

HKFRS 4
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Hong Kong Financial Reporting Standard 4

Insurance Contracts



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

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IMPLEMENTATION GUIDANCE

Hong Kong Financial Reporting Standard 4 *Insurance Contracts* (HKFRS 4) is set out in paragraphs 1-49~~5~~ and Appendices A-~~CB~~ and ~~ED~~. 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 they appear in the Standard. Definitions of other terms are given in the Glossary for Hong Kong Financial Reporting Standards. HKFRS 4 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

Reasons for issuing the HKFRS

- IN1 This is the first HKFRS to deal with insurance contracts. Accounting practices for insurance contracts have been diverse, and have often differed from practices in other sectors. Pursuant to its convergence policy, the Hong Kong Institute of Certified Public Accountants has issued this HKFRS:
- (a) to make limited improvements to accounting for insurance contracts until the International Accounting Standards Board (“the Board”) completes the second phase of its project on insurance contracts.
 - (b) to require any entity issuing insurance contracts (an insurer) to disclose information about those contracts.
- IN2 This HKFRS is converged with IFRS 4, *Insurance Contracts*. IFRS 4 is a stepping stone to phase II of the Board’s project. The Board is committed to completing phase II without delay once it has investigated all relevant conceptual and practical questions and completed its full due process.

Main features of the HKFRS

- IN3 The HKFRS applies to all insurance contracts (including reinsurance contracts) that an entity issues and to reinsurance contracts that it holds, except for specified contracts covered by other HKFRSs. It does not apply to other assets and liabilities of an insurer, such as financial assets and financial liabilities within the scope of HKFRS 9 ~~HKAS 39~~ *Financial Instruments: Recognition and Measurement*. Furthermore, it does not address accounting by policyholders.
- IN4 The HKFRS exempts an insurer temporarily (ie during phase I of this project) from some requirements of other HKFRSs, including the requirement to consider the *Framework** in selecting accounting policies for insurance contracts. However, the HKFRS:
- (a) prohibits provisions for possible claims under contracts that are not in existence at the end of the reporting period (such as catastrophe and equalisation provisions).
 - (b) requires a test for the adequacy of recognised insurance liabilities and an impairment test for reinsurance assets.
 - (c) requires an insurer to keep insurance liabilities in its statement of financial position until they are discharged or cancelled, or expire, and to present insurance liabilities without offsetting them against related reinsurance assets.
- IN5 The HKFRS permits an insurer to change its accounting policies for insurance contracts only if, as a result, its financial statements present information that is more relevant and no less reliable, or more reliable and no less relevant. In particular, an insurer cannot introduce any of the following practices, although it may continue

* The reference to the *Framework* is to *Framework for the Preparation and Presentation of Financial Statements* issued by the HKICPA in 1997. In October 2010, the HKICPA replaced the *Framework* with the *Conceptual Framework for Financial Reporting*.

using accounting policies that involve them:

- (a) measuring insurance liabilities on an undiscounted basis.
- (b) measuring contractual rights to future investment management fees at an amount that exceeds their fair value as implied by a comparison with current fees charged by other market participants for similar services.
- (c) using non-uniform accounting policies for the insurance liabilities of subsidiaries.

IN6 The HKFRS permits the introduction of an accounting policy that involves remeasuring designated insurance liabilities consistently in each period to reflect current market interest rates (and, if the insurer so elects, other current estimates and assumptions). Without this permission, an insurer would have been required to apply the change in accounting policies consistently to all similar liabilities.

IN7 An insurer need not change its accounting policies for insurance contracts to eliminate excessive prudence. However, if an insurer already measures its insurance contracts with sufficient prudence, it should not introduce additional prudence.

IN8 There is a rebuttable presumption that an insurer's financial statements will become less relevant and reliable if it introduces an accounting policy that reflects future investment margins in the measurement of insurance contracts.

IN9 When an insurer changes its accounting policies for insurance liabilities, it may reclassify some or all financial assets as 'at fair value through profit or loss'.

IN10 The HKFRS:

- (a) clarifies that an insurer need not account for an embedded derivative separately at fair value if the embedded derivative meets the definition of an insurance contract.
- (b) requires an insurer to unbundle (ie account separately for) deposit components of some insurance contracts, to avoid the omission of assets and liabilities from its statement of financial position.
- (c) clarifies the applicability of the practice sometimes known as 'shadow accounting'.
- (d) permits an expanded presentation for insurance contracts acquired in a business combination or portfolio transfer.
- (e) addresses limited aspects of discretionary participation features contained in insurance contracts or financial instruments.

IN11 The HKFRS requires disclosure to help users understand:

- (a) the amounts in the insurer's financial statements that arise from insurance contracts.
- (b) ~~the amount, timing and uncertainty of future cash flows~~ the nature and extent of risks arising from insurance contracts.

IN12- [Deleted]

IN13

Hong Kong Financial Reporting Standard 4

Insurance Contracts

Objective

- 1 The objective of this HKFRS is to specify the financial reporting for *insurance contracts* by any entity that issues such contracts (described in this HKFRS as an *insurer*). In particular, this HKFRS requires:
- (a) limited improvements to accounting by insurers for insurance contracts.
 - (b) disclosure that identifies and explains the amounts in an insurer's financial statements arising from insurance contracts and helps users of those financial statements understand the amount, timing and uncertainty of future cash flows from insurance contracts.

Scope

- 2 An entity shall apply this HKFRS to:
- (a) insurance contracts (including *reinsurance contracts*) that it issues and reinsurance contracts that it holds.
 - (b) financial instruments that it issues with a *discretionary participation feature* (see paragraph 35). HKFRS 7 *Financial Instruments: Disclosures* requires disclosure about financial instruments, including financial instruments that contain such features.
- 3 This HKFRS does not address other aspects of accounting by insurers, such as accounting for financial assets held by insurers and financial liabilities issued by insurers (see HKAS 32 *Financial Instruments Presentation*, ~~HKAS 39 *Financial Instruments: Recognition and Measurement*~~ and HKFRS 7 and HKFRS 9 *Financial Instruments*), except:
- (a) paragraph 20A permits insurers that meet specified criteria to apply a temporary exemption from HKFRS 9;
 - (b) paragraph 35B permits insurers to apply the overlay approach to designated financial assets; and
 - (c) in the transitional provisions in paragraph 45 permits insurers to reclassify in specified circumstances some or all of their financial assets so that the assets are measured at fair value through profit or loss.
4. An entity shall not apply this HKFRS to:
- (a) product warranties issued directly by a manufacturer, dealer or retailer (see HKFRS 15 *Revenue from Contracts with Customers* ~~HKAS 18 *Revenue*~~ and HKAS 37 *Provisions, Contingent Liabilities and Contingent Assets*).
 - (b) employers' assets and liabilities under 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 that are contingent on the future use of, or right to use, a non-financial item (for example, some licence fees, royalties, contingent lease payments and similar items), as well as a lessee's residual value guarantee embedded in a finance lease (see HKAS 17 *Leases*, HKFRS 15 *Revenue from Contracts with Customers*~~HKAS 18 *Revenue*~~ and HKAS 38 *Intangible Assets*).
- (d) 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, in which case the issuer may elect to apply either ~~HKAS 39~~ and HKAS 32, and HKFRS 7 and HKFRS 9 or this HKFRS to such financial guarantee contracts. The issuer may make that election contract by contract, but the election for each contract is irrevocable.
- (e) contingent consideration payable or receivable in a business combination (see HKFRS 3 *Business Combinations*).
- (f) *direct insurance contracts* that the entity holds (ie direct insurance contracts in which the entity is the *policyholder*). However, a *cedant* shall apply this HKFRS to reinsurance contracts that it holds.

5 For ease of reference, this HKFRS describes any entity that issues an insurance contract as an insurer, whether or not the issuer is regarded as an insurer for legal or supervisory purposes. All reference in paragraphs 3(a)-3(b), 20A-20Q, 35B-35N, 39B-39M and 46-49 to an insurer shall be read as also referring to an issuer of a financial instrument that contains a discretionary participation feature.

6 A reinsurance contract is a type of insurance contract. Accordingly, all references in this HKFRS to insurance contracts also apply to reinsurance contracts.

Embedded derivatives

7 HKFRS 9~~HKAS 39~~ requires an entity to separate some embedded derivatives from their host contract, measure them at *fair value* and include changes in their fair value in profit or loss. HKFRS 9~~HKAS 39~~ applies to derivatives embedded in an insurance contract unless the embedded derivative is itself an insurance contract.

8 As an exception to the requirements in HKFRS 9~~HKAS 39~~, an insurer need not separate, and measure at fair value, a policyholder's option to surrender an insurance contract for a fixed amount (or for an amount based on a fixed amount and an interest rate), even if the exercise price differs from the carrying amount of the host *insurance liability*. However, the requirements in HKFRS 9~~HKAS 39~~ do apply to a put option or cash surrender option embedded in an insurance contract if the surrender value varies in response to the change in a financial variable (such as an equity or commodity price or index), or a non-financial variable that is not specific to a party to the contract. Furthermore, those requirement also apply if the holder's ability to exercise a put option or cash surrender option is triggered by a change in such a variable (for example, a put option that can be exercised if a stock market index reaches a specified level).

9 Paragraph 8 applies equally to options to surrender a financial instrument containing a discretionary participation feature.

Unbundling of deposit components

10 Some insurance contracts contain both an insurance component and a *deposit component*. In some cases, an insurer is required or permitted to *unbundle* those components:

- (a) unbundling is required if both the following conditions are met:

- (i) the insurer can measure the deposit component (including any embedded surrender options) separately (ie without considering the insurance component).
 - (ii) the insurer's accounting policies do not otherwise require it to recognise all obligations and rights arising from the deposit component.
- (b) unbundling is permitted, but not required, if the insurer can measure the deposit component separately as in (a)(i) but its accounting policies require it to recognise all obligations and rights arising from the deposit component, regardless of the basis used to measure those rights and obligations.
 - (c) unbundling is prohibited if an insurer cannot measure the deposit component separately as in (a)(i).
- 11 The following is an example of a case when an insurer's accounting policies do not require it to recognise all obligations arising from a deposit component. A cedant receives compensation for losses from a *reinsurer*, but the contract obliges the cedant to repay the compensation in future years. That obligation arises from a deposit component. If the cedant's accounting policies would otherwise permit it to recognise the compensation as income without recognising the resulting obligation, unbundling is required.
- 12 To unbundle a contract, an insurer shall:
- (a) apply this HKFRS to the insurance component.
 - (b) apply ~~HKAS 39~~ HKFRS 9 to the deposit component.

Recognition and measurement

Temporary exemption from some other HKFRSs

- 13 Paragraphs 10-12 of HKAS 8 *Accounting Policies, Changes in Accounting Estimates and Errors* specify criteria for an entity to use in developing an accounting policy if no HKFRS applies specifically to an item. However, this HKFRS exempts an insurer from applying those criteria to its accounting policies for:
- (a) insurance contracts that it issues (including related acquisition costs and related intangible assets, such as those described in paragraphs 31 and 32); and
 - (b) reinsurance contracts that it holds.
- 14 Nevertheless, this HKFRS does not exempt an insurer from some implications of the criteria in paragraphs 10-12 of HKAS 8. Specifically, an insurer:
- (a) shall not recognise as a liability any provisions for possible future claims, if those claims arise under insurance contracts that are not in existence at the end of the reporting period (such as catastrophe provisions and equalisation provisions).
 - (b) shall carry out the *liability adequacy test* described in paragraphs 15-19.

- (c) shall remove an insurance liability (or a part of an insurance liability) from its statement of financial position when, and only when, it is extinguished—ie when the obligation specified in the contract is discharged or cancelled or expires.
- (d) shall not offset:
 - (i) *reinsurance assets* against the related insurance liabilities; or
 - (ii) income or expense from reinsurance contracts against the expense or income from the related insurance contracts.
- (e) shall consider whether its reinsurance assets are impaired (see paragraph 20).

Liability adequacy test

- 15 An insurer shall assess at the end of each reporting period whether its recognised insurance liabilities are adequate, using current estimates of future cash flows under its insurance contracts. If that assessment shows that the carrying amount of its insurance liabilities (less related deferred acquisition costs and related intangible assets, such as those discussed in paragraphs 31 and 32) is inadequate in the light of the estimated future cash flows, the entire deficiency shall be recognised in profit or loss.**
16. If an insurer applies a liability adequacy test that meets specified minimum requirements, this HKFRS imposes no further requirements. The minimum requirements are the following:
- (a) The test considers current estimates of all contractual cash flows, and of related cash flows such as claims handling costs, as well as cash flows resulting from embedded options and guarantees.
 - (b) If the test shows that the liability is inadequate, the entire deficiency is recognised in profit or loss.
- 17 If an insurer's accounting policies do not require a liability adequacy test that meets the minimum requirements of paragraph 16, the insurer shall:
- (a) determine the carrying amount of the relevant insurance liabilities* less the carrying amount of:
 - (i) any related deferred acquisition costs; and
 - (ii) any related intangible assets, such as those acquired in a business combination or portfolio transfer (see paragraphs 31 and 32). However, related reinsurance assets are not considered because an insurer accounts for them separately (see paragraph 20).

* The relevant insurance liabilities are those insurance liabilities (and related deferred acquisition costs and related intangible assets) for which the insurer's accounting policies do not require a liability adequacy test that meets the minimum requirements of paragraph 16.

- (b) determine whether the amount described in (a) is less than the carrying amount that would be required if the relevant insurance liabilities were within the scope of HKAS 37. If it is less, the insurer shall recognise the entire difference in profit or loss and decrease the carrying amount of the related deferred acquisition costs or related intangible assets or increase the carrying amount of the relevant insurance liabilities.
- 18 If an insurer's liability adequacy test meets the minimum requirements of paragraph 16, the test is applied at the level of aggregation specified in that test. If its liability adequacy test does not meet those minimum requirements, the comparison described in paragraph 17 shall be made at the level of a portfolio of contracts that are subject to broadly similar risks and managed together as a single portfolio.
- 19 The amount described in paragraph 17(b) (ie the result of applying HKAS 37) shall reflect future investment margins (see paragraphs 27-29) if, and only if, the amount described in paragraph 17(a) also reflects those margins.

Impairment of reinsurance assets

- 20 If a cedant's reinsurance asset is impaired, the cedant shall reduce its carrying amount accordingly and recognise that impairment loss in profit or loss. A reinsurance asset is impaired if, and only if:
- (a) there is objective evidence, as a result of an event that occurred after initial recognition of the reinsurance asset, that the cedant may not receive all amounts due to it under the terms of the contract; and
- (b) that event has a reliably measurable impact on the amounts that the cedant will receive from the reinsurer.

Temporary exemption from HKFRS 9

20A HKFRS 9 addresses the accounting for financial instruments and is effective for annual periods beginning on or after 1 January 2018. However, for an insurer that meets the criteria in paragraph 20B, this HKFRS provides a temporary exemption that permits, but does not require, the insurer to apply HKAS 39 *Financial Instruments: Recognition and Measurement* rather than HKFRS 9 for annual periods beginning before 1 January 2021. An insurer that applies the temporary exemption from HKFRS 9 shall:

- (a) use the requirements in HKFRS 9 that are necessary to provide the disclosures required in paragraphs 39B–39J of this HKFRS; and**
- (b) apply all other applicable HKFRSs to its financial instruments, except as described in paragraphs 20A–20Q, 39B–39J and 46–47 of this HKFRS.**

20B An insurer may apply the temporary exemption from HKFRS 9 if, and only if:

- (a) it has not previously applied any version of HKFRS 9^Ω, other than only the requirements for the presentation of gains and losses on financial liabilities designated as at fair value through profit or loss in paragraphs 5.7.1(c), 5.7.7–5.7.9, 7.2.14 and B5.7.5–B5.7.20 of HKFRS 9; and**

^Ω The HKICPA issued successive versions of HKFRS 9 in 2009, 2010, 2013 –and 2014.

(b) its activities are predominantly connected with insurance, as described in paragraph 20D, at its annual reporting date that immediately precedes 1 April 2016, or at a subsequent annual reporting date as specified in paragraph 20G.

20C An insurer applying the temporary exemption from HKFRS 9 is permitted to elect to apply only the requirements for the presentation of gains and losses on financial liabilities designated as at fair value through profit or loss in paragraphs 5.7.1(c), 5.7.7–5.7.9, 7.2.14 and B5.7.5–B5.7.20 of HKFRS 9. If an insurer elects to apply those requirements, it shall apply the relevant transition provisions in HKFRS 9, disclose the fact that it has applied those requirements and provide on an ongoing basis the related disclosures set out in paragraphs 10–11 of HKFRS 7 (as amended by HKFRS 9 (2010)).

20D An insurer's activities are predominantly connected with insurance if, and only if:

(a) the carrying amount of its liabilities arising from contracts within the scope of this HKFRS, which includes any deposit components or embedded derivatives unbundled from insurance contracts applying paragraphs 7–12 of this HKFRS, is significant compared to the total carrying amount of all its liabilities; and

(b) the percentage of the total carrying amount of its liabilities connected with insurance (see paragraph 20E) relative to the total carrying amount of all its liabilities is:

(i) greater than 90 per cent; or

(ii) less than or equal to 90 per cent but greater than 80 per cent, and the insurer does not engage in a significant activity unconnected with insurance (see paragraph 20F).

20E For the purposes of applying paragraph 20D(b), liabilities connected with insurance comprise:

(a) liabilities arising from contracts within the scope of this HKFRS, as described in paragraph 20D(a);

(b) non-derivative investment contract liabilities measured at fair value through profit or loss applying HKAS 39 (including those designated as at fair value through profit or loss to which the insurer has applied the requirements in HKFRS 9 for the presentation of gains and losses (see paragraphs 20B(a) and 20C)); and

(c) liabilities that arise because the insurer issues, or fulfils obligations arising from, the contracts in (a) and (b). Examples of such liabilities include derivatives used to mitigate risks arising from those contracts and from the assets backing those contracts, relevant tax liabilities such as the deferred tax liabilities for taxable temporary differences on liabilities arising from those contracts, and debt instruments issued that are included in the insurer's regulatory capital.

20F In assessing whether it engages in a significant activity unconnected with insurance for the purposes of applying paragraph 20D(b)(ii), an insurer shall consider:

- (a) only those activities from which it may earn income and incur expenses; and
- (b) quantitative or qualitative factors (or both), including publicly available information such as the industry classification that users of financial statements apply to the insurer.

20G Paragraph 20B(b) requires an entity to assess whether it qualifies for the temporary exemption from HKFRS 9 at its annual reporting date that immediately precedes 1 April 2016. After that date:

- (a) an entity that previously qualified for the temporary exemption from HKFRS 9 shall reassess whether its activities are predominantly connected with insurance at a subsequent annual reporting date if, and only if, there was a change in the entity's activities, as described in paragraphs 20H–20I, during the annual period that ended on that date.
- (b) an entity that previously did not qualify for the temporary exemption from HKFRS 9 is permitted to reassess whether its activities are predominantly connected with insurance at a subsequent annual reporting date before 31 December 2018 if, and only if, there was a change in the entity's activities, as described in paragraphs 20H–20I, during the annual period that ended on that date.

20H For the purposes of applying paragraph 20G, a change in an entity's activities is a change that:

- (a) is determined by the entity's senior management as a result of external or internal changes;
- (b) is significant to the entity's operations; and
- (c) is demonstrable to external parties.

Accordingly, such a change occurs only when the entity begins or ceases to perform an activity that is significant to its operations or significantly changes the magnitude of one of its activities; for example, when the entity has acquired, disposed of or terminated a business line.

20I A change in an entity's activities, as described in paragraph 20H, is expected to be very infrequent. The following are not changes in an entity's activities for the purposes of applying paragraph 20G:

- (a) a change in the entity's funding structure that in itself does not affect the activities from which the entity earns income and incurs expenses.
- (b) the entity's plan to sell a business line, even if the assets and liabilities are classified as held for sale applying HKFRS 5 *Non-current Assets Held for Sale and Discontinued Operations*. A plan to sell a business line could change the entity's activities and give rise to a reassessment in the future but has yet to affect the liabilities recognised on its statement of financial position.

20J If an entity no longer qualifies for the temporary exemption from HKFRS 9 as a result of a reassessment (see paragraph 20G(a)), then the entity is permitted to continue to apply the temporary exemption from HKFRS 9 only until the end of the

annual period that began immediately after that reassessment. Nevertheless, the entity must apply HKFRS 9 for annual periods beginning on or after 1 January 2021. For example, if an entity determines that it no longer qualifies for the temporary exemption from HKFRS 9 applying paragraph 20G(a) on 31 December 2018 (the end of its annual period), then the entity is permitted to continue to apply the temporary exemption from HKFRS 9 only until 31 December 2019.

20K An insurer that previously elected to apply the temporary exemption from HKFRS 9 may at the beginning of any subsequent annual period irrevocably elect to apply HKFRS 9.

First-time adopter

20L A first-time adopter, as defined in HKFRS 1 *First-time Adoption of International Financial Reporting Standards*, may apply the temporary exemption from HKFRS 9 described in paragraph 20A if, and only if, it meets the criteria described in paragraph 20B. In applying paragraph 20B(b), the first-time adopter shall use the carrying amounts determined applying HKFRSs at the date specified in that paragraph.

20M HKFRS 1 contains requirements and exemptions applicable to a first-time adopter. Those requirements and exemptions (for example, paragraphs D16–D17 of HKFRS 1) do not override the requirements in paragraphs 20A–20Q and 39B–39J of this HKFRS. For example, the requirements and exemptions in HKFRS 1 do not override the requirement that a first-time adopter must meet the criteria specified in paragraph 20L to apply the temporary exemption from HKFRS 9.

20N A first-time adopter that discloses the information required by paragraphs 39B–39J shall use the requirements and exemptions in HKFRS 1 that are relevant to making the assessments required for those disclosures.

Temporary exemption from specific requirements in HKAS 28

20O Paragraphs 35–36 of HKAS 28 *Investments in Associates and Joint Ventures* require an entity to apply uniform accounting policies when using the equity method. Nevertheless, for annual periods beginning before 1 January 2021, an entity is permitted, but not required, to retain the relevant accounting policies applied by the associate or joint venture as follows:

- (a) the entity applies HKFRS 9 but the associate or joint venture applies the temporary exemption from HKFRS 9; or
- (b) the entity applies the temporary exemption from HKFRS 9 but the associate or joint venture applies HKFRS 9.

20P When an entity uses the equity method to account for its investment in an associate or joint venture:

- (a) if HKFRS 9 was previously applied in the financial statements used to apply the equity method to that associate or joint venture (after reflecting any adjustments made by the entity), then HKFRS 9 shall continue to be applied.
- (b) if the temporary exemption from HKFRS 9 was previously applied in the financial statements used to apply the equity method to that associate or joint venture (after reflecting any adjustments made by the entity), then HKFRS 9 may be subsequently applied.

20Q An entity may apply paragraphs 20O and 20P(b) separately for each associate or joint venture.

Changes in accounting policies

- 21 Paragraphs 22-30 apply both to changes made by an insurer that already applies HKFRSs and to changes made by an insurer adopting HKFRSs for the first time.
- 22 **An insurer may change its accounting policies for insurance contracts if, and only if, the change makes the financial statements more relevant to the economic decision-making needs of users and no less reliable, or more reliable and no less relevant to those needs. An insurer shall judge relevance and reliability by the criteria in HKAS 8.**
- 23 To justify changing its accounting policies for insurance contracts, an insurer shall show that the change brings its financial statements closer to meeting the criteria in HKAS 8, but the change need not achieve full compliance with those criteria. The following specific issues are discussed below:
- (a) current interest rates (paragraph 24);
 - (b) continuation of existing practices (paragraph 25);
 - (c) prudence (paragraph 26);
 - (d) future investment margins (paragraphs 27-29); and
 - (e) shadow accounting (paragraph 30).

Current market interest rates

- 24 An insurer is permitted, but not required, to change its accounting policies so that it remeasures designated insurance liabilities* to reflect current market interest rates and recognises changes in those liabilities in profit or loss. At that time, it may also introduce accounting policies that require other current estimates and assumptions for the designated liabilities. The election in this paragraph permits an insurer to change its accounting policies for designated liabilities, without applying those policies consistently to all similar liabilities as HKAS 8 would otherwise require. If an insurer designates liabilities for this election, it shall continue to apply current market interest rates (and, if applicable, the other current estimates and assumptions) consistently in all periods to all these liabilities until they are extinguished.

Continuation of existing practices

- 25 An insurer may continue the following practices, but the introduction of any of them does not satisfy paragraph 22:
- (a) measuring insurance liabilities on an undiscounted basis.
 - (b) measuring contractual rights to future investment management fees at an amount that exceeds their fair value as implied by a comparison with current

* In this paragraph, insurance liabilities include related deferred acquisition costs and related intangible assets, such as those discussed in paragraphs 31 and 32.

fees charged by other market participants for similar services. It is likely that the fair value at inception of those contractual rights equals the origination costs paid, unless future investment management fees and related costs are out of line with market comparables.

- (c) using non-uniform accounting policies for the insurance contracts (and related deferred acquisition costs and related intangible assets, if any) of subsidiaries, except as permitted by paragraph 24. If those accounting policies are not uniform, an insurer may change them if the change does not make the accounting policies more diverse and also satisfies the other requirements in this HKFRS.

Prudence

- 26 An insurer need not change its accounting policies for insurance contracts to eliminate excessive prudence. However, if an insurer already measures its insurance contracts with sufficient prudence, it shall not introduce additional prudence.

Future investment margins

- 27 An insurer need not change its accounting policies for insurance contracts to eliminate future investment margins. However, there is a rebuttable presumption that an insurer's financial statements will become less relevant and reliable if it introduces an accounting policy that reflects future investment margins in the measurement of insurance contracts, unless those margins affect the contractual payments. Two examples of accounting policies that reflect those margins are:

- (a) using a discount rate that reflects the estimated return on the insurer's assets;
or
- (b) projecting the returns on those assets at an estimated rate of return, discounting those projected returns at a different rate and including the result in the measurement of the liability.

- 28 An insurer may overcome the rebuttable presumption described in paragraph 27 if, and only if, the other components of a change in accounting policies increase the relevance and reliability of its financial statements sufficiently to outweigh the decrease in relevance and reliability caused by the inclusion of future investment margins. For example, suppose that an insurer's existing accounting policies for insurance contracts involve excessively prudent assumptions set at inception and a discount rate prescribed by a regulator without direct reference to market conditions, and ignore some embedded options and guarantees. The insurer might make its financial statements more relevant and no less reliable by switching to a comprehensive investor-oriented basis of accounting that is widely used and involves:

- (a) current estimates and assumptions;
- (b) a reasonable (but not excessively prudent) adjustment to reflect risk and uncertainty;
- (c) measurements that reflect both the intrinsic value and time value of embedded options and guarantees; and

- (d) a current market discount rate, even if that discount rate reflects the estimated return on the insurer's assets.

29 In some measurement approaches, the discount rate is used to determine the present value of a future profit margin. That profit margin is then attributed to different periods using a formula. In those approaches, the discount rate affects the measurement of the liability only indirectly. In particular, the use of a less appropriate discount rate has a limited or no effect on the measurement of the liability at inception. However, in other approaches, the discount rate determines the measurement of the liability directly. In the latter case, because the introduction of an asset-based discount rate has a more significant effect, it is highly unlikely that an insurer could overcome the rebuttable presumption described in paragraph 27.

Shadow accounting

30 In some accounting models, realised gains or losses on an insurer's assets have a direct effect on the measurement of some or all of (a) its insurance liabilities, (b) related deferred acquisition costs and (c) related intangible assets, such as those described in paragraphs 31 and 32. An insurer is permitted, but not required, to change its accounting policies so that a recognised but unrealised gain or loss on an asset affects those measurements in the same way that a realised gain or loss does. The related adjustment to the insurance liability (or deferred acquisition costs or intangible assets) shall be recognised in other comprehensive income if, and only if, the unrealised gains or losses are recognised in other comprehensive income. This practice is sometimes described as 'shadow accounting'.

