be made once only, at contract inception (unless the terms of the contract are modified). The requirements in paragraphs B18–B24 of IFRS 17 focus on whether insured events could cause an entity to pay additional amounts, judged on a contract-by-contract basis. Further, paragraph B25 of IFRS 17 states that an insurance contract remains an insurance contract until all rights and obligations expire.

Expiry of insurance-contingent rights and obligations

- BC81 Some stakeholders suggested that a contract should not be accounted for as an insurance contract if the insurance-contingent rights and obligations expire after a very short time. IFRS 17 addresses aspects of this issue: paragraph B18 of IFRS 17 explains the need to ignore scenarios that lack commercial substance and paragraph B21(b) of IFRS 17 notes that there is no significant transfer of pre-existing risk in some contracts that waive surrender penalties on death.

Investment contracts with discretionary participation features (paragraphs 4(b) and 71 of IFRS 17)

- BC82 The Board decided that issuers of investment contracts with discretionary participation features should apply IFRS 17 to those contracts provided that the issuer also issues insurance contracts. Because investment contracts with discretionary participation features do not transfer insurance risk, the requirements of IFRS 17 are modified for such contracts.
- BC83 Although investment contracts with discretionary participation features do not meet the definition of insurance contracts, the advantages of treating them the same as insurance contracts rather than as financial instruments when they are issued by entities that issue insurance contracts are that:

⁶ References to the *Conceptual Framework for Financial Reporting (Conceptual Framework)* in this Basis for Conclusions are to the *Conceptual Framework for Financial Reporting*, issued in 2010 and in effect when the Standard was developed.

⁷ Amendments to the definition of material in the *Conceptual Framework for Financial Reporting* were issued in October 2018.

- (a) investment contracts with discretionary participation features and insurance contracts that specify a link to returns on underlying items are sometimes linked to the same underlying pool of assets. Sometimes investment contracts with discretionary participation features share in the performance of insurance contracts. Using the same accounting for both types of contracts will produce more useful information for users of financial statements because it enhances comparability within an entity. It also simplifies the accounting for those contracts. For example, some cash flow distributions to participating policyholders are made in aggregate both for insurance contracts that specify a link to returns on underlying items and for investment contracts with discretionary participation features. This makes it challenging to apply different accounting models to different parts of that aggregate participation.
- (b) both of these types of contract often have characteristics, such as long maturities, recurring premiums and high acquisition cash flows that are more commonly found in insurance contracts than in most other financial instruments. The Board developed the model for insurance contracts specifically to generate useful information about contracts containing such features.
- (c) if investment contracts with discretionary participation features were not accounted for by applying IFRS 17, some of the discretionary participation features might be separated into an equity component in accordance with the Board's existing requirements for financial instruments. Splitting these contracts into components with different accounting treatments would cause the same problems that would arise if insurance contracts were separated (see paragraph BC10(a)). Also, in the Board's view, the accounting model it has developed for insurance contracts, including the treatment of discretionary cash flows (see paragraphs BC167–BC170), is more appropriate than using any other model for these types of contracts.

BC84 Accordingly, the Board decided that entities that issue insurance contracts should apply IFRS 17 to account for investment contracts with discretionary participation features.

BC85 The Board considered whether IFRS 17 should be applied to all investment contracts with discretionary participation features regardless of whether they are issued by an entity that also issues insurance contracts. However, the Board was concerned that for the few entities that did not issue insurance contracts the costs of implementing IFRS 17 would outweigh the benefits.

BC86 Because investment contracts with discretionary participation features transfer no significant insurance risk, IFRS 17 made the following modifications to the general requirements for insurance contracts (see paragraph 71 of IFRS 17) for these contracts:

- (a) the date of initial recognition is the date the entity becomes party to the contract, because there is no pre-coverage period and hence the practical concerns noted in paragraph BC141 do not arise;
- (b) the contract boundary principle builds on the defining characteristic, namely the presence of the discretionary participation features, rather than on the existence of insurance risk; and
- (c) the requirement for the recognition of the contractual service margin in profit or loss refers to the pattern of the provision of investment related services.

Scope exclusions (paragraphs 7–8 of IFRS 17)

BC87 The scope of IFRS 17 excludes various items that may meet the definition of insurance contracts, such as:

- (a) warranties provided by a manufacturer, dealer or retailer in connection with the sale of its goods or services to a customer (see paragraphs BC89–BC90).

- (b) employers' assets and liabilities that arise from employee benefit plans, and retirement benefit obligations reported by defined benefit retirement plans (see IAS 19 *Employee Benefits*, IFRS 2 *Share-based Payment* and IAS 26 *Accounting and Reporting by Retirement Benefit Plans*).
- (c) contractual rights or contractual obligations contingent on the future use of, or right to use, a non-financial item (see IFRS 15, IFRS 16 *Leases* and IAS 38 *Intangible Assets*).
- (d) residual value guarantees provided by the manufacturer, dealer or retailer and lessees' residual value guarantees embedded in a lease (see IFRS 15 and IFRS 16). However, stand-alone residual value guarantees that transfer insurance risk are not addressed by other IFRS Standards and are within the scope of IFRS 17.
- (e) some financial guarantee contracts (see paragraphs BC91–BC94).
- (f) contingent consideration payable or receivable in a business combination (see IFRS 3 *Business Combinations*).
- (g) insurance contracts in which the entity is the policyholder, unless those contracts are reinsurance contracts (see paragraph BC66).
- (h) some credit card contracts and similar contracts that provide credit or payment arrangements (see paragraphs BC94A–BC94C).

BC88 IFRS 17 also allows an entity a choice of applying IFRS 17 or another IFRS Standard to some contracts, specifically:

- (a) applying IFRS 17 or IFRS 15 to some fixed-fee service contracts (see paragraphs BC95–BC97); and
- (b) applying IFRS 17 or IFRS 9 to specified contracts such as loan contracts with death waivers (see paragraphs BC94D–BC94F).

Product warranties (paragraphs 7(a) and B26(g) of IFRS 17)

BC89 IFRS 17 includes the scope exclusion previously included in IFRS 4 for warranties provided by the manufacturer, dealer or retailer in connection with the sale of its goods or services to a customer. Such warranties might provide a customer with assurance that the related product will function as the parties intended because it complies with agreed-upon specifications, or they might provide the customer with a service in addition to the assurance that the product complies with agreed-upon specifications.

BC90 Such warranties meet the definition of an insurance contract. However, the Board decided to exclude them from the scope of IFRS 17. The Board noted that, if IFRS 17 were to apply, entities would generally apply the premium allocation approach to such contracts, which would result in accounting similar to that which would result from applying IFRS 15. Further, in the Board's view, accounting for such contracts in the same way as other contracts with customers would provide comparable information for the users of financial statements for the entities that issue such contracts. Hence, the Board concluded that changing the existing accounting for these contracts would impose costs and disruption for no significant benefit.

Financial guarantee contracts (paragraph 7(e) of IFRS 17)

BC91 IFRS Standards define a financial guarantee contract as a contract that requires the issuer to make specified payments to reimburse the holder for a loss it incurs because a specified debtor fails to make payment when due in accordance with the original or modified terms of a debt instrument. These contracts transfer credit risk and may have various legal forms, such as a guarantee, some types of letters of credit, a credit default contract or an insurance contract.

- BC92 Some view all contracts that transfer credit risk as financial instruments. However, a precondition for a payment in the contracts described in paragraph BC91 is that the holder has suffered a loss—a distinguishing feature of insurance contracts. The Board heard two incompatible views on the appropriate accounting model for financial guarantee contracts:
- (a) financial guarantee contracts meet the definition of an insurance contract because the issuer of the contract agrees to compensate the holder when an uncertain future event (ie default) occurs that would adversely affect the holder. Consequently, an entity should account for financial guarantee contracts in the same way as other insurance contracts.
 - (b) financial guarantee contracts are economically similar to other credit-related contracts within the scope of IFRS 9. Similar accounting should apply to similar contracts. As a result, an entity should account for financial guarantee contracts in the same way as other financial instruments.
- BC93 IFRS 4 included an option that permitted an issuer of a financial guarantee contract to account for it as if it were an insurance contract, if the issuer had previously asserted that it regards the contract as an insurance contract. This option had been intended as a temporary solution, pending the publication of IFRS 17. However, although the terms of the option may appear to be imprecise, in the vast majority of cases the accounting choice for financial guarantee contracts is clear and no implementation problems appear to have been identified in practice. Therefore, the Board decided to carry forward to IFRS 17 the option to account for a financial guarantee contract as if it were an insurance contract, without any substantive changes, because the option has worked in practice and results in consistent accounting for economically similar contracts issued by the same entity. The Board did not view it as a high priority to address the inconsistency that results from accounting for financial guarantee contracts differently depending on the issuer.
- BC94 Some credit-related contracts lack the precondition for payment that the holder has suffered a loss. An example of such a contract is one that requires payments in response to changes in a specified credit rating or credit index. The Board concluded that those contracts are derivatives and do not meet the definition of an insurance contract. Therefore, such contracts will continue to be accounted for as derivatives. The Board noted that these contracts were outside the scope of the policy choice in IFRS 4 carried forward in IFRS 17, so continuing to account for them as derivatives would not create further diversity.

Amendments to IFRS 17—scope exclusions

Credit card contracts and similar contracts that provide credit or payment arrangements (paragraph 7(h) of IFRS 17)

- BC94A Some contracts that provide credit or payment arrangements meet the definition of an insurance contract—for example, some credit card contracts, charge card contracts, consumer financing contracts or bank account contracts. In June 2020, the Board amended IFRS 17 to exclude from the scope of the Standard such contracts if, and only if, an entity does not reflect an assessment of the insurance risk associated with an individual customer in setting the price of the contract with that customer. When the entity does not reflect such an assessment in the price of the contract, the Board concluded that IFRS 9 would provide more useful information about those contracts than would IFRS 17.
- BC94B The Board was aware that, applying IFRS 4, most entities separated the components of such contracts. For example, an entity applying IFRS 4 might have accounted for the credit card component applying IFRS 9, the insurance component applying IFRS 4 and any other service components applying IFRS 15. IFRS 17 has different criteria from IFRS 4 for separating components of an insurance contract. However, the Board acknowledged that entities had already identified methods to separate the components of the contracts described in paragraph BC94A, and concluded that prohibiting such separation would impose costs and disruption for no significant benefit.

BC94C The Board instead decided to specify that an entity's rights and obligations that are financial instruments arising under such contracts are within the scope of IFRS 9. However, an entity is required to separate and apply IFRS 17 to an insurance coverage component if, and only if, that component is a contractual term of that financial instrument. In the Board's view, applying IFRS 17 to those insurance coverage components will result in the most useful information for users of financial statements. Applying IFRS 17 to those components will also increase comparability between insurance coverage provided as part of the contractual terms of a credit card contract and insurance coverage provided as a separate stand-alone contract. Other IFRS Standards, such as IFRS 15 or IAS 37, might apply to other components of the contract, such as other service components or insurance components required by law or regulation.

Specified contracts such as loan contracts with death waivers (paragraph 8A of IFRS 17)

BC94D In June 2020, the Board amended IFRS 17 to allow entities to apply either IFRS 17 or IFRS 9 to contracts that meet the definition of an insurance contract but limit the compensation for insured events to the amount otherwise required to settle the policyholder's obligation created by the contract (for example, loan contracts with death waivers).

BC94E The Board noted that an entity would provide useful information about such contracts whether it applied IFRS 17 or IFRS 9. Hence, the Board concluded that requiring an entity to apply IFRS 17 to those contracts when the entity had previously been applying an accounting policy consistent with IFRS 9 or IAS 39 could impose costs and disruption for no significant benefit.

BC94F An entity is required to choose whether to apply IFRS 17 or IFRS 9 for each portfolio of insurance contracts described in paragraph BC94D, and this choice is irrevocable. The Board concluded that such restrictions would mitigate the lack of comparability that might otherwise arise between similar contracts issued by the same entity.

Fixed-fee service contracts (paragraphs 8 and B6 of IFRS 17)

BC95 A fixed-fee service contract is a contract in which the level of service depends on an uncertain event. Examples include roadside assistance programmes and maintenance contracts in which the service provider agrees to repair specified equipment after a malfunction. Such contracts meet the definition of an insurance contract because:

- (a) it is uncertain whether, or when, assistance or a repair will be needed;
- (b) the owner is adversely affected by the occurrence; and
- (c) the service provider compensates the owner if assistance or repair is needed.

BC96 Fixed-fee service contracts meet the definition of an insurance contract. However, the Board originally proposed to exclude from the scope of IFRS 17 fixed-fee service contracts whose primary purpose is the provision of service. Instead, entities would have been required to apply IFRS 15 to those contracts. The Board noted that, if IFRS 17 were to apply, entities would generally apply the premium allocation approach to such contracts, which would result in accounting similar to that which would result from applying IFRS 15. Further, the Board decided the practice of accounting for these contracts in the same way as other contracts with customers would provide useful information for the users of financial statements for the entities that issue such contracts. Hence, the Board thought that changing the accounting for these contracts would impose costs and disruption for no significant benefit.

BC97 However, some stakeholders noted some entities issue both fixed-fee service contracts and other insurance contracts. For example, some entities issue both roadside assistance contracts and insurance contracts for damage arising from accidents. The Board decided to allow entities a choice of whether to apply IFRS 17 or IFRS 15 to fixed-fee service contracts to enable such entities to account for both types of contract in the same way.

Separating components from an insurance contract (paragraphs 10–13 and B31–B35 of IFRS 17)

- BC98 Insurance contracts create rights and obligations that work together to generate cash inflows and cash outflows. Some insurance contracts may:
- (a) contain embedded derivatives that, if bifurcated, would be within the scope of IFRS 9;
 - (b) contain investment components that, if they were provided under separate contracts, would be within the scope of IFRS 9; or
 - (c) provide goods and non-insurance services that, if they were provided under separate contracts, would be within the scope of IFRS 15.
- BC99 Separating such non-insurance components from an insurance contract can improve comparability. Accounting for such components using other applicable IFRS Standards makes them more comparable to similar contracts that are issued as separate contracts, and allows users of financial statements to better compare the risks undertaken by entities in different businesses or industries.
- BC100 However, separating components also has limitations. Separating a single contract into components could result in complex accounting that does not provide useful information for interdependent cash flows attributable to the components. Furthermore, when cash flows are interdependent, separating the cash flows for each component can be arbitrary, particularly if the contract includes cross-subsidies between components or discounts. Also, as noted in paragraph BC10(a), when separation ignores interdependencies between components, the sum of the values of the components may not always equal the value of the contract as a whole, even on initial recognition.
- BC101 The Board originally proposed that an entity separate a component not closely related to the insurance coverage specified in the contract and identified some common examples of such components. The term 'closely related' is used in IFRS 9 in the criteria that determine whether embedded derivatives must be bifurcated. However, stakeholders indicated that some were unsure how to interpret the term closely related for non-insurance components embedded in insurance contracts. The Board noted that the principles for separating embedded derivatives were long-established in IFRS 9 (and previously in IAS 39 *Financial Instruments: Recognition and Measurement*). However, IFRS 17 clarifies the principles for the separation of other non-insurance components from an insurance contract based on the principles developed in IFRS 15.
- BC102 Hence, IFRS 17 includes requirements for the separation of the following non-insurance components:
- (a) embedded derivatives (see paragraphs BC104–BC107);
 - (b) investment components (see paragraphs BC108–BC109); and
 - (c) goods and non-insurance services (see paragraphs BC110–BC113).⁸
- BC103 The criteria for separating such non-insurance components from insurance components differ to reflect the different characteristics of the non-insurance components. This is consistent with applying different accounting models to the equivalent contracts accounted for on a stand-alone basis.

⁸ In June 2020, the Board amended IFRS 17 and replaced 'non-insurance services' with 'services other than insurance contract services' (see paragraphs BC283A–BC283J).

Embedded derivatives (paragraph 11(a) of IFRS 17)

- BC104 When applying IFRS 9 (and previously IAS 39) entities are required to account separately for some derivatives embedded in hybrid contracts. The Board noted that accounting separately for some embedded derivatives in hybrid contracts:
- (a) ensures that contractual rights and obligations that create similar risk exposures are treated alike whether or not they are embedded in a non-derivative host contract.
 - (b) counters the possibility that entities might seek to avoid the requirement to measure derivatives at fair value through profit or loss by embedding a derivative in a non-derivative host contract. In the Board's view, fair value through profit or loss is the only measurement basis that provides relevant information about derivatives. If derivatives were measured at cost or at fair value through other comprehensive income, their role in reducing or increasing risk would not be visible. In addition, the value of derivatives often changes disproportionately in response to market movements and fair value is the measurement basis that best captures such non-linear responses to changes in risk. That information is essential to communicate the nature of the rights and obligations inherent in derivatives to users of financial statements.
- BC105 IFRS 4 confirmed that the requirements of IAS 39 for embedded derivatives apply to derivatives embedded in insurance contracts. The Board has updated this requirement in IFRS 17 so that an entity applies IFRS 9 to determine whether a contract includes an embedded derivative to be separated and, if so, how entities account for that derivative. The Board's approach is consistent with the approach it has taken with hybrid contracts other than hybrid financial assets. This results in the following changes from the requirements of IFRS 4:
- (a) IFRS 4 did not require the separation of an embedded derivative from the host contract if the contract and the embedded derivative are so interdependent that an entity cannot measure the derivative separately. By applying IFRS 9 to determine whether a contract includes an embedded derivative to be separated, the Board replaced this option with a prohibition from separating such closely related embedded derivatives from the host contract. The Board concluded that when embedded derivatives are closely related to the host insurance contract, the benefits of separating those embedded derivatives fail to outweigh the costs. Applying the measurement requirements of IFRS 17, such embedded derivatives are measured using current market-consistent information; and
 - (b) IFRS 17 removes the statement in IFRS 4 that an entity is not required to separate specified surrender options in an insurance contract. Instead, the entity applies the requirements in IFRS 9 to decide whether it needs to separate a surrender option.
- BC106 Some respondents suggested that separating embedded derivatives from insurance contracts introduces excessive complexity with little additional benefit.
- BC107 The Board agreed that when embedded derivatives are closely related to the host insurance contract, the benefits of separating those embedded derivatives do not outweigh the costs. However, the Board decided that those benefits would exceed the costs when the embedded derivatives are not closely related to the host insurance contract. Previous practice indicates that the costs of separating such embedded derivatives from host insurance contracts would not be excessive.

Investment components (paragraphs 11(b) and B31–B32 of IFRS 17)

- BC108 An investment component is the amount an insurance contract requires the entity to repay to the policyholder even if an insured event does not occur.⁹ Many insurance contracts have an implicit or explicit investment component that would, if it were a separate financial instrument, be within the scope of IFRS 9. As explained in paragraph BC10(a), the Board decided that it would be difficult to routinely separate such investment components from insurance contracts. Accordingly, IFRS 17 requires an entity to:
- (a) separate only any distinct investment components from insurance contracts. An investment component is distinct if the cash flows of the insurance contract are not highly interrelated with the cash flows from the investment component. Separating such components does not create the problems noted in paragraph BC10(a).
 - (b) account for all investment components with cash flows that are highly interrelated with the insurance contract by applying IFRS 17, but, as explained in paragraphs BC33–BC34, eliminate any investment components from insurance revenue and insurance service expenses reported in accordance with paragraph 85 of IFRS 17.
- BC109 IFRS 17 requires the cash flows allocated to a separated investment component to be measured on a stand-alone basis as if the entity had issued that investment contract separately. This requirement is consistent with the objective of separation, which is to account for a separated component the way stand-alone contracts with similar characteristics are accounted for. The Board concluded that, in all cases, entities would be able to measure the stand-alone value for an investment component by applying IFRS 9.¹⁰

Goods and non-insurance services (paragraphs 12 and B33–B35 of IFRS 17)¹¹

- BC110 In principle, an entity should use similar principles to those in IFRS 15 to separate performance obligations to provide goods and non-insurance services¹² from the host contract, regardless of whether the host contract is within the scope of IFRS 17 or of IFRS 15. Accordingly, IFRS 17 requires entities to separate only the goods and services that are distinct from the provision of insurance coverage,¹³ consistent with the separation criteria in IFRS 15.
- BC111 Consistent with IFRS 15, IFRS 17 requires an entity to allocate the cash inflows of an insurance contract between the host insurance contract and the distinct good or non-insurance service,¹⁴ based on the stand-alone selling price of the components. In the Board's view, in most cases, entities would be able to determine an observable stand-alone selling price for the goods or services bundled in an insurance contract if those components meet the separation criteria.

⁹ In June 2020, the Board amended the definition of an investment component to clarify that an investment component is the amounts that an insurance contract requires the entity to repay to a policyholder in all circumstances, regardless of whether an insured event occurs (see paragraph BC34A).

¹⁰ In June 2020, the Board amended paragraph 11(b) of IFRS 17 to clarify that an entity applies IFRS 17 to a separated investment component if that component meets the definition of an investment contract with discretionary participation features within the scope of IFRS 17.

¹¹ In June 2020, the Board amended IFRS 17 and replaced 'non-insurance services' with 'services other than insurance contract services' (see paragraphs BC283A–BC283J).

¹² In June 2020, the Board amended IFRS 17 and replaced 'non-insurance services' with 'services other than insurance contract services' (see paragraphs BC283A–BC283J).

¹³ In June 2020, the Board amended IFRS 17 to require entities to separate only goods and services that are distinct from the provision of insurance contract services (see paragraphs BC283A–BC283J).

¹⁴ In June 2020, the Board amended IFRS 17 and replaced 'non-insurance services' with 'services other than insurance contract services' (see paragraphs BC283A–BC283J).

- BC112 However, if the stand-alone selling price were not directly observable, an entity would need to estimate the stand-alone selling prices of each component to allocate the transaction price. This might be the case if the entity does not sell the insurance and the goods or services components separately, or if the consideration charged for the two components together differs from the stand-alone selling prices because the entity charges more or less for the bundled contract than the sum of the prices for each component. Applying IFRS 15, any discounts and cross-subsidies are allocated to components proportionately or on the basis of observable evidence. In the Board's view, this approach ensures that the allocation of cross-subsidies and discounts/supplements reflects the economics of the separated components.
- BC113 IFRS 17 requires that cash outflows should be allocated to their related component, and that cash outflows not clearly related to one of the components should be systematically and rationally allocated between components. Insurance acquisition cash flows and some fulfilment cash flows relating to overhead costs do not clearly relate to one of the components. A systematic and rational allocation of such cash flows is consistent with the requirements in IFRS 17 for allocating acquisition and fulfilment cash flows that cover more than one group of insurance contracts to the individual groups of contracts, and is also consistent with the requirements in other IFRS Standards for allocating the costs of production—the requirements in IFRS 15 and IAS 2 *Inventories*, for example.

Prohibition on separating non-insurance components when not required (paragraph 13 of IFRS 17)

- BC114 The Board considered whether to permit an entity to separate a non-insurance component when not required to do so by IFRS 17; for example, some investment components with interrelated cash flows, such as policy loans. Such components may have been separated when applying previous accounting practices. However, the Board concluded that it would not be possible to separate in a non-arbitrary way a component that is not distinct from the insurance contract nor would such a result be desirable. Permitting an entity to separate such components would mean that the entity measures the components in the contract on an arbitrary basis. The Board also noted that when separation ignores interdependencies between insurance and non-insurance components, the sum of the values of the components may not always equal the value of the contract as a whole, even on initial recognition. That would reduce the comparability of the financial statements across entities.

Level of aggregation of insurance contracts (paragraphs 14–24 of IFRS 17)

Background

- BC115 A key issue in developing the measurement requirements for the contractual service margin in IFRS 17 was the level of aggregation of insurance contracts to which the requirements should be applied. Some aspects of the adjustments to the carrying amount of the contractual service margin result in gains being treated differently from losses or changes in estimates relating to current and past service being treated differently from changes in estimates relating to future service (see paragraphs BC21–BC24). These different treatments mean that the accounting result depends on the level of aggregation at which the adjustments are made, because amounts that would offset each other within the measurement of a group of insurance contracts would be treated differently (and hence not offset each other) if contracts were measured individually.
- BC116 For example, suppose an entity issued a group of identical contracts expecting that there would be more claims from some of the contracts than others, but not knowing which contracts would be the ones with more claims. Subsequently it becomes apparent which contracts are likely to give rise to claims and which are not, and the number of contracts in each category is as expected. If the contracts were measured individually, the expected claims may cause the contracts for which they are likely to arise to become onerous, with an equal and opposite reduction in the fulfilment cash flows of the other contracts. The entity would recognise a loss for the onerous contracts immediately in profit or loss and an increase in the contractual service margin for the other contracts. That increase in the contractual service margin would not be recognised immediately in profit or loss but instead would be recognised over the current and future coverage period. In contrast, if the contracts were measured as one group, there would be no loss for a group of onerous contracts or increase in the contractual service margin to be recognised.

- BC117 This issue does not arise in the measurement of the fulfilment cash flows. The fulfilment cash flows include all changes in estimates, regardless of whether they are gains or losses or they relate to past, current or future service. Hence, IFRS 17 allows an entity to estimate the fulfilment cash flows at whatever level of aggregation is most appropriate from a practical perspective. All that is necessary is that the entity is able to allocate such estimates to groups of insurance contracts so that the resulting fulfilment cash flows of the group comply with requirements of IFRS 17.
- BC118 For the contractual service margin, the Board considered whether contracts should be measured individually despite the resulting lack of offsetting. Doing so would be consistent with the general requirements in IFRS 9 and IFRS 15 and would reflect the fact that the entity's rights and obligations arise from individual contracts with policyholders. Measuring contracts individually would also provide a clear measurement objective. However, the Board decided that such an approach would not provide useful information about insurance activities, which often rely on an entity issuing a number of similar contracts to reduce risk. The Board concluded, therefore, that the contractual service margin should be measured at a group level.

Characteristics of a group

- BC119 Once the Board had decided that the contractual service margin should be measured for a group, the Board considered what that group level should be. The Board considered whether it could draw on requirements for groups set by insurance regulators. However, as noted in paragraph BC15, regulatory requirements focus on solvency not on reporting financial performance. The decisions about grouping in IFRS 17 were driven by considerations about reporting profits and losses in appropriate reporting periods. For example, in some cases the entity issues two groups of insurance contracts expecting that, on average, the contracts in one group will be more profitable than the contracts in the other group. In such cases, the Board decided, in principle, there should be no offsetting between the two groups of insurance contracts because that offsetting could result in a loss of useful information. In particular, the Board noted that the less profitable group of contracts would have a lesser ability to withstand unfavourable changes in estimates and might become onerous before the more profitable group would do so. The Board regards information about onerous contracts as useful information about an entity's decisions on pricing contracts and about future cash flows, and wanted this information to be reported on a timely basis. The Board did not want this information to be obscured by offsetting onerous contracts in one group with profitable contracts in another.
- BC120 The level of aggregation is also relevant to the recognition of the contractual service margin in profit or loss. Paragraph BC279 explains that, following the Board's principle for the allocation of the contractual service margin, an entity should systematically recognise the remaining contractual service margin in profit or loss over the current and remaining coverage period to reflect the remaining transfer of services to be provided by the insurance contracts.
- BC121 In many cases, the coverage period of individual contracts in a group will differ from the average coverage period for the group. When this is the case, measuring the contracts on:
- (a) an individual basis would mean that the contractual service margin associated with contracts with a shorter than average coverage period would be fully recognised in profit or loss over that shorter period;
 - (b) a group basis would mean that the contractual service margin associated with contracts with a shorter than average coverage period would not be fully recognised in profit or loss over that shorter period.
- BC122 Thus, measuring the contracts as a group creates the risk that the contractual service margin for a group might fail to reflect the profit relating to the coverage¹⁵ remaining in the group, unless the entity tracked the allocation of the contractual service margin separately for groups of insurance contracts:

¹⁵ In June 2020, the Board amended IFRS 17 to require an entity to recognise an amount of the contractual service margin in profit or loss in each period to reflect insurance contract services provided in that period (see paragraphs BC283A–BC283J).

- (a) that have similar expected profitability, on initial recognition, and for which the amount and timing of cash flows are expected to respond in similar ways to key drivers of risk. In principle, this condition would ensure the contractual service margin of a particularly profitable individual contract within a group is not carried forward after the individual contract has expired.
- (b) that have coverage periods that were expected to end at a similar time. In principle, this condition would ensure the contractual service margin of an individual contract that expired was not carried forward after the contract had expired.

BC123 The Board concluded that it was necessary to strike a balance between the loss of information discussed in paragraphs BC119 and BC121–BC122, and the need for useful information about the insurance activity as discussed in paragraphs BC118 and BC120. The Board:

- (a) did not want entities to depict one type of contract as cross-subsidised by a different type of contract, but also did not want to recognise losses for claims developing as expected within a group of similar contracts; and
- (b) did not want the contractual service margin of an expired contract to exist as part of the average contractual service margin of a group long after the coverage provided by the contract ended, but also did not want to recognise a disproportionate amount of contractual service margin for contracts lapsing as expected within a group of similar contracts.

BC124 The Board concluded that the balance described above could be achieved in principle by:

- (a) requiring contracts in a group to have future cash flows the entity expects will respond similarly in amount and timing to changes in key assumptions—meaning that losses on insurance contracts for one type of insurance risk would not be offset by gains on insurance contracts for a different type of risk, and would provide useful information about the performance of contracts insuring different types of risk.
- (b) requiring contracts in a group to have similar expected profitability—meaning that loss-making contracts could not be grouped with profitable contracts, whether at initial recognition or if changes in conditions make a previously profitable group loss-making. Hence, such a requirement would provide information about loss-making groups of insurance contracts.
- (c) requiring groups not be reassessed after initial recognition.

BC125 The Board also noted that, in principle, it would be possible to meet the objective of the recognition of the contractual service margin in profit or loss discussed in paragraph BC120 either by grouping only contracts with a similar size of contractual service margin and the same remaining coverage period, or by reflecting the different duration and profitability of the contracts within the group in the allocation of the contractual service margin.

Practical considerations

BC126 The Board noted that entities could interpret the approach described in paragraphs BC124–BC125 as requiring an excessively large number of groups that may provide insufficiently useful information to justify the operational burden that would be imposed by extensive disaggregation of portfolios. Accordingly, the Board sought a balance to reflect profit and potential losses in the statement of financial performance in appropriate periods and the operational burden.

BC127 To achieve that balance, the Board concluded that an entity should be required to identify portfolios of contracts subject to similar risks and managed together, and to divide a portfolio into, at a minimum, groups of:

- (a) contracts that are onerous at initial recognition, if any;

- (b) contracts that are not onerous at initial recognition and that have no significant possibility of becoming onerous subsequently, if any; and
- (c) all other contracts, if any.

BC128 The same principle of grouping applies to insurance contracts to which the premium allocation approach applies and to reinsurance contracts held, but the wording is adapted to reflect their specific characteristics.

BC129 The objective of the requirement to identify contracts that are onerous at initial recognition is to identify contracts that are onerous measured as individual contracts. An entity typically issues individual contracts and it is the characteristics of the individual contracts that determine how they should be grouped. However, the Board concluded this does not mean that the contracts must be measured individually. If an entity can determine using reasonable and supportable information that a set of contracts will all be in the same group, then the entity can measure that set to determine whether the contracts are onerous or not, because there will be no offsetting effects in the measurement of the set. The same principle applies to the identification of contracts that are not onerous at initial recognition and that have no significant possibility of becoming onerous subsequently—the objective is to identify such contracts at an individual contract level, but this objective can be achieved by assessing a set of contracts if the entity can conclude using reasonable and supportable information that the contracts in the set will all be in the same group.

BC130 To identify whether contracts (or sets of contracts) are onerous at initial recognition, an entity measures the contracts (or sets of contracts) applying the measurement requirements of IFRS 17. The Board decided that to assess whether contracts that are not onerous at initial recognition have no significant possibility of becoming onerous subsequently, an entity should use the information provided by its internal reporting system but need not gather additional information. The Board concluded that such information would provide a sufficient basis for making this assessment and that it would not be necessary to impose costs of gathering additional information. Some stakeholders nonetheless expressed the view that separating contracts that have no significant possibility of becoming onerous from other contracts that are not onerous was burdensome and unnecessary. The Board, however, concluded that in the absence of such a requirement, should the likelihood of losses increase, IFRS 17 would fail to require timely recognition of contracts that become onerous.

BC131 In some jurisdictions, law or regulation specifically constrains the entity's practical ability to set a different price or level of benefits for contracts or policyholders with different characteristics. The Board considered whether to give an exemption from dividing contracts into separate groups if the only reason that they would fall into different groups specified in paragraph BC127 is because of such constraints. In general, the Board seeks to minimise exemptions because they increase complexity for both users of financial statements and preparers and may have unintended consequences for future standard-setting activities. Further, providing an exemption for accounting for economic differences caused by the effect of law or regulation on pricing may create an undesirable precedent, given that such effects are not restricted to insurance contracts. However, the notion of grouping contracts to determine the profit or losses recognised is a specific feature of the requirements in IFRS 17. In deciding the appropriate grouping of contracts, the Board sought to balance the need to group contracts to reflect the economics of issuing insurance contracts against grouping at too high a level, which would reduce the usefulness of information produced (see paragraph BC123).

BC132 The Board concluded it would not provide useful information to group separately contracts that an entity is required by specific law or regulation to group together for determining the pricing or level of benefits. All market participants in that jurisdiction will be constrained in the same way, particularly if such entities are unable to refuse to provide insurance coverage solely on the basis of differences in that characteristic.

BC133 The Board considered whether to extend further any exemption from including contracts in separate groups, because it can be difficult to define when an entity's action is constrained by law or regulation and any distinction drawn by the Board could be considered arbitrary. The following situations could be considered economically similar to the situation in which an entity chooses to issue contracts in a jurisdiction where the law or regulation explicitly prohibits (or limits) the consideration of a specific characteristic in pricing the contract:

- (a) the entity sets the price for contracts without considering differences in a specific characteristic because it thinks using that characteristic in pricing may result in a law or regulation prohibiting the use of that specified characteristic in the future or because doing so is likely to fulfil a public policy objective. These practices are sometimes termed 'self-regulatory practices'.
- (b) the entity sets the price for contracts without considering differences in a specific characteristic because the law or regulation in a neighbouring jurisdiction explicitly prohibits consideration of differences in that specific characteristic.
- (c) the entity sets the price for contracts without considering differences in a specific characteristic because using differences in that specific characteristic may have a negative effect on the entity's brand and reputation.

BC134 However, the Board decided that in these circumstances a difference in the likelihood of a contract being or becoming onerous is an important economic difference between groups of insurance contracts. Grouping contracts that have different likelihoods of becoming onerous reduces the information provided to users of financial statements. Hence, the exemption in IFRS 17 applies only when law or regulation specifically constrains the entity's practical ability to set a different price or level of benefits for policyholders with different characteristics.

BC135 Despite the development of an approach designed to respond to the practical concerns raised by stakeholders, some continued to argue that the level of aggregation set out in paragraph BC127 might lead to excessive granularity that is, in their view, contrary to the essence of the insurance business. These stakeholders do not think that contracts that have been priced on the same basis by the entity should be in different groups. The Board noted that applying IFRS 17, an entity would not be expected under normal circumstances to group separately contracts priced on the same basis by the entity. This is because:

- (a) groups are determined on the basis of information available to the entity at initial recognition of the contracts, which will be at their inception if they are onerous at inception. In that case, the information that is used to determine the groups will be the same information that is available to the entity for pricing purposes. If contracts are onerous at inception, that will generally be the result of an intentional pricing strategy (and is likely to be relatively infrequent). If contracts are not onerous at inception, the date of initial recognition may be later than inception (see paragraphs BC140–BC144). Hence, the information used for determining the groups may differ from the information that had been available for pricing purposes. However, the difference between the information available at inception and initial recognition will often not be significant and stakeholders had indicated that always determining groups at inception (ie measuring the contracts at inception) would be unduly costly for little benefit (see paragraph BC141).
- (b) IFRS 17 provides an exception for circumstances in which law or regulation specifically constrains the entity's practical ability to set a different price or level of benefits for contracts or policyholders with different characteristics.

- BC136 The Board noted that the decisions outlined in paragraph BC127 could lead to perpetual open portfolios. The Board was concerned that this could lead to a loss of information about the development of profitability over time, could result in the contractual service margin persisting beyond the duration of contracts in the group, and consequently could result in profits not being recognised in the correct periods. Consequently, in addition to dividing contracts into the groups specified in paragraph BC127, the Board decided to prohibit entities from including contracts issued more than one year apart in the same group. The Board observed that such grouping was important to ensure that trends in the profitability of a portfolio of contracts were reflected in the financial statements on a timely basis.
- BC137 The Board considered whether there were any alternatives to using a one-year issuing period to constrain the duration of groups. However, the Board considered that any principle-based approach that satisfied the Board's objective would require the reintroduction of a test for similar profitability, which as set out in paragraph BC126, was rejected as being operationally burdensome. The Board acknowledged that using a one-year issuing period was an operational simplification given for cost-benefit reasons.
- BC138 The Board considered whether prohibiting groups from including contracts issued more than one year apart would create an artificial divide for contracts with cash flows that affect or are affected by cash flows to policyholders of contracts in another group. Some stakeholders asserted that such a division would distort the reported result of those contracts and would be operationally burdensome. However, the Board concluded that applying the requirements of IFRS 17 to determine the fulfilment cash flows for groups of such contracts provides an appropriate depiction of the results of such contracts (see paragraphs BC171–BC174). The Board acknowledged that, for contracts that fully share risks, the groups together will give the same results as a single combined risk-sharing portfolio, and therefore considered whether IFRS 17 should give an exception to the requirement to restrict groups to include only contracts issued within one year. However, the Board concluded that setting the boundary for such an exception would add complexity to IFRS 17 and create the risk that the boundary would not be robust or appropriate in all circumstances. Hence, IFRS 17 does not include such an exception. Nonetheless, the Board noted that the requirements specify the amounts to be reported, not the methodology to be used to arrive at those amounts. Therefore it may not be necessary for an entity to restrict groups in this way to achieve the same accounting outcome in some circumstances.
- BC139 Once an entity has established a group of insurance contracts, it becomes the unit of account to which the entity applies the requirements of IFRS 17. However, as noted above, an entity will typically enter into transactions for individual contracts. IFRS 17 therefore includes requirements that specify how to recognise groups that include contracts issued in more than one reporting period, and how to derecognise contracts from within a group.

Amendments to IFRS 17—feedback on the level of aggregation

- BC139A Entities implementing IFRS 17 raised concerns relating to the level of aggregation requirements. The Board therefore considered whether to amend the requirements, and if so, how (see paragraph BC139B). Having considered a number of possible amendments, the Board reaffirmed its view that the benefits of the level of aggregation requirements significantly outweigh the costs. The Board therefore decided to retain the requirements unchanged.
- BC139B The Board considered suggestions to:
- (a) replace all level of aggregation requirements in paragraphs 14–24 of IFRS 17 with approaches that reflect an entity's internal management (see paragraph BC139C);
 - (b) reduce the minimum number of groups required by paragraph 16 of IFRS 17 (profitability groups) from three to two—contracts that are onerous at initial recognition and contracts that are not onerous at initial recognition (see paragraph BC139D); and
 - (c) remove or exempt some groups of insurance contracts from the annual cohort requirement in paragraph 22 of IFRS 17 (see paragraph BC139E).

BC139C The Board considered but rejected suggestions to replace all level of aggregation requirements with approaches that reflect an entity's internal management, for example approaches based on an entity's asset and liability management strategy or risk management strategy. The objective of the level of aggregation requirements in IFRS 17 is to provide useful information for users of financial statements. Aspects of internal management such as asset and liability management strategy or risk management strategy have different objectives. Hence an approach based on those aspects would not necessarily achieve the Board's objective.

BC139D The Board considered but rejected the suggestion to reduce the minimum number of profitability groups from three to two (see paragraph BC127) for the reason set out in paragraph BC130. This suggestion would have removed the requirement to group separately insurance contracts that at initial recognition have no significant possibility of becoming onerous from other insurance contracts that are not onerous at initial recognition. The Board noted that an entity will generally issue contracts expecting them to be profitable, and losses will arise subsequently as a result of changes in expectations. Including all contracts that are profitable at initial recognition in a single group could significantly delay loss recognition or increase the risk of losses for onerous contracts never being recognised.

BC139E Some suggestions to remove or exempt some groups of insurance contracts from the annual cohort requirement related to all insurance contracts issued (see paragraphs BC139F–BC139H). Other suggestions related to specific types of insurance contracts—those with intergenerational sharing of risks between policyholders (see paragraphs BC139I–BC139S).

Annual cohort requirement—all insurance contracts

BC139F The Board considered but rejected a suggestion to exempt contracts from the annual cohort requirement if an entity has reasonable and supportable information to conclude that contracts issued more than one year apart would be classified in the same profitability group. Such an exemption could result in a portfolio consisting of only the three groups of contracts described in paragraph BC127, that would each last for the entire life of the portfolio, which may be indefinite. The contractual service margin of each group would average the profitability of all contracts in the group over the life of the portfolio, resulting in the loss of useful information about trends in profitability. The contracts placed in any of the three profitability groups could be significantly more or less profitable than other contracts in the group. The effect of averaging profits of the contracts in the group could therefore be substantially increased, leading to a greater likelihood that:

- (a) the contractual service margin of a contract would outlast the coverage period of that contract; and
- (b) the continuing profitability of some contracts would absorb the subsequent adverse changes in expectations that make some contracts onerous.

BC139G Some stakeholders said that in some circumstances they could achieve at much less cost the same or a similar outcome without applying the annual cohort requirement as would be achieved applying that requirement. The Board concluded that it is unnecessary to amend IFRS 17 to reflect such circumstances. The Board reaffirmed its view that the requirements specify the amounts to be reported, not the methodology to be used to arrive at those amounts (see paragraph BC138). An entity is required to apply judgement and to consider all possible scenarios for future changes in expectations to conclude whether it could achieve the same accounting outcome without applying the annual cohort requirement.

BC139H The Board recognised that entities will incur costs to identify the contractual service margin for each group of insurance contracts that is an annual cohort. However, the Board concluded that information about higher or lower profits earned by an entity from different generations of contracts is sufficiently useful to justify such costs.

Annual cohort requirement—insurance contracts with intergenerational sharing of risks between policyholders

BC139I The Board considered but rejected a suggestion to exempt from the annual cohort requirement insurance contracts with intergenerational sharing of risks between policyholders. Some stakeholders commented that:

- (a) applying the requirement to such contracts requires arbitrary allocations, and the resulting information is therefore not useful; and
- (b) implementing the requirement is particularly costly and complex for such contracts, and the cost exceeds the resulting benefit.

BC139J Intergenerational sharing of risks between policyholders is reflected in the fulfilment cash flows and therefore in the contractual service margin of each generation of contracts applying paragraphs B67–B71 of IFRS 17 (see paragraph BC171). However, each generation of contracts may be more or less profitable for an entity than other generations. Applying the variable fee approach (see paragraphs BC238–BC249) the profit for a group of insurance contracts reflects the entity's share in the fair value returns on underlying items. The entity's share in the fair value returns on underlying items is unaffected by the way the policyholders' share is distributed among generations of policyholders. For example, even if all generations of policyholders share equally in the fair value returns on the same pool of underlying items, the amount of the entity's share in those fair value returns created by each generation may differ. The entity's share in the fair value returns depends on the contractual terms of each annual cohort and the economic conditions during the coverage period of each annual cohort. For example, a 20 per cent share in fair value returns created by an annual cohort for which the fair value returns during the coverage period are 5 per cent is more profitable for an entity than a 20 per cent share in fair value returns created by an annual cohort for which the fair value returns during the coverage period are 1 per cent. Removing the annual cohort requirement for groups of insurance contracts with intergenerational sharing of risks between policyholders would average higher or lower profits from each generation of contracts, resulting in a loss of information about changes in profitability over time.

BC139K Nonetheless, the Board identified two aspects of applying the annual cohort requirement to some contracts with intergenerational sharing of risks between policyholders that could increase the costs of applying the requirement and reduce the benefits of the resulting information:

- (a) distinguishing between the effect of risk sharing and the effect of discretion (paragraph BC139L); and
- (b) allocating changes in the amount of the entity's share of the fair value of underlying items between annual cohorts that share in the same pool of underlying items (paragraph BC139M).

BC139L The aspect set out in paragraph BC139K(a) relates to circumstances in which an entity has discretion over the portion of the fair value returns on underlying items that the entity pays to policyholders and the portion that the entity retains. For example, an entity may be required under the terms of the insurance contracts to pay policyholders a minimum of 90 per cent of the total fair value returns on a specified pool of underlying items, but have discretion to pay more. The Board acknowledged that an entity with such discretion is required to apply additional judgement compared to an entity without such discretion to allocate changes in fulfilment cash flows between groups in a way that appropriately reflects the effect of risk sharing and the effect of the discretion. However, that judgement is required to measure new contracts recognised in a period, so would be needed even without the annual cohort requirement.

BC139M The aspect set out in paragraph BC139K(b) relates to insurance contracts with direct participation features. For such contracts, an entity adjusts the contractual service margin for changes in the amount of the entity's share of the fair value of underlying items. IFRS 17 does not include specific requirements for allocating those changes between annual cohorts that share in the same pool of underlying items. The Board acknowledged that an entity needs to apply judgement to choose an allocation approach that provides useful information about the participation of each annual cohort in the underlying items.

BC139N Nonetheless, in the Board's view, the information that results from the judgements an entity makes in determining the allocation approaches discussed in paragraphs BC139L–BC139M will provide users of financial statements with useful information about how management expects the performance of insurance contracts to develop.

BC139O Further, the Board identified specific insurance contracts with intergenerational sharing of risks for which the information provided by the annual cohort requirement is particularly useful. Those contracts:

- (a) include features such as financial guarantees on the returns on underlying items or other cash flows that do not vary with returns on underlying items (for example, insurance claims); and
- (b) do not share the changes in the effect of the features in (a) between the entity and policyholders, or share the changes in the effect between the entity and policyholders in a way that results in the entity bearing more than a small share.

BC139P The Board acknowledged that for some insurance contracts with substantial intergenerational sharing of risks, the effect of financial guarantees and other cash flows that do not vary with returns on underlying items would rarely cause an annual cohort to become onerous. However, the Board disagreed with stakeholders who said that the rarity of such an event makes less useful the information that results from applying the annual cohort requirement to such insurance contracts. The Board instead observed the rarity makes the information particularly useful to users of financial statements when such an event occurs. The Board identified such information about the effect of financial guarantees as being particularly important when interest rates are low.

BC139Q Consequently, the Board concluded the costs of the annual cohort requirement might exceed the benefits of the resulting information for only a very limited population of contracts. The population is much smaller than some stakeholders had suggested.

BC139R Nonetheless, the Board considered whether it could create an exemption from the annual cohort requirement that would capture only that very limited population of contracts, without the risk of capturing a wider population. However:

- (a) any focused exemption would be complex because of the interaction between contract features that increase the costs and reduce the benefits. An exemption would therefore result in difficulties for entities and auditors in identifying which contracts would be exempted, and for users of financial statements in understanding which contracts had been exempted. A significant difference in outcomes could arise in some circumstances depending on whether the annual cohort requirement has been applied, and thus it would be essential that the scope of an exemption from that requirement is clear to understand.
- (b) the purpose of any exemption would be to balance the costs and benefits. However, there is no way to specify the scope of the exemption other than by using arbitrary thresholds because the balance of costs and benefits for different contracts vary across a range and there is no clearly identifiable point at which the costs exceed the benefits. Entities would be able to avoid applying the annual cohort requirement by structuring contracts to meet those thresholds. The Board concluded there was a high risk that contracts for which the benefits of the annual cohort requirement heavily outweigh the costs would be included in the exemption, resulting in a loss of information critical for users of financial statements.

BC139S The Board concluded that for all but a very limited population of contracts there is no question that the benefits of the annual cohort requirement significantly outweigh the costs. For a very limited population of contracts the costs and benefits of the requirement are more finely balanced. However, it is not possible to define that population in a way that does not risk it becoming too broad. The Board therefore decided to retain the annual cohort requirement unchanged.

Annual cohort requirement—group based on issue date

BC139T In June 2020, the Board amended paragraph 28 of IFRS 17 to clarify that an entity is required to add an insurance contract to a group of insurance contracts at the date the contract is recognised, instead of the date the contract is issued (see paragraph BC145A). The Board considered but rejected a suggestion to also amend the annual cohort requirement in paragraph 22 of IFRS 17 to base it on the date contracts are recognised, instead of the date they are issued. The objective of the annual cohort requirement is to facilitate timely recognition of profits, losses and trends in profitability. The profitability of a contract is initially set when the contract is issued, based on facts and circumstances at that date—for example, interest rates, underwriting expectations and pricing. Hence, the Board concluded that determining annual cohorts based on the date that contracts are issued is necessary to provide useful information about trends in profitability.

Recognition (paragraphs 25–28F of IFRS 17)

BC140 The Board considered whether an entity should recognise the obligations and associated benefits arising from a group of insurance contracts from the time at which it accepts risk. Doing so would be consistent with the aspects of IFRS 17 that focus on measuring the obligations accepted by the entity. However, such an approach would differ from that required for revenue contracts within the scope of IFRS 15, which focuses on measuring performance. Under IFRS 15, an entity recognises no rights or obligations until one party has performed under the contract. That model would be consistent with the aspects of IFRS 17 that focus on measuring performance.

BC141 Further, some stakeholders were concerned that a requirement to recognise the group of insurance contracts from the time the entity accepts risk would mean that the entity would need to track and account for the group even before the coverage period begins. Those expressing that view stated that accounting for the group of insurance contracts before the coverage period begins would require system changes whose high costs outweigh the benefits of doing so, particularly because the amount recognised before the coverage period begins might be immaterial, or even nil. In the view of these respondents, even if amounts recognised before the coverage period begins are insignificant, requiring an entity to account for groups of insurance contracts in the pre-coverage period would impose on the entity the requirement to track groups to demonstrate that the amounts are insignificant.

BC142 The Board was sympathetic to those concerns. Accordingly, the Board adopted an approach that combines aspects of both approaches set out in paragraph BC140 by requiring that an entity recognise a group of insurance contracts from the earliest of:

- (a) the beginning of the coverage period of the group of contracts;
- (b) the date on which the first payment from a policyholder in the group becomes due; or
- (c) for a group of onerous contracts, when the group becomes onerous.

BC143 Typically, the first premium is due at the start of the coverage period and the entity recognises the group of insurance contracts at that point. In the Board's view:

- (a) the rationale described in paragraph BC141 for not recognising a group of insurance contracts in the pre-coverage period—ie tracking information before the coverage period begins does not generate benefits that outweigh costs—applies only to contracts before payments are due; and
- (b) the benefits of reporting insurance contracts that are onerous in the pre-coverage period outweigh the costs of recognising the contracts.

BC144 In some cases, changes in circumstances make a group of insurance contracts onerous before coverage begins.¹⁶ The Board decided that entities should recognise such onerous groups in the pre-coverage period. However, IFRS 17 requires onerous groups to be recognised only when facts and circumstances indicate that a group of insurance contracts is onerous. That approach ensures that entities recognise adverse changes in circumstances without the need to track groups before the coverage period begins.

BC145 The costs of originating insurance contracts are often incurred before the coverage period begins. As discussed in paragraph BC176, the Board concluded that an entity should not recognise such costs as separate assets. Instead, IFRS 17 requires such costs to be recognised as part of the cash flows of the group of insurance contracts once it qualifies for initial recognition. The Board observed that, in effect, entities will recognise groups from the date that the insurance acquisition cash flows are incurred. However, although an asset or liability is recognised from that date, entities do not need to update assumptions until the date the group qualifies for initial recognition and they are required only to determine the contractual service margin at that later date.¹⁷

Amendments to IFRS 17—recognition

BC145A In June 2020, the Board amended paragraph 28 of IFRS 17 to clarify that an entity is required to add an insurance contract to a group of insurance contracts (that is, to recognise an insurance contract) at the date the insurance contract meets any one of the recognition criteria in paragraph 25 of IFRS 17 (see paragraph BC142). That date may differ from the date on which the insurance contract is issued—for example, it may be the date that premiums become due.

Measurement of fulfilment cash flows (paragraphs 29–37 and B36–B92 of IFRS 17)

BC146 As explained in paragraphs BC19–BC20, IFRS 17 requires an entity to measure the fulfilment cash flows at a risk-adjusted present value. The sections below discuss the measurement of the fulfilment cash flows, in particular:

- (a) how an entity estimates the expected value of cash flows (see paragraphs BC147–BC157);
- (b) which cash flows should be included in the expected value of cash flows (see paragraphs BC158–BC184N);
- (c) how the cash flows are adjusted to reflect the time value of money and the financial risks, to the extent that the financial risks are not included in the estimates of future cash flows (see paragraphs BC185–BC205B); and
- (d) how the cash flows are adjusted to depict the effects of non-financial risk (see paragraphs BC206–BC217).

¹⁶ In June 2020, the Board amended the definition of a coverage period to be the period during which the entity provides insurance contract services (see paragraphs BC283A–BC283I).

¹⁷ In June 2020, the Board amended the requirements relating to assets for insurance acquisition cash flows (see paragraphs BC184A–BC184K). The Board also specified that an entity recognises an asset for insurance acquisition cash flows paid (or for which a liability has been recognised applying another IFRS Standard) (see paragraphs BC184L–BC184N).

Estimates of future cash flows (paragraphs 33–35 and B36–B71 of IFRS 17)

BC147 This section discusses the requirements of IFRS 17 relating to how an entity estimates the future cash flows, including:

- (a) the unbiased use of all reasonable and supportable information available without undue cost or effort (see paragraphs BC148–BC152);
- (b) estimates that are consistent with available market information (see paragraphs BC153–BC154);
- (c) current estimates at the reporting date (see paragraphs BC155–BC156); and
- (d) explicit estimates (see paragraph BC157).

Unbiased use of all reasonable and supportable information available without undue cost or effort (paragraphs 33(a) and B37–B41 of IFRS 17)

BC148 Because insurance contracts transfer risk, the cash flows generated by insurance contracts are uncertain. Some argue that the measurement of insurance contracts should use a single estimate of the cash flows, for example, the most likely outcome or an outcome that is likely to prove ‘sufficient’ at an implicit or explicit level of confidence. However, the Board decided that a measure of insurance contracts is most useful if it captures information about the full range of possible outcomes and their probabilities.

BC149 Consequently, the Board concluded that the measurement of insurance contracts should start with an estimate of the expected present value of the cash flows generated by the contracts. The expected present value is the probability-weighted mean of the present value of the possible cash flows. The Board also noted that, because IFRS 17 sets the measurement requirement as the probability-weighted mean of the present value of the possible cash flows, when an entity determines that amount, estimates of the probabilities associated with each cash flow scenario should be unbiased. In other words, the estimates should not be biased by the intention of attaining a predetermined result or inducing particular behaviour. A lack of bias is important because biased financial reporting information cannot faithfully represent economic phenomena. A lack of bias requires that estimates of cash flows and the associated probabilities should be neither conservative nor optimistic.

BC150 In principle, determining an expected present value involves the following steps:

- (a) identifying each possible scenario;
- (b) measuring the present value of the cash flows in that scenario—paragraphs BC185–BC205B discuss the discount rate; and
- (c) estimating the probability of that scenario occurring.

Consistent with the approach taken in IFRS 9, the Board decided to specify that an entity should use reasonable and supportable information available without undue cost or effort in determining an expected present value.

BC151 An expected present value is not a forecast of a particular outcome. Consequently, differences between the ultimate outcome and the previous estimate of expected value are not ‘errors’ or ‘failures’. The expected value is a summary that incorporates all foreseeable outcomes. When one or more of those outcomes do not occur, that does not invalidate the previous estimate of the expected value.

BC152 Many insurance contracts contain significant embedded options and guarantees. Many previous insurance accounting models attributed no value to embedded options or guarantees that lack 'intrinsic value' (ie when they were 'out of the money'). However, such embedded options and guarantees also have a time value because they could be 'in the money' at expiry. To the extent that those options and guarantees remain embedded in the insurance contract (see paragraphs BC104–BC107), the expected present value of future cash flows is an estimate based on all possible outcomes about cash flows. IFRS 17 also requires the measurement to include the effect of financial risk, either in the estimates of future cash flows or in the discount rate. The measurement approach in IFRS 17, therefore, incorporates both the intrinsic value and the time value of embedded options and guarantees. The use of the IFRS 17 approach will mean that the measurement of any options and guarantees included in the insurance contracts is consistent with observable market variables (see paragraph B48 of IFRS 17). The Board concluded that this measurement approach provides the most relevant information about embedded options and guarantees.