Insurance contracts acquired in a business combination or portfolio transfer

31 To comply with HKFRS 3, an insurer shall, at the acquisition date, measure at fair value the insurance liabilities assumed and *insurance assets* acquired in a business combination. However, an insurer is permitted, but not required, to use an expanded presentation that splits the fair value of acquired insurance contracts into two components:

- (a) a liability measured in accordance with the insurer's accounting policies for insurance contracts that it issues; and
- (b) an intangible asset, representing the difference between (i) the fair value of the contractual insurance rights acquired and insurance obligations assumed and (ii) the amount described in (a). The subsequent measurement of this asset shall be consistent with the measurement of the related insurance liability.

32 An insurer acquiring a portfolio of insurance contracts may use the expanded presentation described in paragraph 31.

33 The intangible assets described in paragraphs 31 and 32 are excluded from the scope of HKAS 36 *Impairment of Assets* and HKAS 38. However, HKAS 36 and HKAS 38 apply to customer lists and customer relationships reflecting the expectation of future contracts that are not part of the contractual insurance rights and contractual insurance obligations that existed at the date of a business combination or portfolio transfer.

Discretionary participation features

Discretionary participation features in insurance contracts

- 34 Some insurance contracts contain a discretionary participation feature as well as a *guaranteed element*. The issuer of such a contract:
- (a) may, but need not, recognise the guaranteed element separately from the discretionary participation feature. If the issuer does not recognise them separately, it shall classify the whole contract as a liability. If the issuer classifies them separately, it shall classify the guaranteed element as a liability.
 - (b) shall, if it recognises the discretionary participation feature separately from the guaranteed element, classify that feature as either a liability or a separate component of equity. This HKFRS does not specify how the issuer determines whether that feature is a liability or equity. The issuer may split that feature into liability and equity components and shall use a consistent accounting policy for that split. The issuer shall not classify that feature as an intermediate category that is neither liability nor equity.
 - (c) may recognise all premiums received as revenue without separating any portion that relates to the equity component. The resulting changes in the guaranteed element and in the portion of the discretionary participation feature classified as a liability shall be recognised in profit or loss. If part or all of the discretionary participation feature is classified in equity, a portion of profit or loss may be attributable to that feature (in the same way that a portion may be attributable to non-controlling interests). The issuer shall recognise the portion of profit or loss attributable to any equity component of a discretionary participation feature as an allocation of profit or loss, not as expense or income (see HKAS 1 *Presentation of Financial Statements*).
 - (d) shall, if the contract contains an embedded derivative within the scope of ~~HKFRS 9~~~~HKAS 39~~, apply ~~HKFRS 9~~~~HKAS 39~~ to that embedded derivative.
 - (e) shall, in all respects not described in paragraphs 14-20 and 34(a)-(d), continue its existing accounting policies for such contracts, unless it changes those accounting policies in a way that complies with paragraphs 21-30.

Discretionary participation features in financial instruments

- 35 The requirements in paragraph 34 also apply to a financial instrument that contains a discretionary participation feature. In addition:
- (a) if the issuer classifies the entire discretionary participation feature as a liability, it shall apply the liability adequacy test in paragraphs 15-19 to the whole contract (ie both the guaranteed element and the discretionary participation feature). The issuer need not determine the amount that would result from applying ~~HKFRS 9~~~~HKAS 39~~ to the guaranteed element.
 - (b) if the issuer classifies part or all of that feature as a separate component of equity, the liability recognised for the whole contract shall not be less than the amount that would result from applying ~~HKFRS 9~~~~HKAS 39~~ to the guaranteed element. That amount shall include the intrinsic value of an option

to surrender the contract, but need not include its time value if paragraph 9 exempts that option from measurement at fair value. The issuer need not disclose the amount that would result from applying ~~HKFRS 9~~~~HKAS 39~~ to the guaranteed element, nor need it present that amount separately. Furthermore, the issuer need not determine that amount if the total liability recognised is clearly higher.

- (c) although these contracts are financial instruments, the issuer may continue to recognise the premiums for those contracts as revenue and recognise as an expense the resulting increase in the carrying amount of the liability.
- (d) although these contracts are financial instruments, an issuer applying paragraph 20(b) of HKFRS 7 to contracts with a discretionary participation feature shall disclose the total interest expense recognised in profit or loss, but need not calculate such interest expense using the effective interest method.

35A The temporary exemptions in paragraphs 20A, 20L and 20O and the overlay approach in paragraph 35B are also available to an issuer of a financial instrument that contains a discretionary participation feature. Accordingly, all references in paragraphs 3(a)–3(b), 20A–20Q, 35B–35N, 39B–39M and 46–49 to an insurer shall be read as also referring to an issuer of a financial instrument that contains a discretionary participation feature.

Presentation

The overlay approach

35B **An insurer is permitted, but not required, to apply the overlay approach to designated financial assets. An insurer that applies the overlay approach shall:**

(a) reclassify between profit or loss and other comprehensive income an amount that results in the profit or loss at the end of the reporting period for the designated financial assets being the same as if the insurer had applied HKAS 39 to the designated financial assets. Accordingly, the amount reclassified is equal to the difference between:

- (i) the amount reported in profit or loss for the designated financial assets applying HKFRS 9; and**
- (ii) the amount that would have been reported in profit or loss for the designated financial assets if the insurer had applied HKAS 39.**

(b) apply all other applicable HKFRSs to its financial instruments, except as described in paragraphs 35B–35N, 39K–39M and 48–49 of this HKFRS.

35C **An insurer may elect to apply the overlay approach described in paragraph 35B only when it first applies HKFRS 9, including when it first applies HKFRS 9 after previously applying:**

- (a) the temporary exemption from HKFRS 9 described in paragraph 20A;**
or

(b) only the requirements for the presentation of gains and losses on financial liabilities designated as at fair value through profit or loss in paragraphs 5.7.1(c), 5.7.7–5.7.9, 7.2.14 and B5.7.5–B5.7.20 of HKFRS 9.

35D An insurer shall present the amount reclassified between profit or loss and other comprehensive income applying the overlay approach:

- (a) in profit or loss as a separate line item; and
- (b) in other comprehensive income as a separate component of other comprehensive income.

35E A financial asset is eligible for designation for the overlay approach if, and only if, the following criteria are met:

- (a) it is measured at fair value through profit or loss applying HKFRS 9 but would not have been measured at fair value through profit or loss in its entirety applying HKAS 39; and
- (b) it is not held in respect of an activity that is unconnected with contracts within the scope of this HKFRS. Examples of financial assets that would not be eligible for the overlay approach are those assets held in respect of banking activities or financial assets held in funds relating to investment contracts that are outside the scope of this HKFRS.

35F An insurer may designate an eligible financial asset for the overlay approach when it elects to apply the overlay approach (see paragraph 35C). Subsequently, it may designate an eligible financial asset for the overlay approach when, and only when:

- (a) that asset is initially recognised; or
- (b) that asset newly meets the criterion in paragraph 35E(b) having previously not met that criterion.

35G An insurer is permitted to designate eligible financial assets for the overlay approach applying paragraph 35F on an instrument-by-instrument basis.

35H When relevant, for the purposes of applying the overlay approach to a newly designated financial asset applying paragraph 35F(b):

- (a) its fair value at the date of designation shall be its new amortised cost carrying amount; and
- (b) the effective interest rate shall be determined based on its fair value at the date of designation.

35I An entity shall continue to apply the overlay approach to a designated financial asset until that financial asset is derecognised. However, an entity:

- (a) shall de-designate a financial asset when the financial asset no longer meets the criterion in paragraph 35E(b). For example, a financial asset will no longer meet that criterion when an entity transfers that asset so that it is held in respect of its banking activities or when an entity ceases to be an insurer.

(b) may, at the beginning of any annual period, stop applying the overlay approach to all designated financial assets. An entity that elects to stop applying the overlay approach shall apply HKAS 8 to account for the change in accounting policy.

35J When an entity de-designates a financial asset applying paragraph 35I(a), it shall reclassify from accumulated other comprehensive income to profit or loss as a reclassification adjustment (see HKAS 1) any balance relating to that financial asset.

35K If an entity stops using the overlay approach applying the election in paragraph 35I(b) or because it is no longer an insurer, it shall not subsequently apply the overlay approach. An insurer that has elected to apply the overlay approach (see paragraph 35C) but has no eligible financial assets (see paragraph 35E) may subsequently apply the overlay approach when it has eligible financial assets.

Interaction with other requirements

35L Paragraph 30 of this HKFRS permits a practice that is sometimes described as 'shadow accounting'. If an insurer applies the overlay approach, shadow accounting may be applicable.

35M Reclassifying an amount between profit or loss and other comprehensive income applying paragraph 35B may have consequential effects for including other amounts in other comprehensive income, such as income taxes. An insurer shall apply the relevant HKFRS, such as HKAS 12 *Income Taxes*, to determine any such consequential effects.

First-time adopter

35N If a first-time adopter elects to apply the overlay approach, it shall restate comparative information to reflect the overlay approach if, and only if, it restates comparative information to comply with HKFRS 9 (see paragraphs E1–E2 of HKFRS 1).

Disclosure

Explanation of recognised amounts

36 An insurer shall disclose information that identifies and explains the amounts in its financial statements arising from insurance contracts.

37 To comply with paragraph 36, an insurer shall disclose:

- (a) its accounting policies for insurance contracts and related assets, liabilities, income and expense.
- (b) the recognised assets, liabilities, income and expense (and, if it presents its statement of cash flows using the direct method, cash flows) arising from insurance contracts. Furthermore, if the insurer is a cedant, it shall disclose:
 - (i) gains and losses recognised in profit or loss on buying reinsurance; and
 - (ii) if the cedant defers and amortises gains and losses arising on buying

reinsurance, the amortisation for the period and the amounts remaining unamortised at the beginning and end of the period.

- (c) the process used to determine the assumptions that have the greatest effect on the measurement of the recognised amounts described in (b). When practicable, an insurer shall also give quantified disclosure of those assumptions.
- (d) the effect of changes in assumptions used to measure insurance assets and insurance liabilities, showing separately the effect of each change that has a material effect on the financial statements.
- (e) reconciliations of changes in insurance liabilities, reinsurance assets and, if any, related deferred acquisition costs.

Nature and extent of risks arising from insurance contracts

38 An insurer shall disclose information that enables users of its financial statements to evaluate the nature and extent of risks arising from insurance contracts.

39 To comply with paragraph 38, an insurer shall disclose:

- (a) its objectives, policies and processes for managing risks arising from insurance contracts and the methods used to manage those risks.
- (b) [deleted]
- (c) information about *insurance risk* (both before and after risk mitigation by reinsurance), including information about:
 - (i) sensitivity to insurance risk (see paragraph 39A).
 - (ii) concentrations of insurance risk, including a description of how management determines concentrations and a description of the shared characteristic that identifies each concentration (eg type of insured event, geographical area, or currency).
 - (iii) actual claims compared with previous estimates (ie claims development). The disclosure about claims development shall go back to the period when the earliest material claim arose for which there is still uncertainty about the amount and timing of the claims payments, but need not go back more than ten years. An insurer need not disclose this information for claims for which uncertainty about the amount and timing of claims payments is typically resolved within one year.
- (d) information about credit risk, liquidity risk and market risk that paragraphs 31-42 of HKFRS 7 would require if the insurance contracts were within the scope of HKFRS 7. However:
 - (i) an insurer need not provide the maturity analyses required by paragraph 39(a) and (b) of HKFRS 7 if it discloses information about the estimated timing of the net cash outflows resulting from recognised insurance liabilities instead. This may take the form of an

analysis, by estimated timing, of the amounts recognised in the statement of financial position.

- (ii) if an insurer uses an alternative method to manage sensitivity to market conditions, such as an embedded value analysis, it may use that sensitivity analysis to meet the requirement in paragraph 40(a) of HKFRS 7. Such an insurer shall also provide the disclosures required by paragraph 41 of HKFRS 7.
 - (e) information about exposures to market risk arising from embedded derivatives contained in a host insurance contract if the insurer is not required to, and does not, measure the embedded derivatives at fair value.
- 39A To comply with paragraph 39(c)(i), an insurer shall disclose either (a) or (b) as follows:
- (a) a sensitivity analysis that shows how profit or loss and equity would have been affected if changes in the relevant risk variable that were reasonably possible at the end of the reporting period had occurred; the methods and assumptions used in preparing the sensitivity analysis; and any changes from the previous period in the methods and assumptions used. However, if an insurer uses an alternative method to manage sensitivity to market conditions, such as an embedded value analysis, it may meet this requirement by disclosing that alternative sensitivity analysis and the disclosures required by paragraph 41 of HKFRS 7.
 - (b) qualitative information about sensitivity, and information about those terms and conditions of insurance contracts that have a material effect on the amount, timing and uncertainty of the insurer's future cash flows.

Disclosures about the temporary exemption from HKFRS 9

39B An insurer that elects to apply the temporary exemption from HKFRS 9 shall disclose information to enable users of financial statements:

- (a) to understand how the insurer qualified for the temporary exemption; and**
- (b) to compare insurers applying the temporary exemption with entities applying HKFRS 9.**

39C To comply with paragraph 39B(a), an insurer shall disclose the fact that it is applying the temporary exemption from HKFRS 9 and how the insurer concluded on the date specified in paragraph 20B(b) that it qualifies for the temporary exemption from HKFRS 9, including:

- (a) if the carrying amount of its liabilities arising from contracts within the scope of this HKFRS (ie those liabilities described in paragraph 20E(a)) was less than or equal to 90 per cent of the total carrying amount of all its liabilities, the nature and carrying amounts of the liabilities connected with insurance that are not liabilities arising from contracts within the scope of this HKFRS (ie those liabilities described in paragraphs 20E(b) and 20E(c));**
- (b) if the percentage of the total carrying amount of its liabilities connected with insurance relative to the total carrying amount of all its liabilities was less**

than or equal to 90 per cent but greater than 80 per cent, how the insurer determined that it did not engage in a significant activity unconnected with insurance, including what information it considered; and

(c) if the insurer qualified for the temporary exemption from HKFRS 9 on the basis of a reassessment applying paragraph 20G(b):

(i) the reason for the reassessment;

(ii) the date on which the relevant change in its activities occurred; and

(iii) a detailed explanation of the change in its activities and a qualitative description of the effect of that change on the insurer's financial statements.

39D If, applying paragraph 20G(a), an entity concludes that its activities are no longer predominantly connected with insurance, it shall disclose the following information in each reporting period before it begins to apply HKFRS 9:

(a) the fact that it no longer qualifies for the temporary exemption from HKFRS 9;

(b) the date on which the relevant change in its activities occurred; and

(c) a detailed explanation of the change in its activities and a qualitative description of the effect of that change on the entity's financial statements.

39E To comply with paragraph 39B(b), an insurer shall disclose the fair value at the end of the reporting period and the amount of change in the fair value during that period for the following two groups of financial assets separately:

(a) financial assets with contractual terms that give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding (ie financial assets that meet the condition in paragraphs 4.1.2(b) and 4.1.2A(b) of HKFRS 9), excluding any financial asset that meets the definition of held for trading in HKFRS 9, or that is managed and whose performance is evaluated on a fair value basis (see paragraph B4.1.6 of HKFRS 9).

(b) all financial assets other than those specified in paragraph 39E(a); that is, any financial asset:

(i) with contractual terms that do not give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding;

(ii) that meets the definition of held for trading in HKFRS 9; or

(iii) that is managed and whose performance is evaluated on a fair value basis.

39F When disclosing the information in paragraph 39E, the insurer:

(a) may deem the carrying amount of the financial asset measured applying HKAS 39 to be a reasonable approximation of its fair value if the insurer is

not required to disclose its fair value applying paragraph 29(a) of HKFRS 7 (eg short-term trade receivables); and

(b) shall consider the level of detail necessary to enable users of financial statements to understand the characteristics of the financial assets.

39G To comply with paragraph 39B(b), an insurer shall disclose information about the credit risk exposure, including significant credit risk concentrations, inherent in the financial assets described in paragraph 39E(a). At a minimum, an insurer shall disclose the following information for those financial assets at the end of the reporting period:

(a) by credit risk rating grades as defined in HKFRS 7, the carrying amounts applying HKAS 39 (in the case of financial assets measured at amortised cost, before adjusting for any impairment allowances).

(b) for the financial assets described in paragraph 39E(a) that do not have low credit risk at the end of the reporting period, the fair value and the carrying amount applying HKAS 39 (in the case of financial assets measured at amortised cost, before adjusting for any impairment allowances). For the purposes of this disclosure, paragraph B5.5.22 of HKFRS 9 provides the relevant requirements for assessing whether the credit risk on a financial instrument is considered low.

39H To comply with paragraph 39B(b), an insurer shall disclose information about where a user of financial statements can obtain any publicly available HKFRS 9 information that relates to an entity within the group that is not provided in the group's consolidated financial statements for the relevant reporting period. For example, such HKFRS 9 information could be obtained from the publicly available individual or separate financial statements of an entity within the group that has applied HKFRS 9.

39I If an entity elected to apply the exemption in paragraph 200 from particular requirements in HKAS 28, it shall disclose that fact.

39J If an entity applied the temporary exemption from HKFRS 9 when accounting for its investment in an associate or joint venture using the equity method (for example, see paragraph 200(a)), the entity shall disclose the following, in addition to the information required by HKFRS 12 *Disclosure of Interests in Other Entities*:

(a) the information described by paragraphs 39B–39H for each associate or joint venture that is material to the entity. The amounts disclosed shall be those included in the HKFRS financial statements of the associate or joint venture after reflecting any adjustments made by the entity when using the equity method (see paragraph B14(a) of HKFRS 12), rather than the entity's share of those amounts.

(b) the quantitative information described by paragraphs 39B–39H in aggregate for all individually immaterial associates or joint ventures. The aggregate amounts:

(i) disclosed shall be the entity's share of those amounts; and

(ii) for associates shall be disclosed separately from the aggregate amounts disclosed for joint ventures.

Disclosures about the overlay approach

39K An insurer that applies the overlay approach shall disclose information to enable users of financial statements to understand:

- (a) how the total amount reclassified between profit or loss and other comprehensive income in the reporting period is calculated; and**
- (b) the effect of that reclassification on the financial statements.**

39L To comply with paragraph 39K, an insurer shall disclose:

- (a) the fact that it is applying the overlay approach;**
- (b) the carrying amount at the end of the reporting period of financial assets to which the insurer applies the overlay approach by class of financial asset;**
- (c) the basis for designating financial assets for the overlay approach, including an explanation of any designated financial assets that are held outside the legal entity that issues contracts within the scope of this HKFRS;**
- (d) an explanation of the total amount reclassified between profit or loss and other comprehensive income in the reporting period in a way that enables users of financial statements to understand how that amount is derived, including:**
 - (i) the amount reported in profit or loss for the designated financial assets applying HKFRS 9; and**
 - (ii) the amount that would have been reported in profit or loss for the designated financial assets if the insurer had applied HKAS 39.**
- (e) the effect of the reclassification described in paragraphs 35B and 35M on each affected line item in profit or loss; and**
- (f) if during the reporting period the insurer has changed the designation of financial assets:**
 - (i) the amount reclassified between profit or loss and other comprehensive income in the reporting period relating to newly designated financial assets applying the overlay approach (see paragraph 35F(b));**
 - (ii) the amount that would have been reclassified between profit or loss and other comprehensive income in the reporting period if the financial assets had not been de-designated (see paragraph 35I(a)); and**
 - (iii) the amount reclassified in the reporting period to profit or loss from accumulated other comprehensive income for financial assets that have been de-designated (see paragraph 35J).**

39M If an entity applied the overlay approach when accounting for its investment in an associate or joint venture using the equity method, the entity shall disclose the following, in addition to the information required by HKFRS 12:

- (a) the information described by paragraphs 39K–39L for each associate or joint venture that is material to the entity. The amounts disclosed shall be those included in the HKFRS financial statements of the associate or joint venture after reflecting any adjustments made by the entity when using the equity method (see paragraph B14(a) of HKFRS 12), rather than the entity’s share of those amounts.
- (b) the quantitative information described by paragraphs 39K–39L(d) and 39L(f), and the effect of the reclassification described in paragraph 35B on profit or loss and other comprehensive income in aggregate for all individually immaterial associates or joint ventures. The aggregate amounts:
- (i) disclosed shall be the entity’s share of those amounts; and
- (ii) for associates shall be disclosed separately from the aggregate amounts disclosed for joint ventures.

Effective date and transition

- 40 The transitional provisions in paragraphs 41-49~~5~~ apply both to an entity that is already applying HKFRSs when it first applies this HKFRS and to an entity that applies HKFRSs for the first-time (a first-time adopter).
- 41 An entity shall apply this HKFRS for annual periods beginning on or after 1 January 2005. Earlier application is encouraged. If an entity applies this HKFRS for an earlier period, it shall disclose that fact.
- 41A *Financial Guarantee Contracts* (Amendments to HKAS 39 and HKFRS 4), issued in September 2005, amended paragraphs 4(d), B18(g) and B19(f). An entity shall apply those amendments for annual periods beginning on or after 1 January 2006. Earlier application is encouraged. If an entity applies those amendments for an earlier period, it shall disclose that fact and apply the related amendments to HKAS 39 and HKAS 32* at the same time.
- 41B HKAS 1 (as revised in 2007) amended the terminology used throughout HKFRSs. In addition it amended paragraph 30. An entity shall apply those amendments for annual periods beginning on or after 1 January 2009. If an entity applies HKAS 1 (revised 2007) for an earlier period, the amendments shall be applied for that earlier period.
- 41C ~~[Deleted] [This paragraph refers to amendments that are not yet effective, and is therefore not included in this edition.]~~
- 41D ~~[Deleted] [This paragraph refers to amendments that are not yet effective, and is therefore not included in this edition.]~~
- 41E *HKFRS 13 Fair Value Measurement*, issued in June 2011, amended the definition of fair value in Appendix A. An entity shall apply that amendment when it applies HKFRS 13.
- 41F ~~[Deleted]~~
- 41G HKFRS 15 Revenue from Contracts with Customers, issued in July 2014, amended paragraphs 4(a) and (c), B7, B18(h), B21 and items 1.16 and 1.18 of the table in

* When an entity applies HKFRS 7, the reference to HKAS 32 is replaced by a reference to HKFRS 7.

paragraph IG2. An entity shall apply those amendments when it applies HKFRS 15.

- 41H HKFRS 9, as issued in September 2014, amended paragraphs 3, 4, 7, 8, 12, 34, 35, 45, Appendix A and paragraphs B18–B20 and deleted paragraphs 41C, 41D and 41F. An entity shall apply those amendments when it applies HKFRS 9.

Disclosure

- 42 An entity need not apply the disclosure requirements in this HKFRS to comparative information that relates to annual periods beginning before 1 January 2005, except for the disclosures required by paragraph 37(a) and (b) about accounting policies, and recognised assets, liabilities, income and expense (and cash flows if the direct method is used).
- 43 If it is impracticable to apply a particular requirement of paragraphs 10-35 to comparative information that relates to annual periods beginning before 1 January 2005, an entity shall disclose that fact. Applying the liability adequacy test (paragraphs 15-19) to such comparative information might sometimes be impracticable, but it is highly unlikely to be impracticable to apply other requirements of paragraphs 10-35 to such comparative information. HKAS 8 explains the term ‘impracticable’.
- 44 In applying paragraph 39(c)(iii), an entity need not disclose information about claims development that occurred earlier than five years before the end of the first financial year in which it applies this HKFRS. Furthermore, if it is impracticable, when an entity first applies this HKFRS, to prepare information about claims development that occurred before the beginning of the earliest period for which an entity presents full comparative information that complies with this HKFRS, the entity shall disclose that fact.

Redesignation of financial assets

- 45 Notwithstanding paragraph 4.4.1 of HKFRS 9, ~~W~~when an insurer changes its accounting policies for insurance liabilities, it is permitted, but not required, to reclassify some or all of its financial assets so that they are measured as¹ at fair value through profit or loss². This reclassification is permitted if an insurer changes accounting policies when it first applies this HKFRS and if it makes a subsequent policy change permitted by paragraph 22. The reclassification is a change in accounting policy and HKAS 8 applies.

Applying HKFRS 4 with HKFRS 9

Temporary exemption from HKFRS 9

- 46 *Applying HKFRS 9 Financial Instruments with HKFRS 4 Insurance Contracts (Amendments to HKFRS 4)*, issued in January 2017, amended paragraphs 3 and 5, and added paragraphs 20A–20Q, 35A and 39B–39J and headings after paragraphs 20, 20K, 20N and 39A. An entity shall apply those amendments, which permit insurers that meet specified criteria to apply a temporary exemption from HKFRS 9, for annual periods beginning on or after 1 January 2018.

- 47 An entity that discloses the information required by paragraphs 39B–39J shall use the transitional provisions in HKFRS 9 that are relevant to making the assessments required for those disclosures. The date of initial application for that purpose shall be deemed to be the beginning of the first annual period beginning on or after 1 January 2018.

The overlay approach

48 Applying HKFRS 9 Financial Instruments with HKFRS 4 Insurance Contracts (Amendments to HKFRS 4), issued in January 2017, amended paragraphs 3 and 5, and added paragraphs 35A–35N and 39K–39M and headings after paragraphs 35A, 35K, 35M and 39J. An entity shall apply those amendments, which permit insurers to apply the overlay approach to designated financial assets, when it first applies HKFRS 9 (see paragraph 35C).

49 An entity that elects to apply the overlay approach shall:

- (a) apply that approach retrospectively to designated financial assets on transition to HKFRS 9. Accordingly, for example, the entity shall recognise as an adjustment to the opening balance of accumulated other comprehensive income an amount equal to the difference between the fair value of the designated financial assets determined applying HKFRS 9 and their carrying amount determined applying HKAS 39.
- (b) restate comparative information to reflect the overlay approach if, and only if, the entity restates comparative information applying HKFRS 9.

Appendix A

Defined terms

This appendix is an integral part of the HKFRS.

cedant	The policyholder under a reinsurance contract .
deposit component	A contractual component that is not accounted for as a derivative under HKFRS 9 HKAS 39 and would be within the scope of <u>HKFRS 9</u> HKAS 39 if it were a separate instrument.
direct insurance contract	An insurance contract that is not a reinsurance contract .
discretionary participation feature	A contractual right to receive, as a supplement to guaranteed benefits , additional benefits: <ul style="list-style-type: none"> (a) that are likely to be a significant portion of the total contractual benefits; (b) whose amount or timing is contractually at the discretion of the issuer; and (c) that are contractually based on: <ul style="list-style-type: none"> (i) the performance of 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 company, fund or other entity that issues the contract.
fair value	<i>Fair value</i> 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 HKFRS 13.)
financial guarantee contract	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.
financial risk	The risk of a possible future change in one or more of a specified interest rate, financial instrument price, commodity price, foreign 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.
guaranteed benefits	Payments or other benefits to which a particular policyholder or investor has an unconditional right that is not subject to the contractual discretion of the issuer.

guaranteed element	An obligation to pay guaranteed benefits , included in a contract that contains a discretionary participation feature .
insurance asset	An insurer's net contractual rights under an insurance contract .
insurance contract	A contract under which one party (the insurer) 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. (See Appendix B for guidance on this definition.)
insurance liability	An insurer's net contractual obligations under an insurance contract .
insurance risk	Risk, other than financial risk , transferred from the holder of a contract to the issuer.
insured event	An uncertain future event that is covered by an insurance contract and creates insurance risk .
insurer	The party that has an obligation under an insurance contract to compensate a policyholder if an insured event occurs.
liability adequacy test	An assessment of whether the carrying amount of an insurance liability needs to be increased (or the carrying amount of related deferred acquisition costs or related intangible assets decreased), based on a review of future cash flows.
policyholder	A party that has a right to compensation under an insurance contract if an insured event occurs.
reinsurance assets	A cedant's net contractual rights under a reinsurance contract .
reinsurance contract	An insurance contract issued by one insurer (the reinsurer) to compensate another insurer (the cedant) for losses on one or more contracts issued by the cedant.
reinsurer	The party that has an obligation under a reinsurance contract to compensate a cedant if an insured event occurs.
unbundle	Account for the components of a contract as if they were separate contracts.

Appendix B

Definition of an insurance contract

This appendix is an integral part of the HKFRS.

B1 This appendix gives guidance on the definition of an insurance contract in Appendix A. It addresses the following issues:

- (a) the term ‘uncertain future event’ (paragraphs B2-B4);
- (b) payments in kind (paragraphs B5-B7);
- (c) insurance risk and other risks (paragraphs B8-B17);
- (d) examples of insurance contracts (paragraphs B18-B21);
- (e) significant insurance risk (paragraphs B22-B28); and
- (f) changes in the level of insurance risk (paragraphs B29 and B30).

Uncertain future event

B2 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) whether an *insured event* will occur;
- (b) when it will occur; or
- (c) how much the insurer will need to pay if it occurs.

B3 In some insurance contracts, the insured event is the discovery of a loss during the term of the contract, even if the 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.

B4 Some insurance contracts cover events that have already occurred, but whose financial effect is still uncertain. An example is a reinsurance contract that covers the direct insurer against adverse development of claims already reported by policyholders. In such contracts, the insured event is the discovery of the ultimate cost of those claims.

Payments in kind

B5 Some insurance contracts require or permit payments to be made in kind. An example is when the insurer replaces a stolen article directly, instead of reimbursing the policyholder. Another example is when an insurer uses its own hospitals and medical staff to provide medical services covered by the contracts.

B6 Some fixed-fee service contracts in which the level of service depends on an uncertain event meet the definition of an insurance contract in this HKFRS but are not regulated as insurance contracts in some countries. One example is a maintenance

contract in which the service provider agrees to repair specified equipment after a malfunction. The fixed service fee is based on the expected number of malfunctions, but it is uncertain whether a particular machine will break down. The malfunction of the equipment adversely affects its owner and the contract compensates the owner (in kind, rather than cash). Another example is a contract for car breakdown services in which the provider agrees, for a fixed annual fee, to provide roadside assistance or tow the car to a nearby garage. The latter contract could meet the definition of an insurance contract even if the provider does not agree to carry out repairs or replace parts.

- B7 Applying the HKFRS to the contracts described in paragraph B6 is likely to be no more burdensome than applying the HKFRSs that would be applicable if such contracts were outside the scope of this HKFRS:
- (a) There are unlikely to be material liabilities for malfunctions and breakdowns that have already occurred.
 - (b) If ~~HKFRS 15~~~~HKAS 18~~ *Revenue* applied, the service provider would recognise revenue when (or as) it transfers services to the customer by reference to the stage of completion (and subject to other specified criteria). That approach is also acceptable under this HKFRS, which permits the service provider (i) to continue its existing accounting policies for these contracts unless they involve practices prohibited by paragraph 14 and (ii) to improve its accounting policies if so permitted by paragraphs 22-30.
 - (c) The service provider considers whether the cost of meeting its contractual obligation to provide services exceeds the revenue received in advance. To do this, it applies the liability adequacy test described in paragraphs 15-19 of this HKFRS. If this HKFRS did not apply to these contracts, the service provider would apply HKAS 37 to determine whether the contracts are onerous.
 - (d) For these contracts, the disclosure requirements in this HKFRS are unlikely to add significantly to disclosures required by other HKFRSs.

Distinction between insurance risk and other risks

- B8 The definition of an insurance contract refers to insurance risk, which this HKFRS defines 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.
- B9 The definition of financial risk in Appendix A includes a list of financial and non-financial variables. That list includes non-financial variables that are not specific to a party to the contract, such as an index of earthquake losses in a particular region or an index of temperatures in a particular city. It excludes 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 not only changes in market prices for such assets (a financial variable) but also the condition of a specific non-financial asset held by a party to a contract (a non-financial variable). For example, if a guarantee of the residual value of a specific car exposes the guarantor to the risk of changes in the car's physical condition, that risk is insurance risk, not financial risk.

- B10 Some contracts expose the issuer to financial risk, in addition to significant insurance risk. For example, many life insurance contracts both guarantee a minimum rate of return to policyholders (creating financial risk) and promise death benefits that at some times significantly exceed the policyholder's account balance (creating insurance risk in the form of mortality risk). Such contracts are insurance contracts.
- B11 Under some contracts, an insured event triggers the payment of an amount linked to a price index. Such contracts are insurance contracts, provided the payment that is contingent on the insured event can be significant. For example, a life-contingent annuity linked to a cost-of-living index transfers insurance risk because payment is triggered by an uncertain event—the survival of the annuitant. The link to the price index is an embedded derivative, but it also transfers insurance risk. If the resulting transfer of insurance risk is significant, the embedded derivative meets the definition of an insurance contract, in which case it need not be separated and measured at fair value (see paragraph 7 of this HKFRS).
- B12 The definition of insurance risk refers to risk that the insurer accepts from the policyholder. In other words, insurance risk is a pre-existing risk transferred from the policyholder to the insurer. Thus, a new risk created by the contract is not insurance risk.
- B13 The definition of an insurance contract refers to an adverse effect on the policyholder. The definition does not limit the payment by the insurer to an amount equal to the financial impact of the adverse event. For example, the definition does not exclude 'new-for-old' coverage that pays the policyholder sufficient to permit replacement of a damaged old asset by a new asset. Similarly, the definition does not limit payment under a term life insurance contract to the financial loss suffered by the deceased's dependants, nor does it preclude the payment of predetermined amounts to quantify the loss caused by death or an accident.
- B14 Some contracts require a payment if a specified uncertain event occurs, but do not require an adverse effect on the policyholder as a precondition for payment. Such a contract is not an insurance contract even if the holder uses the contract to mitigate an underlying risk exposure. For example, if the holder uses a derivative to hedge an underlying non-financial variable that is correlated with cash flows from an asset of the entity, the derivative is not an insurance contract because payment is not conditional on whether the holder is adversely affected by a reduction in the cash flows from the asset. Conversely, the definition of an insurance contract refers to an uncertain event for which an adverse effect on the policyholder is a contractual precondition for payment. This contractual precondition does not require the insurer to investigate whether the event actually caused an adverse effect, but permits the insurer to deny payment if it is not satisfied that the event caused an adverse effect.
- B15 Lapse or persistency risk (ie the risk that the counterparty will cancel the contract earlier or later than the issuer had expected in pricing the contract) is not insurance risk because the payment to the counterparty is not contingent on an uncertain future event that adversely affects the counterparty. Similarly, expense risk (ie the risk of unexpected increases in the administrative costs associated with the servicing of a contract, rather than in costs associated with insured events) is not insurance risk because an unexpected increase in expenses does not adversely affect the counterparty.

- B16 Therefore, a contract that exposes the issuer to lapse risk, persistency risk or expense risk is not an insurance contract unless it also exposes the issuer to insurance risk. However, if the issuer of that contract mitigates that risk by using a second contract to transfer part of that risk to another party, the second contract exposes that other party to insurance risk.
- B17 An insurer can accept significant insurance risk from the policyholder only if the insurer is an entity separate from the policyholder. In the case of a mutual insurer, the mutual accepts risk from each policyholder and pools that risk. Although policyholders bear that pooled risk collectively in their capacity as owners, the mutual has still accepted the risk that is the essence of an insurance contract.

Examples of insurance contracts

- B18 The following are examples of contracts that are insurance contracts, if the transfer of insurance risk is significant:
- (a) insurance against theft or damage to property.
 - (b) insurance against product liability, professional liability, civil liability or legal expenses.
 - (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 assist the annuitant or pensioner in maintaining a given standard of living, which would otherwise be adversely affected by his or her survival).
 - (e) disability and medical cover.
 - (f) surety bonds, fidelity bonds, performance bonds and bid bonds (ie contracts that provide compensation if another party fails to perform a contractual obligation, for example an obligation to construct a building).
 - (g) credit insurance that provides for specified payments to be made to reimburse the holder for a loss it incurs because a specified debtor fails to make payment when due under the original or modified terms of a debt instrument. These contracts could have various legal forms, such as that of a guarantee, some types of letter of credit, a credit derivative default contract or an insurance contract. However, although these contracts meet the definition of an insurance contract, they also meet the definition of a financial guarantee contract in HKFRS 9~~HKAS 39~~ and are within the scope of HKAS 32* and HKFRS 9~~HKAS 39~~, not this HKFRS (see paragraph 4(d)). Nevertheless, if an issuer of financial guarantee contracts has previously asserted explicitly that it regards such contracts as insurance contracts and has used accounting applicable to insurance contracts, the issuer may elect to apply either ~~HKAS 39 and~~ HKAS 32* and HKFRS 9 or this HKFRS to such financial guarantee contracts.

* When an entity applies HKFRS 7, the reference to HKAS 32 is replaced by a reference to HKFRS 7

- (h) product warranties. Product warranties issued by another party for goods sold by a manufacturer, dealer or retailer are within the scope of this HKFRS. However, product warranties issued directly by a manufacturer, dealer or retailer are outside its scope, because they are within the scope of HKFRS 15 ~~HKAS 18~~ and HKAS 37.
- (i) title insurance (ie insurance against the discovery of defects in title to land that were not apparent when the insurance contract was written). In this case, the insured event is the discovery of a defect in the title, not the defect itself.
- (j) travel assistance (ie compensation in cash or in kind to policyholders for losses suffered while they are travelling). Paragraphs B6 and B7 discuss some contracts of this kind.
- (k) 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 foreign exchange rate).
- (l) insurance swaps and other contracts that require a payment based on changes in climatic, geological or other physical variables that are specific to a party to the contract.
- (m) reinsurance contracts.

B19 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 expose the insurer to significant insurance risk, for example life insurance contracts in which the insurer bears no significant mortality risk (such contracts are non-insurance financial instruments or service contracts, see paragraphs B20 and B21).
- (b) contracts that have the legal form of insurance, but pass all significant insurance risk back to the policyholder through non-cancellable and enforceable mechanisms that adjust future payments by the policyholder as a direct result of insured losses, for example some financial reinsurance contracts or some group contracts (such contracts are normally non-insurance financial instruments or service contracts, see paragraphs B20 and B21).
- (c) self-insurance, in other words retaining a risk that could have been covered by insurance (there is no insurance contract because there is no agreement with another party).
- (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, that the event adversely affects the policyholder. However, this does not preclude the specification of a predetermined payout to quantify the loss caused by a specified event such as death or an accident (see also paragraph B13).

- (e) derivatives that expose one party to financial risk but not insurance risk, because they require that party to make payment based solely on changes in one or more of a specified interest rate, financial instrument price, commodity price, foreign 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 (see HKFRS 9~~HKAS 39~~).
 - (f) a credit-related guarantee (or letter of credit, credit derivative default contract or credit insurance contract) that requires payments even if the holder has not incurred a loss on the failure of the debtor to make payments when due (see HKFRS 9~~HKAS 39~~).
 - (g) contracts that require a payment based on a climatic, geological or other physical variable that is not specific to a party to the contract (commonly described as weather derivatives).
 - (h) catastrophe bonds that provide for reduced payments of principal, interest or both, based on a climatic, geological or other physical variable that is not specific to a party to the contract.
- B20 If the contracts described in paragraph B19 create financial assets or financial liabilities, they are within the scope of HKFRS 9~~HKAS 39~~. Among other things, this means that the parties to the contract use what is sometimes called deposit accounting, which involves the following:
- (a) one party recognises the consideration received as a financial liability, rather than as revenue.
 - (b) the other party recognises the consideration paid as a financial asset, rather than as an expense.
- B21 If the contracts described in paragraph B19 do not create financial assets or financial liabilities, HKFRS 15~~HKAS 18~~ applies. Under HKFRS 15~~HKAS 18~~, revenue associated with a transaction involving the rendering of services is recognised when (or as) an entity satisfies a performance obligation by transferring a promised good or service to a customer in an amount that reflects the consideration to which the entity expects to be entitled by reference to the stage of completion of the transaction if the outcome of the transaction can be estimated reliably.

Significant insurance risk

- B22 A contract is an insurance contract only if it transfers significant insurance risk. Paragraphs B8-B21 discuss insurance risk. The following paragraphs discuss the assessment of whether insurance risk is significant.
- B23 Insurance risk is significant if, and only if, an insured event could cause an insurer to pay significant additional benefits in any scenario, excluding scenarios that lack commercial substance (ie have no discernible effect on the economics of the transaction). If significant additional benefits would be payable in scenarios that have commercial substance, the condition in the previous sentence may be met even if the insured event is extremely unlikely or even if the expected (ie probability-weighted) present value of contingent cash flows is a small proportion of the expected present value of all the remaining contractual cash flows.

- B24 The additional benefits described in paragraph B23 refer to amounts that exceed those that would be payable if no insured event occurred (excluding scenarios that lack commercial substance). Those additional amounts include claims handling and claims assessment costs, but exclude:
- (a) the loss of the ability to charge the policyholder for future services. For example, in an investment-linked life insurance contract, the death of the policyholder means that the insurer can no longer perform investment management services and collect a fee for doing so. However, this economic loss for the insurer does not reflect insurance risk, just as a mutual fund manager does not take on insurance risk in relation to the possible death of the client. Therefore, the potential loss of future investment management fees is not relevant in assessing how much insurance risk is transferred by a contract.
 - (b) waiver on death of charges that would be made on cancellation or surrender. Because the contract brought those charges into existence, the waiver of these charges does not compensate the policyholder for a pre-existing risk. Hence, they are not relevant in 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 one million currency units if an asset suffers physical damage causing an insignificant economic loss of one currency unit to the holder. In this contract, the holder transfers to the insurer the insignificant risk of losing one currency unit. At the same time, the contract creates non-insurance risk that the issuer will need to pay 999,999 currency units if the specified event occurs. Because the issuer does not accept significant insurance risk from the holder, this contract is not an insurance contract.
 - (d) possible reinsurance recoveries. The insurer accounts for these separately.
- B25 An insurer shall assess the significance of insurance risk contract by contract, rather than by reference to materiality to the financial statements.* Thus, insurance risk may be significant even if there is a minimal probability of material losses for a whole book of contracts. This contract-by-contract assessment makes it easier to classify a contract as an insurance contract. However, if a relatively homogeneous book of small contracts is known to consist of contracts that all transfer insurance risk, an insurer need not examine each contract within that book to identify a few non-derivative contracts that transfer insignificant insurance risk.
- B26 It follows from paragraphs B23-B25 that if a contract pays a death benefit exceeding the amount payable on survival, the contract is an insurance contract unless the additional death benefit is insignificant (judged by reference to the contract rather than to an entire book of contracts). As noted in paragraph B24(b), the waiver on death of cancellation or surrender charges is not included in this assessment if this 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.
- B27 Paragraph B23 refers to additional benefits. These additional benefits could include a requirement to pay benefits earlier if the insured event occurs earlier and the payment

* For this purpose, contracts entered into simultaneously with a single counterparty (or contracts that are otherwise interdependent) form a single contract.

is not adjusted for the time value of money. An example is whole life insurance for a fixed amount (in other words, insurance that provides a fixed death benefit whenever the policyholder dies, with no expiry date for the cover). It is certain that the policyholder ~~dies~~ will die, but the date of death is uncertain. The insurer will suffer a loss on those individual contracts for which policyholders die early, even if there is no overall loss on the whole book of contracts.

- B28 If an insurance contract is unbundled into a deposit component and an insurance component, the significance of insurance risk transfer is assessed by reference to the insurance component. The significance of insurance risk transferred by an embedded derivative is assessed by reference to the embedded derivative.

Changes in the level of insurance risk

- B29 Some contracts do not transfer any insurance risk to the issuer at inception, although they do transfer insurance risk at a later 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 current annuity rates charged by the insurer to other new annuitants when the policyholder exercises the option. The contract transfers no insurance risk to the issuer until the option is exercised, because the insurer remains free to price the annuity on a basis that reflects the insurance risk transferred to the insurer at that time. However, if the contract specifies the annuity rates (or a basis for setting the annuity rates), the contract transfers insurance risk to the issuer at inception.
- B30 A contract that qualifies as an insurance contract remains an insurance contract until all rights and obligations are extinguished or expire.

Appendix C

~~Amendments to other HKFRSs~~

~~The amendments in this appendix shall be applied for annual periods beginning on or after 1 January 2005. If an entity adopts this HKFRS for an earlier period, these amendments shall be applied for that earlier period.~~

~~***~~

~~The amendments contained in this appendix when this Standard was issued have been incorporated into the relevant Standards.~~

Appendix DC

Comparison with International Financial Reporting Standards

This comparison appendix, which was prepared as at July 2004 and deals only with significant differences in the standards extant, is produced for information only and does not form part of the standards in HKFRS 4.

The International Financial Reporting Standard comparable with HKFRS 4 is IFRS 4 *Insurance Contracts*.

There are no major textual differences between HKFRS 4 and IFRS 4.

*Basis for Conclusions on
Hong Kong Financial Reporting Standards 4*

Insurance Contracts



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

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HKFRS 4 is based on IFRS 4 *Insurance Contracts*. In approving HKFRS 4, the Council of the Hong Kong Institute of Certified Public Accountants considered and agreed with the IASB's Basis for Conclusions on IFRS 4. Accordingly, there are no significant differences between HKFRS 4 and IFRS 4. The IASB's Basis for Conclusions is reproduced below for reference. The paragraph numbers of IFRS 4 referred to below generally correspond with those in HKFRS 4.

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Basis for Conclusions on IFRS 4 *Insurance Contracts*

This Basis for Conclusions accompanies, but is not part of, IFRS 4.

Introduction

BC1 This Basis for Conclusions summarises the International Accounting Standards Board's considerations in reaching the conclusions in IFRS 4 *Insurance Contracts*. Individual Board members gave greater weight to some factors than to others.

Background

BC2 The Board decided to develop an International Financial Reporting Standard (IFRS) on insurance contracts because:

- (a) there was no IFRS on insurance contracts, and insurance contracts were excluded from the scope of existing IFRSs that would otherwise have been relevant (eg IFRSs on provisions, financial instruments, intangible assets).
- (b) accounting practices for insurance contracts were diverse, and also often differed from practices in other sectors.

BC3 The Board's predecessor organisation, the International Accounting Standards Committee (IASC), set up a Steering Committee in 1997 to carry out the initial work on this project. In December 1999, the Steering Committee published an *Issues Paper*, which attracted 138 comment letters. The Steering Committee reviewed the comment letters and concluded its work by developing a report to the Board in the form of a *Draft Statement of Principles* (DSOP). The Board started discussing the DSOP in November 2001. The Board did not approve the DSOP or invite formal comments on it, but made it available to the public on the IASB's Website.

BC4 Few insurers report using IFRSs at present, although many more are expected to do so from 2005. Because it was not feasible to complete this project for implementation in 2005, the Board split the project into two phases so that insurers could implement some aspects in 2005. The Board published its proposals for phase I in July 2003 as ED 5 *Insurance Contracts*. The deadline for comments was 31 October 2003 and the Board received 135 responses. After reviewing the responses, the Board issued IFRS 4 in March 2004.

BC5 The Board's objectives for phase I were:

- (a) to make limited improvements to accounting practices for insurance contracts, without requiring major changes that may need to be reversed in phase II.
- (b) to require disclosure that (i) identifies and explains the amounts in an insurer's financial statements arising from insurance contracts and (ii) helps users of those financial statements understand the amount, timing and uncertainty of future cash flows from insurance contracts.

Tentative conclusions for phase II

BC6 The Board sees phase I as a stepping stone to phase II and is committed to completing phase II without delay once it has investigated all relevant conceptual and practical questions and completed its due process. In January 2003, the Board reached the following tentative conclusions for phase II:

- (a) The approach should be an asset-and-liability approach that would require an entity to identify and measure directly the contractual rights and obligations arising from insurance contracts, rather than create deferrals of inflows and outflows.
- (b) Assets and liabilities arising from insurance contracts should be measured at their fair value, with the following two caveats:
 - (i) Recognising the lack of market transactions, an entity may use entity-specific assumptions and information when market-based information is not available without undue cost and effort.
 - (ii) In the absence of market evidence to the contrary, the estimated fair value of an insurance liability shall not be less, but may be more, than the entity would charge to accept new contracts with identical contractual terms and remaining maturity from new policyholders. It follows that an insurer would not recognise a net gain at inception of an insurance contract, unless such market evidence is available.
- (c) As implied by the definition of fair value:*
 - (i) an undiscounted measure is inconsistent with fair value.
 - (ii) expectations about the performance of assets should not be incorporated into the measurement of an insurance contract, directly or indirectly (unless the amounts payable to a policyholder depend on the performance of specific assets).
 - (iii) the measurement of fair value should include an adjustment for the premium that marketplace participants would demand for risks and mark-up in addition to the expected cash flows.
 - (iv) fair value measurement of an insurance contract should reflect the credit characteristics of that contract, including the effect of policyholder protections and insurance provided by governmental bodies or other guarantors.
- (d) The measurement of contractual rights and obligations associated with the closed book of insurance contracts should include future premiums specified in the contracts (and claims, benefits, expenses, and other additional cash flows resulting from those premiums) if, and only if:
 - (i) policyholders hold non-cancellable continuation or renewal rights that significantly constrain the insurer's ability to reprice the contract to rates that would apply for new policyholders whose characteristics are similar to those of the existing policyholders; and

* IFRS 13 *Fair Value Measurement*, issued in May 2011, defines fair value and contains the requirements for measuring fair value.

- (ii) those rights will lapse if the policyholders stop paying premiums.
 - (e) Acquisition costs should be recognised as an expense when incurred.
 - (f) The Board will consider two more questions later in phase II:
 - (i) Should the measurement model unbundle the individual elements of an insurance contract and measure them individually?
 - (ii) How should an insurer measure its liability to holders of participating contracts?
- BC7 In two areas, those tentative conclusions differ from the IASC Steering Committee's recommendations in the DSOP:
- (a) the use of a fair value measurement objective rather than entity-specific value. However, that change is not as significant as it might seem because entity-specific value as described in the DSOP is indistinguishable in most respects from estimates of fair value determined using measurement guidance that the Board has tentatively adopted in phase II of its project on business combinations.*
 - (b) the criteria used to determine whether measurement should reflect future premiums and related cash flows (paragraph BC6(d)).
- BC8 Since January 2003, constraints on Board and staff resources have prevented the Board from continuing work to determine whether its tentative conclusions for phase II can be developed into a standard that is consistent with the IASB *Framework*¹ and workable in practice. The Board intends to return to phase II of the project in the second quarter of 2004. It plans to focus at that time on both conceptual and practical issues, as in any project. Only after completing its deliberations will the Board proceed with an Exposure Draft of a proposed IFRS. The Board's deliberations in all projects include a consideration of alternatives and whether those alternatives represent conceptually superior approaches to financial reporting issues. Consequently, the Board will examine existing practices throughout the world to ascertain whether any could be deemed to be a superior answer suitable for international adoption.
- BC9 As discussed in paragraph BC84, ED 5 proposed a 'sunset clause', which the Board deleted in finalising the IFRS. Although respondents generally opposed the sunset clause, many applauded the Board's signal of its commitment to complete phase II without delay.

Scope

- BC10 Some argued that the IFRS should deal with all aspects of financial reporting by insurers, to ensure that the financial reporting for insurers is internally consistent. They noted that regulatory requirements, and some national accounting requirements, often cover all aspects of an insurer's business. However, for the following reasons,

* The Board completed the second phase of its project on business combinations in 2008 by issuing a revised IFRS 3 *Business Combinations* and an amended version of IAS 27 *Consolidated and Separate Financial Statements*. The consolidation requirements in IAS 27 were superseded by IFRS 10 *Consolidated Financial Statements* issued in May 2011. IFRS 13, issued in May 2011, defines fair value and contains the requirements for measuring fair value.

¹ References to the *Framework* are to IASC's *Framework for Preparation and Presentation of Financial Statements*, adopted by IASB in 2001. In September 2010 the IASB replaced the *Framework* with the *Conceptual Framework for Financial Reporting*.

the IFRS deals with insurance contracts of all entities and does not address other aspects of accounting by insurers:

- (a) It would be difficult, and perhaps impossible, to create a robust definition of an insurer that could be applied consistently from country to country. Among other things, an increasing number of entities have major activities in both insurance and other areas.
- (b) It would be undesirable for an insurer to account for a transaction in one way and for a non-insurer to account in a different way for the same transaction.
- (c) The project should not reopen issues addressed by other IFRSs, unless specific features of insurance contracts justify a different treatment. Paragraphs BC166-BC180 discuss the treatment of assets backing insurance contracts.

Definition of insurance contract

BC11 The definition of an insurance contract determines which contracts are within the scope of IFRS 4 rather than other IFRSs. Some argued that phase I should use existing national definitions of insurance contracts, on the following grounds:

- (a) Before phase II gives guidance on applying IAS 39 *Financial Instruments: Recognition and Measurement*[#] to difficult areas such as discretionary participation features and cancellation and renewal rights, it would be premature to require insurers to apply IAS 39 to contracts that contain these features and rights.
- (b) The definition adopted for phase I may need to be amended again for phase II. This could compel insurers to make extensive changes twice in a short time.

BC12 However, in the Board's view, it is unsatisfactory to base the definition used in IFRSs on local definitions that may vary from country to country and may not be most relevant for deciding which IFRS ought to apply to a particular type of contract.

BC13 Some expressed concerns that the adoption of a particular definition by the IASB could lead ultimately to inappropriate changes in definitions used for other purposes, such as insurance law, insurance supervision or tax. The Board emphasises that any definition used in IFRSs is solely for financial reporting and is not intended to change or pre-empt definitions used for other purposes.

BC14 Various Standards issued by IASC used definitions or descriptions of insurance contracts to exclude insurance contracts from their scope. The scope of IAS 37 *Provisions, Contingent Liabilities and Contingent Assets* and of IAS 38 *Intangible Assets* excluded provisions, contingent liabilities, contingent assets and intangible assets that arise in insurance enterprises from contracts with policyholders. IASC used this wording when its insurance project had just started, to avoid prejudging whether the project would address insurance contracts or a broader class of contracts. Similarly, the scope of IAS 18 *Revenue*^{*} excluded revenue arising from insurance contracts of insurance enterprises.

[#] IFRS 9 *Financial Instruments* replaced IAS 39. IFRS 9 applies to all items that were previously within the scope of IAS 39.

^{*} IFRS 15 *Revenue from Contracts with Customers*, issued in May 2014, replaced IAS 18 *Revenue*. IFRS 15 also excludes from its scope revenue arising from insurance contracts.

- BC15 The following definition of insurance contracts was used to exclude insurance contracts from the scope of an earlier version of IAS 32 *Financial Instruments: Disclosure and Presentation* and IAS 39.

An insurance contract is a contract that exposes the insurer to identified risks of loss from events or circumstances occurring or discovered within a specified period, including death (in the case of an annuity, the survival of the annuitant), sickness, disability, property damage, injury to others and business interruption.

- BC16 This definition was supplemented by a statement that IAS 32 and IAS 39 did, nevertheless, apply when a financial instrument ‘takes the form of an insurance contract but principally involves the transfer of financial risks.’