Estimates that are consistent with available market information (paragraphs 33(b) and B42–B53 of IFRS 17)

BC153 The Board decided that measurements are more relevant, have less measurement uncertainty, and are more understandable if they are consistent with observed market prices, because such measurements:

- (a) involve less subjectivity than measurements that use entity-specific expectations that differ from market consensus;
- (b) reflect all evidence available to market participants; and
- (c) are developed using a common and publicly accessible benchmark that users of financial statements can understand more easily than information developed using a private, internal benchmark.

BC154 This view has the following consequences:

- (a) an entity is required to use observable current market variables, such as interest rates, as direct inputs without adjustment when possible; and
- (b) when variables cannot be observed in, or derived directly from, market prices, the estimates should not contradict current market variables. For example, estimated probabilities for inflation scenarios should not contradict probabilities implied by market interest rates.

Current estimates at the reporting date (paragraphs 33(c) and B54–B60 of IFRS 17)

BC155 The Board concluded that estimates of cash flows should be based on current information, updated at the end of every reporting period. Insurance measurement models before IFRS 17 often required entities to make estimates at initial recognition and to use the same estimates throughout the duration of the contract, without updating to include information that became available later in the duration of the contract. However, the Board concluded that using current estimates:

- (a) gives more relevant information about the entity's contractual obligations and rights by better reflecting information about the amounts, timing and uncertainty of the cash flows generated by those obligations and rights. Because of the uncertainty associated with insurance contract liabilities and the long duration of many insurance contracts, current information reflecting the amount, timing and uncertainty of cash flows is particularly relevant for users of financial statements.

- (b) incorporates all reasonable and supportable information available without undue cost or effort in the measurement, thus avoiding the need for a separate test to ensure that the liability is not understated (sometimes known as a 'liability adequacy test'). Any liability adequacy test is likely to involve some arbitrary components. For example, any specified timing for such a test would inevitably be arbitrary, unless current information were required at each reporting date.
- (c) is broadly consistent with other IFRS Standards for provisions (IAS 37) and financial liabilities (IFRS 9). That is, for liabilities with characteristics similar to insurance contract liabilities, both IAS 37 and IFRS 9 would require measurements based on current estimates of future cash flows.

BC156 The Board noted that IAS 37 includes in the measurement of liabilities the effect of possible new legislation only when the legislation is virtually certain to be enacted, and that IAS 12 *Income Taxes* includes in the measurement of income taxes only changes in legislation that are substantively enacted. Consistent with these Standards, the Board concluded that an entity should include the effect of possible changes in legislation on future cash flows only when the change in legislation is substantively enacted.

Explicit estimates (paragraphs 33(d) and B46 of IFRS 17)

BC157 The Board concluded that explicit estimates of cash flows, which require an entity to consider actively whether circumstances have changed, result in more useful information about the entity's obligations to policyholders than estimates that combine cash flows with either the risk adjustment for non-financial risk or the adjustment to reflect the time value of money and financial risks. Explicit estimates also reduce the possibility that the entity does not identify some changes in circumstances. However, IFRS 17 allows an exception to the requirement to use explicit estimates of cash flows separate from the adjustment to reflect the time value of money and financial risks. This exception applies if the entity uses the fair value of a replicating portfolio of assets to measure some of the cash flows that arise from insurance contracts, which will combine the cash flows and the adjustment to reflect the time value of money and financial risks. The fair value of a replicating portfolio of assets reflects both the expected present value of the cash flows from the portfolio of assets and the risk associated with those cash flows (see paragraph B46 of IFRS 17).

The cash flows used to measure insurance contracts (paragraphs 34–35 and B61–B71 of IFRS 17)

- BC158 This section discusses which cash flows should be included in the expected value of cash flows, including:
- (a) cash flows that arise from future premiums (see paragraphs BC159–BC164);
 - (b) deposit floors (see paragraphs BC165–BC166);
 - (c) cash flows over which the entity has discretion (see paragraphs BC167–BC170);
 - (ca) cash flows relating to policyholder taxes (see paragraph BC170A);
 - (d) cash flows that affect or are affected by cash flows to policyholders of other contracts (see paragraphs BC171–BC174);
 - (e) insurance acquisition cash flows (see paragraphs BC175–BC184K); and
 - (f) pre-recognition cash flows other than insurance acquisition cash flows (see paragraphs BC184L–BC184N).

Cash flows that arise from future premiums (paragraphs 34–35 and B61–B66 of IFRS 17)

- BC159 The measurement of a group of insurance contracts includes all the cash flows expected to result from the contracts in the group, reflecting estimates of policyholder behaviour. Thus, to identify the future cash flows that will arise as the entity fulfils its obligations, it is necessary to draw a contract boundary that distinguishes whether future premiums, and the resulting benefits and claims, arise from:
- (a) existing insurance contracts. If so, those future premiums, and the resulting benefits and claims, are included in the measurement of the group of insurance contracts; or
 - (b) future insurance contracts. If so, those future premiums, and the resulting benefits and claims, are not included in the measurement of the group of existing insurance contracts.
- BC160 The essence of a contract is that it binds one or both of the parties. If both parties are bound equally, the boundary of the contract is generally clear. Similarly, if neither party is bound, it is clear that no genuine contract exists. Thus:
- (a) the outer limit of the existing contract is the point at which the entity is no longer required to provide coverage and the policyholder has no right of renewal. Beyond that outer limit, neither party is bound.¹⁸
 - (b) the entity is no longer bound by the existing contract at the point at which the contract confers on the entity the practical ability to reassess the risk presented by a policyholder and, as a result, the right to set a price that fully reflects that risk. Thus, any cash flows arising beyond that point occur beyond the boundary of the existing contract and relate to a future contract, not to the existing contract.
- BC161 However, if an entity has the practical ability to reassess the risk presented by a policyholder, but does not have the right to set a price that fully reflects the reassessed risk, the contract still binds the entity. Thus, that point would lie within the boundary of the existing contract, unless the restriction on the entity's ability to reprice the contract is so minimal that it is expected to have no commercial substance (ie the restriction has no discernible effect on the economics of the transaction). In the Board's view, a restriction with no commercial substance does not bind the entity.
- BC162 However, it may be more difficult to decide the contract boundary if the contract binds one party more tightly than the other. For example:
- (a) an entity may price a contract so that the premiums charged in early periods subsidise the premiums charged in later periods, even if the contract states that each premium relates to an equivalent period of coverage. This would be the case if the contract charges level premiums and the risks covered by the contract increase with time. The Board concluded that the premiums charged in later periods would be within the boundary of the contract because, after the first period of coverage, the policyholder has obtained something of value, namely the ability to continue coverage at a level price despite increasing risk.¹⁹
 - (b) an insurance contract might bind the entity, but not the policyholder, by requiring the entity to continue to accept premiums and provide coverage but permitting the policyholder to stop paying premiums, although possibly incurring a penalty. In the Board's view, the premiums the entity is required to accept and the resulting coverage it is required to provide fall within the boundary of the contract.²⁰

¹⁸ In June 2020, the Board amended the definition of a coverage period to be the period during which the entity provides insurance contract services (see paragraphs BC283A–BC283J).

¹⁹ In June 2020, the Board amended the definition of a coverage period to be the period during which the entity provides insurance contract services (see paragraphs BC283A–BC283J).

²⁰ In June 2020, the Board amended the definition of a coverage period to be the period during which the entity provides insurance contract services (see paragraphs BC283A–BC283J).

- (c) an insurance contract may permit an entity to reprice the contract on the basis of general market experience (for example, mortality experience), without permitting the entity to reassess the individual policyholder's risk profile (for example, the policyholder's health). In this case, the insurance contract binds the entity by requiring it to provide the policyholder with something of value: continuing insurance coverage without the need to undergo underwriting again. Although the terms of the contract are such that the policyholder has a benefit in renewing the contract, and thus the entity expects that renewals will occur, the contract does not require the policyholder to renew the contract. The Board originally decided that ignoring the entity's expectation of renewals would not reflect the economic circumstances created by the contract for the entity. Consequently, the Board originally proposed that if the entity can reprice an existing contract for general but not individual-specific changes in policyholders' risk profiles, the cash flows resulting from the renewals repriced in this way lie within the boundaries of the existing contract.

BC163 Many stakeholders suggested that the original proposal in paragraph BC162(c) resulted in some cash flows for which the entity was not bound being included within the boundary of some contracts. Even when an entity is prevented from repricing an existing contract using an individual policyholder's risk assessment, the entity may nonetheless be able to reprice a portfolio to which the contract belongs with the result that the price charged for the portfolio as a whole fully reflects the risk of the portfolio. As a result, these stakeholders argued that in such cases the entity is no longer bound by the existing portfolio of contracts and that any cash flows that arise beyond that repricing point should be considered to be beyond the boundary of the existing contract. To the extent that an entity would not be able to charge a price that fully reflects the risks of the portfolio as a whole, it would be bound by the existing contract. The Board was persuaded by this view and modified the contract boundary so that such cash flows are considered to be outside the contract boundary, provided the pricing of the premiums for coverage up to the date when the risks are reassessed does not take into account the risks that relate to periods subsequent to the reassessment date.²¹

BC164 Because the entity updates the measurement of the group of insurance contracts to which the individual contract belongs and, hence, the portfolio of contracts in each reporting period, the assessment of the contract boundary is made in each reporting period. For example, in one reporting period an entity may decide that a renewal premium for a portfolio of contracts is outside the contract boundary because the restriction on the entity's ability to reprice the contract has no commercial substance. However, if circumstances change so that the same restrictions on the entity's ability to reprice the portfolio take on commercial substance, the entity may conclude that future renewal premiums for that portfolio of contracts are within the boundary of the contract.

Deposit floors

BC165 The Board also addressed how deposit floors are considered when measuring insurance contracts. The 'deposit floor' is a term used to describe the following requirement in paragraph 47 of IFRS 13:

The fair value of a financial liability with a demand feature (eg a demand deposit) is not less than the amount payable on demand, discounted from the first date that the amount could be required to be paid.

BC166 If a deposit floor were to be applied when measuring insurance contracts, the resulting measurement would ignore all scenarios other than those involving the exercise of policyholder options in the way that is least favourable to the entity. Such a requirement would contradict the principle that an entity should incorporate in the measurement of an insurance contract future cash flows on a probability-weighted basis. Consequently, IFRS 17 does not require or allow the application of a deposit floor when measuring insurance contracts. This applies both to the general measurement requirements of IFRS 17 and when IFRS 17 requires the use of fair value (see paragraphs BC327 and BC385). However, paragraph 132(c) of IFRS 17 requires entities to disclose the amount payable on demand in a way that highlights the relationship between such amounts and the carrying amount of the related contracts.

²¹ In June 2020, the Board amended the definition of a coverage period to be the period during which the entity provides insurance contract services (see paragraphs BC283A–BC283J).

Cash flows over which the entity has discretion (paragraph B65 of IFRS 17)

- BC167 Some insurance contracts give policyholders the right to share in the returns on specified underlying items. In some cases, the contract gives the entity discretion over the resulting payments to the policyholders, either in their timing or in their amount. Such discretion is usually subject to some constraint, including constraints in law or regulation and market competition.
- BC168 IFRS 17 requires the measurement of a group of insurance contracts to include an unbiased estimate of the expected cash outflows from the contracts. The expected cash outflows include outflows over which the entity has discretion. The Board decided to require this because:
- (a) it can be difficult to determine whether an entity is making payments because it believes that it is obliged to do so, rather than for some other reason that does not justify the recognition of a stand-alone liability. Those reasons could be to maintain the entity's competitive position or because the entity believes it is under some moral pressure. Thus, it could be difficult to make a reasonable estimate of the level of distribution that would ultimately be enforceable in the unlikely event that an entity asserts that its discretion to pay or withhold amounts to policyholders is unfettered.
 - (b) even if it were possible to make a reasonable estimate of non-discretionary cash flows, users of financial statements would not benefit from knowing how much might be enforceable in the highly unlikely event that an entity tried to avoid paying amounts to policyholders of insurance contracts when the entity and its policyholders currently expect that such benefits will be paid. That amount does not provide relevant information about the amount, timing and uncertainty of future cash flows. On the other hand, users of financial statements would want to know:
 - (i) how much of the cash flows will be unavailable to investors because the entity expects to pay them to policyholders. The requirements in IFRS 17 convey that information by including those cash flows in the measurement of the liability.
 - (ii) how much of the risk in the contracts is borne by the policyholders through the participation mechanism and how much by the shareholders. This information is conveyed by the required disclosures about risk.
- BC169 The Board considered whether payments that are subject to the entity's discretion meet the definition of a liability in the *Conceptual Framework for Financial Reporting* (the *Conceptual Framework*). The contract, when considered as a whole, clearly meets the *Conceptual Framework's* definition of a liability. Some components, if viewed in isolation, may not meet the definition of a liability. However, in the Board's view, including such components in the measurement of insurance contracts would generate more useful information for users of financial statements.
- BC170 The Board considered whether to provide specific guidance on amounts that have accumulated over many decades in participating funds and whose 'ownership' may not be attributable definitively between shareholders and policyholders. It concluded that it would not. In principle, IFRS 17 requires an entity to estimate the cash flows in each scenario. If that requires difficult judgements or involves unusual levels of uncertainty, an entity would consider those matters in deciding what disclosures it must provide to satisfy the disclosure objective in IFRS 17.

Amendments to IFRS 17—cash flows relating to policyholder taxes (paragraphs B65–B66 of IFRS 17)

BC170A In June 2020, the Board amended IFRS 17 to resolve an inconsistency between the description of cash flows within the boundary of an insurance contract in paragraph B65(m) of IFRS 17 and the description of cash flows outside the boundary of an insurance contract in paragraph B66(f) of IFRS 17. Before the amendment, paragraph B66(f) of IFRS 17 required an entity to exclude income tax payments and receipts not paid or received in a fiduciary capacity from the estimate of the cash flows that will arise as the entity fulfils an insurance contract. Some stakeholders said that some income tax payments and receipts, although not paid or received in a fiduciary capacity, are costs specifically chargeable to the policyholder under the terms of the contract. Accordingly, those costs should be included in the boundary of an insurance contract applying paragraph B65(m) of IFRS 17. The Board agreed that any costs specifically chargeable to the policyholder are cash flows that will arise as the entity fulfils an insurance contract. Therefore, the Board amended paragraph B66(f) of IFRS 17 to avoid excluding from the fulfilment cash flows income tax payments or receipts specifically chargeable to the policyholder under the terms of the contract. An entity recognises insurance revenue for the consideration paid by the policyholder for such income tax amounts when the entity recognises in profit or loss the income tax amounts. This treatment is consistent with the recognition of insurance revenue for other incurred expenses applying IFRS 17 (see paragraph BC37).

Cash flows that affect or are affected by cash flows to policyholders of other contracts (paragraphs B67–B71 in IFRS 17)

BC171 Sometimes insurance contracts in one group affect the cash flows to policyholders of contracts in a different group. This effect is sometimes called ‘mutualisation’. However, that term is used in practice to refer to a variety of effects, ranging from the effects of specific contractual terms to general risk diversification. Consequently, the Board decided not to use the term but instead to include in IFRS 17 requirements that ensure the fulfilment cash flows of any group are determined in a way that does not distort the contractual service margin, taking into account the extent to which the cash flows of different groups affect each other. Hence the fulfilment cash flows for a group:

- (a) include payments arising from the terms of existing contracts to policyholders of contracts in other groups, regardless of whether those payments are expected to be made to current or future policyholders; and
- (b) exclude payments to policyholders in the group that, applying (a), have been included in the fulfilment cash flows of another group.

BC172 The reference to future policyholders is necessary because sometimes the terms of an existing contract are such that the entity is obliged to pay to policyholders amounts based on underlying items, but with discretion over the timing of the payments. That means that some of the amounts based on underlying items may be paid to policyholders of contracts that will be issued in the future that share in the returns on the same underlying items, rather than to existing policyholders. From the entity’s perspective, the terms of the existing contract require it to pay the amounts, even though it does not yet know when or to whom it will make the payments.

BC173 The Board considered whether it was necessary to amend the requirements in IFRS 17 relating to the determination of the contractual service margin for insurance contracts with cash flows that affect or are affected by cash flows to policyholders of contracts in another group. The Board concluded that it was not necessary because the fulfilment cash flows allocated to a group described in paragraph BC171 result in the contractual service margin of a group appropriately reflecting the future profit expected to be earned from the contracts in the group, including any expected effect on that future profit caused by other contracts.

BC174 The Board also considered whether it was necessary to amend the requirements in IFRS 17 restricting contracts in a group to those issued more than one year apart, but concluded that it was not necessary (see paragraph BC138).²²

²² When developing the June 2020 amendments to IFRS 17, the Board considered but rejected suggestions to exempt from the annual cohort requirement insurance contracts with intergenerational sharing of risks (see paragraphs BC139I–BC139S). These considerations were similar to those in developing the Standard as described in paragraph BC174.

Insurance acquisition cash flows (paragraphs B65(e) and B125 of IFRS 17)

BC175 Entities often incur significant costs to sell, underwrite and start new insurance contracts. These costs are commonly referred to as 'insurance acquisition cash flows'. Insurance contracts are generally priced to recover those costs through premiums or through surrender charges, or both.

Measurement approach

BC176 The measurement approach required in IFRS 17 represents a change from many previous accounting models that measure insurance contract liabilities initially at the amount of the premiums received, with deferral of insurance acquisition cash flows. Such models treat insurance acquisition cash flows as a representation of the cost of a recognisable asset, which, depending on the model, might be described as a contract asset or a customer relationship intangible asset. The Board concluded that such an asset either does not exist, if the entity recovers insurance acquisition cash flows from premiums already received, or relates to future cash flows that are included in the measurement of the contract.²³ The Board noted that an entity typically charges the policyholder a price the entity regards as sufficient to compensate it for undertaking the obligation to pay for insured losses and for the cost of originating the contracts. Thus, a faithful representation of the remaining obligation to pay for insured losses should not include the part of the premium intended to compensate for the cost of originating the contracts.

BC177 Consequently, the Board concluded that an entity should recognise insurance acquisition cash flows as an expense, and should recognise an amount of revenue equal to the portion of the premium that relates to recovering its insurance acquisition cash flows. IFRS 17 achieves this by requiring that the cash flows for a group of insurance contracts include the insurance acquisition cash outflows or inflows associated with the group of contracts (including amounts received or to be received by the entity to acquire new insurance contracts).²⁴ This approach reduces the contractual service margin on initial recognition of the group of insurance contracts and has the advantage that the insurance acquisition cash flows are treated the same as other cash flows incurred in fulfilling contracts.

BC178 In many cases, insurance acquisition cash flows occur at the beginning of the coverage period of a group of insurance contracts, before any coverage or other service has been provided. Because insurance revenue is recognised in the same pattern as changes in the liability for remaining coverage, this would mean that some of the insurance revenue would be recognised when the insurance acquisition cash flows are paid, often at the beginning of the coverage period.

BC179 The Board was concerned that recognising insurance revenue at the beginning of the coverage period would be inconsistent with the principles in IFRS 15 because, at the beginning of the coverage period, the entity has not satisfied any of the obligations to the policyholder under the contract. In contrast, IFRS 15 requires an entity to recognise as revenue the consideration received from the customer as it satisfies its performance obligations under the contract. Accordingly, the Board decided to include an exception in IFRS 17 for the treatment of insurance acquisition cash flows so that the premium related to insurance acquisition cash flows is not recognised as revenue when the insurance acquisition cash flows occur, but is separately identified and recognised over the coverage period. IFRS 17 also requires the insurance acquisition cash flows to be recognised as an expense over the same period.

²³ An asset for insurance acquisition cash flows is derecognised when those insurance acquisition cash flows are included in the measurement of the group of insurance contracts to which they have been allocated. In June 2020, the Board amended IFRS 17 so that allocation reflects an entity's expectations about future contract renewals (see paragraphs BC184A–BC184K).

²⁴ In June 2020, the Board amended IFRS 17 to clarify that insurance acquisition cash flows paid before a group of insurance contracts is recognised cannot be a liability.

BC180 The requirement to recognise insurance acquisition cash flows as an expense over the coverage period differs from recognising an asset or an explicit or implicit reduction in the carrying amount of the group of insurance contracts. At all times, the liability for the group is measured as the sum of the fulfilment cash flows, including any expected future insurance acquisition cash flows, and the contractual service margin. Because the contractual service margin cannot be less than zero, the entity need not test separately whether it will recover the insurance acquisition cash flows that have occurred but have not yet been recognised as an expense. The measurement model captures any lack of recoverability automatically by remeasuring the fulfilment cash flows.²⁵

Insurance acquisition cash flows included in measurement

BC181 The Board considered whether only insurance acquisition cash flows that are incremental at a contract level should be included in the measurement of an insurance contract. Those cash flows can be clearly identified as relating specifically to the contract. Including cash flows that relate to more than one contract requires a more subjective judgement to identify which cash flows to include.

BC182 However, the Board noted that:

(a) including only insurance acquisition cash flows that are incremental at a contract level would mean that entities would recognise different contractual service margins and expenses depending on the way they structure their acquisition activities. For example, there would be different liabilities reported if the entity had an internal sales department rather than outsourcing sales to external agents. In the Board's view, differences in the structure of insurance acquisition activities would not necessarily reflect economic differences between insurance contracts issued by the entities.

(b) an entity typically prices insurance contracts to recover not only incremental costs, but also other direct costs and a proportion of indirect costs incurred in originating insurance contracts—such as costs of underwriting, medical tests and inspection, and issuing the policy. The entity measures and manages these costs for the portfolio, rather than for the individual contract. Accordingly, including insurance acquisition cash flows that are incremental at the portfolio level in the fulfilment cash flows of the insurance contracts would be consistent with identification of other cash flows that are included in the measurement of the contracts.

BC183 The Board also considered whether to restrict insurance acquisition cash flows to be included in the measurement of a group of insurance contracts to those cash flows related directly to the successful acquisition of new or renewed insurance contracts. The approach in IFRS 17 to the measurement of a group of insurance contracts is to estimate the profit expected to be generated over the duration of the group. In this context, excluding some insurance acquisition cash flows that relate to issuing a portfolio of contracts would result in an understatement of the fulfilment cash flows and an overstatement of the contractual service margins of groups in the portfolio. In addition, the Board wanted to avoid measuring liabilities and expenses at different amounts depending on how an entity structures its insurance acquisition activities, as described in paragraph BC182(a).

BC184 The Board also noted that the measurement approach in IFRS 17 automatically recognises as an immediate expense any insurance acquisition cash flows that cannot be recovered from the cash flows of the portfolio of contracts, because such cash flows reduce the contractual service margin below zero and must therefore be recognised as an expense. Hence, no amount can be recognised in the statement of financial position for insurance acquisition cash flows that are not recoverable.²⁶

²⁵ In June 2020, the Board amended IFRS 17 to include specific requirements relating to an asset for insurance acquisition cash flows recognised before a group of insurance contracts is recognised (see paragraphs BC184A–BC184K).

²⁶ In June 2020, the Board amended IFRS 17 to include specific requirements relating to an asset for insurance acquisition cash flows recognised before a group of insurance contracts is recognised (see paragraphs BC184A–BC184K).

Amendments to IFRS 17—insurance acquisition cash flows (paragraphs 28A–28F and B35A–B35D of IFRS 17)

BC184A In June 2020, the Board amended IFRS 17 to require an entity to use a systematic and rational method to allocate insurance acquisition cash flows that are directly attributable to a group of insurance contracts:

- (a) to that group; and
- (b) to groups that will include insurance contracts that are expected to arise from renewals of insurance contracts in that group (see paragraph B35A of IFRS 17).

BC184B Before the amendment, an entity was required to allocate insurance acquisition cash flows directly attributable to a group to only that group. In contrast, insurance acquisition cash flows directly attributable to a portfolio of insurance contracts but not directly attributable to a group of insurance contracts are systematically and rationally allocated to groups of insurance contracts in the portfolio.

BC184C Stakeholders said an entity that issues an insurance contract with a short coverage period, such as one year, might incur high up-front costs, such as commissions to sales agents, relative to the premium the entity will charge for the contract. The entity agrees to those costs because it expects that some policyholders will renew their contracts. Often, those costs are fully directly attributable to the initial insurance contract issued because those costs are non-refundable and are not contingent on the policyholder renewing the contracts.

BC184D In some circumstances, such commissions are higher than the premium charged and applying IFRS 17 before it was amended would have resulted in the initial insurance contract being identified as onerous. In the Board's view, an entity recognising a loss in that circumstance would provide useful information to users of financial statements. The information would reflect that the entity does not have a right to either oblige policyholders to renew the contracts, or to reclaim the commissions from sales agents if policyholders choose not to renew the contracts.

BC184E However, the Board was persuaded that an amendment to IFRS 17 requiring an entity to allocate insurance acquisition cash flows to expected renewal contracts (expected renewals) would also provide useful information to users of financial statements. Such a requirement depicts the payment of up-front costs such as commissions as an asset that an entity expects to recover through both initial insurance contracts issued and expected renewals. The asset reflects the right of an entity to not pay again costs it had already paid to obtain renewals. The Board noted that the information resulting from the amendment is comparable to the information provided by IFRS 15 for the incremental costs of obtaining a contract.

BC184F The Board concluded it did not need to develop requirements to specify how to allocate insurance acquisition cash flows to expected renewals. It concluded that requiring a systematic and rational method of allocation, consistent with paragraph B65(l) of IFRS 17, is sufficient.

BC184G The Board noted that if an entity allocates assets for insurance acquisition cash flows to groups expected to be recognised across more than one reporting period in the future, an entity would need to update its allocation at the end of each reporting period to reflect any changes in assumptions about expected renewals. The Board also decided to clarify that an entity must apply a consistent method across reporting periods by referring in the requirements to a systematic and rational method (rather than a systematic and rational basis).

BC184H Amending IFRS 17 to require an entity to allocate insurance acquisition cash flows to expected renewals creates assets for insurance acquisition cash flows that will be recognised for longer than assets would have been recognised applying the requirements before the amendment. The amendment will therefore increase the carrying amount of assets for insurance acquisition cash flows. Accordingly, the Board considered whether it should specify requirements for:

- (a) accretion of interest on assets for insurance acquisition cash flows. The Board decided against specifying such requirements because doing so would be inconsistent with IFRS 15.
- (b) assessments of the recoverability of assets for insurance acquisition cash flows. The Board decided to specify such requirements for the reasons set out in paragraphs BC184I–BC184K.

BC184I When the Board issued IFRS 17 in May 2017, it concluded that requiring an entity to assess the recoverability of an asset for insurance acquisition cash flows would be unnecessary. The asset was typically of relatively short duration and any lack of recoverability would be reflected on a timely basis when the asset was derecognised and the insurance acquisition cash flows were included in the measurement of a group of insurance contracts (see paragraph BC180). As a result of the June 2020 amendment set out in paragraph BC184A, the Board concluded that it needed to require an entity to assess the recoverability of an asset for insurance acquisition cash flows at the end of each reporting period if facts and circumstances indicate the asset may be impaired.

BC184J Consistent with the impairment test in paragraph 101 of IFRS 15, an entity recognises an impairment loss in profit or loss and reduces the carrying amount of an asset for insurance acquisition cash flows so that the carrying amount does not exceed the expected net cash inflow for the related group.

BC184K The Board noted that an entity measures an asset for insurance acquisition cash flows at the level of a group of insurance contracts. An impairment test at a group level compares the carrying amount of an asset for insurance acquisition cash flows allocated to a group with the expected net cash inflow of the group. That net cash inflow includes cash flows for contracts unrelated to any expected renewals but expected to be in that group. The Board therefore decided to require an additional impairment test specific to cash flows for expected renewals. This additional impairment test results in the recognition of any impairment losses when the entity no longer expects the renewals supporting the asset to occur, or expects the net cash inflows to be lower than the amount of the asset. Without the additional impairment test, cash flows from contracts unrelated to any expected renewals might prevent the recognition of such an impairment loss.

Amendments to IFRS 17—pre-recognition cash flows other than insurance acquisition cash flows (paragraphs 38, B66A and B123A of IFRS 17)

BC184L In June 2020, the Board amended IFRS 17 to address the treatment of assets or liabilities for cash flows related to a group of insurance contracts that have been recognised before the group of insurance contracts is recognised. Such assets and liabilities might have been recognised before the group of insurance contracts is recognised because the cash flows occur or because a liability is recognised applying another IFRS Standard. Cash flows are related to a group of insurance contracts if they would have been included in the fulfilment cash flows at the date of initial recognition of the group had they been paid or received after that date.

BC184M The Board agreed with feedback that such cash flows should be included in the determination of the contractual service margin and insurance revenue for the group of insurance contracts. These cash flows should affect profit and revenue in the same way as the fulfilment cash flows regardless of their timing (or of the timing of their recognition as a liability).

BC184N The amendment requires an entity to derecognise any asset or liability for such cash flows when the entity recognises the related group of insurance contracts to the extent that the asset or liability would not have been recognised separately from the group of insurance contracts if the cash flows (or the event that triggered their recognition as a liability) had occurred at the date of initial recognition of the group of insurance contracts. In addition the Board concluded that, to be consistent with the recognition of insurance revenue and incurred expenses required by IFRS 17, to the extent that an asset is derecognised when the entity recognises the related group of insurance contracts, insurance revenue and expenses should be recognised. In contrast, no insurance revenue or expenses arise on the derecognition of a liability at that date. The derecognition of a liability results either in the amounts expected to settle the liability being included in the fulfilment cash flows or the performance obligation depicted by the liability being subsumed within the recognition of the group of insurance contracts. For example, an entity that recognised a liability for premiums received in advance of the recognition of a group of insurance contracts would derecognise that liability when the entity recognises a group of insurance contracts to the extent the premiums relate to the contracts in the group. The performance obligation that was depicted by the liability would not be recognised separately from the group of insurance contracts had the premiums been received on the date of the initial recognition of the group. No insurance revenue arises on the derecognition of the liability.

Discount rates (paragraphs 36 and B72–B85 of IFRS 17)

BC185 This section discusses:

- (a) whether the measurement of all insurance contracts should be discounted (see paragraphs BC186–BC191);
- (b) current, market-consistent estimates of the time value of money and financial risks, to the extent not included in the estimates of future cash flows (see paragraph BC192);
- (c) the approach taken in respect of liquidity and own credit risk factors in determining the discount rate for a group of insurance contracts (see paragraphs BC193–BC197);
- (d) disclosure of the yield curve (see paragraph BC198);
- (e) reflecting dependence on underlying items in the discount rate (see paragraphs BC199–BC205); and
- (f) subjectivity in determining discount rates (see paragraphs BC205A–BC205B).

Discounting for all insurance contracts (paragraphs 36 and B72 of IFRS 17)

BC186 An amount payable tomorrow has a value different from that of the same amount payable in 10 years' time. In other words, money has a time value. The Board concluded that the measurement of all insurance contracts should reflect the effect of the timing of cash flows, because such a measure gives more relevant information about the entity's financial position.

BC187 When applying some previous accounting practices, entities did not discount their non-life (property and casualty) insurance contract liabilities. Some suggested that measuring non-life insurance contracts at a discounted amount would produce information that is less reliable (ie has more measurement uncertainty) than measuring it at its undiscounted amount because non-life insurance contracts are more uncertain than life insurance contracts with respect to:

- (a) whether the insured event will occur, whereas the insured event in some life insurance contracts is certain to occur unless the policy lapses;
- (b) the amount of the future payment that would be required if an insured event occurs, whereas the future payment obligation is generally specified in, or readily determinable from, a life insurance contract; and

- (c) the timing of any future payments required when the insured event occurs, whereas the timing of future payments in a life insurance contract is typically more predictable.

- BC188 These uncertainties mean that the cash flows for many non-life insurance contracts have greater variability than do the cash flows for many life insurance contracts. Some stakeholders argued that estimating the timing of payments and calculating a discount rate would introduce additional subjectivity into the measurement of insurance contracts and that this could reduce comparability and permit earnings management. Furthermore, these stakeholders stated that the benefits of presenting a discounted measure of non-life insurance contracts might not justify the costs of preparing that measure. These stakeholders stated that the timing of cash flows and the resulting interest is an essential component of the pricing and profitability of life insurance contracts, but is less relevant for non-life insurance contracts for which the stakeholders viewed underwriting results as the most critical component of pricing and profitability.
- BC189 These arguments did not persuade the Board. Measuring a group of insurance contracts using undiscounted cash flows would fail to represent faithfully the entity's financial position and would be less relevant to users of financial statements than a measurement that includes the discounted amounts. The Board also concluded that discount rates and the amount and timing of future cash flows can generally be estimated without excessive measurement uncertainty at a reasonable cost. Absolute precision is unattainable, but it is also unnecessary. The Board is of the view that the measurement uncertainty caused by discounting does not outweigh the additional relevance of the resulting measurement of the entity's obligations. Furthermore, many entities have experience in discounting, both to support investment decisions and to measure items for which other IFRS Standards require discounting, such as financial instruments, employee benefit obligations and long-term non-financial liabilities. Additionally, the Board has learned that, for internal managerial purposes, some insurance entities discount some of their non-life insurance portfolios or groups of insurance contracts.
- BC190 Some stakeholders suggested that measuring non-life insurance contracts at undiscounted amounts that ignore future inflation could provide a reasonable approximation of the value of the liability, especially for short-tail liabilities, at less cost and with less complexity than measuring such contracts at explicitly discounted amounts. However, this approach of implicitly discounting the liability makes the unrealistic assumption that two variables (claim inflation and the effect of timing) will more or less offset each other in every case. As this is unlikely, the Board concluded that financial reporting will be improved if entities estimate those effects separately.
- BC191 As discussed in paragraphs BC292(a) and BC294, for contracts to which the entity applies the simpler premium allocation approach, the Board decided that an entity need not reflect the effects of discounting in some cases in which those effects would be generally expected to be insignificant.

Current, market-consistent discount rates (paragraphs 36 and B74–B85 of IFRS 17)

- BC192 Paragraphs BC20 and BC146–BC156 describe the Board's reasoning for using current, market-consistent estimates of cash flows. That reasoning also applies to the discount rate for those cash flows. Accordingly, IFRS 17 requires entities to discount cash flows using current, market-consistent discount rates that reflect the time value of money, the characteristics of the cash flows and the liquidity characteristics of the insurance contracts.

Factors to include in the discount rate (paragraphs B78–B85 of IFRS 17)

Liquidity

- BC193 Discussions of the time value of money often use the notion of risk-free rates. Many entities use highly liquid, high-quality bonds as a proxy for risk-free rates. However, the holder can often sell such bonds in the market at short notice without incurring significant costs or affecting the market price. This means that the holder of such bonds effectively holds two things:

- (a) a holding in an underlying non-tradable investment, paying a higher return than the observed return on the traded bond; and
- (b) an embedded option to sell the investment to a market participant, for which the holder pays an implicit premium through a reduction in the overall return.

In contrast, for many insurance contracts, the entity cannot be forced to make payments earlier than the occurrence of insured events, or dates specified in the contract.

BC194 The Board concluded that, in principle, the discount rate for a group of insurance contracts should reflect the liquidity characteristics of the items being measured. Thus, the discount rate should equal the return on the underlying non-tradable investment (see paragraph BC193(a)), because the entity cannot sell or put the contract liability without significant cost. There should be no deduction in the rate for the implicit premium for the embedded put option, because no such put option is present in the liability.

BC195 The Board concluded that it is not appropriate in a principle-based approach:

- (a) to ignore the liquidity characteristics of the item being measured, or to use an arbitrary benchmark (for example, high-quality corporate bonds) as an attempt to develop a practical proxy for measuring the specific liquidity characteristics of the item being measured; or
- (b) to provide detailed guidance on how to estimate liquidity adjustments.

BC196 However, in response to feedback suggesting that it may be difficult to determine a liquidity premium in isolation, the Board observed that in estimating liquidity adjustments, an entity could apply either of the following:

- (a) a 'bottom-up' approach based on highly liquid, high-quality bonds, adjusted to include a premium for the illiquidity.
- (b) a 'top-down' approach based on the expected returns of a reference portfolio, adjusted to eliminate factors that are not relevant to the liability, for example market and credit risk. The Board expects a reference portfolio will typically have liquidity characteristics closer to the liquidity characteristics of the group of insurance contracts than highly liquid, high-quality bonds. Because of the difficulty in assessing liquidity premiums, the Board decided that in applying a top-down approach an entity need not make an adjustment for any remaining differences in liquidity characteristics between the reference portfolio and the insurance contracts.

Own credit risk (paragraph 31 of IFRS 17)

BC197 IFRS 17 requires an entity to disregard its own credit risk when measuring the fulfilment cash flows. Some stakeholders expressed the view that information about own credit risk relating to a liability that must be fulfilled by the issuer, and about gains and losses arising from changes in the issuer's own credit risk, is not relevant for users of financial statements. The Board concluded that including the effect of a change in the entity's own non-performance risk in the measurement of an insurance contract liability would not provide useful information. The Board considered concerns that excluding own credit risk could lead to accounting mismatches, because the fair value of the assets viewed as backing insurance contracts includes changes in credit risk on those assets, while the measurement of a group of insurance contracts would exclude changes in the credit risk of the group of contracts. In the Board's view, such mismatches will often be economic in nature, because the credit risk associated with the insurance contracts differs from the credit risk of the assets held by the entity.

Disclosure of yield curve (paragraph 120 of IFRS 17)

BC198 Paragraphs B80 and B81 of IFRS 17 note that the different approaches the Board allows for determining the discount rate could give rise to different rates. Accordingly, the Board decided that an entity should disclose the yield curve or range of yield curves used to discount cash flows that do not vary based on returns on underlying items to supplement the requirement in paragraph 117 of IFRS 17 that an entity disclose the methods and inputs that are used to estimate the discount rates. The Board decided that disclosure of the yield curves used will allow users of financial statements to understand how those yield curves might differ from entity to entity.

Reflecting dependence on assets in the discount rate (see paragraphs 36 and B74–B85 of IFRS 17)

BC199 Some previous accounting approaches applied discount rates to insurance contract liabilities derived from the expected return on assets viewed as backing the liabilities, even when the cash flows arising from the liability do not vary based on the cash flows of the underlying items. Proponents of such approaches stated that doing so:

- (a) prevents losses arising at initial recognition for groups of insurance contracts that are expected to be profitable overall and so reflects the most likely outcome of the insurance activity as a whole, taking into consideration the underwriting and investment functions together.
- (b) prevents the volatility that would arise if short-term fluctuations in asset spreads affect the measurement of the assets, but not the measurement of the liabilities. Because an entity holds those assets for the long term to fulfil its obligations under the insurance contracts it has issued, some say that those fluctuations make it more difficult for users of financial statements to assess an entity's long-term performance.

BC200 However, the Board did not agree with these views. The Board decided that recognising a loss at contract inception is appropriate if the amount paid by the policyholder is insufficient to cover the expected present value of the policyholder's benefits and claims as well as to compensate the entity for bearing the risk that the benefits might ultimately exceed the expected premiums. Further, the Board noted that, to the extent that market spreads affect assets and insurance contracts differently, useful information is provided about economic mismatches, particularly about duration mismatches.

BC201 The Board rejected the application of an asset-based discount rate when the cash flows from the group of insurance contracts do not vary based on returns on assets, because those rates are unrelated to the cash flows. The objective of the discount rate is to adjust estimated future cash flows for the time value of money and for financial risks (for example, the liquidity risk), to the extent that they are not included in the estimated cash flows, in a way that captures the characteristics of the contract. To capture the characteristics of the contract:

- (a) to the extent that the cash flows from assets (or other underlying items) affect the cash flows that arise from the liability, the appropriate discount rate should reflect the dependence on the underlying items; and
- (b) to the extent that the cash flows that arise from the contracts are expected not to vary with returns on underlying items, the appropriate discount rate should exclude any factors that influence the underlying items that are irrelevant to the contracts. Such factors include risks that are not present in the contracts but are present in the financial instrument for which the market prices are observed. Thus, the discount rate should not capture all of the characteristics of those assets, even if the entity views those assets as backing those contracts.

BC202 Some view the cash flows that result from a guarantee embedded in an insurance contract as:

- (a) variable in scenarios in which the guarantee amount is lower than the proportion of returns on underlying items promised to the policyholder; and

- (b) fixed in scenarios in which the guaranteed amount is higher than the proportion of returns on underlying items promised to the policyholder.

BC203 However, the cash flows resulting from the guarantees do not vary directly with returns on underlying items because they are not expected to vary directly with such returns in all scenarios. Accordingly, an asset-based discount rate (from assets with variable returns) would be inappropriate for such cash flows.

BC204 The Board noted that a link between cash flows and underlying items could be captured by using replicating portfolio techniques, or portfolio techniques that have similar outcomes (see paragraphs B46–B48 of IFRS 17). A replicating portfolio is a theoretical portfolio of assets providing cash flows that exactly match the cash flows from the liability in all scenarios. If such a portfolio exists, the appropriate discount rate(s) for the replicating portfolio would also be the appropriate discount rate(s) for the liability. If a replicating portfolio existed and could be measured directly, there would be no need to determine separately the cash flows and the discount rate for the part of the liability replicated by that portfolio. The measurements of the replicating portfolio and the replicated cash flows arising from the contracts would be identical.

BC205 However, the Board also noted that using a replicating portfolio technique might require splitting the cash flows of the insurance contracts into those that match the cash flows from the asset portfolio and those that do not. As discussed in paragraph BC261, many stakeholders argued that it is impossible to split the cash flows in this way. Hence, IFRS 17 permits, but does not require, the use of a replicating portfolio technique and allows other approaches, such as risk-neutral modelling.

Amendments to IFRS 17—feedback on the subjectivity in determining discount rates

BC205A When the Board considered feedback from entities implementing IFRS 17, it also considered feedback from users of financial statements that the principle-based requirements for determining discount rates could limit comparability between entities.

BC205B The Board made no amendments to IFRS 17 in response to that feedback. In the Board's view, requiring an entity to determine discount rates using a rule-based approach would result in outcomes that are appropriate only in some circumstances. IFRS 17 requires entities to apply judgement when determining the inputs most applicable in the circumstances. To enable users of financial statements to understand the discount rates used, and to facilitate comparability between entities, IFRS 17 requires entities to disclose information about the methods used and judgements applied.

Risk adjustment for non-financial risk (paragraphs 37 and B86–B92 of IFRS 17)

BC206 IFRS 17 requires entities to depict the risk that is inherent in insurance contracts by including a risk adjustment for non-financial risk in the measurement of those contracts. The risk adjustment for non-financial risk directly measures the non-financial risk in the contract.

BC207 This section discusses:

- (a) the reasons for including a risk adjustment for non-financial risk in the measurement of a group of insurance contracts (see paragraphs BC208–BC212);
- (b) the techniques for estimating the risk adjustment for non-financial risk (see paragraphs BC213–BC214C); and
- (c) the requirement to disclose a confidence level equivalent (see paragraphs BC215–BC217).

Reasons for including a risk adjustment for non-financial risk in the measurement of insurance contracts (paragraphs 37 and B86–B89 of IFRS 17)

- BC208 IFRS 17 requires the risk adjustment for non-financial risk to reflect the compensation that the entity requires for bearing the uncertainty about the amount and timing of the cash flows that arises from non-financial risk.
- BC209 In developing the objective of the risk adjustment for non-financial risk, the Board concluded that a risk adjustment for non-financial risk should not represent:
- (a) the compensation that a market participant would require for bearing the non-financial risk that is associated with the contract. As noted in paragraph BC17, the measurement model is not intended to measure the current exit value or fair value, which reflects the transfer of the liability to a market participant. Consequently, the risk adjustment for non-financial risk should be determined as the amount of compensation that the entity—not a market participant—would require.
 - (b) an amount that would provide a high degree of certainty that the entity would be able to fulfil the contract. Although such an amount might be appropriate for some regulatory purposes, it is not compatible with the Board's objective of providing information that will help users of financial statements make decisions about providing resources to the entity.
- BC210 The Board considered arguments that it not include a risk adjustment for non-financial risk in the fulfilment cash flows because:
- (a) no single well-defined approach exists for developing risk adjustments for non-financial risks that would meet the objective described in paragraph BC208 and provide consistency and comparability of results.
 - (b) some techniques are difficult to explain to users of financial statements and, for some techniques, it may be difficult to provide clear disclosures that would give users of financial statements an insight into the measure of the risk adjustment for non-financial risk that results from the technique.
 - (c) it is impossible to assess retrospectively whether a particular adjustment was reasonable, although preparers of financial statements may, in time, develop tools that help them to assess whether the amount of a risk adjustment for non-financial risk is appropriate for a given fact pattern. Over time, an entity may be able to assess whether subsequent outcomes are in line with its previous estimates of probability distributions. However, it would be difficult for the entity to assess whether, for example, a decision to set a confidence level at a particular percentile was appropriate.
 - (d) developing systems to determine risk adjustments for non-financial risk will involve cost, and some stakeholders doubt whether the benefits of such systems will be sufficient to justify that cost.
 - (e) the inclusion of an explicitly measured risk adjustment for non-financial risk in identifying a loss on initial recognition is inconsistent with IFRS 15.
 - (f) if the remeasurement of the risk adjustment for non-financial risk for an existing group of insurance contracts results in a loss, that loss will reverse in later periods as the entity is released from that risk. Reporting a loss followed by an expected reversal of that loss may confuse some users of financial statements.
 - (g) the risk adjustment for non-financial risk could be used to introduce bias into the measurement of an insurance contract.

- BC211 However, even given some of the limitations noted above, IFRS 17 requires a separate risk adjustment for non-financial risk because the Board decided that such an adjustment:
- (a) will result in an explicit measurement of the non-financial risk that will provide a clearer insight into the insurance contracts. In particular, it distinguishes risk-generating liabilities from risk-free liabilities. It will convey useful information to users of financial statements about the entity's view of the economic burden imposed by the non-financial risk associated with the entity's insurance contracts.
 - (b) will result in a profit recognition pattern that reflects both the profit recognised by bearing risk and the profit recognised by providing services. As a result, the profit recognition pattern is more sensitive to the economic drivers of the contract.
 - (c) will faithfully represent circumstances in which the entity has charged insufficient premiums for bearing the risk that the claims might ultimately exceed expected premiums.
 - (d) will report changes in estimates of risk promptly and in an understandable way.
- BC212 IFRS 17 requires entities to consider the risk adjustment for non-financial risk separately from the adjustment for the time value of money and financial risks. The Board observed that some previous accounting models combined these two adjustments by using discount rates adjusted for non-financial risk. However, the Board concluded that combining the two adjustments is inappropriate unless the risk is directly proportional to both the amount of the liability and the remaining time to maturity. Insurance contract liabilities often do not have these characteristics. For example, the average risk in a group of claims liabilities may rise over time because more complex claims incurred may take longer to resolve. Similarly, lapse risk may affect cash inflows more than it affects cash outflows. A single risk-adjusted discount rate is unlikely to capture such differences in risk. The Board therefore decided to require a separate risk adjustment for non-financial risk.

Techniques for measuring risk adjustments for non-financial risk (paragraphs B90–B92 of IFRS 17)

- BC213 The Board decided a principle-based approach for measuring the risk adjustment for non-financial risk, rather than identifying specific techniques, would be consistent with the Board's approach on how to determine a similar risk adjustment for non-financial risk in IFRS 13. Furthermore, the Board concluded that:
- (a) limiting the number of risk adjustment techniques would conflict with the Board's desire to set principle-based IFRS Standards. In particular situations, some techniques may be more applicable, or may be easier to implement, and it would not be practicable for an IFRS Standard to specify in detail every situation in which particular techniques would be appropriate. Furthermore, techniques may evolve over time. Specifying particular techniques might prevent an entity from improving its techniques.
 - (b) the objective of the risk adjustment for non-financial risk is to reflect the entity's perception of the economic burden of its non-financial risks. Specifying a level of aggregation for determining the risk adjustment for non-financial risk that was inconsistent with the entity's view of the burden of non-financial risk would contradict the objective of reflecting the entity's perception in the risk adjustment for non-financial risk.
- BC214 As a result, IFRS 17 states only the principle that the risk adjustment for non-financial risk should be the compensation the entity requires for bearing the uncertainty arising from non-financial risk that is inherent in the cash flows that arise as the entity fulfils the group of insurance contracts. Accordingly, the risk adjustment for non-financial risk reflects any diversification benefit the entity considers when determining the amount of compensation it requires for bearing that uncertainty.

Amendments to IFRS 17—feedback on the subjectivity in determining the risk adjustment for non-financial risk

BC214A When the Board considered feedback from entities implementing IFRS 17, it also considered feedback from users of financial statements that the principle-based requirements for determining the risk adjustment for non-financial risk could limit comparability between entities. The Board made no amendments to IFRS 17 in response to that feedback, for the same reason it made no amendments in response to similar feedback on discount rates (see paragraph BC205B).

Amendments to IFRS 17—feedback on the risk adjustment for non-financial risk in consolidated financial statements

BC214B The Transition Resource Group for IFRS 17 discussed an implementation question on determining the risk adjustment for non-financial risk in the consolidated financial statements of a group of entities. Transition Resource Group members held different views. Some members thought the risk adjustment for non-financial risk for a group of insurance contracts must be the same in the issuing subsidiary's stand-alone financial statements as in the consolidated financial statements of the group of entities. Other members thought the risk adjustment for non-financial risk may be measured differently in the issuing subsidiary's stand-alone financial statements from how it is measured in the consolidated financial statements of the group of entities.

BC214C The Board considered whether it should clarify its intention for determining the risk adjustment for non-financial risk in the consolidated financial statements of a group of entities in response to those different views. The Board concluded that doing so would address only some differences that could arise in the application of the requirements for determining the risk adjustment for non-financial risk, given the judgement required to apply those requirements. The Board concluded that practice needs to develop in this area. If necessary, the Board will seek to understand how the requirements are being applied as part of the Post-implementation Review of IFRS 17.

Confidence level disclosure (paragraph 119 of IFRS 17)

BC215 An important difference between IFRS 17 and IFRS 13 is that the risk adjustment for non-financial risk in IFRS 17 relies on an entity's own perception of its degree of risk aversion, rather than on a market participant's perception. This could result in entities determining different risk adjustments for non-financial risk for similar groups of insurance contracts. Accordingly, to allow users of financial statements to understand how the entity-specific assessment of risk aversion might differ from entity to entity, IFRS 17 requires entities to disclose the confidence level to which the risk adjustment for non-financial risk corresponds.

BC216 The Board acknowledges concerns that disclosure of the confidence level would be burdensome to prepare and may not provide information that is directly comparable. However, the Board did not identify any other approaches that would provide quantitative disclosure that would allow users of financial statements to compare the risk adjustments for non-financial risk using a consistent methodology across entities. In particular, the Board noted that this objective would not be achieved by:

- (a) disclosing the range of values of key inputs used to measure the risk adjustment for non-financial risk from a market participant's perspective; or
- (b) providing information about the relative magnitude of the risk adjustment for non-financial risk compared to total insurance contract liabilities.

BC217 The Board also considered whether a different technique, such as the cost of capital approach, should be used as the basis for comparison. Although the usefulness of the confidence level technique diminishes when the probability distribution is not statistically normal, which is often the case for insurance contracts, the cost of capital approach would be more complicated to calculate than would the confidence level disclosure. Also, the confidence level technique has the benefit of being relatively easy to communicate to users of financial statements and relatively easy to understand. The Board expects that many entities will have the information necessary to apply the cost of capital technique because that information will be required to comply with local regulatory requirements. However, the Board decided not to impose the more onerous requirements on entities when a simpler approach would be sufficient.

Measurement of the contractual service margin (paragraphs 38, 43–46 and B96–B119B of IFRS 17)

- BC218 The contractual service margin depicts the unearned profit the entity expects to generate from a group of insurance contracts (see paragraph BC21). The contractual service margin is determined on initial recognition of a group as the amount that eliminates any gains arising at that time. Subsequent adjustments to the carrying amount of the contractual service margin and its recognition in profit or loss determine how profit and revenue are recognised over the coverage period of the group.
- BC219 The contractual service margin cannot depict unearned losses. Instead, IFRS 17 requires an entity to recognise a loss in profit or loss for any excess of the expected present value of the future cash outflows above the expected present value of the future cash inflows, adjusted for risk (see paragraphs BC284–BC287 on losses on onerous contracts).
- BC220 IFRS 17 requires the carrying amount of the contractual service margin to be adjusted for (see paragraphs 44 and 45 of IFRS 17):
- (a) changes in estimates of the future unearned profit (see paragraphs BC222–BC269);
 - (b) insurance finance income or expenses (see paragraphs BC270–BC276E); and
 - (c) currency exchange differences (see paragraphs BC277–BC278).
- BC221 The resulting carrying amount at the end of the reporting period is allocated over the current and future periods, and the amount relating to the current period is recognised in profit or loss (see paragraphs BC279–BC283J).

Changes in estimates of the future unearned profit (paragraphs 44, 45 and B96–B118 of IFRS 17)

- BC222 The key service provided by insurance contracts is insurance coverage, but contracts may also provide investment-related or other services. The measurement of a group of insurance contracts at initial recognition includes a contractual service margin, which represents the margin the entity has charged for the services it provides in addition to bearing risk. The expected margin charged for bearing risk is represented by the risk adjustment for non-financial risk (see paragraphs BC206–BC214C).
- BC223 IFRS 17 requires an entity to measure the contractual service margin, on initial recognition of the group of insurance contracts, as the difference between the expected present value of cash inflows and the expected present value of cash outflows, after adjusting for uncertainty and any cash flows received or paid before or on initial recognition. IFRS 17 also requires an entity to update the measurement of the contractual service margin for changes in estimates of the fulfilment cash flows relating to future service, for the following reasons:
- (a) changes in estimates of the fulfilment cash flows relating to future service affect the future profitability of the group of insurance contracts. Thus, adjusting the contractual service margin to reflect these changes provides more relevant information about the remaining unearned profit in the group of insurance contracts after initial recognition than not adjusting the contractual service margin. Paragraphs BC227–BC237 discuss which changes in estimates relate to future service for insurance contracts without direct participation features, and paragraphs BC238–BC256H discuss which changes relate to future service for insurance contracts with direct participation features.
 - (b) increased consistency between measurement at initial recognition and subsequent measurement. If the contractual service margin were not adjusted for changes in estimates relating to future service, the estimates made at initial recognition would determine the contractual service margin, but changes in those estimates thereafter would not.

BC224 Having concluded that changes in estimates of the fulfilment cash flows relating to future service should adjust the contractual service margin, the Board further decided that:

- (a) it would not limit the amount by which the contractual service margin could be increased. Favourable changes in estimates—whether lower than expected cash outflows, higher than expected cash inflows or reductions in the risk adjustment for non-financial risk— increase the profit that the entity will recognise from the group.
- (b) the contractual service margin cannot be negative for a group of insurance contracts issued. Therefore, once the contractual service margin is reduced to zero, expected losses arising from the group will be recognised immediately in profit or loss. Any excess of the increase in the fulfilment cash flows over the contractual service margin means the group is expected to be onerous (ie loss-making) rather than profit-making in the future. Such losses are recognised as an increase in the liability and corresponding expense in the period.
- (c) only changes in estimates of fulfilment cash flows relating to future service result in an adjustment to the contractual service margin. Consistent with viewing the contractual service margin as unearned future profit, changes that relate to current or past periods do not affect the contractual service margin. Paragraphs BC227–BC247 discuss which changes in estimates relate to future service.
- (d) changes in estimates of fulfilment cash flows relating to future service include changes in the risk adjustment for non-financial risk that relate to future service.²⁷
- (e) adjustments to the contractual service margin are recognised prospectively using the latest estimates of the fulfilment cash flows. Except in the case of onerous groups of insurance contracts as explained in (b), any changes are recognised in profit or loss when the contractual service margin is recognised over the current period and the coverage period remaining after the adjustments are made. Revisions in estimates that adjust the contractual service margin result in a transfer between the components of the insurance contract liability, with no change in the total carrying amount of the liability. Therefore, the total insurance contract liability is remeasured for changes in estimates of expected cash flows only if there is an unfavourable change relating to future service that exceeds the remaining balance of the contractual service margin, ie if the group of insurance contracts becomes onerous. This remeasurement requirement is consistent with the measurement of contract liabilities under IFRS 15, which also does not remeasure performance obligations based on changes in estimates of future cash flows unless a contract is onerous.