- BC17 For the following reasons, the Board discarded the previous definition in IAS 32 and IAS 39:

- (a) The definition gave a list of examples, but did not define the characteristics of the risks that it was intended to include.
- (b) A clearer definition reduces the uncertainty about the meaning of the phrase ‘principally involves the transfer of financial risks’. This will help insurers adopting IFRSs for the first-time (‘first-time adopters’) in 2005 and minimises the likelihood of further changes in classification for phase II. Furthermore, the previous test could have led to many contracts being classified as financial instruments even though they transfer significant insurance risk.

- BC18 In developing a new definition, the Board also considered US GAAP. The main FASB statements for insurers deal with financial reporting by insurance entities and do not define insurance contracts explicitly. However, paragraph 1 of SFAS 113 *Accounting and Reporting for Reinsurance of Short-Duration and Long-Duration Contracts* states:

Insurance provides indemnification against loss or liability from specified events and circumstances that may occur or be discovered during a specified period. In exchange for a payment from the policyholder (a premium), an insurance enterprise agrees to pay the policyholder if specified events occur or are discovered.

- BC19 Paragraph 6 of SFAS 113 applies to any transaction, regardless of its form, that indemnifies an insurer against loss or liability relating to insurance risk. The glossary appended to SFAS 113 defines insurance risk as:

The risk arising from uncertainties about both (a) the ultimate amount of net cash flows from premiums, commissions, claims, and claim settlement expenses paid under a contract (often referred to as underwriting risk) and (b) the timing of the receipt and payment of those cash flows (often referred to as timing risk). Actual or imputed investment returns are not an element of insurance risk. Insurance risk is fortuitous—the possibility of adverse events occurring is outside the control of the insured.

- BC20 Having reviewed these definitions from US GAAP, the Board developed a new definition of insurance contract for the IFRS and expects to use the same definition for phase II. The following aspects of the definition are discussed below:

- (a) insurance risk (paragraphs BC21-BC24);

- (b) insurable interest (paragraphs BC25-BC29);
- (c) quantity of insurance risk (paragraphs BC30-BC37);
- (d) expiry of insurance-contingent rights and obligations (paragraphs BC38 and BC39);
- (e) unbundling (paragraphs BC40-BC54); and
- (f) weather derivatives (paragraphs BC55-BC60).

Insurance risk

- BC21 The definition of an insurance contract in the IFRS focuses on the feature that causes accounting problems unique to insurance contracts, namely insurance risk. The definition of insurance risk excludes financial risk, defined using a list of risks that also appears in IAS 39's[#] definition of a derivative.
- BC22 Some contracts have the legal form of insurance contracts but do not transfer significant insurance risk to the issuer. Some argue that all such contracts should be treated as insurance contracts, for the following reasons:
- (a) These contracts are traditionally described as insurance contracts and are generally subject to regulation by insurance supervisors.
 - (b) Phase I will not achieve great comparability between insurers because it will permit a diverse range of treatments for insurance contracts. It would be preferable to ensure consistency at least within a single insurer.
 - (c) Accounting for some contracts under IAS 39[#] and others under local GAAP is unhelpful to users. Moreover, some argued that IAS 39 contains insufficient, and possibly inappropriate, guidance for investment contracts.*
 - (d) The guidance proposed in ED 5 on significant insurance risk was too vague, would be applied inconsistently and relied on actuarial resources in short supply in many countries.
- BC23 However, as explained in the *Framework*, financial statements should reflect economic substance and not merely legal form. Furthermore, accounting arbitrage could occur if the addition of an insignificant amount of insurance risk made a significant difference to the accounting. Therefore, the Board decided that contracts described in the previous paragraph should not be treated as insurance contracts for financial reporting.
- BC24 Some respondents suggested that an insurance contract is any contract under which the policyholder exchanges a fixed amount (ie the premium) for an amount payable if an insured event occurs. However, not all insurance contracts have explicit premiums (eg insurance cover bundled with some credit card contracts). Adding a reference to premiums would have introduced no more clarity and might have required more supporting guidance and explanations.

[#] IFRS 9 *Financial Instruments* replaced IAS 39. IFRS 9 applies to all items that were previously within the scope of IAS 39.

* 'Investment contract' is an informal term referring to a contract issued by an insurer that does not expose the insurer to significant insurance risk and is therefore within the scope of IAS 39.

Insurable interest

- BC25 In some countries, the legal definition of insurance requires that the policyholder or other beneficiary should have an insurable interest in the insured event. For the following reasons, the definition proposed in 1999 by the former IASC Steering Committee in the Issues Paper did not refer to insurable interest:
- (a) Insurable interest is defined in different ways in different countries. Also, it is difficult to find a simple definition of insurable interest that is adequate for such different types of insurance as insurance against fire, term life insurance and annuities.
 - (b) Contracts that require payment if a specified uncertain future event occurs cause similar types of economic exposure, whether or not the other party has an insurable interest.
- BC26 Because the definition proposed in the Issues Paper did not include a notion of insurable interest, it would have encompassed gambling. Several commentators on the Issues Paper stressed the important social, moral, legal and regulatory differences between insurance and gambling. They noted that policyholders buy insurance to reduce risk, whereas gamblers take on risk (unless they use a gambling contract as a hedge). In the light of these comments, the definition of an insurance contract in the IFRS incorporates the notion of insurable interest. Specifically, it refers to the fact that the insurer accepts risk from the policyholder by agreeing to compensate the policyholder if an uncertain event adversely affects the policyholder. The notion of insurable interest also appears in the definition of financial risk, which refers to a non-financial variable not specific to a party to the contract.
- BC27 This reference to an adverse effect is open to the objections set out in paragraph BC25. However, without this reference, the definition of an insurance contract might have captured any prepaid contract to provide services whose cost is uncertain (see paragraphs BC74-BC76 for further discussion). This would have extended the meaning of the term ‘insurance contract’ too far beyond its traditional meaning.
- BC28 Some respondents to ED 5 were opposed to including the notion of insurable interest, on the following grounds:
- (a) In life insurance, there is no direct link between the adverse event and the financial loss to the policyholder. Moreover, it is not clear that survival adversely affects an annuitant. Any contract that is contingent on human life should meet the definition of insurance contract.
 - (b) This notion excludes some contracts that are, in substance, used as insurance, such as weather derivatives (see paragraphs BC55- BC60 for further discussion). The test should be whether there is a reasonable expectation of some indemnification to policyholders. A tradable contract could be brought within the scope of IAS 39.*
 - (c) It would be preferable to eliminate the notion of insurable interest and replace it with the notion that insurance is a business that involves assembling risks into a pool that is managed together.

* IFRS 9 *Financial Instruments* replaced IAS 39. IFRS 9 applies to all items that were previously within the scope of IAS 39.

BC29 The Board decided to retain the notion of insurable interest because it gives a principle-based distinction, particularly between insurance contracts and other contracts that happen to be used for hedging. Furthermore, it is preferable to base a distinction on the type of contract, rather than the way an entity manages a contract or group of contracts. Moreover, the Board decided that it was unnecessary to refine this notion for a life insurance contract or life-contingent annuity, because such contracts typically provide for a predetermined amount to quantify the adverse effect (see paragraph B13 of the IFRS).

Quantity of insurance risk

BC30 Paragraphs B22-B28 of Appendix B of the IFRS discuss how much insurance risk must be present before a contract qualifies as an insurance contract. In developing this material, the Board noted the conditions in US GAAP for a contract to be treated as an insurance contract. SFAS 113 requires two conditions for a contract to be eligible for reinsurance accounting, rather than deposit accounting:

- (a) the contract transfers significant insurance risk from the cedant to the reinsurer (which does not occur if the probability of a significant variation in either the amount or timing of payments by the reinsurer is remote); and
- (b) either:
 - (i) there is a reasonable possibility that the reinsurer will suffer a significant loss (based on the present value of all cash flows between the ceding and assuming enterprises under reasonably possible outcomes); or
 - (ii) the reinsurer has assumed substantially all of the insurance risk relating to the reinsured portions of the underlying insurance contracts (and the cedant has retained only insignificant insurance risk on the reinsured portions).

BC31 Under paragraph 8 of SFAS 97 *Accounting and Reporting by Insurance Enterprises for Certain Long-Duration Contracts and for Realized Gains and Losses from the Sale of Investments*, an annuity contract is considered an insurance contract unless (a) the probability that life contingent payments will be made is remote* or (b) the present value of the expected life-contingent payments relative to the present value of all expected payments under the contract is insignificant.

BC32 The Board noted that some practitioners use the following guideline in applying US GAAP: a reasonable possibility of a significant loss is a 10 per cent probability of a 10 per cent loss. In this light, the Board considered whether it should define the amount of insurance risk in quantitative terms in relation to, for example:

- (a) the probability that payments under the contract will exceed the expected (ie probability-weighted average) level of payments; or
- (b) a measure of the range of outcomes, such as the range between the highest and lowest level of payments or the standard deviation of payments.

* Paragraph 8 of SFAS 97 notes that the term remote is defined in paragraph 3 of SFAS 5 *Accounting for Contingencies* as ‘the chance of the future event or events occurring is slight.’

- BC33 Quantitative guidance creates an arbitrary dividing line that results in different accounting treatments for similar transactions that fall marginally on different sides of the line. It also creates opportunities for accounting arbitrage by encouraging transactions that fall marginally on one side or the other of the line. For these reasons, the IFRS does not include quantitative guidance.
- BC34 The Board also considered whether it should define the significance of insurance risk by referring to materiality, which the *Framework* describes as follows. ‘Information is material if its omission or misstatement could influence the economic decisions of users taken on the basis of the financial statements.’ However, a single contract, or even a single book of similar contracts, could rarely generate a loss that is material in relation to the financial statements as a whole. Therefore, the IFRS defines the significance of insurance risk in relation to the individual contract (paragraph B25). The Board had two reasons for this:
- (a) Although insurers manage contracts on a portfolio basis, and often measure them on that basis, the contractual rights and obligations arise from individual contracts.
 - (b) An assessment contract by contract is likely to increase the proportion of contracts that qualify as insurance contracts. If a relatively homogeneous book of contracts is known to consist of contracts that all transfer insurance risk, the Board did not intend to require insurers to examine each contract within that book to identify a few non-derivative contracts that transfer insignificant insurance risk (paragraph B25 of the IFRS). The Board intended to make it easier, not harder, for a contract to meet the definition.
- BC35 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 consider both amount and probability. However, it would have meant that a contract could start as an investment contract (ie a financial liability) and become an insurance contract as time passes or probabilities are reassessed. In the Board’s view, requiring continuous monitoring over the life of the contract would be too onerous. Instead, the Board adopted an approach that requires this decision to be made once only, at the inception of a contract. The guidance in paragraphs B22-B28 of the IFRS focuses on whether insured events could cause an insurer to pay additional amounts, judged contract by contract.
- BC36 Some respondents objected to ED 5’s proposal that insurance risk would be significant if a single plausible event could cause a loss that is more than trivial. They suggested that such a broad notion of significant insurance risk might permit abuse. Instead, they suggested referring to a reasonable possibility of a significant loss. However, the Board rejected this suggestion because it would have required insurers to monitor the level of insurance risk continually, which could have given rise to frequent reclassifications. It might also have been too difficult to apply this notion to remote catastrophic scenarios; indeed, some respondents asked the Board to clarify whether the assessment should include such scenarios. In finalising the IFRS, the Board clarified the terminology by (a) replacing the notion of a plausible scenario with an explanation of the need to ignore scenarios that have no commercial substance and (b) replacing the term ‘trivial’ with the term ‘insignificant’.

BC37 Some respondents asked the Board to clarify the basis of comparison for the significance test, because of uncertainty about the meaning of the phrase ‘net cash flows arising from the contract’ in ED 5. Some suggested that this would require a comparison with the profit that the issuer expects from the contract. However, the Board had not intended this reading, which would have led to the absurd conclusion that any contract with a profitability of close to zero might qualify as an insurance contract. In finalising the IFRS, the Board confirmed in paragraphs B22-B28 that:

- (a) the comparison is between the amounts payable if an insured event occurs and the amounts payable if no insured event occurs. Implementation Guidance in IG Example 1.3 addresses a contract in which the death benefit in a unit-linked contract is 101 per cent of the unit value.
- (b) surrender charges that might be waived on death are not relevant in assessing how much insurance risk a contract transfers because their waiver does not compensate the policyholder for a pre-existing risk. Implementation Guidance in IG Examples 1.23 and 1.24 is relevant.

Expiry of insurance-contingent rights and obligations

BC38 Some respondents suggested that a contract should no longer be treated as an insurance contract after all insurance-contingent rights and obligations have expired. However, this suggestion could have required insurers to set up new systems to identify these contracts. Therefore, paragraph B30 states that an insurance contract remains an insurance contract until all rights and obligations expire. IG Example 2.19 in the Implementation Guidance addresses dual-trigger contracts.

BC39 Some respondents suggested that a contract should not be regarded as an insurance contract if the insurance-contingent rights and obligations expire after a very short time. The IFRS includes material that may be relevant: paragraph B23 explains the need to ignore scenarios that lack commercial substance and paragraph B24(b) notes that there is no significant transfer of pre-existing risk in some contracts that waive surrender penalties on death.

Unbundling

BC40 The definition of an insurance contract distinguishes insurance contracts within the scope of the IFRS from investments and deposits within the scope of IAS 39.* However, many insurance contracts contain a significant deposit component (ie a component that would, if it were a separate instrument, be within the scope of IAS 39). Indeed, virtually all insurance contracts have an implicit or explicit deposit component, because the policyholder is generally required to pay premiums before the period of risk; therefore, the time value of money is likely to be one factor that insurers consider in pricing contracts.

BC41 To reduce the need for guidance on the definition of an insurance contract, some argue that an insurer should ‘unbundle’ the deposit component from the insurance component. Unbundling has the following consequences:

- (a) The insurance component is measured as an insurance contract.
- (b) The deposit component is measured under IAS 39 at either amortised cost or

* IFRS 9 *Financial Instruments* replaced IAS 39. IFRS 9 applies to all items that were previously within the scope of IAS 39.

fair value. This might not be consistent with the basis used for insurance contracts.

- (c) Premium receipts for the deposit component are recognised not as revenue, but rather as changes in the deposit liability. Premium receipts for the insurance element are typically recognised as revenue.
- (d) A portion of the transaction costs incurred at inception is allocated to the deposit component if this allocation has a material effect.

BC42 Supporters of unbundling deposit components argue that:

- (a) an entity should account in the same way for the deposit component of an insurance contract as for an otherwise identical financial instrument that does not transfer significant insurance risk.
- (b) the tendency in some countries for banks to own insurers (and vice versa) and the similarity of products offered by the insurance and fund management sectors suggest that insurers, banks and fund managers should account for the deposit component in a similar manner.
- (c) many groups sell products ranging from pure investments to pure insurance, with all variations in between. Unbundling would avoid sharp discontinuities in the accounting between a product that transfers just enough insurance risk to be an insurance contract, and another product that falls marginally on the other side of the line.
- (d) financial statements should make a clear distinction between premium revenue derived from products that transfer significant insurance risk and premium receipts that are, in substance, investment or deposit receipts.

BC43 The Issues Paper published in 1999 proposed that the deposit component should be unbundled if it is either disclosed explicitly to the policyholder or clearly identifiable from the terms of the contract. However, commentators on the Issues Paper generally opposed unbundling, giving the following reasons:

- (a) The components are closely interrelated and the value of the bundled product is not necessarily equal to the sum of the individual values of the components.
- (b) Unbundling would require significant and costly systems changes.
- (c) Contracts of this kind are a single product, regulated as insurance business by insurance supervisors and should be treated in a similar way for financial reporting.
- (d) Some users of financial statements would prefer that either all products are unbundled or no products are unbundled, because they regard information about gross premium inflows as important. A consistent use of a single measurement basis might be more useful as an aid to economic decisions than mixing one measurement basis for the deposit component with another measurement basis for the insurance component.

BC44 In the light of these arguments, the DSOP proposed that an insurer or policyholder should not unbundle these components. However, that was against the background of

an assumption that the treatments of the two components would be reasonably similar. This may not be the case in phase I, because phase I permits a wide range of accounting treatments for insurance components. Nevertheless, the Board did not wish to require costly changes in phase I that might be reversed in phase II. Therefore, the Board decided to require unbundling only when it is easiest to perform and the effect is likely to be greatest (paragraphs 10-12 of the IFRS and IG Example 3 in the Implementation Guidance).

- BC45 The Board acknowledges that there is no clear conceptual line between the cases when unbundling is required and the cases when unbundling is not required. At one extreme, the Board regards unbundling as appropriate for large customised contracts, such as some financial reinsurance contracts, if a failure to unbundle them could lead to the complete omission from the balance sheet of material contractual rights and obligations. This may be especially important if a contract was deliberately structured to achieve a specific accounting result. Furthermore, the practical problems cited in paragraph BC43 are much less significant for these contracts.
- BC46 At the other extreme, unbundling the surrender values in a large portfolio of traditional life insurance contracts would require significant systems changes beyond the intended scope of phase I. Furthermore, failing to unbundle these contracts would affect the measurement of these liabilities, but not lead to their complete omission from the insurer's balance sheet. In addition, a desire to achieve a particular accounting result is much less likely to influence the precise structure of these transactions.
- BC47 The option for the policyholder to surrender a traditional life insurance contract at an amount that differs significantly from its carrying amount is an embedded derivative and IAS 39* would require the insurer to separate it and measure it at fair value. That treatment would have the same disadvantages, described in the previous paragraph, as unbundling the surrender value. Therefore, paragraph 8 of the IFRS exempts an insurer from applying this requirement to some surrender options embedded in insurance contracts. However, the Board saw no conceptual or practical reason to create such an exemption for surrender options in non-insurance financial instruments issued by insurers or by others.
- BC48 Some respondents opposed unbundling in phase I on the following grounds, in addition to the reasons given in paragraph BC43:
- (a) Insurance contracts are, in general, designed, priced and managed as packages of benefits. Furthermore, the insurer cannot unilaterally terminate the agreement or sell parts of it. In consequence, any unbundling required solely for accounting would be artificial. Insurance contracts should not be unbundled unless the structure of the contract is clearly artificial.
 - (b) Unbundling may require extensive systems changes that would increase the administrative burden for 2005 and not be needed for phase II.
 - (c) There would be no need to require unbundling if the Board strengthened the liability adequacy test, defined significant insurance risk more narrowly and confirmed that contracts combined artificially are separate contracts.

* The Board amended the requirements in IAS 39 to identify and separately account for embedded derivatives and relocated them to IFRS 9 *Financial Instruments*. This basis for conclusions has not been updated for changes in requirements since IFRIC 9 *Reassessment of Embedded Derivatives* was issued in March 2006.

- (d) The unbundling conditions in ED 5 were vague and did not explain the underlying principle.
- (e) Because ED 5 did not propose recognition criteria, insurers would use local GAAP to judge whether assets and liabilities were omitted. This would defeat the stated reason for unbundling.
- (f) If a contract is unbundled, the premium for the deposit component is recognised not as premium revenue but as a balance sheet movement (ie as a deposit receipt). Requiring this would be premature before the Board completes its project on reporting comprehensive income.

BC49 Some suggested other criteria for unbundling:

- (a) All contracts should be unbundled, or unbundling should always be permitted at least. Unbundling is required in Australia and New Zealand.
- (b) All non-insurance components (for example, service components) should be unbundled, not only deposit components.
- (c) Unbundling should be required only when the components are completely separable, or when there is an account in the name of the policyholder.
- (d) Unbundling could affect the presentation of revenue more than it affects liability recognition. Therefore, unbundling should also be required if it would have a significant effect on reported revenue and is easy to perform.

BC50 Some respondents argued that the test for unbundling should be two-sided (ie the cash flows of the insurance component and the investment component do not interact) rather than the one-sided test proposed in ED 5 (ie the cash flows from the insurance component do not affect the cash flows from the deposit component). Here is an example where this might make a difference: in some life insurance contracts, the death benefit is the difference between (a) a fixed amount and (b) the value of a deposit component (for example, a unit-linked investment). The deposit component can be measured independently, but the death benefit depends on the unit value so the insurance component cannot be measured independently.

BC51 The Board decided that phase I should not require insurers to set up systems to unbundle the products described in the previous paragraph. However, the Board decided to rely on the condition that provides an exemption from unbundling if all the rights and obligations under the deposit component are recognised. If this condition is not met, unbundling is appropriate.

BC52 Some argued that it is irrelevant whether the insurance component affects the deposit component. They suggested that a deposit component exists if the policyholder will receive a minimum fixed amount of future cash flows in the form of either a return of premium (if no insured event occurs) or an insurance recovery (if an insured event occurs). However, the Board noted that this focus on a single cash flow would not result in unbundling if a financial instrument and an insurance contract are combined artificially into a single contract and the cash flows from one component offset cash flows from the other component. The Board regarded that result as inappropriate and open to abuse.

- BC53 In summary, the Board retained the approach broadly as in ED 5. This requires unbundling if that is needed to ensure the recognition of rights and obligations arising from the deposit component and those rights and obligations can be measured separately. If only the second of these conditions is met, the IFRS permits unbundling, but does not require it.
- BC54 Some respondents suggested that if a contract has been artificially separated through the use of side letters, the separate components of the contract should be considered together. The Board did not address this because it is a wider issue for the Board's possible future work on linkage (ie accounting for separate transactions that are connected in some way). The footnote to paragraph B25 refers to simultaneous contracts with the same counterparty.

Weather derivatives

- BC55 The scope of IAS 39* previously excluded contracts that require a payment based on climatic, geological, or other physical variables (if based on climatic variables, sometimes described as weather derivatives). It is convenient to divide these contracts into two categories:
- (a) contracts that require a payment only if a particular level of the underlying climatic, geological, or other physical variables adversely affects the contract holder. These are insurance contracts as defined in the IFRS.
 - (b) contracts that require a payment based on a specified level of the underlying variable regardless of whether there is an adverse effect on the contract holder. These are derivatives and the IFRS removes a previous scope exclusion to bring them within the scope of IAS 39.
- BC56 The previous scope exclusion was created mainly because the holder might use such a derivative in a way that resembles the use of an insurance contract. However, the definition of an insurance contract in the IFRS now provides a principled basis for deciding which of these contracts are treated as insurance contracts and which are treated as derivatives. Therefore, the Board removed the scope exclusion from IAS 39 (see paragraph C3 of Appendix C of the IFRS). Such contracts are within the scope of the IFRS if payment is contingent on changes in a physical variable that is specific to a party to the contract, and within the scope of IAS 39 in all other cases.
- BC57 Some respondents suggested that a weather derivative should be treated as:
- (a) an insurance contract if it is expected to be highly effective in mitigating an existing risk exposure.
 - (b) a derivative financial instrument otherwise.
- BC58 Some argued that some weather derivatives are, in substance, insurance contracts. For example, under some contracts, the policyholder can claim a fixed sum based on rainfall levels at the nearest weather station. The contract was purchased to provide insurance against low rainfall but was structured like this because of difficulties in measuring actual loss suffered and because of the moral hazard of having a rainfall gauge on the policyholder's property. It can reasonably be expected that the rainfall at the nearest weather station will affect the holder, but the physical variable specified in

* IFRS 9 *Financial Instruments* replaced IAS 39. IFRS 9 applies to all items that were previously within the scope of IAS 39.

the contract (ie rainfall) is not specific to a party to the contract. Similarly, some insurers use weather derivatives as a hedge against insurance contracts they issue and view them as similar to reinsurance.

- BC59 Some suggested that weather derivatives should be excluded from the scope of the IFRS because they are tradable instruments that behave like other derivatives and have an observable market value, rather than because there is no contractual link between the holder and the event that triggers payment.
- BC60 The IFRS distinguishes an insurance contract (in which an adverse effect on the policyholder is a contractual precondition for payment) from other instruments, such as derivatives and weather derivatives (in which an adverse effect is not a contractual precondition for payment, although the counterparty may, in fact, use the instrument to hedge an existing exposure). In the Board's view, this is an important and useful distinction. It is much easier to base a classification on the terms of the contract than on an assessment of the counterparty's motive (ie hedging or trading). Consequently, the Board made no change to ED 5's proposals for the treatment of weather derivatives.

Scope exclusions

- BC61 The scope of the IFRS excludes various items that may meet the definition of insurance contracts, but are, or will be, covered by existing or proposed future IFRSs (paragraph 4). The following paragraphs discuss:
- (a) financial guarantees and insurance against credit risk (paragraphs BC62-BC68);
 - (b) product warranties (paragraphs BC69-BC72);
 - (c) accounting by policyholders (paragraph BC73); and
 - (d) prepaid service contracts (paragraphs BC74-BC76).

Financial guarantees and insurance against credit risk

- BC62 The Basis for Conclusions on IAS 39* explains the reasons for the Board's conclusions on financial guarantee contracts.
- BC63- [Deleted]
BC68

Product warranties

- BC69 A product warranty clearly meets the definition of an insurance contract if an entity issues it on behalf of another party (such as a manufacturer, dealer or retailer). The scope of the IFRS includes such warranties.
- BC70 A product warranty issued directly by a manufacturer, dealer or retailer also meets the definition of an insurance contract. Although some might think of this as 'self-insurance', the risk retained arises from existing contractual obligations towards the customer. Some may reason that the definition of insurance contracts should exclude such direct warranties because they do not involve a transfer of risk from buyer to seller, but rather a crystallisation of an existing responsibility. However, in

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the Board's view, excluding these warranties from the definition of insurance contracts would complicate the definition for only marginal benefit.

- BC71 Although such direct warranties create economic exposures similar to warranties issued on behalf of the manufacturer, dealer or retailer by another party (ie the insurer), the scope of the IFRS excludes them because they are closely related to the underlying sale of goods and because IAS 37 addresses product warranties. IAS 18* deals with the revenue received for such warranties.
- BC72 In a separate project, the Board is exploring an asset and liability approach to revenue recognition. If this approach is implemented, the accounting model for these direct product warranties may change.#

Accounting by policyholders

- BC73 The IFRS does not address accounting and disclosure by policyholders for direct insurance contracts because the Board does not regard this as a high priority for phase I. The Board intends to address accounting by policyholders in phase II (see IASB *Update* February 2002 for the Board's discussion of accounting by policyholders). IFRSs address some aspects of accounting by policyholders for insurance contracts:
- (a) IAS 37 addresses accounting for reimbursements from insurers for expenditure required to settle a provision.
 - (b) IAS 16 addresses some aspects of compensation from third parties for property, plant and equipment that was impaired, lost or given up.
 - (c) Because policyholder accounting is outside the scope of the IFRS, the hierarchy of criteria in paragraphs 10-12 of IAS 8 *Accounting Policies, Changes in Accounting Estimates and Errors* applies to policyholder accounting (see paragraphs BC77-BC86).
 - (d) A policyholder's rights and obligations under insurance contracts are outside the scope of IAS 32 and IAS 39.v

Prepaid service contracts

- BC74 Some respondents noted that the definition proposed in ED 5 captured some prepaid contracts to provide services whose cost is uncertain. Because these contracts are not normally regarded as insurance contracts, these respondents suggested that the Board should change the definition or exclude these contracts from the scope of the IFRS. Respondents cited two specific examples.
- (a) Fixed fee service contracts if the level of service depends on an uncertain event, for example maintenance contracts if the service provider agrees to repair specified equipment after a malfunction. The fixed service fee is based on the expected number of malfunctions, although it is uncertain that the machines will actually break down. The malfunction of the equipment adversely affects its owner and the contract compensates the owner (in kind,

* IFRS 15 *Revenue from Contracts with Customers*, issued in May 2014, replaced IAS 18 *Revenue*.

IFRS 15 *Revenue from Contracts with Customers*, issued in May 2014, replaced IAS 18 *Revenue* and completed the Board's Revenue Recognition project.

v IFRS 9 *Financial Instruments* replaced IAS 39. IFRS 9 applies to all items that were previously within the scope of IAS 39.

rather than cash).

- (b) Some car breakdown assistance if (i) each breakdown has little incremental cost because employed patrols provide most of the assistance, (ii) the motorist pays for all parts and repairs, (iii) the service provider's only responsibility is to take the car to a specified destination (eg the nearest garage, home or the original destination), (iv) the need to provide assistance (and the related cost) is known within hours and (v) the number of call-outs is limited.

BC75 The Board saw no conceptual reason to change either the definition of insurance contracts or the scope of the IFRS in the light of the two examples cited by respondents. Paragraphs B6 and B7 of the IFRS note that complying with the IFRS in phase I is unlikely to be particularly burdensome in these two examples, for materiality reasons. The Board may need to review this conclusion in phase II.

BC76 Some respondents argued that the proposals in ED 5 were directed primarily at entities that are generally regarded as insurers. They suggested that the Board should not impose these proposals on entities that have a relatively small amount of a given transaction type. The Board concluded that these comments were primarily about materiality. IAS 1 *Presentation of Financial Statements* and IAS 8 address materiality and the Board decided that no further guidance or specific exemption was needed in this case.

Temporary exemption from some other IFRSs

BC77 Paragraphs 10-12 of IAS 8 specify a hierarchy of criteria that an entity should use in developing an accounting policy if no IFRS applies specifically to an item. Without changes made in the IFRS, an insurer adopting IFRSs in 2005 would have needed to assess whether its accounting policies for insurance contracts comply with these requirements. In the absence of guidance, there might have been uncertainty about what would be acceptable. Establishing what would be acceptable could have been costly and some insurers might have made major changes in 2005 followed by further significant changes in phase II.

BC78 To avoid unnecessary disruption for both users and preparers in phase I that would not have eased the transition to phase II, the Board decided to limit the need for insurers to change their existing accounting policies for insurance contracts. The Board did this by the following measures:

- (a) creating a temporary exemption from the hierarchy in IAS 8 that specifies the criteria an entity uses in developing an accounting policy if no IFRS applies specifically to an item. The exemption applies to insurers, but not to policyholders.
- (b) limiting the impact of that exemption from the hierarchy by five specific requirements (relating to catastrophe provisions, liability adequacy, derecognition, offsetting and impairment of reinsurance assets, see paragraphs BC87-BC114).
- (c) permitting some existing practices to continue but prohibiting their introduction (paragraphs BC123-BC146).

- BC79 Some respondents opposed the exemption from the hierarchy on the grounds that it would permit too much diversity and allow fundamental departures from the *Framework* that could prevent an insurer's financial statements from presenting information that is understandable, relevant, reliable and comparable. The Board did not grant the exemption from the hierarchy in IAS 8 lightly, but took this unusual step to minimise disruption in 2005 for both users (eg lack of continuity of trend data) and preparers (eg systems changes).
- BC80 ED 6 *Exploration for and Evaluation of Mineral Resources* proposes a temporary exemption from paragraphs 11 and 12 of IAS 8 (ie sources of guidance), but not from paragraph 10 (ie relevance and reliability). That proposed exemption is narrower than in IFRS 4 because ED 6 leaves a relatively narrow range of issues unaddressed. In contrast, because IFRS 4 leaves many significant aspects of accounting for insurance contracts until phase II, a requirement to apply paragraph 10 of IAS 8 to insurance contracts would have had much more pervasive effects and insurers would have needed to address matters such as completeness, substance over form and neutrality.
- BC81 Some suggested that the Board should specifically require an insurer to follow its national accounting requirements (national GAAP) in accounting for insurance contracts during phase I, to prevent selection of accounting policies that do not form a comprehensive basis of accounting to achieve a predetermined result ('cherry-picking'). However, defining national GAAP would have posed problems. Further definitional problems could have arisen because some insurers do not apply the national GAAP of their own country. For example, some non-US insurers with a US listing apply US GAAP. Moreover, it is unusual and, arguably, beyond the Board's mandate to impose requirements set by another body.
- BC82 In addition, an insurer might wish to improve its accounting policies to reflect other accounting developments with no counterpart in national GAAP. For example, an insurer adopting IFRSs for the first time might wish to amend its accounting policies for insurance contracts for greater consistency with accounting policies that it uses for contracts within the scope of IAS 39.* Similarly, an insurer might wish to improve its accounting for embedded options and guarantees by addressing both their time value and their intrinsic value, even if no similar improvements are made to its national GAAP.
- BC83 Therefore, the Board decided that an insurer could continue to follow the accounting policies that it was using when it first applied the phase I requirements, with some exceptions noted below. An insurer could also improve those accounting policies if specified criteria are met (see paragraphs 21-30 of the IFRS).
- BC84 The criteria in paragraphs 10-12 of IAS 8 include relevance and reliability. Granting an exemption from those criteria, even temporarily, is a highly unusual step. The Board was prepared to contemplate that step only as part of an orderly and relatively fast transition to phase II. Because the exemption is so exceptional, ED 5 proposed that it would apply only for accounting periods beginning before 1 January 2007. Some described this time limit as a 'sunset clause'.

* IFRS 9 *Financial Instruments* replaced IAS 39. IFRS 9 applies to all items that were previously within the scope of IAS 39.

BC85 Many respondents opposed the sunset clause. They argued the following:

- (a) If the exemption expired in 2007 before phase II is in force, there would be considerable confusion, disruption and cost for both users and preparers. It would not be appropriate to penalise users and preparers if the Board does not complete phase II on time.
- (b) The sunset clause might be perceived as putting pressure on the Board to complete phase II without adequate consultation, investigation and testing.

The Board accepted the validity of these objections to the sunset clause and deleted it.

BC86 The Board decided to maintain some requirements that follow from the criteria in IAS 8. The Board acknowledges that it is difficult to make piecemeal changes to recognition and measurement practices in phase I because many aspects of accounting for insurance contracts are interrelated with aspects that will not be completed until phase II. However, abandoning these particular requirements would detract from the relevance and reliability of an insurer's financial statements to an unacceptable degree. Moreover, these requirements are not interrelated to a great extent with other aspects of recognition and measurement and the Board does not expect phase II to reverse these requirements. The following points are discussed below:

- (a) catastrophe and equalisation provisions (paragraphs BC87-BC93)
- (b) liability adequacy (paragraphs BC94-BC104)
- (c) derecognition (paragraph BC105)
- (d) offsetting (paragraph BC106)
- (e) impairment of reinsurance assets (paragraphs BC107-BC114).

Catastrophe and equalisation provisions

BC87 Some insurance contracts expose the insurer to infrequent but severe catastrophic losses caused by events such as damage to nuclear installations or satellites or earthquake damage. Some jurisdictions permit or require catastrophe provisions for contracts of this type. The catastrophe provisions are generally built up gradually over the years out of the premiums received, usually following a prescribed formula, until a specified limit is reached. They are intended to be used on the occurrence of a future catastrophic loss that is covered by current or future contracts of this type. Some countries also permit or require equalisation provisions to cover random fluctuations of claim expenses around the expected value of claims for some types of insurance contract (eg hail, credit, guarantee and fidelity insurance) using a formula based on experience over a number of years.

BC88 Those who favour recognising catastrophe or equalisation provisions as liabilities base their view on one or more of the following arguments:

- (a) Such provisions represent a deferral of unearned premiums that are designed to provide for events that are not expected, on average, to occur in any single contract period but are expected to occur over an entire cycle of several contract periods. Although contracts cover only one period in form, in

substance contracts are commonly renewed, leading to pooling of risks over time rather than within a single period. Indeed, some jurisdictions make it difficult for an insurer to stop offering insurance against some forms of risk, such as hurricanes.

- (b) In some jurisdictions, an insurer is required to segregate part of the premium (the catastrophe premium). The catastrophe premium is not available for distribution to shareholders (except on liquidation) and, if the insurer transfers the contract to another insurer, it must also transfer the catastrophe premium.
- (c) In years when no catastrophe occurs (or when claims are abnormally low), such provisions portray an insurer's long-term profitability faithfully because they match the insurer's costs and revenue over the long term. Also, they show a pattern of profit similar to one obtained through reinsurance, but with less cost and administrative burden.
- (d) Such provisions enhance solvency protection by restricting the amounts distributed to shareholders and by restricting a weak company's ability to expand or enter new markets.
- (e) Such provisions encourage insurers to accept risks that they might otherwise decline. Some countries reinforce this encouragement with tax deductions.

BC89 For the following reasons, the IFRS prohibits the recognition as a liability of provisions for possible future claims under contracts that are not in existence at the reporting date (such as catastrophe and equalisation provisions):

- (a) Such provisions are not liabilities as defined in the *Framework*, because the insurer has no present obligation for losses that will occur after the end of the current contract period. As the *Framework* states, the matching concept does not allow the recognition of items in the balance sheet that do not meet the definition of assets or liabilities. Recognising deferred credits as if they were liabilities would diminish the relevance and reliability of an insurer's financial statements.
- (b) Even if the insurance law requires an insurer to segregate catastrophe premiums so that they are not available for distribution to shareholders in any circumstances, earnings on those segregated premiums will ultimately be available to shareholders. Therefore, those segregated amounts are appropriately classified as equity, not as a liability.
- (c) Recognising such provisions obscures users' ability to examine the impact of past catastrophes and does not contribute to their analysis of an insurer's exposure to future catastrophes. Given adequate disclosure, knowledgeable users understand that some types of insurance expose an insurer to infrequent but severe losses. Moreover, the analogy with reinsurance contracts is irrelevant, because reinsurance actually changes the insurer's risk profile.
- (d) The objective of general purpose financial statements is not to enhance solvency but to provide information that is useful to a wide range of users for economic decisions. Moreover, the recognition of provisions does not, by itself, enhance solvency. However, if the objective of financial statements were to enhance solvency and such provisions were an appropriate means of enhancing solvency, it would follow that the insurer should recognise the

entire provision immediately, rather than accumulating it over time. Furthermore, if catastrophes (or unusual experience) in one period are independent of those in other periods, the insurer should not reduce the liability when a catastrophe (or unusually bad experience) occurs. Also, if diversification over time were a valid basis for accounting, above-average losses in early years should be recognised as assets, yet proponents of catastrophe and equalisation provisions do not advocate this.

- (e) Recognising catastrophe or equalisation provisions is not the only way to limit distributions to shareholders. Other measures, such as solvency margin requirements and risk-based capital requirements, could play an important role. Another possibility is for an insurer to segregate a portion of its equity for retention to meet possible losses in future years.
- (f) The objective of general purpose financial statements is not to encourage or discourage particular transactions or activities, but to report neutral information about transactions and activities. Therefore, accounting requirements should not try to encourage insurers to accept or decline particular types of risks.
- (g) If an insurer expects to continue writing catastrophe cover, presumably it believes that the future business will be profitable. It would not be representationally faithful to recognise a liability for future contracts that are expected to be profitable.
- (h) There is no objective way to measure catastrophe and equalisation provisions, unless an arbitrary formula is used.

BC90 Some suggested that it is not appropriate to eliminate catastrophe and equalisation provisions in phase I as a piecemeal amendment to existing approaches. However, the Board concluded that it could prohibit these provisions without undermining other components of existing approaches. There is no credible basis for arguing that catastrophe or equalisation ‘provisions’ are recognisable liabilities under IFRSs and there is no realistic prospect that the Board will permit them in phase II. Indeed, as noted above, paragraphs 10-12 of IAS 8 require an entity to consider various criteria in developing an accounting policy for an item if no IFRS applies specifically to that item. In the Board’s view, if the IFRS had not suspended that requirement, it would clearly have prohibited the recognition of such items as a liability. Accordingly, the IFRS preserves this prohibition (see paragraph 14(a) of the IFRS).

BC91 Some respondents presented additional arguments for permitting the recognition of catastrophe and equalisation provisions as a liability:

- (a) Some insurers measure insurance contracts without margins for risk, but instead recognise catastrophe or equalisation provisions. If catastrophe provisions are eliminated in phase I, this change might be partly reversed in phase II if insurers are then required to include margins for risk.
- (b) Some insurers regard these provisions as relating partly to existing contracts and partly to future contracts. Splitting these components may be difficult and involve systems changes that might not be needed in phase II.

BC92 For the following reasons, these arguments did not persuade the Board:

- (a) Present imperfections in the measurement of recognisable liabilities do not justify the recognition of other items that do not meet the definition of a liability.
- (b) Additions to these provisions are often based on a percentage of premium revenue. If the risk period has already expired, that premium does not relate to an existing contractual obligation. If the risk period has not yet fully expired, the related portion of the premium relates to an existing contractual obligation, but most existing models defer all the related premium as unearned premium, so recognising an additional provision would be double-counting (unless the contract were known to be underpriced).

BC93 Accordingly, the Board retained the proposal in ED 5 to eliminate these provisions. However, although the IFRS prohibits their recognition as a liability, it does not prohibit the segregation of a component of equity. Changes in a component of equity are not recognised in profit or loss. IAS 1 requires a statement of changes in equity.

Liability adequacy

BC94 Many existing accounting models have tests to confirm that insurance liabilities are not understated, and that related amounts recognised as assets, such as deferred acquisition costs, are not overstated. The precise form of the test depends on the underlying measurement approach. However, there is no guarantee that these tests exist everywhere and the credibility of IFRSs could suffer if an insurer claims to comply with IFRSs but fails to recognise material and reasonably foreseeable losses arising from existing contractual obligations. To avoid this, the IFRS requires a liability adequacy test* (see paragraphs 15-19).

BC95 The Board's intention was not to introduce piecemeal elements of a parallel measurement model, but to create a mechanism that reduces the possibility that material losses remain unrecognised during phase I. With this in mind, paragraph 16 of the IFRS defines minimum requirements that an insurer's existing test must meet. If the insurer does not apply a test that meets those requirements, it must apply a test specified by the Board. To specify a test on a basis that already exists in IFRSs and minimise the need for exceptions to existing principles, the Board decided to draw on IAS 37.

BC96 The liability adequacy test also applies to deferred acquisition costs and to intangible assets representing the contractual rights acquired in a business combination or portfolio transfer. As a result, when the Board revised IAS 36 *Impairment of Assets* in 2004, it excluded deferred acquisition costs and those intangible assets from the scope of IAS 36.

BC97 The Board considered whether it should retain the impairment model in IAS 36 for deferred acquisition costs, and perhaps also the related insurance liabilities. However, the IAS 36 model cannot be applied to deferred acquisition costs alone, without also considering the cash flows relating to the recognised liability. Indeed, some insurers capitalise acquisition costs implicitly through deductions in the measurement of the liability. Moreover, it would be confusing and difficult to apply this model to liabilities without some re-engineering. In the Board's view, it is simpler to use a

* ED 5 described this as a 'loss recognition test'

model that is designed for liabilities, namely the IAS 37 model. In practice, a re-engineered IAS 36 model and IAS 37 might not lead to very different results.

- BC98 Some respondents suggested that the Board should specify that the cash flows considered in a liability adequacy test should include the effect of embedded options and guarantees, such as guaranteed annuity rates. They expressed concerns that many national practices have not required insurers to recognise these exposures, which can be very large.
- BC99 Although the Board's objective was not to develop a detailed liability adequacy test, it observed that the size of exposures to embedded guarantees and options and the failings of many national practices in this area warranted specific requirements, even in phase I. Accordingly, the Board decided that the minimum requirements for an existing liability-adequacy test should include considering cash flows resulting from embedded options and guarantees. The Board did not specify how those cash flows should be considered but noted that an insurer would consider this matter in developing disclosures of its accounting policies. If an existing liability adequacy test does not meet the minimum requirements, a comparison is made with the measurement that IAS 37 would require. IAS 37 refers to the amount that an entity would rationally pay to settle the obligation or transfer it to a third party. Implicitly, this amount would consider the possible effect of embedded options and guarantees.
- BC100 ED 5 did not specify the level of aggregation for the liability adequacy test and some respondents asked the Board to clarify this. Paragraph 18 of the IFRS confirms that the aggregation requirements of the existing liability adequacy test apply if the test meets the minimum requirements specified in paragraph 16 of the IFRS. If that test does not meet those minimum requirements, there is no conceptual justification for offsetting a loss on one contract against an otherwise unrecognisable gain on another contract. However, the Board concluded that a contract-by-contract assessment would impose costs that exceed the likely benefits to users. Therefore, paragraph 18 states that the comparison is made at the level of a portfolio of contracts that are subject to broadly similar risks and managed together as a portfolio. More precise definition would be difficult and is not needed, given the Board's restricted objective of ensuring at least a minimum level of testing for the limited life of phase I.
- BC101 It is beyond the scope of phase I to create a detailed accounting regime for insurance contracts. Therefore, the IFRS does not specify:
- (a) what criteria determine when existing contracts end and future contracts start.
 - (b) whether or how the cash flows are discounted to reflect the time value of money or adjusted for risk and uncertainty.
 - (c) whether the liability adequacy test considers both the time value and the intrinsic value of embedded options and guarantees.
 - (d) whether additional losses recognised because of the liability adequacy test are recognised by reducing the carrying amount of deferred acquisition costs or by increasing the carrying amount of the related insurance liabilities.
- BC102 Some respondents asked the Board to clarify that no formal liability adequacy test is needed if an entity can demonstrate that its method of measuring insurance liabilities means that they are not understated. Paragraph 15 of the IFRS requires an insurer to 'assess whether its recognised insurance liabilities are adequate, using current estimates of future cash flows'. The fundamental point is that future cash flows must

be considered in some way, and not merely be assumed to support the existing carrying amount. The IFRS does not specify the precise means of ensuring this, as long as the minimum requirements in paragraph 16 are met.

BC103 Some respondents read the liability adequacy test proposed in ED 5 as requiring fair value measurement as a minimum. That was not the Board's intention. An insurer needs to refer to IAS 37 only if the minimum requirements in paragraph 16 are not met.

BC104 Some respondents noted that many existing liability adequacy tests require measurements that do not include a risk margin. However, IAS 37 requires such a margin. To achieve consistency, these respondents suggested that a liability adequacy test under IAS 37 should also exclude these margins. The Board did not adopt this suggestion. The idea behind using IAS 37 for phase I was to take an existing measurement basis 'off the shelf' rather than create a new model.

Derecognition

BC105 The Board identified no reasons why derecognition requirements for insurance liabilities and insurance assets should differ from those for financial liabilities and financial assets. Therefore, the derecognition requirements for insurance liabilities are the same as for financial liabilities (see paragraph 14(c) of the IFRS). However, because derecognition of financial assets is a controversial topic, the IFRS does not address derecognition of insurance assets.

Offsetting

BC106 A cedant (ie the insurer that is the policyholder under a reinsurance contract) does not normally have a right to offset amounts due from a reinsurer against amounts due to the underlying policyholder. Normal offsetting criteria prohibit offsetting when no such right exists. When these criteria are not met, a gross presentation gives a clearer picture of the cedant's rights and obligations, and related income and expense (see paragraph 14(d) of the IFRS).

Reinsurance assets

Impairment of reinsurance assets

BC107 ED 5 proposed that a cedant should apply IAS 36 *Impairment of Assets* to its reinsurance assets. Respondents opposed this proposal for the following reasons:

- (a) This would compel many cedants to change their accounting model for reinsurance contracts in a way that is inconsistent with the accounting for the underlying direct insurance liability.
- (b) IAS 36 would require the cedant to address matters that are beyond the scope of phase I for the underlying direct insurance liability, such as the cash flows to be discounted, the discount rate and the approach to risk. Some saw IAS 36 as an indirect way of imposing something similar to a fair value model. There would also have been systems implications.

- (c) Reinsurance assets are essentially a form of financial asset and should be subject, for impairment testing, to IAS 39* rather than IAS 36.

BC108 The Board concluded that an impairment test for phase I (a) should focus on credit risk (arising from the risk of default by the reinsurer and also from disputes over coverage) and (b) should not address matters arising from the measurement of the underlying direct insurance liability. The Board decided that the most appropriate way to achieve this was an incurred loss model based on that in IAS 39 (see paragraph 20 of the IFRS).

Gains and losses on buying reinsurance

BC109 The IFRS defines a reinsurance contract as an insurance contract issued by one insurer (the reinsurer) to compensate another insurer (the cedant) for losses on one or more contracts issued by the cedant. One consequence is that the level of insurance risk required to meet the definition of an insurance contract is the same for a reinsurance contract as for a direct insurance contract.

BC110 National accounting requirements often define reinsurance contracts more strictly than direct insurance contracts to avoid distortion through contracts that have the legal form of reinsurance but do not transfer significant insurance risk (sometimes known as financial reinsurance). One source of such distortions is the failure to discount many non-life insurance claims liabilities. If the insurer buys reinsurance, the premium paid to the reinsurer reflects the present value of the liability and is, therefore, less than the previous carrying amount of the liability. Reporting a gain on buying the reinsurance is not representationally faithful if no economic gain occurred at that time. The accounting gain arises largely because of the failure to use discounting for the underlying liability. Similar problems arise if the underlying insurance liability is measured with excessive prudence.

BC111 The Board decided that it would not use the definition of a reinsurance contract to address these problems because the Board found no conceptual reason to define a reinsurance contract more or less strictly than a direct insurance contract. Instead, ED 5 addressed these problems through the following proposals:

- (a) prohibiting derecognition if the liability is not extinguished (paragraphs 14(c) of the IFRS and BC105) and prohibiting the offsetting of reinsurance assets against the related direct insurance liabilities (paragraphs 14(d) of the IFRS and BC106).
- (b) requiring unbundling in some cases (paragraphs 10-12 of the IFRS, IG Example 3 in the Implementation Guidance and paragraphs BC40-BC54).
- (c) limiting the recognition of gains when an insurer buys reinsurance.

BC112 Respondents to ED 5 generally opposed the proposal described in paragraph BC111(c), on the following grounds:

- (a) These piecemeal amendments to existing accounting models were beyond the scope of phase I and would require new systems that might not be needed in phase II.

* IFRS 9 *Financial Instruments* replaced IAS 39. IFRS 9 applies to all items that were previously within the scope of IAS 39.

- (b) The proposals would have been difficult to apply to more complex reinsurance contracts, including excess of loss contracts and contracts that reinsure different layers of a portfolio of underlying direct insurance contracts.
- (c) The proposals would have created inconsistencies with the measurement of the underlying direct insurance contracts.
- (d) The artificial gain recognised at inception of some reinsurance contracts mitigates an artificial loss that arose earlier from excessive prudence or lack of discounting. If the net exposure has been reduced by reinsurance, there is no reason to continue to overstate the original liability.
- (e) Any deferral of profit on buying reinsurance should be recognised as a liability, not as a reduction in the carrying amount of the reinsurance asset. This would permit assets and liabilities relating to the same underlying insurance contracts to be measured on a consistent basis and would also be consistent with other accounting bases such as US GAAP.
- (f) Any restrictions in phase I should be targeted more precisely at financial reinsurance transactions (ie transactions that do not meet the definition of an insurance contract or that have significant financial components) or contracts that provide retroactive cover (ie ones that cover events that have already occurred).
- (g) The liability adequacy test and unbundling proposals would have provided sufficient safeguards against the recognition of excessive profits.

BC113 The Board considered limiting the proposed requirements to cases where significant distortions in reported profit were most likely to occur, for example retroactive contracts. However, developing such a distinction would have been time-consuming and difficult, and there would have been no guarantee of success. The Board also considered drawing on requirements in US GAAP but decided not to include detailed requirements of this kind as a temporary and only partly effective solution. The proposals in ED 5 were an attempt to develop a simpler temporary solution. The responses indicated that the proposed solution contained too many imperfections to achieve its purpose.

BC114 The Board decided to delete the proposal in ED 5 and replace it with a specific disclosure requirement for gains and losses that arose on buying reinsurance (see paragraph 37(b) of the IFRS).

Other existing practices

BC115 The IFRS does not address:

- (a) acquisition costs (paragraphs BC116-BC119);
- (b) salvage and subrogation (paragraphs BC120 and BC121); and
- (c) policy loans (paragraph BC122).

Acquisition costs

BC116 Acquisition costs are the costs that an insurer incurs to sell, underwrite and initiate a new insurance contract. The IFRS neither prohibits nor requires the deferral of acquisition costs, nor does it prescribe what acquisition costs are deferrable, the period and method of their amortisation or whether an insurer should present deferred acquisition costs as an asset or as a reduction in insurance liabilities. The treatment of deferred acquisition costs is an integral part of existing models and cannot be amended easily without a more fundamental review of those models in phase II.

BC117 The treatment of acquisition costs for insurance contracts in phase I may differ from the treatment of transaction costs incurred for investment contracts (ie financial liabilities). IAS 39* requires specified transaction costs to be presented as a deduction in determining the initial carrying amount of a financial liability. The Board did not wish to create exceptions to the definition of the transaction costs to which this treatment applies. Those costs may be defined more broadly or more narrowly than the acquisition costs that an insurer is required or permitted to defer using its existing accounting policies.

BC118 Some entities incur significant costs in originating long-term savings contracts. Some respondents argued that most, if not all, of these costs relate to the right to charge future investment management fees rather than to the financial liability that is created when the first instalment is received. They asked the Board to clarify whether the cost of originating those rights could be recognised as a separate asset rather than as a deduction in determining the initial carrying amount of the financial liability. They noted that this treatment would:

- (a) simplify the application of the effective interest method for a financial liability carried at amortised cost.
- (b) prevent the recognition of a misleading loss at inception for a financial liability that contains a demand feature and is carried at fair value. IAS 39 states that the fair value of such a liability is not less than the amount payable on demand (discounted, if applicable, from the first date when that amount could be required to be paid).

BC119 In response to these comments, the Board decided that incremental costs directly attributable to securing an investment management contract should be recognised as an asset if they meet specified criteria, and that incremental costs should be defined in the same way as in IAS 39. The Board clarified these points by adding guidance to illustrative examples accompanying the appendix of IAS 18 Revenue.[#]

Salvage and subrogation

BC120 Some insurance contracts permit the insurer to sell (usually damaged) property acquired in settling the claim (ie salvage). The insurer may also have the right to pursue third parties for payment of some or all costs (ie subrogation). The Board will consider salvage and subrogation in phase II.

* IFRS 9 *Financial Instruments* replaced IAS 39. IFRS 9 applies to all items that were previously within the scope of IAS 39.

IFRS 15 *Revenue from Contracts with Customers*, issued in May 2014, replaced IAS 18 *Revenue*. The guidance on the accounting for incremental costs directly attributable to securing an investment management contract was replaced by requirements in IFRS 15.

BC121 In the following two related areas, the IFRS does not amend IAS 37:

- (a) Gains on the expected disposal of assets are not taken into account in measuring a provision, even if the expected disposal is closely linked to the event giving rise to the provision. Instead, an entity recognises gains on expected disposals of assets at the time specified by the IFRS dealing with the assets concerned (paragraphs 51 and 52 of IAS 37).
- (b) Paragraphs 53-58 of IAS 37 address reimbursements for some or all of the expenditure required to settle a provision.

The Board is working on a project to amend various aspects of IAS 37.

Policy loans

BC122 Some insurance contracts permit the policyholder to obtain a loan from the insurer. The DSOP proposed that an insurer should treat these loans as a prepayment of the insurance liability, rather than as the creation of a separate financial asset. Because the Board does not regard this issue as a priority, phase I does not address it.

Changes in accounting policies

Relevance and reliability

BC123 IAS 8 prohibits a change in accounting policies that is not required by an IFRS, unless the change will result in the provision of reliable and more relevant information. Although the Board wished to avoid imposing unnecessary changes in phase I, it saw no need to exempt insurers from the requirement to justify changes in accounting policies. Therefore, paragraph 22 of the IFRS permits an insurer to change its accounting policies for insurance contracts if, and only if, the change makes the financial statements more relevant and no less reliable or more reliable and no less relevant, judged by the criteria in IAS 8.* As the Board's conclusions for phase II develop (see paragraphs BC6-BC8), they will give insurers further context for judgements about whether a change in accounting policies will make their financial statements more relevant and reliable.