Other approaches considered but rejected

Not adjusting the contractual service margin for subsequent changes in the future cash flows and risk adjustment for non-financial risk

BC225 The Board originally proposed that the contractual service margin recognised at initial recognition should not be adjusted subsequently to reflect the effects of changes in the estimates of the fulfilment cash flows. The reasons underlying that view were that:

- (a) changes in estimates during a reporting period are economic changes in the cost of fulfilling a group of insurance contracts in that period, even when they relate to future service. Recognising changes in estimates immediately in profit or loss would provide relevant information about changes in circumstances for insurance contracts.

²⁷ In June 2020, the Board amended paragraph B96(d) of IFRS 17 to clarify that if an entity chooses to disaggregate changes in the risk adjustment for non-financial risk between the insurance service result and insurance finance income or expenses, the entity should adjust the contractual service margin only for the changes related to non-financial risk (and not for changes in the risk adjustment for non-financial risk that result from the effects of the time value of money).

- (b) the contractual service margin represents an obligation to provide services that is separate from the obligation to make the payments required to fulfil the contracts. Changes in the estimates of the payments required to fulfil the contracts do not increase or decrease the obligation to provide services and consequently do not adjust the measurement of that obligation.
- (c) there would be accounting mismatches for changes in the estimates of financial market variables, such as discount rates and equity prices, if the assets that back insurance contract liabilities were measured at fair value through profit or loss and the contractual service margin was adjusted for those changes rather than being recognised in profit or loss.

BC226 However, many stakeholders stated that the measurement of the insurance contract liability would not provide relevant information about the unearned profit that would be recognised over the remaining coverage period if the contractual service margin were not adjusted to reflect changes in estimates made after initial recognition. Those with this view argued that it would be inconsistent to prohibit the recognition of gains on initial recognition, but then to require the subsequent recognition of gains on the basis of changes in estimates made immediately after initial recognition. The Board, persuaded by these views, accordingly decided to adjust the contractual service margin for changes in estimates of fulfilment cash flows that relate to future service.

Insurance contracts without direct participation features (paragraphs 44 and B96–B100 of IFRS 17)

BC227 In determining which changes in estimates relate to future service, IFRS 17 distinguishes two types of insurance contracts: those without direct participation features and those with direct participation features. Insurance contracts with direct participation features are discussed in paragraphs BC238–BC269C.

Time value of money and changes in assumptions relating to financial risk (paragraph B97(a) of IFRS 17)

BC228 For insurance contracts without direct participation features, the Board concluded that changes in the effects of the time value of money and financial risk do not affect the amount of unearned profit. This is the case even if the payments to policyholders vary with returns on underlying items through a participation mechanism, for the reasons set out in paragraphs BC229–BC231. Accordingly, the entity does not adjust the contractual service margin to reflect the effects of changes in these assumptions.

BC229 For insurance contracts without direct participation features, the underwriting result is regarded as the difference between the amount of premiums the entity charges (less any investment component) and the payments the entity makes because of the occurrence of the insured event. The insurance finance result reflects the interest arising on the group of insurance contracts because of the passage of time and the effect of changes in assumptions relating to financial risk. The statement(s) of financial performance also reflect gains and losses from the investments in which the premiums are invested. Such gains and losses would be recognised in profit or loss according to other applicable IFRS Standards.

BC230 Thus, for insurance contracts without direct participation features, the entity's profit from financing activities arises from the difference between:

- (a) the gains (or losses) from the investments; and
- (b) the change in the insurance contract liability depicted by the insurance finance income or expenses including the gains (or losses) the entity passes to the policyholder through any indirect participation mechanism.

- BC231 This approach to determining profit from financing activities reflects the separate accounting for the investment portfolio and the group of insurance contracts, regardless of any participation mechanism in the insurance contracts, consistent with the following:
- (a) the entity controls the cash flows of the investments, even when the entity is required to act in a fiduciary capacity for the policyholder.
 - (b) in most cases, an entity would be unlikely to have a legally enforceable right to set off the insurance contract liability with the investment portfolio, even if the investment portfolio were to be invested in assets that exactly match the entity's obligation, because the entity retains the obligation to pay the policyholders the amounts that are determined on the basis of the investments in the portfolio, irrespective of the entity's investment strategy.

Experience adjustments and changes in assumptions that do not relate to financial risk (Appendix A and paragraphs B96–B97 of IFRS 17)

- BC232 The Board decided that all changes in estimates of the liability for incurred claims relate to current or past service because they relate to coverage in previous periods.
- BC233 The Board defined experience adjustments as (a) differences between the premium receipts (and related cash flows) that were expected to happen in the period and the actual cash flows or (b) differences between incurred claims and expenses that were expected to happen in the period and the actual amounts incurred. The Board decided that for the liability for remaining coverage, in general, it was reasonable to assume that experience adjustments relate to current or past service. In contrast, changes in estimates of future cash flows in general can be assumed to relate to future service. The Board noted that experience adjustments relating to premiums received for future coverage relate to future service and are an exception to this general rule.
- BC234 The Board considered whether to establish a further exception to the general rule, for situations in which an experience adjustment directly causes a change in the estimates of the future cash flows. In some such cases, the experience adjustment and the change in the estimates of the future cash flows largely offset and adjusting the contractual service margin for only one effect might not seem an appropriate depiction of the single event. However, in other cases, the experience adjustment and the change in the estimates of the future cash flows do not offset each other and recognising the experience adjustment in profit or loss in the current period while adjusting the contractual service margin for the change in the estimates of the future cash flows appropriately depicts both effects. The Board concluded that not establishing any further exceptions to the general rule described in paragraph BC233 gave an appropriate result in most cases and avoided excessively complex requirements.
- BC235 The Board also considered the treatment of investment components. The Board did not regard as useful information, for example, the recognition of a gain for a delay in repaying an investment component accompanied by a loss that adjusts the contractual service margin for the expected later repayment. Acceleration or delay in repayments of investment components only gives rise to a gain or loss for the entity to the extent that the amount of the repayment is affected by its timing. Also, IFRS 17 does not require an entity to determine the amount of an investment component until a claim is incurred (see paragraph BC34). Accordingly, when a claim is incurred, IFRS 17 requires an entity to determine how much of that claim is an investment component, and whether it was expected to become payable that period. IFRS 17 requires any unexpected repayment of an investment component to adjust the contractual service margin. The contractual service margin will also be adjusted for changes in future estimates of cash flows which will include (but not separately identify) the reduction in future repayments of investment components. This achieves the desired result of the net effect on the contractual service margin being the effect of the change in timing of the repayment of the investment component.²⁸

²⁸ Paragraph B96(c) of IFRS 17 requires changes in fulfilment cash flows that arise from differences between any investment component expected to become payable in the period and the actual investment component that becomes payable in the period to adjust the contractual service margin. In June 2020, the Board amended IFRS 17 to specify that paragraph B96(c) of IFRS 17 does not apply to insurance finance income or expenses that depict the effect on the investment component of the time value of money and financial risk between the beginning of the period and the unexpected payment or non-payment of the investment component.

BC236 Requiring the contractual service margin to be adjusted for changes in estimates of the fulfilment cash flows but not for experience adjustments has the consequence that the accounting depends on the timing of a reporting date. To avoid IAS 34 *Interim Financial Reporting* being interpreted as requiring the recalculation of previously reported amounts, the Board decided that IFRS 17 should specifically prohibit entities from changing the treatment of accounting estimates made in previous interim financial statements when applying IFRS 17 in subsequent interim financial statements or in the annual reporting period.²⁹

Amendments to IFRS 17—the effect of accounting estimates made in interim financial statements

BC236A In June 2020, the Board amended IFRS 17 to require an entity to choose whether to change the treatment of accounting estimates made in previous interim financial statements when applying IFRS 17 in subsequent interim financial statements and in the annual reporting period.

BC236B The requirement relating to accounting estimates made in interim financial statements as described in paragraph BC236 was developed in response to feedback during the development of IFRS 17 that recalculating the carrying amount of the contractual service margin from the beginning to the end of an annual reporting period, when an entity has prepared interim financial statements during that period, would be a significant practical burden. However, some entities implementing IFRS 17 as issued in May 2017 said that the requirement described in paragraph BC236 would result in a practical burden that would be more significant than the burden the Board had intended to alleviate. Some of those entities said that the requirement was a burden particularly for entities in a consolidated group that report at different frequencies from each other, because there would be a need to maintain two sets of records to reflect the different treatments of the accounting estimates.

BC236C The Board concluded that permitting an accounting policy choice as described in paragraph BC236A would ease IFRS 17 implementation by enabling an entity to assess which accounting policy would be less burdensome. To avoid a significant loss of useful information for users of financial statements, an entity is required to consistently apply its choice to all groups of insurance contracts it issues and groups of reinsurance contracts it holds (that is, the accounting policy choice is at the reporting entity level).

BC236D The Board added a relief, related to the amendment, to the transition requirements for entities applying IFRS 17 for the first time (see paragraphs C14A and C19A of IFRS 17).

Discretionary cash flows (paragraphs B98–B100 of IFRS 17)

BC237 Insurance contracts without direct participation features often give rise to cash flows to policyholders over which the entity has some discretion regarding the amount or timing (see paragraphs BC167–BC170). IFRS 17 requires an entity to distinguish between the effect of changes in assumptions that relate to financial risks (which do not adjust the contractual service margin) and the effect of changes in discretion (which do adjust the contractual service margin). The Board noted that there are potentially many ways in which an entity could make that distinction. To ensure a consistent approach, the Board decided to require an entity to specify at the inception of a contract the basis on which it expects to determine its commitment under the contract, for example, based on a fixed interest rate, or on returns that vary based on specified asset returns.

²⁹ In June 2020, the Board amended the requirements relating to the effect of accounting estimates made in interim financial statements (see paragraphs BC236A–BC236D).

Insurance contracts with direct participation features (the variable fee approach) (paragraphs 45 and B101–B118 of IFRS 17)

- BC238 Insurance contracts with direct participation features are insurance contracts for which, on inception:
- (a) the contractual terms specify that the policyholder participates in a share of a clearly identified pool of underlying items;
 - (b) the entity expects to pay to the policyholder an amount equal to a substantial share of the fair value returns from the underlying items; and
 - (c) the entity expects a substantial proportion of any change in the amounts to be paid to the policyholder to vary with the change in fair value of the underlying items.
- BC239 The Board views these contracts as creating an obligation to pay policyholders an amount equal in value to specified underlying items, minus a variable fee for service. That fee is an amount equal to the entity's share of the fair value of the underlying items minus any expected cash flows that do not vary directly with the underlying items.
- BC240 IFRS 17 requires the contractual service margin for insurance contracts with direct participation features to be updated for more changes than those affecting the contractual service margin for other insurance contracts. In addition to the adjustments made for other insurance contracts, the contractual service margin for insurance contracts with direct participation features is also adjusted for the effect of changes in:
- (a) the entity's share of the underlying items; and
 - (b) financial risks other than those arising from the underlying items, for example the effect of financial guarantees.
- BC241 The Board decided that these differences are necessary to give a faithful representation of the different nature of the fee in these contracts. As explained in paragraphs BC228–BC231, the Board concluded that for many insurance contracts it is appropriate to depict the gains and losses on any investment portfolio related to the contracts in the same way as gains and losses on an investment portfolio unrelated to insurance contracts. However, the Board also considered a contrasting view that, for some contracts, the returns to the entity from a pool of underlying items should be viewed as the compensation that the entity charges the policyholder for service provided by the insurance contract, rather than as a share of returns from an unrelated investment. Under this contrasting view, changes in the estimate of the entity's share of returns are regarded as a change in the entity's compensation for the contract. Such changes in the entity's compensation should be recognised over the periods in which the entity provides the service promised in the contract, in the same way that changes in the estimates of the costs of providing the contract are recognised.
- BC242 In support of this view, the Board also noted that any benefit the entity receives from its share of the pool of underlying items can be regarded as a consequence of the entity holding those items to provide benefits to the policyholder. In addition, the Board also observed that the entity is often constrained when exercising its control over the underlying items because:
- (a) the quantum of underlying items is determined entirely by the premiums paid by the policyholder;
 - (b) the entity is usually expected to manage the policyholder's invested premiums for the benefit of the policyholders, acting for them in a fiduciary capacity; and
 - (c) some aspects of the entity's management of the underlying items might be specified in the contract.

BC243 Because of these features, some believe that, in some cases, the entity's interest in the underlying items is not, in substance, the equivalent of a direct holding in assets, but is equivalent to a variable fee the entity charges the policyholder, expressed as a share of the fair value of the underlying items. When applying this view:

- (a) the entity's obligation to the policyholder is considered to be the net of:
 - (i) the obligation to pay the policyholder an amount equal to the fair value of the underlying items; and
 - (ii) a variable fee that the entity deducts in exchange for the services provided by the insurance contract.
- (b) changes in the estimate of the obligation to pay the policyholder an amount equal to the fair value of the underlying items would be recognised in profit or loss or other comprehensive income, just as would changes in the fair value of most underlying items.
- (c) changes in the estimate of the variable fee for future service and changes in estimates of the cash flows relating to future service would be accounted for consistently. Accordingly, changes in the entity's share of the underlying items would adjust the contractual service margin so that the changes would be recognised in profit or loss over the coverage period.
- (d) the financial statements of the entity report a net investment return only to the extent that the return on the assets the entity holds (if measured at fair value through profit or loss) do not match the returns on the promised underlying items.

BC244 The Board concluded that returns to the entity from underlying items should be viewed as part of the compensation the entity charges the policyholder for service provided by the insurance contract, rather than as a share of returns from an unrelated investment, in a narrow set of circumstances in which the policyholders directly participate in a share of the returns on the underlying items. In such cases, the fact that the fee for the contract is determined by reference to a share of the returns on the underlying items is incidental to its nature as a fee. The Board concluded, therefore, that depicting the gains and losses on the entity's share of the underlying items as part of a variable fee for service faithfully represents the nature of the contractual arrangement.

BC245 The Board then considered how to specify when the entity's share of underlying items is viewed as part of the variable fee for service. The Board decided the underlying items do not need to be a portfolio of financial assets. They can comprise items such as the net assets of the entity or a subsidiary within the group that is the reporting entity. The Board also decided that all the following conditions need to be met:

- (a) the contract specifies a determinable fee. For this to be the case, the contract needs to specify that the policyholder participates in a share of a clearly identified pool of underlying items. Without a determinable fee, which can be expressed as a percentage of portfolio returns or portfolio asset values rather than only as a monetary amount, the share of returns on the underlying items the entity retains would be entirely at the discretion of the entity, and, in the Board's view, this would not be consistent with that amount being equivalent to a fee.
- (b) the entity's primary obligation is to pay to the policyholder an amount equal to the fair value of the underlying items. For this to be the case:
 - (i) the entity should expect to pay to the policyholder an amount equal to a substantial share of the fair value returns on the underlying items. It would not be a faithful representation to depict an obligation to pay an amount equal to the fair value of the underlying items if the policyholder does not expect to receive a substantial part of the fair value returns on the underlying items.

- (ii) the entity should expect a substantial proportion of any change in the amounts to be paid to the policyholder to vary with the change in fair value of the underlying items. It would not be a faithful representation to depict an obligation to pay an amount equal to the fair value of the underlying items if the entity were not to expect changes in the amount to be paid to vary with the change in fair value of the underlying items.

BC246 The Board used these conditions to define insurance contracts with direct participation features as described in paragraph BC238. The Board also decided that the entity need not hold the underlying items, because the measurement of insurance contracts should not depend on what assets the entity holds. The Board extended the adjustments to the contractual service margin as described in paragraphs BC239–BC240 to reflect the view that the entity’s share of underlying items is part of the variable fee for service. In such cases, variability in the fee is driven by changes in assumptions relating to financial risk. Therefore, the Board decided that it is also appropriate to regard as part of the fee the effect of changes in assumptions relating to financial risk on the fulfilment cash flows that do not vary based on returns on the underlying items.

BC247 Hence, the additional adjustments to the contractual service margin described in paragraph BC246 are caused by changes in assumptions related to financial risk. However, the contractual service margin is adjusted only to the extent that it does not become negative. Beyond that, the changes in assumptions cause a gain or loss to be recognised in the statement(s) of financial performance. The Board considered whether such gains and losses should be included as losses on groups of onerous contracts in insurance service result or as insurance finance income or expenses. The Board concluded that the former provided information that was consistent with the treatment of such changes as being part of the variable fee for service.

BC248 For reinsurance contracts an entity holds, the entity and the reinsurer do not share in the returns on underlying items, and so the criteria in paragraph BC238 are not met, even if the underlying insurance contracts issued are insurance contracts with direct participation features. The Board considered whether it should modify the scope of the variable fee approach to include reinsurance contracts held, if the underlying insurance contracts issued are insurance contracts with direct participation features. But such an approach would be inconsistent with the Board’s view that a reinsurance contract held should be accounted for separately from the underlying contracts issued.

BC249 Although some types of reinsurance contracts issued might meet the criteria in paragraph BC238, the Board decided that reinsurance contracts issued are not eligible for the variable fee approach. This is because the view that the returns to the entity from a pool of underlying items should be viewed as part of the compensation that the entity charges the policyholder for the service provided by the insurance contract (see paragraph BC241) does not apply to reinsurance contracts issued.³⁰

Amendments to IFRS 17—scope of the variable fee approach (paragraphs B101 and B107 of IFRS 17)

BC249A The requirements of IFRS 17 with the additional adjustments to the contractual service margin described in paragraph BC246 are referred to as the variable fee approach. Some entities implementing IFRS 17 suggested the Board expand the scope of the variable fee approach to include:

- (a) insurance contracts that some stakeholders view as economically similar to insurance contracts with direct participation features, except that these contracts do not meet the criterion in paragraph B101(a) of IFRS 17; and
- (b) reinsurance contracts issued and reinsurance contracts held, which are explicitly excluded from the scope of the variable fee approach applying paragraph B109 of IFRS 17.

³⁰ The Board subsequently reaffirmed this view when it considered similar feedback from entities implementing IFRS 17 (see paragraph BC249C).

- BC249B The Board considered but rejected the suggestions described in paragraph BC249A(a). The additional adjustments to the contractual service margin in the variable fee approach were designed specifically to faithfully represent the profit from insurance contracts within the scope of the variable fee approach. Therefore, if the Board were to amend the scope of the variable fee approach, it would need to consider amending those adjustments. The Board also observed that whatever the scope of the variable fee approach, differences would arise between the accounting for contracts within the scope and contracts outside the scope.
- BC249C The Board considered but rejected suggestions described in paragraph BC249A(b). The Board concluded that reinsurance contracts are not substantially investment-related service contracts. The variable fee approach was designed specifically so an entity issuing insurance contracts that are substantially investment-related service contracts would account for profit similarly to an entity issuing asset management contracts. Some stakeholders said that excluding reinsurance contracts held from the scope of the variable fee approach creates an accounting mismatch when a reinsurance contract held covers underlying insurance contracts that are within the scope of the variable fee approach. The Board responded to that concern by amending the risk mitigation option (see paragraphs BC256A–BC256B).
- BC249D In June 2020, the Board amended paragraph B107 of IFRS 17 to replace a reference to ‘the group of insurance contracts’ with ‘the insurance contract’. Applying paragraph B101 of IFRS 17, an entity assesses whether an insurance contract (rather than a group of insurance contracts) is within the scope of the variable fee approach. The reference to a group of insurance contracts in paragraph B107 of IFRS 17 was a drafting error and was inconsistent with the requirements in paragraph B101 of IFRS 17. Some stakeholders said this amendment would be a major change and disruptive to IFRS 17 implementation. Those stakeholders had assumed that an entity was required to apply the criteria for the scope of the variable fee approach at a group level. The Board concluded that it needed to fix the drafting error in paragraph B107 of IFRS 17 to enable consistent application of the requirements. The Board noted that some stakeholders had interpreted a contract-level assessment as being more burdensome than it is because they thought an individual assessment was required for every contract. However, the Board observed that one assessment should be sufficient for an entity to determine whether the criteria are met for each contract in a set of homogenous contracts issued in the same market conditions and priced on the same basis.

Effect of risk mitigation (paragraphs B115–B118 of IFRS 17)

- BC250 Amounts payable to policyholders create risks for an entity, particularly if the amounts payable are independent of the amounts that the entity receives from investments; for example, if the insurance contract includes guarantees. An entity is also at risk from possible changes in its share of the fair value returns on underlying items. An entity may purchase derivatives to mitigate such risks. When applying IFRS 9, such derivatives are measured at fair value.
- BC251 For contracts without direct participation features, the contractual service margin is not adjusted for the changes in fulfilment cash flows the derivatives are intended to mitigate. Hence, both the change in the carrying amount of fulfilment cash flows and the change in the value of the derivative will be recognised in the statement(s) of financial performance. If the entity chooses to recognise all insurance finance income or expenses in profit or loss, there will be no accounting mismatch between the recognition of the change in the value of the derivative and the recognition of the change in the carrying amount of the insurance contract.
- BC252 However, for contracts with direct participation features the contractual service margin would be adjusted for the changes in the fulfilment cash flows, including changes that the derivatives are intended to mitigate. Consequently, the change in the value of the derivative would be recognised in profit or loss, but, unless the group of insurance contracts was onerous, there would be no equivalent change in the carrying amount to recognise, creating an accounting mismatch.
- BC253 A similar accounting mismatch arises if the entity uses derivatives to mitigate risk arising from its share of the fair value return on underlying items.

- BC254 The Board concluded that, to avoid such accounting mismatches created by the variable fee approach, an entity should be allowed not to adjust the contractual service margin for the changes in the fulfilment cash flows and the entity's share in the fair value return on the underlying items that the derivatives are intended to mitigate.
- BC255 Such an option reduces the comparability of the measurement of insurance contracts because the contractual service margin will be adjusted by a different amount depending on whether, and the extent to which, an entity chooses to apply this approach. To limit the reduction in comparability, the Board decided that an entity may make this choice only to the extent that, in accordance with a previously documented risk management objective and strategy for using derivatives to mitigate financial market risk arising from those fulfilment cash flows:³¹
- (a) the entity uses a derivative to mitigate the financial risk arising from the group of insurance contracts.³²
 - (b) an economic offset exists between the group of insurance contracts and the derivative, ie the values of the group of insurance contracts and the derivative generally move in opposite directions because they respond in a similar way to the changes in the risk being mitigated. An entity does not consider accounting measurement differences in assessing the economic offset.
 - (c) credit risk does not dominate the economic offset.
- BC256 The Board considered an alternative approach to reducing accounting mismatches arising from such derivatives. This approach would have allowed an entity to recognise in profit or loss the change in fair value of a hypothetical derivative that matches the critical terms of the specified fulfilment cash flows or the entity's share of the fair value return on the underlying items. This might have resulted in a greater reduction in accounting mismatches, because a fair value measurement would have been used in profit or loss for both the 'hedged' fulfilment cash flows and the 'hedging' derivative, relative to the measurement being used for the fulfilment cash flows under IFRS 17. However, the Board concluded that such an approach would involve too much additional complexity.

Amendments to IFRS 17—risk mitigation using instruments other than derivatives

- BC256A In June 2020, the Board amended IFRS 17 to extend the risk mitigation option in paragraphs B115–B116 of IFRS 17 to apply when an entity uses:
- (a) reinsurance contracts held to mitigate the effect of financial risk on the amount of the entity's share of the underlying items or the fulfilment cash flows set out in paragraph B113(b) of IFRS 17 (see paragraph BC256B); or
 - (b) non-derivative financial instruments measured at fair value through profit or loss to mitigate the effect of financial risk on the fulfilment cash flows set out in paragraph B113(b) of IFRS 17 (see paragraph BC256C).

³¹ In June 2020, the Board amended IFRS 17 to clarify that an entity ceases to apply the risk mitigation option if, and only if, the conditions described in paragraph BC255 cease to be met.

³² In June 2020, the Board amended IFRS 17 so that the risk mitigation option also applies in specified circumstances when an entity mitigates financial risk using reinsurance contracts held or non-derivative financial instruments measured at fair value through profit or loss (see paragraphs BC256A–BC256F).

BC256B Some stakeholders said that applying the requirements in IFRS 17 results in an accounting mismatch when an entity holds a reinsurance contract that covers insurance contracts with direct participation features. The entity accounts for the underlying insurance contracts issued, but not the reinsurance contract held, applying the variable fee approach. Reinsurance contracts that cover insurance contracts with direct participation features transfer both non-financial and financial risk to the reinsurer. The Board considered but rejected a suggestion to permit an entity to apply the variable fee approach to such reinsurance contracts held (see paragraph BC249C). However, the Board acknowledged that when an entity mitigates the effect of financial risk using a reinsurance contract held, an accounting mismatch could arise that is similar to the mismatch that could arise when an entity mitigates the effect of financial risk using derivatives (see paragraph BC252). Accordingly, the Board amended IFRS 17 so that the risk mitigation option applies in the same way when an entity uses reinsurance contracts held as when an entity uses derivatives.

BC256C Some stakeholders said that some entities mitigate the effect of some financial risk on fulfilment cash flows that do not vary with returns on underlying items (the cash flows set out in paragraph B113(b) of IFRS 17) using non-derivative financial instruments. The Board was persuaded that if such non-derivative financial instruments are measured at fair value through profit or loss, an accounting mismatch could arise, which is similar to the accounting mismatch for derivatives (see paragraph BC252). Accordingly, the Board extended the risk mitigation option to apply in such circumstances. The Board decided to limit the extension to only non-derivative financial instruments measured at fair value through profit or loss. For such non-derivative financial instruments, the extension resolves the accounting mismatch in the same way it resolves the accounting mismatch for derivatives (which are also measured at fair value through profit or loss).

BC256D The Board considered but rejected a suggestion that an entity should be permitted to apply the risk mitigation option when it uses non-derivative financial instruments measured at fair value through other comprehensive income. The Board observed that in most circumstances the risk mitigation option would not resolve perceived mismatches between amounts recognised in profit or loss relating to:

- (a) insurance contracts with direct participation features using the other comprehensive income option in IFRS 17; and
- (b) assets measured at fair value through other comprehensive income.

BC256E The amounts described in paragraph BC256D will differ depending on when the financial assets and the insurance liabilities are acquired or issued and depending on their duration. Further, the suggestion in paragraph BC256D would have resulted in any ineffectiveness of the risk mitigation strategy being recognised in other comprehensive income. That would be inconsistent with the hedge accounting requirements in IFRS 9 which result in the ineffectiveness of hedging strategies having a transparent effect on profit or loss. The Board observed that an entity could avoid mismatches by applying together the fair value option in IFRS 9 (to designate financial assets at fair value through profit or loss) and the risk mitigation option in IFRS 17.

BC256F The Board also considered but rejected a suggestion that an entity should be permitted to apply the risk mitigation option when it uses non-derivative financial instruments to mitigate the effect of financial risk on the entity's share of the fair value of the underlying items (see paragraph B112 of IFRS 17). Some stakeholders said that an entity may mitigate such financial risk by investing premiums in assets other than the underlying items—for example, fixed rate bonds. The Board concluded that permitting an entity to apply the risk mitigation option in that circumstance would contradict the principle that an entity need not hold the underlying items for the variable fee approach to apply (see paragraph BC246).

Amendments to IFRS 17—applying the risk mitigation option and the other comprehensive income option (paragraphs 87A–89 and B117A of IFRS 17)

BC256G In June 2020, the Board amended IFRS 17 to specify that paragraphs 88 and 89 of IFRS 17 do not apply to the insurance finance income or expenses that arise from the application of the risk mitigation option. Instead, the Board specified that such insurance finance income or expenses are presented in:

- (a) profit or loss if the entity mitigates financial risk using financial instruments measured at fair value through profit or loss; and
- (b) profit or loss or other comprehensive income applying the same accounting policy the entity applies to a reinsurance contract held if the entity mitigates financial risk using that reinsurance contract held.

BC256H The amendment described in paragraph BC256G resolves a mismatch that would otherwise have arisen between amounts recognised in profit or loss for a group of insurance contracts with direct participation features and amounts recognised in profit or loss on the items used to mitigate financial risk arising from the insurance contracts. The mismatch would have arisen if an entity determined the amounts recognised in profit or loss on the group of insurance contracts by applying both paragraph 89 of IFRS 17 (to include some insurance finance income or expenses in other comprehensive income) and paragraph B115 of IFRS 17 (the risk mitigation option).

Complexity

BC257 Treating insurance contracts with direct participation features differently from insurance contracts without direct participation features adds complexity for preparers and users of financial statements. Preparers have to determine the category in which their insurance contracts belong, and users need to understand the implications of the different accounting requirements. The Board noted that the measurement of the fulfilment cash flows is the same for both types of contract, and the differences are limited to the treatment of the contractual service margin. The Board was persuaded that those differences are necessary to provide a faithful representation of the different nature of the types of contract.

Other approaches considered but rejected

Adjusting the contractual service margin by changes in the carrying amount of underlying items for all contracts

BC258 Some stakeholders advocated adjusting the contractual service margin for changes in the carrying amount of underlying items whenever the insurance contracts require the amounts paid to policyholders to vary with returns on underlying items. However, the Board rejected that broad application of the variable fee concept, after deciding that it is useful only for insurance contracts that are substantially investment-related service contracts.

A 'mirroring' approach

BC259 In the 2013 Exposure Draft, the Board proposed a 'mirroring approach' for the measurement and presentation of contracts that require an entity to hold underlying items and that specify a link to returns on those underlying items. The essence of the mirroring approach was that, to the extent that an entity expects to settle fulfilment cash flows payable to policyholders with assets or other underlying items it holds, the entity would measure those fulfilment cash flows just as it measures the underlying items. Similarly, an entity would recognise changes in fulfilment cash flows subject to the mirroring approach (those that are expected to vary directly with returns on underlying items) in profit or loss or other comprehensive income on the same basis as the recognition of changes in the value of the underlying items. All other cash flows would be measured using the general requirements.

BC260 Mirroring would have eliminated accounting, but not economic, mismatches between the cash flows from an insurance contract and underlying items when the terms of the contract mean that the entity will not suffer any economic mismatches. However, not all cash flows in an insurance contract will vary directly with returns on underlying items.

- BC261 Many stakeholders endorsed the Board's intention to eliminate accounting mismatches for some participating contracts. However, many criticised the Board's approach as being unduly complex and questioned whether the proposals could be made workable. In particular, many stakeholders stated that it would be difficult for entities to separate and measure separately the different components of the insurance contract. Some suggested that any decomposition of interrelated cash flows would be arbitrary and that separate measurement would lead to different valuations of an insurance contract depending on arbitrary decisions.
- BC262 Many stakeholders were also concerned because the mirroring proposals would mean that the measurement outcome for some participating contracts would differ markedly from the measurement outcome for other insurance contracts based on only subtle differences in the characteristics of the contracts. In addition, some preparers and regulators were concerned that when the underlying items are measured at cost, the carrying value of the insurance contract would not be a current value. As a result, mirroring would widen the difference between the liability measured for financial reporting purposes and the liability recognised for regulatory purposes.
- BC263 Given this feedback, the Board rejected the mirroring approach and developed the variable fee approach instead.

Insurers that are mutual entities

- BC264 Some stakeholders supported the mirroring approach particularly for insurers that are mutual entities. They argued that mirroring was necessary for such insurers because the effect of accounting mismatches between assets that cannot be measured at fair value and fulfilment cash flows measured at current value can have a particularly significant effect on their reported financial position and financial performance.
- BC265 A defining feature of an insurer that is a mutual entity is that the most residual interest of the entity is due to a policyholder and not a shareholder. When applying IFRS 17, payments to policyholders form part of the fulfilment cash flows regardless of whether those payments are expected to be made to current or future policyholders. Thus, the fulfilment cash flows of an insurer that is a mutual entity generally include the rights of policyholders to the whole of any surplus of assets over liabilities. This means that, for an insurer that is a mutual entity, there should, in principle, normally be no equity remaining and no net comprehensive income reported in any accounting period.³³
- BC266 However, there may be accounting mismatches between the measurement of insurance contracts and the measurement of the other net assets of an insurer that is a mutual entity. Insurance contracts are measured at current value, which, for an insurer that is a mutual entity, incorporates information about the fair value of the other assets and liabilities of the entity. Many of these other assets and liabilities are not required to be measured at fair value in applying IFRS Standards; for example, amortised cost financial assets, deferred tax balances, goodwill in subsidiaries and pension scheme surpluses and deficits. Furthermore, the carrying amounts of assets that are not measured at fair value are more likely to be measured at a value lower rather than higher than fair value because of requirements to recognise impairments.³⁴
- BC267 Hence, when liabilities are measured in applying IFRS 17, insurers that are mutual entities might report liabilities greater than recognised assets in their financial statements, even though those entities are solvent for regulatory purposes and economically have no equity (rather than negative equity). To prevent insurers that are mutual entities from reporting negative equity, some stakeholders suggested that the mirroring approach be retained for such entities to eliminate or reduce the effect of accounting mismatches.³⁵

³³ When developing the June 2020 amendments to IFRS 17, the Board noted that some entities described in practice as mutual entities do not have the feature that the most residual interest of the entity is due to a policyholder (see paragraphs BC269A–BC269C). Paragraphs BC265–BC269 describe the outcome of applying IFRS 17 for entities for which the most residual interest of the entity is due to a policyholder.

³⁴ When developing the June 2020 amendments to IFRS 17, the Board noted that some entities described in practice as mutual entities do not have the feature that the most residual interest of the entity is due to a policyholder (see paragraphs BC269A–BC269C). Paragraphs BC265–BC269 describe the outcome of applying IFRS 17 for entities for which the most residual interest of the entity is due to a policyholder.

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BC268 However, the Board noted that one consequence of retaining the mirroring approach for insurers that are mutual entities would be that an identical insurance contract would be measured on a different basis only because it was issued by an insurer that is a mutual entity. Comparability across entities is enhanced if economically similar products are accounted for in a similar way regardless of the legal form of the entity holding or issuing the product. In addition, the Board noted that applying the mirroring approach would mean that part of the fulfilment cash flows of an insurer that is a mutual entity would not be measured at current value, which was a major concern about the mirroring approach for some regulators (see paragraph BC262). Hence, the Board concluded that it should not retain the mirroring approach for insurers that are mutual entities.³⁶

BC269 The Board noted that to provide useful information about its financial position and financial performance, an insurer that is a mutual entity can distinguish:

- (a) in the statement of financial position, the liability attributable to policyholders in their capacity as policyholders from the liability attributable to policyholders with the most residual interest in the entity; and
- (b) in the statement(s) of financial performance, the income or expenses attributable to policyholders in their capacity as policyholders before determination of the amounts attributable to policyholders with the most residual interest in the entity.³⁷

Amendments to IFRS 17—feedback on insurers that are mutual entities

BC269A Entities implementing IFRS 17 expressed the following concerns about mutual entities:

- (a) applying IFRS 17 as described in paragraph BC265 would result in a misleading depiction of the financial position and financial performance of an entity with the feature that the most residual interest of the entity is due to a policyholder; and
- (b) some entities described in practice as mutual entities do not have the feature that the most residual interest of the entity is due to a policyholder.

BC269B The Board reaffirmed its decision that IFRS 17 should not include any specific requirements or exceptions to requirements in IFRS 17 for entities that issue insurance contracts under which the most residual interest of the entity is due to a policyholder because:

- (a) a core principle of IFRS 17 applicable to all entities is the requirement to include in the fulfilment cash flows all the expected future cash flows that arise within the boundary of insurance contracts, including discretionary cash flows and those due to future policyholders;
- (b) if entities were required to account for the same insurance contract differently depending on the type of entity issuing the contract, comparability among entities would be reduced; and
- (c) a robust definition of entities to which different requirements would apply would be difficult to create.

BC269C In response to the concern described in paragraph BC269A(b), the Board added the footnote to paragraphs BC265–BC269.

³⁶ When developing the June 2020 amendments to IFRS 17, the Board noted that some entities described in practice as mutual entities do not have the feature that the most residual interest of the entity is due to a policyholder (see paragraphs BC269A–BC269C). Paragraphs BC265–BC269 describe the outcome of applying IFRS 17 for entities for which the most residual interest of the entity is due to a policyholder.

³⁷ When developing the June 2020 amendments to IFRS 17, the Board noted that some entities described in practice as mutual entities do not have the feature that the most residual interest of the entity is due to a policyholder (see paragraphs BC269A–BC269C). Paragraphs BC265–BC269 describe the outcome of applying IFRS 17 for entities for which the most residual interest of the entity is due to a policyholder.

Insurance finance income or expenses on the contractual service margin (paragraphs 44(b) and 45(b) of IFRS 17)

- BC270 IFRS 17 requires an entity to adjust the contractual service margin for a financing effect. The contractual service margin is one part of an overall measure of insurance contracts, and including in it a financing effect is consistent with the measurement of the other part (the fulfilment cash flows), which is adjusted for the time value of money and the effect of financial risks. Some argued that the contractual service margin should not be adjusted for a financing effect on the grounds of simplicity and because they view the contractual service margin as being a deferred credit rather than a representation of a component of an obligation. However, adjusting the contractual service margin for a financing effect is consistent with IFRS 15.
- BC271 The way in which a financing effect is included in the contractual service margin differs between insurance contracts without direct participation features and insurance contracts with direct participation features.
- BC272 For insurance contracts without direct participation features, IFRS 17 requires an entity to calculate interest on the contractual service margin. In the Board's view, on initial recognition the contractual service margin can be viewed as an allocation of part of the transaction price, which is the consideration paid or payable by the policyholder. Calculating interest on the contractual service margin is consistent with IFRS 15, which requires an entity to adjust the promised consideration to reflect the time value of money if the contract has a significant financing component. As a result of that adjustment, the transaction price would reflect the amount the customer would pay in cash for the promised good or service when they receive the good or service. Consequently, an entity would recognise revenue at an amount that corresponds to the cash selling price of the good or service, with the effects of the financing presented separately from revenue (as interest expense or interest income).
- BC273 Because the contractual service margin is measured at initial recognition of the group of insurance contracts, the Board decided that the interest rate used to accrete interest on the contractual service margin for insurance contracts without direct participation features should be locked in at initial recognition and not adjusted subsequently. The Board also decided, for the sake of simplicity, that the rate should be a rate applicable to nominal cash flows that do not vary based on asset returns. Locking in the rate is consistent with the determination of the contractual service margin on initial recognition and making no adjustments for changes in assumptions relating to financial risk.
- BC274 Some stakeholders argued that interest should be accreted at a current rate on the grounds that the current rate would be consistent with the measurement of the fulfilment cash flows. Also, a locked-in rate requires information about historical rates that would not otherwise be needed for entities not using the option to include insurance finance income or expenses in profit or loss using a systematic allocation (see paragraphs BC42–BC44). However, the Board noted that accreting interest on the contractual service margin for an accounting period at a current rate differs from measuring cash flows at a current rate. The contractual service margin does not represent future cash flows; it represents the unearned profit in the contract, measured at the point of initial recognition and adjusted only for specified amounts. For insurance contracts without direct participation features, the contractual service margin is not adjusted (remeasured) for changes in interest rates for the reasons set out in paragraphs BC228–BC231. Accreting interest for a period at a current rate without also remeasuring the contractual service margin at the start of the period would create an internally inconsistent measurement of the contractual service margin.

- BC275 For insurance contracts without direct participation features, IFRS 17 requires the contractual service margin to be adjusted for changes in estimates of future cash flows that relate to future service. When measuring the fulfilment cash flows, these changes in estimates are measured consistently with all other aspects of the fulfilment cash flows using a current discount rate. However, the contractual service margin is determined using the discount rate that applies on initial recognition. To make the contractual service margin internally consistent, the Board decided that the adjustments for changes in estimates of future cash flows also need to be measured at the rate that applied on initial recognition. This leads to a difference between the change in the fulfilment cash flows and the adjustment to the contractual service margin—the difference between the change in the future cash flows measured at a current rate and the change in the future cash flows measured at the rate that had applied on initial recognition. That difference gives rise to a gain or loss that is included in profit or loss or other comprehensive income, depending on the accounting policy choice an entity makes for the presentation of insurance finance income or expenses.
- BC276 For insurance contracts with direct participation features, IFRS 17 requires an entity to remeasure the contractual service margin for the entity's share in the change in the fair value of the underlying items. The remeasurement of the contractual service margin reflects current rates and changes in the value of the consideration received. Remeasuring the contractual service margin in this way is consistent with the view that the entity is earning a variable fee from the contract—the amount it deducts from its obligation to return the value of underlying items to the policyholder (see paragraphs BC238–BC247). A consequence of this is that insurance revenue includes changes in the entity's share in the change in the fair value of the underlying items. As set out in paragraphs B121–B124 of IFRS 17, insurance revenue includes the amount of contractual service margin allocated to the period for services provided in the period. The allocation of the contractual service margin amount is based on the remeasured contractual service margin. Insurance revenue for the period is therefore also based on that remeasured amount. The Board decided this appropriately reflects the variable nature of the fee for such contracts.

Amendments to IFRS 17—feedback on discount rates used to determine adjustments to the contractual service margin

- BC276A For insurance contracts without direct participation features, differences arise between a change in the fulfilment cash flows measured using current discount rates, and the resulting adjustment to the contractual service margin measured using discount rates locked in at initial recognition (see paragraph BC275). Consistent with the feedback set out in paragraph BC274, entities implementing IFRS 17 continued to express concerns about such differences.
- BC276B Some stakeholders suggested that an amendment to require an entity to measure adjustments to the contractual service margin using the current discount rates used for the measurement of the fulfilment cash flows would reduce the operational burden of applying the Standard. Others said such an amendment would be conceptually appropriate.
- BC276C The fulfilment cash flows and the contractual service margin are the two components of the measurement of insurance contracts. The fulfilment cash flows are a current risk-adjusted estimate of future cash flows expected to arise from a group of insurance contracts. In contrast, the contractual service margin is the profit expected to arise from future service that an entity will provide for a group of insurance contracts. The contractual service margin on initial recognition of a group is the difference between the estimated cash inflows and estimated cash outflows (adjusted for the effect of the time value of money, non-financial risk and financial risk). The contractual service margin is not a future cash flow. When changes in fulfilment cash flows relate to future service, the expected profit relating to that future service changes. Accordingly, those changes in estimates adjust the contractual service margin.

BC276D The Board considered but rejected the suggestions to amend IFRS 17 described in paragraph BC276B for the reasons that led it to conclude, while developing IFRS 17, that an entity should determine adjustments to the contractual service margin using locked-in discount rates (see paragraphs BC273–BC275). An entity would measure profit inconsistently if it were to measure the effect of future cash flows on the contractual service margin at discount rates that differed depending on when such future cash flows become part of the expected cash flows. The Board concluded that measuring the contractual service margin at the discount rates determined at the date of initial recognition (that is, locked-in discount rates) provides a faithful representation of the revenue earned as the entity provides services, reflecting the price set at the contract issue date for that service. In contrast, measuring changes in the contractual service margin using current rates would result in arbitrary amounts relating to the effects of changes in discount rates being reflected in the insurance service result rather than in insurance finance income or expenses. A core benefit introduced by IFRS 17 is the presentation of insurance finance income or expenses separately from the insurance service result.

BC276E The Board disagreed with stakeholders who said that entities would have difficulty explaining to users of financial statements a gain or loss arising from the differences between a change in fulfilment cash flows and a change in the adjustment to the contractual service margin. The Board observed that the gain or loss provides information about the cumulative amount of insurance finance income or expenses that had been previously recognised and should be reversed, or the amount that was not previously recognised and now is.

Foreign currency (paragraph 30 of IFRS 17)

BC277 When applying IAS 21 *The Effects of Changes in Foreign Exchange Rates*, the fulfilment cash flows are clearly monetary items. However, the contractual service margin component might be classified as non-monetary because it is similar to prepayments for goods and services. The Board decided that it would be simpler to treat all components of the measurement of an insurance contract denominated in a single currency as either monetary or non-monetary. Because the measurement in IFRS 17 is largely based on estimates of future cash flows, the Board concluded that it is more appropriate to view an insurance contract as a whole as a monetary item.

BC278 Accordingly, IFRS 17 requires an insurance contract to be treated as a monetary item for foreign currency translation in applying IAS 21. This applies for both the fulfilment cash flows and the contractual service margin. The Board's conclusion that the insurance contract is a monetary item does not change if an entity measures a group of insurance contracts using the simplified approach for the measurement of the liability for remaining coverage.

Recognition in profit or loss (paragraphs 44(e), 45(e) and B119-B119B of IFRS 17)

BC279 As discussed in paragraph BC21, the Board views the contractual service margin as depicting the unearned profit for coverage and other services provided over the coverage period. Insurance coverage is the defining service provided by insurance contracts. The Board noted that an entity provides this service over the whole of the coverage period, and not just when it incurs a claim. Consequently, IFRS 17 requires the contractual service margin to be recognised over the coverage period in a pattern that reflects the provision of coverage as required by the contract. To achieve this, the contractual service margin for a group of insurance contracts remaining (before any allocation) at the end of the reporting period is allocated over the coverage provided in the current period and expected remaining future coverage, on the basis of coverage units, reflecting the expected duration and quantity of benefits provided by contracts in the group. The Board considered whether:

- (a) the contractual service margin should be allocated based on the pattern of expected cash flows or on the change in the risk adjustment for non-financial risk caused by the release of risk. However, the Board decided the pattern of expected cash flows and the release of the risk adjustment for non-financial risk are not relevant factors in determining the satisfaction of the performance obligation of the entity. They are already included in the measurement of the fulfilment cash flows and do not need to be considered in the allocation of the contractual service margin. Hence, the Board concluded that coverage units better reflect the provision of insurance coverage.

- (b) the contractual service margin should be allocated before any adjustments made because of changes in fulfilment cash flows that relate to future service. However, the Board concluded that allocating the amount of the contractual service margin adjusted for the most up-to-date assumptions provides the most relevant information about the profit earned from service provided in the period and the profit to be earned in the future from future service.³⁸

- BC280 The Board considered whether the allocation of the contractual service margin based on coverage units would result in profit being recognised too early for insurance contracts with fees determined based on the returns on underlying items. For such contracts, IFRS 17 requires the contractual service margin to be determined based on the total expected fee over the duration of the contracts, including expectations of an increase in the fee because of an increase in underlying items arising from investment returns and additional policyholder contributions over time. The Board rejected the view that the allocation based on coverage units results in premature profit recognition. The Board noted that the investment component of such contracts is accounted for as part of the insurance contract only when the cash flows from the investment component and from insurance and other services are highly interrelated and hence cannot be accounted for as distinct components. In such circumstances, the entity provides multiple services in return for an expected fee based on the expected duration of contracts, and the Board concluded the entity should recognise that fee over the coverage period as the insurance services are provided, not when the returns on the underlying items occur.³⁹
- BC281 The Board also considered a proposal to constrain the amount of contractual service margin recognised in an accounting period just as IFRS 15 constrains the recognition of revenue. The approach would have constrained the cumulative amount of the contractual service margin that the entity recognised in profit or loss to the amount to which the entity is reasonably assured to be entitled. However, in the Board's view, it would be inconsistent with other aspects of IFRS 17 to constrain the amount of contractual service margin on a 'reasonably assured' basis. IFRS 17 requires a current measurement model based on a probability-weighted average of all possible scenarios and the contractual service margin depicts a current view of the unearned profit relating to services consistent with that measurement model.
- BC282 IFRS 17 requires the contractual service margin remaining at the end of the reporting period to be allocated equally to the coverage units provided in the period and the expected remaining coverage units. IFRS 17 does not specify whether an entity should consider the time value of money in determining that equal allocation and consequently does not specify whether that equal allocation should reflect the timing of the expected provision of the coverage units. The Board concluded that should be a matter of judgement by an entity.
- BC283 Consistent with the requirements in IFRS 15, the settlement of a liability is not considered to be a service provided by the entity. Thus, the recognition period for the contractual service margin is the coverage period over which the entity provides the coverage promised in the insurance contract, rather than the period over which the liability is expected to be settled. The margin the entity recognises for bearing risk is recognised in profit or loss as the entity is released from risk in both the coverage period and the settlement period.⁴⁰

³⁸ In June 2020, the Board amended the definition of a coverage period to be the period during which the entity provides insurance contract services (see paragraphs BC283A–BC283J).

³⁹ In June 2020, the Board amended the definition of a coverage period to be the period during which the entity provides insurance contract services (see paragraphs BC283A–BC283J).

⁴⁰ In June 2020, the Board amended the definition of a coverage period to be the period during which the entity provides insurance contract services (see paragraphs BC283A–BC283J).

Amendments to IFRS 17—contractual service margin attributable to investment-return service and investment-related service

BC283A In June 2020, the Board amended IFRS 17 to:

- (a) require an entity to identify coverage units for insurance contracts without direct participation features considering the quantity of benefits and expected period of investment-return service, if any, in addition to insurance coverage. Paragraph B119B of IFRS 17 specifies criteria for when such contracts may provide an investment-return service.
- (b) clarify that an entity is required to identify coverage units for insurance contracts with direct participation features considering the quantity of benefits and expected period of both insurance coverage and investment-related service.
- (c) require an entity to include investment activity costs in the fulfilment cash flows, to the extent that the entity performs those activities to:
 - (i) enhance benefits from insurance coverage for policyholders (see paragraph B65(ka)(i) of IFRS 17);
 - (ii) provide investment-return service to policyholders of insurance contracts without direct participation features (see paragraph B119B of IFRS 17); or
 - (iii) provide investment-related service to policyholders of insurance contracts with direct participation features.
- (d) define 'insurance contract services' as comprising insurance coverage, investment-return service and investment-related service.
- (e) expand the definitions of a liability for remaining coverage and a liability for incurred claims to reflect an entity's obligation to provide insurance contract services and any other obligations arising from insurance contracts.

BC283B The Board was persuaded that some insurance contracts without direct participation features provide an investment-return service (see paragraph BC283A(a)). Recognising the contractual service margin considering both insurance coverage and an investment-return service will provide useful information to users of financial statements, particularly for contracts that have an insurance coverage period that differs from the period in which the policyholder benefits from an investment-return service.

BC283C The Board concluded that an investment-return service exists only if the contract includes an investment component or the policyholder has a right to withdraw an amount from the entity. Further, those amounts must be expected to include an investment return that the entity generates by performing investment activity. The Board concluded that if those conditions are not met, the policyholder has no right to benefit from investment returns. In this context, a 'right to withdraw an amount from the entity' includes a policyholder's right to:

- (a) receive a surrender value or refund of premiums on cancellation of a policy; or
- (b) transfer an amount to another insurance provider.

BC283D Without the Standard specifying conditions for the existence of an investment-return service, entities issuing the same type of contracts might make different decisions from each other about whether those contracts provide an investment-return service. Entities might also conclude that an investment-return service exists in circumstances in which the Board would conclude otherwise (for example, when an entity provides only custodial services relating to an investment component). On the other hand, specifying conditions creates the risk of an inappropriate outcome in some scenarios.

- BC283E Balancing the potential risks described in paragraph BC283D, the Board decided to specify conditions that are necessary to identify, but are not determinative of, the existence of an investment-return service (see paragraph B119B of IFRS 17). An entity is required to apply judgement, considering the facts and circumstances, to determine whether an insurance contract that meets the conditions provides an investment-return service.
- BC283F Including an investment-return service in addition to insurance coverage in determining coverage units for insurance contracts without direct participation features adds subjectivity and complexity to that determination. However, the Board noted that entities are required to make similar assessments for insurance contracts with direct participation features and for contracts that provide more than one type of insurance coverage. Furthermore, any additional subjectivity and complexity would be mitigated by the related disclosure required by paragraph 109 of IFRS 17, which provides users of financial statements with useful information about the pattern of service provision.
- BC283G Applying IFRS 17 as amended in June 2020, an entity recognises the contractual service margin in profit or loss over the period the entity provides insurance contract services. Therefore, as part of the June 2020 amendments, the Board added ‘insurance contract services’ to the defined terms of IFRS 17 (see paragraph BC283A(d)) and inserted the defined term into the requirements in IFRS 17 for the recognition of the contractual service margin. Insurance contract services are the only services that an entity considers when determining coverage units and hence the recognition of the contractual service margin in profit or loss.
- BC283H The Board decided against inserting that defined term into the requirements in IFRS 17 relating to the recognition of insurance revenue (for example, paragraph 83 of IFRS 17). This is not because other services are considered in determining insurance revenue, but rather because inserting that defined term there might be interpreted as prohibiting an entity from recognising insurance revenue unrelated to the contractual service margin before the coverage period begins. Insurance revenue can be analysed as consisting of the amount of the contractual service margin allocated to the period, the release of the risk adjustment for non-financial risk in the period and the expenses the entity expected to incur in the period. Some insurance contracts include a pre-coverage period, between the date the contract is recognised and the date the entity first provides insurance contract services. In contracts with a pre-coverage period, an entity may be released from non-financial risk, or may incur expenses before the coverage period begins—in other words, before the entity starts providing insurance contract services. The Board did not want to preclude an entity from recognising the related insurance revenue in that pre-coverage period.
- BC283I Investment activity costs that an entity incurs are included in the fulfilment cash flows to the extent that the entity incurs those costs to provide investment-return service or investment-related service. The Board acknowledged that an entity may also incur investment activity costs to enhance benefits from insurance coverage for policyholders. Therefore, the Board amended IFRS 17 to specify that an entity is required to include investment activity costs in the fulfilment cash flows to the extent that the entity performs those activities to enhance benefits from insurance coverage for policyholders. The Board also specified when investment activities enhance benefits from insurance coverage. The Board noted that in determining whether investment activity costs enhance benefits from insurance coverage for policyholders, an entity needs to apply judgement in a similar manner to when an entity determines whether an investment-return service exists.

Other approaches considered but rejected

- BC283J Some stakeholders said the Board should replace the requirements for the recognition of the contractual service margin in profit or loss with a less specific requirement based on all services provided by the contract. Applying this suggestion, an entity would decide what services are provided by the contract, potentially including services other than insurance coverage or services related to investment returns. The Board concluded that specifying that an entity recognises the contractual service margin by considering all services would result in more subjectivity and complexity than entities already face when determining the pattern of service provision. Feedback the Board received when developing IFRS 17 supports that view. Furthermore, the Board noted that the concerns leading to this suggestion were generally about services related to investment returns. The Board concluded that the amendment described in paragraph BC283A(a) responds to feedback that some insurance contracts without direct participation features have two defining services—insurance coverage and investment-return service. Thus, the amendment balances the need for relevant information about the way in which profit from the contract is earned and the need for comparable information, as well as the costs of applying the coverage units requirement.

Onerous contracts (paragraphs 47–52 of IFRS 17)

- BC284 The contractual service margin represents the unearned profit arising from a group of insurance contracts. IFRS 17 prohibits the contractual service margin from becoming negative (except in relation to reinsurance contracts held) because the Board decided that expected losses on groups of insurance contracts should be recognised immediately in profit or loss.⁴¹ Doing so provides timely information about loss-making groups of insurance contracts, and is consistent with the recognition of losses for onerous contracts in accordance with IFRS 15 and IAS 37.
- BC285 After an entity recognises a loss for a group of onerous contracts, there may subsequently be favourable changes in the estimates of the fulfilment cash flows relating to future service. The Board considered whether such changes should be recognised in profit or loss to the extent that they reverse previously recognised losses or whether the changes should adjust, or rebuild, the contractual service margin. In the 2013 Exposure Draft, the Board proposed that the changes adjust the contractual service margin, rather than being recognised in profit or loss, because of the complexity in assessing the extent to which the favourable changes reverse previous losses. However, some stakeholders stated that it would be counterintuitive to rebuild a contractual service margin for future profit from contracts that were considered loss-making overall.
- BC286 The Board noted that, under the proposals in the 2013 Exposure Draft, the determination of insurance revenue required entities to exclude losses for groups of onerous contracts (see paragraph BC35). Subsequent changes in the fulfilment cash flows that relate to the losses for groups of onerous contracts would also need to be excluded from insurance revenue, otherwise insurance revenue would be understated or overstated. Hence, the Board decided that some tracking of the loss component of the liability for remaining coverage would be needed. Further, the Board concluded that the complexity added by requiring this tracking was outweighed by the benefits of the more faithful representation of performance that would be provided to users of financial statements if the effect of favourable changes were recognised in profit or loss to the extent that they reverse losses previously recognised in profit or loss. Accordingly, IFRS 17 requires that, to the extent that favourable changes in the estimates of the fulfilment cash flows relating to future service reverse losses previously recognised in profit or loss, the changes should also be recognised in profit or loss.
- BC287 The Board considered whether to require specific methods to track the loss component, but concluded that any such methods would be inherently arbitrary. The Board therefore decided to require an entity to make a systematic allocation of changes in the fulfilment cash flows for the liability for remaining coverage that could be regarded as affecting either the loss component or the rest of the liability.