BC124 The IFRS contains further specific requirements supporting paragraph 22:

- (a) paragraph 24 permits an insurer to change its accounting policies for some insurance liabilities that it designates, without satisfying the normal requirement in IAS 8 that an accounting policy should be applied to all similar items (paragraphs BC174-BC177).
- (b) paragraph 25 permits the following practices to continue but prohibits their introduction:
 - (i) measuring insurance liabilities on an undiscounted basis (paragraphs BC126 and BC127).

* Unlike IAS 8, paragraph 22 of the IFRS permits changes in accounting policies that make the financial statements more reliable and no less relevant. This permits improvements that make financial statements more reliable even if they do not achieve full reliability. In IAS 8 and the *Framework*, reliability is not synonymous with verifiability but includes characteristics such as neutrality and substance over form.

- (ii) measuring contractual rights to future investment management fees at an amount that exceeds their fair value as implied by a comparison with current fees charged by other market participants for similar services (paragraphs BC128- BC130).
 - (iii) using non-uniform accounting policies for the insurance contracts of subsidiaries (paragraphs BC131 and BC132).
- (c) paragraph 26 prohibits the introduction of additional prudence if an insurer already measures insurance liabilities with sufficient prudence (paragraph BC133).
 - (d) paragraphs 27-29 create a rebuttable presumption against the introduction of future investment margins in the measurement of insurance contracts (paragraphs BC134-BC144).
 - (e) paragraph 30 addresses ‘shadow accounting’ (paragraphs BC181-BC184).
 - (f) paragraph 45 permits an insurer to redesignate financial assets as ‘at fair value through profit or loss’ when it changes its accounting policies for insurance liabilities (paragraphs BC145 and BC146).

BC125 Some respondents suggested that phase I should not permit changes in accounting policies, to prevent lack of comparability (especially within a country) and management discretion to make arbitrary changes. However, the Board decided to permit changes in accounting policies for insurance contracts if they make the financial statements more relevant and no less reliable, or more reliable and no less relevant.

Discounting

BC126 In present practice, most general insurance claims liabilities are not discounted. In the Board’s view, discounting of insurance liabilities results in financial statements that are more relevant and reliable. However, because the Board will not address discount rates and the basis for risk adjustments until phase II, the Board concluded that it could not require discounting in phase I. Nevertheless, the IFRS prohibits a change from an accounting policy that involves discounting to one that does not involve discounting (paragraph 25(a)).

BC127 Some respondents to ED 5 opposed discounting for contracts in which almost all the cash flows are expected to arise within one year, on materiality and cost-benefit grounds. The Board decided to create no specific exemption for these liabilities, because the normal materiality criteria in IAS 8 apply.

Investment management fees

BC128 Under some insurance contracts, the insurer is entitled to receive a periodic investment management fee. Some suggest that the insurer should, in determining the fair value of its contractual rights and obligations, discount the estimated future cash flows at a discount rate that reflects the risks associated with the cash flows. Some insurers use this approach in determining embedded values.

BC129 However, in the Board's view, this approach can lead to results that are not consistent with a fair value measurement. If the insurer's contractual asset management fee is in line with the fee charged by other insurers and asset managers for comparable asset management services, the fair value of the insurer's contractual right to that fee would be approximately equal to what it would cost insurers and asset managers to acquire similar contractual rights.* Therefore, paragraph 25(b) of the IFRS confirms that an insurer cannot introduce an accounting policy that measures those contractual rights at more than their fair value as implied by fees charged by others for comparable services; however, if an insurer's existing accounting policies involve such measurements, it may continue to use them in phase I.

BC130 The Board's agenda includes a project on revenue recognition.

Uniform accounting policies on consolidation

BC131 IAS 27 *Consolidated and Separate Financial Statements* requires entities to use uniform accounting policies.# However, under current national requirements, some insurers consolidate subsidiaries without conforming the measurement of insurance liabilities using the subsidiaries' own local GAAP to the accounting policies used by the rest of the group.

BC132 The use of non-uniform accounting policies reduces the relevance and reliability of financial statements. However, prohibiting this would force some insurers to change their accounting policies for the insurance liabilities of some subsidiaries in phase I. This could have required systems changes that might no longer be needed in phase II. Therefore, the Board decided that an insurer already using non-uniform accounting policies for insurance contracts could continue to do so in phase I. However, if an insurer already uses uniform accounting policies for insurance contracts, it could not switch to a policy of using non-uniform accounting policies (paragraph 25(c) of the IFRS).

Excessive prudence

BC133 Insurers sometimes measure insurance liabilities on what is intended to be a highly prudent basis that lacks the neutrality required by the *Framework*. However, phase I does not define how much prudence is appropriate and cannot, therefore, eliminate excessive prudence. Consequently, the IFRS does not attempt to prohibit existing measurements of insurance liabilities that lack neutrality because of excessive prudence. Nevertheless, it prohibits the introduction of additional prudence if an insurer already measures insurance liabilities with sufficient prudence (see paragraph 26 of the IFRS). The liability adequacy test in paragraphs 15-19 addresses the converse problem of understated insurance liabilities.

Future investment margins

BC134 In the Board's view, the cash flows from an asset are irrelevant for the measurement of a liability (unless those cash flows affect (a) the cash flows arising from the liability or (b) the credit characteristics of the liability). Many existing measurement practices for insurance liabilities conflict with this principle because they use a discount rate based on the estimated return from the assets that are deemed to back the insurance liabilities. However, the Board concluded that it could not eliminate

* This approach is consistent with the discussion of servicing rights and obligations in IAS 39.

The consolidation requirements in IAS 27 were superseded by IFRS 10 *Consolidated Financial Statements* issued in May 2011, but the accounting policy requirements were not changed.

these practices until phase II gives guidance on discount rates and the basis for risk adjustments.

BC135 ED 5 stated that an accounting policy change makes financial statements less relevant and reliable if it introduces a practice of including future investment margins. On the following grounds, some respondents opposed this proposal, which would have prohibited the introduction of any measurements that reflect future investment margins:

- (a) The proposal prejudices a phase II issue. Most actuaries and insurers believe that a fair value measure (ie one calibrated to transactions involving insurance contracts) must include some consideration of asset performance because product pricing, reinsurance and market transactions are observed to reflect this feature.
- (b) A current market rate results in more relevant and reliable information than an out-of-date discount rate prescribed by a regulator, even if the current market rate reflects expected asset returns.
- (c) Asset-based discount rates are a feature of most existing national systems, including some modern systems that use current estimates of future cash flows and current (albeit asset-based) discount rates. The prohibition proposed in ED 5 would have prevented an insurer from replacing its existing accounting policies for insurance contracts with another comprehensive basis of accounting for insurance contracts that is, in aggregate, more relevant and reliable despite the disadvantage of using an asset-based discount rate.
- (d) Because US GAAP uses an asset-based discount rate for some insurance liabilities, the prohibition would have prevented insurers from adopting US GAAP for their insurance liabilities in phase I. This would have been unfair because some insurers that have already adopted IFRSs apply US GAAP to their insurance contracts and could continue to do so in phase I.

BC136 In the light of these comments, the Board replaced the prohibition proposed in ED 5 with a rebuttable presumption, which could be overcome if the other components of a change in accounting policies increase the relevance and reliability of an insurer's financial statements sufficiently to outweigh the disadvantage of introducing the practice in question (see paragraph 28 of the IFRS for an example).

BC137 The IFRS identifies two practices that include future investment margins in the measurement of insurance liabilities: (a) using a discount rate that reflects the estimated return on the insurer's assets,^{*} (b) projecting the returns on those assets at an estimated rate of return, discounting those projected returns at a different rate and including the result in the measurement of the liability. Some suggested that (b) should be eliminated in phase I because they regarded it as less acceptable than (a). However, the Board noted that although (b) appears more obviously incorrect than (a), these two practices have the same effect and are logically equivalent.

Future investment margins and embedded value

BC138 In addition to considering asset-based discount rates in general, the Board also considered a specific measurement technique that, at least in present practice, typically reflects future investment margins, namely embedded value. Embedded value is an indirect method of measuring an insurance liability. Indirect methods measure the liability by discounting all cash flows arising from both the book of insurance contracts and the assets supporting the book, to arrive at a net measurement for the contracts and supporting assets. The measurement of the assets is then deducted to arrive at a measurement of the book of contracts.^δ In contrast, direct methods measure the liability by discounting future cash flows arising from the book of insurance contracts only. If the same assumptions are made in both methods, direct and indirect methods can produce the same results.[‡]

BC139 Life insurers in an increasing number of countries disclose embedded value information. Most disclose this information outside the financial statements or as supplementary information (usually unaudited), but a few use it as a measurement in their balance sheets[†].

BC140 Some respondents felt that embedded value methodology is far more relevant and reliable than most local accounting methods, and insurers should be permitted to adopt it. They noted that embedded values are often an important consideration in determining prices for acquisitions of insurers and of blocks of insurance contracts. Furthermore, embedded value and similar indirect methods are often used in accounting for the insurance liabilities assumed in these acquisitions.

BC141 For the following reasons, some suggested that phase I should prohibit embedded value measurements in the balance sheet.

- (a) Embedded value approaches are largely unregulated at present and there is diversity in their application. For example, some view the methods used to

^{*} Some approaches attempt to find a portfolio of assets ('replicating portfolio') with characteristics that replicate the characteristics of the liability very closely. If such a portfolio can be found, it may be appropriate to use the expected return on the replicating portfolio as the discount rate for the liability, with suitable adjustments for differences in their characteristics. However, replicating portfolio approaches should not be regarded as using an asset-based discount rate because they attempt to measure the characteristics of the liability. They are not based on the characteristics of the actual assets held, which may or may not match those of the liability.

^δ If embedded values are recognised in the statement of financial position, they are typically presented as two components: an insurance liability and a separate intangible asset. This is similar to the expanded presentation that the IFRS permits in a business combination or portfolio transfer.

[‡] Luke N. Girard, *Market Value of Insurance Liabilities: Reconciling the Actuarial Appraisal and Option Pricing Methods*, North American Actuarial Journal, Volume 4, Number 1.

[†] IAS 1 *Presentation of Financial Statements* (as revised in 2007) replace the term 'balance sheet' with 'statement of financial position'.

reflect risk as fairly crude, diverse and not always fully consistent with capital market prices.

- (b) Embedded value methods today typically involve two practices whose introduction ED 5 regarded as unacceptable:
 - (i) reflecting future investment margins in the measurement of the ‘embedded value’ asset associated with insurance liabilities (see paragraphs BC134-BC144).
 - (ii) measuring contractual rights to future investment management fees at an amount that exceeds their fair value as implied by a comparison with current fees charged by other market participants for similar services (see paragraphs BC128-BC130).
- (c) In current practice, embedded values are generally determined on a single best estimate basis that does not reflect the full range of possible outcomes. This does not generally adequately address embedded guarantees and options, such as embedded interest rate guarantees. Until recently, embedded values would have ignored these items if they were out of the money. Indeed, in some cases, they might have been ignored even if they were in the money, because of assumptions about future investment performance. More attention is now being devoted to these options and guarantees and embedded value methods may begin to address them more rigorously, but that development is not yet complete.

BC142 However, for the following reasons, the IFRS permits continued use of embedded value measurements:

- (a) One objective of phase I is to avoid disturbing existing practice for insurance contracts, unless a change creates a significant improvement and leads in a direction consistent with the likely direction of phase II. Prohibiting the continued use of embedded values would not meet that criterion.
- (b) Embedded value methods are based on estimates of future cash flows, not an accumulation of past transactions. The advantages of this may, in some cases, outweigh the disadvantage of including future investment margins. Therefore, eliminating embedded value methods may not result in more relevant and reliable financial statements in every case.
- (c) Given that the Board did not prohibit asset-based discount rates for other measurements of insurance liabilities in phase I, there is no compelling reason in phase I to prohibit embedded value measurements that contain future investment margins.
- (d) Although embedded value measurements today typically include future investment margins, some practitioners have suggested improving embedded value methods by adjusting the asset cash flows fully for risk to make them consistent with market prices.

BC143 It follows from the Board’s conclusions on relevance and reliability (paragraphs BC123-BC125), investment management fees (paragraphs BC128-BC130) and future investment margins (paragraphs BC134-BC137) that an insurer can introduce embedded value measurements in its balance sheet only if all the following conditions are met:

- (a) the new accounting policy will result in more relevant and reliable financial statements (paragraph 22 of the IFRS). This is not an automatic decision and will depend on a comparison of the insurer's existing accounting with the way in which it intends to apply embedded value
- (b) this increase in relevance and reliability is sufficient to overcome the rebuttable presumption against including future investment margins (paragraph 29 of the IFRS).
- (c) the embedded values include contractual rights to future investment management fees at an amount that does not exceed their fair value as implied by a comparison with current fees charged by other market participants for similar services (paragraph 25(b) of the IFRS and paragraphs BC128-BC130).

BC144 In some measurement approaches, the discount rate is used to determine the present value of a future profit margin, which is then attributed to different periods using a formula. However, in other approaches (such as most applications of embedded value), the discount rate determines the measurement of the liability directly. The Board concluded that it is highly unlikely that an insurer could overcome the rebuttable presumption in the latter case (see paragraph 29 of the IFRS).

Redesignation of financial assets

BC145 When an insurer changes its accounting policies for insurance liabilities, it is permitted, but not required, to reclassify some or all financial assets as 'at fair value through profit or loss'. This permits an insurer to avoid artificial mismatches when it improves its accounting policies for insurance liabilities. The Board also decided:

- (a) not to restrict redesignation to assets backing the insurance contracts for which the accounting policies were changed. The Board did not wish to create unnecessary barriers for those insurers that wish to move to a more consistent measurement basis that reflects fair values.
- (b) not to introduce an option to reclassify financial assets as 'available for sale'[#]. Such reclassification would have caused changes in carrying amount to be recognised directly in equity for assets, but in profit or loss for insurance liabilities. An insurer can avoid this inconsistency by classifying the financial assets as 'at fair value through profit or loss'.

BC146 IAS 39^{*} permits redesignation of assets in specified circumstances when an entity adopts the revised IAS 39. IFRS 1 *First-time Adoption of International Financial Reporting Standards* contains corresponding provisions for first-time adopters.

Acquisition of insurance contracts in business combinations and portfolio transfers

BC147 When an entity acquires another entity in a business combination, IFRS 3 *Business Combinations* requires the acquirer to measure at fair value the identifiable assets and

[#] IFRS 9 *Financial Instruments* eliminated the category of available-for-sale financial assets.

^{*} IFRS 9 *Financial Instruments* replaced IAS 39. IFRS 9 applies to all items that were previously within the scope of IAS 39.

liabilities acquired. Similar requirements exist under many national accounting frameworks. Nevertheless, in practice, insurers have often used an expanded presentation that splits the fair value of acquired insurance contracts into two components:

- (a) a liability measured in accordance with the insurer's accounting policies for insurance contracts that it issues; and
- (b) an intangible asset, representing the difference between (i) the fair value of the contractual insurance rights acquired and insurance obligations assumed and (ii) the amount described in (a). Life insurers often describe this intangible asset by names such as the present value of in force business (PVIF), present value of future profits (PVFP or PVP) or value of business acquired (VOBA). Similar principles apply in non-life insurance, for example if claims liabilities are not discounted.

BC148 For the following reasons, the Board decided to permit these existing practices during phase I (paragraph 31 of the IFRS):

- (a) One objective of phase I is to avoid prejudging most phase II issues and to avoid requiring systems changes for phase I that might need to be reversed for phase II. In the meantime, disclosure about the nature of, and changes in, the related intangible asset provides transparency for users.
- (b) The IFRS gives no guidance on how to determine the fair value of the insurance liabilities, because that would be premature in phase I. Thus, fair values identified during phase I might need to be changed in phase II.
- (c) It may be difficult to integrate a fair value measurement at the date of a business combination into subsequent insurance contract accounting without requiring systems changes that could become obsolete in phase II.

BC149 The intangible asset described above is generally amortised over the estimated life of the contracts. Some insurers use an interest method of amortisation, which appears appropriate for an asset that essentially comprises the present value of a set of contractual cash flows. However, it is doubtful whether IAS 38 *Intangible Assets* would have permitted its use. Therefore, the Board decided that this asset should remain outside the scope of IAS 38 and its subsequent measurement should be consistent with the measurement of the related insurance liability (paragraph 31(b) of the IFRS). Because this asset would be covered by the liability adequacy test in paragraphs 15-19, the Board also excluded it from the scope of IAS 36 *Impairment of Assets*.

BC150 IAS 36 and IAS 38 still apply to customer lists and customer relationships reflecting the expectation of contracts that are not part of the contractual insurance rights and contractual insurance obligations that existed at the date of a business combination. An illustrative example published with IFRS 3 deals with customer relationships acquired together with a portfolio of one-year motor insurance contracts.

BC151 Measurements of the intangible asset described in paragraph BC147(b) sometimes include future investment margins. Those margins are subject to the same requirements as future investment margins included in the measurement of the related insurance liability (see paragraphs BC134-BC144).

BC152 In some cases, an insurer's accounting policies under previous GAAP (ie those used before it adopted IFRSs) involved measuring the intangible asset described in paragraph BC147(b) on a basis derived from the carrying amounts of other assets and liabilities. In such cases, if an entity changes the measurements of its assets and liabilities on adopting IFRSs for the first time, shadow accounting may become relevant (see paragraphs BC181-BC184 for a discussion of shadow accounting).

BC153 Some respondents requested an exemption from fair value measurement for insurance liabilities assumed in a business combination. They argued that there is still too much uncertainty about how fair value should be defined and determined.* However, insurers have apparently been able to cope with the existing requirements in IFRSs and in national standards. The Board saw no compelling reason for a new exemption.

Discretionary participation features

BC154 Some insurance contracts contain a discretionary participation feature as well as a guaranteed element. The insurer has discretion over the amount and/or timing of distributions to policyholders, although that discretion may be subject to some contractual constraints (including related legal and regulatory constraints) and competitive constraints. Distributions are typically made to policyholders whose contracts are still in force when the distribution is made. Thus, in many cases, a change in the timing of a distribution means that a different generation of policyholders will benefit.

BC155 Although the issuer has contractual discretion over distributions, it is usually likely that current or future policyholders will ultimately receive some part of the accumulated surplus available, at the reporting date, for distribution to holders of contracts with discretionary participation features (ie distributable surplus). The main accounting question is whether that part of the distributable surplus is a liability or a component of equity. The Board will explore that question in phase II.

BC156 Features of this kind are found not only in insurance contracts but also in some investment contracts (ie financial liabilities). Requiring a particular accounting treatment in phase I for investment contracts with these features would create the risk that the Board might decide on a different treatment in phase II. Furthermore, in some cases, holders of insurance contracts and investment contracts have a contractual right to share in discretionary payments out of the same pool of assets. If the Board required a particular treatment for the discretionary participation features of the investment contracts in phase I, it might prejudice the treatment of these features in insurance contracts that are linked to the same pool of assets.

BC157 For these reasons, the Board decided not to address most aspects of the accounting treatment of such features in phase I, in either insurance contracts or investment contracts. However, paragraphs 34 and 35 of the IFRS confirm that it is unacceptable to classify a discretionary participation feature as an intermediate category that is neither liability nor equity, because this would be inconsistent with the *Framework*. If a balance sheet item does not meet the *Framework's* definition of, and recognition criteria for, assets or liabilities, that item is included in equity.

* IFRS 13, issued in May 2011, defines fair value and contains the requirements for measuring fair value.

BC158 Furthermore, ED 5 proposed a requirement for the issuer of an investment contract containing such a feature to recognise a liability measured at no less than the amount that would result from applying IAS 39* to the guaranteed element of the contract. Because issuers need not determine the IAS 39 measurement of the guaranteed element if the total recognised liability is clearly higher, ED 5 noted the Board's expectation that issuers would not need extensive new systems to comply with this requirement.

BC159 Some respondents objected that determining the result of applying IAS 39 to the guaranteed element would either have virtually no effect (in which case the requirement would be unnecessary) or require extensive new systems (causing costs exceeding the likely benefit to users). In finalising the IFRS, the Board adopted a more flexible approach that limits the need for systems to apply IAS 39 to the guaranteed element alone, while still requiring some rigour to avoid the understatement of the financial liability. Specifically, paragraph 35 permits two approaches for a discretionary participation feature in a financial liability:

- (a) The issuer may classify the entire discretionary participation feature as a liability, but need not separate it from the guaranteed element (and so need not determine the result of applying IAS 39 to the guaranteed element). An issuer choosing this approach is required to apply the liability adequacy test in paragraphs 15-19 of the IFRS to the contract.
- (b) The issuer may classify part or all of the feature as a separate component of equity. If so, the liability recognised cannot be less than the result of applying IAS 39 to the guaranteed element. The issuer need not determine that measurement if the total liability recognised is clearly higher.

BC160 There may be timing differences between retained earnings under IFRSs and distributable surplus (ie the accumulated amount that is contractually eligible for distribution to holders of discretionary participation features). For example, distributable surplus may exclude unrealised investment gains that are recognised under IFRSs. The resulting timing differences are analogous, in some respects, to temporary differences between the carrying amounts of assets and liabilities and their tax bases. The IFRS does not address the classification of these timing differences because the Board will not determine until phase II whether the distributable surplus is all equity, all liability or part equity and part liability.

BC161 The factor that makes it difficult to determine the appropriate accounting for these features is constrained discretion, in other words, the combination of discretion and constraints on that discretion. If participation features lack discretion, they are embedded derivatives and within the scope of IAS 39#.

* IFRS 9 *Financial Instruments* replaced IAS 39. IFRS 9 applies to all items that were previously within the scope of IAS 39.

The Board amended the requirements in IAS 39 to identify and separately account for embedded derivatives and relocated them to IFRS 9 *Financial Instruments*. This Basis for Conclusions has not been updated for changes in requirements since IFRIC 9 *Reassessment of Embedded Derivatives* was issued in March 2006.

- BC162 The definition of a discretionary participation feature does not capture an unconstrained contractual discretion to set a ‘crediting rate’ that is used to credit interest or other returns to policyholders (as found in the contracts described in some countries as ‘universal life’ contracts). Some view these features as similar to discretionary participation features because crediting rates are constrained by market forces and the insurer’s resources. The Board will revisit the treatment of these features in phase II.
- BC163 Some respondents asked the Board to clarify the treatment of premiums received for financial instruments containing discretionary participation features. Conceptually the premium for the guaranteed element is not revenue, but the treatment of the premium for the discretionary participation feature could depend on matters that will not be resolved until phase II. Furthermore, requiring the premium to be split could involve system changes that might become redundant in phase II. To avoid unnecessary disruption in phase I, the Board decided that entities could continue presenting premiums as revenue, with a corresponding expense representing the change in the liability.
- BC164 Conceptually, if part or all of a discretionary participation feature is classified as a component of equity, the related portion of the premium should not be included in profit or loss. However, the Board concluded that requiring each incoming premium to be split would require systems changes beyond the scope of phase I. Therefore, the Board decided that an issuer could recognise the entire premium as revenue without separating the portion that relates to the equity component. However, the Board confirmed that the portion of profit or loss attributable to the equity component is presented as an allocation of profit or loss (in a manner similar to the presentation of minority interests*), not as expense or income.
- BC165 Some suggested that investment contracts containing a discretionary participation feature should be excluded from the fair value disclosure required by IAS 32[†].[‡] They noted both conceptual and practical problems in determining the fair value of an instrument of this kind. However, instead of creating a new exclusion from the required disclosure of fair value, the Board added new paragraph 91A to IAS 32. This extends existing requirements in IAS 32 governing those unquoted equity instruments whose fair value cannot be determined reliably.

* In January 2008 the IASB issued an amended IAS 27 *Consolidated and Separate Financial Statements*, which amended ‘minority interests’ to ‘non-controlling interests’. The consolidation requirements in IAS 27 were superseded by IFRS 10 *Consolidated Financial Statements* issued in May 2011. The term ‘non-controlling interests’ and the requirements for non-controlling interests were not changed.

~~† In August 2005, the IASB relocated all disclosures relating to financial instruments to IFRS 7 *Financial Instruments: Disclosures*.~~

† In August 2005, the IASB relocated all disclosures relating to financial instruments to IFRS 7 *Financial Instruments: Disclosures*.

Issues related to IAS 39^{#∇}

Assets held to back insurance contracts

BC166 The IFRS does not address financial or non-financial assets held by insurers to back insurance contracts.^α IAS 39 identifies four categories of financial asset, with three different accounting treatments. In developing IAS 39, the Board's predecessor (IASC) acknowledged that most countries had a mixed measurement model, measuring some financial assets at amortised cost and others at fair value. IASC decided to retain, but regulate and structure, the different approaches as follows:

- (a) financial assets classified as 'at fair value through profit or loss' (including all financial assets held for trading) are measured at fair value, with all changes in their fair value recognised in profit or loss. Furthermore, all derivatives are deemed to be held for trading, and hence measured at fair value, because this is the only method that provides sufficient transparency in the financial statements.
- (b) available-for-sale assets (ie those that do not fall into any of the other categories) are measured at fair value, with changes in their fair value recognised in equity until the asset is derecognised or becomes impaired. Measurement at fair value is appropriate given that available-for-sale assets may be sold in response to, for example, changes in market prices or a liquidity shortage.
- (c) assets with a fixed maturity may be measured at amortised cost if the entity intends to hold them to maturity and shows that it has the ability to do so. This treatment is based on the view of some that changes in market prices are irrelevant if an asset is held to maturity because those changes will reverse before maturity (unless the asset becomes impaired).
- (d) loans and receivables are measured at amortised cost. IASC was persuaded that there are difficulties in estimating the fair value of such loans, and that further progress was needed in valuation techniques before fair value should be required.

BC167 Some expressed concerns that accounting mismatches would arise in phase I if financial assets (particularly interest-bearing investments) held to back insurance contracts are measured at fair value under IAS 39 whilst insurance liabilities are measured on a different basis. If the insurer classifies the assets as 'available for sale', this difference in measurement basis would not affect profit or loss but it could lead to some volatility in equity. Some do not regard that volatility as a faithful representation of changes in the insurer's financial position. In developing ED 5, after

[#] IFRS 9 *Financial Instruments* replaced IAS 39. IFRS 9 applies to all items that were previously within the scope of IAS 39, unless an insurer applies the temporary exemption from IFRS 9 in paragraphs 20A-20Q and 39B-39J of IFRS 4. That temporary exemption is discussed in paragraphs BC228-BC299.

[∇] IFRS 9 *Financial Instruments* eliminated the category of available-for-sale financial assets.

^α IFRS 9 applies to an insurer's financial assets, including financial assets held to back insurance contracts. In September 2016, the Board issued *Applying IFRS 9 Financial Instruments with IFRS 4 Insurance Contracts (Amendments to IFRS 4)* to address concerns arising from the different effective dates of IFRS 9 and the forthcoming insurance contracts Standard. Those amendments include a temporary exemption from IFRS 9 for insurers that meet specified criteria and an option for insurers to apply the overlay approach to designated financial assets.

discussing various suggestions for reducing that volatility,* the Board decided:

- (a) not to relax the criteria in IAS 39 for classifying financial assets as ‘held to maturity’. Relaxing those criteria would undermine the fundamental assertion that an entity has both the intent and ability to hold the assets until maturity. The Board noted that an insurer may be able to classify some of its fixed maturity financial assets as held to maturity if it intends not to sell them before maturity and, in addition to meeting the other conditions set out in IAS 39, concludes that an unexpected increase in lapses or claims would not compel it to sell those assets (except in the ‘disaster scenario’ discussed in IAS 39 paragraph AG21).
- (b) not to create a new category of assets carried at amortised cost: assets held to back insurance liabilities. The creation of such a category would lead to a need for arbitrary distinctions and complex attribution procedures that would not make an insurer’s financial statements more relevant and reliable, and could require insurers to develop costly systems. The Board reviewed a precedent that exists in Japan for such a category, but was not persuaded that the procedures adopted there can overcome these difficulties. Moreover, if an insurer may sell assets in response to, for example, changes in market prices or a liquidity shortage, the only appropriate measurement is fair value.
- (c) not to create a new category of ‘available-for-settlement’ liabilities, analogous to available-for-sale assets, measured at fair value, with changes in fair value recognised in equity. The creation of such a category would make it necessary to find some basis for distinguishing between that category and the existing category of non-trading financial liabilities, or to permit a free choice of accounting treatments. The Board has identified no basis for such a distinction, nor for deciding which of these two categories would be the new residual category. Furthermore, creating such a category could require insurers to develop new systems with no certainty that those systems would be needed in phase II.

BC168 In developing ED 5, the Board concluded that the reasons given above outweigh the effects of any accounting mismatch on an insurer’s reported equity. Therefore, the Board decided not to exempt insurers from these existing requirements, even temporarily.

BC169 Insurers may be particularly sensitive to equity reported in general purpose financial statements in some countries where this amount is used in assessing compliance with regulatory capital requirements. However, although insurance supervisors are important users of general purpose financial statements, those financial statements are not directed at specific needs of insurance supervisors that other users do not share. Furthermore, supervisors generally have the power to obtain additional information that meets their specific needs. In the Board’s view, creating new exemptions from IAS 39 in this area would not have been the best way to meet the common needs of users (including insurance supervisors) of an insurer’s general purpose financial statements.

* The Board discussed this subject at its meeting in November 2002. It was also one of the major topics raised by insurance participants at two half-day sessions during the financial instruments round-tables in March 2003. Before finalising ED 5, the Board discussed the subject again in April 2003.

BC170 Some argued that banks enjoy an ‘advantage’ that is not available to insurers. Under IAS 39, a bank may measure its core banking-book assets and liabilities (loans and receivables and non-trading financial liabilities) at amortised cost, whereas an insurer would have no such option for many of the assets held to back its core insurance activities. However, as noted in paragraph BC166(d), IASC permitted amortised cost measurement for loans and receivables because it had concerns about difficulties in establishing their fair value. This factor does not apply to many assets held by insurers to back insurance liabilities.

BC171 Many of the respondents to ED 5 urged the Board to explore ways of reducing the accounting mismatch described above. The Board discussed this subject at length at all three meetings at which it discussed the responses to ED 5 before finalising the IFRS. In addition, the Board discussed it with the Standards Advisory Council. It was also raised at a meeting of the Board’s Insurance Advisory Committee in September 2003, which six Board members attended together with the project staff. Individual Board members and staff also had many discussions with interested parties, including users, insurers, actuaries, auditors and regulators.

BC172 It is important to distinguish two different types of mismatch:

- (a) *accounting mismatch* arises if changes in economic conditions affect assets and liabilities to the same extent, but the carrying amounts of those assets and liabilities do not respond equally to those economic changes. Specifically, accounting mismatch occurs if an entity uses different measurement bases for assets and liabilities.
- (b) *economic mismatch* arises if the values of, or cash flows from, assets and liabilities respond differently to changes in economic conditions. It is worth noting that economic mismatch is not necessarily eliminated by an asset-liability management programme that involves investing in assets to provide the optimal risk-return trade-off for the package of assets and liabilities.

BC173 Ideally, a measurement model would report all the economic mismatch that exists and would not report any accounting mismatch. The Board considered various alternatives, observing that all had advantages and disadvantages. Some alternatives would have amended IAS 39 to extend the use of cost or amortised cost measurements. However, the Board noted the following:

- (a) Fair value is a more relevant measurement than amortised cost for financial assets that an entity might sell in response to changing market and other conditions.
- (b) In its response to ED 5, the Association for Investment Management and Research (AIMR) strongly urged the Board not to extend the use of amortised cost in IAS 39. The AIMR is a non-profit professional association of more than 67,200 financial analysts, portfolio managers, and other investment professionals in 116 countries.
- (c) An accounting model that measured both assets and liabilities at amounts based on current interest rates would provide information about the degree of economic mismatch. A model that measured both at historical values, or ignored the time value of money in measuring some insurance liabilities, would not. Financial analysts often observe that information about economic mismatch is very important to them.

- (d) Some suggested that insurers wish to follow a strategy that involves holding fixed maturity investments to maturity, with some flexibility to sell investments if insurance claims or lapses are unusually high. They recommended relaxing restrictions in IAS 39 so that insurers using such a strategy could use the held-to-maturity category more easily. However, in discussions with individual Board members and staff, insurers generally indicated that they also wished to keep the flexibility to make sales in the light of changing demographic and economic conditions so that they can seek the best trade-off between risk and return. That is a valid and understandable business objective, but it is difficult to argue that cost could be more relevant than fair value in such cases. Although IAS 32* requires disclosure of the fair value of financial assets carried at amortised cost, disclosure does not rectify inappropriate measurement.
- (e) Some noted that they wished to keep the flexibility to sell corporate bonds before a major downgrade occurs. They viewed the guidance in IAS 39 as restricting their ability to do this. Moreover, because a ‘tainting’ requirement in IAS 39 prohibits the use of the held-to-maturity category after most sales from this category, insurers are reluctant to use this classification for corporate bonds. The application guidance in IAS 39 gives examples of cases when sales of held-to-maturity investments do not ‘taint’ all other such investments. For example, paragraph AG22(a) of IAS 39 refers to a sale following a significant deterioration in the issuer’s creditworthiness. The Board noted that some appeared to read that guidance as limited to changes in a credit rating by an external credit rating agency, although the guidance also refers to internal ratings that meet particular criteria.
- (f) The Japanese precedent mentioned in paragraph BC167(b) creates some discipline by placing restrictions on the use of amortised cost, but for systems or other reasons not all insurers in Japan adopt this approach. Furthermore, this approach permits a cost approach if the durations (ie average maturities) of insurance liabilities match those of the related assets within a specified band of 80-125 per cent. If any economic mismatch arises within that band, this approach does not recognise it. In addition, gains and losses on selling assets held at amortised cost are generally recognised immediately in profit or loss (except that some gains are deferred and amortised if sales are not compatible with the duration matching strategy).
- (g) Some Board members and staff met representatives of major European insurers to explore the possibility of (i) extending the use of amortised cost if specified, relatively strict, criteria are met and (ii) combining that with a simplified attempt to identify ‘ineffectiveness’ resulting from the fact that the assets and liabilities would not respond identically to changes in interest rates. This approach would have avoided some of the practical and conceptual problems inherent in the Japanese approach discussed above. However, this untried approach had been developed at short notice and not all details had been worked through. Moreover, many insurers may not be able or willing to invest in systems that could need amendment in phase II.

* In August 2005, the IASB relocated all disclosures relating to financial instruments to IFRS 7 *Financial Instruments: Disclosures*.

- (h) That a mixed measurement model can create an accounting mismatch is undeniable. Furthermore, it costs time and money for insurers to explain the effects even to sophisticated users. Insurers are very concerned that less sophisticated users may misinterpret the resulting information. If a simple, transparent and conceptually acceptable way could have been found to eliminate the accounting mismatch at an acceptable cost without also obscuring the economic mismatch, that change might have been beneficial. However, the Board could find no such way in the short term. The Board also noted that any change could have required major systems changes and that there appeared to be no consensus among insurers on a single method.
- (i) Extending the use of amortised cost would have created an inconsistency with US GAAP. The accounting mismatch described in paragraphs BC167 and BC172 has existed for some years in US GAAP, which requires insurers to account for their financial assets in broadly the same way as under IAS 39. Furthermore, the US Financial Accounting Standards Board decided in January 2004 not to add to its agenda a project to reconsider US GAAP for investments held by life insurance companies.

BC174 In the light of these considerations, the Board concluded that changing the measurement requirements in IAS 39 for financial assets, even temporarily, would diminish the relevance and reliability of an insurer's financial statements. The Board observed that the accounting mismatch arose more from imperfections in existing measurement models for insurance liabilities than from deficiencies in the measurement of the assets. It would have been a retrograde step to try to mitigate the accounting mismatch by adopting a less relevant measurement of the assets—a measurement that would also have obscured some of the economic mismatch.

BC175 The Board considered whether it could mitigate the accounting mismatch by permitting improvements to the measurement of insurance liabilities. The Board noted that introducing a current market-based discount rate for insurance liabilities rather than a historical discount rate would improve the relevance and reliability of an insurer's financial statements. Therefore, such a change would have been permitted by the proposals in ED 5 and is also permitted by the IFRS. However, IAS 8 requires consistent accounting policies for similar transactions. For systems and other reasons, some insurers may not wish, or be able, in phase I to introduce a current market-based discount rate for all insurance liabilities.

BC176 The Board concluded that the increase in relevance and reliability from introducing a current discount rate could outweigh the disadvantages of permitting accounting policies that are not applied consistently to all similar liabilities. Accordingly, the Board decided to permit, but not require, an insurer to change its accounting policies so that it remeasures designated insurance liabilities for changes in interest rates. This election permits a change in accounting policies that is applied to some liabilities, but not to all similar liabilities as IAS 8 would otherwise require. The Board noted that insurers might sometimes be able to develop simplified models that give a reasonable estimate of the effect of interest rate changes.

BC177 The Board also noted the following:

- (a) No single proposal would have eliminated the accounting mismatch for a broad cross-section of insurers without also obscuring the economic mismatch.
- (b) No single proposal would have been acceptable to a broad cross-section of insurers.
- (c) No single proposal could have been implemented by a broad cross-section of insurers without major systems changes. In other words, no solution was available that built on common industry approaches and systems. Furthermore, the systems needed to implement successfully the approach discussed with some European insurers (see paragraph BC173(g)) would also allow the approach permitted by paragraph 24 of the IFRS (adjusting designated liabilities for changes in interest rates). Indeed, paragraph 24 imposes fewer restrictions than the approach discussed with European insurers because it does not require the assets to match the liability cash flows closely, since any mismatch in cash flows is reflected in profit or loss.
- (d) Adjusting the discount rate for designated liabilities will not eliminate all the accounting mismatch described above and some, perhaps many, insurers will choose not to make that adjustment. The reasons for this are as follows:
 - (i) As noted above, many insurers may not have systems to adjust liabilities for changes in interest rates and may not wish to develop such systems, even for designated liabilities as opposed to all liabilities.
 - (ii) Changes in discount rates would not affect the measurement of insurance liabilities that are carried at an accumulated account value.
 - (iii) Changes in discount rates would not affect the measurement of financial liabilities with a demand feature, because IAS 39 states that their fair value is not less than the amount payable on demand (discounted, if applicable, from the first date when that amount could be required to be paid). Although this last point is not strictly relevant for insurance contracts, many life insurers issue investment contracts for which it is relevant.

BC178 In summary, the Board decided not to amend existing measurement requirements in IAS 39 for financial assets because such amendments would have reduced the relevance and reliability of financial statements to an unacceptable extent. Although such amendments could have eliminated some of the accounting mismatch, they would also have obscured any economic mismatch that exists. The following points summarise amendments made to ED 5 that might mitigate the accounting mismatch in some cases, as well as relevant observations made by the Board:

- (a) The Board decided to permit, but not require, an insurer to change its accounting policies so that it remeasures designated insurance liabilities for changes in interest rates (see paragraph BC176).
- (b) The Board clarified the applicability of the practice sometimes known as 'shadow accounting' (paragraphs BC181-BC184).

- (c) The Board amended IAS 40 *Investment Property* to permit two separate elections when an entity selects the fair value model or the cost model for investment property. One election is for investment property backing contracts (which could be either insurance contracts or financial instruments) that pay a return linked directly to the fair value of, or returns from, specified assets including that investment property. The other election is for all other investment property (see paragraph C12 of the IFRS).*
- (d) The Board observed that some entities appeared to have misread the application guidance in IAS 39 on sales of held-to-maturity investments following a significant deterioration in the issuer's creditworthiness. Specifically, as noted in paragraph 173(e), some appeared to have read it as limited to changes in a credit rating by an external credit rating agency, although the guidance also refers to internal ratings that meet particular criteria.
- (e) The Board observed that IAS 1 and IAS 32 do not preclude a presentation identifying a separate component of equity to report a portion of the change (and cumulative change) in the carrying amount of fixed-maturity available-for-sale financial assets. An insurer could use such a presentation to highlight the effect on equity of changes in interest rates that (i) changed the carrying amount of assets but (ii) did not change the carrying amount of liabilities that respond economically to those changing interest rates.

BC179 IAS 40 permits an entity to use a fair value model for investment property, but IAS 16 does not permit this model for owner-occupied property. An entity may measure its owner-occupied property at fair value using the revaluation model in IAS 16, but changes in its fair value must be recognised in revaluation surplus rather than in profit or loss. Some insurers regard their owner-occupied property as an investment and prefer to use a fair value model for it. However, the Board decided not to make piecemeal changes to IAS 16 and IAS 40 at this stage.

BC180 The Board noted that shadow accounting (paragraphs BC181-BC184) may be relevant if there is a contractual link between payments to policyholders and the carrying amount of, or returns from, owner-occupied property. If an insurer elects to use shadow accounting, changes in the measurement of the liability resulting from revaluations of the property are recognised directly in equity, through the statement of changes in equity.

Shadow accounting

BC181 In some accounting models, realised gains or losses on an insurer's assets have a direct effect on the measurement of some or all of its insurance liabilities.†

BC182 When many of those models were constructed, unrealised gains and most unrealised losses were not recognised in financial statements. Some of those models were extended later to require some financial assets to be measured at fair value, with changes in fair value recognised directly in equity (ie the same treatment as for available-for-sale financial assets under IAS 39). When this happened, a practice

* The amendments contained in paragraph C12 are now incorporated as paragraphs 32A-32C of IAS 40.

† Throughout this section, references to insurance liabilities are also relevant for (a) related deferred acquisition costs and (b) intangible assets relating to insurance contracts acquired in a business combination or portfolio transfer.

sometimes known as ‘shadow accounting’ was developed with the following two features:

- (a) A recognised but unrealised gain or loss on an asset affects the measurement of the insurance liability in the same way that a realised gain or loss does.
- (b) If unrealised gains or losses on an asset are recognised directly in equity, the resulting change in the carrying amount of the insurance liability is also recognised in equity.

BC183 Some respondents asked the Board to clarify whether the proposals in ED 5 permitted shadow accounting. The Board concluded the following:

- (a) In principle, gains and losses on an asset should not influence the measurement of an insurance liability (unless the gains or losses on the asset alter the amounts payable to policyholders). Nevertheless, this is a feature of some existing measurement models for insurance liabilities and the Board decided that it was not feasible to eliminate this practice in phase I (see paragraph BC134 for further discussion in the context of future investment margins).
- (b) Shadow accounting permits all recognised gains and losses on assets to affect the measurement of insurance liabilities in the same way, regardless of whether (i) the gains and losses are realised or unrealised and (ii) unrealised gains and losses are recognised in profit or loss or directly in equity. This is a logical application of a feature of some existing models.
- (c) Because the Board does not expect that feature of existing models to survive in phase II, insurers should not be required to develop systems to apply shadow accounting.
- (d) If an unrealised gain or loss on an asset triggers a shadow accounting adjustment to a liability, that adjustment should be recognised in the same way as the unrealised gain or loss.
- (e) In some cases and to some extent, shadow accounting might mitigate volatility caused by differences between the measurement basis for assets and the measurement basis for insurance liabilities. However, that is a by-product of shadow accounting and not its primary purpose.

BC184 Paragraph 30 of the IFRS permits, but does not require, shadow accounting. The Implementation Guidance includes an illustrative example to show how shadow accounting might become relevant in an environment where the accounting for assets changes so that unrealised gains are recognised (IG Example 4). Because the Board does not expect the feature underlying the use of shadow accounting to survive in phase II, the Board decided not to give further guidance.

Investment contracts

BC185 Many insurers issue investment contracts (ie financial instruments that do not transfer enough insurance risk to qualify as insurance contracts). Under IAS 39, the issuer measures investment contracts at either amortised cost or, with appropriate designation at inception, at fair value. Some aspects of the measurements under IAS 39 differ from the measurements that are often used at present under national accounting requirements for these contracts:

- (a) The definition and treatment of transaction costs under IAS 39 may differ from the definition and treatment of acquisition costs in some national requirements.
- (b) The condition in IAS 39 for treating a modification of a financial liability (or the exchange of the new liability for an old liability) as an extinguishment of the original liability may differ from equivalent national requirements.
- (c) Future cash flows from assets do not affect the amortised cost or fair value of investment contract liabilities (unless the cash flows from the liabilities are contractually linked to the cash flows from the assets).
- (d) The amortised cost of a financial liability is not adjusted when market interest rates change, even if the return on available assets is below the effective interest rate on the liability (unless the change in rates causes the liability cash flows to change).
- (e) The fair value of a financial liability with a demand feature is not less than the amount payable on demand.
- (f) The fair value of a financial instrument reflects its credit characteristics.—*
- (g) Premiums received for an investment contract are not recognised as revenue under IAS 39, but as balance sheet movements, in the same way as a deposit received.

BC186 Some argued that the Board should not require insurers to change their accounting for investment contracts in phase I because the scope of phase I is intended to be limited and because the current treatment of such contracts is often very similar to the treatment of insurance contracts. However, the Board saw no reason to delay the application of IAS 39 to contracts that do not transfer significant insurance risk. The Board noted that some of these contracts have features, such as long maturities, recurring premiums and high initial transaction costs, that are less common in other financial instruments. Nevertheless, applying a single set of accounting requirements to all financial instruments will make an insurer's financial statements more relevant and reliable.

BC187 Some contracts within the scope of IAS 39 grant cancellation or renewal rights to the holder. The cancellation or renewal rights are embedded derivatives and IAS 39 requires the issuer to measure them separately at fair value if they are not closely related to their host contract (unless the issuer elects to measure the entire contract at fair value).

Embedded derivatives

BC188 Some suggested that the Board should exempt insurers from the requirement to separate embedded derivatives contained in a host insurance contract and measure them at fair value under IAS 39. They argued that:

- (a) separating these derivatives would require extensive and costly systems changes that might not be needed for phase II.

* IFRS 13, issued in May 2011, states that the fair value of a liability reflects the effect of non-performance risk, which includes, but may not be limited to, an entity's own credit risk.

- (b) some of these derivatives are intertwined with the host insurance contract in a way that would make separate measurement arbitrary and perhaps misleading, because the fair value of the whole contract might differ from the sum of the fair values of its components.

BC189 Some suggested that the inclusion of embedded options and guarantees in the cash flows used for a liability adequacy test could permit the Board to exempt some embedded derivatives from fair value measurement under IAS 39. Most proponents of this exemption implied that including only the intrinsic value of these items (ie without their time value) would suffice. However, because excluding the time value of these items could make an entity's financial statements much less relevant and reliable, the Board did not create such an exemption.

BC190 In the Board's view, fair value is the only relevant measurement basis for derivatives, because it is the only method that provides sufficient transparency in the financial statements. The cost of most derivatives is nil or immaterial. Hence if derivatives were measured at cost, they would not be included in the balance sheet and their success (or otherwise) in reducing risk, or their role in increasing risk, would not be visible. In addition, the value of derivatives often changes disproportionately in response to market movements (put another way, they are highly leveraged or carry a high level of risk). Fair value is the only measurement basis that can capture this leveraged nature of derivatives—information that is essential to communicate to users the nature of the rights and obligations inherent in derivatives.

BC191 IAS 39 requires entities to account separately for derivatives embedded in non-derivative contracts. This is necessary:

- (a) to ensure that contractual rights and obligations that create similar risk exposures are treated in the same way whether or not they are embedded in a non-derivative contract.
- (b) to counter the possibility that entities might seek to avoid the requirement to measure derivatives at fair value by embedding a derivative in a non-derivative contract.

BC192 The requirement to separate embedded derivatives already applied to a host contract of any kind before the IFRS was issued. Exempting insurance contracts from that existing requirement would have been a retrograde step. Furthermore, much of the effort needed to measure embedded derivatives at fair value arises from the need to identify the derivatives and from other steps that will still be needed if the Board requires fair value measurement for phase II. In the Board's view, the incremental effort needed to identify the embedded derivatives separately in phase I is relatively small and is justified by the increased transparency that fair value measurement brings. IG Example 2 in the Implementation Guidance gives guidance on the treatment of various forms of embedded derivative.

BC193 Some embedded derivatives meet the definition of an insurance contract. It would be contradictory to require a fair value measurement in phase I of an insurance contract that is embedded in a larger contract when such measurement is not required for a stand-alone insurance contract. Therefore, the IFRS confirms that this is not required (paragraph 8). For the same reason, the Board concluded that an embedded derivative is closely related to the host insurance contract if the embedded derivative and host insurance contract are so interdependent that an entity cannot measure the embedded derivative separately (see new paragraph AG33(h) of IAS 39). Without this

conclusion, paragraph 12 of IAS 39 would have required the insurer to measure the entire contract at fair value. An alternative approach would have been to retain that requirement, but require measurement at cost if an insurance contract cannot be measured reliably at fair value in its entirety, building on a similar treatment in IAS 39 for unquoted equity instruments. However, the Board did not intend to require fair value measurement for insurance contracts in phase I. Therefore, the Board decided not to require this even when it is possible to measure reliably the fair value of an insurance contract containing an embedded derivative.

BC194 The Board acknowledges that insurers need not, during phase I, recognise some potentially large exposures to items such as guaranteed annuity options and guaranteed minimum death benefits. These items create risks that many regard as predominantly financial, but if the payout is contingent on an event that creates significant insurance risk, these embedded derivatives meet the definition of an insurance contract. The IFRS requires specific disclosures about these items (paragraph 39(e)). In addition, the liability adequacy test requires an entity to consider them (see paragraphs BC94-BC104).

Elimination of internal items

BC195 Some respondents suggested that financial instruments issued by one entity to a life insurer in the same group should not be eliminated from the group's consolidated financial statements if the life insurer's assets are earmarked as security for policyholders' savings.

BC196 The Board noted that these financial instruments are not assets and liabilities from the group's perspective. The Board saw no justification for departing from the general principle that all intragroup transactions are eliminated, even if they are between components of an entity that have different stakeholders, for example policyholder funds and shareholder funds. However, although the transactions are eliminated, they may affect future cash flows. Hence, they may be relevant in measuring liabilities.

BC197 Some respondents argued that non-elimination would be consistent with the fact that financial instruments issued can (unless they are non-transferable) be plan assets in defined benefit plans under IAS 19 *Employee Benefits*. However, the Board did not view IAS 19 as a precedent in this area. IAS 19 requires a presentation net of plan assets because investment in plan assets reduces the obligation (IAS 19 Basis for Conclusions paragraph BC66). This presentation does not result in the recognition of new assets and liabilities.

Issues related to IFRS 9

BC197AIn July 2014, the Board issued the completed version of IFRS 9 *Financial Instruments*. It replaces IAS 39 and has an effective date of 1 January 2018. In September 2016, the Board issued *Applying IFRS 9 Financial Instruments with IFRS 4 Insurance Contracts (Amendments to IFRS 4)* to address concerns arising from the different effective dates of IFRS 9 and the forthcoming insurance contracts Standard. Those amendments are discussed in paragraphs BC228–BC299.

Income taxes

BC198 Some respondents argued that discounting should be required, or at least permitted, for deferred tax relating to insurance contracts. The Board noted that discounting of a temporary difference is not relevant if an item's tax base and carrying amount are both determined on a present value basis.

Disclosure

BC199 The disclosure requirements are designed as a pair of high level principles, supplemented by some specified disclosures to meet those objectives. Implementation Guidance, published in a separate booklet*, discusses how an insurer might satisfy the requirements.

BC200 Although they agreed that insurers should be allowed flexibility in determining the levels of aggregation and amount of disclosure, some respondents suggested that the Board should introduce more specific and standardised disclosure requirements. Others suggested that the draft Implementation Guidance published with ED 5 was at too high a level to ensure consistency and comparability and that its non-mandatory nature might diminish its usefulness. Some were concerned that different levels of aggregation by different insurers could reduce comparability.

BC201 Nevertheless, the Board retained ED 5's approach. The Board viewed this as superior to requiring a long list of detailed and descriptive disclosures, because concentrating on the underlying principles:

- (a) makes it easier for insurers to understand the rationale for the requirements, which promotes compliance.
- (b) avoids 'hard-wiring' into the IFRS disclosures that may become obsolete, and encourages experimentation that will lead to improvements as techniques develop.
- (c) avoids requiring specific disclosures that may not be needed to meet the underlying objectives in the circumstances of every insurer and could lead to information overload that obscures important information in a mass of detail.
- (d) gives insurers flexibility to decide on an appropriate level of aggregation that enables users to see the overall picture but without combining information that has different characteristics.

BC202 Some respondents expressed the following general concerns about the proposed disclosure requirements in ED 5:

- (a) The proposed volume of disclosure was excessive and some of it would duplicate extensive material included in some countries in prudential returns.
- (b) Some of the proposed disclosures would be difficult and costly to prepare and audit, make it difficult to prepare timely financial statements and provide users with little value.

* but included in this volume.

- (c) The proposals in ED 5 would require excessive disclosure of sensitive pricing information and other confidential proprietary information.
- (d) Some of the disclosures exceeded those required in other industries, which singled out insurers unfairly. Some felt that the level of disclosure would be particularly burdensome for small insurers, whereas others referred to the difficulty of aggregating information in a meaningful way for large international groups.

BC203 The two principles and most of the supporting requirements are applications of existing requirements in IFRSs, or relatively straightforward analogies with existing IFRS requirements (particularly IFRS 7 *Financial Instruments: Disclosures*).

BC203A IFRS 7 was issued in August 2005 and replaced the disclosure requirements in IAS 32, including those on which the disclosures originally in IFRS 4 were based. Accordingly, the Board amended the disclosure requirements in IFRS 4 to be consistent with IFRS 7, when possible. The Board noted that:

- (a) insurers will have both insurance contracts and financial instruments. In particular, some of the investment products issued by insurers are financial instruments, not insurance contracts as defined in IFRS 4. It is more useful for users and easier for preparers if the risk disclosures for insurance contracts and financial instruments are the same.
- (b) making the disclosure requirements of IFRS 4 consistent with IFRS 7 makes the disclosures easier to prepare. In particular, IFRS 7 removes the “terms and conditions” disclosure previously in paragraph 39(b) of IFRS 4. Some commentators on ED 5 (the Exposure Draft that preceded IFRS 4) objected to this disclosure requirement, believing it to be onerous and not to provide the most useful information.
- (c) the disclosures in IFRS 7 are designed to be implemented as a package, and if implemented piecemeal would result in less useful information for users. For example, the risk disclosures replace the “terms and conditions” disclosure previously in paragraph 60(a) of IAS 32 and paragraph 39(b) of IFRS 4. Merely updating the reference in paragraph 39(d) from IAS 32 to IFRS 7 would have resulted in some, but not all, of the risk disclosures being applicable to insurance contracts and the “terms and conditions” disclosure being retained.
- (d) as discussed in paragraph BC207, significant changes to the risk disclosures in paragraphs 38-39A are not expected as a result of phase II of the project on insurance contracts (although consequential changes may be needed to the accounting-related disclosures in paragraphs 36 and 37).