Premium allocation approach (paragraphs 53–59 of IFRS 17)

- BC288 IFRS 17 allows an entity to simplify the measurement of some groups of insurance contracts by applying a premium allocation approach.
- BC289 The premium allocation approach permitted in IFRS 17 is similar to the customer consideration approach in IFRS 15. In the premium allocation approach, the initial measurement of the liability equals the premium received, and unless the group of insurance contracts is onerous, the entity does not identify explicitly the components otherwise used in IFRS 17 to build the measurement of the insurance contract, ie the estimate of future cash flows, the time value of money and the effects of risk. Nevertheless, that initial measurement can be described as containing the components that build the measurement of the group of insurance contracts implicitly, as follows:
- (a) an estimate of the future cash flows, made at initial recognition;
 - (b) the effect of the time value of money and of financial risks, measured at initial recognition;

⁴¹ In June 2020, the Board amended paragraphs 48(a) and 50(b) of IFRS 17 for measuring onerous insurance contracts to clarify that those paragraphs relate to both changes in estimates of future cash flows and changes in the risk adjustment for non-financial risk.

- (c) the effect of non-financial risk, measured at initial recognition; and
- (d) a contractual service margin, if any, measured at initial recognition.

BC290 Subsequently, the liability for remaining coverage is recognised over the coverage period on the basis of the passage of time unless the expected pattern of release from risk differs significantly from the passage of time, in which case it is recognised based on the expected timing of incurred claims and benefits.

BC291 The Board decided that an entity should be permitted, but not required, to apply the premium allocation approach when that approach provides a reasonable approximation to the general requirements of IFRS 17. The Board views the premium allocation approach as a simplification of those general requirements. To simplify its application, the Board also decided to provide guidance that an entity could assume, without further investigation, that the approach provides a reasonable approximation of the general requirements of IFRS 17 if the coverage period of each contract in the group is one year or less.

BC292 To keep the approach simple, the Board decided that entities:

- (a) should accrete interest on the liability for remaining coverage only for groups of insurance contracts that have a significant financing component. When the period between premiums being due and the provision of coverage is one year or less, the group is deemed not to have a significant financing component.⁴²
- (b) need to assess whether groups of insurance contracts are onerous only when facts and circumstances indicate that a group of insurance contracts has become onerous.
- (c) are permitted to recognise all insurance acquisition cash flows as an expense when incurred for groups of insurance contracts each with a coverage period of one year or less.

BC293 The premium allocation approach measures the group of insurance contracts using estimates made at initial recognition and does not update those estimates in the measurement of the liability for remaining coverage unless the group is or becomes onerous. Accordingly, IFRS 17 requires that entities, when accreting interest on the liability for remaining coverage, set the discount rate when the group is initially recognised.

BC294 IFRS 17 also allows a simplification for the measurement of the liability for incurred claims—an entity need not discount claims that are expected to be paid within one year. The Board concluded that no other simplifications were needed for the measurement of the liability for incurred claims because it comprises only the fulfilment cash flows for settling the incurred claims and expenses, with no contractual service margin. However, in considering how to disaggregate insurance finance income or expenses between profit or loss and other comprehensive income (see paragraphs BC42–BC44), the Board considered requiring the interest expense for the liability for incurred claims to be measured using either:

- (a) the discount rate at initial recognition of the contract; or
- (b) the discount rate at the date the claims included in the liability for incurred claims occur.

⁴² In June 2020, the Board amended the definition of a coverage period to be the period during which the entity provides insurance contract services (see paragraphs BC283A–BC283J).

BC295 In the 2013 Exposure Draft, the Board proposed using the discount rate at initial recognition to achieve consistency with the measurement of the liability for remaining coverage. However, both preparers and users of financial statements expressed the view that using the discount rate at the date the claim was incurred would be less complex than using the rate at the inception of the contract. The liability for incurred claims is zero when the group of insurance contracts is initially recognised and the entity may not have determined a discount rate at that time. The Board concluded that the premium allocation approach, which was developed as a simplification, should not burden entities by creating high costs and operational complexity. Consequently, IFRS 17 requires that entities measure the interest expense for the liability for incurred claims using the rate that applied when the liability for incurred claims was initially recognised, rather than when the group of insurance contracts was initially recognised.

Reinsurance contracts (paragraphs 60–70A of IFRS 17)

BC296 A reinsurance contract is a type of insurance contract. The Board identified no reason to apply different requirements to reinsurance contracts from those applied to other insurance contracts an entity issues. Consequently, IFRS 17 requires entities that issue reinsurance contracts to use the same recognition and measurement approach as they use for other insurance contracts.

BC297 Although both an issuer of direct insurance contracts and a reinsurer of those contracts will measure their contractual rights and obligations on the same basis, in practice they will not necessarily arrive at the same amount. Differences between the estimates for the reinsurance contract and the underlying contracts may arise because the issuer of the underlying insurance contracts and the reinsurer may base estimates on access to different information; they may also make different adjustments for diversification effects.

BC298 IFRS 17 also applies to reinsurance contracts held by an entity (ie in which the entity is the policyholder). IFRS 17 requires a reinsurance contract held to be accounted for separately from the underlying insurance contracts to which it relates. This is because an entity that holds a reinsurance contract does not normally have a right to reduce the amounts it owes to the underlying policyholder by amounts it expects to receive from the reinsurer. The Board acknowledged that separate accounting for the reinsurance contracts and their underlying insurance contracts might create mismatches that some regard as purely accounting, for example on the timing of recognition (see paragraphs BC304–BC305), the measurement of the reinsurance contracts (see paragraphs BC310–BC312) and the recognition of profit (see paragraph BC313). However, the Board concluded that accounting for a reinsurance contract held separately from the underlying insurance contracts gives a faithful representation of the entity's rights and obligations and the related income and expenses from both contracts.

BC299 The amount an entity pays for reinsurance coverage consists of premiums the entity pays minus any amounts paid by the reinsurer to the entity to compensate the entity for expenses it incurs, such as underwriting or acquisition expenses (often referred to as 'ceding commissions'). The amount paid for reinsurance coverage by the entity can be viewed as payment for the following:

- (a) the reinsurer's share of the expected present value of the cash flows generated by the underlying insurance contract(s). That amount includes an adjustment for the risk that the reinsurer may dispute coverage or fail to satisfy its obligations under the reinsurance contract held.
- (b) a contractual service margin that makes the initial measurement of the reinsurance asset equal to the premium paid. This margin depends on the pricing of the reinsurance contract held and, consequently, may differ from the contractual service margin arising for the underlying insurance contract(s).

BC300 When estimating cash flows and the associated adjustments for the financial risk and the time value of money arising from reinsurance contracts held, the entity would use assumptions consistent with those it uses for the underlying contracts. As a result, the cash flows used to measure the reinsurance contracts held would reflect the extent to which those cash flows depend on the cash flows of the contracts they cover.

- BC301 Consistent with the requirements for the measurement of insurance contracts an entity issues, the entity also may apply the premium allocation approach to simplify the measurement of reinsurance contracts held, provided that the resulting measurement is a reasonable approximation of the results that would be obtained by applying the general requirements of IFRS 17. The entity may also apply the premium allocation approach if the coverage period of each reinsurance contract held in the group is one year or less. Because groups of reinsurance contracts are separate from the groups of underlying insurance contracts, the assessment of whether a group of reinsurance contracts meets conditions for applying the premium allocation approach may differ from the assessment of whether the group(s) of underlying insurance contracts meet(s) those conditions.
- BC302 IFRS 17 modifies the requirements for reinsurance contracts held to reflect the fact that:
- (a) groups of reinsurance contracts held are generally assets, rather than liabilities; and
 - (b) entities holding reinsurance contracts generally pay a margin to the reinsurer as an implicit part of the premium, rather than making profits from the reinsurance contracts.
- BC303 The following paragraphs discuss aspects of the general principles in IFRS 17 in relation to groups of reinsurance contracts held:
- (a) recognition for groups of reinsurance contracts held (see paragraphs BC304–BC305);
 - (b) derecognition (see paragraph BC306);
 - (c) cash flows (see paragraphs BC307–BC309F); and
 - (d) contractual service margin (see paragraphs BC310–BC315L).

Recognition for groups of reinsurance contracts held (paragraphs 62–62A of IFRS 17)

- BC304 Many reinsurance arrangements are designed to cover the claims incurred under underlying insurance contracts written during a specified period. In some cases, the reinsurance contract held covers the losses of separate contracts on a proportionate basis. In other cases, the reinsurance contract held covers aggregate losses from a group of underlying contracts that exceed a specified amount.
- BC305 The Board decided to simplify the application of the principle that a contract should be recognised from the date the entity is exposed to risk for reinsurance contracts as follows:
- (a) when the group of reinsurance contracts held covers the loss of a group of insurance contracts on a proportionate basis, the group of reinsurance contracts held is recognised at the later of the beginning of the coverage period of the group of reinsurance contracts held or the initial recognition of any underlying contracts. This means that the entity will not recognise the group of reinsurance contracts until it has recognised at least one of the underlying contracts.
 - (b) when the group of reinsurance contracts held covers aggregate losses arising from a group of insurance contracts over a specified amount, the group of reinsurance contracts held is recognised when the coverage period of the group of reinsurance contracts begins. In these contracts the entity benefits from coverage—in case the underlying losses exceed the threshold—from the beginning of the group of reinsurance contracts held because such losses accumulate throughout the coverage period.

BC305A In June 2020, the Board amended IFRS 17 for reinsurance contracts held when underlying insurance contracts are onerous at initial recognition (see paragraphs BC315A–BC315L). As a consequence of that amendment, the Board also amended the requirement in paragraph 62 of IFRS 17 (for recognising a group of reinsurance contracts held) to require an entity to recognise a group of reinsurance contracts held when the entity recognises onerous underlying insurance contracts, if it does so earlier than when the entity would otherwise recognise the group of reinsurance contracts held. The Board concluded such an amendment was necessary for income to be recognised on a group of reinsurance contracts held at the same time that losses are recognised on initial recognition of onerous underlying insurance contracts.

Derecognition of underlying contracts (paragraphs 74–75 of IFRS 17)

BC306 An entity does not derecognise an insurance contract until the contractual obligations are extinguished by discharge, cancellation or expiry (or on specified modifications of the contract). A reinsurance contract held typically protects the entity from the effects of some defined losses on the underlying group of insurance contracts, but does not eliminate the entity's responsibility for fulfilling its obligations under those contracts. It follows that the entity typically would not derecognise the related underlying insurance contracts upon entering into a reinsurance contract.

Cash flows in reinsurance contracts held (paragraph 63 of IFRS 17)

Expected credit losses

BC307 As required by paragraph 63 of IFRS 17, cash flows for a group of reinsurance contracts held should be estimated using assumptions that are consistent with those used for the group(s) of underlying insurance contracts. In addition, IFRS 17 requires entities to reflect expected credit losses in the measurement of the fulfilment cash flows. This is discussed in paragraphs BC308–BC309.

BC308 An entity holding reinsurance contracts faces the risk that the reinsurer may default, or may dispute whether a valid claim exists for an insured event. IFRS 17 requires the estimates of expected credit losses to be based on expected values. Hence, estimates of the amounts and timing of cash flows are probability-weighted outcomes after calculating the effect of credit losses.

BC309 IFRS 17 prohibits changes in expected credit losses adjusting the contractual service margin. In the Board's view, differences in expected credit losses do not relate to future service. Accordingly, any changes in expected credit losses are economic events that the Board decided should be reflected as gains and losses in profit or loss when they occur. This would result in consistent accounting for expected credit losses between reinsurance contracts held and purchased, and originated credit-impaired financial assets accounted for in accordance with IFRS 9.

Amendments to IFRS 17—feedback on the cash flows in the boundary of a reinsurance contract held

BC309A Estimates of future cash flows included in the measurement of a group of reinsurance contracts held include future cash flows that relate to insurance contracts an entity expects to be covered by the reinsurance contracts held in the group. Such cash flows include cash flows related to insurance contracts the entity expects to issue in the future if the entity has a substantive right to receive reinsurance coverage for those insurance contracts. The Board considered a suggestion from entities implementing IFRS 17 to amend IFRS 17 to exclude from the measurement of the group of reinsurance contracts held cash flows that relate to underlying insurance contracts that are yet to be issued.

BC309B The Board noted that the suggestion in paragraph BC309A, which is consistent with feedback during the development of IFRS 17, would achieve an outcome similar to the practice often used applying IFRS 4 whereby an entity measured reinsurance contracts held based on the measurement of existing underlying insurance contracts.

BC309C The Board reaffirmed its view that the accounting for a reinsurance contract held should be consistent with the accounting for insurance contracts issued (see paragraph BC298). Consistent accounting includes measuring the expected value of all the entity's rights and obligations arising from a contract. When an entity holds a reinsurance contract that provides the entity with a substantive right to receive reinsurance coverage for insurance contracts it expects to issue, cash flows arising from that substantive right are included in the measurement of the reinsurance contract held (that is, those cash flows are within the boundary of the reinsurance contract held applying paragraph 34 of IFRS 17). In contrast, if a reinsurance contract held provides an entity with neither substantive rights nor substantive obligations relating to insurance contracts it expects to issue, those insurance contracts would be outside the boundary of the reinsurance contract held. The requirements for expected future cash flows in paragraphs 33–35 of IFRS 17 form a core aspect of the Standard. The Board identified no reason for these requirements to be applied inconsistently—they should be applied both to insurance contracts issued and reinsurance contracts held.

BC309D The Board noted that including all expected future cash flows in the measurement of the contractual service margin at initial recognition of the group of reinsurance contracts held reflects the conditions under which the entity agreed, under specified terms, to receive services from the reinsurer for future insurance contracts it expects to issue.

BC309E Some stakeholders said that the requirements in IFRS 17 create an accounting mismatch when an entity has a substantive right to receive reinsurance coverage relating to insurance contracts it expects to issue. They said such a mismatch arises because expected future cash flows that relate to the reinsurance of those insurance contracts will be included in the measurement of the reinsurance contract held before those underlying insurance contracts are issued. The Board disagreed that differences between the carrying amount of the reinsurance contract held and the underlying insurance contracts are accounting mismatches. The carrying amount of a reinsurance contract held is nil before any cash flows occur or any service is received. Thereafter any differences that arise between the carrying amount of the reinsurance contract held and the underlying insurance contracts are not accounting mismatches. Rather they are differences caused by:

- (a) the provision of coverage—for example, because the reinsurer provides coverage for less than 100 per cent of the risks the entity covers;
- (b) the timing of cash flows; and
- (c) interest accreted on the contractual service margin of the reinsurance contract held from an earlier period than, and at a different discount rate from, the interest accreted on the contractual service margin of the underlying insurance contracts, reflecting the different effects of the time value of money on the contractual service margin and fulfilment cash flows.

BC309F The Board acknowledged that some entities will incur costs implementing IFRS 17 for reinsurance contracts held because doing so would be a change from previous practice. However, the Board concluded that the benefits of appropriately reflecting an entity's rights and obligations as the holder of a reinsurance contract outweigh those costs. Accordingly, the Board rejected the suggestion to amend the contract boundary requirements in IFRS 17 for reinsurance contracts held.

Gains and losses on buying reinsurance (paragraphs 65–65A, 66A–66B and B119D–B119F of IFRS 17)

BC310 The amount paid by the entity to buy reinsurance contracts would typically exceed the expected present value of cash flows generated by the reinsurance contracts held, plus the risk adjustment for non-financial risk. Thus, a debit contractual service margin, which represents the net expense of purchasing reinsurance, would typically be recognised on the initial recognition of a group of reinsurance contracts held. The Board considered whether the contractual service margin of the group of reinsurance contracts held could be a credit if, as happens in rare cases, the amount paid by the entity is less than the expected present value of cash flows plus the risk adjustment for non-financial risk. Such a credit contractual service margin would represent a net gain on purchasing reinsurance. The most likely causes of such a net gain would be either of the following:

- (a) an overstatement of the underlying insurance contract(s). An entity would evaluate this by reviewing the measurement of the underlying insurance contract(s).
- (b) favourable pricing by the reinsurer; for example, as a result of diversification benefits that are not available to the entity.

BC311 The Board originally proposed that entities should recognise a gain when such a negative difference arose. The Board proposed this for symmetry with the model for the underlying group of insurance contracts and for consistency with the Board's conclusion that the contractual service margin for the underlying group of insurance contracts should not be negative. However, IFRS 17 requires entities to instead recognise the negative difference over the coverage period of the group of reinsurance contracts held. The Board was persuaded by the view that the apparent gain at initial recognition represents a reduction in the cost of purchasing reinsurance, and that it would be appropriate for an entity to recognise that reduction in cost over the coverage period as services are received.

BC312 The Board also decided that the net expense of purchasing reinsurance should be recognised over the coverage period as services are received unless the reinsurance covers events that have already occurred. For such reinsurance contracts held, the Board concluded that entities should recognise the whole of the net expense at initial recognition, to be consistent with the treatment of the net expense of purchasing reinsurance before an insured event has occurred. The Board acknowledged that this approach does not treat the coverage period of the reinsurance contract consistently with the view that for some insurance contracts the insured event is the discovery of a loss during the term of the contract, if that loss arises from an event that had occurred before the inception of the contract. However, the Board concluded that consistency of the treatment of the net expense across all reinsurance contracts held would result in more relevant information.

BC313 The Board considered the view that the amount of the contractual service margin included in the measurement of the group of reinsurance contracts held should be proportional to the contractual service margin on the group of underlying contracts instead of being measured separately by reference to the reinsurance premium. Under this approach, any difference between the amount recognised for the group of underlying insurance contracts and the reinsurance premium would be recognised in profit or loss when the group of reinsurance contracts held is initially recognised. This approach would depict a gain or loss equal to the shortfall or excess of the reinsurance premium the entity pays to the reinsurer above or below the premium that the entity receives from the policyholder. Thereafter, unearned profit from the group of underlying contracts would be offset by an equal and opposite expense for the reinsurance premium. However, in the Board's view, measuring the group of reinsurance contracts held on the basis of the premium the entity receives for the underlying contracts when that premium does not directly affect the cash flows arising from the group of reinsurance contracts held would be contrary to viewing the group of reinsurance contracts held and the underlying contracts as separate contracts. Such a measurement approach would also not reflect the economics of the group of reinsurance contracts the entity holds—that the expense of purchasing the group of reinsurance contracts (that should be recognised over the coverage period) equals the whole of the consideration paid for the group of reinsurance contracts.

BC314 For the measurement of the group of insurance contracts the entity issues, IFRS 17 specifies that the contractual service margin can never be negative. IFRS 17 does not include a limit on the amount by which the contractual service margin of a group of reinsurance contracts held could be adjusted as a result of changes in estimates of cash flows. In the Board's view, the contractual service margin for a group of reinsurance contracts held is different from that for a group of insurance contracts issued—the contractual service margin for the group of reinsurance contracts held depicts the expense the entity incurs when purchasing reinsurance coverage rather than the profit it will make by providing services under the insurance contract. Accordingly, the Board placed no limit on the amount of the adjustment to the contractual service margin for the group of reinsurance contracts held, subject to the amount of premium paid to the reinsurer.

BC315 The Board considered the situation that arises when the underlying group of insurance contracts becomes onerous after initial recognition because of adverse changes in estimates of fulfilment cash flows relating to future service. In such a situation, the entity recognises a loss on the group of underlying insurance contracts. The Board concluded that corresponding changes in cash inflows from a group of reinsurance contracts held should not adjust the contractual service margin of the group of reinsurance contracts held, with the result that the entity recognises no net effect of the loss and gain in the profit or loss for the period. This means that, to the extent that the change in the fulfilment cash flows of the group of underlying contracts is matched with a change in fulfilment cash flows on the group of reinsurance contracts held, there is no net effect on profit or loss.

Amendments to IFRS 17—recovery of losses on underlying insurance contracts (paragraphs 66A–66B and B119D–B119F of IFRS 17)

BC315A In June 2020, the Board amended IFRS 17 to require an entity to adjust the contractual service margin of a group of reinsurance contracts held, and as a result recognise income, when the entity recognises a loss on initial recognition of an onerous group of underlying insurance contracts or on addition of onerous contracts to a group. An entity determines the income on the reinsurance contract held (ie the amount of loss recovered) by multiplying:

- (a) the loss recognised on the underlying insurance contracts; and
- (b) the percentage of claims on underlying insurance contracts the entity expects to recover from the reinsurance contracts held.

BC315B As a practical assumption, the amendment treats:

- (a) a loss recognised on an underlying insurance contract as the early recognition of a portion of expected claims; and
- (b) a loss recovery recognised on the reinsurance contract held as the early recognition of a portion of expected claim recoveries.

BC315C For the amendment described in paragraph BC315A to apply, an entity must enter into the reinsurance contract held before or at the same time as the entity recognises the onerous underlying insurance contracts. The Board concluded it would not be appropriate for an entity to recognise a recovery of loss when the entity does not hold a reinsurance contract.

BC315D As a consequence of the amendment described in paragraph BC315A, the Board also:

- (a) amended IFRS 17 to require an entity that has entered into a reinsurance contract held to recognise the related group of reinsurance contracts held when the entity recognises onerous underlying insurance contracts, if that is earlier than the date the entity would otherwise recognise the group of reinsurance contracts held (see paragraphs 62–62A of IFRS 17).
- (b) added requirements to IFRS 17 relating to recovery of losses from a reinsurance contract held:
 - (i) in a transfer of insurance contracts that do not form a business and in a business combination within the scope of IFRS 3 (see paragraphs B95B–B95D of IFRS 17); and
 - (ii) in applying IFRS 17 for the first time (see paragraphs C16A–C16C and C20A–C20B of IFRS 17).

BC315E The amendment responds to concerns that, applying IFRS 17 before the amendment, an entity would have recognised a loss on initial recognition of an onerous group of insurance contracts (or on addition of onerous contracts to a group), without recognising corresponding income on a reinsurance contract held that covers that onerous group of insurance contracts. Some stakeholders said this is an accounting mismatch and suggested the Board amend IFRS 17 so that income is recognised on the reinsurance contract held at the same time losses are recognised on initial recognition of onerous underlying insurance contracts. That income would reflect the entity's right to recover those losses.

BC315F The Board was persuaded that such an amendment was justified because:

- (a) paragraph 66(c) of IFRS 17 provides a similar exception from the general measurement requirements for changes in the measurement of a group of reinsurance contracts held that arise from changes in the measurement of underlying insurance contracts (see paragraph BC315).
- (b) the amendment provides users of financial statements with useful information about expected loss recoveries on reinsurance contracts held that complements the information about expected losses on underlying insurance contracts. The information provided about onerous underlying contracts is unchanged. Losses and loss recoveries are presented in separate line items in the statement(s) of financial performance and are disclosed separately in the notes to the financial statements.

BC315G The Board acknowledged, however, that the amendment adds complexity to IFRS 17 because it requires an entity to track a loss-recovery component. On balance, the Board concluded that the added complexity is justified given the strong stakeholder support for the information that will result from entities applying the amendment. The Board also noted that, applying the amendment, the loss-recovery component of a reinsurance contract held is treated similarly to the loss component of insurance contracts issued. That similarity will help entities to understand how to apply the amendment, reducing the complexity caused.

BC315H An entity might group together onerous insurance contracts covered by a reinsurance contract held and onerous insurance contracts not covered by a reinsurance contract held. To apply the amendment described in paragraph BC315A in that circumstance, an entity needs to determine amounts at a level that is lower than the level of the group of insurance contracts. IFRS 17 does not require an entity to track insurance contracts at a level lower than the level of the group of insurance contracts. Accordingly, the Board specified that, in that circumstance, an entity applies a systematic and rational method of allocation to determine the portion of losses on a group of insurance contracts that relates to underlying insurance contracts covered by a reinsurance contract held. Requiring a systematic and rational method of allocation is consistent with other requirements in IFRS 17.

BC315I The Board noted that specifying that an entity use a systematic and rational method of allocation in a specified circumstance, such as the one described in paragraph BC315H, does not prohibit an entity from using a systematic and rational method of allocation as part of other estimation processes required in applying IFRS 17 if doing so meets the objective set by IFRS 17 for those estimation processes. The Board's decision to specify that an entity use a systematic and rational method of allocation in the specific circumstance described in paragraph BC315H was driven by the need to avoid the potential misinterpretation described in that paragraph. The need for such specification in this case does not imply that an entity cannot use a systematic and rational method of allocation in circumstances when it is not specified in the requirements of IFRS 17.

Other approaches considered but rejected

BC315J In the 2019 Exposure Draft, the Board had proposed limiting the amendment to a defined population of reinsurance contracts held—those that provide proportionate coverage. For such contracts, an entity can easily identify the portion of losses on underlying insurance contracts that the entity has a right to recover. For other reinsurance contracts held, the Board was concerned that entities would have difficulty identifying that portion and thus may need to make arbitrary allocations. However, in the light of feedback on the Exposure Draft, the Board concluded that it should not impose that limitation. Respondents to the Exposure Draft reported that if the Board had limited the amendment in that way, the amendment would apply to few reinsurance contracts held in practice. Further, respondents said that an entity could identify the portion of losses the entity has a right to recover for any reinsurance contract held in a non-arbitrary way based on the expected claim recovery cash flows included in the measurement of the reinsurance contract held. For example, consider a reinsurance contract held that provides cover over an aggregate amount of claims on 100 underlying insurance contracts—some of which are in a profitable group and the others in an onerous group. The entity could determine the portion of losses on the onerous contracts that the entity has a right to recover by comparing:

- (a) total expected claim recoveries from the reinsurance contract held; and
- (b) total expected claims for all underlying insurance contracts.

BC315K The Board considered a view that the amendment described in paragraph BC315A should apply only when a reinsurance contract held is in a net gain position—in other words, when an entity expects to receive from the reinsurer claim recoveries that are higher than the premium the entity pays to the reinsurer (see paragraph BC310). The Board disagreed with this view because an entity has a right to recover claims from the reinsurance contract held regardless of whether claim recoveries are expected to be higher or lower than the premiums the entity pays to the reinsurer.

BC315L The Board also considered an alternative suggestion to require a loss on a group of insurance contracts to be treated as a negative contractual service margin to the extent that the contracts in the group are covered by a reinsurance contract held on a proportionate basis. The Board disagreed with this suggestion because it is inconsistent with the Board's objective to recognise losses on insurance contracts when expected.

Modification and derecognition (paragraphs 72–77 of IFRS 17)

BC316 Paragraph B25 of IFRS 17 states that a contract that qualifies as an insurance contract remains an insurance contract until all rights and obligations are extinguished. An obligation is extinguished when it has expired or has been discharged or cancelled. However, in some cases, an entity may modify the terms of an existing contract in a way that would have significantly changed the accounting of the contract if the new terms had always existed. IFRS 17 specifies different requirements for these and other modifications. In some cases, insurance contract modifications will result in derecognising the insurance contract.

Modifications that would have resulted in significantly different accounting for the contract (paragraphs 72, 76 and 77 of IFRS 17)

BC317 A modification of an insurance contract amends the original terms and conditions of the contract (for example, extending or shortening the coverage period or increasing the benefits in return for higher premiums). It differs from a change arising from either party to the contract exercising a right that is part of the original terms and conditions of the contract. If an insurance contract modification meets specific criteria (see paragraph 72 of IFRS 17), the contract is modified in a way that would have significantly changed the accounting of the contract had the new terms always existed. IFRS 17 therefore requires the original contract to be derecognised and a new contract based on the modified terms to be recognised. The consideration for the new contract (ie the implicit premium) is deemed to be the price the entity would have charged the policyholder had it entered into a contract with equivalent terms at the date of the modification. That deemed consideration determines:

- (a) the adjustment to the contractual service margin of the group to which the existing contract belonged on derecognition of the existing contract; and
- (b) the contractual service margin for the new contract.

BC318 The Board concluded that modifications to contracts that trigger derecognition should be measured using the premium the entity would have charged had it entered into a contract with equivalent terms as the modified contract at the date of the contract modification. Such an approach measures the modified contract consistently with the measurement of other insurance contract liabilities.

BC319 The Board considered whether the contractual service margin of the group to which the existing contract belonged should be adjusted for the gain or loss arising on the derecognition of the existing contract and recognition of the modified contract (paragraph BC317(a)). The alternative (not adjusting the contractual service margin) would result in a gain or loss in profit or loss. However, the Board concluded that: (a) not adjusting the contractual service margin of the group from which the existing contract is derecognised; and (b) establishing the contractual service margin for the group that includes the new modified contract based on the premiums that would have been charged for that new contract would result in the contractual service margin of the two groups double-counting the future profit to be earned from the contract. Hence, the Board decided that the contractual service margin of the group from which the existing contract has been derecognised should be adjusted.

Modifications that would not have resulted in significantly different accounting for the contract (paragraph 73 of IFRS 17)

BC320 The Board decided that all modifications that would not have resulted in significantly different accounting for the contract should be accounted for in the same way as changes in estimates of fulfilment cash flows. Doing so results in symmetrical accounting for contract modifications that eliminate rights and obligations and for contract modifications that add rights and obligations. This reduces the potential for accounting arbitrage through contract modification.

Derecognition (paragraphs 74–75 of IFRS 17)

BC321 IFRS 17 requires an entity to derecognise an insurance contract liability from its statement of financial position only when it is extinguished or modified in the way discussed in paragraph BC317. An insurance contract is extinguished when the obligation specified in the insurance contract expires or is discharged or cancelled. This requirement is consistent with requirements in other IFRS Standards, including the derecognition requirements for financial liabilities in IFRS 9. The requirement also provides symmetrical treatment for the recognition and derecognition of insurance contracts.

BC322 The Board considered concerns that an entity might not know whether a liability has been extinguished because claims are sometimes reported years after the end of the coverage period. It also considered concerns that an entity might be unable to derecognise those liabilities. Some argued that, in some cases, the delayed derecognition would result in unreasonable and unduly burdensome accounting. In the Board's view, ignoring contractual obligations that remain in existence and that can generate valid claims would not give a faithful representation of an entity's financial position. However, the Board expects that when the entity has no information to suggest there are unasserted claims on a contract with an expired coverage period, the entity would measure the insurance contract liability at a very low amount. Accordingly, there may be little practical difference between recognising an insurance liability measured at a very low amount and derecognising the liability.

Transfers of insurance contracts and business combinations (paragraphs 39 and B93–B95F of IFRS 17)

- BC323 IFRS 17 requires an entity to treat the consideration for insurance contracts acquired in a transfer of insurance contracts or a business combination, including contracts in their settlement period, as a proxy for premiums received. This means that the entity determines the contractual service margin, in accordance with the general requirements of IFRS 17, in a way that reflects the consideration paid for the contracts.
- BC324 Thus, when applying paragraph B95 of IFRS 17, the entity determines the contractual service margin or loss component of the liability for remaining coverage at initial recognition for a group of insurance contracts acquired in a transfer of insurance contracts or a business combination using the consideration received or paid for the contracts as a proxy for premiums received.⁴³ There is no contractual service margin if a group of insurance contracts issued is onerous. In those cases, the amount by which the group is onerous is recognised:
- (a) immediately as an expense in profit or loss for a transfer of insurance contracts, in the same way as for insurance contracts that the entity issues.
 - (b) as an adjustment to the initial measurement of goodwill or gain from a bargain purchase, for a business combination. Although this requires a new measurement exception to the principle of fair value measurement in IFRS 3, similar exceptions are contained in that Standard for other cases in which liabilities, such as pension liabilities, are measured on a current value basis that is not fair value.
- BC325 The requirements described in paragraphs BC323–BC324 mean that an entity will recognise insurance contracts it acquires in a transfer of insurance contracts or a business combination at the amount of the fulfilment cash flows rather than at the amount of the consideration (which equals the fair value in a business combination) when:
- (a) the insurance contracts are in a liability position at the date of the transfer or business combination and the fulfilment cash flows are higher than the fair value; or
 - (b) the insurance contracts are in an asset position at the date of the transfer or business combination and the fulfilment cash flows are lower than the fair value.⁴⁴
- BC326 The Board considered how the amount of the fulfilment cash flows could differ as described in paragraph BC325 from the amount of the consideration received, ie the fair value. For transfers of insurance contracts, the most likely cause of the difference is that the fair value would include the risk of non-performance by the entity. The Board concluded that, for contracts in a liability position acquired in a transfer, the immediate recognition of a loss faithfully represents the entity's assumption of an obligation it expects to fulfil but for which it received a lower price because of the risk that it might not be able to fulfil the obligation.
- BC327 For a business combination, the Board concluded that the most likely reason that fulfilment cash flows differ from the fair value is that the acquirer may have been willing to pay more for the contracts because of other synergies that might arise as the contracts are fulfilled. Consequently, the recognition of that difference as an adjustment to the gain on the business combination or goodwill is consistent with the accounting for similar effects in a business combination. The Board decided to clarify that in determining fair value of a group of insurance contracts, an entity should not apply the concept of a deposit floor set out in IFRS 13 (see paragraphs BC165–BC166).

⁴³ In June 2020, the Board amended IFRS 17 to replace references to 'a business combination' in paragraphs 39 and B93–B95 of IFRS 17 with 'a business combination within the scope of IFRS 3' (see paragraph BC327A).

⁴⁴ In June 2020, the Board amended IFRS 17 to replace references to 'a business combination' in paragraphs 39 and B93–B95 of IFRS 17 with 'a business combination within the scope of IFRS 3' (see paragraph BC327A).

Amendments to IFRS 17—business combinations outside the scope of IFRS 3

BC327A In June 2020, the Board amended IFRS 17 to specify that an entity is required to apply paragraph 38 of IFRS 17 in accordance with paragraphs B93–B95F of IFRS 17 to insurance contracts acquired in a business combination within the scope of IFRS 3. An entity is not required to apply the measurement requirements in those paragraphs to insurance contracts acquired in a business combination outside the scope of IFRS 3 (that is, a business combination under common control). The Board did not intend to set requirements for business combinations outside the scope of IFRS 3. Such business combinations are the subject of a separate Board project.

Amendments to IFRS 17—feedback on insurance contracts acquired in a transfer of insurance contracts or in a business combination within the scope of IFRS 3

Classification as an insurance contract

BC327B Applying IFRS 4, an entity acquiring a contract in a business combination determined whether that contract met the definition of an insurance contract based on facts and circumstances at the date the contract was issued, instead of the date of the business combination transaction (the acquisition date). This requirement was an exception to the general principles in IFRS 3. In contrast, entities applying IFRS 17 assess the classification of contracts using the general principles in IFRS 3.

BC327C When considering feedback from entities implementing IFRS 17, the Board considered but rejected a suggestion to reinstate that exception in IFRS 3 to continue to apply when an entity applies IFRS 17 instead of IFRS 4.

BC327D By removing the exception described in paragraph BC327B, IFRS 17 makes the accounting for the acquisition of insurance contracts consistent with the accounting for acquisitions of other contracts acquired in a business combination. Differences in accounting between an acquirer's financial statements and an acquiree's financial statements can arise because of the requirements in IFRS 3. Such differences reflect changes in facts and circumstances at the acquisition date compared to facts and circumstances at the date the acquiree recognised the contracts. Such differences depict the economics of the acquisition, are not unique to insurance contracts and are not unusual when applying IFRS Standards.

Contracts acquired in their settlement period

BC327E The Board also considered but rejected a suggestion to create an exception to the general classification and measurement requirements in IFRS 17 for contracts acquired in their settlement period. The Board concluded that an entity that acquires a contract should, at the acquisition date, apply the requirements for identifying whether a contract has an insured event and meets the definition of an insurance contract—just as an entity that issues a contract applies the requirements at the issue date.

BC327F An acquirer identifies assets and liabilities acquired based on the contractual terms, rights and obligations and economic conditions at the acquisition date, including the consideration to which the acquirer agreed at that date. The Board noted that for a contract to meet the definition of an insurance contract from the perspective of the acquirer at the acquisition date, the acquirer must compensate the policyholder for the adverse effect of an uncertain future event (that is, the acquirer must provide insurance coverage). If the acquirer provides insurance coverage, the contract is an insurance contract accounted for applying the requirements of IFRS 17. Contracts acquired in their settlement period with claim amounts that are uncertain in timing or amount could meet the definition of an insurance contract at the acquisition date.

BC327G The Board observed that some contracts acquired in their settlement period will not meet the definition of an insurance contract at the acquisition date. In some circumstances, all claim amounts are known at the acquisition date but remain unpaid. In such circumstances, the acquirer is not providing insurance coverage, the contract does not meet the definition of an insurance contract and the acquirer would account for the contract as a financial liability applying IFRS 3 and subsequently IFRS 9. The Board also observed that for contracts that meet the definition of an insurance contract at the acquisition date, an entity would need to consider whether any amounts payable to the policyholder meet the definition of an investment component (and are therefore excluded from insurance revenue).

Amendments to IFRS 17—assets for insurance acquisition cash flows in a transfer of insurance contracts and in a business combination within the scope of IFRS 3 (paragraphs B95E–B95F of IFRS 17)

BC327H In June 2020, the Board amended IFRS 17 to require an entity that acquires insurance contracts in a transfer of insurance contracts that do not form a business or in a business combination within the scope of IFRS 3 to recognise an asset measured at fair value at the acquisition date for the rights to obtain:

- (a) future insurance contracts that are renewals of insurance contracts recognised at that date; and
- (b) future insurance contracts, other than those in (a), after the acquisition date without paying again insurance acquisition cash flows the acquiree has already paid.

BC327I Requiring an entity to recognise such assets at the acquisition date is consistent with the requirements in IFRS 17 for recognising an asset for insurance acquisition cash flows (paragraph 28B of IFRS 17). As a result, the contractual service margin for a group of insurance contracts recognised after the acquisition date will appropriately reflect the rights relating to that future group which the entity paid for as part of the consideration for the acquisition. The Board decided that to achieve consistency between the requirements at the acquisition date and after the acquisition date, an entity should determine the rights described in paragraph BC327H(b) by reference to insurance acquisition cash flows the acquiree has already paid. Otherwise, broader rights to obtain future contracts from intangible assets such as customer relationships, unconnected to any previously paid insurance acquisition cash flows, could be included in the assets for insurance acquisition cash flows and therefore subsequently included in the contractual service margin of future groups of insurance contracts. In contrast, the Board decided that such reference is unnecessary to determine the rights described in paragraph BC327H(a)—these rights relate only to renewals, so they are sufficiently constrained.

Presentation in the statement of financial position and statement(s) of financial performance (paragraphs 78–92 and B120–B136 of IFRS 17)

BC328 IFRS 17 requires an entity to present the combination of rights and obligations arising from a group of insurance contracts as a single insurance contract asset or liability in the statement of financial position. This requirement is consistent with the measurement of a group of insurance contracts as a package of cash inflows and cash outflows. Consistent with the requirement in IAS 1 that an entity not offset assets and liabilities, IFRS 17 prohibits entities from offsetting groups of insurance contracts in an asset position with groups of insurance contracts in a liability position.⁴⁵

⁴⁵ In June 2020, the Board amended IFRS 17 to require an entity to present separately portfolios of insurance contracts that are assets and portfolios of insurance contracts that are liabilities (see paragraphs BC330A–BC330B).

- BC329 IFRS 17 amended IAS 1, which specifies the line items that are required to be presented in the statement of financial position, to require an entity to present separately groups of insurance contracts issued and groups of reinsurance contracts held. The Board concluded that such contracts are sufficiently distinct to warrant separate presentation in the statement of financial position.⁴⁶
- BC330 Paragraphs BC27–BC37 discuss the presentation of insurance revenue and paragraphs BC38–BC49 discuss the presentation of insurance finance income and expenses. The Board considered and rejected:
- (a) other approaches to the presentation of insurance revenue, including:
 - (i) the summarised-margin approach; and
 - (ii) premium approaches; and
 - (b) other approaches to the presentation of insurance finance income and expenses:
 - (i) include all insurance finance income or expenses in profit or loss; and
 - (ii) use the current period book yield for all contracts.

Amendments to IFRS 17—presentation in the statement of financial position

- BC330A In June 2020, the Board amended IFRS 17 to require an entity to present separately in the statement of financial position the carrying amount of portfolios of insurance contracts issued that are assets and portfolios of insurance contracts issued that are liabilities. Before the amendment, IFRS 17 required an entity to present separately groups of insurance contracts issued that are assets and groups of insurance contracts issued that are liabilities (see paragraph BC328). The amendment also applies to portfolios of reinsurance contracts held.
- BC330B The presentation requirement prior to the amendment was consistent with the requirements for recognising and measuring groups of insurance contracts. However, entities implementing IFRS 17 told the Board that they would need to allocate some fulfilment cash flows to groups only for the purpose of presentation (for example, fulfilment cash flows for incurred claims). These entities said that an amendment to require an entity to present insurance contracts at a portfolio level would provide significant operational relief. Feedback on the 2019 Exposure Draft, including from users of financial statements, suggested that the amendment would not significantly diminish the usefulness of information compared to that which would have been provided without the amendment.

Other approaches considered but rejected

- BC330C Some stakeholders suggested the Board require an entity to present one insurance contract asset or liability for all insurance contracts issued by the entity (that is, present insurance contracts at an entity level). The Board rejected that suggestion because such presentation would risk an unacceptable loss of useful information for users of financial statements.

⁴⁶ In June 2020, the Board amended IFRS 17 to require an entity to present separately portfolios of insurance contracts that are assets and portfolios of insurance contracts that are liabilities (see paragraphs BC330A–BC330B).

BC330D Some stakeholders suggested a different, more disaggregated approach to presentation in the statement of financial position. Applying IFRS 4, some entities presented separately in the statement of financial position different amounts arising from an insurance contract, as if those different amounts were separate assets or liabilities. For example, some entities presented an insurance contract liability and line items labelled as premiums receivable, claims payable and deferred acquisition costs. Entities differed in what line items they presented and in the definitions of those line items. For example, some entities presented amounts that were not yet billed as premiums receivable whereas other entities presented only billed amounts that remain outstanding. Some stakeholders said they would like to continue further disaggregation because they view such disaggregated line items as providing meaningful information to users of financial statements. The Board disagreed with suggestions to permit an entity to continue such disaggregation because it could result in the presentation of amounts that are not separable assets or liabilities. For example, premiums receivable for future insurance coverage is not a gross asset separable from the related liability for the future insurance coverage.

Presentation of insurance revenue

BC331 As noted in paragraph BC61, some complexity in the requirements of IFRS 17 arises from the need to eliminate investment components from insurance revenue. Investment components may be more significant in some contracts than in others. For example, significant investment components exist in many long-term life insurance contracts and in some large long-term or bespoke non-life insurance or reinsurance contracts. Some argued that any attempt to distinguish between investment components that have not been separated and the premium charged for insurance and other services would be arbitrary and complex to apply.

BC332 The Board considered an approach that avoided this issue: a ‘summarised-margin approach’ in profit or loss. This approach would have applied to most insurance contracts with a coverage period of more than one year. The summarised-margin approach would have been operationally less complex than any presentation that provides a gross performance measure in profit or loss. This is because the summarised-margin approach would not have distinguished between investment components and premiums for services provided. Further, the Board would not have needed an exception for the treatment of insurance acquisition cash flows (see paragraphs BC175–BC180) to avoid a situation in which an entity recognises insurance revenue before the coverage has been provided.⁴⁷

BC333 Nonetheless, the summarised-margin approach would have been a significant change from previous practice because it would have precluded presenting revenue-type line items in profit or loss. Furthermore:

- (a) the summarised-margin approach would not have provided relevant information about the extent to which an entity provides services under an insurance contract because it would not have presented any amounts as revenue or expenses in profit or loss.
- (b) the summarised-margin approach, as with other substitutes for revenue that are unique to insurance contracts, would have reduced the comparability between the financial reporting for insurance contracts and the financial reporting for other contracts.
- (c) many of those who report, use and quote financial measures expect such financial measures to include a measure of gross performance. If IFRS 17 did not require the presentation of an amount that is measured using principles that are applicable to revenue from contracts with customers, preparers and users of financial statements might substitute other inconsistently calculated measures for them.

BC334 Accordingly, the Board rejected the summarised-margin approach.

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In June 2020, the Board amended IFRS 17 to require an entity to recognise an amount of the contractual service margin in profit or loss in each period to reflect the insurance contract services provided in that period (see paragraph BC283H).

BC335 The Board also considered two approaches for the presentation of insurance revenue that were often used in previous practice:

- (a) a written-premium approach, which allocates the total expected insurance revenue to the period in which the contracts are initially recognised (written). At the same time, an expense is presented for the total expected claims and expenses relating to those contracts.
- (b) a premiums-due approach, which allocates the total expected insurance revenue to the periods in which the premiums become unconditionally due to the entity, whether or not the premiums are collected in that period. At the same time, the entity recognises expenses which must be reconciled to the incurred claims (see paragraphs BC343–BC344).

BC336 A written-premium approach would have provided information about new business during the period, including the expected present value of the amounts to be received and the obligations assumed. The Board rejected this approach because the premiums, claims and expenses presented in profit or loss are not measured by applying commonly understood notions of revenue and expenses. In particular, the revenue is recognised before the entity has performed a service and the claims and expenses are recognised before they have been incurred.

BC337 Many entities that issue long-duration insurance contracts previously applied a premiums-due approach in profit or loss. A premiums-due approach would have:

- (a) provided information about the additional premiums for services to which the entity has an unconditional right; and
- (b) provided a measure of growth and a denominator for claims and expenses ratios that is objective, sufficient for that purpose and simpler to provide than insurance revenue.

BC338 However, the Board rejected this approach because:

- (a) the gross performance measure presented using a premiums-due approach would be inconsistent with commonly understood concepts of revenue and would be likely to mislead non-specialist users of financial statements. In particular, in a premiums-due approach:
 - (i) revenue would typically be recognised before the entity has performed the corresponding service.
 - (ii) the amounts presented as revenue and claims, benefits and expenses would vary depending on when a contract requires payment of the premium. For example, if a premium is due at the start of the contract, then all revenue and expenses are presented in the period the contract is issued. If the premium is instead due annually, the revenue and expenses would be presented at that point in each year. Thus, revenue and expenses may not indicate when the entity performs the service.
- (b) the premiums-due approach typically reports amounts billed in the period and includes in expenses an amount representing the premiums expected to relate to claims in the future. The Board decided that reporting claims and expenses when incurred would provide useful information to users of financial statements, as discussed in paragraphs BC343–BC344. As noted in paragraph BC344, when revenue is measured using a premium approach, the incurred claims must be reconciled to the amount of expenses presented in the period and a balancing figure must be presented in profit or loss. Feedback from users of financial statements suggested that this balancing figure is difficult for users to interpret when analysing insurers' performance in the period.

BC339 Although the Board rejected a premiums-due approach for the reasons given above, it noted that some of the information provided by a premiums-due approach could be useful. Hence IFRS 17 requires disclosure of other measures of gross performance (see paragraphs BC358–BC362).

Presentation of insurance finance income or expenses

- BC340 The Board considered requiring entities to include all insurance finance income or expenses in profit or loss. This would prevent accounting mismatches with finance income from assets measured at fair value through profit or loss, and could also reduce the complexity inherent in disaggregating changes in the liability. However, many stakeholders expressed concern that gains and losses from underwriting and investing activities would be obscured by more volatile gains and losses arising from changes in the current discount rate applied to the cash flows in insurance contracts. In addition, many preparers of financial statements expressed concern that they would be forced to measure their financial assets at fair value through profit or loss to avoid accounting mismatches. These preparers noted that the Board has indicated that amortised cost and fair value through other comprehensive income are appropriate measures for financial assets in some circumstances and that IFRS 9 would generally require an entity to measure financial liabilities at amortised cost. Accordingly, these preparers say that the volatility in profit or loss that would result from a current value measurement of insurance contracts would impair the faithful representation of their financial performance and users of financial statements would face difficulties in comparing insurers with entities that have no significant insurance contracts. The Board was not persuaded that entities that issue insurance contracts would be disadvantaged if insurance contracts were to be measured at current value. However, the Board was persuaded that users of financial statements may find that, for some contracts, the presentation of insurance finance income or expenses based on a systematic allocation in profit or loss would be more useful than the presentation of total insurance finance income or expenses in profit or loss.
- BC341 The Board also considered requiring all insurance finance income or expenses to be included in profit or loss with separate presentation of some or all such income or expenses. Such presentation would provide disaggregated information about the effects of changes in insurance contract assets and liabilities in profit or loss. However, the Board rejected this approach for the same reasons given in paragraph BC340 and also because it would introduce operational complexity similar to that discussed in paragraph BC43(b)(ii).
- BC342 The Board also considered requiring a current period book yield for all insurance contracts. The current period book yield is the change in the carrying amount of assets regarded as backing the insurance contracts that is recognised in profit or loss for the period. The Board rejected this approach, except as discussed in paragraph BC48, because recognising insurance finance income or expenses in profit or loss measured using a discount rate that has no relationship to the rate that is used to measure the group of insurance contracts does not provide useful information. In addition, it may be difficult in some circumstances to identify the assets that are held by the entities to back insurance contract liabilities.

Amendments to IFRS 17—insurance finance income or expenses

- BC342A In June 2020, the Board amended paragraph B128 of IFRS 17 to clarify that changes in the measurement of a group of insurance contracts resulting from changes in underlying items are changes arising from the effect of the time value of money and assumptions that relate to financial risk for the purposes of IFRS 17. Otherwise, changes in underlying items could adjust the contractual service margin of insurance contracts without direct participation features. The Board considered a view that the effects of changes in cash flows resulting from the participation in underlying items that are not solely financial in nature (for example, insurance contracts) should be presented within the insurance service result, instead of within insurance finance income or expenses. The Board disagreed with this view because the requirement to reflect changes from participation in underlying items in insurance finance income or expenses appropriately depicts the nature of the participation—as an investment. The Board concluded that policyholder participation in underlying items, including underlying items that are not solely financial in nature such as insurance contracts, should have no effect on the depiction of the entity's insurance service result. Further, splitting the effect of changes in cash flows resulting from the participation in underlying items that are not solely financial in nature into an amount that should be included in the insurance service result and an amount that should be included in insurance finance income or expenses would be complex and could disrupt implementation for some entities.

- BC342B Some users of financial statements were concerned that the requirements in paragraphs 88–89 of IFRS 17 for disaggregating insurance finance income or expenses allow an accounting policy choice. They would rather IFRS 17 required one consistent presentation. The Board acknowledged that requiring entities to report insurance finance income or expenses entirely in profit or loss instead of permitting the choice in paragraphs 88–89 of IFRS 17 would improve comparability between entities. However, consistent with the Board’s previous conclusion explained in paragraph BC340, the Board concluded that the presentation of insurance finance income or expenses as a systematic allocation in profit or loss may provide more useful information than total insurance finance income or expenses in profit or loss for some contracts and less useful information for other contracts.
- BC342C Some stakeholders said that accounting mismatches might arise between financial assets the entity holds and insurance contract liabilities if an entity were to apply the option in paragraph 88 of IFRS 17 to recognise some insurance finance income or expenses in other comprehensive income. That feedback led to no amendment because the Board noted that an entity can avoid such mismatches by not applying the option. The Board received similar feedback about accounting mismatches before IFRS 17 was issued (see paragraphs BC53–BC56).

Recognition of incurred claims (paragraph 84 of IFRS 17)

- BC343 Reporting claims and expenses (other than insurance acquisition expenses) when incurred is consistent with the reporting of expenses for other types of contracts and, the Board decided, provides useful information to users of financial statements.
- BC344 Reporting claims and expenses in this way is only possible when insurance revenue is measured using changes in the liability for remaining coverage as a measure of progress towards satisfying an obligation. When insurance revenue is measured in any other way, the incurred claims must be reconciled to the amount of expenses that is presented in the period. This is because both insurance revenue and incurred claims and benefits are measures of changes in the liability for the group of insurance contracts relating to coverage in the period.

Reinsurance contracts held (paragraphs 78, 82 and 86 of IFRS 17)

- BC345 The Board noted that assets for reinsurance contracts held and liabilities for the underlying insurance contracts would rarely meet the criteria established by IAS 32 for offsetting financial assets against financial liabilities. Rather than incorporating those criteria in IFRS 17, the Board decided that it was simpler to prohibit an entity from offsetting reinsurance contract assets held against related insurance contract liabilities.
- BC346 Consistent with the prohibition on offsetting reinsurance contracts assets against insurance contract liabilities, IFRS 17 requires an entity to present income or expenses from reinsurance contracts held separately from expenses or income from insurance contracts issued. However, IFRS 17 allows an entity to present income or expenses from reinsurance contracts held either as a single net amount or as separate amounts recovered from the reinsurer and an allocation of the premiums paid. If it presents separate amounts, IFRS 17 requires the entity to treat:
- (a) cash flows contingent on the claims or benefits in the underlying contracts, including ceding commissions, as part of the claims that are expected to be reimbursed under the reinsurance contracts held, unless those cash flows need to be accounted for as investment components. In the Board’s view, the economic effect of changes in those cash flows is equivalent to the effect of reimbursing a different amount of claims than expected.
 - (b) ceding commissions that are not contingent on claims of the underlying contracts as a reduction of the premiums to be paid to the reinsurer. The economic effect of such ceding commissions is equivalent to the effect of charging a lower premium with no ceding commission.

Disclosure (paragraphs 93–132 of IFRS 17)

BC347 The Board decided that an entity should disclose information that gives a basis for users of financial statements to assess the effect that contracts within the scope of IFRS 17 have on the entity's financial position, financial performance and cash flows. To achieve this disclosure objective, information is needed about the amounts recognised in the financial statements, the significant judgements and changes in judgements made when applying IFRS 17, and the nature and extent of risks that arise from contracts within the scope of IFRS 17. The disclosure objective is supplemented with some specific disclosure requirements designed to help the entity satisfy this objective. By specifying the objective of the disclosures, the Board aims to ensure that entities provide the information that is most relevant for their circumstances and to emphasise the importance of communication to users of financial statements rather than compliance with detailed and prescriptive disclosure requirements. In situations in which the information provided to meet the specific disclosure requirements is not sufficient to meet the disclosure objective, paragraph 94 of IFRS 17 requires the entity to disclose additional information necessary to achieve that objective.

BC348 The Board used the disclosure requirements in IFRS 4, including the disclosure requirements in IFRS 7 *Financial Instruments: Disclosures* that are incorporated in IFRS 4 by cross-reference, as a basis for the requirements in IFRS 17. This is because stakeholders have indicated that such disclosures provide useful information to users of financial statements for understanding the amount, timing and uncertainty of future cash flows from insurance contracts. The disclosure requirements brought forward from IFRS 4 include information about:

- (a) significant judgements in applying the Standard, including an explanation of methods used to measure contracts within the scope of the Standard, the processes for estimating the inputs to those methods, and any changes in those methods and processes (see paragraph 117 of IFRS 17); and
- (b) the nature and extent of risks that arise from insurance contracts, including:
 - (i) the exposures to insurance risk and each type of financial risk and how they arise, and the entity's objectives, policies and processes for managing the risk and the methods used to measure those risks (see paragraphs 121–125 of IFRS 17);
 - (ii) concentrations of risk (see paragraph 127 of IFRS 17);
 - (iii) sensitivities to insurance risk and each type of market risk (see paragraphs 128–129 of IFRS 17);⁴⁸
 - (iv) information about claims development (see paragraph 130 of IFRS 17);
 - (v) information about credit risk arising from insurance contracts, including the credit quality of reinsurance contracts held (see paragraph 131 of IFRS 17); and
 - (vi) information about liquidity risk arising from insurance contracts (see paragraph 132 of IFRS 17).

BC349 In addition, when developing IFRS 17 the Board identified key items it views as critical to understanding the financial statements of entities issuing insurance contracts, in the light of the requirement to update the measurement of insurance contracts at each reporting date. The Board therefore decided that entities should disclose the following items:

⁴⁸ In June 2020, the Board amended IFRS 17 to correct the terminology used in paragraphs 128–129 of IFRS 17 by replacing 'risk exposures' with 'risk variables'.

- (a) reconciliations from the opening to closing balances for each of:
 - (i) changes in insurance contract liabilities (or assets), analysed to provide information about the determination of insurance revenue and the linkage between amounts in the statements of financial position and financial performance (see paragraph 100 of IFRS 17); and
 - (ii) changes in insurance contract liabilities (or assets), analysed to provide information about the measurement model (see paragraph 101 of IFRS 17).

These reconciliations are discussed in paragraphs BC350–BC356.

- (b) an analysis of insurance revenue (see paragraph 106 of IFRS 17 and paragraphs BC352–BC353).
- (c) information about the initial recognition of insurance contracts in the statement of financial position (see paragraphs 107–108 of IFRS 17 and paragraphs BC358–BC362).
- (d) an explanation of when the entity expects to recognise the contractual service margin remaining at the end of the reporting period in profit or loss (see paragraph 109 of IFRS 17 and paragraph BC363).
- (e) an explanation of the total amount of insurance finance income or expenses in the reporting period (see paragraph 110 of IFRS 17 and paragraphs BC364–BC366) and the composition and fair value of underlying items for contracts with direct participation features (see paragraph 111 of IFRS 17 and paragraphs BC238–BC247).
- (f) to the extent not already included in meeting the requirements in paragraph 117(a) of IFRS 17, information about the entity's approach to determine (see paragraph 117(c) of IFRS 17):
 - (i) how to distinguish changes in estimates of future cash flows arising from the exercise of discretion from other changes in estimates of future cash flows (see paragraph BC237);
 - (ii) the risk adjustment for non-financial risk (see paragraphs BC213–BC217);
 - (iii) discount rates (see paragraphs BC193–BC205); and
 - (iv) investment components (see paragraphs BC33–BC34A).
- (g) the confidence level used to determine the risk adjustment for non-financial risk (see paragraph 119 of IFRS 17 and paragraphs BC215–BC217).
- (h) information about the yield curves used to discount cash flows that do not vary based on the returns on underlying items (see paragraph 120 of IFRS 17 and paragraph BC198).
- (i) information about the effect of the regulatory framework in which the entity operates (see paragraph 126 of IFRS 17 and paragraphs BC369–BC371).

Explanation of recognised amounts (paragraphs 97–116 of IFRS 17)

Reconciliation of components of the insurance contract liability (paragraphs 98–105 of IFRS 17)

- BC350 IFRS 17 requires an entity to disaggregate the insurance contract liability into components as follows (see paragraph 40 of IFRS 17):
- (a) the liability for remaining coverage, excluding the amounts in (b) below. For liabilities measured using the premium allocation approach, this is the unearned premium, less any unamortised insurance acquisition cash flows.
 - (b) the loss component of the liability for remaining coverage (see paragraph 49 of IFRS 17). For liabilities measured using the premium allocation approach, this is the additional liability for onerous contracts (see paragraph 58 of IFRS 17).
 - (c) the liability for incurred claims.
- BC351 IFRS 17 requires entities to disclose a reconciliation from the opening to the closing balance separately for each of the components listed in paragraph BC350 and separately for insurance contracts issued and reinsurance contracts held, to explain how insurance revenue is determined, and to show how the amounts in the statements of financial position and financial performance are linked.
- BC352 The Board noted that insurance revenue can also be analysed as the total of the changes in the liability for remaining coverage in the period that relate to coverage or other services for which the entity expects to receive consideration. Those changes include insurance service expenses incurred in the period, the change in the risk adjustment for non-financial risk and the amount of the contractual service margin allocated to the period.
- BC353 The Board concluded that requiring such an analysis of insurance revenue recognised in the period provides useful information about the drivers of insurance revenue and assists users of financial statements to understand how insurance revenue relates to more familiar metrics.
- BC354 In addition, the Board decided that, except for insurance contracts to which an entity applies the premium allocation approach described in paragraphs 53–59 or 69–70 of IFRS 17, the entity must disclose a reconciliation as set out in paragraph 101 of IFRS 17 that shows the sources of profit for the period, by separately reconciling from the opening to the closing balances:
- (a) the estimates of the present value of the future cash flows;
 - (b) the risk adjustment for non-financial risk; and
 - (c) the contractual service margin.
- BC355 The Board concluded that a reconciliation showing sources of profit would provide useful information for users of financial statements. Furthermore, in the Board's view, information about changes in the components used in the measurement of insurance contracts will be important in the light of the Board's decision to adjust the contractual service margin for the effects of changes in estimates of fulfilment cash flows relating to future service (see paragraphs 44(c) and 45(c) of IFRS 17). That decision means that those effects do not appear directly in the statement(s) of financial performance.

BC356 As noted in paragraphs BC350 and BC354, entities are required to disclose two reconciliations from the opening to the closing carrying amounts in the statement of financial position, except for insurance contracts to which the premium allocation approach described in paragraphs 53–59 or 69–70 of IFRS 17 has been applied. The Board decided to require both reconciliations because feedback received from stakeholders generally indicated that the information required in each reconciliation will be useful. The Board considered the costs and benefits of requiring both reconciliations and concluded that the benefits of providing such information outweigh the costs of preparing two reconciliations. The Board noted that, in some cases, it may be possible to combine the information required into one reconciliation.

Insurance revenue (paragraph 85 of IFRS 17)

BC357 IAS 1 requires an entity to present additional line items in the statement(s) of financial performance when such a presentation is relevant to an understanding of the entity's financial performance. However, IFRS 17 prohibits an entity from presenting information about premiums in profit or loss if that information is inconsistent with insurance revenue determined applying IFRS 17. Given the varied amounts presented under previous insurance accounting practices (see paragraphs BC335–BC339), the Board decided to prohibit entities from presenting information about premiums that is inconsistent with insurance revenue in additional line items in the statement(s) of financial performance.

The effect of new contracts initially recognised in the period (paragraphs 107 and 108 of IFRS 17)

BC358 The Board considered arguments that it would be useful for entities to disclose information about the effect of new contracts initially recognised in the period. Such information differs from revenue. A measure of insurance revenue by itself provides only part of the information users of financial statements seek, and is not intended to measure an entity's insurance contracts business growth or shrinkage. In particular, many users of financial statements find information about the amount, and profitability, of new business written in each period to be important when assessing an entity's future prospects.

BC359 As noted in paragraphs BC28–BC29, the purpose of insurance revenue is to measure the consideration to which an entity expects to be entitled in exchange for services provided in the period. This consideration may differ from premiums from new contracts generated or cash collected. The Board noted, therefore, that the use of accruals-based accounting for any contract initiated in advance of services provided (ie any contract for which the performance obligation is not satisfied in the period in which the contract is written) can result in revenue increasing even if the volume of new contracts issued decreased. The Board noted that this effect is not unique to insurance contracts and sought to identify other ways to provide useful information regarding an entity's growth.

BC360 The Board agreed that information about the effect of new contracts initially recognised in the period would provide useful information for users of financial statements. In particular, information about the contractual service margin, and the risk adjustment for non-financial risk initially recognised in the period, would provide useful information about the profitability of new contracts issued in the period. Accordingly, unless the entity applies the premium allocation approach described in paragraphs 53–59 or 69–70 of IFRS 17, paragraph 107 of IFRS 17 requires an entity to disclose the effect of new contracts initially recognised in the period, showing separately their effect on:

- (a) the estimates of the present value of future cash flows;
- (b) the risk adjustment for non-financial risk; and
- (c) the contractual service margin.

BC361 The estimates of the present value of future cash flows are further disaggregated into estimates of the present value of future cash outflows, showing separately the amount of insurance acquisition cash flows, and estimates of the present value of future cash inflows. The separate disclosure of the estimates of the present value of future cash inflows, including any investment components:

- (a) provides useful information about the volume of sales that supplements the insurance revenue presented in the statement(s) of financial performance; and
- (b) allows users of financial statements to compare the volume of business written in prior years with the volume of contracts written in the current year.

BC362 New contracts initially recognised in the period might include contracts issued by the entity and contracts acquired from other entities in transfers of insurance contracts or business combinations. IFRS 17 requires an entity to disclose separately the effects of new contracts initially recognised in the period that are acquired from other entities in transfers of insurance contracts or business combinations, so that the separate effects on future profitability and insurance revenue from contracts issued and acquired in the period is provided to users of financial statements. IFRS 17 also requires an entity to disclose separately the effect of new contracts initially recognised in the period that are onerous.

Recognition of the contractual service margin (paragraph 109 of IFRS 17)

BC363 Many stakeholders suggested they would like to know when the contractual margin is expected to be recognised in profit or loss in future periods, because this information would be helpful in assessing future profitability. The Board agreed this information would be useful to users of financial statements. IFRS 17 requires entities to disclose when they expect to recognise the contractual service margin remaining at the end of the reporting period in profit or loss, either quantitatively, in appropriate time bands, or by providing qualitative information.⁴⁹

Insurance finance income or expenses (paragraphs 110–113 and 118 of IFRS 17)

BC364 Insurance finance income or expenses are expected to have a significant effect on the performance of an insurer, particularly if it issues long-duration contracts. IFRS 17 allows an entity to choose how to present insurance finance income or expenses; therefore, the Board concluded it is important for an entity to disclose or explain:

- (a) the total amount of its insurance finance income or expenses in each period;
- (b) the basis for any disaggregation of the total between amounts recognised in profit or loss and other comprehensive income; and
- (c) the relationship between insurance finance income or expenses and investment income on the related assets the entity holds.

BC365 For contracts with direct participation features, IFRS 17 allows an entity to choose how to recognise changes in the effect of financial risk (for example, the value of financial guarantees embedded in a group of insurance contracts or the entity's share of the underlying items), if the entity uses a derivative to mitigate the financial risk, and the criteria in paragraph B116 of IFRS 17 are met.⁵⁰ Such changes may be recognised either in profit or loss, or by adjusting the contractual service margin. Recognising the lack of comparability that this accounting policy choice creates, the Board decided to require an entity that chooses to recognise such changes in profit or loss to disclose the effect of that choice on the adjustment to the contractual service margin in the current period.

⁴⁹ In June 2020, the Board amended IFRS 17 to require an entity to disclose when it expects to recognise the contractual service margin remaining at the end of the reporting period in profit or loss quantitatively, in appropriate time bands (see paragraph BC366B).

⁵⁰ In June 2020, the Board extended the risk mitigation option to be applicable when an entity uses reinsurance contracts held or non-derivative financial instruments measured at fair value through profit or loss to mitigate financial risk (see paragraphs BC256A–BC256F).

BC366 For contracts with direct participation features, an entity choosing to disaggregate insurance finance income or expenses between profit or loss and other comprehensive income might change the basis on which it determines the amounts to be included in profit or loss from a systematic allocation to the current period book yield (see paragraph BC48), or vice versa. A change of basis is required if the entity becomes eligible, or ceases to be eligible, to apply the current period book yield because it starts to hold, or ceases to hold, the underlying items for a group of insurance contracts. In such cases, IFRS 17 requires an entity to include in a specified way in profit or loss the accumulated amount previously recognised in other comprehensive income. The Board requires the specified method to prevent an entity from including or excluding gains and losses permanently in profit or loss simply by choosing to buy or sell underlying items. The Board also decided to require entities to disclose, in the period the change in basis occurs:

- (a) the reason why the entity changed the basis of disaggregation;
- (b) the amount of any adjustment for each financial statement line item affected; and
- (c) the carrying amount of the groups of insurance contracts to which the change applied.

Amendments to IFRS 17—disclosure of amounts recognised

Insurance acquisition cash flows (paragraphs 105A–105B and 109A of IFRS 17)

BC366A In June 2020, the Board amended IFRS 17 to require an entity to allocate insurance acquisition cash flows to future groups of insurance contracts that are expected to include contracts that are renewals of other contracts (see paragraphs BC184A–BC184K). That amendment extends the period for which an asset for insurance acquisition cash flows exists, and therefore increases the total amount of such assets at the end of each reporting period. In the light of the amendment, the Board amended the disclosure requirements in IFRS 17 to require an entity to disclose a reconciliation from the opening to the closing balance of any asset for insurance acquisition cash flows recognised applying paragraph 28B of IFRS 17. An entity is also required to provide quantitative disclosure, in appropriate time bands, of the expected inclusion of insurance acquisition cash flows recognised as an asset in the measurement of the group of insurance contracts to which they are allocated (see paragraph 105A of IFRS 17).

Recognition of the contractual service margin (paragraphs 109 and 117 of IFRS 17)

BC366B In June 2020, the Board amended IFRS 17 to require an entity to determine the quantity of benefits provided by an insurance contract considering either investment-return service or investment-related service in addition to insurance coverage (see paragraphs BC283A–BC283J). That amendment adds complexity and judgement to the determination of the quantity of benefits provided by an insurance contract for the purpose of recognising the contractual service margin in profit or loss. Accordingly, the Board decided to require an entity to disclose:

- (a) quantitative information, in appropriate time bands, about when the entity expects to recognise in profit or loss the contractual service margin remaining at the end of the reporting period (instead of permitting an entity to provide only qualitative information); and
- (b) the approach used to assess the relative weighting of the benefits from insurance coverage and either investment-return service or investment-related service.

Other additional disclosures

BC366C In June 2020, the Board also amended the disclosure requirements in IFRS 17 to clarify that an entity:

- (a) is not required to disclose refunds of premiums separately from investment components in the reconciliation required by paragraph 100 of IFRS 17; and
- (b) cannot present separately amounts relating to the risk adjustment for non-financial risk that are experience adjustments applying paragraph 104(b)(iii) of IFRS 17 if the entity already discloses those amounts applying paragraph 104(b)(ii) of IFRS 17 (to prevent double counting those amounts).

Disclosures that the Board considered but did not include in IFRS 17

Reconciliation of premium receipts to insurance revenue

BC367 The Board originally proposed that an entity reconcile the insurance revenue to the premium receipts in each period because it wanted entities to explain how insurance revenue differs from previously familiar metrics. However, the Board found that such information will be provided in the reconciliation of the insurance contract balance required by paragraph 100 of IFRS 17. Hence, a separate reconciliation, while permissible, is not required. Paragraphs BC27–BC37 and BC337–BC339 explain why IFRS 17 prohibits the use of premiums-due as a measure of insurance revenue.

Measurement uncertainty analysis

BC368 The Board originally proposed the disclosure of an analysis of the measurement uncertainty in the inputs that have a material effect on the measurement. This would have been similar to the disclosure for unobservable inputs in fair value measurement considered by the Board when developing IFRS 13 (as described in paragraphs BC202–BC210 of the Basis for Conclusions on IFRS 13). When finalising IFRS 13, the Board decided not to require such a disclosure for unobservable inputs in IFRS 13 because of concerns about costs relative to benefits, but instead required more quantitative information about the inputs as well as narrative information about how those inputs influence the measurement (as described in paragraphs BC188–BC195 and BC206–BC208 of the Basis for Conclusions on IFRS 13). Accordingly, consistent with its decision for IFRS 13, the Board did not include such a disclosure requirement in IFRS 17.

Regulatory capital

BC369 IFRS 17 requires an entity to disclose information about the effect of the regulatory frameworks in which it operates; for example, minimum capital requirements or required interest rate guarantees (see paragraph 126 of IFRS 17). Many users of financial statements indicated a desire for additional disclosures that would help them to understand and analyse those effects; in particular:

- (a) information about how much regulatory capital an entity needs to hold for the new contracts written in the period, and when that capital will cease to be required; and
- (b) information about the amount of equity generated in a reporting period that is not needed to service the regulatory capital requirements. That amount is sometimes referred to as 'free cash flow'.

BC370 Disclosure of the regulatory capital required could provide users of financial statements with information about:

- (a) the entity's profitability, ongoing capital needs and, thus, financial flexibility;
- (b) an entity's capacity to write new business in future periods, because the excess over regulatory capital held is available to support future new business; and
- (c) improved understanding of the financial position, financial performance and cash flows during the reporting period.

BC371 However, entities that issue insurance contracts are not the only entities that operate in a regulated environment. Such disclosures might be useful for all entities operating in a regulated environment. The Board was concerned about developing such disclosures in isolation in a project on accounting for insurance contracts that would go beyond the existing requirements in paragraphs 134–136 of IAS 1. Accordingly, the Board decided to limit the disclosures about regulation to those set out in paragraph 126 of IFRS 17.

Applying the Standard for the first time (Appendix C of IFRS 17)

BC372 IFRS 17 includes specific requirements for applying the Standard for the first time. An entity is therefore required to apply the IFRS 17 transition requirements instead of the general requirements of IAS 8 *Accounting Policies, Changes in Accounting Estimates and Errors*. In the light of the diversity in previous insurance accounting practices and the long duration of many types of insurance contracts, the Board decided that retrospective application of IFRS 17 provides the most useful information to users of financial statements by allowing comparisons between contracts written before and after the date of initial application of the Standard. Consistent with IAS 8, which requires retrospective application of a new accounting policy except when it would be impracticable, the Board concluded that entities should apply IFRS 17 retrospectively (see paragraphs BC374–BC378) and should be allowed to use alternatives only when retrospective application of IFRS 17 is impracticable.⁵¹

BC373 The Board developed two alternative transition methods that may be used when retrospective application is impracticable (see paragraphs BC379–BC384B for the alternative transition method referred to as the 'modified retrospective approach' and paragraphs BC385–BC386 for the alternative transition method referred to as the 'fair value approach'). The Board decided to permit an entity to choose between the modified retrospective approach and the fair value approach if the entity cannot apply IFRS 17 retrospectively. The Board acknowledged a choice of transition methods results in a lack of comparability of transition amounts but concluded it was appropriate for the following reasons. The objective of the modified retrospective approach is to achieve the closest outcome to a retrospective application of the Standard. The Board noted that the similarity between a modified retrospective approach and a full retrospective application would depend on the amount of reasonable and supportable information available to an entity. If an entity has relatively little reasonable and supportable information available, and, therefore, would need to use many of the permitted modifications, the cost of the modified retrospective approach might exceed the benefits.

⁵¹ In June 2020, the Board amended IFRS 17 to permit an entity that has the information to apply a fully retrospective approach to instead apply the fair value approach for transition for a group of insurance contracts with direct participation features when specified conditions relating to risk mitigation are met (see paragraph BC393A).

Amendments to IFRS 17—feedback on transition approaches

BC373A When the Board considered feedback from entities implementing IFRS 17, the Board also considered feedback from users of financial statements that the optionality in the transition requirements reduces comparability between entities—in particular, the option to apply the modified retrospective approach or the fair value approach. The Board concluded that the choices provided are appropriate, for the reasons set out in paragraph BC373.

BC373B In the Board's view, providing practical one-off reliefs to help entities with their transition to IFRS 17 is worth a limited loss of comparability for a limited period. The Board therefore decided not to reduce the options available in the transition requirements, because doing so would be likely to cause undue disruption to implementation already under way. The Board noted the reduced comparability that the transition options cause has no effect on the current value measurement of the fulfilment cash flows. The Board also noted that entities are required to provide disclosures on the transition approaches used. Such disclosures assist users of financial statements in making comparisons between entities, and in understanding the transition reliefs used and how those reliefs affect reported information.

Retrospective application (paragraphs C3–C5B of IFRS 17)

BC374 To apply IFRS 17 retrospectively, at the transition date an entity is required to:

- (a) recognise and measure each group of insurance contracts as if IFRS 17 had always applied;⁵²
- (b) derecognise any existing balances that would not exist had IFRS 17 always applied; and
- (c) recognise any resulting net difference in equity.

Consistent with retrospective application, the Board noted that an entity would need not only to adjust the measurement of its insurance contracts when first applying the Standard but also to eliminate any items such as deferred acquisition costs and some intangible assets that relate solely to existing contracts. The requirement to recognise any resulting net differences in equity means that no adjustment is made to the carrying amount of goodwill from any previous business combinations.

BC375 The measurement model in IFRS 17 comprises two components:

- (a) a direct measurement, which is based on estimates of the present value of future cash flows and an explicit risk adjustment for non-financial risk; and
- (b) a contractual service margin, which is measured on initial recognition of the group of insurance contracts, then adjusted for subsequent changes in estimates relating to future service and adjusted for subsequent changes in estimates relating to future services and a financing component and recognised in profit or loss over the coverage period.

BC376 The Board identified no specific transition problems for the introduction of the direct measurement component of the insurance contracts, other than in the assessments made on initial recognition described in paragraphs BC381–BC382. That measurement reflects only circumstances at the measurement date. Consequently, provided an entity has sufficient lead time to set up the necessary systems, performing that direct measurement at the transition date will be no more difficult than performing it at a later date.

⁵² In June 2020, the Board amended IFRS 17 to clarify that an entity recognises and measures any assets for insurance acquisition cash flows as if IFRS 17 had always applied, except that an entity is not required to assess the recoverability of any such assets before the transition date (see paragraphs BC184A–BC184K).

BC377 Measuring the remaining amount of the contractual service margin at the transition date, and the information needed for presentation in the statement(s) of financial performance in subsequent periods, is more challenging. These amounts reflect a revision of estimates for all periods after the initial recognition of the group of insurance contracts.

BC378 The Board concluded that measuring the following amounts needed for retrospective application would often be impracticable:

- (a) the estimates of cash flows at the date of initial recognition;
- (b) the risk adjustment for non-financial risk at the date of initial recognition;
- (c) the changes in estimates that would have been recognised in profit or loss for each accounting period because they did not relate to future service, and the extent to which changes in the fulfilment cash flows would have been allocated to the loss component;
- (d) the discount rates at the date of initial recognition; and
- (e) the effect of changes in discount rates on estimates of future cash flows for contracts for which changes in financial assumptions have a substantial effect on the amounts paid to policyholders.

The Board therefore developed two transition methods entities are allowed to use for groups of insurance contracts for which retrospective application of IFRS 17 would be impracticable.

Modified retrospective approach (paragraphs C6–C19A of IFRS 17)

BC379 Although many entities may not have sufficient information for retrospective application of IFRS 17, the Board was told that, in many cases, entities may have much of the information needed, and that some entities may face only a small number of limitations on retrospective application. In such situations, the Board concluded that more comparable information about insurance contracts could result if an entity were permitted to modify retrospective application only when needed because it lacked information to apply a fully retrospective approach. Furthermore, the Board concluded that an entity should:

- (a) use the minimum modifications necessary for achieving the closest outcome to retrospective application that is possible using reasonable and supportable information; and
- (b) be prohibited from disregarding any reasonable and supportable information that could be used in the retrospective application of IFRS 17 if that information is available without undue cost or effort.

BC380 The Board decided to specify some modifications that could be applied if retrospective application as defined in IAS 8 is impracticable, to address the issues noted in paragraph BC378. Those modifications are permitted only to the extent necessary because an entity does not have reasonable and supportable information to apply the retrospective approach. Those modifications:

- (a) simplify the information necessary for an entity to make assessments about insurance contracts or groups of insurance contracts that would be made at the date of inception or initial recognition (see paragraphs BC381–BC382B).
- (b) simplify how an entity determines amounts related to the contractual service margin (see paragraphs BC383–BC383B).
- (c) simplify how an entity determines the information necessary to determine insurance revenue (see paragraphs BC383–BC383B).

- (d) permit an entity to determine insurance finance income and expenses included in profit or loss using the discount rates at the transition date if an entity chooses to disaggregate insurance finance income or expenses into an amount included in profit or loss and an amount included in other comprehensive income. In addition, the modification provides an expedient for determining the amount of the accumulated balance in equity relating to insurance finance income and expenses (see paragraphs BC384-BC384B).

Amendments to IFRS 17—feedback on using reasonable and supportable information and making estimates

BC380A Some entities implementing IFRS 17 suggested that to provide operational relief, the Board should remove from the modified retrospective approach the requirements to:

- (a) maximise the use of reasonable and supportable information available without undue cost or effort that would have been used to apply a fully retrospective approach.
- (b) use reasonable and supportable information to apply the modifications.

BC380B The Board considered but rejected the suggestions in paragraph BC380A because:

- (a) with regards to the suggestion in paragraph BC380A(a), permitting an entity to ignore reasonable and supportable information available without undue cost or effort that the entity would have used to apply a fully retrospective approach would be contrary to the objective of the modified retrospective approach. The objective is to achieve the closest outcome to retrospective application possible using reasonable and supportable information available without undue cost or effort. The suggestion would also reduce comparability between contracts issued before and after the transition date.
- (b) with regards to the suggestion in paragraph BC380A(b), permitting an entity to apply a modification when it does not have reasonable and supportable information to do so would undermine the credibility of information that results from applying IFRS 17. In the Board's view, applying a fair value approach would result in more useful information for users of financial statements than would applying a modified retrospective approach without the reasonable and supportable information necessary to do so.

BC380C Some entities implementing IFRS 17 suggested that the inclusion of specified modifications implies that an entity cannot make estimates in applying IFRS 17 retrospectively. The Board noted that paragraph 51 of IAS 8 acknowledges the need for estimates in retrospective application. This paragraph applies to entities applying IFRS 17 for the first time just as it does to entities applying other IFRS Standards for the first time. The Board expects that entities will often need to make estimates when applying a specified modification in the modified retrospective approach.

BC380D Some stakeholders suggested that the Board could reduce the burden of applying the transition requirements by specifying methods that could be used—for example, methods using information from embedded value reporting or information prepared for regulatory reporting. The Board rejected this suggestion. The Board concluded that specifying methods would conflict with the approach in IFRS 17 of establishing measurement objectives that can be satisfied using various methods. The appropriateness of a method depends on facts and circumstances. Furthermore, if the Board were to specify methods, it could risk incorrectly implying that entities cannot use other methods that would satisfy the requirements of IFRS 17.

Assessments made at inception or initial recognition of insurance contracts (paragraphs C9–C10 of IFRS 17)

BC381 IFRS 17 requires some assessments to be made at the inception or initial recognition of a contract, in particular:

- (a) whether a contract is eligible for the variable fee approach;
- (b) how to group contracts; and

- (c) how to determine the effect of discretion on estimated cash flows for contracts subject to the general model.

BC382 The Board concluded that often it would be impracticable for entities to make such assessments using assumptions at the date of inception or initial recognition. Such assessments might be impossible without the use of hindsight (ie making an assumption of what an entity would have expected in the past). The need for hindsight could be avoided if the assessments were made at the transition date instead of at the date of inception or initial recognition of the contract. However, the Board noted that assessing contracts only at the transition date could impose grouping for entities that is significantly different from an assessment as at the date of the inception or initial recognition of the contract. Accordingly, the Board decided that entities should be allowed to make the assessments either:

- (a) at the date of inception or initial recognition of a contract, if such assessments could be made based on reasonable and supportable evidence for what the entity would have determined given the terms of the contract and the market conditions at that time; or
- (b) at the transition date.⁵³

Amendments to IFRS 17—classification of contracts acquired in their settlement period (paragraphs C9A and C22A of IFRS 17)

BC382A In June 2020, the Board considered but rejected a suggestion to create an exception to the general classification and measurement requirements in IFRS 17 for contracts acquired in their settlement period (see paragraphs BC327E–BC327G). However, the Board amended IFRS 17 to provide reliefs on transition in response to feedback that to apply IFRS 17 retrospectively to contracts acquired before the transition date (that is, to classify and measure those contracts as a liability for remaining coverage) would often be impracticable. Those reliefs permit an entity applying the modified retrospective approach or the fair value approach to classify as a liability for incurred claims a liability for the settlement of claims when:

- (a) that liability relates to an insurance contract that was acquired in a transfer of insurance contracts that do not form a business or in a business combination within the scope of IFRS 3; and
- (b) the acquisition date was before the transition date.

BC382B An entity applying the modified retrospective approach applies the relief in paragraph BC382A only to the extent permitted by paragraph C8 of IFRS 17.

Determining amounts relating to the contractual service margin and insurance revenue (paragraphs C11–C17 of IFRS 17)

BC383 In many cases, the estimates described in paragraph BC378 can be determined only using hindsight, which would mean that the entity would not be able to apply IFRS 17 retrospectively. Accordingly, the Board decided that it would specify modifications that could be used for making those estimates. Those modifications:

- (a) avoid the need for entities to measure the changes in estimates that would have been recognised in profit or loss because they did not relate to future service, or to assess the extent to which such changes in estimates had been reversed as claims were incurred;
- (b) provide an objective way for entities to estimate what the risk adjustment for non-financial risk would have been at the date of initial recognition;

⁵³ In June 2020, the Board amended IFRS 17 to permit an entity to assess whether a contract meets the definition of an investment contract with discretionary participation features either at the date of initial recognition of the contract or at the transition date. This assessment is consistent with other assessments described in paragraph BC382.

- (c) provide a way for entities to estimate the discount rates at the date of initial recognition; and
- (d) provide guidance on how an entity should determine how much of the estimated contractual service margin on initial recognition should remain at the date of transition.

Amendments to IFRS 17—modifications considered but rejected

BC383A The Board considered a suggestion from entities implementing IFRS 17 to permit an entity to develop the modifications that it thinks would achieve the closest possible outcome to retrospective application. The Board disagreed with this suggestion, because if such modifications were permitted:

- (a) an entity could use modifications that would result in an outcome that the Board would consider insufficiently close to retrospective application; and
- (b) each entity could use different modifications, reducing comparability and increasing complexity for users of financial statements.

BC383B Paragraph C17 of IFRS 17 provides a modification for determining the contractual service margin at the transition date for insurance contracts with direct participation features. An entity applying that modification determines the carrying amount of the contractual service margin at the transition date in a more direct way than the entity would by applying the modifications in paragraphs C11–C16 of IFRS 17 for determining the contractual service margin at the transition date for insurance contracts without direct participation features. An entity can determine the contractual service margin in this more direct way because of the extent to which the contractual service margin is remeasured for insurance contracts with direct participation features. Some stakeholders suggested that an entity should be able to apply the modifications in paragraphs C11–C16 of IFRS 17 to insurance contracts with direct participation features. The Board disagreed with this suggestion because applying those modifications to such contracts would be unlikely to achieve an outcome as close to retrospective application as would applying paragraph C17 of IFRS 17.

Determining insurance finance income and expenses (paragraphs C18 and C19 of IFRS 17)

BC384 If an entity chooses to include some insurance finance income or expenses in other comprehensive income, applying IFRS 17 retrospectively, the entity would need to track historical information and make assessments about the allocation of amounts from other comprehensive income to profit or loss in each period to determine the accumulated balance recognised in other comprehensive income. This information would be particularly difficult to determine if, consistent with paragraph C10 of IFRS 17, the entity included within a group insurance contracts issued more than one year apart. Accordingly, the Board decided to provide modifications that would enable an entity to determine those amounts at the transition date.

Amendments to IFRS 17—feedback relating to the accumulated balance recognised in other comprehensive income

BC384A Some entities implementing IFRS 17 said they would prefer alternative modifications to the modifications set out in paragraphs C18–C19 of IFRS 17 for determining the amount of insurance finance income or expenses accumulated in other comprehensive income at the transition date. These entities suggested that for all insurance contracts (insurance contracts with and without direct participation features), an entity should be required to:

- (a) deem as nil the accumulated amount in other comprehensive income for financial assets accounted for applying IFRS 9 that are related to insurance contracts; or
- (b) deem the accumulated amount of insurance finance income or expenses in other comprehensive income as equal to the accumulated amount in other comprehensive income arising on financial assets accounted for applying IFRS 9 that are related to insurance contracts.

BC384B The Board considered but rejected the suggestions in paragraph BC384A because:

- (a) both suggested amendments involve significant subjectivity in determining which assets relate to insurance contracts.
- (b) both suggested amendments could result in an outcome that the Board would consider to be insufficiently close to retrospective application of IFRS 17 requirements.
- (c) the suggested amendment to IFRS 9 described in BC384A(a) would reduce comparability of entities first applying IFRS 9 and IFRS 17 at the same time choosing this approach with other entities that have already applied IFRS 9. The Board noted that the amount accumulated in other comprehensive income relating to financial assets measured at fair value through other comprehensive income includes amounts that relate to expected credit losses. Hence, setting the cumulative amount to nil on transition would affect the accounting for expected credit losses in future periods.
- (d) the suggested amendment to IFRS 17 described in BC384A(b) would mean that insurance finance income or expenses recognised in profit or loss in future periods would reflect the historical discount rate for assets held at the transition date that an entity determines are related to insurance contracts. The Board concluded that using that historical discount rate could result in a significant loss of useful information, because of the subjectivity in determining which assets relate to insurance contracts and because comparability for insurance contracts would be reduced between entities that hold different assets.

Fair value approach (paragraphs C20–C24B of IFRS 17)

BC385 The Board noted that in some cases an entity might not have reasonable and supportable information available without undue cost or effort to apply the modified retrospective approach. Accordingly, the Board specified that in such cases, an entity must apply a fair value approach in which the contractual service margin at the transition date is determined as the difference between the fulfilment cash flows and the fair value of the group of insurance contracts, determined in accordance with IFRS 13. The Board also decided to allow the use of the fair value approach whenever retrospective application is impracticable (see paragraph BC373). The Board decided to clarify that in determining fair value of a group of insurance contracts, an entity should not apply the concept of a deposit floor (see paragraphs BC165–BC166).

BC386 The fair value approach also permits the same modifications as the modified retrospective approach relating to:

- (a) assessments about insurance contracts or groups of insurance contracts that would be made at the date of inception or initial recognition,⁵⁴ and
- (b) determining the discount rates and the effect of changes in discount rates necessary to determine insurance finance income and expenses.

⁵⁴

An entity applying the fair value approach is permitted to classify as a liability for incurred claims a liability for the settlement of claims incurred before an insurance contract was acquired in a transfer of insurance contracts that do not form a business or in a business combination within the scope of IFRS 3 (see paragraph BC382A).

Comparative information (paragraphs C25–C28 of IFRS 17)

- BC387 IFRS 17 requires entities to present comparative information, applying the requirements of IFRS 17 for the period immediately before the date of initial application of IFRS 17, to provide the most useful information to users of financial statements by allowing comparisons among entities and using trend information. However, if an entity presents comparative information for earlier periods, that comparative information need not be restated applying the requirements of IFRS 17.
- BC388 The Board concluded that providing restated comparative information for at least one reporting period was necessary because of the diversity of previous accounting and the extent of the changes introduced by IFRS 17. Because IFRS 17 only requires retrospective application on transition if practicable, and specifies simplified approaches when retrospective application is impracticable, the Board expects that determining the comparative amounts will not require significant incremental time and resources beyond those required to first apply IFRS 17. The Board set the effective date for IFRS 17 based on information given about the necessary time to prepare, in the knowledge that restated comparative information for one reporting period would be required.
- BC389 The requirement to restate comparative information for one reporting period is different from the transition requirements of IFRS 9, which did not require restatement of comparative amounts at transition to that Standard, including the fair value of financial instruments (and which did not allow restatement if doing so required the use of hindsight). However, the Board noted that different circumstances applied when it developed the transition requirements for IFRS 9, which were developed with the intention of minimising obstacles to voluntary application of IFRS 9 before its effective date. In addition, entities applying those transition requirements of IFRS 9 had all previously applied the same requirements, ie those in IAS 39. In contrast, the Board expects that most entities will apply IFRS 17 no earlier than the effective date and believes that the restatement of comparative amounts is particularly important, for the reasons given in paragraph BC388. Therefore, the Board decided not to provide relief from the restatement of comparative information to facilitate early application of IFRS 17.
- BC389A In June 2020, the Board deferred the effective date of IFRS 17 from 1 January 2021 to 1 January 2023 (see paragraphs BC404A–BC404F). The Board considered but rejected a suggestion to provide relief from the restatement of comparative information, because the Board concluded that restatement of comparative information is particularly important given the diversity in previous accounting practices and the extent of change introduced by IFRS 17.

Other transition issues

Contracts derecognised before the transition date

- BC390 The Board decided that it would not provide a simplification for contracts that have been derecognised before the transition date. The Board noted that reflecting the effect of contracts derecognised before the transition date on the remaining contractual service margin was necessary to provide a faithful representation of the remaining profit of the group of insurance contracts. Furthermore, although entities may have difficulty obtaining details of cash flows for all contracts that have been derecognised, the Board concluded that an entity would be able to make estimates and extrapolations using reasonable and supportable information to enable the effect of derecognised contracts to be determined. Finally, the Board observed that when an entity is not able to make such estimates and extrapolations, the fair value approach would be available.

Level of aggregation (paragraphs C9(a) and C10 of IFRS 17)

- BC391 To apply the Standard retrospectively, an entity needs to determine the group of insurance contracts to which individual contracts would have belonged on initial recognition. The Standard requires entities to group only contracts written within one year.

BC392 The Board noted that it may not always be practicable for entities to group contracts written in the same one-year period retrospectively. Accordingly, the Board decided to provide a transition relief so that entities would not need to divide contracts into groups of contracts that were written within one year. In addition, entities are allowed to accrete and adjust the resulting contractual service margin after transition using the discount rates at the transition date. Furthermore, the Board decided that entities that choose to disaggregate insurance finance income or expenses between profit or loss and other comprehensive income in accordance with paragraphs 88(b) and 89(b) of IFRS 17 should be permitted to determine insurance finance income or expenses included in profit or loss using the discount rates at the transition date. Although this results in a different accumulated balance in equity compared with the amount that would result from a full retrospective approach, and hence different insurance finance income or expenses in profit or loss in the future, the Board concluded that users of financial statements could be alerted to these differences through disclosures.

Amendments to IFRS 17—feedback on applying the level of aggregation requirements on transition

BC392A In the modified retrospective approach, an entity is permitted to group together contracts that were issued more than one year apart, to the extent that the entity does not have reasonable and supportable information to separately group those contracts—in other words, the entity is permitted not to apply the annual cohort requirement in paragraph 22 of IFRS 17. In the fair value approach, an entity is permitted a choice to group together contracts that were issued more than one year apart. Some stakeholders suggested the Board provide further relief by permitting an entity a choice to group together contracts issued more than one year apart in a fully retrospective approach and in the modified retrospective approach, regardless of whether the entity has reasonable and supportable information to apply the annual cohort requirement. The Board disagreed with the suggestion for such transition relief because permitting an entity not to apply the annual cohort requirement:

- (a) when the entity has the information available to apply a fully retrospective approach would have the effect that the entity would not be applying a fully retrospective approach; and
- (b) when the entity has reasonable and supportable information to apply that requirement in the modified retrospective approach would be inconsistent with the objective of the modified retrospective approach.

Derivatives used to mitigate financial risk (paragraph C3(b) of IFRS 17)⁵⁵

BC393 Paragraph B115 of IFRS 17 permits entities not to recognise a change in the contractual service margin for changes in fulfilment cash flows and the entity's share in the fair value returns on underlying items for which an entity uses derivatives to mitigate their financial risk.⁵⁶ However, an entity applying this option is required to document its risk management objective and the strategy for mitigating the risk before doing so. This documentation requirement is analogous to the documentation requirements for hedge accounting in IFRS 9. Consistent with the transition requirements for hedge accounting in IFRS 9, the Board concluded that retrospective application of the risk mitigation treatment would give rise to the risk of hindsight. In particular, the Board was concerned that documentation after the event could enable entities to choose the risk mitigation relationships to which it would apply this option, particularly because the application of this approach is optional. Consequently, IFRS 17, consistent with the transition requirements for hedge accounting in IFRS 9, requires prospective application of the risk mitigation option from the date of initial application of the Standard.⁵⁷

⁵⁵ In June 2020, the Board extended the risk mitigation option to be applicable when an entity uses reinsurance contracts held and non-derivative financial instruments measured at fair value through profit or loss to mitigate financial risk (see paragraphs BC256A–BC256F).

⁵⁶ In June 2020, the Board extended the risk mitigation option to be applicable when an entity uses reinsurance contracts held and non-derivative financial instruments measured at fair value through profit or loss to mitigate financial risk (see paragraphs BC256A–BC256F).

⁵⁷ In June 2020, the Board amended IFRS 17 to require prospective application of the risk mitigation option from the transition date instead of the date of initial application (see paragraph BC393A).

Amendments to IFRS 17—the prohibition from applying the risk mitigation option retrospectively (paragraphs C3(b) and C5A of IFRS 17)

BC393A In June 2020, the Board amended the transition requirements relating to the risk mitigation option to:

- (a) permit an entity to apply the risk mitigation option in paragraph B115 of IFRS 17 prospectively from the transition date instead of the date of initial application; and
- (b) permit an entity that can apply IFRS 17 retrospectively to a group of insurance contracts to instead apply the fair value approach if, and only if:
 - (i) the entity chooses to apply the risk mitigation option to the group prospectively from the transition date; and
 - (ii) before the transition date, the entity had been using derivatives, reinsurance contracts held or non-derivative financial instruments measured at fair value through profit or loss to mitigate financial risk arising from the group of insurance contracts.

BC393B The amendments described in paragraph BC393A respond to concerns that prohibiting retrospective application of the risk mitigation option reduces comparability between risk mitigation activities that took place before the date of initial application and those that take place after that date. Most stakeholders agreed with the Board that the amendments described in paragraph BC393A resolve these concerns.

BC393C Nonetheless, some stakeholders suggested the Board amend IFRS 17 to permit retrospective application of the risk mitigation option, and so the Board considered whether it should make such an amendment. The Board observed that if an entity were permitted to apply the option retrospectively, it could decide the extent to which it reflects risk mitigation activities in the contractual service margin based on known accounting outcomes. The entity could apply the option in a way that differs from how the entity would have applied the option in previous periods without hindsight, had it always applied IFRS 17. Permitting retrospective application of the option would therefore affect the credibility of information presented on transition to IFRS 17 and in subsequent periods in which those groups of insurance contracts exist. The Board therefore reaffirmed its decision to prohibit retrospective application of the option because of the risk of the use of hindsight.

BC393D Some stakeholders suggested the Board amend IFRS 17 to permit an entity to apply the risk mitigation option retrospectively if, and only if, the entity applies the option for all risk mitigation relationships that would meet the conditions in paragraphs B115–B116 of IFRS 17 (an ‘all or nothing’ approach). These stakeholders thought such an amendment would avoid the risk of hindsight. The Board considered what an ‘all or nothing’ approach would be and whether the Board should add such an approach to the IFRS 17 transition requirements. The Board noted that an ‘all or nothing’ approach would require:

- (a) ‘all’ to mean all insurance contracts issued by the entity that exist at the transition date (that is, all would be at a reporting entity level);
- (b) ‘all’ to mean all past and current risk mitigation relationships that meet the criteria in paragraph B116 of IFRS 17 at any point between initial recognition of a group of insurance contracts and the transition date;
- (c) an entity to hold historical documentation of each of those risk mitigation relationships described in (b), and that documentation to have existed at the beginning of the first reporting period that the entity would have met the criteria in paragraph B116 of IFRS 17; and
- (d) an entity to retrospectively determine the effect of applying the risk mitigation option for all relationships described in (b) at each reporting date between initial recognition of a group of insurance contracts and the transition date.

BC393E The Board noted that any approach other than the one described in paragraph BC393D would involve the risk of hindsight. The approach described in paragraph BC393D would not involve the risk of hindsight. However, the Board concluded that applying that approach would be impracticable in almost all cases. Meeting the conditions necessary for an 'all or nothing' approach would be a high hurdle that entities would overcome in only a narrow set of circumstances. Accordingly, the Board decided not to add those requirements to IFRS 17.

Redesignation of financial assets (paragraphs C29–C33 of IFRS 17)

BC394 When first applying IFRS 17, an entity will either:

- (a) have already applied IFRS 9; or
- (b) also be applying IFRS 9 for the first time.

BC395 IFRS 9 includes requirements for the classification of financial assets. IFRS 9 also includes an option on the date of initial application of IFRS 9 for entities to designate financial assets as measured at fair value through profit or loss when doing so mitigates an accounting mismatch (the fair value option). An entity applying both IFRS 9 and IFRS 17 for the first time will be able to assess financial asset classifications, elections and designations while, at the same time, assessing the implications of the requirements of IFRS 17.

BC396 The Board considered whether an entity that has previously applied IFRS 9 when it first applies IFRS 17 should be permitted to revisit its IFRS 9 financial asset classifications, elections and designations. IFRS 9 determines classification based on the contractual cash flow characteristics of a financial asset and the business model in which it is held. After IFRS 9 is applied, changes in classification can only occur when an entity's business model changes; the Board expects such changes to be infrequent. In addition, IFRS 9 does not usually permit either subsequent redesignation under the fair value option or subsequent redesignation of equity instruments into, or out of, the category of equity instruments at fair value through other comprehensive income after initial recognition.

BC397 The interaction between the classification of financial assets and the presentation of changes in the insurance contract liability could create accounting mismatches in profit or loss. New accounting mismatches could arise on first applying IFRS 17 if an entity were unable to reconsider the classification of financial assets that were classified at an earlier date in accordance with IFRS 9. The Board concluded that entities should be able to designate financial assets using the fair value option on first applying IFRS 17 to the same extent that they would have been able to do so when first applying IFRS 9. In addition, the Board decided that, following earlier application of IFRS 9, an entity should be permitted to newly elect to use other comprehensive income to recognise changes in the fair value of some or all equity investments that are not held for trading, or to revoke such an election. The criterion for this classification option does not refer to accounting mismatches, so the Board decided that entities should be able to reconsider this election regardless of whether there is an effect on accounting mismatches when IFRS 17 is applied. Even though accounting mismatches do not determine the availability of this classification option, the Board noted that in practice entities may consider accounting mismatches when deciding whether to apply the option.

BC398 A major factor in the classification of financial assets in accordance with IFRS 9 is an entity's business model. The application of IFRS 17 would not of itself have been likely to have resulted in a change in an entity's business model in accordance with IFRS 9. However, the Board acknowledged that there is a relationship between how entities manage their financial assets and their insurance contract liabilities. Therefore, to reduce the risk of accounting mismatches arising, the Board decided to allow an entity to reassess its business models on the initial application of IFRS 17 if they have previously applied IFRS 9.

Amendments to IFRS 17—feedback on redesignation of financial assets

BC398A The Board considered but rejected a suggestion from entities implementing IFRS 17 that on initial application of IFRS 17 an entity that:

- (a) first applied IFRS 9 before IFRS 17 be permitted to apply the transition relief in paragraph C29 of IFRS 17 to redesignate financial assets that were derecognised during the IFRS 17 comparative period; and
- (b) first applied IFRS 9 at the same time it first applied IFRS 17 be permitted to apply IFRS 9 to financial assets that were derecognised during the IFRS 17 comparative period.⁵⁸

BC398B The Board extensively discussed and consulted on the requirements in IFRS 9 relating to transition when IFRS 9 was being developed. Such requirements include prohibiting an entity from applying IFRS 9 to derecognised items, and permitting but not requiring an entity to restate comparative periods in some circumstances.⁵⁹

Amendments to IFRS 17—transition requirements when an entity chooses to apply IFRS 9 to contracts specified in paragraph 8A of IFRS 17 (paragraphs 7.2.36–7.2.42 of IFRS 9)

BC398C Some entities will first apply IFRS 17 after they first apply IFRS 9. In June 2020, the Board amended IFRS 9 to provide transition requirements for such entities that apply paragraph 8A of IFRS 17 and choose to apply IFRS 9 to insurance contracts that limit the compensation for insured events to the amount otherwise required to settle the policyholder's obligation created by the contract (see paragraphs BC94D–BC94F). The amendment enables those entities to use the transition requirements in Section 7.2 of IFRS 9 (as issued in 2014) when first applying IFRS 9 to those contracts.

BC398D The Board also considered transition requirements related to the fair value option in IFRS 9. An entity's decision to apply IFRS 9 to insurance contracts that limit the compensation for insured events to the amount otherwise required to settle the policyholder's obligation created by the contract could change, either partially or in full, the classification and measurement of such contracts. Such changes may create or eliminate accounting mismatches between the contracts and financial liabilities an entity might consider to be related to the contracts. Therefore, the Board amended the IFRS 9 transition requirements to permit an entity to designate, or require an entity to revoke its previous designation of, a financial liability at the date of initial application of these amendments to the extent that a new accounting mismatch is created, or a previous accounting mismatch no longer exists, as a result of the application of these amendments.

BC398E Consistent with the transition requirements in IFRS 9 and IFRS 17, the Board decided to specify that when an entity applies the amendment described in paragraph BC398C and chooses to apply IFRS 9 to such contracts, the entity:

- (a) can choose to restate prior periods to reflect the effect of applying these amendments only if the entity can do so without the use of hindsight and if the restated financial statements reflect all the requirements in IFRS 9 for the affected financial instruments;
- (b) will be required to disclose information about the changes in the classification and measurement of contracts as a result of applying these amendments in addition to any disclosures required by other IFRS Standards; and
- (c) can choose to not disclose the quantitative information otherwise required by paragraph 28(f) of IAS 8 for the current period or any prior period presented.

⁵⁸ In December 2021, the Board amended IFRS 17 to add a transition option relating to comparative information about financial assets presented on initial application of IFRS 17 (see paragraphs BC398G–BC398R).

⁵⁹ In December 2021, the Board amended IFRS 17 to add a transition option relating to comparative information about financial assets presented on initial application of IFRS 17 (see paragraphs BC398G–BC398R).

BC398F The Board added these transition requirements as a consequence of adding paragraph 8A to the requirements of IFRS 17 (see paragraph BC398C). In June 2020, the Board also added a scope exclusion in paragraph 7(h) of IFRS 17 for some contracts that provide credit or payment arrangements such as particular credit card contracts (see paragraphs BC94A–BC94C). Stakeholders said that, for such contracts, many entities already apply IFRS 9 to the credit or payment arrangement component applying the separation requirements in IFRS 4. However, some may not have. Accordingly, the transition requirements discussed in paragraphs BC398A–BC398E will apply if an entity has already applied IFRS 9 but has not applied IFRS 9 to those components.

Initial Application of IFRS 17 and IFRS 9—Comparative Information

BC398G In 2021 the Board received information that, for some entities, the differing transition requirements of IFRS 17 and IFRS 9 (see paragraph BC389 and paragraphs BC398A–BC398B) could lead to significant accounting mismatches between financial assets and insurance contract liabilities in the comparative information presented on initial application of the two Standards. In response to that feedback, in December 2021, the Board issued *Initial Application of IFRS 17 and IFRS 9—Comparative Information*. The Board concluded that amending IFRS 17 to enable entities to reduce those mismatches close to the effective date would not disrupt implementation. The amendment could be finalised in a timely manner, would be optional and would relate only to the presentation of comparative information on initial application of IFRS 17.

BC398H The Board decided to make the transition option (classification overlay) available for:

- (a) entities that first apply IFRS 17 and IFRS 9 at the same time and that choose to restate comparative information applying IFRS 9. These entities could apply the classification overlay to financial assets derecognised in the comparative period (that is, financial assets to which IFRS 9 is not applied).
- (b) entities that first apply IFRS 17 and IFRS 9 at the same time and that do not restate comparative information applying IFRS 9. These entities could apply the classification overlay to any financial asset in the comparative period.
- (c) entities that have applied IFRS 9 before they apply IFRS 17. For these entities, the classification overlay relates only to the application of paragraph C29 of IFRS 17 and can be applied only to financial assets derecognised in the comparative period. Initially, the Board had proposed that the classification overlay could be applied only by the entities described in (a) and (b). However, stakeholders informed the Board that similar, albeit less significant, accounting mismatches could arise for entities that applied IFRS 9 before they first apply IFRS 17. Such mismatches could arise because these entities cannot apply paragraph C29 of IFRS 17 to financial assets derecognised in the comparative period. Therefore, the Board decided to make the classification overlay available to these entities, but only for financial assets derecognised in the comparative period.

BC398I Initially, the Board proposed that the classification overlay would not apply to financial assets held in respect of an activity unconnected with contracts within the scope of IFRS 17. Such a boundary would have enabled entities to reduce accounting mismatches between insurance contract liabilities and related financial assets and therefore would have addressed the key concern raised by stakeholders. However, respondents to the exposure draft informed the Board that permitting an entity that first applies IFRS 17 and IFRS 9 at the same time to apply the classification overlay to financial assets held in respect of non-insurance activities could improve the usefulness of comparative information presented on initial application. These respondents explained that because such entities qualified for the temporary exemption from applying IFRS 9 (see paragraph 20G of IFRS 4), the proportion of financial assets they hold in respect of non-insurance activities is not significant. Nevertheless, the ability to apply the classification overlay to all financial assets would significantly reduce operational complexity for those entities and would result in more financial assets being presented in a manner consistent with IFRS 9. The Board therefore concluded that the benefits of expanding the availability of the classification overlay would outweigh any perceived costs.

- BC398J The Board noted that, applying the classification overlay, an entity aligns the classification and measurement of a financial asset in the comparative information with what the entity expects the classification and measurement of that financial asset would be on initial application of IFRS 9. The Board concluded that this expected IFRS 9 classification and measurement should be determined at the transition date to IFRS 17 to enable entities to prepare to apply the classification overlay. The Board concluded that entities could make this determination by using reasonable and supportable information available at the transition date. As an example, an entity could use preliminary assessments of the business model and cash flow characteristics performed to prepare for the initial application of IFRS 9.
- BC398K The Board noted that the classification overlay does not amend the transition requirements of IFRS 9. Therefore, entities that choose to apply the classification overlay to some or all of their financial assets are still required to apply the requirements of IFRS 9 to financial assets that continue to be recognised at the date of initial application of IFRS 9. This means that at the date of initial application of IFRS 9, entities that apply the classification overlay will be required to assess whether the classification of financial assets that continue to be recognised at that date is in accordance with IFRS 9. If the classification determined applying the classification overlay does not meet the requirements of IFRS 9 on the date of initial application of IFRS 9, the entity would be required to update the classification of a financial asset on that date and apply the updated classification retrospectively (see paragraph 7.2.3 of IFRS 9).
- BC398L The Board considered the measurement consequences of an entity applying the classification overlay. It noted that, applying the classification overlay, the carrying amount of a financial asset would be determined consistently with how that financial asset would be measured on initial application of IFRS 9 (see also paragraph BC398M). If, for example, using the classification overlay, an entity presented a financial asset previously measured at amortised cost as instead measured at fair value through profit or loss, the carrying amount of that asset at the transition date to IFRS 17 would be its fair value measured at that date. Applying paragraph C28D of IFRS 17, any difference in the carrying amount of the financial asset at the transition date resulting from applying the classification overlay would be recognised in opening retained earnings (or other component of equity, as appropriate) at that date.
- BC398M The Board decided to permit, but not require, an entity to apply the impairment requirements in Section 5.5 of IFRS 9 for the purpose of applying the classification overlay. The Board observed that some entities may not be prepared to apply the impairment requirements in IFRS 9 for the comparative period presented on initial application of IFRS 9. In the Board's view, these entities should be allowed to apply the classification overlay because, even without the application of the IFRS 9 impairment requirements, the classification overlay would result in useful information to the users of the financial statements. Consequently, the Board concluded that, if based on the classification determined applying paragraph C28B the financial asset would be subject to the impairment requirements of IFRS 9 but the entity does not apply those requirements in applying the classification overlay, the entity continues to present any amount recognised in respect of impairment in the prior period in accordance with IAS 39. Otherwise, any impairment amount previously recognised for that financial asset is reversed.
- BC398N The Board decided not to require entities to disclose the quantitative effects of applying the classification overlay at the transition date to IFRS 17. For example, the Board decided not to require specific disclosure of the carrying amounts of financial assets to which the classification overlay has been applied, and of the adjustments resulting from applying the classification overlay. Applying the classification overlay results in the comparative information being more consistent with the application of IFRS 9. As a result, applying the classification overlay would improve rather than reduce the usefulness of information for users of financial statements. Therefore, the Board concluded that requiring such quantitative disclosures would impose costs on preparers of financial statements with little benefit to users of financial statements.

- BC398O In deciding to require qualitative disclosures about the classification overlay (see paragraph C28E(a)), the Board noted that other IFRS Standards might require entities to provide additional information about the classification overlay. For example, IAS 1 requires entities to disclose material accounting policy information (see paragraphs 117–122 of IAS 1) and provide additional disclosures when compliance with the specific requirements in IFRS Standards is insufficient to enable users of financial statements to understand the impact of particular transactions, other events and conditions on the entity's financial position and financial performance (see paragraph 31 of IAS 1). Furthermore, in presenting comparative information as required by IAS 1 for the amounts reported in the current period's financial statements (which include the notes), an entity also provides narrative descriptions or disaggregations of the comparative information to support information for items presented in the primary financial statements.
- BC398P The Board considered, but rejected, a suggestion from stakeholders to change the date on which the Board requires disclosures about the initial application of IFRS 9 (see paragraphs 421–42S of IFRS 7). These stakeholders suggested the Board amend IFRS 7 to require such disclosures as at the date the classification overlay is first applied (that is, the transition date to IFRS 17) instead of as at the date of initial application of IFRS 9. The Board noted that the classification overlay is an option that only some entities will choose to use and is available on an instrument-by-instrument basis. In the Board's view, applying the classification overlay is not equivalent to—or a substitute for—the initial application of IFRS 9, hence disclosures about the classification overlay cannot replace disclosures about the initial application of IFRS 9. The disclosures about the initial application of IFRS 9 provide users of financial statements with comparable information about the effects of applying IFRS 9 because all entities are required to provide those disclosures as at the date of initial application of IFRS 9.
- BC398Q The Board noted that IFRS 17 requires that an entity present adjusted comparative information for the annual reporting period immediately preceding the date of initial application of IFRS 17 and permits an entity to present adjusted comparative information for earlier periods. The Board therefore decided to make the classification overlay available for comparative periods for which information has been restated applying IFRS 17. This decision is consistent with the objective of the classification overlay, which is to enable entities to reduce accounting mismatches between financial assets and insurance contract liabilities that may arise in the comparative information presented on initial application of IFRS 17. IAS 8 does not allow the use of hindsight when an entity applies a new accounting policy to a prior period. Therefore, an entity would collect relevant information on a timely basis to apply the classification overlay to the comparative periods without the use of hindsight.
- BC398R The Board concluded that the classification overlay should be optional on an instrument-by-instrument basis to allow an entity to assess whether, for a particular financial asset, the benefits of applying the classification overlay outweigh the costs. However, the Board observed that the option to apply the classification overlay on an instrument-by-instrument basis does not prevent an entity from applying it at a higher level of aggregation, for example, by considering the level at which the entity would assess its business model when applying IFRS 9.

Transition disclosures (paragraphs 114–116 of IFRS 17)

- BC399 The Board expects that there will be some differences in the measurement of insurance contracts when applying the different transition approaches permitted in IFRS 17. Accordingly, the Board decided to require that an entity provides disclosures that enable users of financial statements to identify the effect of groups of insurance contracts measured at the transition date applying the modified retrospective approach or the fair value approach on the contractual service margin and revenue in subsequent periods. Furthermore, the Board decided that entities should explain how they determined the measurement of insurance contracts that existed at the transition date for all periods in which these disclosures are required, for users of financial statements to understand the nature and significance of the methods used and judgements applied.

Disclosure of the amount of adjustment for each financial statement line item affected (paragraph 28(f) of IAS 8)

- BC400 An entity is required to apply the disclosure requirements of IAS 8 unless another Standard specifies otherwise. The Board decided that entities should not be required to disclose, for the current period and for each prior period presented, the amount of the adjustment for each financial statement line item affected, as required by paragraph 28(f) of IAS 8. In the Board's view, the cost of providing this disclosure, which would include the running of parallel systems, would exceed the benefits, particularly because IFRS 4 permitted an entity to use a wide range of practices.

Disclosure of claims development (paragraph 130 of IFRS 17)

- BC401 Paragraph 44 of IFRS 4 exempted an entity from disclosing some information about claims development in prior periods on first application of that Standard. The Board decided to carry forward in IFRS 17 a similar exemption for cost-benefit reasons.

Effective date (paragraphs C1 and C2 of IFRS 17)

- BC402 The Board generally allows at least 12 to 18 months between the publication of a new Standard and its mandatory effective date. However, in the case of major Standards, such as IFRS 17, that have a pervasive effect on entities, the Board has allowed longer implementation periods to allow entities time to resolve the operational challenges in implementing those Standards. At the same time, the Board needs to balance the advantage of a longer implementation period for preparers against the disadvantages of allowing inferior accounting practices, arising from IFRS 4, to continue.
- BC403 The Board noted that IFRS 17 will be complex for entities to apply. Accordingly, the Board decided that IFRS 17 should be applied by all entities for annual periods beginning on or after 1 January 2021, a period of approximately three and a half years from publication of the Standard. This allows entities a period of two and a half years to prepare, taking into account the need to restate comparative information.⁶⁰

⁶⁰ In June 2020, the Board deferred the effective date of IFRS 17 by two years to require entities to apply IFRS 17 for annual reporting periods beginning on or after 1 January 2023 (see paragraphs BC404A–BC404F).

BC404 While the Board noted that this long implementation period may assist entities in meeting any increased regulatory capital requirements that follow the reporting of the higher liabilities that are expected in some jurisdictions, regulatory capital requirements and IFRS Standards have different objectives. The Board decided that the possible effects of regulatory capital requirements should not delay the implementation of a Standard intended to provide transparency about an entity's financial position.

Amendments to IFRS 17—deferral of the effective date

BC404A In June 2020, the Board deferred the effective date of IFRS 17 by two years to require entities to apply IFRS 17 for annual reporting periods beginning on or after 1 January 2023.

BC404B In the 2019 Exposure Draft, the Board proposed a one-year deferral of the effective date to balance:

- (a) providing certainty about the effective date considering the uncertainty caused by the Board's decision in October 2018 to explore possible amendments to IFRS 17 (see paragraphs BC6A–BC6C); and
- (b) requiring IFRS 17 implementation as soon as possible because:
 - (i) IFRS 17 is a Standard urgently needed to address many inadequacies in previous accounting practices for insurance contracts; and
 - (ii) undue delay in the effective date of the Standard may increase workload and costs, particularly for entities that are advanced in their implementation projects.

BC404C Feedback on the 2019 Exposure Draft generally supported the proposed deferral of the effective date. Some stakeholders, particularly users of financial statements and regulators, expressed concern about any deferral of the effective date beyond one year, but other stakeholders suggested a longer deferral was necessary.

BC404D Some stakeholders said a longer deferral was necessary because some entities required more time to implement IFRS 17, for example because of challenges in developing systems and determining appropriate accounting policies, and because of the effect on implementation projects already under way of the amendments proposed in the 2019 Exposure Draft. The Board acknowledged that implementing IFRS 17 is a major undertaking. However, it noted that it had allowed an implementation period of three and a half years when it issued IFRS 17. Furthermore, given that IFRS 17 is urgently needed, the Board thought that a year's deferral of the effective date as proposed in the 2019 Exposure Draft ought to be sufficient to allow for the effects of any disruption caused by amending the Standard before its effective date. The Board was careful to propose only targeted amendments and not to reopen fundamental aspects of the Standard. The Board acknowledged, however, that implementing the Standard by 2022, as proposed in the 2019 Exposure Draft, would be demanding, in particular for smaller insurers.

BC404E Some stakeholders suggested a longer deferral was necessary to ensure that the initial application of IFRS 17 would be aligned in major markets around the world. These stakeholders were uncertain whether such an alignment would occur if the Board confirmed a one-year deferral. They commented on uncertainties and delays in jurisdictional endorsement and adoption processes and the consequential uncertainty about the effective dates that might be set in some jurisdictions. The Board noted that it had set the effective date of IFRS 17 so that jurisdictions would have sufficient time to adopt the new Standard. However, the Board acknowledged that considering amendments to the Standard before its effective date inevitably caused some disruption to those processes. The Board noted that the initial application of IFRS 17 will significantly affect insurers' financial statements and acknowledged that users of financial statements would benefit if the initial application of IFRS 17 were aligned around the world.

BC404F Accordingly, although the Board was aware of the costs of delaying the implementation of IFRS 17, particularly for users of financial statements, the Board decided to defer the effective date by two years to annual reporting periods beginning on or after 1 January 2023. The Board concluded that a two-year deferral should allow time for an orderly adoption of the amended IFRS 17 by jurisdictions. It should therefore enable more entities to initially apply IFRS 17 around the same time for the benefit of users of financial statements. The additional year's deferral compared to that proposed in the 2019 Exposure Draft should also assist those entities for whom implementing IFRS 17 by 2022 would have been challenging, including those entities for whom implementation projects were affected by the covid-19 pandemic in 2020. The deferral should thereby help to improve the quality of the initial application of the Standard.

Early application (paragraphs C1 and C2 of IFRS 17)

BC405 IFRS 4 permitted an entity to change its accounting policies for insurance contracts if it showed that the change resulted in more relevant or reliable information. As a result, IFRS 4 would have permitted an entity to apply the requirements in IFRS 17, except for the requirements relating to other comprehensive income and transition relief. Accordingly, the Board concluded that it would be inappropriate to prohibit early application of IFRS 17.

BC406 However, because IFRS 17 was developed in the context of IFRS 15 and IFRS 9, and given the extent of changes the Board expects will be needed to apply IFRS 17, the Board concluded that an entity should be permitted to apply IFRS 17 only when it also applies IFRS 15 and IFRS 9.⁶¹

First-time adopters of IFRS Standards (Appendix D of IFRS 17)

BC407 The Board sees no reason to give different transition approaches to first-time adopters of IFRS Standards from other entities. Consequently, the Board has amended IFRS 1 *First-time Adoption of International Financial Reporting Standards* to require the modified retrospective approach or the fair value approach in IFRS 17 when retrospective application of IFRS 17 is impracticable, as defined by IAS 8. The Board decided not to give any additional relief on the restatement of comparative amounts from that already in IFRS 1.

⁶¹ In June 2020, the Board amended IFRS 17. The reference to IFRS 15 in paragraph C1 of IFRS 17 was deleted, because IFRS 15 was effective at the time the June 2020 amendments were issued.

Appendix A

Summary of changes since the 2013 Exposure Draft

The following table summarises the main differences between the 2013 Exposure Draft and IFRS 17 *Insurance Contracts*.⁶²

Area of change	Description of change
Scope	
Fixed-fee service contracts	<ul style="list-style-type: none"> Removed the requirement that an entity must apply IFRS 15 <i>Revenue from Contracts with Customers</i> to fixed-fee service contracts that meet the definition of an insurance contract. An entity is permitted, but not required, to apply IFRS 15 to those contracts.
Combination of contracts	<ul style="list-style-type: none"> Revised the requirements on combining contracts so that insurance contracts should be combined only when a set of insurance contracts with the same or a related counterparty may achieve, or is designed to achieve, an overall commercial effect and combining those contracts is necessary to report the substance of those contracts.
Measurement	
Level of aggregation	<ul style="list-style-type: none"> Revised the requirements to require disaggregation of a portfolio of insurance contracts at initial recognition into groups of insurance contracts that are onerous, profitable with no significant possibility of becoming onerous and other profitable contracts, with a narrow exemption for the effects of law or regulatory constraints on pricing. Groups cannot contain contracts that are written more than one year apart. A portfolio of insurance contracts is defined as insurance contracts subject to similar risks and managed together.
Discount rate	<ul style="list-style-type: none"> Clarified the guidance when there is no, or little, observable market data.

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⁶² This appendix compares IFRS 17 as issued in May 2017 with the 2013 Exposure Draft. In June 2020, the Board amended IFRS 17. A list summarising the June 2020 amendments, including references to the relevant paragraphs of this Basis for Conclusions, is included in Appendix C.

... continued

Area of change	Description of change
Contractual service margin	<ul style="list-style-type: none"> • Clarified the principle for the recognition pattern of the contractual service margin by providing guidance that, for contracts other than investment contracts with discretionary participation features, an entity should recognise the contractual service margin in profit or loss on the basis of coverage units. • Revised the requirements so that an entity adjusts the contractual service margin for the changes in risk relating to future service, consistent with the changes in estimates of cash flows. • Revised the requirements so that favourable changes in estimates that arise after losses were previously recognised in profit or loss are recognised in profit or loss, to the extent that they reverse previously recognised losses. • Clarified what adjusts the contractual service margin. For example, changes in discretionary cash flows, as specified by the entity, are regarded as relating to future service.
Insurance contracts with participation features	<ul style="list-style-type: none"> • Eliminated the mirroring approach proposed in the 2013 Exposure Draft for insurance contracts that require an entity to hold underlying items and specify a link to returns on those underlying items. • Introduced a definition of an insurance contract with direct participation features—ie a contract for which: (a) the contractual terms specify that the policyholder participates in a share of a clearly identified pool of underlying items; (b) the entity expects to pay the policyholder an amount equal to a substantial share of the returns from the underlying items; and (c) the entity expects a substantial proportion of any change in the amounts to be paid to the policyholder to vary with the change in fair value of the underlying items. • Introduced a requirement that, for insurance contracts with direct participation features, changes in the estimate of the fee (equal to the entity's expected share of the returns on underlying items minus any expected cash flows that do not vary directly with the underlying items) that the entity expects to earn from a group of insurance contracts adjust the contractual service margin. • Introduced an option for an entity not to adjust the contractual service margin for changes in fulfilment cash flows or the entity's share of underlying items for which an entity uses derivatives to mitigate their financial risk in specified circumstances.

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Area of change	Description of change
Premium allocation approach	
Measurement	<ul style="list-style-type: none"> • Revised the recognition of revenue over the coverage period to be according to the passage of time or, when the expected pattern of release of risk differs significantly from the passage of time, the expected timing of incurred insurance service expenses. • Revised to require an entity to determine the insurance finance income or expenses in profit or loss for the liability for incurred claims using the discount rates determined at the date the liability for incurred claims is recognised. This occurs when the entity applies the premium allocation approach to contracts for which the entity discounts the liability for incurred claims and chooses to present the effect of changes in discount rates in other comprehensive income.
Reinsurance contracts held	
Measurement	<ul style="list-style-type: none"> • Revised to require an entity that holds a group of reinsurance contracts to recognise immediately in profit or loss any changes in estimates of fulfilment cash flows that arise from changes in estimates of fulfilment cash flows for a group of underlying insurance contracts that are recognised immediately in profit or loss.
Presentation and disclosure	
Presentation of insurance revenue	<ul style="list-style-type: none"> • Amended to prohibit an entity from presenting premium information in profit or loss if that information is not consistent with insurance revenue determined by applying IFRS 17.

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Area of change	Description of change
Presentation of insurance finance income or expenses	<ul style="list-style-type: none"> • Introduced an accounting policy choice for an entity to: (a) include insurance finance income or expenses for the period in profit or loss; or (b) disaggregate insurance finance income or expenses for the period into an amount recognised in profit or loss and an amount recognised in other comprehensive income. • Specified that if the entity disaggregates insurance finance income or expenses into an amount recognised in profit or loss and an amount recognised in other comprehensive income: <ul style="list-style-type: none"> • in most circumstances, the amount included in profit or loss is determined by a systematic allocation of the total expected insurance finance income or expenses over the duration of the group of insurance contracts. • when the contracts are insurance contracts with direct participation features and the entity holds the underlying items (ie there is no economic mismatch between the group of insurance contracts and the related underlying items), the amount included in profit or loss is determined to eliminate accounting mismatches with the finance income or expenses arising on the underlying items held.
Transition	
When retrospective application is impracticable	<ul style="list-style-type: none"> • Revised to provide further simplifications for groups of insurance contracts for which retrospective application is impracticable, including allowing entities to choose between a modified retrospective approach and a fair value approach. The modified retrospective approach allows an entity to use specified simplifications to retrospective application, to the extent necessary because the entity lacks reasonable and supportable information to apply IFRS 17 retrospectively. The fair value approach requires an entity to determine the contractual service margin by reference to the fair value of the group of insurance contracts at the transition date.
Designation of financial instruments using IFRS 9 <i>Financial Instruments</i>	<ul style="list-style-type: none"> • Revised to permit an entity, when first applying IFRS 17 after having applied IFRS 9, to newly assess the business model for eligible financial assets based on facts and circumstances applicable at the date of initial application. • Revised to require an entity to provide additional disclosures to assist users of financial statements in understanding those changes when the classification and measurement of financial assets change as a result of applying any of the transition reliefs in IFRS 17.
Comparative information	<ul style="list-style-type: none"> • Revised to require only one comparative period to be restated, applying IFRS 17 on transition.

Appendix B

Amendments to the Basis for Conclusions on other IFRS Standards

This appendix sets out the amendments to the Basis for Conclusions on other IFRS Standards that are a consequence of the International Accounting Standards Board issuing IFRS 17 Insurance Contracts.

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The amendments contained in this appendix when this Standard was issued in 2017 have been incorporated into the Basis for Conclusions on the relevant Standards.

Appendix C

List of amendments issued in 2020

Table C lists the main amendments to IFRS 17 issued in June 2020 with a reference to the rationale for those amendments included in this Basis for Conclusions (see paragraphs BC6A–BC6C).

The Board also:

- (a) made minor amendments to correct cases in which the drafting of IFRS 17 did not achieve the Board's intended outcome; and
- (b) considered but rejected other amendments suggested by stakeholders—for example, suggestions to amend the annual cohort requirement (see paragraphs BC139A–BC139T).

Table C Main amendments to IFRS 17 issued in June 2020	
Area of amendment	Paragraphs in Basis for Conclusions on IFRS 17
Scope exclusions—credit card contracts and similar contracts that provide credit or payment arrangements	BC94A–BC94C
Scope exclusions—specified contracts such as loan contracts with death waivers	BC94D–BC94F
Insurance acquisition cash flows	BC184A–BC184K BC327H–BC327I
The effect of accounting estimates made in interim financial statements	BC236A–BC236D
Risk mitigation option using instruments other than derivatives	BC256A–BC256F
Contractual service margin attributable to investment-return service and investment-related service	BC283A–BC283J
Reinsurance contracts—recovery of losses on underlying insurance contracts	BC315A–BC315L
Presentation in the statement of financial position	BC330A–BC330D
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Illustrative Examples

Hong Kong Financial Reporting Standard 17

Insurance Contracts



Hong Kong Institute of
Certified Public Accountants
香港會計師公會

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IFRS 17 *Insurance Contracts* Illustrative Examples

These examples accompany, but are not part of, IFRS 17. They illustrate aspects of IFRS 17 but are not intended to provide interpretative guidance.

Introduction

- IE1 These examples portray hypothetical situations illustrating how an entity might apply some of the requirements in IFRS 17 to particular aspects of the accounting for contracts within the scope of IFRS 17 based on the limited facts presented. The analysis in each example is not intended to represent the only manner in which the requirements could be applied, nor are the examples intended to apply only to the specific product illustrated. Although some aspects of the examples may be presented in actual fact patterns, fact patterns in those examples are simplified and all relevant facts and circumstances of a particular fact pattern would need to be evaluated when applying IFRS 17.
- IE2 These examples address specific requirements in IFRS 17:
- (a) main features of the accounting for insurance contracts (see Examples 1–3); and
 - (b) specific requirements in IFRS 17 (see Examples 4–18).
- IE3 In these examples:
- (a) credit amounts are presented as positive and debit amounts are presented as negative (in brackets);
 - (b) amounts are denominated in currency units (CU);
 - (c) all paragraph numbers are related to IFRS 17, unless specified otherwise;
 - (d) some numbers include a rounding difference; and
 - (e) the insurance contracts are assumed to meet the conditions in paragraphs 14–23 to be assessed together and to be combined into a group on initial recognition. It is assumed that applying paragraph 24, the entity:
 - (i) establishes the groups on initial recognition of the contracts, and does not reassess the composition of the groups subsequently; and
 - (ii) may estimate the fulfilment cash flows at a higher level of aggregation than the group, provided the entity is able to include the appropriate fulfilment cash flows in the measurement of the group by allocating such estimates to groups of contracts.

- IE3A In June 2020, the International Accounting Standards Board (Board) amended IFRS 17 and made the following amendments to these examples:
- (a) Example 12C was added;
 - (b) Examples 4, 6, 7, 9, 11, 12, 13, 14 and 16 were amended; and
 - (c) some amendments were made to improve the explanations in Examples 2B, 3B, 6, 8 and 9.

Key features of accounting for groups of insurance contracts

Example 1—Measurement on initial recognition (paragraphs 32, 38 and 47)

- IE4 This example illustrates how an entity measures a group of insurance contracts on initial recognition that is onerous on initial recognition, and a group of insurance contracts that is not onerous on initial recognition.

Assumptions

- IE5 An entity issues 100 insurance contracts with a coverage period of three years. The coverage period starts when the insurance contracts are issued. It is assumed, for simplicity, that no contracts will lapse before the end of the coverage period.
- IE6 The entity expects to receive premiums of CU900 immediately after initial recognition; therefore, the estimate of the present value of the future cash inflows is CU900.
- IE7 The entity estimates the annual cash outflows at the end of each year as follows:
- (a) in Example 1A, the annual future cash outflows are CU200 (total CU600). The entity estimates the present value of the future cash flows to be CU545 using a discount rate of 5 per cent a year that reflects the characteristics of those cash flows determined applying paragraph 36.
 - (b) in Example 1B, the annual future cash outflows are CU400 (total CU1,200). The entity estimates the present value of the future cash flows to be CU1,089 using a discount rate of 5 per cent a year that reflects the characteristics of those cash flows determined applying paragraph 36.
- IE8 The entity estimates the risk adjustment for non-financial risk on initial recognition as CU120.
- IE9 In this example all other amounts are ignored, for simplicity.

Analysis

IE10 The measurement of the group of insurance contracts on initial recognition is as follows:

	Example 1A	Example 1B
	CU	CU
Estimates of the present value of future cash inflows	(900)	(900)
Estimates of the present value of future cash outflows	<u>545</u>	<u>1,089</u>
Estimates of the present value of future cash flows	(355)	189
Risk adjustment for non-financial risk	<u>120</u>	<u>120</u>
Fulfilment cash flows ^(a)	(235)	309
Contractual service margin	<u>235</u> ^(b)	<u>—</u> ^(c)
Insurance contract (asset) / liability on initial recognition^(d)	<u>—</u>	<u>309</u> ^(c)
The effect on profit or loss on initial recognition is as follows:		
Insurance service expenses	<u>—</u>	<u>(309)</u> ^(c)
Loss recognised in the year	<u>—</u> ^(b)	<u>(309)</u>

(a) Paragraph 32 requires that the fulfilment cash flows comprise estimates of future cash flows, adjusted to reflect the time value of money and the financial risk related to those future cash flows and a risk adjustment for non-financial risk.

(b) Applying paragraph 38, the entity measures the contractual service margin on initial recognition of a group of insurance contracts at an amount that results in no income or expenses arising from the initial recognition of the fulfilment cash flows. Consequently, the contractual service margin equals CU235.

(c) Applying paragraph 47, the entity concludes that these insurance contracts on initial recognition are onerous because the fulfilment cash flows on initial recognition are a net outflow. Applying paragraph 16(a), the entity will group those contracts separately from contracts that are not onerous. The entity recognises a loss in profit or loss for the net outflow, resulting in the carrying amount of the liability for the group being equal to the fulfilment cash flows, and the contractual service margin of the group being zero.

(d) Applying paragraph 32, the entity measures the group of insurance contracts on initial recognition at the total of the fulfilment cash flows and the contractual service margin.

IE11 Immediately after initial recognition, the entity receives the premium of CU900 and the carrying amount of the group of insurance contracts changes as follows:

	Example 1A	Example 1B
	CU	CU
Estimates of the present value of future cash inflows	–	–
Estimates of the present value of future cash outflows	<u>545</u>	<u>1,089</u>
Estimates of the present value of future cash flows	545	1,089
Risk adjustment for non-financial risk	<u>120</u>	<u>120</u>
Fulfilment cash flows	665	1,209
Contractual service margin	<u>235</u>	<u>–</u>
Insurance contract (asset) / liability immediately after initial recognition	<u>900</u>	<u>1,209</u>

Example 2—Subsequent measurement (paragraphs 40, 44, 48, 101 and B96–B97)

IE12 This example illustrates how an entity subsequently measures a group of insurance contracts, including a situation when the group of insurance contracts becomes onerous after initial recognition.

IE13 This example also illustrates the requirement that an entity discloses a reconciliation from the opening to the closing balances of each component of the liability for the group of insurance contracts in paragraph 101.

Assumptions

IE14 Example 2 uses the same fact pattern as Example 1A on initial recognition. In addition:

- (a) in Year 1 all events occur as expected and the entity does not change any assumptions related to future periods;
- (b) in Year 1 the discount rate that reflects the characteristics of the cash flows of the group remains at 5 per cent a year at the end of each year (those cash flows do not vary based on the returns on any underlying items);
- (c) the risk adjustment for non-financial risk is recognised in profit or loss evenly in each year of coverage; and
- (d) the expenses are expected to be paid immediately after they are incurred at the end of each year.

INSURANCE CONTRACTS

IE15 At the end of Year 2 the incurred expenses differ from those expected for that year. The entity also revises the fulfilment cash flows for Year 3 as follows:

- (a) in Example 2A, there are favourable changes in fulfilment cash flows and these changes increase the expected profitability of the group of insurance contracts; and
- (b) in Example 2B, there are unfavourable changes in fulfilment cash flows that exceed the remaining contractual service margin, creating an onerous group of insurance contracts.

Analysis

IE16 On initial recognition, the entity measures the group of insurance contracts and estimates the fulfilment cash flows at the end of each subsequent year as follows:

	Initial recognition	Year 1	Year 2	Year 3
	CU	CU	CU	CU
Estimates of the present value of future cash inflows	(900)	–	–	–
Estimates of the present value of future cash outflows	<u>545</u>	<u>372</u>	<u>191</u>	<u>–</u>
Estimates of the present value of future cash flows	(355)	372	191	–
Risk adjustment for non-financial risk	<u>120</u>	<u>80</u>	<u>40</u>	<u>–</u>
Fulfilment cash flows	(235)	452	231	–
Contractual service margin	<u>235</u>			
Insurance contract (asset) / liability on initial recognition	<u><u>–</u></u>			

IE17 At the end of Year 1, applying paragraphs B96–B97, the entity analyses the source of changes in the fulfilment cash flows during the year to decide whether each change adjusts the contractual service margin. Using this information, a possible format of the reconciliation of the insurance contract liability required by paragraph 101 is as follows:

INSURANCE CONTRACTS

	Estimates of the present value of future cash flows	Risk adjustment for non-financial risk	Contractual service margin	Insurance contract liability
	CU	CU	CU	CU
Opening balance	–	–	–	–
Changes related to future service: new contracts	(355)	120	235 ^(a)	–
Cash inflows	900	–	–	900
Insurance finance expenses	27 ^(b)	– ^(c)	12 ^(d)	39
Changes related to current service	–	(40) ^(c)	(82) ^(e)	(122)
Cash outflows	<u>(200)</u>	<u>–</u>	<u>–</u>	<u>(200)</u>
Closing balance	<u>372</u>	<u>80</u>	<u>165</u>	<u>617</u>

(a) Applying paragraph 44(a), the entity adjusts the contractual service margin of the group of contracts with any new contracts added to the group.

(b) In this example, insurance finance expenses of CU27 are calculated by multiplying CU545 (the difference between the estimates of the present value of the future cash flows at initial recognition of CU(355) and the cash inflows of CU900 received at the beginning of Year 1) by the current discount rate of 5 per cent, determined applying paragraphs 36 and B72(a).

(c) Applying paragraph 81, the entity chooses not to disaggregate the change in the risk adjustment for non-financial risk between the insurance service result and insurance finance income or expenses, therefore the entity presents the entire change in the risk adjustment for non-financial risk as part of the insurance service result in the statement of profit or loss.

(d) Applying paragraphs 44(b) and B72(b), the entity calculates interest accreted on the carrying amount of the contractual service margin of CU12 by multiplying the opening balance of CU235 by the discount rate of 5 per cent. That rate is applicable to nominal cash flows that do not vary based on the returns on any underlying items, determined on initial recognition of the group of insurance contracts.

(e) Applying paragraphs 44(e) and B119, the entity recognises in profit or loss in each period an amount of the contractual service margin for the group of insurance contracts to reflect the services provided under the group of insurance contracts in that period. The amount is determined by identifying the coverage units in the group. These coverage units reflect the quantity of benefits provided under each contract in the group and its expected coverage duration. The entity allocates the contractual service margin at the end of the period (before recognising any amounts in profit or loss) equally to each coverage unit provided in the current period and expected to be provided in the future, and recognises in profit or loss the amount allocated to the coverage units provided in the period. In this example, the service provided in each period for the group of contracts is the same because all contracts are expected to provide the same amount of benefits for all three periods of coverage. Consequently, the amount of the contractual service margin recognised in profit or loss in the period of CU82 is CU247 (CU235 + CU12) divided by three periods of coverage.

The entity could achieve the objective of the recognition of the contractual service margin on the basis of the coverage units using a different pattern. For example, the entity could allocate equally in each period the contractual service margin including the total interest expected to be accreted over the coverage period. In this example, the allocation pattern using this method would equal CU86 in each period calculated as $CU86 = CU235 \times 1.05 \div (1 + 1 \div 1.05 + 1 \div 1.05^2)$ instead of the increasing pattern of CU82 in Year 1, CU86 in Year 2 and CU91 in Year 3.

Example 6 illustrates the allocation of the contractual service margin in a situation when the entity expects contracts in a group to have different durations.

Example 2A—Changes in fulfilment cash flows that increase future profitability

Assumptions

IE18 At the end of Year 2, the following events occur:

- (a) the actual claims of CU150 are CU50 lower than originally expected for this period;
- (b) the entity revises the estimates of future cash outflows for Year 3 and expects to pay CU140, instead of CU200 (the present value is CU133 instead of CU191, a decrease in the present value of CU58); and
- (c) the entity revises the risk adjustment for non-financial risk related to estimates of future cash flows to CU30 instead of the initially estimated CU40.

Analysis

IE19 Thus, the estimates of the revised fulfilment cash flows at the end of Year 2 are as follows (the fulfilment cash flows for Year 1 and Year 3 are provided for comparison):

	Initial recognition	Year 1	Year 2	Year 3
	CU	CU	CU	CU
Estimates of the present value of future cash inflows	(900)	–	–	–
Estimates of the present value of future cash outflows	<u>545</u>	<u>372</u>	<u>133</u>	<u>–</u>
Estimates of the present value of future cash flows	(355)	372	133	–
Risk adjustment for non-financial risk	<u>120</u>	<u>80</u>	<u>30</u>	<u>–</u>
Fulfilment cash flows	<u>(235)</u>	<u>452</u>	<u>163</u>	<u>–</u>

INSURANCE CONTRACTS

IE20 At the end of Year 2, applying paragraphs B96–B97, the entity analyses the source of changes in the fulfilment cash flows during the year to decide whether each change adjusts the contractual service margin. Using this information, a possible format of the reconciliation of the insurance contract liability required by paragraph 101 is as follows:

	Estimates of the present value of future cash flows	Risk adjustment for non-financial risk	Contractual service margin	Insurance contract liability
	CU	CU	CU	CU
Opening balance	372	80	165	617
Insurance finance expenses	19 ^(a)	–	8 ^(a)	27
Changes related to future service	(58)	(10)	68 ^(b)	–
Changes related to current service	(50) ^(c)	(40)	(121) ^(a)	(211)
Cash outflows	<u>(150)</u>	<u>–</u>	<u>–</u>	<u>(150)</u>
Closing balance	<u>133</u>	<u>30</u>	<u>120</u>	<u>283</u>

(a) For the method of calculation, see Year 1.

(b) Applying paragraph 44(c), the entity adjusts the contractual service margin of the group of insurance contracts for changes in fulfilment cash flows relating to future service. Applying paragraph B96, the entity adjusts the contractual service margin for changes in estimates of the present value of the future cash flows measured at the discount rate determined on initial recognition of the group of insurance contracts of CU58 and changes in the risk adjustment for non-financial risk that relate to future service of CU10. Example 6 illustrates the accounting for changes in the estimates of the present value of the future cash flows when there is a change in discount rate after initial recognition of a group.

(c) Applying paragraph B97(c), the entity does not adjust the contractual service margin for the experience adjustment of CU50 defined as the difference between the estimate at the beginning of the period of insurance service expenses expected to be incurred in the period of CU200 and the actual insurance service expenses incurred in the period of CU150. Applying paragraph 104, the entity classifies those changes as related to current service.

IE21 At the end of Year 3 the coverage period ends, so the remaining contractual service margin is recognised in profit or loss. In this example, all claims are paid when incurred; therefore, the remaining obligation is extinguished when the revised cash outflows are paid at the end of Year 3.

INSURANCE CONTRACTS

IE22 At the end of Year 3, applying paragraphs B96–B97, the entity analyses the source of changes in the fulfilment cash flows during the year to decide whether each change adjusts the contractual service margin. Using this information, a possible format of the reconciliation of the insurance contract liability required by paragraph 101 is as follows:

	Estimates of the present value of future cash flows	Risk adjustment for non-financial risk	Contractual service margin	Insurance contract liability
	CU	CU	CU	CU
Opening balance	133	30	120	283
Insurance finance expenses	7 ^(a)	–	6 ^(a)	13
Changes related to current service	–	(30)	(126) ^(a)	(156)
Cash outflows	<u>(140)</u>	<u>–</u>	<u>–</u>	<u>(140)</u>
Closing balance	<u>–</u>	<u>–</u>	<u>–</u>	<u>–</u>

(a) For the method of calculation, see Year 1.

IE23 The amounts recognised in the statement of financial position and the statement of profit or loss summarise the amounts analysed in the tables above as follows:

Statement of financial position	Year 1	Year 2	Year 3	Total
	CU	CU	CU	CU
Cash ^(a)	(700)	(550)	(410)	
Insurance contract liability	617	283	–	
Equity	83	267	410	
Statement of profit or loss^(b)				
Changes related to current service	122	211	156	489
Insurance finance expenses	<u>(39)</u>	<u>(27)</u>	<u>(13)</u>	<u>(79)</u>
Profit	<u>83</u>	<u>184</u>	<u>143</u>	<u>410</u>

(a) In Year 1, the amount of cash of CU(700) equals the receipt of premiums of CU(900) and the payment of claims of CU200. There are additional payments of claims: CU150 in Year 2 and CU140 in Year 3. For simplicity, there is no interest accreted on the cash account.

(b) This example illustrates the amounts recognised in the statement of profit or loss. Example 3A illustrates how these amounts could be presented.

Example 2B—Changes in fulfilment cash flows that create an onerous group of insurance contracts

IE24 At the end of Year 2, the following events occur:

- (a) the actual claims of CU400 are CU200 higher than originally expected in this period.
- (b) the entity revises its estimates of the future cash outflows for Year 3 to CU450, instead of CU200 (an increase in the present value of CU238). The entity also revises the risk adjustment for non-financial risk related to those future cash flows to CU88 at the end of Year 2 (CU48 higher than the originally expected CU40).

IE25 Thus, the estimates of the revised fulfilment cash flows at the end of Years 2 and 3 are as follows (the fulfilment cash flows for Year 1 are provided for comparison):

	Initial recognition	Year 1	Year 2	Year 3
	CU	CU	CU	CU
Estimates of the present value of future cash inflows	(900)	–	–	–
Estimates of the present value of future cash outflows	<u>545</u>	<u>372</u>	<u>429</u>	<u>–</u>
Estimates of the present value of future cash flows	(355)	372	429	–
Risk adjustment for non-financial risk	<u>120</u>	<u>80</u>	<u>88</u>	<u>–</u>
Fulfilment cash flows	<u>(235)</u>	<u>452</u>	<u>517</u>	<u>–</u>

INSURANCE CONTRACTS

IE26 At the end of Year 2, applying paragraphs B96–B97, the entity analyses the source of changes in the fulfilment cash flows during the year to decide whether each change adjusts the contractual service margin. Using this information, a possible format of the reconciliation of the insurance contract liability required by paragraph 101 is as follows:

	Estimates of the present value of future cash flows	Risk adjustment for non-financial risk	Contractual service margin	Insurance contract liability
	CU	CU	CU	CU
Opening balance	372	80	165	617
Insurance finance expenses	19 ^(a)	–	8 ^(a)	27
Changes related to future service	238	48	(173) ^(b)	113
Changes related to current service	200	(40)	– ^(c)	160
Cash outflows	<u>(400)</u>	<u>–</u>	<u>–</u>	<u>(400)</u>
Closing balance	<u>429</u>	<u>88</u>	<u>–</u>	<u>517</u>

(a) For the method of calculation, see Year 1.

(b) Applying paragraph 44(c), the entity adjusts the contractual service margin for the changes in the fulfilment cash flows relating to future service, except to the extent that such increases in the fulfilment cash flows exceed the carrying amount of the contractual service margin, giving rise to a loss. Applying paragraph 48, the entity recognises this loss in profit or loss. Consequently, the entity accounts for the changes in the fulfilment cash flows related to future service of CU286 (estimates of the present value of the future cash outflows of CU238 plus the change in the risk adjustment for non-financial risk of CU48) as follows:

(i) the contractual service margin is adjusted by CU173, which reduces the contractual service margin to zero; and

(ii) the remaining change in the fulfilment cash flows of CU113 is recognised in profit or loss.

(c) Applying paragraph 44(e), the entity does not recognise any contractual service margin in profit or loss for the year because the remaining balance of the contractual service margin (before any allocation) equals zero (CU0 = CU165 + CU8 – CU173).

IE27 At the end of Year 3, the coverage period ends and the group of contracts is derecognised. Applying paragraphs B96–B97, the entity analyses the source of changes in the fulfilment cash flows during the year to decide whether each change adjusts the contractual service margin. Using this information, a possible format of the reconciliation of the insurance contract liability required by paragraph 101 is as follows:

INSURANCE CONTRACTS

	Estimates of the present value of future cash flows	Risk adjustment for non-financial risk	Contractual service margin	Insurance contract liability
	CU	CU	CU	CU
Opening balance	429	88	–	517
Insurance finance expenses	21 ^(a)	–	–	21
Changes related to current service	–	(88)	–	(88)
Cash outflows	<u>(450)</u>	<u>–</u>	<u>–</u>	<u>(450)</u>
Closing balance	<u>–</u>	<u>–</u>	<u>–</u>	<u>–</u>

(a) For the method of calculation, see Year 1.

IE28 The amounts recognised in the statement of financial position and the statement of profit or loss summarise the amounts analysed in the tables above as follows:

Statement of financial position	Year 1	Year 2	Year 3	Total
	CU	CU	CU	CU
Cash ^(a)	(700)	(300)	150	
Insurance contract liability	617	517	–	
Equity	83	(217)	(150)	
Statement of profit or loss^(b)				
Changes related to current service	122	(160)	88	50
Changes related to future service: loss on onerous group of contracts	–	(113)	–	(113)
Insurance finance expenses	<u>(39)</u>	<u>(27)</u>	<u>(21)</u>	<u>(87)</u>
Profit / (loss)	<u>83</u>	<u>(300)</u>	<u>67</u>	<u>(150)</u>

(a) In Year 1, the cash of CU(700) equals the receipt of premiums of CU(900) and the payment of claims of CU200. In Year 2 and Year 3, there is a payment of claims of CU400 and CU450 respectively. For simplicity, there is no interest accreted on the cash account.

(b) This example illustrates the amounts recognised in the statement of profit or loss. Example 3B illustrates how these amounts could be presented.

Example 3—Presentation in the statement of profit or loss (paragraphs 49–50(a), 84–85, 100 and B120–B124)

- IE29 This example illustrates how an entity could present the insurance service result, comprising insurance revenue minus insurance service expenses, in the statement of profit or loss.
- IE30 This example also illustrates the disclosure requirements in paragraph 100 to reconcile the carrying amount of the insurance contracts: (a) from the opening to the closing balances by each component and (b) to the line items presented in the statement of profit or loss.

Assumptions

- IE31 The illustrations of presentation requirements in Examples 3A and 3B are based on Examples 2A and 2B respectively.
- IE32 In both Example 3A and Example 3B, the entity estimates in each year that an investment component of CU100 is to be excluded from insurance revenue and insurance service expenses presented in profit or loss, applying paragraph 85.

Example 3A—Changes in fulfilment cash flows that increase future profitability

Analysis

- IE33 At the end of Year 1, the entity provided the reconciliation required by paragraph 100 between the amounts recognised in the statement of financial position and the statement of profit or loss, separately for the liability for remaining coverage and the liability for incurred claims. A possible format for that reconciliation for Year 1 is as follows:

	Liability for remaining coverage		Liability for incurred claims		Insurance contract liability
	CU		CU		CU
Opening balance	–		–		–
Cash inflows	900		–		900
Insurance revenue	(222) ^(a)		–		(222)
Insurance service expenses	–		100 ^(b)		100
Investment component	(100) ^(c)		100 ^(c)		–
Insurance finance expenses	39 ^(d)		–		39
Cash outflows	–		(200)		(200)
Closing balance	617		–		617

continued...

...continued

- (a) Insurance revenue of CU222 is:
- (i) determined by the entity applying paragraph B123 as the change in the liability for remaining coverage, excluding changes that do not relate to services provided in the period, for example changes resulting from cash inflows from premiums received, changes related to investment components and changes related to insurance finance income or expenses.
- Thus, in this example insurance revenue is the difference between the opening and closing carrying amounts of the liability for remaining coverage of CU617, excluding insurance finance expenses of CU39, cash inflows of CU900 and the investment component of CU100 ($CU222 = CU0 - CU617 + CU39 + CU900 - CU100$).
- (ii) analysed by the entity applying paragraph B124 as the sum of the changes in the liability for remaining coverage in the period that relate to services for which the entity expects to receive consideration. Those changes are:
- 1 insurance service expenses incurred in the period (measured at the amounts expected at the beginning of the period), excluding repayments of investment components;
 - 2 the change in the risk adjustment for non-financial risk, excluding changes that adjust the contractual service margin because they relate to future service ie the change caused by the release from risk; and
 - 3 the amount of contractual service margin recognised in profit or loss in the period.
- Thus, in this example insurance revenue is the sum of insurance service expenses of CU100, the change in the risk adjustment for non-financial risk caused by the release from risk of CU40 and the contractual service margin recognised in profit or loss of CU82 ($CU222 = CU100 + CU40 + CU82$).
- (b) Applying paragraph 84, the entity presents insurance service expenses of CU100 as the claims incurred in the period of CU200 minus the investment component of CU100.
- (c) Applying paragraph 85, the entity presents insurance revenue and insurance service expenses in profit or loss excluding amounts related to an investment component. In this example, the investment component equals CU100.
- (d) Insurance finance expenses are the same as in Example 2. The whole amount of insurance finance expenses is related to the liability for remaining coverage because the liability for incurred claims is paid immediately after the expenses are incurred (see the assumptions in Example 2).

- IE34 In Year 2, the actual claims of CU150 are lower than expected. The entity also revises its estimates relating to the fulfilment cash flows in Year 3. Consequently, the entity recognises in profit or loss the effect of the revised claims relating to Year 2, and adjusts the contractual service margin for changes in the fulfilment cash flows for Year 3. This change is only related to incurred claims and does not affect the investment component.

INSURANCE CONTRACTS

IE35 A possible format of the reconciliation required by paragraph 100 between the amounts recognised in the statement of financial position and the statement of profit or loss for Year 2 is as follows:

	Liability for remaining coverage	Liability for incurred claims	Insurance contract liability
	CU	CU	CU
Opening balance	617	–	617
Insurance revenue	(261) ^(a)	–	(261)
Insurance service expenses	–	50 ^(b)	50
Investment component	(100)	100	–
Insurance finance expenses	27 ^(c)	–	27
Cash flows	–	(150)	(150)
Closing balance	<u>283</u>	<u>–</u>	<u>283</u>

(a) Insurance revenue of CU261 is:

(i) determined by the entity applying paragraph B123 as the difference between the opening and closing carrying amounts of the liability for remaining coverage of CU334 (CU617 – CU283), excluding insurance finance expenses of CU27 and the investment component of CU100 (CU261 = CU334 + CU27 – CU100); and

(ii) analysed by the entity applying paragraph B124 as the sum of the insurance service expenses of CU50 adjusted for the experience adjustment of CU50, the change in the risk adjustment for non-financial risk caused by the release from risk of CU40 and the contractual service margin recognised in profit or loss of CU121 (CU261 = CU50 + CU50 + CU40 + CU121).

(b) Applying paragraph 84, the entity presents insurance service expenses of CU50 as the claims incurred in the period of CU150 minus the investment component of CU100.

(c) Insurance finance expenses are the same as in Example 2A. The whole amount of insurance finance expenses is related to the liability for remaining coverage because the liability for incurred claims is paid immediately after the expenses are incurred.

IE36 In Year 3, there is no further change in estimates and the entity provides a possible format of the reconciliation required by paragraph 100 between the amounts recognised in the statement of financial position and the statement of profit or loss for Year 3 as follows:

INSURANCE CONTRACTS

	Liability for remaining coverage	Liability for incurred claims	Insurance contract liability
	CU	CU	CU
Opening balance	283	–	283
Insurance revenue	(196) ^(a)	–	(196)
Insurance service expenses	–	40 ^(b)	40
Investment component	(100)	100	–
Insurance finance expenses	13 ^(c)	–	13
Cash flows	–	(140)	(140)
Closing balance	–	–	–

(a) Insurance revenue of CU196 is:

(i) determined by the entity applying paragraph B123 as the difference between the opening and closing carrying amounts of the liability for remaining coverage of CU283 (CU283 – CU0), excluding insurance finance expenses of CU13 and the investment component of CU100 (CU196 = CU283 + CU13 – CU100); and

(ii) analysed by the entity applying paragraph B124 as the sum of the insurance service expenses of CU40, the change in the risk adjustment for non-financial risk caused by the release from risk of CU30 and the contractual service margin recognised in profit or loss of CU126 (CU196 = CU40 + CU30 + CU126).

(b) Applying paragraph 84, the entity presents insurance service expenses of CU40 as the claims incurred in the period of CU140 minus the investment component of CU100.

(c) Insurance finance expenses are the same as in Example 2A. The whole amount of insurance finance expenses is related to the liability for remaining coverage because the liability for incurred claims is paid immediately after the expenses are incurred.

IE37 The amounts presented in the statement of profit or loss corresponding to the amounts analysed in the tables above are:

Statement of profit or loss	Year 1	Year 2	Year 3	Total
	CU	CU	CU	CU
Insurance revenue	222	261	196	679 ^(a)
Insurance service expenses	(100)	(50)	(40)	(190)
Insurance service result	122	211	156	489
Investment income ^(b)	–	–	–	–
Insurance finance expenses	(39)	(27)	(13)	(79)
Finance result	(39)	(27)	(13)	(79)
Profit	83	184	143	410

continued...

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- (a) Applying paragraph B120, the entity calculates the total insurance revenue for the group of insurance contracts of CU679 as the amount of premiums paid to the entity of CU900 adjusted for the financing effect of CU79 and excluding the investment component of CU300 (CU100 a year for 3 years) ie $CU679 = CU900 + CU79 - CU300$.
- (b) For the purpose of this example, these numbers are not included because they are accounted for applying another Standard.

Example 3B—Changes in fulfilment cash flows that create an onerous group of insurance contracts

Analysis

- IE38 This example uses the same assumptions for Year 1 as those in Example 3A. Consequently, the analysis of Year 1 is the same as for Example 3A. The presentation requirements for Year 1 are illustrated in Example 3A and are not repeated in Example 3B.
- IE39 A possible format of the reconciliation required by paragraph 100 between the amounts recognised in the statement of financial position and the statement of profit or loss for Year 2 is as follows:

	Liability for remaining coverage, excluding loss component	Loss component of the liability for remaining coverage	Liability for incurred claims	Insurance contract liability
	CU	CU	CU	CU
Opening balance	617	–	–	617
Insurance revenue	(140) ^(a)	–	–	(140)
Insurance service expenses	–	113 ^(b)	300 ^(c)	413
Investment component	(100)	–	100	–
Insurance finance expenses	27 ^(d)	–	–	27
Cash outflows	–	–	(400)	(400)
Closing balance	404	113	–	517

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- (a) Insurance revenue of CU140 is:
- (i) determined by the entity applying paragraph B123 as the change in the liability for remaining coverage, excluding:
- 1 changes that do not relate to services provided in the year, for example changes resulting from cash inflows from premiums received, changes related to investment components and changes related to insurance finance income or expenses; and
 - 2 changes that relate to services but for which the entity does not expect consideration, ie increases and decreases in the loss component of the liability for remaining coverage.
- Thus, in this example insurance revenue is the difference between the opening and closing carrying amounts of the liability for remaining coverage, excluding changes related to the loss component of CU213 (CU617 – CU404), excluding insurance finance expenses of CU27 and the repayment of the investment component of CU100, ie $CU140 = CU213 + CU27 - CU100$.
- (ii) analysed by the entity applying paragraph B124 as the sum of the changes in the liability for remaining coverage in the year that relate to services for which the entity expects to receive consideration. Those changes are:
- 1 insurance service expenses incurred in the period (measured at the amounts expected at the beginning of the period), excluding amounts allocated to the loss component of the liability for remaining coverage and excluding repayments of investment components;
 - 2 the change in the risk adjustment for non-financial risk, excluding changes that adjust the contractual service margin because they relate to future service and amounts allocated to the loss component ie the change caused by the release from risk; and
 - 3 the amount of contractual service margin recognised in profit or loss in the period.
- Thus, in this example insurance revenue is the sum of the insurance service expenses of CU300 including experience adjustments of CU200 and the change in the risk adjustment for non-financial risk caused by the release from risk of CU40, ie $CU140 = CU300 - CU200 + CU40$.
- (b) The entity revises the estimates of fulfilment cash flows for Year 3. The increase in fulfilment cash flows exceeds the carrying amount of the remaining contractual service margin, creating a loss of CU113 (see the table after paragraph IE26). Applying paragraph 49, the entity establishes the loss component of the liability for remaining coverage for an onerous group depicting that loss. The loss component determines the amounts presented in profit or loss as reversals of losses on onerous groups that are consequently excluded from determination of insurance revenue.
- (c) Applying paragraph 84, the entity presents insurance service expenses of CU300 as the claims incurred in the period of CU400 minus the investment component of CU100.
- (d) Insurance finance expenses are the same as in Example 2B. The whole amount of insurance finance expenses is related to the liability for remaining coverage because the liability for incurred claims is paid immediately after the expenses are incurred.

INSURANCE CONTRACTS

IE40 A possible format of the reconciliation required by paragraph 100 between the amounts recognised in the statement of financial position and the statement of profit or loss for Year 3 is as follows:

	Liability for remaining coverage, excluding loss component	Loss component of the liability for remaining coverage	Liability for incurred claims	Insurance contract liability
	CU	CU	CU	CU
Opening balance	404	113	–	517
Insurance finance expenses	16	5 ^(b)	–	21 ^(d)
Insurance revenue	(320) ^(a)	–	–	(320)
Insurance service expenses	–	(118) ^(b)	350 ^(c)	232
Investment component	(100)	–	100	–
Cash flows	–	–	(450)	(450)
Closing balance	–	–	–	–

(a) Insurance revenue of CU320 is:

(i) determined by the entity applying paragraph B123 as the difference between the opening and closing carrying amounts of the liability for remaining coverage, excluding changes related to the loss component of CU404 (CU404 – CU0), insurance finance expenses of CU16 and the repayment of the investment component of CU100, ie $CU320 = CU404 + CU16 - CU100$.

(ii) analysed by the entity applying paragraph B124 as the sum of the insurance service expenses for the incurred claims for the year of CU350 and the change in the risk adjustment for non-financial risk caused by the release from risk of CU88, excluding CU118 allocated to the loss component of the liability of remaining coverage, ie $CU320 = CU350 + CU88 - CU118$.

(b) Applying paragraph 50(a), the entity allocates on a systematic basis the subsequent changes in the fulfilment cash flows of the liability for remaining coverage between the loss component of the liability for remaining coverage and the liability for remaining coverage, excluding the loss component. In this example the entity allocates subsequent changes in fulfilment cash flows to the loss component of the liability for remaining coverage as follows:

(i) insurance finance expenses of CU5 are determined by multiplying the total insurance finance expenses of CU21 by 22 per cent. The allocation is based on the 22 per cent proportion of the loss component of the liability for remaining coverage of CU113 to the total liability for remaining coverage of CU517 (CU404 + CU113).

(ii) the change of the loss component of CU118 is the sum of:

1 the estimates of the future cash flows released from the liability for remaining coverage for the year of CU94, calculated by multiplying the expected insurance service expenses for the incurred claims for the year of CU350 by 27 per cent; and

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- 2 the change in the risk adjustment for non-financial risk caused by the release from risk of CU24, calculated by multiplying the total such change of CU88 by 27 per cent.

The allocation of the amounts described in 1 and 2 to the loss component of CU118 is determined after the insurance finance expenses and investment component have been allocated. The insurance finance expenses are allocated as described in (i). The investment component is allocated solely to the liability for remaining coverage excluding the loss component, because it is not included in insurance revenue or insurance service expenses. After those allocations, the loss component of the liability for remaining coverage is CU118 (CU113 + CU5) and the liability for remaining coverage excluding the investment component is CU438 (CU517 + CU21 – CU100). Hence, the allocations in (ii) are determined as the ratio of CU118 to CU438, which is 27 per cent.

See Example 8 for a more detailed calculation of losses in a group of insurance contracts subsequent to initial recognition.

- (c) Applying paragraph 84, the entity presents insurance service expenses of CU350 as the claims incurred in the period of CU400 minus the investment component of CU100.
- (d) Insurance finance expenses are the same as in Example 2B. The whole amount of insurance finance expenses is related to the liability for remaining coverage because the liability for incurred claims is paid immediately after the expenses are incurred.

IE41 The amounts presented in the statement of profit or loss corresponding to the amounts analysed in the tables above are:

Statement of profit or loss	Year 1	Year 2	Year 3	Total
	CU	CU	CU	CU
Insurance revenue	222	140	320	682 ^(a)
Insurance service expenses	<u>(100)</u>	<u>(413)</u>	<u>(232)</u>	<u>(745)</u>
Insurance service result	122	(273)	88	(63)
Investment income ^(b)	–	–	–	–
Insurance finance expenses	<u>(39)</u>	<u>(27)</u>	<u>(21)</u>	<u>(87)</u>
Finance result	<u>(39)</u>	<u>(27)</u>	<u>(21)</u>	<u>(87)</u>
Profit / (loss)	<u>83</u>	<u>(300)</u>	<u>67</u>	<u>(150)</u>

(a) Applying paragraph B120, the entity calculates the total insurance revenue for the group of insurance contracts of CU682 as the amount of premiums paid to the entity of CU900 adjusted for the financing effect of CU82 (insurance finance expenses of CU87 minus CU5 related to the loss component) and excluding the investment component of CU300 (CU100 per year for 3 years) ie CU682 = CU900 + CU82 – CU300.

(b) For the purpose of this example, these numbers are not included because they are accounted for applying another Standard.

Separating components from an insurance contract (paragraphs B31–B35)

IE42 The following two examples illustrate the requirements in paragraphs B31–B35 for separating non-insurance components from insurance contracts.

Example 4—Separating components from a life insurance contract with an account balance

Assumptions

IE43 An entity issues a life insurance contract with an account balance. The entity receives a premium of CU1,000 when the contract is issued. The account balance is increased annually by voluntary amounts paid by the policyholder, increased or decreased by amounts calculated using the returns from specified assets and decreased by fees charged by the entity.

IE44 The contract promises to pay the following:

- (a) a death benefit of CU5,000 plus the amount of the account balance, if the insured person dies during the coverage period; and
- (b) the account balance, if the contract is cancelled (ie there are no surrender charges).

IE45 The entity has claims processing department to process the claims received and an asset management department to manage investments.

IE46 An investment product that has equivalent terms to the account balance, but without the insurance coverage, is sold by another financial institution.

IE47 The entity considers whether to separate the non-insurance components from the insurance contract.

Analysis

Separating the account balance

IE48 The existence of an investment product with equivalent terms indicates that the components may be distinct, applying paragraph B31(b). However, if the right to death benefits provided by the insurance coverage either lapses or matures at the same time as the account balance, the insurance and investment components are highly interrelated and are therefore not distinct, applying paragraph B32(b). Consequently, the account balance would not be separated from the insurance contract and would be accounted for applying IFRS 17.

Separating the claims processing component

IE49 Claims processing activities are part of the activities the entity must undertake to fulfil the contract, and the entity does not transfer a good or service to the policyholder because the entity performs those activities. Thus, applying paragraph B33, the entity would not separate the claims processing component from the insurance contract.

Separating the asset management component

- IE50 The asset management activities, similar to claims processing activities, are part of the activities the entity must undertake to fulfil the contract, and the entity does not transfer a good or service other than insurance contract services to the policyholder because the entity performs those activities. Thus, applying paragraph B33, the entity would not separate the asset management component from the insurance contract.

Example 5—Separating components from a stop-loss contract with claims processing services*Assumptions*

- IE51 An entity issues a stop-loss contract to an employer (the policyholder). The contract provides health coverage for the policyholder's employees and has the following features:
- (a) insurance coverage of 100 per cent for the aggregate claims from employees exceeding CU25 million (the 'stop-loss threshold'). The employer will self-insure claims from employees up to CU25 million.
 - (b) claims processing services for employees' claims during the next year, regardless of whether the claims have passed the stop-loss threshold of CU25 million. The entity is responsible for processing the health insurance claims of the employees on behalf of the employer.
- IE52 The entity considers whether to separate the claims processing services. The entity notes that similar services to process claims on behalf of customers are sold on the market.

*Analysis***Separating the claims processing services**

- IE53 The criteria for identifying distinct non-insurance services in paragraph B34 are met in this example:
- (a) the claims processing services, similar to the services to process the employees' claims on behalf of the employer, are sold as a standalone service without any insurance coverage; and
 - (b) the claims processing services benefit the policyholder independently of the insurance coverage. Had the entity not agreed to provide those services, the policyholder would have to process its employees' medical claims itself or engage other service providers to do this.
- IE54 Additionally, the criteria in paragraph B35 that establishes if the service is not distinct are not met because the cash flows associated with the claims processing services are not highly interrelated with the cash flows associated with the insurance coverage, and the entity does not provide a significant service of integrating the claims processing services with the insurance components. In addition, the entity could provide the promised claims processing services separately from the insurance coverage.
- IE55 Accordingly, the entity separates the claims processing services from the insurance contract and accounts for them applying IFRS 15 *Revenue from Contracts with Customers*.

Subsequent measurement

Example 6—Additional features of the contractual service margin (paragraphs 44, 87, 101, B96–B99 and B119–B119B)

IE56 This example illustrates adjustments to the contractual service margin of insurance contracts without direct participation features for:

- (a) the changes in discretionary cash flows for insurance contracts that give an entity discretion over the cash flows expected to be paid to the policyholder, including determination of changes in those cash flows separately from changes in financial assumptions;
- (b) the adjustments related to the time value of money and financial risks in a situation when the interest rate changes; and
- (c) the amount recognised in profit or loss for the services provided in the period in a situation when the entity expects contracts in a group to have different durations.

Assumptions

IE57 An entity issues 200 insurance contracts with a coverage period of three years. The coverage period starts when the insurance contracts are issued.

IE58 The contracts in this example:

- (a) meet the definition of insurance contracts because they offer a fixed payment on death. However, to isolate the effects illustrated in this example, and for simplicity, any fixed cash flows payable on death are ignored.
- (b) do not meet the criteria for insurance contracts with direct participation features applying paragraph B101(a) because a pool of assets is not specified in the contracts.
- (c) provide an investment-return service applying paragraph B119B.
- (d) provide both insurance coverage and investment-return service evenly over the coverage period of three years.

IE59 The entity receives a single premium of CU15 at the beginning of the coverage period. Policyholders will receive the value of the account balance:

- (a) if the insured person dies during the coverage period; or
- (b) at the end of the coverage period (maturity value) if the insured person survives to the end of the coverage period.

- IE60 The entity calculates the policyholder account balances at the end of each year as follows:
- (a) opening balance; plus
 - (b) premiums received at the beginning of the period (if any); minus
 - (c) an annual charge of 3 per cent of the sum of the account balances at the beginning of the year and premium received if any; plus
 - (d) interest credited at the end of the year (the interest credited to the account balances in each year is at the discretion of the entity); minus
 - (e) the value of the remaining account balances paid to policyholders when an insured person dies or the coverage period ends.
- IE61 The entity specifies that its commitment under the contract is to credit interest to the policyholder's account balance at a rate equal to the return on an internally specified pool of assets minus two percentage points, applying paragraph B98.
- IE62 On initial recognition of the group of contracts, the entity:
- (a) expects the return on the specified pool of assets will be 10 per cent a year.
 - (b) determines the discount rate applicable to nominal cash flows that do not vary based on the returns on any underlying items is 4 per cent a year.
 - (c) expects that two insured people will die at the end of each year. Claims are settled immediately.
 - (d) estimates the risk adjustment for non-financial risk to be CU30 and expects to recognise it in profit or loss evenly over the coverage period. Applying paragraph 81, the entity does not disaggregate the changes in the risk adjustment for non-financial risk between the insurance service result and insurance finance income or expenses.
- IE63 In Year 1, the return on the specified pool of assets is 10 per cent, as expected. However, in Year 2 the return on the specified pool of assets is only 7 per cent. Consequently, at the end of Year 2, the entity:
- (a) revises its estimate of the expected return on the specified pool of assets to 7 per cent in Year 3.
 - (b) exercises its discretion over the amount of interest it will credit to the policyholder account balances in Years 2 and 3. It determines that it will credit interest to the policyholder account balances at a rate equal to the return on the specified pool of assets, minus one percentage point, ie the entity forgoes spread income of one percentage point a year in Years 2 and 3.
 - (c) credits 6 per cent interest to the policyholder account balances (instead of the initially expected 8 per cent).
- IE64 In this example all other amounts are ignored, for simplicity.

Analysis

IE65 On initial recognition, the entity measures the group of insurance contracts and estimates the fulfilment cash flows at the end of each subsequent year as follows:

	Initial recognition	Year 1	Year 2	Year 3
	CU	CU	CU	CU
Estimates of the present value of future cash inflows	(3,000)	–	–	–
Estimates of the present value of future cash outflows ^(a)	<u>2,596</u>	<u>2,824</u>	<u>3,074</u>	–
Estimates of the present value of future cash flows	(404)	2,824	3,074	–
Risk adjustment for non-financial risk	<u>30</u>	<u>20</u>	<u>10</u>	–
Fulfilment cash flows	<u>(374)</u>	2,844	3,084	–
Contractual service margin	<u>374</u>			
Insurance contract (asset) / liability on initial recognition	<u>–</u>			

(a) The entity calculates the estimates of the present value of the future cash outflows using a current discount rate of 10 per cent that reflects the characteristics of the future cash flows, determined applying paragraphs 36 and B72(a).

IE66 Applying paragraphs B98–B99, to determine how to identify a change in discretionary cash flows, an entity shall specify at inception of the contract the basis on which it expects to determine its commitment under the contract, for example, based on a fixed interest rate, or on returns that vary based on specified asset returns. An entity uses this specification to distinguish between the effect of changes in assumptions that relate to financial risk on that commitment (which does not adjust the contractual service margin) and the effect of discretionary changes to that commitment (which adjusts the contractual service margin).

IE67 In this example, the entity specified at inception of the contract that its commitment under the contract is to credit interest to the policyholder account balances at a rate equal to the return on a specified pool of assets minus two percentage points. Because of the entity's decision at the end of Year 2, this spread decreased from two percentage points to one percentage point.

IE68 Consequently, at the end of Year 2, the entity analyses the changes in the policyholder account balances between the result of changes in financial assumptions and the exercise of discretion, as follows:

INSURANCE CONTRACTS

Policyholder account balances	As expected on initial recognition		Revised for changes in financial assumptions		Revised for changes in financial assumptions and the exercise of discretion	
		CU		CU		CU
Balance at the beginning of Year 1		–		–		–
Premiums received		3,000		3,000		3,000
Annual charge ^(a)	3%	(90)	3%	(90)	3%	(90)
Interest credited ^(b)	8%	233	8%	233	8%	233
Death benefits ^(c)	2/200	<u>(31)</u>	2/200	<u>(31)</u>	2/200	<u>(31)</u>
Balance carried forward to Year 2		3,112		3,112		3,112
Annual charge ^(a)	3%	(93)	3%	(93)	3%	(93)
Interest credited ^(b)	8%	242	5%	151	6%	181
Death benefits ^(c)	2/198	<u>(33)</u>	2/198	<u>(32)</u>	2/198	<u>(32)</u>
Balance carried forward to Year 3		3,228		3,138		3,168
Annual charge ^(a)	3%	(97)	3%	(94)	3%	(95)
Interest credited ^(b)	8%	250	5%	152	6%	184
Death benefits ^(c)	2/196	<u>(35)</u>	2/196	<u>(33)</u>	2/196	<u>(33)</u>
Balance at the end of Year 3 (maturity value)		<u>3,346</u>		<u>3,163</u>		<u>3,224</u>
(a)	The annual charge equals the percentage of the balance at the beginning of each year (including premiums received at the beginning of the year). For example, in Year 1 the annual charge of CU90 is 3% × CU3,000.					
(b)	Interest credited each year equals the percentage of the balance at the beginning of each year minus the annual charge. For example, in Year 1 the interest credited of CU233 is 8% × (CU3,000 – CU90).					
(c)	The death benefit equals the percentage of the balance at the beginning of each year minus the annual charge plus interest credited. For example, in Year 1 the death benefit of CU31 is 2/200 × (CU3,000 – CU90 + CU233).					

IE69 The entity summarises the estimates of future cash flows for Years 2 and 3 in the table below.

INSURANCE CONTRACTS

	As expected on initial recognition	Revised for changes in financial assumptions	Revised for changes in financial assumptions and the exercise of discretion
	CU	CU	CU
Payment on deaths in Year 2	33	32	32
Payment on deaths in Year 3	35	33	33
Maturity value paid in Year 3	<u>3,346</u>	<u>3,163</u>	<u>3,224</u>
Estimates of the future cash flows at the beginning of Year 2	<u>3,414</u>	<u>3,228</u>	<u>3,289</u>

IE70 Applying paragraphs B98–B99, the entity distinguishes between the effect of changes in assumptions that relate to financial risk and the effect of discretionary changes on the fulfilment cash flows as follows:

Changes in the estimates of future cash flows in Year 2	Estimates of future cash flows	Estimates of the present value of future cash flows
	CU	CU
Beginning of Year 2 (present value discounted at 10%)	3,414 (a)	2,824 (b)
The effect of changes in financial assumptions (and interest accretion)	<u>(186) (c)</u>	<u>195 (d)</u>
Revised for changes in financial assumptions (present value discounted at 7%)	3,228 (a)	3,019 (b)
The effect of the exercise of discretion (present value discounted at 7%)	<u>61 (e)</u>	<u>57</u>
Revised for changes in financial assumptions and the exercise of discretion (present value discounted at 7%)	3,289 (a)	3,076 (b)
Payment of cash flows	<u>(32) (a)</u>	<u>(32)</u>
End of Year 2	<u>3,257</u>	<u>3,044</u>

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(a)	See the table after paragraph IE69.
(b)	The entity calculates the estimates of the present value of the future cash outflows using a current discount rate that reflects the characteristics of the future cash flows, determined applying paragraphs 36 and B72(a). All the cash flows—other than the death benefit payable at the end of Year 2—are payable at the end of Year 3.
(c)	The change in estimates of future cash flows of CU186 equals the difference between the estimates of the future cash flows revised for changes in financial assumptions of CU3,228 minus the estimates of the future cash flows before the change in financial assumptions of CU3,414. Hence, it reflects only the change in financial assumptions.
(d)	The change in estimates of the present value of the future cash flows of CU195 is the difference between the estimates of the present value of the future cash flows at the end of Year 2 (revised for changes in financial assumptions) of CU3,019 and the estimates of the present value of the future cash flows at the beginning of Year 2 (before changes in financial assumptions) of CU2,824. Hence, it reflects the effect of the interest accretion during Year 2 and the effect of the change in financial assumptions.
(e)	The effect of the exercise of discretion of CU61 equals the difference between the estimates of the future cash flows revised for the exercise of discretion of CU3,289 and the estimates of the future cash flows before the effect of the exercise of discretion of CU3,228.

IE71 A possible format for the reconciliation of the insurance contract liability required by paragraph 101 for Year 2 is as follows:

	Estimates of the present value of future cash flows		Risk adjustment for non-financial risk		Contractual service margin		Insurance contract liability
	CU		CU		CU		CU
Opening balance	2,824		20		258		3,102
Insurance finance expenses	197 ^(a)		–		10 ^(b)		207
Changes related to future service: exercise of discretion	55 ^(c)		–		(55) ^(c)		–
Changes related to current service	–		(10)		(107) ^(d)		(117)
Cash outflows	<u>(32)</u>		<u>–</u>		<u>–</u>		<u>(32)</u>
Closing balance	<u>3,044</u>		<u>10</u>		<u>106</u>		<u>3,160</u>

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- (a) Applying paragraph B97, the entity does not adjust the contractual service margin for a group of contracts for changes in fulfilment cash flows related to the effect of time value of money and financial risk and changes therein, comprising (i) the effect, if any, on estimated future cash flows; (ii) the effect, if disaggregated, on the risk adjustment for non-financial risk; and (iii) the effect of a change in discount rate. This is because such changes do not relate to future service. Applying paragraph 87, the entity recognises those changes as insurance finance expenses. Consequently, the insurance finance expenses of CU197 are the sum of:
- (i) the effect of interest accretion and the effect of the change in financial assumptions of CU195 (see the table after paragraph IE70); and
 - (ii) the effect of the change in the assumptions related to financial risk on the change in the discretionary cash flows of CU2, which equals:
 - 1 CU57 of the present value of the effect of the change in discretion discounted using the current rate (see the table after paragraph IE70); minus
 - 2 CU55 of the present value of the change in discretion discounted using the rate determined on initial recognition of the group of insurance contracts (see footnote (c)).
- (b) Applying paragraphs 44(b) and B72(b), the entity calculates interest accreted on the carrying amount of the contractual service margin of CU10 by multiplying the opening balance of CU258 by the discount rate of 4 per cent determined on initial recognition of the group of insurance contracts. That rate is applicable to nominal cash flows that do not vary based on the returns on any underlying items.
- (c) Applying paragraphs 44(c) and B98, the entity regards changes in discretionary cash flows as relating to future service, and accordingly adjusts the contractual service margin. Applying paragraphs B96 and B72(c), the adjustment to the contractual service margin is calculated by discounting the change in the future cash flows of CU61 using the discount rate of 10 per cent, which reflects the characteristics of the cash flows determined on initial recognition of the group of insurance contracts. Consequently, the amount of discretionary cash flows that adjusts the contractual service margin of CU55 is $CU61 \div (1 + 10\%)$.
- (d) Applying paragraphs 44(e) and B119, the entity recognises in profit or loss the amount of contractual service margin determined by allocating the contractual service margin at the end of the period (before recognising any amounts in profit or loss) equally to each coverage unit provided in the current period and expected to be provided in the future, as follows:
- (i) the amount of the contractual service margin immediately before allocation to profit or loss is CU213 (opening balance of CU258 plus interest of CU10 minus the change related to future service of CU55);
 - (ii) the number of coverage units in this example is the total of the number of contracts in each period for which coverage is expected to be provided (because the quantity of benefits provided for each contract is the same). Hence, there are 394 coverage units to be provided over the current and final year (198 contracts in Year 2 and 196 contracts in Year 3);
 - (iii) the contractual service margin per coverage unit is CU0.54 ($CU213 \div 394$ coverage units); and
 - (iv) the contractual service margin recognised in profit or loss in Year 2 of CU107 is CU0.54 of contractual service margin per coverage unit multiplied by the 198 coverage units provided in Year 2.

Example 7—Insurance acquisition cash flows (paragraphs 106, B65 (e) and B125)

IE72 This example illustrates the determination of insurance acquisition cash flows on initial recognition and the subsequent determination of insurance revenue, including the portion of premium related to the recovery of the insurance acquisition cash flows.

IE73 This example also illustrates the requirement to disclose the analysis of the insurance revenue recognised in the period applying paragraph 106.

Assumptions

IE74 An entity issues a group of insurance contracts with a coverage period of three years. The coverage period starts when the insurance contracts are issued.

IE75 On initial recognition, the entity determines the following:

- (a) estimates of future cash inflows of CU900, paid immediately after initial recognition;
- (b) estimates of future cash outflows, which comprise:
 - (i) estimates of future claims of CU600 (CU200 incurred and paid each year); and
 - (ii) acquisition cash flows of CU120 (of which CU90 are cash flows directly attributable to the portfolio to which the contracts belong), are paid at the beginning of the coverage period.
- (c) the risk adjustment for non-financial risk is CU15 and the entity expects to recognise the risk adjustment for non-financial risk in profit or loss evenly over the coverage period.

IE76 In this example for simplicity, it is assumed that:

- (a) all expenses are incurred as expected;
- (b) no contracts will lapse during the coverage period;
- (c) there is no investment component;
- (d) the insurance acquisition cash flows directly attributable to the portfolio to which the contracts belong of CU90 are directly attributable to the group of contracts to which the contracts belong and no renewals of those contracts are expected; and
- (e) all other amounts, including the effect of discounting, are ignored for simplicity.

Analysis

IE77 On initial recognition, the entity measures the group of insurance contracts and estimates the fulfilment cash flows at the end of each subsequent year as follows:

INSURANCE CONTRACTS

	Initial recognition	Year 1	Year 2	Year 3
	CU	CU	CU	CU
Estimates of the present value of future cash inflows	(900)	–	–	–
Estimates of the present value of future cash outflows	<u>690</u> ^(a)	<u>400</u>	<u>200</u>	<u>–</u>
Estimates of the present value of future cash flows	(210)	400	200	–
Risk adjustment for non-financial risk	<u>15</u>	<u>10</u>	<u>5</u>	<u>–</u>
Fulfilment cash flows	(195)	410	205	–
Contractual service margin	<u>195</u>			
Insurance contract (asset) / liability on initial recognition	<u><u>–</u></u>			

(a) Applying paragraph B65(e), estimates of the present value of the future cash flows of CU690 comprise expected claims of CU600 and an allocation of insurance acquisition cash flows directly attributable to the portfolio to which the contracts belong of CU90.

IE78 The entity recognises the contractual service margin and insurance acquisition cash flows in profit or loss for each year as follows:

Recognised in profit or loss each year	Year 1	Year 2	Year 3	Total
	CU	CU	CU	CU
Contractual service margin ^(a)	65	65	65	195
Insurance acquisition cash flows ^(b)	30	30	30	90

(a) Applying paragraphs 44(e) and B119, the entity recognises in profit or loss in each period an amount of the contractual service margin for a group of insurance contracts to reflect the transfer of services provided in that period. The amount recognised in each period is determined by the allocation of the contractual service margin remaining at the end of the reporting period (before any allocation) over the current and remaining coverage periods. In this example, the coverage provided in each period is the same because the number of contracts for which the coverage is provided in each period is the same. Consequently, the contractual service margin of CU195 is allocated equally in each year of coverage (ie $CU65 = CU195 \div 3$ years).

(b) Applying paragraph B125, the entity determines the insurance revenue related to insurance acquisition cash flows by allocating the portion of the premiums that relates to recovering those cash flows to each accounting period in a systematic way on the basis of the passage of time. The entity recognises the same amount as insurance service expenses. In this example, the coverage period of the contracts is three years, therefore the expenses recognised in profit or loss each year are CU30 ($CU90 \div 3$ years).

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IE79 The entity recognises the following amounts in profit or loss:

Statement of profit or loss	Year 1	Year 2	Year 3	Total
	CU	CU	CU	CU
Insurance revenue ^(a)	300	300	300	900
Insurance service expenses ^(b)	<u>(230)</u>	<u>(230)</u>	<u>(230)</u>	<u>(690)</u>
Insurance service result	70	70	70	210
Other expenses ^(c)	<u>(30)</u>	<u>–</u>	<u>–</u>	<u>(30)</u>
Profit	<u>40</u>	<u>70</u>	<u>70</u>	<u>180</u>

(a) See the table after paragraph IE80 for more details on the components of insurance revenue.

(b) Applying paragraph 84, the entity presents insurance service expenses as incurred claims of CU200 in each year plus insurance acquisition cash flows of CU30 allocated to each year.

(c) Other expenses include acquisition cash flows that are not directly attributable to the portfolio of insurance contracts to which the contracts belong. They are calculated as the difference between the acquisition cash flows of CU120 and directly attributable insurance acquisition cash flows of CU90.

IE80 A possible format for the analysis of the insurance revenue required by paragraph 106 is as follows:

	Year 1	Year 2	Year 3	Total
	CU	CU	CU	CU
Amounts relating to the changes in the liability for remaining coverage:				
– Insurance service expenses incurred ^(a)	200	200	200	600
– Contractual service margin recognised in profit or loss	65	65	65	195
– Change in the risk adjustment for non-financial risk caused by the release from risk	5	5	5	15
Allocation of recovery of insurance acquisition cash flows	<u>30</u>	<u>30</u>	<u>30</u>	<u>90</u>
Insurance revenue^(b)	<u>300</u>	<u>300</u>	<u>300</u>	<u>900</u>

(a) Applying paragraph B124, the entity measures those amounts as expected at the beginning of the year.

(b) This example illustrates the analysis of insurance revenue required by paragraph 106. See Example 3 for how to determine insurance revenue.

Example 8—Reversal of losses in an onerous group of insurance contracts (paragraphs 49–50 and B123–B124)

IE81 This example illustrates how, for an onerous group of insurance contracts, an entity reverses losses from the loss component of the liability for remaining coverage when the group becomes profitable.

Assumptions

IE82 An entity issues 100 insurance contracts with a coverage period of three years. The coverage period starts when the insurance contracts are issued and the services are provided evenly over the coverage period. It is assumed, for simplicity, that no contracts will lapse before the end of the coverage period.

IE83 The entity expects to receive premiums of CU800 immediately after initial recognition, therefore, the estimates of the present value of cash inflows are CU800.

IE84 The entity estimates annual future cash outflows to be CU400 at the end of each year (total CU1,200). The entity estimates the present value of the future cash outflows to be CU1,089, using a discount rate of 5 per cent a year that reflects the characteristics of nominal cash flows that do not vary based on the returns on any underlying items, determined applying paragraph 36. The entity expects claims will be paid when incurred.

IE85 The risk adjustment for non-financial risk on initial recognition equals CU240 and it is assumed the entity will be released from risk evenly over the coverage period of three years.

IE86 In this example all other amounts, including the investment component are ignored, for simplicity.

IE87 On initial recognition, the entity measures the group of insurance contracts and estimates the fulfilment cash flows at the end of each subsequent year as follows:

	Initial recognition	Year 1	Year 2	Year 3
	CU	CU	CU	CU
Estimates of the present value of future cash inflows	(800)	–	–	–
Estimates of the present value of future cash outflows	<u>1,089</u>	<u>743</u>	<u>381</u>	<u>–</u>
Estimates of the present value of future cash flows	289	743	381	–
Risk adjustment for non-financial risk	<u>240</u>	<u>160</u>	<u>80</u>	<u>–</u>
Fulfilment cash flows	529	903	461	–
Contractual service margin	<u>–</u>			
Insurance contract liability	<u><u>529</u></u>			

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- IE88 In Year 1 all events occur as expected on initial recognition.
- IE89 At the end of Year 2, the entity revises its estimates of future cash outflows for Year 3 to CU100, instead of CU400 (a decrease in the present value of CU286). The risk adjustment for non-financial risk related to those cash flows remains unchanged.
- IE90 In Year 3, all events occur as expected at the end of Year 2.

Analysis

- IE91 At the end of Year 1, applying paragraphs B96–B97, the entity analyses the source of changes in the fulfilment cash flows during the year to decide whether each change adjusts the contractual service margin. Using this information, a possible format for the reconciliation of the insurance contract liability required by paragraph 101 is as follows:

	Estimates of the present value of future cash flows	Risk adjustment for non-financial risk	Contractual service margin	Insurance contract liability
	CU	CU	CU	CU
Opening balance	–	–	–	–
Changes related to future service: new contracts	289	240	–	529
Cash inflows	800	–	–	800
Insurance finance expenses	54 ^(a)	– ^(b)	–	54
Changes related to current service	–	(80) ^(b)	– ^(c)	(80)
Cash outflows	(400)	–	–	(400)
Closing balance	743	160	–	903

(a) In this example, insurance finance expenses of CU54 are CU1,089 (the sum of the estimates of the present value of the future cash flows on initial recognition of CU289 and the cash inflows of CU800 received at the beginning of Year 1) multiplied by the current discount rate of 5 per cent a year, applying paragraphs 36 and B72(a).

(b) Applying paragraph 81, the entity chooses not to disaggregate the change in the risk adjustment for non-financial risk between the insurance service result and insurance finance income or expenses; therefore, the entity includes the entire change in the risk adjustment for non-financial risk as part of the insurance service result in the statement of profit or loss.

(c) Applying paragraph 44(e), the entity does not recognise any contractual service margin in profit or loss for the year because the contractual service margin (before any allocation) equals zero.

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IE92 A possible format for a reconciliation between the amounts recognised in the statement of financial position and the statement of profit or loss for Year 1 required by paragraph 100 is as follows:

	Liability for remaining coverage, excluding loss component	Loss component of the liability for remaining coverage	Liability for incurred claims	Insurance contract liability
	CU	CU	CU	CU
Opening balance	–	–	–	–
Cash inflows	800	–	–	800
Insurance service expenses: loss on onerous contracts	–	529 ^(a)	–	529
Insurance finance expenses	33	21 ^(b)	–	54 ^(c)
Insurance revenue	(289) ^(b)	–	–	(289)
Insurance service expenses: incurred expenses	–	(191) ^(b)	400	209
Cash outflows	–	–	(400)	(400)
Closing balance	<u>544</u>	<u>359</u>	<u>–</u>	<u>903</u>

(a) Applying paragraph 49, the entity establishes the loss component of the liability for remaining coverage for an onerous group of contracts. The loss component determines the amounts presented in profit or loss as reversals of losses on onerous groups that are consequently excluded from the determination of insurance revenue.

(b) Changes in fulfilment cash flows are allocated between the liability for remaining coverage excluding the loss component and the loss component of the liability for remaining coverage. See the table after paragraph IE93 and footnotes to that table for the calculation.

(c) See the table after paragraph IE91 for the calculation. The whole amount of insurance finance expenses is related to the liability for remaining coverage because the liability for incurred claims is paid immediately after the expenses are incurred.

IE93 Applying paragraph 50(a), the entity allocates specified subsequent changes in fulfilment cash flows of the liability for remaining coverage on a systematic basis between the loss component of the liability for remaining coverage and the liability for remaining coverage excluding the loss component. The table below illustrates the systematic allocation of the changes in fulfilment cash flows for the liability for remaining coverage in Year 1.

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	Liability for remaining coverage, excluding loss component	Loss component of the liability for remaining coverage	Total
	CU	CU	CU
Release of expected insurance service expenses for the incurred claims for the year	(241)	(159) ^(a)	(400)
Change in the risk adjustment for non-financial risk caused by the release from risk	<u>(48)</u>	<u>(32)</u> ^(a)	(80)
Insurance revenue	(289) ^(b)	–	
Insurance service expenses	–	(191)	

(a) Applying paragraph 50(a), the entity allocates the subsequent changes in the fulfilment cash flows of the liability for remaining coverage on a systematic basis between the loss component of the liability for remaining coverage and the liability for remaining coverage excluding the loss component. In this example the systematic allocation is based on the proportion of 39.8 per cent, calculated on initial recognition of the insurance contracts as the loss component of the liability for remaining coverage of CU529 relative to the total estimate of the present value of the future cash outflows plus risk adjustment for non-financial risk of CU1,329 (CU1,089 + CU240). Consequently, the entity allocates subsequent changes in the fulfilment cash flows to the loss component of the liability for remaining coverage as follows:

- (i) the estimates of the future cash flows released from the liability for remaining coverage for the year of CU159, calculated by multiplying the expected insurance service expenses for the incurred claims for the year of CU400 by 39.8 per cent;
- (ii) the change in the risk adjustment for non-financial risk caused by the release from risk of CU32, calculated by multiplying the total such change of CU80 by 39.8 per cent; and
- (iii) the insurance finance expenses of CU21, calculated by multiplying the total insurance finance expenses of CU54 by 39.8 per cent.

(b) Insurance revenue of CU289 is:

- (i) determined by the entity applying paragraph B123, as the change in the liability for remaining coverage, excluding:
 - 1 changes that do not relate to services provided in the period, for example changes resulting from cash inflows from premiums received and changes related to insurance finance income or expenses; and
 - 2 changes that relate to services but for which the entity does not expect consideration, ie increases and decreases in the loss component of the liability for remaining coverage.

Thus, in this example insurance revenue of CU289 is the difference between the opening and closing carrying amounts of the liability for remaining coverage of CU544 (CU0 – CU544) excluding insurance finance expenses of CU33 and cash inflows of CU800, ie CU289 = (CU544 – CU800 – CU33).

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(ii)	<p>analysed by the entity applying paragraph B124, as the sum of the changes in the liability for remaining coverage in the year that relate to services for which the entity expects to receive consideration. Those changes are:</p> <ol style="list-style-type: none"> 1 insurance service expenses incurred in the period (measured at the amounts expected at the beginning of the period), excluding amounts allocated to the loss component of the liability for remaining coverage; 2 the change in risk adjustment for non-financial risk, excluding changes that adjust the contractual service margin because they relate to future service and amounts allocated to the loss component ie the change caused by the release from risk; and 3 the amount of the contractual service margin recognised in profit or loss in the period. <p>Thus, in this example insurance revenue of CU289 is the sum of the insurance service expenses for the incurred claims for the year of CU400 and the change in the risk adjustment for non-financial risk caused by the release from risk of CU80, minus amounts allocated to the loss component of the liability for remaining coverage of CU191 (CU159 + CU32), ie CU289 = CU400 + CU80 – CU191.</p>
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IE94 At the end of Year 2, applying paragraphs B96–B97, the entity analyses the source of changes in the fulfilment cash flows during the year to decide whether each change adjusts the contractual service margin, as follows:

	Estimates of the present value of future cash flows		Risk adjustment for non-financial risk		Contractual service margin		Insurance contract liability
	CU		CU		CU		CU
Opening balance	743		160		–		903
Insurance finance expenses	37 ^(a)		–		–		37
Changes related to future service	(286) ^(b)		–		103 ^(b)		(183)
Changes related to current service	–		(80)		(52) ^(c)		(132)
Cash outflows	<u>(400)</u>		<u>–</u>		<u>–</u>		<u>(400)</u>
Closing balance	<u>94</u>		<u>80</u>		<u>51</u>		<u>225</u>

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- (a) In this example, insurance finance expenses of CU37 are the estimates of the present value of the future cash flows of CU743 at the beginning of Year 2 multiplied by the current discount rate of 5 per cent, determined applying paragraphs 36 and B72(a).
- (b) Applying paragraph 50(b), an entity allocates any subsequent decrease in fulfilment cash flows allocated to the group arising from changes in estimates of the future cash flows relating to future service of CU286 solely to the loss component until that component is reduced to zero (the decrease in fulfilment cash flows of CU183 was allocated to the loss component to reduce it to zero, see the table after paragraph IE95). An entity adjusts the contractual service margin only for the excess of the decrease in fulfilment cash flows over the amount allocated to the loss component of CU103 (CU286 – CU183).
- (c) Applying paragraph B119(b), the entity allocates the contractual service margin at the end of the period (before recognising any amounts in profit or loss) equally to each coverage unit provided in the current period and expected to be provided in the future. Applying paragraph B119(c), the entity recognises in profit or loss the amount allocated to coverage units provided in the period of CU52, which is CU103 divided by two years.

IE95 A possible format for a reconciliation between the amounts recognised in the statement of financial position and the statement of profit or loss for Year 2 required by paragraph 100 is as follows:

	Liability for remaining coverage, excluding loss component	Loss component of the liability for remaining coverage	Liability for incurred claims	Insurance contract liability
	CU	CU	CU	CU
Opening balance	544	359	–	903
Insurance finance expenses	22	15 ^(a)	–	37 ^(b)
Insurance revenue	(341) ^(a)	–	–	(341)
Insurance service expenses: incurred expenses	–	(191) ^(a)	400	209
Insurance service expenses: reversal of loss on onerous contracts	–	(183) ^(c)	–	(183)
Cash flows	–	–	(400)	(400)
Closing balance	225	–	–	225

(a) Applying paragraph 50(a), the entity allocates the subsequent changes in fulfilment cash flows of the liability for remaining coverage on a systematic basis between the loss component of the liability for remaining coverage and the liability for remaining coverage, excluding the loss component. See the table after paragraph IE96 and footnotes to that table for more detailed calculations.

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- (b) See the table after paragraph IE94 for the calculation. The whole amount of insurance finance expenses is related to the liability for remaining coverage because the liability for incurred claims is paid immediately after the expenses are incurred.
- (c) Applying paragraph 50(b), the entity allocates any subsequent decrease in fulfilment cash flows allocated to the group arising from changes in estimates of future cash flows relating to future service of CU286 (see the table after paragraph IE94) solely to the loss component until that component is reduced to zero. IFRS 17 does not specify the order in which an entity allocates the fulfilment cash flows in footnote (b) (applying paragraph 50(a)) and the allocation in this footnote (applying paragraph 50(b)). This example illustrates the result of making the allocation required by paragraph 50(a) before the allocation required by paragraph 50(b).

IE96 The table below illustrates the systematic allocation of the changes in fulfilment cash flows for the liability for remaining coverage in Year 2.

	Liability for remaining coverage, excluding loss component	Loss component of the liability for remaining coverage	Total
	CU	CU	CU
Release of expected insurance service expenses for the incurred claims for the year	(241)	(159) ^(a)	(400)
Change in the risk adjustment for non-financial risk caused by the release from risk	(48)	(32) ^(a)	(80)
Contractual service margin recognised in profit or loss for the year	(52)	—	(52)
Insurance revenue	(341) ^(b)	—	
Insurance service expenses	—	(191)	
Insurance finance expenses	22 ^(b)	(15) ^(a)	

(a) Applying paragraph 50(a), the entity allocates the subsequent changes in the fulfilment cash flows of the liability for remaining coverage on a systematic basis between the loss component of the liability for remaining coverage and the liability for remaining coverage, excluding the loss component. In this example, the systematic allocation is based on the proportion of 39.8 per cent as the opening balance of the loss component of the liability for remaining coverage of CU359, relative to the total of the estimates of the present value of the future cash outflows plus risk adjustment for non-financial risk of CU903 (CU743 + CU160). Consequently, the entity allocates subsequent changes in fulfilment cash flows to the loss component of the liability for remaining coverage as follows:

(i) the estimates of the future cash flows released from the liability for remaining coverage for the year of CU159, calculated by multiplying the insurance service expenses for the incurred claims for the year of CU400 by 39.8 per cent;

(ii) the change in the risk adjustment for non-financial risk caused by the release from risk of CU32, calculated by multiplying the total such change of CU80 by 39.8 per cent; and

(iii) the insurance finance expenses of CU15, calculated by multiplying the total insurance finance expenses of CU37 by 39.8 per cent.

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(b)	Insurance revenue of CU341 is:
(i)	determined by the entity applying paragraph B123 as the difference between the opening and closing carrying amounts of the liability for remaining coverage, excluding changes related to the loss component of CU319 (CU544 – CU225), further excluding insurance finance expenses of CU22, ie CU341 = CU319 + CU22; and
(ii)	analysed by the entity applying paragraph B124 as the sum of the insurance service expenses for the incurred claims for the year of CU400, the change in the risk adjustment for non-financial risk caused by the release from risk of CU80 and the amount of the contractual service margin recognised in profit or loss in the period of CU52 minus the reversal of the loss component of the liability for remaining coverage of CU191 (CU159 + CU32), ie CU341 = CU400 + CU80 + CU52 – CU191.

IE97 At the end of Year 3, the coverage period ends and the group of insurance contracts is derecognised. Applying paragraphs B96–B97, the entity analyses the source of changes in the fulfilment cash flows during the year to decide whether each change adjusts the contractual service margin, as follows:

	Estimates of the present value of future cash flows	Risk adjustment for non-financial risk	Contractual service margin	Insurance contract liability
	CU	CU	CU	CU
Opening balance	94	80	51	225
Insurance finance expenses	5 ^(a)	–	3 ^(b)	8
Changes related to current service	–	(80)	(54) ^(c)	(134)
Cash outflows	(100)	–	–	(100)
Rounding difference	1	–	–	1
Closing balance	<u>–</u>	<u>–</u>	<u>–</u>	<u>–</u>

(a) In this example, insurance finance expenses of CU5 are the estimates of the present value of the future cash flows of CU94 at the beginning of Year 1 multiplied by the current discount rate of 5 per cent, determined applying paragraphs 36 and B72(a).

(b) Applying paragraph 44(b), the entity calculates interest accreted on the carrying amount of the contractual service margin of CU3 by multiplying the opening balance of CU51 by the discount rate of 5 per cent determined applying paragraphs 44(b) and B72(b).

(c) The full contractual service margin is recognised in profit or loss because Year 3 is the last year of coverage.

IE98 A possible format for a reconciliation between the amounts recognised in the statement of financial position and the statement of profit or loss for Year 3 required by paragraph 100 is as follows:

	Liability for remaining coverage, excluding loss component		Loss component of the liability for remaining coverage		Liability for incurred claims		Insurance contract liability
	CU		CU		CU		CU
Opening balance	225		–		–		225
Insurance revenue	(233) ^(a)		–		–		(233)
Insurance service expenses	–		–		100		100
Insurance finance expenses	8 ^(b)		–		–		8
Cash flows	–		–		(100)		(100)
Closing balance	–		–		–		–

(a) Insurance revenue of CU233 is:

(i) determined by the entity applying paragraph B123 as the difference between the opening and closing carrying amounts of the liability for remaining coverage, excluding changes related to the loss component of CU225 (CU225–CU0), further excluding insurance finance expenses of CU8, ie $CU233 = CU225 + CU8$; and

(ii) analysed by the entity applying paragraph B124 as the sum of the insurance service expenses of CU100, the change in the risk adjustment for non-financial risk caused by the release from risk of CU80 and the contractual service margin recognised in profit or loss of CU54, ie $CU233 = CU100 + CU80 + CU54 - CU1$ rounding difference.

(b) See the table after paragraph IE97 for the calculation. The whole amount of insurance finance expenses is related to the liability for remaining coverage because the liability for incurred claims is paid immediately after the expenses are incurred.

Measurement of groups of insurance contracts with direct participation features

Example 9—Measurement on initial recognition and subsequently of groups of insurance contracts with direct participation features (paragraphs 45 and B110–B114)

IE99 This example illustrates the measurement of groups of insurance contracts with direct participation features.

Assumptions

- IE100 An entity issues 100 contracts that meet the criteria for insurance contracts with direct participation features applying paragraph B101. The coverage period is three years and starts when the insurance contracts are issued.
- IE101 An entity receives a single premium of CU150 for each contract at the beginning of the coverage period. Policyholders will receive either:
- (a) CU170, or the account balance if it is higher, if the insured person dies during the coverage period; or
 - (b) the value of the account balance at the end of the coverage period if the insured person survives until the end of the coverage period.
- IE102 The entity calculates the account balance for each contract (the underlying items) at the end of each year as follows:
- (a) opening balance; plus
 - (b) premiums received (if any); plus
 - (c) the change in fair value of a specified pool of assets; minus
 - (d) an annual charge equal to 2 per cent of the value of the account balance at the beginning of the year plus the change in fair value; minus
 - (e) the value of the remaining account balance when the insured person dies or the coverage period ends.
- IE103 The entity purchases the specified pool of assets and measures the assets at fair value through profit or loss. This example assumes that the entity sells assets to collect annual charges and pay claims. Hence, the assets that the entity holds equal the underlying items.
- IE104 On initial recognition of the contracts, the entity:
- (a) expects that the fair value of the specified pool of assets will increase by 10 per cent a year;
 - (b) determines the discount rate that reflects the characteristics of the nominal cash flows that do not vary based on returns on any underlying items is 6 per cent a year;
 - (c) estimates the risk adjustment for non-financial risk to be CU25 and expects to recognise it in profit or loss in Years 1–3 as follows: CU12, CU8 and CU5;
 - (d) estimates the time value of the guarantee inherent in providing a minimum death benefit;¹ and

¹ There is no prescribed method for the calculation of the time value of a guarantee, and a calculation of an amount separate from the rest of the fulfilment cash flows is not required.

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- (e) expects that one insured person will die at the end of each year and claims will be settled immediately.

IE105 During the coverage period, there are changes in the time value of the guarantee and changes in the fair value returns on underlying items, as follows:

- (a) in Year 1, the fair value of the specified pool of assets increased by 10 per cent, as expected on initial recognition;
- (b) in Year 2, the increase in fair value was lower than expected on initial recognition and equals 8 per cent; and
- (c) in Year 3, the increase in fair value goes back to the initially expected 10 per cent.

IE106 In this example all other amounts are ignored, for simplicity.

Analysis

IE107 On initial recognition, the entity measures the group of insurance contracts and estimates the fulfilment cash flows at the end of each subsequent year as follows:

	Initial recognition	Year 1	Year 2	Year 3
	CU	CU	CU	CU
Estimates of the present value of future cash inflows	(15,000)	–	–	–
Estimates of the present value of future cash outflows ^(a)	<u>14,180</u>	<u>15,413</u>	<u>16,757</u>	<u>–</u>
Estimates of the present value of future cash flows	(820)	15,413	16,757	–
Risk adjustment for non-financial risk	<u>25</u>	<u>13</u>	<u>5</u>	<u>–</u>
Fulfilment cash flows	(795)	15,426	16,762	–
Contractual service margin	<u>795</u>			
Insurance contract (asset) / liability on initial recognition	<u><u>–</u></u>			

(a) The entity calculates the estimates of the present value of the future cash outflows using current discount rates that reflect the characteristics of the future cash flows, determined applying paragraphs 36 and B72(a). The estimates of the present value of the future cash outflows include an estimate of the time value of the guarantee inherent in providing a minimum death benefit, measured consistently with observable market prices for the guarantee.

INSURANCE CONTRACTS

IE108 Applying paragraphs 45 and B110–B114, to account for the contractual service margin of the insurance contracts with direct participation features (see the table after paragraph IE111 for the reconciliation of the contractual service margin), the entity needs to:

- (a) calculate the fair value of the underlying items in which the policyholders participate to adjust the contractual service margin for those changes; and
- (b) analyse the changes in fulfilment cash flows to decide whether each change adjusts the contractual service margin.

IE109 The entity determines the fair value of the underlying items at the end of each reporting period as follows:

Underlying items ^(a) (the policyholder account balances)	Year 1	Year 2	Year 3	Total
	CU	CU	CU	CU
Opening balance (A)	–	16,008	16,772	N/A
Cash inflows: premiums	15,000	–	–	15,000
Change in fair value (B = 10% × A in Years 1 and 3, 8% × A in Year 2)	1,500	1,281	1,677	4,458
Annual charge (C = 2% × (A + B))	(330)	(346)	(369)	(1,045)
Cash outflows: payments for death claims (1/100, 1/99, 1/98 × (A + B + C))	(162)	(171)	(184)	(517)
Cash outflows: payments on maturity of contracts	–	–	(17,896)	(17,896)
Closing balance	<u>16,008</u>	<u>16,772</u>	<u>–</u>	<u>N/A</u>

(a) In this example, the underlying items equal the assets the entity holds. IFRS 17 defines underlying items as the items that determine some of the amounts payable to a policyholder. Underlying items could comprise any items; for example, a reference portfolio of assets.

INSURANCE CONTRACTS

IE110 The entity determines the changes in the fulfilment cash flows as follows:

Fulfilment cash flows	Year 1	Year 2	Year 3	Total
	CU	CU	CU	CU
Opening balance	–	15,426	16,461	N/A
Change related to future service: new contracts	(795)	–	–	(795)
Effect of the time value of money and financial risks and the changes therein ^(a)	1,403	1,214	1,624	4,241
Change related to current service: release from risk	(12)	(8)	(5)	(25)
Cash flows ^(b)	<u>14,830</u>	<u>(171)</u>	<u>(18,080)</u>	<u>(3,421)</u>
Closing balance	<u>15,426</u> ^(c)	<u>16,461</u> ^(c)	<u>–</u>	<u>N/A</u>

(a) The effect of the time value of money and financial risks and the changes therein includes:

(i) the changes in the time value of the guarantee inherent in providing a minimum death benefit; and

(ii) the effect of changes in the obligation to the policyholder because of the change in the fair value of the underlying items in Years 2 and 3.

(b) In Year 1, the entity receives premiums of CU15,000 and pays claims on death of CU170 (CU162 from the account balances and CU8 from the entity's account). In Year 2, the entity pays claims of CU171 only from the account balances because the value of the account balances is higher than the guaranteed amount of CU170. In Year 3, the entity pays claims on death of CU184 from the account balance and amounts at maturity of contracts of CU17,896 (see the table after paragraph IE109 for amounts paid from the account balances).

(c) The entity determines the estimates of the present value of the future cash outflows using current discount rates that reflect the characteristics of the future cash flows, determined applying paragraphs 36 and B72(a). The estimates of the present value of the future cash outflows include an estimate of the time value of the guarantee inherent in providing a minimum death benefit, measured consistently with observable market prices for the guarantee.

IE111 Applying paragraph 45, the entity determines the carrying amount of the contractual service margin at the end of each reporting period as follows:

Contractual service margin	Year 1	Year 2	Year 3	Total
	CU	CU	CU	CU
Opening balance	–	592	328	N/A
Changes related to future service: new contracts	795	–	–	795
Change in the variable fee ^(a) :				
– change in the fair value of the underlying items	1,500	1,281	1,677	4,458
– effect of the time value of money and financial risks and the changes therein	(1,403)	(1,214)	(1,624)	(4,241)
Change related to current service: recognition in profit or loss ^(b)	<u>(300)</u>	<u>(331)</u>	<u>(381)</u>	<u>(1,012)</u>
Closing balance	<u>592</u>	<u>328</u>	<u>–</u>	<u>N/A</u>

(a) Applying paragraphs B110–B113, the entity adjusts the contractual service margin for the net of changes in:

- (i) the amount of the entity's share of the fair value of the underlying items; and
- (ii) the fulfilment cash flows that do not vary based on the returns on underlying items related to future service, determined applying paragraph B96, plus the effect of the time value of money and financial risks and changes therein not arising from the underlying items.

Paragraph B114 permits the entity not to identify each adjustment to the contractual service margin separately, but rather to combine them. In addition, in this example there are no changes in the fulfilment cash flows that do not vary based on the returns on underlying items determined applying paragraph B96. Consequently, the entity could estimate the net adjustment to the contractual service margin as the net of changes in:

- (iii) the fair value of the underlying items (equals (i) plus the obligation to pay to the policyholder an amount equal to the fair value of the underlying items); and
- (iv) the fulfilment cash flows related to the effect of the time value of money and financial risks and the changes therein (equals (ii) plus the obligation to pay to the policyholder an amount equal to the fair value of the underlying items).

Consequently, in this example, the adjustment to the contractual service margin for changes related to future service is the net of the change in fair value of the underlying items and changes in the fulfilment cash flows related to the effect of the time value of money and financial risks and the changes therein.

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- (b) Applying paragraphs 45(e) and B119, the entity recognises in profit or loss the amount of contractual service margin determined by allocating the contractual service margin at the end of the period (before recognising any amounts in profit or loss) equally to each coverage unit provided in the current period and expected to be provided in the future, as follows:
- (i) in Year 1, the amount of the contractual service margin immediately before recognition in profit or loss is CU892 (the change related to the new contracts of CU795 plus the net change related to the variable fee of CU97 (CU1,500 – CU1,403));
 - (ii) the entity has provided coverage for 100 contracts in Year 1, and expects to provide coverage for 99 contracts in Year 2 and 98 contracts in Year 3 (total coverage units of 297); thus
 - (iii) the entity recognises CU300 of the contractual service margin in profit or loss in Year 1 (calculated as the contractual service margin of CU892 multiplied by 100 of the coverage units provided in Year 1 divided by 297 of the total coverage units).
- The entity used the same methodology to calculate the amounts recognised in profit or loss in Years 2 and 3. Example 6 illustrates the recognition of the contractual service margin in profit or loss in more detail.

IE112 The amounts recognised in the statement of profit or loss for the period are as follows:

Statement of profit or loss ^(a)	Year 1	Year 2	Year 3	Total
	CU	CU	CU	CU
Insurance revenue	320 ^(a)	339	386	1,045 ^(b)
Insurance service expenses ^(c)	<u>(8)</u>	<u>–</u>	<u>–</u>	<u>(8)</u>
Insurance service result	312	339	386	1,037
Investment income ^(d)	1,500	1,281	1,677	4,458
Insurance finance expenses ^(e)	<u>(1,500)</u>	<u>(1,281)</u>	<u>(1,677)</u>	<u>(4,458)</u>
Finance result	–	–	–	–
Profit^(f)	<u>312</u>	<u>339</u>	<u>386</u>	<u>1,037</u>

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- (a) The detailed description of the method of the calculation of the insurance revenue is provided in the table after paragraph IE33. For Year 1, insurance revenue of CU320 is:
- (i) determined by the entity applying paragraph B123 as the difference between the opening and closing carrying amounts of the liability for remaining coverage of CU(16,018), excluding premiums received of CU15,000, insurance finance expenses of CU1,500 and the investment component of CU162 ($CU320 = CU(16,018) + CU15,000 + CU1,500 - CU162$). The change in the carrying amount of the liability for remaining coverage in Year 1 of CU(16,018) is the opening balance of CU0 minus the closing balance of CU16,018 (the fulfilment cash flows at the end of Year 1 of CU15,426 plus the contractual service margin at the end of Year 1 of CU592). In this example, the liability for remaining coverage equals the total insurance liability because the liability for incurred claims is zero; and
 - (ii) analysed by the entity applying paragraph B124 as the sum of the expected insurance service expenses for the period of CU8, the change in the risk adjustment for non-financial risk caused by the release from risk of CU12 and the contractual service margin recognised in profit or loss of CU300 ($CU320 = CU8 + CU12 + CU300$).
- (b) Applying paragraph B120, the entity calculates the total insurance revenue of CU1,045 as the amount of premiums paid to the entity of CU15,000 adjusted for the financing effect of CU4,458 (which in this example equals insurance finance expenses) and excluding the investment component paid from the account balances of CU18,413 ($CU517 + CU17,896$). In this example, total insurance revenue equals the total charges deducted from the policyholder account balances.
- (c) Insurance service expenses of CU8 equals the amounts payable to the policyholder in the period of CU170 minus the investment component paid from the account balances of CU162. In Years 2 and 3, insurance service expenses are zero because all the amounts due to the policyholder are paid from the account balance (ie they are repayments of the investment component).
- (d) Investment income related to the assets the entity holds is accounted for applying a different Standard.
- (e) Applying paragraph B111, changes in the obligation to pay the policyholder an amount equal to the fair value of the underlying items do not relate to future service and do not adjust the contractual service margin. Applying paragraph 87(c), the entity recognises those changes as insurance finance income or expenses. For example, in Year 1 the change in fair value of the underlying items is CU1,500.
- (f) This example assumes that the entity chooses to include all insurance finance income or expenses for the period in profit or loss, applying paragraph 89.

Measurement of groups of insurance contracts using the premium allocation approach

Example 10—Measurement on initial recognition and subsequently of groups of insurance contracts using the premium allocation approach (paragraphs 55–56, 59, 100 and B126)

- IE113 This example illustrates the premium allocation approach for simplifying the measurement of the groups of insurance contracts.

Assumptions

- IE114 An entity issues insurance contracts on 1 July 20x1. The insurance contracts have a coverage period of 10 months that ends on 30 April 20x2. The entity's annual reporting period ends on 31 December each year and the entity prepares interim financial statements as of 30 June each year.

IE115 On initial recognition the entity expects:

- (a) to receive premiums of CU1,220;
- (b) to pay directly attributable acquisition cash flows of CU20;
- (c) to incur claims and be released from risk evenly over the coverage period; and
- (d) that no contracts will lapse during the coverage period.

IE116 Furthermore, in this example:

- (a) facts and circumstances do not indicate that the group of contracts is onerous, applying paragraph 57; and
- (b) all other amounts, including the investment component, are ignored for simplicity.

IE117 Subsequently:

- (a) immediately after initial recognition the entity receives all the premiums and pays all the acquisition cash flows;
- (b) for the six-month reporting period ending on 31 December 20x1 there were claims incurred of CU600 with a risk adjustment for non-financial risk related to those claims of CU36;
- (c) for the six-month reporting period ending on 30 June 20x2 there were claims incurred of CU400 with a risk adjustment for non-financial risk related to those claims of CU24;
- (d) on 31 August 20x2, the entity revises its estimates related to all claims and settles them by paying CU1,070; and
- (e) for simplicity, the risk adjustment for non-financial risk related to the claims incurred is recognised in profit or loss when the claims are paid.

IE118 The group of insurance contracts qualifies for the premium allocation approach applying paragraph 53(b). In addition, the entity expects that:

- (a) the time between providing each part of the coverage and the related premium due date is no more than a year. Consequently, applying paragraph 56, the entity chooses not to adjust the carrying amount of the liability for remaining coverage to reflect the time value of money and the effect of financial risk (therefore no discounting or interest accretion is applied).
- (b) the claims will be paid within one year after the claims are incurred. Consequently, applying paragraph 59(b), the entity chooses not to adjust the liability for incurred claims for the time value of money and the effect of financial risk.

IE119 Further, applying paragraph 59(a), the entity chooses to recognise the insurance acquisition cash flows as an expense when it incurs the relevant costs.

Analysis

IE120 The effect of the group of insurance contracts on the statement of financial position is as follows:

Statement of financial position	Dec 20x1	Jun 20x2	Dec 20x2
	CU	CU	CU
Cash	(1,200) ^(a)	(1,200)	(130) ^(b)
Insurance contract liability ^(c)	1,124	1,060	–
Equity	76	140	130

(a) The amount of cash at the end of December 20x1 of CU(1,200) equals the premium received of CU(1,220) on 1 July 20x1 plus the acquisition cash flows paid of CU20 on 1 July 20x1.

(b) The amount of cash at the end of December 20x2 of CU130 equals the net cash inflow on 1 July 20x1 of CU1,200 minus claims paid on 31 August 20x2 of CU1,070.

(c) The insurance contract liability is the sum of the liability for remaining coverage and the liability for incurred claims as illustrated in the table after paragraph IE122.

IE121 Applying paragraph 100, the entity provides the reconciliation:

- (a) between the amounts recognised in the statement of financial position and the statement of profit or loss separately for the liability for remaining coverage and the liability for incurred claims; and
- (b) of the liability for incurred claims, disclosing a separate reconciliation for the estimates of the present value of the future cash flows and the risk adjustment for non-financial risk.

IE122 A possible format of the reconciliation required by paragraph 100 is as follows:

INSURANCE CONTRACTS

	Dec 20x1	Dec 20x1	Jun 20x2	Jun 20x2	Dec 20x2	Dec 20x2
	CU	CU	CU	CU	CU	CU
Liability for remaining coverage						
Opening balance		–		488		–
Cash inflows		1,220		–		–
Insurance revenue		<u>(732)</u> ^(a)		<u>(488)</u>		<u>–</u>
Closing balance		<u>488</u> ^(b)		<u>–</u>		<u>–</u>
Liability for incurred claims						
Estimates of the present value of future cash flows	–		600		1,000	
Risk adjustment for non-financial risk	<u>–</u>		<u>36</u>		<u>60</u>	
Opening balance		–		636		1,060
Estimates of the present value of future cash flows	600		400		70	
Risk adjustment for non-financial risk	<u>36</u>		<u>24</u>		<u>(60)</u>	
Insurance service expenses		636 ^(c)		424 ^(d)		10 ^(e)
Estimates of the present value of future cash flows	<u>–</u>		<u>–</u>		<u>(1,070)</u>	
Cash outflows		<u>–</u>		<u>–</u>		<u>(1,070)</u>
Closing balance		<u>636</u>		<u>1,060</u>		<u>–</u>
(a)	See the table after paragraph IE123 for the calculation of insurance revenue.					
(b)	Applying paragraph 55, the entity measures the liability for remaining coverage at the end of December 20x1 of CU488 as premiums received in the period of CU1,220 minus the insurance revenue of CU732. The entity does not include acquisition cash flows in the liability for remaining coverage because it chooses to expense them when incurred applying paragraph 59(a).					
(c)	Insurance service expenses of CU636 for the period July 20x1 to December 20x1 comprise the incurred claims of CU600 and a risk adjustment for non-financial risk of CU36.					
(d)	Insurance service expenses of CU424 for the period January 20x2 to June 20x2 comprise the incurred claims of CU400 and a risk adjustment for non-financial risk of CU24.					
(e)	Insurance service expenses of CU10 comprises:					
(a)	a gain of CU60—the risk adjustment for non-financial risk related to the liability for incurred claims recognised in profit or loss because of the release from risk; and					
(b)	a loss of CU70—the difference between the previous estimate of claims incurred of CU1,000 and the payment of those claims of CU1,070.					

IE123 The amounts included in the statement of profit or loss are as follows:

Statement of profit or loss	Dec 20x1	Jun 20x2	Dec 20x2
<i>For the 6 months ended</i>			
	CU	CU	CU
Insurance revenue	732 ^(a)	488 ^(a)	–
Insurance service expenses	<u>(656) ^(b)</u>	<u>(424) ^(b)</u>	<u>(10) ^(b)</u>
Profit / (loss)	<u>76</u>	<u>64</u>	<u>(10)</u>

(a) Applying paragraph B126, the entity recognises insurance revenue for the period as the amount of expected premium receipts allocated to the period. In this example, the expected premium receipts are allocated to each period of coverage on the basis of the passage of time because the expected pattern of the release of risk during the coverage period does not differ significantly from the passage of time. Consequently, insurance revenue equals CU732 (60 per cent of CU1,220) for the six months ended December 20x1; and CU488 (40 per cent of CU1,220) for the four months ended April 20x2.

(b) See the table after paragraph IE122 for the calculation of insurance service expenses. For the six months ended December 20x1 insurance service expenses comprise CU636 of the amounts recognised from the change in the liability for incurred claims and CU20 of acquisition cash flows recognised in profit or loss as an expense, applying paragraph 59(a).

Measurement of groups of reinsurance contracts held

Example 11—Measurement on initial recognition of groups of reinsurance contracts held (paragraphs 63–65A)

IE124 This example illustrates the measurement on initial recognition of a group of reinsurance contracts that an entity holds.

Assumptions

IE125 An entity enters into a reinsurance contract that in return for a fixed premium covers 30 per cent of each claim from the underlying insurance contracts.

IE126 The entity measures the underlying group of insurance contracts on initial recognition as follows:

	Initial recognition
	CU
Estimates of the present value of future cash inflows	(1,000)
Estimates of the present value of future cash outflows	<u>900</u>
Estimates of the present value of future cash flows	(100)
Risk adjustment for non-financial risk	<u>60</u>
Fulfilment cash flows	(40)
Contractual service margin	<u>40</u>
Insurance contract (asset) / liability on initial recognition	<u>-</u>

IE127 Applying paragraph 23, the entity establishes a group comprising a single reinsurance contract held. In relation to this reinsurance contract held:

- (a) applying paragraph 63, the entity measures the estimates of the present value of the future cash flows for the group of reinsurance contracts held using assumptions consistent with those used to measure the estimates of the present value of the future cash flows for the group of the underlying insurance contracts. Consequently, the estimates of the present value of the future cash inflows are CU270 (recovery of 30 per cent of the estimates of the present value of the future cash outflows for the underlying group of insurance contracts of CU900);
- (b) applying paragraph 64, the entity determines the risk adjustment for non-financial risk to represent the amount of risk being transferred by the holder of the reinsurance contract to the issuer of this contract. Consequently, the entity estimates the risk adjustment for non-financial risk to be CU18 because the entity expects that it can transfer 30 per cent of the risk from underlying contracts to the reinsurer (30 per cent × CU60); and
- (c) the single reinsurance premium paid to the reinsurer is:
 - (i) in Example 11A—CU260; and
 - (ii) in Example 11B—CU300.

IE128 In this example the risk of non-performance of the reinsurer and all other amounts are ignored, for simplicity.

Analysis

IE129 The measurement of the reinsurance contract held is as follows:

	Example 11A Reinsurance contract asset	Example 11B Reinsurance contract asset
	CU	CU
Estimates of the present value of future cash inflows (recoveries)	(270)	(270)
Estimates of the present value of future cash outflows (premium paid)	260	300
Estimates of the present value of future cash flows	(10)	30
Risk adjustment for non-financial risk	(18)	(18)
Fulfilment cash flows	(28)	12
Contractual service margin of the reinsurance contract held ^(a)	28	(12)
Reinsurance contract asset on initial recognition	–	–
The effect on profit or loss will be:		
Profit / (loss) on initial recognition	–	–

(a) Applying paragraph 65, the entity measures the contractual service margin of the reinsurance contract held at an amount equal to the sum of the fulfilment cash flows and any cash flows arising at that date. For reinsurance contracts held there is no unearned profit as there would be for insurance contracts but instead there is a net cost or net gain on purchasing the reinsurance contract.

Examples 12A and 12B—Measurement subsequent to initial recognition of groups of reinsurance contracts held (paragraph 66)

IE130 This example illustrates the subsequent measurement of the contractual service margin arising from a reinsurance contract held, when the underlying group of insurance contracts is not onerous and, separately, when the underlying group of insurance contracts is onerous.

IE131 This example is not a continuation of Example 11.

Assumptions

IE132 An entity enters into a reinsurance contract that in return for a fixed premium covers 30 per cent of each claim from the underlying insurance contracts (the entity assumes that it could transfer 30 per cent of non-financial risk from the underlying insurance contracts to the reinsurer).

- IE133 In this example the effect of discounting, the risk of non-performance of the reinsurer and other amounts are ignored, for simplicity.
- IE134 Applying paragraph 23, the entity establishes a group comprising a single reinsurance contract held.
- IE135 Immediately before the end of Year 1, the entity measures the group of insurance contracts and the reinsurance contract held as follows:

	Insurance contract liability	Reinsurance contract asset
	CU	CU
Fulfilment cash flows (before the effect of any change in estimates)	300	(90)
Contractual service margin	100	(25) ^(a)
Insurance contract liability / (reinsurance contract asset) immediately before the end of Year 1	400	(115)

(a) In this example, the difference between the contractual service margin for the reinsurance contract held of CU(25) and 30 per cent of the underlying group of insurance contracts of CU30 (30% × CU100) arises because of a different pricing policy between the underlying group of insurance contracts and the reinsurance contract held.

- IE136 At the end of Year 1 the entity revises its estimate of the fulfilment cash outflows of the underlying group of insurance contracts as follows:
- (a) in Example 12A—the entity estimates there is an increase in the fulfilment cash flows of the underlying group of insurance contracts of CU50 and a decrease in the contractual service margin by the same amount (the group of underlying insurance contracts is not onerous).
- (b) in Example 12B—the entity estimates there is an increase in the fulfilment cash flows of the underlying group of insurance contracts of CU160. This change makes the group of underlying insurance contracts onerous and the entity decreases the contractual service margin by CU100 to zero and recognises the remaining CU60 as a loss in profit or loss.

Analysis

Example 12A—Underlying group of insurance contracts is not onerous

- IE137 At the end of Year 1 the entity measures the insurance contract liability and the reinsurance contract asset as follows:

	Insurance contract liability	Reinsurance contract asset
	CU	CU
Fulfilment cash flows (including the effect of the change in estimates)	350	(105) ^(a)
Contractual service margin	<u>50</u>	<u>(10)</u> ^(b)
Insurance contract liability / (reinsurance contract asset) at the end of Year 1	<u>400</u>	<u>(115)</u>
The effect of the change in estimates on profit or loss will be:		
Profit / (loss) at the end of Year 1	<u>-</u>	<u>-</u>

(a) The entity increases the fulfilment cash flows of the reinsurance contract held by 30 per cent of the change in fulfilment cash flows of the underlying group of insurance contracts (CU15 = 30% of CU50).

(b) Applying paragraph 66, the entity adjusts the contractual service margin of the reinsurance contract held by the whole amount of the change in the fulfilment cash flows of this reinsurance contract held of CU15 from CU(25) to CU(10). This is because the whole change in the fulfilment cash flows allocated to the group of underlying insurance contracts adjusts the contractual service margin of those underlying insurance contracts.

Example 12B—Underlying group of insurance contracts is onerous

IE138 At the end of Year 1 the entity measures the insurance contract liability and the reinsurance contract asset as follows:

	Insurance contract liability	Reinsurance contract asset
	CU	CU
Fulfilment cash flows (including the effect of the change in estimates)	460	(138) ^(a)
Contractual service margin	<u>-</u>	<u>5</u> ^(b)
Insurance contract liability / (reinsurance contract asset) at the end of Year 1	<u>460</u>	<u>(133)</u>
The effect on profit or loss will be:		
Profit / (loss) at the end of Year 1	<u>(60)</u>	<u>18</u> ^(b)

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- (a) The entity increases the fulfilment cash flows of the reinsurance contract held by CU48, which equals 30 per cent of the change in fulfilment cash flows of the underlying group of insurance contracts (CU48 = 30% of CU160).
- (b) Applying paragraph 66, the entity adjusts the contractual service margin of the reinsurance contract held for change in fulfilment cash flows that relate to future service to the extent this change results from a change in fulfilment cash flows of the group of underlying insurance contracts that adjusts the contractual service margin for that group. Consequently, the entity recognises the change in fulfilment cash flows of the reinsurance contract held of CU48 as follows:
- (i) by adjusting the contractual service margin of the reinsurance contract held for CU30 of the change in the fulfilment cash flows. That CU30 is equivalent to the change in the fulfilment cash flows that adjusts the contractual service margin of the underlying contracts of CU100 (CU30 = 30% × CU100). Consequently, the contractual service margin of the reinsurance contract held of CU5 equals the contractual service margin on initial recognition of CU25 adjusted for the part of the change in the fulfilment cash flows of CU30 (CU5 = CU(25) + CU30).
- (ii) by recognising the remaining change in the fulfilment cash flows of the reinsurance contract held of CU18 immediately in profit or loss.

Example 12C—Measurement of a group of reinsurance contracts held that provides coverage for groups of underlying insurance contracts, including an onerous group (paragraphs 66A–66B and B119C–B119F)

IE138A This example illustrates the initial and subsequent measurement of reinsurance contracts held when one of the groups of underlying insurance contracts is onerous.

Assumptions

IE138B At the beginning of Year 1, an entity enters into a reinsurance contract that in return for a fixed premium covers 30 per cent of each claim from the groups of underlying insurance contracts. The underlying insurance contracts are issued at the same time as the entity enters into the reinsurance contract.

IE138C In this example for simplicity it is assumed:

- (a) no contracts will lapse before the end of the coverage period;
- (b) there are no changes in estimates other than that described in paragraph IE138J; and
- (c) all other amounts, including the effect of discounting, the risk adjustments for non-financial risk, and the risk of non-performance of the reinsurer are ignored.

IE138D Some of the underlying insurance contracts are onerous on initial recognition. Thus, applying paragraph 16, the entity establishes a group comprising the onerous contracts. The remainder of the underlying insurance contracts are expected to be profitable and, applying paragraph 16, in this example the entity establishes a single group comprising the profitable contracts.

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IE138E The coverage period of the underlying insurance contracts and the reinsurance contract held is three years starting from the beginning of Year 1. Services are provided evenly across the coverage periods.

IE138F The entity expects to receive premiums of CU1,110 on the underlying insurance contracts immediately after initial recognition. Claims on the underlying insurance contracts are expected to be incurred evenly across the coverage period and are paid immediately after the claims are incurred.

IE138G The entity measures the groups of underlying insurance contracts on initial recognition as follows:

	Profitable group of insurance contracts	Onerous group of insurance contracts	Total
	CU	CU	CU
Estimates of present value of future cash inflows	(900)	(210)	(1,110)
Estimates of present value of future cash outflows	600	300	900
Fulfilment cash flows	(300)	90	(210)
Contractual service margin	300	–	300
Insurance contract liability on initial recognition	–	90	90
Loss on initial recognition	–	(90)	(90)

IE138H Applying paragraph 61, the entity establishes a group comprising a single reinsurance contract held. The entity pays a premium of CU315 to the reinsurer immediately after initial recognition. The entity expects to receive recoveries of claims from the reinsurer on the same day that the entity pays claims on the underlying insurance contracts.

IE138I Applying paragraph 63, the entity measures the estimates of the present value of the future cash flows for the group of reinsurance contracts held using assumptions consistent with those used to measure the estimates of the present value of the future cash flows for the groups of underlying insurance contracts. Consequently, the estimate of the present value of the future cash inflows is CU270 (recovery of 30 per cent of the estimates of the present value of the future cash outflows for the groups of underlying insurance contracts of CU900).

IE138J At the end of Year 2, the entity revises its estimates of the remaining fulfilment cash outflows of the groups of underlying insurance contracts. The entity estimates that the fulfilment cash flows of the groups of underlying insurance contracts increase by 10 per cent, from future cash outflows of CU300 to future cash outflows of CU330. Consequently, the entity estimates the fulfilment cash flows of the reinsurance contract held also increase, from future cash inflows of CU90 to future cash inflows of CU99.

Analysis

IE138K The entity measures the group of reinsurance contracts held on initial recognition as follows:

	Initial recognition
	CU
Estimates of present value of future cash inflows (recoveries)	(270)
Estimates of present value of future cash outflows (premiums)	<u>315</u>
Fulfilment cash flows	45
Contractual service margin of the reinsurance contract held (before the loss-recovery adjustment)	(45)
Loss-recovery component	<u>(27)</u> ^(a)
Contractual service margin of the reinsurance contract held (after the loss-recovery adjustment)	<u>(72)</u> ^(b)
Reinsurance contract asset on initial recognition	<u>(27)</u> ^(c)
Income on initial recognition	<u><u>27</u></u> ^(a)
<p>(a) Applying paragraph 66A, the entity adjusts the contractual service margin of the reinsurance contract held and recognises income to reflect the loss recovery. Applying paragraph B119D, the entity determines the adjustment to the contractual service margin and the income recognised as CU27 (the loss of CU90 recognised for the onerous group of underlying insurance contracts multiplied by 30 per cent, the percentage of claims the entity expects to recover).</p> <p>(b) The contractual service margin of CU45 is adjusted by CU27, resulting in a contractual service margin of CU72, reflecting a net cost on the reinsurance contract held.</p> <p>(c) The reinsurance contract asset of CU27 comprises the fulfilment cash flows of CU45 (net outflows) and a contractual service margin reflecting a net cost of CU72. Applying paragraph 66B, the entity establishes a loss-recovery component of the asset for remaining coverage of CU27 depicting the recovery of losses recognised applying paragraph 66A.</p>	

INSURANCE CONTRACTS

IE138L At the end of Year 1, the entity measures the insurance contract liability and the reinsurance contract asset as follows:

	Insurance contract liability		Reinsurance contract asset
	Profitable group of insurance contracts	Onerous group of insurance contracts	
	CU	CU	CU
Estimates of present value of future cash inflows (recoveries)	–	–	(180)
Estimates of present value of future cash outflows (claims)	400	200	–
Fulfilment cash flows	400	200	(180)
Contractual service margin	200	–	(48) ^(a)
Insurance contract liability	600	200	
Reinsurance contract asset			(228)

(a) Applying paragraphs 66(e) and B119, the entity determines the amount of the contractual service margin recognised in profit or loss for the service received in Year 1 as CU24, which is calculated by dividing the contractual service margin on initial recognition of CU72 by the coverage period of three years. Consequently, the contractual service margin of the reinsurance contract held at the end of Year 1 of CU48 equals the contractual service margin on initial recognition of CU72 minus CU24.

INSURANCE CONTRACTS

IE138M At the end of Year 2, the entity measures the insurance contract liability and the reinsurance contract asset as follows:

	Insurance contract liability		Reinsurance contract asset
	Profitable group of insurance contracts	Onerous group of insurance contracts	
	CU	CU	CU
Estimates of present value of future cash inflows (recoveries)	–	–	(99) ^(a)
Estimates of present value of future cash outflows (claims)	220 ^(a)	110 ^(a)	–
Fulfilment cash flows	220	110	(99)
Contractual service margin	90 ^(b)	–	(21) ^(e)
Insurance contract liability	310	110	
Reinsurance contract asset			(120)
Recognition of loss and recovery of loss		(10) ^(c)	3 ^(d)

(a) The entity increases the expected remaining cash outflows of the groups of underlying insurance contracts by 10 per cent for each group (CU30 in total) and increases the expected remaining cash inflows of the reinsurance contract held by 10 per cent of the expected recoveries of CU90 (CU9).

(b) Applying paragraph 44(c), the entity adjusts the carrying amount of the contractual service margin of CU200 by CU20 for the changes in fulfilment cash flows relating to future service. Applying paragraph 44(e), the entity also adjusts the carrying amount of the contractual service margin by CU90 for the amount recognised as insurance revenue $((CU200 - CU20) \div 2)$. The resulting contractual service margin at the end of Year 2 is CU90 $(CU200 - CU20 - CU90)$.

(c) Applying paragraph 48, the entity recognises in profit or loss an amount of CU10 for the changes in the fulfilment cash flows relating to future service of the onerous group of underlying insurance contracts.

(d) Applying paragraph 66(c)(i), the entity adjusts the contractual service margin of the reinsurance contract held for the change in fulfilment cash flows that relate to future service unless the change results from a change in fulfilment cash flows allocated to a group of underlying insurance contracts that does not adjust the contractual service margin for that group. Consequently, the entity recognises the change in the fulfilment cash flows of the reinsurance contract held of CU9 by:

(i) recognising immediately in profit or loss CU3 of the change in the fulfilment cash flows of the reinsurance contract held (30 per cent of the CU10 change in the fulfilment cash flows of the onerous group of underlying insurance contracts that does not adjust the contractual service margin of that group); and

(ii) adjusting the contractual service margin of the reinsurance contract held by CU6 of the change in the fulfilment cash flows $(CU9 - CU3)$.

(e) Consequently, the contractual service margin of the reinsurance contract held of CU21 equals the contractual service margin at the end of Year 1 of CU48 adjusted by CU6 and by CU21 of the contractual service margin recognised in profit or loss for the service received in Year 2 $(CU21 = (CU48 - CU6) \div 2)$.

INSURANCE CONTRACTS

IE138N A possible format of the reconciliation required by paragraph 100 between the amounts recognised in the statement of financial position and the statement of profit or loss for Year 2 is as follows:

	Asset for remaining coverage, excluding loss-recovery component	Loss-recovery component of the asset for remaining coverage	Asset for incurred claims	Reinsurance contract asset
	CU	CU	CU	CU
Opening balance	(210)	(18) ^(b)	–	(228)
Allocation of reinsurance premiums paid ^(a)	102 ^(c)	–	–	102
Amount recovered from the reinsurer ^(a)	–	6 ^(d)	(90)	(84)
Cash flows	–	–	90	90
Closing balance	(108)	(12)	–	(120)

(a) Applying paragraph 86, the entity decides to present separately the amounts recovered from the reinsurer and an allocation of the premiums paid.

(b) The loss-recovery component of CU18 at the beginning of Year 2 is calculated as the loss-recovery component of CU27 on initial recognition less the reversal of the loss-recovery component of CU9 in Year 1.

(c) The allocation of reinsurance premiums paid of CU102 is:

(i) determined applying paragraph B123 as the difference between the opening and closing carrying amount of the asset for remaining coverage of CU102, ie CU210 – CU108.

(ii) analysed applying paragraph B124 as the sum of the recoveries for the incurred claims of the underlying insurance contracts of CU90 less the reversal of the loss-recovery component of CU9 and the contractual service margin of the reinsurance contract held recognised in profit or loss in the period of CU21 (see the table after paragraph IE138M), ie CU102 = CU90 – CU9 + CU21.

(d) The amount recovered from the reinsurer relating to the loss-recovery component of CU6 is the net of the reversal of the loss-recovery component of CU9 and the additional loss-recovery component of CU3. Applying paragraph 86(ba), amounts recognised relating to the recovery of losses are treated as amounts recovered from the reinsurer.

INSURANCE CONTRACTS

IE1380 The amounts presented in the statement of profit or loss corresponding to the amounts analysed in the tables above are:

Statement of profit or loss	Year 1	Year 2	Year 3	Total
	CU	CU	CU	CU
Insurance revenue	370	360	380	1,110
Insurance service expenses	<u>(360)</u>	<u>(280)</u>	<u>(290)</u>	<u>(930)</u>
Insurance contracts issued total	10 ^(b)	80 ^(d)	90 ^(f)	180
Allocation of reinsurance premiums paid ^(a)	(105)	(102)	(108)	(315)
Amount recovered from reinsurer ^(a)	<u>108</u>	<u>84</u>	<u>87</u>	<u>279</u>
Reinsurance contracts held total	3 ^(c)	(18) ^(e)	(21) ^(g)	(36)
Insurance service result	<u>13</u>	<u>62</u>	<u>69</u>	<u>144</u>

(a) Applying paragraph 86, the entity decides to present separately the amounts recovered from the reinsurer and an allocation of the premiums paid.

(b) For Year 1, the profit of CU10 from the groups of underlying insurance contracts is calculated as follows:

(i) insurance revenue of CU370, which is analysed as the sum of the insurance service expenses from the claims incurred of CU270 (CU300 minus the reversal of the loss component of CU30) and the contractual service margin of CU100 recognised in profit or loss in the period (CU370 = CU270 + CU100); minus

(ii) insurance service expenses of CU360, which are the sum of the loss component of the onerous group of CU90 and the claims incurred in the period of CU300 minus the reversal of the loss component of CU30 (CU360 = CU90 + CU300 – CU30).

(c) For Year 1, the income of CU3 from the reinsurance contract held is the net of:

(i) the allocation of reinsurance premiums paid of CU105, which is the sum of the recoveries for the incurred claims from the underlying insurance contracts of CU90 less the reversal of the loss-recovery component of CU9 and the contractual service margin of the reinsurance contracts held of CU24 recognised in profit or loss in the period (CU105 = CU90 – CU9 + CU24); and

(ii) the amounts recovered from the reinsurer of CU108, which are the income of CU27 on initial recognition and the recoveries for the incurred claims from the underlying insurance contracts of CU90 minus the reversal of the loss-recovery component of CU9 (CU108 = CU27 + CU90 – CU9).

(d) For Year 2, the profit of CU80 from the groups of underlying insurance contracts is calculated as follows:

(i) insurance revenue of CU360, which is analysed as the sum of the insurance service expenses from the claims incurred of CU270 (CU300 minus the reversal of the loss component of CU30) and the contractual service margin of CU90 recognised in profit or loss in the period (CU360 = CU270 + CU90); minus

(ii) insurance service expenses of CU280, which are the sum of the increase in the loss component resulting from the changes in the fulfilment cash flows of the onerous group of CU10 and the claims incurred of CU300 minus the reversal of the loss component of CU30 (CU280 = CU10 + CU300 – CU30).

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- (e) For Year 2, the expense of CU18 from the reinsurance contract held is the net of:
- (i) the allocation of reinsurance premiums paid of CU102, which is the sum of the recoveries for the incurred claims from the underlying insurance contracts of CU90 less the reversal of the loss-recovery component of CU9 and the contractual service margin of the reinsurance contract held of CU21 recognised in profit or loss in the period ($CU102 = CU90 - CU9 + CU21$); and
 - (ii) the amounts recovered from the reinsurer of CU84, which are the sum of the recoveries for the incurred claims from the underlying insurance contracts of CU90 minus the reversal of the loss-recovery component of CU9 and the additional loss-recovery component of CU3 ($CU84 = CU90 - CU9 + CU3$).
- (f) For Year 3, the profit of CU90 from the groups of underlying insurance contracts is calculated as follows:
- (i) insurance revenue of CU380, which is analysed as the sum of the insurance service expenses from the claims incurred of CU290 ($CU330$ minus the reversal of the loss component of CU40) and the contractual service margin of CU90 recognised in profit or loss in the period ($CU380 = CU290 + CU90$); minus
 - (ii) insurance service expenses of CU290, which are the claims incurred of CU330 minus the reversal of the loss component of CU40 ($CU290 = CU330 - CU40$).
- (g) For Year 3, the expense of CU21 from the reinsurance contract held is the net of:
- (i) the allocation of reinsurance premiums paid of CU108, which is the sum of the recoveries for the incurred claims from the underlying insurance contracts of CU99 less the reversal of the loss-recovery component of CU12 and the contractual service margin of the reinsurance contracts held of CU21 recognised in profit or loss in the period ($CU108 = CU99 - CU12 + CU21$); and
 - (ii) the amounts recovered from the reinsurer of CU87, which are the recoveries for the incurred claims from the underlying insurance contracts of CU99 minus the reversal of the loss-recovery component of CU12 ($CU87 = CU99 - CU12$).

Measurement of insurance contracts acquired (paragraphs 38 and B94–B95A)

Example 13—Measurement on initial recognition of insurance contracts acquired in a transfer from another entity

IE139 This example illustrates the initial recognition of a group of insurance contracts acquired in a transfer that is not a business combination.

Assumptions

IE140 An entity acquires insurance contracts in a transfer from another entity. The seller pays CU30 to the entity to take on those insurance contracts.

IE141 Applying paragraph B93 the entity determines that the insurance contracts acquired in a transfer from a group applying paragraphs 14–24, as if it had entered into the contracts on the date of the transaction.

IE142 On initial recognition, the entity estimates the fulfilment cash flows to be:

(a) in Example 13A—net outflow (or liability) of CU20; and

(b) in Example 13B—net outflow (or liability) of CU45.

IE143 The entity does not apply the premium allocation approach to the measurement of the insurance contracts.

IE144 In this example all other amounts are ignored, for simplicity.

Analysis

IE145 Applying paragraph B94, the consideration received from the seller is a proxy for the premium received. Consequently, on initial recognition, the entity measures the insurance contract liability as follows:

	Example 13A	Example 13B
	CU	CU
Fulfilment cash flows	20	45
Contractual service margin	10 ^(a)	— ^(b)
Insurance contract liability on initial recognition	30 ^(c)	45 ^(b)
The effect on profit or loss will be:		
Profit / (loss) on initial recognition	—	(15) ^(b)

(a) Applying paragraph 38, the entity measures the contractual service margin on initial recognition of a group of insurance contracts at an amount that results in no income or expenses arising from the initial recognition of the fulfilment cash flows and any cash flows arising from the contracts in the group at that date. On initial recognition, the fulfilment cash flows are a net inflow (or asset) of CU10 (proxy for the premiums received of CU30 minus the fulfilment cash flows of CU20). Consequently, the contractual service margin is CU10.

(b) Applying paragraphs 47 and B95A, the entity concludes that the group of insurance contracts is onerous on initial recognition. This is because the total of the fulfilment cash flows of a net outflow of CU45 and cash flows arising at that date (proxy for the premiums of net inflow of CU30) is a net outflow of CU15. The entity recognises a loss in profit or loss for the net outflow of CU15, resulting in the carrying amount of the liability for the group of CU45 being the sum of the fulfilment cash flows of CU45 and the contractual service margin of zero.

(c) Applying paragraph 32, on initial recognition the entity measures a group of insurance contracts at the total of the fulfilment cash flows and the contractual service margin. Consequently, the entity recognises an insurance contract liability of CU30 as the sum of the fulfilment cash flows of CU20 and the contractual service margin of CU10.

Example 14—Measurement on initial recognition of insurance contracts acquired in a business combination

IE146 This example illustrates the initial recognition of a group of insurance contracts acquired in a business combination within the scope of IFRS 3 *Business Combinations*.

Assumptions

IE147 An entity acquires insurance contracts as part of a business combination within the scope of IFRS 3 and it:

- (a) determine that the transaction results in goodwill applying IFRS 3.

- (b) determines, applying paragraph B93, that those insurance contracts form a group consistent with paragraphs 14–24, as if it had entered into the contracts on the date of the transaction.

IE148 On initial recognition, the entity estimates that the fair value of the group of insurance contracts is CU30 and the fulfilment cash flows are as follows:

(a) in Example 14A—outflow (or liability) of CU20; and

(b) in Example 14B—outflow (or liability) of CU45.

IE149 The entity does not apply the premium allocation approach to the measurement of the insurance contracts.

IE150 In this example all other amounts are ignored, for simplicity.

Analysis

IE151 Applying paragraph B94, the fair value of the group of insurance contracts is a proxy for the premium received. Consequently, on initial recognition, the entity measures the liability for the group of insurance contracts as follows:

	Example 14A		Example 14B
	CU		CU
Fulfilment cash flows	20		45
Contractual service margin	10 ^(a)	—	— ^(b)
Insurance contract liability on initial recognition	<u>30</u> ^(c)	<u>45</u>	<u>45</u> ^(d)
The effect on profit or loss will be:			
Profit / (loss) on initial recognition	<u>—</u>	<u>—</u>	<u>—</u> ^(b)

(a) Applying paragraph 38, the entity measures the contractual service margin on initial recognition of a group of insurance contracts at an amount that results in no income or expenses arising from the initial recognition of the fulfilment cash flows and any cash flows arising from the contracts in the group at that date. On initial recognition, the fulfilment cash flows are a net inflow (or asset) of CU10 (proxy for the premiums received of CU30 minus the fulfilment cash flows of CU20). Consequently, the contractual service margin equals CU10.

(b) Applying paragraphs 38 and 47, the entity recognises the contractual service margin as zero because the sum of fulfilment cash flows and cash flows at the date of initial recognition is a net outflow of CU15. Applying paragraph B95A, the entity recognises the excess of CU15 of the fulfilment cash flows of CU45 over the consideration received of CU30 as part of the goodwill on the business combination.

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- (c) Applying paragraph 32, the entity measures a group of insurance contracts at the total of the fulfilment cash flows and the contractual service margin. Consequently, the entity recognises an insurance contract liability of CU30 on initial recognition as the sum of the fulfilment cash flows (a net outflow) of CU20 and the contractual service margin of CU10.
- (d) Applying paragraph 32, the entity measures a group of insurance contracts at the total of the fulfilment cash flows and the contractual service margin. Consequently, the entity recognises an insurance contract liability of CU45 on initial recognition as the sum of the fulfilment cash flows of CU45 and the contractual service margin of zero.

Insurance finance income or expenses

Example 15—Systematic allocation of the expected total insurance finance income or expenses (paragraphs B130 and B132(a))

- IE152 Paragraph 88 allows an entity to make an accounting policy choice to disaggregate insurance finance income or expenses for the period to include in profit or loss an amount determined by a systematic allocation of the expected total finance income or expenses over the duration of the group of insurance contracts.
- IE153 This example illustrates the two ways of systematically allocating the expected total insurance finance income or expenses for insurance contracts for which financial risk has a substantial effect on the amounts paid to the policyholders as set out in paragraph B132(a).

Assumptions

- IE154 An entity issues 100 insurance contracts with a coverage period of three years. Those contracts:
- (a) meet the definition of insurance contracts because they offer a fixed payment on death. However, to isolate the effects illustrated in this example, and for simplicity, any fixed cash flows payable on death are ignored.
 - (b) do not meet the criteria for insurance contracts with direct participation features applying paragraph B101.
- IE155 On initial recognition of the group of insurance contracts:
- (a) the entity receives a single premium of CU15 for each contract (the total for the group is CU1,500).
 - (b) the entity invests premiums received in fixed income bonds with a duration of two years and expects a return of 10 per cent a year. The entity expects to reinvest the proceeds from the maturity of the bonds in similar financial instruments with a return of 10 per cent a year.
 - (c) the entity expects to pay the policyholders CU1,890 at the end of Year 3 (a present value of CU1,420). This amount is calculated on the basis of the entity's policy for the return paid to the policyholders, as follows:

- (i) in Example 15A the entity expects to pay 94.54 per cent of the accumulated value of the invested assets at the end of the coverage period; and
- (ii) in Example 15B the entity expects to increase the account balances of the policyholders by 8 per cent each year (the expected crediting rate).

IE156 At the end of Year 1, the market interest rate falls from 10 per cent a year to 5 per cent a year and the entity revises its expected future cash flows to be paid in Year 3.

IE157 In this example all other amounts, including the risk adjustment for non-financial risk, are ignored for simplicity.

IE158 Applying paragraph 88, the entity chooses to disaggregate insurance finance income or expenses for the period to include in profit or loss an amount determined by a systematic allocation of the expected total finance income or expenses over the duration of the contracts, as follows:

- (a) in Example 15A, the entity uses a rate that allocates the remaining revised expected finance income or expenses over the remaining duration of the group of contracts at a constant rate, applying paragraph B132(a)(i); and
- (b) in Example 15B, the entity uses an allocation based on the amounts credited in the period and expected to be credited in future periods, applying paragraph B132(a)(ii).

Analysis

Example 15A—Effective yield approach

IE159 Applying paragraph B132(a)(i), the entity uses a rate that allocates the remaining revised expected finance income or expenses over the remaining duration of the group of contracts at a constant rate (an 'effective yield approach'). The effective yield approach is not the same as the effective interest method as defined in IFRS 9 *Financial Instruments*.

IE160 The constant rate at the date of initial recognition of the contracts of 10 per cent a year is calculated as $(CU1,890 \div CU1,420)^{1/2} - 1$. Consequently, the estimates of the present value of the future cash flows included in the carrying amount of the insurance contract liability at the end of Year 1 are CU1,562, calculated as $CU1,420 \times 1.1$.

IE161 At the end of Year 1, the market interest rate falls from 10 per cent a year to 5 per cent a year. Consequently, the entity revises its expectations about future cash flows as follows:

- (a) it expects to achieve a return of 5 per cent in Year 3 (instead of 10 per cent) after reinvesting the maturity proceeds of the fixed income securities that mature at the end of Year 2;
- (b) the fixed income securities it expects to acquire at the end of Year 2 will generate CU1,906 at the end of Year 3; and
- (c) it will pay policyholders CU1,802 at the end of Year 3 ($94.54\% \times CU1,906$).

INSURANCE CONTRACTS

IE162 At the end of Year 1 the entity revises the constant rate used to allocate expected insurance finance income or expenses to reflect the expected reduction in the future cash flows at the end of Year 3 from CU1,890 to CU1,802:

- (a) the entity uses the revised constant rate to accrete the estimates of the present value of the future cash flows included in the carrying amount of the insurance contract liability at the end of Year 1, ie CU1,562, to the revised cash outflow at the end of Year 3 of CU1,802; and
- (b) the revised constant rate of 7.42 per cent a year is calculated as $(1,802 \div 1,562)^{\frac{1}{2}} - 1$.

IE163 The effect of the change in discount rates on the carrying amounts of the estimates of the present value of the future cash flows, included in the carrying amount of the insurance contract liability, is shown in the table below:

	Initial recognition	Year 1	Year 2	Year 3
	CU	CU	CU	CU
Estimates of the future cash flows at the end of Year 3	<u>1,890</u>	<u>1,802</u>	<u>1,802</u>	<u>1,802</u>
Estimates of the present value of future cash flows at current discount rates (A)	1,420	1,635 ^(a)	1,716	1,802
Estimates of the present value of future cash flows at the constant rate (B)	<u>1,420</u>	<u>1,562</u> ^(b)	<u>1,678</u>	<u>1,802</u>
Amount accumulated in other comprehensive income (A – B)	<u>–</u>	<u>73</u>	<u>38</u>	<u>–</u>

(a) CU1,635 equals the estimates of the future cash flows at the end of Year 3 of CU1,802 discounted at the current market rate of 5 per cent a year, ie $CU1,802 \div 1.05^2 = CU1,635$.

(b) CU1,562 equals the estimates of the future cash flows at the end of Year 3 of CU1,802 discounted at the constant rate of 7.42 per cent a year, ie $CU1,802 \div 1.0742^2 = CU1,562$.

IE164 The insurance finance income and expenses, arising from the fulfilment cash flows, included in profit or loss and other comprehensive income are as follows:

	Year 1	Year 2	Year 3
	CU	CU	CU
In profit or loss	(142) ^(a)	(116)	(124)
In other comprehensive income	<u>(73)</u> ^(b)	<u>35</u>	<u>38</u>
In total comprehensive income	<u>(215)</u> ^(c)	<u>(81)</u>	<u>(86)</u>

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- (a) Applying paragraph B132(a)(i), the entity will recognise in profit or loss the insurance finance expenses calculated as the change in estimates of the present value of the future cash flows at the constant rate. In Year 1, the finance expenses of CU142 is the difference between the estimates of the present value of the future cash flows at the original constant rate of 10 per cent at the end of Year 1 of CU1,562 and the corresponding amount at the beginning of the period of CU1,420.
- (b) Applying paragraph B130(b), the entity includes in other comprehensive income the difference between the amount recognised in total comprehensive income and the amount recognised in profit or loss. For example, in Year 1 the amount included in other comprehensive income of CU(73) is CU(215) minus CU(142). In Years 1–3, the total other comprehensive income equals zero ($CU0 = CU(73) + CU35 + CU38$).
- (c) The entity recognises in total comprehensive income the change in estimates of the present value of the future cash flows at the current discount rate. In Year 1, the total insurance finance expenses of CU(215) is the difference between the estimates of the present value of the future cash flows at the current discount rate at the beginning of Year 1 of CU1,420 and the corresponding amount at the end of Year 1 of CU1,635 .

Example 15B—Projected crediting rate approach

- IE165 Applying paragraph B132(a)(ii), the entity uses an allocation based on the amounts credited in the period and expected to be credited in future periods (a 'projected crediting rate approach'). In addition, applying paragraph B130(b), the entity needs to ensure that the allocation results in the amounts recognised in other comprehensive income over the duration of the group of contracts totalling to zero. In order to do so, the entity calculates a series of discount rates applicable to each reporting period which, when applied to the initial carrying amount of the liability equals the estimate of future cash flows. This series of discount rates is calculated by multiplying the expected crediting rates in each period by a constant factor (K).
- IE166 On initial recognition the entity expects to achieve a return on underlying items of 10 per cent each year and to credit the policyholder account balances by 8 per cent each year (the expected crediting rate). Consequently, the entity expects to pay policyholders CU1,890 at the end of Year 3 ($CU1,500 \times 1.08 \times 1.08 \times 1.08 = CU1,890$).
- IE167 In Year 1, the entity credits the policyholder account balances with a return of 8 per cent a year, as expected at the date of initial recognition.
- IE168 At the end of Year 1, the market interest rate falls from 10 per cent a year to 5 per cent a year. Consequently, the entity revises its expectations about cash flows as follows:
- (a) it will achieve a return of 5 per cent in Year 3 after reinvesting the maturity proceeds of the bonds that mature at the end of Year 2;
- (b) it will credit the policyholder account balances 8 per cent in Year 2, and 3 per cent in Year 3; and
- (c) it will pay policyholders CU1,802 at the end of Year 3 ($CU1,500 \times 1.08 \times 1.08 \times 1.03 = CU1,802$).

INSURANCE CONTRACTS

IE169 The entity allocates the remaining expected finance income or expenses over the remaining life of the contracts using the series of discount rates calculated as the projected crediting rates multiplied by the constant factor (K). The constant factor (K) and the series of discount rates based on crediting rates at the end of Year 1 are as follows:

- (a) the product of the actual crediting rate in Year 1 and expected crediting rates in Years 2 and 3 equals 1.20 ($1.08 \times 1.08 \times 1.03$);
- (b) the carrying amount of the liability increases by a factor of 1.269 over three years because of the interest accretion ($CU1,802 \div CU1,420$);
- (c) consequently, each crediting rate needs to be adjusted by a constant factor (K), as follows: $1.08K \times 1.08K \times 1.03K = 1.269$;
- (d) the constant K equals 1.0184 calculated as $(1.269 \div 1.20)^{1/3}$; and
- (e) the resulting accretion rate for Year 1 is 10 per cent (calculated as 1.08×1.0184).

IE170 The carrying amount of the liability at the end of Year 1 for the purposes of allocating insurance finance income or expenses to profit or loss is CU1,562 ($CU1,420 \times 1.08 \times 1.0184$).

IE171 The actual crediting rates for Years 2 and 3 are as expected at the end of Year 1. The resulting accretion rate for Year 2 is 10 per cent (calculated as $(1.08 \times 1.0184) - 1$) and for Year 3 is 4.9 per cent (calculated as $(1.03 \times 1.0184) - 1$).

	Initial recognition	Year 1	Year 2	Year 3
	CU	CU	CU	CU
Estimates of future cash flows at the end of Year 3	<u>1,890</u>	<u>1,802</u>	<u>1,802</u>	<u>1,802</u>
Estimates of the present value of future cash flows at current discount rates (A)	1,420	1,635	1,716 ^(a)	1,802
Estimates of the present value of future cash flows at discount rates based on projected crediting (B)	<u>1,420</u>	<u>1,562</u>	<u>1,718</u> ^(b)	<u>1,802</u>
Amount accumulated in other comprehensive income (A – B)	<u>–</u>	<u>73</u>	<u>(2)</u> ^(c)	<u>–</u>

(a) CU1,716 equals the estimates of the future cash flows at the end of Year 3 of CU1,802 discounted at the current market rate of 5 per cent a year, ie $CU1,802 \div 1.05 = CU1,716$.

(b) CU1,718 equals the estimates of the future cash flows at the end of Year 3 of CU1,802 discounted at the projected crediting rate of 4.9 per cent a year, ie $CU1,802 \div 1.049 = CU1,718$.

(c) There is an amount of CU2 accumulated in other comprehensive income at the end of Year 2 because the discount rate based on projected crediting of 4.9 per cent a year ($1.03 \times K$) is different from the current discount rate of 5 per cent a year.

IE172 The insurance finance income and expenses included in profit or loss and other comprehensive income are as follows:

Insurance finance income and expenses arising from fulfilment cash flows	Year 1	Year 2	Year 3
	CU	CU	CU
In profit or loss	(142) ^(a)	(156)	(84)
In other comprehensive income	<u>(73) ^(b)</u>	<u>75</u>	<u>(2)</u>
In total comprehensive income	<u>(215) ^(c)</u>	<u>(81)</u>	<u>(86)</u>

(a) Applying paragraph B132(a)(ii), the entity will recognise in profit or loss the insurance finance expenses calculated as the change in the estimates of the present value of the future cash flows at the projected crediting rate. In Year 1, the insurance finance expenses of CU142 is the difference between the estimates of the present value of the future cash flows at the original crediting rate of 10 per cent at the end of Year 1 of CU1,562 and the corresponding amount at the beginning of the period of CU1,420.

(b) Applying paragraph B130(b), the entity includes in other comprehensive income the difference between the amount recognised in total comprehensive income and the amount recognised in profit or loss. For example, in Year 1 the amount included in other comprehensive income of CU(73) is CU(215) minus CU(142). In Years 1–3, the total other comprehensive income equals zero (CU0 = CU(73) + CU75 + CU(2)).

(c) The entity recognises in total comprehensive income the change in estimates of the present value of the future cash flows at the current discount rate. In Year 1, the total insurance finance expenses of CU(215) is the difference between the estimates of the present value of the future cash flows at the current discount rate at the beginning of Year 1 of CU1,420 and the corresponding amount at the end of Year 1 of CU1,635.

Example 16—Amount that eliminates accounting mismatches with finance income or expenses arising on underlying items held (paragraphs 89–90 and B134)

IE173 This example illustrates the presentation of insurance finance income or expenses when an entity applies the approach in paragraph 89(b) ('the current period book yield approach'). This approach applies when an entity holds the underlying items for insurance contracts with direct participation features.

Assumptions

IE174 An entity issues 100 insurance contracts with a coverage period of three years. The coverage period starts when the insurance contracts are issued.

IE175 The contracts in this example:

- (a) meet the definition of insurance contracts because they offer a fixed payment on death. However, to isolate the effects illustrated in this example, and for simplicity, any fixed cash flows payable on death are ignored.

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(b) meet criteria for insurance contracts with direct participation features applying paragraph B101.

IE176 The entity receives a single premium of CU15 for each contract at the beginning of the coverage period (total future cash inflows of CU1,500).

IE177 The entity promises to pay policyholders on maturity of the contract an accumulated amount of returns on a specified pool of bonds minus a charge equal to 5 per cent of the premium and accumulated returns calculated at that date. Thus, policyholders that survive to maturity of the contract receive 95 per cent of the premium and accumulated returns.

IE178 In this example all other amounts, including the risk adjustment for non-financial risk, are ignored for simplicity.

IE179 The entity invests premiums received of CU1,500 in zero coupon fixed income bonds with a duration of three years (the same as the returns promised to policyholders). The bonds return a market interest rate of 10 per cent a year. At the end of Year 1, market interest rates fall from 10 per cent a year to 5 per cent a year.

IE180 The entity measures the bonds at fair value through other comprehensive income applying IFRS 9 *Financial Instruments*. The effective interest rate of the bonds acquired is 10 per cent a year, and that rate is used to calculate investment income in profit or loss. For simplicity, this example excludes the effect of accounting for expected credit losses on financial assets. The value of the bonds held by the entity is illustrated in the table below:

Bonds held	Initial recognition	Year 1	Year 2	Year 3
	CU	CU	CU	CU
Fair value	(1,500)	(1,811)	(1,902)	(1,997)
Amortised cost	<u>(1,500)</u>	<u>(1,650)</u>	<u>(1,815)</u>	<u>(1,997)</u>
Cumulative amounts recognised in other comprehensive income	<u><u>–</u></u>	<u><u>161</u></u>	<u><u>87</u></u>	<u><u>–</u></u>
Change in other comprehensive income		161	(74)	(87)
Investment income recognised in profit or loss (effective interest rate)		150	165	182

IE181 Applying paragraph 89(b), the entity elects to disaggregate insurance finance income or expenses for each period to include in profit or loss an amount that eliminates accounting mismatches with income or expenses included in profit or loss on the underlying items held.

Analysis

IE182 Applying paragraphs 45 and B110–B114 to account for the insurance contracts with direct participation features, the entity needs to analyse the changes in fulfilment cash flows to decide whether each change adjusts the contractual service margin (see the table after paragraph IE184 illustrating the reconciliation of the contractual service margin).

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IE183 Applying paragraphs B110–B114, the entity analyses the source of changes in the fulfilment cash flows as follows:

Fulfilment cash flows^(a)	Year 1	Year 2	Year 3
	CU	CU	CU
Opening balance	–	1,720	1,806
Change related to future service: new contracts	(75)	–	–
Change in the policyholders' share in the fair value of the underlying items ^(b)	295	86	90
Cash flows	<u>1,500</u>	<u>–</u>	<u>(1,896)</u>
Closing balance	<u>1,720</u>	<u>1,806</u>	<u>–</u>

(a) Fulfilment cash flows are the estimate of the present value of the future cash inflows and the estimate of the present value of the future cash outflows (in this example all cash outflows vary based on the returns on underlying items). For example, at initial recognition the fulfilment cash flows of CU(75) are the sum of the estimates of the present value of the future cash inflows of CU(1,500) and the estimates of the present value of the future cash outflows of CU1,425 (the policyholders' share of 95 per cent of the fair value of the underlying items at initial recognition of CU1,500).

(b) The change in the policyholders' share in the fair value of the underlying items is 95 per cent of the change in fair value of the underlying items. For example, in Year 1 the change in the policyholders' share in the underlying items of CU295 is 95 per cent of the change in fair value in Year 1 of CU311 (CU1,811 – CU1,500). Applying paragraph B111, the entity does not adjust the contractual service margin for the change in the obligation to pay policyholders an amount equal to the fair value of the underlying items because it does not relate to future service.

IE184 Applying paragraph 45, the entity determines the carrying amount of the contractual service margin at the end of each reporting period as follows:

Contractual service margin	Year 1	Year 2	Year 3
	CU	CU	CU
Opening balance	–	61	33
Change related to future service: new contracts	75	–	–
Change in the amount of the entity's share of the fair value of the underlying items ^(a)	16	5	5
Change related to current service: recognition in profit or loss for the service provided	<u>(30)</u> ^(b)	<u>(33)</u>	<u>(38)</u>
Closing balance	<u>61</u>	<u>33</u>	<u>–</u>

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- (a) Applying paragraph B112, the entity adjusts the contractual service margin for the change in the amount of the entity's share of the fair value of the underlying items because those changes relate to future service. For example, in Year 1 the change in the amount of the entity's share of the fair value of the underlying items of CU16 equals the change in the entity's share of 5 per cent in the change in fair value of the underlying items of CU311 (CU1,811 – CU1,500). This example does not include cash flows that do not vary based on the returns on underlying items. For more details about the changes related to future service that adjust the contractual service margin see Example 10.
- (b) Applying paragraphs 45(e) and B119, the entity determines the amount of contractual service margin recognised in profit or loss by allocating the contractual service margin at the end of the period (before recognising any amounts in profit or loss) equally to each coverage unit provided in the current period and expected to be provided in the future. In this example, the coverage provided in each period is the same; hence, the contractual service margin recognised in profit or loss for Year 1 of CU30 is the contractual service margin before allocation of CU91 (CU75 + CU16), divided by three years of coverage.

IE185 The amounts recognised in the statement(s) of financial performance for the period are as follows:

Statement(s) of financial performance	Year 1	Year 2	Year 3
	CU	CU	CU
Profit or loss			
Contractual service margin recognised in profit or loss for the service provided ^(a)	30	33	38
Insurance service result	30	33	38
Investment income	150	165	182
Insurance finance expenses	(150) ^(b)	(165)	(182)
Finance result	–	–	–
Profit	30	33	38
Other comprehensive income			
Gain / (loss) on financial assets measured at fair value through other comprehensive income	161	(74)	(87)
Gain / (loss) on insurance contracts	(161) ^(b)	74	87
Total other comprehensive income	–	–	–

(a) This example illustrates the amounts recognised as part of the insurance service result and not presentation requirements. For more details on the presentation requirements see Examples 3 and 9.

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- (b) Applying paragraph B111, the entity does not adjust the contractual service margin for the changes in the obligation to pay the policyholders an amount equal to the fair value of the underlying items because those changes do not relate to future service. Consequently, applying paragraph 87(c), the entity recognises those changes as insurance finance income or expenses in the statement(s) of financial performance. For example, in Year 1 the change in fair value of the underlying items is CU311 (CU1,811 – CU1,500).

Furthermore, applying paragraphs 89–90 and B134, the entity disaggregates the insurance finance expenses for the period between profit or loss and other comprehensive income to include in profit or loss an amount that eliminates accounting mismatches with the income or expenses included in profit or loss on the underlying items held. This amount exactly matches the income or expenses included in profit or loss for the underlying items, resulting in the net of the two separately presented items being zero. For example in Year 1 the total amount of the insurance finance expenses of CU311 is disaggregated and the entity presents in profit or loss the amount of CU150 that equals the amount of finance income for the underlying items. The remaining amount of insurance finance expenses is recognised in other comprehensive income.

Transition

Example 17—Measurement of groups of insurance contracts without direct participation features applying the modified retrospective approach (paragraphs C11–C15)

- IE186 This example illustrates the transition requirements for insurance contracts without direct participation features for which retrospective application is impracticable and an entity chooses to apply the modified retrospective transition approach.

Assumptions

- IE187 An entity issues insurance contracts without direct participation features and aggregates those contracts into a group applying paragraphs C9(a) and C10. The entity estimates the fulfilment cash flows at the transition date applying paragraphs 33–37 as the sum of:

- (a) an estimate of the present value of the future cash flows of CU620 (including the effect of discounting of CU(150)); and
- (b) a risk adjustment for non-financial risk of CU100.

- IE188 The entity concludes that it is impracticable to apply IFRS 17 retrospectively. As a result, the entity chooses, applying paragraph C5, to apply the modified retrospective approach to measure the contractual service margin at the transition date. Applying paragraph C6(a), the entity uses reasonable and supportable information to achieve the closest outcome to retrospective application.

Analysis

IE189 The entity determines the contractual service margin at the transition date by estimating the fulfilment cash flows on initial recognition applying paragraphs C12–C15 as follows:

	Transition date	Adjustment to initial recognition	Initial recognition
	CU	CU	CU
Estimates of future cash flows	770	(800)	(30) ^(a)
Effect of discounting	<u>(150)</u>	<u>(50)</u>	<u>(200) ^(b)</u>
Estimates of the present value of future cash flows	620	(850)	(230)
Risk adjustment for non-financial risk	<u>100</u>	<u>20</u>	<u>120 ^(c)</u>
Fulfilment cash flows	<u>720</u>	<u>(830)</u>	<u>(110)</u>

(a) Applying paragraph C12, the entity estimates the future cash flows at the date of initial recognition of the group of insurance contracts to be the sum of:

(i) the estimates of future cash flows of CU770 at the transition date; and

(ii) cash flows of CU800 that are known to have occurred between the date of initial recognition of the group of insurance contracts and the transition date (including premiums paid on initial recognition of CU1,000 and cash outflows of CU200 paid during the period). This amount includes cash flows resulting from contracts that ceased to exist before the transition date.

(b) The entity determines the effect of discounting at the date of initial recognition of the group of insurance contracts to equal CU(200) calculated as the discounting effect on estimates of the future cash flows at the date of initial recognition calculated in footnote (a). Applying paragraph C13(a), the entity determines the effect of discounting by using an observable yield curve that, for at least three years immediately before the transition date, approximates the yield curve estimated applying paragraphs 36 and B72–B85. The entity estimates this amount to equal CU50 reflecting the fact that the premium was received on initial recognition, hence, the discounting effect relates only to the estimate of future cash outflows.

(c) Applying paragraph C14, the entity determines the risk adjustment for non-financial risk on initial recognition of CU120 as the risk adjustment for non-financial risk at the transition date of CU100 adjusted by CU20 to reflect the expected release of risk before the transition date. Applying paragraph C14, the entity determines the expected release of risk by reference to the release of risk for similar insurance contracts that the entity issues at the transition date.

IE190 The contractual service margin at the transition date equals CU20 and is calculated as follows:

- (a) the contractual service margin measured on initial recognition is CU110, an amount that would have resulted in no income or expenses arising from the fulfilment cash flows that would have been estimated on initial recognition of CU110 (see the table after paragraph IE189); minus
- (b) the contractual service margin that would have been recognised in profit or loss before the transition date of CU90, estimated applying paragraph C15.

IE191 As a result, the carrying amount of the insurance contract liability at the transition date equals CU740, which is the sum of the fulfilment cash flows of CU720 and the contractual service margin of CU20.

Example 18—Measurement of groups of insurance contracts with direct participation features applying the modified retrospective approach (paragraph C17)

IE192 This example illustrates the transition requirements for insurance contracts with direct participation features when retrospective application is impracticable and an entity chooses to apply the modified retrospective transition approach.

Assumptions

IE193 An entity issued 100 insurance contracts with direct participation features five years before the transition date and aggregates those contracts into a group, applying paragraphs C9(a) and C10.

IE194 Under the terms of the contracts:

- (a) a single premium is paid at the beginning of the coverage period of 10 years.
- (b) the entity maintains account balances for policyholders and deducts charges from those account balances at the end of each year.
- (c) a policyholder will receive an amount equal to the higher of the account balance and the minimum death benefit if an insured person dies during the coverage period.
- (d) if an insured person survives the coverage period, the policyholder receives the value of the account balance.

IE195 The following events took place in the five year period prior to the transition date:

- (a) the entity paid death benefits and other expenses of CU239 comprising:
 - (i) CU216 of cash flows that vary based on the returns on underlying items; and
 - (ii) CU23 of cash flows that do not vary based on the returns on underlying items; and
- (b) the entity deducted charges from the underlying items of CU55.

IE196 Applying paragraphs 33–37, the entity estimates the fulfilment cash flows at the transition date to be CU922, comprising the estimates of the present value of the future cash flows of CU910 and a risk adjustment for non-financial risk of CU12. The fair value of the underlying items at that date is CU948.

IE197 The entity makes the following estimates:

- (a) based on an analysis of similar contracts that the entity issues at transition date, the estimated change in the risk adjustment for non-financial risk caused by the release from risk in the five-year period before the transition date is CU14; and
- (b) the units of coverage provided before the transition date is approximately 60 per cent of the total coverage units of the group of contracts.

Analysis

IE198 The entity applies a modified retrospective approach to determine the contractual service margin at the transition date, applying paragraph C17 as follows:

	CU
Fair value of the underlying items at the transition date (paragraph C17(a))	948
Fulfilment cash flows at the transition date (paragraph C17(b))	(922)
Adjustments:	
– Charges deducted from underlying items before the transition date (paragraph C17(c)(i))	55
– Amounts paid before the transition date that would have not varied based on the returns on underlying items (paragraph C17(c)(ii))	(23)
– Estimated change in the risk adjustment for non-financial risk caused by the release from risk before the transition date (paragraph C17(c)(iii))	(14)
Contractual service margin of the group of contracts before recognition in profit or loss	44
Estimated amount of the contractual service margin that relates to services provided before the transition date	(26) ^(a)
Estimated contractual service margin at the transition date	18

(a) Applying paragraph C17(d), the entity determines the contractual service margin that relates to service provided before the transition date of CU26 as the percentage of the coverage units provided before the transition date and the total coverage units of 60 per cent multiplied by the contractual service margin before recognition in profit or loss of CU44.

IE199 Consequently, the carrying amount of the insurance contract liability at the transition date equals CU940, which is the sum of the fulfilment cash flows of CU922 and the contractual service margin of CU18.

Appendix Amendments to other IFRS Standards

This appendix sets out the amendments to the Illustrative Examples for other IFRS Standards that are a consequence of the International Accounting Standards Board issuing IFRS 17 Insurance Contracts.

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The amendments contained in this appendix when this Standard was issued in 2017 have been incorporated into the guidance on the relevant Standards.