BC203B Some respondents, particularly preparers, did not agree that IFRS 4 should be amended as part of IFRS 7. In particular, some respondents argued that sensitivity analysis of market risk would be problematic for insurance contracts; they disagreed that such an analysis would be relatively easy to understand or calculate while issues relating to the measurement of fair value for insurance contracts remain unresolved. Those respondents suggested that disclosure requirements on sensitivity analysis should be considered during phase II of the project on insurance contracts, rather than in finalising IFRS 7. The Board noted that this requirement should not be unduly onerous for insurers, nor require them to provide quantitative information, because the sensitivity

analysis applies only to changes in market risk variables that have an effect on profit or loss and equity in the period being reported. In addition, the Board noted that a sensitivity analysis is intended to replace the terms and conditions disclosures, which entities found onerous. The Board did not want to *require* insurers to comply with the older terms and conditions disclosures while allowing other entities to use the less onerous sensitivity analysis. However, the Board also noted that providing the sensitivity analysis would mean systems changes for some entities. Because the purpose of IFRS 4 was to minimise such changes pending the outcome of phase II, the Board did not want to require extensive systems changes for insurance contracts as a result of IFRS 7.

BC203C To address the concerns of those who do not want to make systems changes and those who want to substitute the new sensitivity analysis for the terms and conditions disclosures, the Board decided to permit a choice of sensitivity analysis disclosures for insurance risk only. Paragraph 39A of IFRS 4 has been added so that entities will be able to choose between providing:

- (a) the terms and conditions disclosures, together with the qualitative sensitivity analysis currently permitted by IFRS 4; or
- (b) the quantitative sensitivity analysis required by IFRS 7 (and permitted, but not required, by IFRS 4).

The Board permitted entities to choose to disclose a combination of qualitative and quantitative sensitivity analysis for insurance risk because it believes that entities should not be prevented from providing more useful information for some insurance risks, even if they do not have the ability to provide this information for all insurance risks. The Board noted that this option was a temporary solution to the problems cited in paragraph BC203B and would be eliminated in phase II.

BC204 Many respondents asked the Board to clarify the status of the Implementation Guidance. In particular, some felt that the Implementation Guidance appeared to impose detailed and voluminous requirements that contradicted the Board's stated intention in paragraph BC201. In response to requests from respondents, the Board added paragraph IG12 to clarify the status of the implementation guidance on disclosure.

BC205 Some suggested that some of the disclosures, particularly those that are qualitative rather than quantitative or convey management's assertions about possible future developments, should be located outside the financial statements in a financial review by management. However, in the Board's view, the disclosure requirements are all essential and should be part of the financial statements.

BC206 Some argued that the disclosure requirements could be particularly onerous and less relevant for a subsidiary, especially if the parent guarantees the liabilities or the parent reinsures all the liabilities. However, the Board decided that no exemptions from the disclosure principles were justified. Nevertheless, the high level and flexible approach adopted by the Board enables a subsidiary to disclose the required information in a way that suits its circumstances.

BC207 Some respondents expressed concerns that the disclosure proposals in ED 5 might require extensive systems changes in phase I that might not be needed in phase II. The Board expects that both disclosure principles will remain largely unchanged for phase II, although the guidance to support them may need refinement because different information will be available and because insurers will have experience of developing systems to meet the disclosure principles in phase I.

Materiality

BC208 Some respondents expressed concerns that the IFRS (reinforced by the Implementation Guidance) might require disclosure of excessively detailed information that might not be beneficial to users. In response to these concerns, the Board included in the Implementation Guidance a discussion of materiality taken from IAS 1.

BC209 Some respondents suggested that some of the qualitative disclosures should not be subject to the normal materiality threshold, which might, in their view, lead to excessive disclosure. They proposed using different terminology, such as ‘significant’, to reinforce that message. However, the Board noted that not requiring disclosure of material information would be inconsistent with the definition of materiality. Thus, the Board concluded that the disclosure should, in general, rely solely on the normal definition of materiality.

BC210 In one place, the IFRS refers to a different notion. Paragraph 37(c) refers to ‘the assumptions that have the greatest effect on the measurement of assets, liabilities, income and expense arising from insurance contracts. Because many assumptions could be relevant, the Board decided to narrow the scope of the disclosure somewhat.

Explanation of recognised amounts

Assumptions

BC211 The first disclosure principle in the IFRS requires disclosure of amounts in an insurer’s balance sheet^{*} and income statement[‡] that arise from insurance contracts (paragraph 36 of the IFRS). In support of this principle, paragraph 37(c) and (d) requires disclosure about assumptions and changes in assumptions. The disclosure of assumptions both assists users in testing reported information for sensitivity to changes in those assumptions and enhances their confidence in the transparency and comparability of the information.

BC212 Some expressed concerns that information about assumptions and changes in assumptions might be costly to prepare and of limited usefulness. There are many possible assumptions that could be disclosed: excessive aggregation would result in meaningless information, whereas excessive disaggregation could be costly, lead to information overload, and reveal commercially sensitive information. In response to these concerns, the disclosure about the assumptions focuses on the process used to derive them.

* IAS 1 *Presentation of Financial Statements* (as revised in 2007) replaced the term ‘balance sheet’ with ‘statement of financial position’.

‡ IAS 1 (revised 2007) requires an entity to present all income and expense items in one statement of comprehensive income or in two statements (a separate income statement and a statement of comprehensive income).

BC213 Some respondents argued that it is difficult to disclose meaningful information about changes in interdependent assumptions. As a result, an analysis by sources of change often depends on the order in which the analysis is performed. To acknowledge this difficulty, the IFRS does not specify a rigid format or contents for this analysis. This allows insurers to analyse the changes in a way that meets the objective of the disclosure and is appropriate for the risks they face and the systems that they have, or can enhance at a reasonable cost.

Changes in insurance liabilities

BC214 Paragraph 37(e) of the IFRS requires a reconciliation of changes in insurance liabilities, reinsurance assets and, if any, deferred acquisition costs. IAS 37 requires broadly comparable disclosure of changes in provisions, but the scope of IAS 37 excludes insurance contracts. Disclosure about changes in deferred acquisition costs is important because some existing methods use adjustments to deferred acquisition costs as a means of recognising some effects of remeasuring the future cash flows from an insurance contract (for example, to reflect the result of a liability adequacy test).

Nature and extent of risks arising from insurance contracts

BC215 The second disclosure principle in the IFRS requires disclosure of information that enables users of ~~its financial statements~~ to understand the nature and extent of risks arising from insurance contracts (paragraph 38 of the IFRS). The Implementation Guidance supporting this principle builds largely on existing requirements in IFRSs, particularly the disclosures for financial instruments in IFRS 7.

BC216 Some respondents read the draft Implementation Guidance accompanying ED 5 as implying that the IFRS would require disclosures of estimated cash flows. That was not the Board's intention because insurers cannot be expected to have systems to prepare detailed estimates of cash flows in phase I (beyond what is needed for the liability adequacy test). The Board revised the Implementation Guidance to emphasise that the second disclosure principle requires disclosure **about** cash flows (ie disclosure that helps users understand their amount, timing and uncertainty), not disclosure **of** cash flows.*

Insurance risk

BC217 For insurance risk (paragraph 39(c)), the disclosures are intended to be consistent with the spirit of the disclosures required by IAS 32[†].[‡] The usefulness of particular disclosures about insurance risk depends on the circumstances of a particular insurer. Therefore, the requirements are written in general terms to allow practice in this area to evolve.

Sensitivity analysis

BC218 Paragraph 39(c)(i) requires disclosure of a sensitivity analysis. The Board decided not to include specific requirements that may not be appropriate in every case and could impede the development of more useful forms of disclosure or become obsolete.

* IFRS 7 replaced the required disclosures about cash flows with required disclosures about the nature and extent of risks.

~~† In August 2005, the IASB relocated all disclosures relating to financial instruments to IFRS 7 *Financial Instruments: Disclosures*.~~

† In August 2005, the IASB relocated all disclosures relating to financial instruments to IFRS 7 *Financial Instruments: Disclosures*.

BC219 IAS 32 requires disclosure of a sensitivity analysis only for assumptions that are not supported by observable market prices or rates. However, because the IFRS does not require a specific method of accounting for embedded options and guarantees, including some that are partly dependent on observable market prices or rates, paragraph 39(c)(i) requires a sensitivity analysis for all variables that have a material effect, including variables that are observable market prices or rates.

Claims development

BC220 Paragraph 39(c)(iii) requires disclosure about claims development. The US Securities and Exchange Commission requires property and casualty insurers to provide a table showing the development of provisions for unpaid claims and claim adjustment expenses for the previous ten years, if the provisions exceed 50 per cent of equity. The Board noted that the period of ten years is arbitrary and decided instead to set the period covered by this disclosure by reference to the length of the claims settlement cycle. Therefore, the IFRS requires that the disclosure should go back to the period when the earliest material claim arose for which there is still uncertainty about the amount and timing of the claims payments, but need not go back more than ten years (subject to transitional exemptions in paragraph 44 of the IFRS). Furthermore, the proposal applies to all insurers, not only to property and casualty insurers. However, because an insurer need not disclose this information for claims for which uncertainty about the amount and timing of claims payments is typically resolved within one year, it is unlikely that many life insurers would need to give this disclosure.

BC221 In the US, disclosure of claims development is generally presented in management's discussion and analysis, rather than in the financial statements. However, this disclosure is important because it gives users insights into the uncertainty surrounding estimates about future claims, and also indicates whether a particular insurer has tended to overestimate or underestimate ultimate payments. Therefore, the IFRS requires it in the financial statements.

Probable maximum loss

BC222 Some suggested that an insurer—particularly a general insurer—should disclose the probable maximum loss (PML) that it would expect if a reasonably extreme event occurred. For example, an insurer might disclose the loss that it would suffer from a severe earthquake of the kind that would be expected to recur every one hundred years, on average. However, given the lack of a widely agreed definition of PML, the Board concluded that it is not feasible to require disclosure of PML or similar measures.

Exposures to interest rate risk or market risk

BC223 As discussed in paragraphs BC193 and BC194, the Board confirmed that an insurer need not account at fair value for embedded derivatives that meet the definition of an insurance contract, but also create material exposures to interest rate risk or market risk. For many insurers, these exposures can be large. Therefore, paragraph 39(e) of the IFRS specifically requires disclosures about these exposures.

Fair value of insurance liabilities and insurance assets

BC224 ED 5 proposed that an insurer should disclose the fair value of its insurance liabilities and insurance assets. This proposal was intended (a) to give useful information to users of an insurer's financial statements and (b) to encourage insurers to begin work on systems that use updated information, to minimise the transition period for phase II.

BC225 Some respondents supported the proposed disclosure of fair value, arguing that it is important information for users. Some felt that this would be particularly important given the range of measurement practices in phase I. However, many respondents (including some who supported a fair value disclosure requirement in principle) suggested that the Board should delete this requirement or suspend it until phase II is completed. They offered the following arguments:

- (a) Requiring such disclosure would be premature before the Board resolves significant issues about fair value measurement and gives adequate guidance on how to determine fair value.* The lack of guidance would lead to lack of comparability for users, place unreasonable demands on preparers and pose problems of auditability. Furthermore, disclosure cannot rectify that lack of comparability because it is difficult to describe the features of different models clearly and concisely.
- (b) Disclosure by 2006 (as proposed in ED 5) would be impracticable because insurers would not have time to create and test the necessary systems.
- (c) Expecting insurers to begin work on an unknown objective would be costly and waste time. Furthermore, in the absence of agreed methods for developing fair value, the systems developed for phase I disclosures of fair value might need changes for phase II.
- (d) The proposal asked for a mandate for the IASB to interpret its own requirement before explaining what it means.

BC226 The Board did not view the proposed requirement to disclose fair value as conditional on the measurement model for phase II. In the Board's view, disclosure of the fair value of insurance liabilities and insurance assets would provide relevant and reliable information for users even if phase II does not result in a fair value model. However, the Board agreed with respondents that requiring disclosure of fair value would not be appropriate at this stage.

Disclosures about the temporary exemption from IFRS 9 and the overlay approach

BC226A In September 2016, the Board issued *Applying IFRS 9 Financial Instruments with IFRS 4 Insurance Contracts (Amendments to IFRS 4) to address concerns arising from the different effective dates of IFRS 9 and the forthcoming insurance contracts Standard*. Paragraphs BC239 and BC269–BC273 discuss the additional disclosures that an insurer is required to provide if it applies those amendments.

* IFRS 13, issued in May 2011, defines fair value and contains the requirements for measuring fair value.

Summary of changes from ED 5

BC227 The following is a summary of the main changes from ED 5 to the IFRS. The Board:

- (a) clarified aspects of the definition of an insurance contract (paragraphs BC36 and BC37).
- (b) clarified the requirement to unbundle deposit components in some (limited) circumstances (paragraphs BC40-BC54).
- (c) deleted the 'sunset clause' proposed in ED 5 (paragraphs BC84 and BC85).
- (d) clarified the need to consider embedded options and guarantees in a liability adequacy test (paragraph BC99) and clarified the level of aggregation for the liability adequacy test (paragraph BC100).
- (e) replaced the impairment test for reinsurance assets. Instead of referring to IAS 36 (which contained no scope exclusion for reinsurance assets before the Board issued IFRS 4), the test will refer to IAS 39 (paragraphs BC107 and BC108).
- (f) deleted the proposed ban on recognising a gain at inception of a reinsurance contract, and replaced this with a disclosure requirement (paragraphs BC109-BC114).
- (g) clarified the treatment of acquisition costs for contracts that involve the provision of investment management services (paragraphs BC118 and BC119).
- (h) changed the prohibition on introducing asset-based discount rates into a rebuttable presumption (paragraphs BC134-BC144).
- (i) clarified aspects of the treatment of discretionary participation features (paragraphs BC154-BC165) and created an explicit new exemption from the requirement to separate, and measure at fair value, some options to surrender a contract with a discretionary participation feature (paragraph 9 of the IFRS).
- (j) introduced an option for an insurer to change its accounting policies so that it remeasures designated insurance liabilities in each period for changes in interest rates. This election permits a change in accounting policies that is applied to some liabilities, but not to all similar liabilities as IAS 8 would otherwise require (paragraphs BC174-BC177).
- (k) amended IAS 40 to permit two separate elections for investment property when an entity selects the fair value model or the cost model. One election is for investment property backing contracts that pay a return linked directly to the fair value of, or returns from, that investment property. The other election is for all other investment property (paragraph BC178).
- (l) clarified the applicability of shadow accounting (paragraphs BC181-BC184).
- (m) clarified that an embedded derivative is closely related to the host insurance contract if they are so interdependent that an entity cannot measure the

embedded derivative separately (ie without considering the host contract) (paragraph BC193).

- (n) clarified that the Implementation Guidance does not impose new disclosure requirements (paragraph BC204).
- (o) deleted the proposed requirement to disclose the fair value of insurance contracts from 2006 (paragraphs BC224-BC226).
- (p) provided an exemption from applying most disclosure requirements for insurance contracts to comparatives that relate to 2004 (paragraphs 42-44 of the IFRS).
- (q) confirmed that unit-denominated payments can be measured at current unit values, for both insurance contracts and investment contracts, avoiding the apparent need to separate an 'embedded derivative' (paragraph AG33(g) of IAS 39, inserted by of the IFRS).

Applying IFRS 9 with IFRS 4

Background

BC228 In July 2014, the Board issued the completed version of IFRS 9. IFRS 9 sets out the requirements for recognising and measuring financial instruments. It replaces IAS 39 and is effective for annual periods beginning on or after 1 January 2018 with early application permitted.

BC229 In late 2015, the Board was at an advanced stage in its project to replace IFRS 4 with a new Standard for insurance contracts but noted that the effective date of that replacement will be after the effective date of IFRS 9. Both IFRS 9 and the forthcoming insurance contracts Standard are expected to result in major accounting changes for most insurers.^α Some interested parties expressed concern that there could be undesirable consequences, such as additional accounting mismatches and volatility in profit or loss, when IFRS 9 is applied before the forthcoming insurance contracts Standard. The Board agreed that these concerns should be addressed.

BC230 Accordingly, in September 2016 the Board amended IFRS 4 by issuing *Applying IFRS 9 Financial Instruments with IFRS 4 Insurance Contracts* (Amendments to IFRS 4), which confirmed with modifications the proposals in the Exposure Draft published in December 2015 (the 2015 ED). The Amendments to IFRS 4 introduce:

- (a) an optional overlay approach that permits insurers to reclassify between profit or loss and other comprehensive income (OCI) an amount equal to the difference between the amount reported in profit or loss for designated financial assets applying IFRS 9 and the amount that would have been reported in profit or loss for those assets if the insurer had applied IAS 39 (paragraphs BC237--BC247); and

^α All references in paragraphs BC228–BC299 to an insurer shall be read as also referring to an issuer of a financial instrument that contains a discretionary participation feature.

(b) an optional temporary exemption from IFRS 9 for insurers whose activities are predominantly connected with insurance (paragraphs BC248-BC277).^β

BC231 Although creating options within IFRSs can reduce comparability, the Board made both the overlay approach and the temporary exemption from IFRS 9 optional. This permits insurers that are eligible for the temporary exemption from IFRS 9 or the overlay approach to choose not to apply them and instead apply the improved accounting requirements in IFRS 9 without adjustment. Comparability is discussed further in paragraphs BC288–BC289.

BC232 Some interested parties suggested that the Board should permit all insurers to defer the application of IFRS 9. They expressed concern that two sets of major accounting changes in a short period of time could result in significant cost and effort for preparers and users of financial statements and also expressed the view that applying IFRS 9 before the effects of the forthcoming insurance contracts Standard can be fully evaluated would require insurers to ‘apply IFRS 9 twice’.

BC233 However, the Board decided that the temporary exemption from IFRS 9 should not be available for all insurers but rather should be limited to insurers that are significantly affected by the different effective dates of IFRS 9 and the forthcoming insurance contracts Standard. The Board concluded that for other insurers the disadvantages of the temporary exemption would outweigh the advantages. In particular, the Board noted that IFRS 9 introduces significant improvements in accounting for financial instruments that should be implemented promptly. These improvements are particularly important for insurers because they hold significant investments in financial instruments. In fact, most users of financial statements with whom the Board and staff held discussions supported the application of IFRS 9 on its effective date because it would result in significantly improved information about insurers’ financial instruments. As a result, most users of financial statements preferred the overlay approach over the temporary exemption.

BC234 The Board also observed that there are differing views on whether applying these two sets of major accounting changes consecutively in a short period of time, rather than simultaneously, would result in significant incremental costs for preparers. The Board concluded that the incremental costs for preparers of applying IFRS 9 before applying the forthcoming insurance contracts Standard when compared to applying both Standards at the same time would be limited. This is because all insurers will ultimately have to apply both Standards and incur the costs necessary to do so.

BC235 The Board noted that the concerns about having to ‘apply IFRS 9 twice’ seem to arise from the Board’s decision to provide transition reliefs on initial application of the forthcoming insurance contracts Standard for those insurers that have previously applied IFRS 9. Those transition reliefs would permit, but not require, an insurer to reassess the business model for financial assets and designate or de-designate financial assets under the fair value option and the OCI presentation election for investments in equity instruments based on the facts and circumstances that exist on the date of transition to the forthcoming insurance contracts Standard. The Board observed that the incremental costs of applying those reliefs would be limited because they are optional rather than mandatory and, if applied, would affect only particular financial assets.

^β— For the avoidance of doubt, any reference to IFRS 9 includes all of its appendices. For example, Appendix C of IFRS 9 specifies amendments to other IFRSs that apply when an entity applies IFRS 9. Those amendments do not apply when an entity applies the temporary exemption from IFRS 9, except as necessary to provide the disclosures required by the Amendments to IFRS 4.

BC236 In addition, the Board noted that insurers applying IFRS 9 with IFRS 4 would be able to address concerns about additional accounting mismatches and volatility in profit or loss by using the existing accounting options in IFRS 4 until the forthcoming insurance contracts Standard is applied. In particular, in such circumstances, IFRS 4 permits shadow accounting (see paragraph 30 of IFRS 4), the use of current market interest rates in the measurement of insurance contracts (see paragraph 24 of IFRS 4) and changes in an insurer's accounting policies for insurance contracts (see paragraph 22 of IFRS 4).

Overlay approach

BC237 An insurer applying the overlay approach applies IFRS 9, and consequently provides:

- (a) the significantly improved information about financial instruments that results from applying IFRS 9, in particular information on credit risk, that will enable improved analysis by users of financial statements; and
- (b) information about financial instruments that is comparable to the information provided by entities that apply IFRS 9 without the overlay approach.

BC238 Furthermore, the overlay approach provides additional information to users of financial statements that will enable them to understand the effects of applying IFRS 9 to the designated financial assets. Applying the overlay approach, an insurer adjusts profit or loss for the designated financial assets so that it reports the same overall amount that it would have reported in profit or loss if IAS 39 had been applied to those financial assets. However, because the insurer makes an offsetting adjustment to OCI, total comprehensive income is not affected (ie total comprehensive income is the same as applying IFRS 9 without the overlay approach). The carrying amounts of all financial assets are determined applying IFRS 9.

BC239 The adjustment to profit or loss for the designated financial assets addresses the additional accounting mismatches and volatility in profit or loss that may arise from applying IFRS 9 before applying the forthcoming insurance contracts Standard. The accompanying presentation and disclosure requirements make the effect of the overlay adjustment transparent.

Eligibility for the overlay approach

BC240 The overlay approach is intended to address the additional accounting mismatches and volatility in profit or loss that may arise if an insurer applies IFRS 9 before applying the forthcoming insurance contracts Standard. To meet that objective:

- (a) an insurer may elect to apply the overlay approach only when it first applies IFRS 9;^φ and
- (b) a financial asset is eligible for designation if, and only if, it meets both of the following criteria:

^φ— This includes applying the overlay approach after previously applying either the temporary exemption from IFRS 9 or only the requirements in IFRS 9 for the presentation of gains and losses on financial liabilities designated as at fair value through profit or loss (the 'own credit' requirements).

- (i) it is measured at fair value through profit or loss (FVPL) applying IFRS 9 but would not have been measured at FVPL in its entirety applying IAS 39. This criterion limits application of the overlay approach to those financial assets for which the application of IFRS 9 may result in additional volatility in profit or loss. An example is a financial asset that is measured at FVPL applying IFRS 9 but that would have been bifurcated into a derivative and a host applying IAS 39.
- (ii) it is not held in respect of an activity that is unconnected with contracts within the scope of IFRS 4. The forthcoming insurance contracts Standard will not affect assets held in respect of an activity that is unconnected with contracts within the scope of IFRS 4. For example, financial assets held in respect of banking activities or financial assets held in funds relating to investment contracts that are outside the scope of IFRS 4 would not be eligible for designation. On the other hand, financial assets held for insurance regulatory requirements (or for internal capital objectives for the insurance business) are eligible because the forthcoming insurance contracts Standard may affect them.

BC241 Insurers may choose whether to apply the overlay approach, and to what extent. The availability of such a choice reduces comparability among insurers. However, the Board decided not to require insurers to apply the overlay approach to all eligible financial assets. That is because there is no loss of information when an insurer applies the overlay approach to only some financial assets. As described in paragraphs BC238 and BC243, when an insurer applies the overlay approach, it applies IFRS 9 to all its financial assets and provides additional information about the designated financial assets. Moreover, not requiring an insurer to designate all eligible financial assets minimises the cost of applying the overlay approach and permits insurers to decide how broadly to apply it. Insurers may have different approaches to designating eligible financial assets depending on the extent of, and the insurers' desire to address, the additional accounting mismatches and volatility in profit or loss that may arise from the financial assets they hold.

BC242 Finally, the Board considered the risk that an insurer could apply the overlay approach selectively with the intention of managing reported profit or loss. However, the following features of the overlay approach mitigate this risk:

- (a) IFRS 9 is applied to designated financial assets, consistently with financial assets that are not designated, and the accompanying presentation and disclosure requirements make the effect of applying the overlay approach transparent.
- (b) an insurer may elect to apply the overlay approach only when it first applies IFRS 9.
- (c) an insurer must continue to apply the overlay approach to a designated financial asset until the asset is derecognised, unless the financial asset no longer meets the eligibility criterion described in paragraph BC240(b)(ii) or the insurer stops applying the overlay approach to all designated financial assets. Disclosures are required when an insurer changes its designation of financial assets to make such changes transparent.

- (d) when an entity no longer has contracts within the scope of IFRS 4, it must stop applying the overlay approach and cannot recommence applying it.

Presentation

- BC243 IFRS 9 must be applied to measure designated financial assets and the income and expense presented in profit or loss for those assets must reflect the application of that Standard. The amount reclassified between profit or loss and OCI (the overlay adjustment) is presented as a separate line item in profit or loss and in OCI, separately from other components in OCI. These presentation requirements are intended to make the overlay adjustment transparent, improve comparability with entities applying IFRS 9 without the overlay approach, and provide users of financial statements with information about the effect on an insurer's financial results of applying IFRS 9 to designated financial assets before the forthcoming insurance contracts Standard.
- BC244 The Board decided not to provide additional presentation guidance for the overlay adjustment and instead decided to rely on the requirements in IAS 1 for the presentation of line items in the statement of comprehensive income. Applying IAS 1, the overlay adjustment will be grouped in OCI with other items that will be reclassified subsequently to profit or loss. Additionally, applying IAS 1, line items in profit or loss are presented pre-tax unless otherwise specified. Therefore, the overlay adjustment is presented in profit or loss on a pre-tax basis.

Interaction with other requirements

- BC245 The Board observed that reclassifying an amount between profit or loss and OCI applying the overlay approach may have consequential effects for including other items in OCI, such as income taxes. The Board decided that it was unnecessary to develop specific requirements for those consequential effects because other IFRSs, such as IAS 12 *Income Taxes*, contain the relevant requirements.
- BC246 When an insurer applies the overlay approach, shadow accounting may be applicable if, and only if, the designated financial assets have a direct effect on the measurement of some or all of its insurance liabilities, related deferred acquisition costs and related intangible assets (see paragraph 30 of IFRS 4). The Board observed that applying both the overlay approach and shadow accounting enables an insurer to report the same profit or loss as if it had applied IAS 39 to the designated financial assets. At the same time, the overall effect on total comprehensive income reflects the result of applying IFRS 9 to those assets.

Transition

- BC247 An insurer can apply the overlay approach only when it applies IFRS 9. As a result, the approach to transition and comparative information for the overlay approach is consistent with the approach in IFRS 9. IFRS 9 requires an entity to apply IFRS 9 retrospectively, subject to specified transition reliefs. Accordingly, the insurer must also apply the overlay approach retrospectively. IFRS 9 permits an entity to restate comparative information on transition to IFRS 9, except in specified circumstances in which restatement is prohibited. Accordingly, the insurer is required to restate comparative information to reflect the overlay approach when that comparative information is restated applying IFRS 9, but otherwise is prohibited from doing so.

Temporary exemption from IFRS 9

BC248 The Board observed that although the overlay approach addressed concerns about the additional accounting mismatches and volatility in profit or loss that may arise when IFRS 9 is applied in conjunction with IFRS 4, it would result in additional costs compared to applying IFRS 9 without the overlay approach (see paragraph BC294) or allowing insurers to continue to apply IAS 39.

BC249 Accordingly, the Board introduced a temporary exemption from IFRS 9 for a limited period for insurers whose activities are predominantly connected with insurance. An insurer applying the temporary exemption continues to apply IAS 39 rather than applying IFRS 9. The Board concluded that, for such insurers in that limited period, the temporary exemption reduces costs in a way that would outweigh the following disadvantages:

- (a) users of financial statements would not have the significantly improved information about financial instruments provided by applying IFRS 9; and
- (b) cross-sector comparability would be reduced.

BC250 The Board decided that the temporary exemption from IFRS 9 should not be available to insurers whose activities are not predominantly connected with insurance because the disadvantages for users of financial statements would outweigh the benefits for those insurers of applying the temporary exemption.

Eligibility for the temporary exemption

BC251 An insurer may apply the temporary exemption from IFRS 9 if, and only if:

- (a) it has not previously applied IFRS 9[¶] (see paragraph BC253); and
- (b) its activities are predominantly connected with insurance, which is assessed on the basis of the following two criteria:
 - (i) the insurer has a significant amount of liabilities arising from contracts within the scope of IFRS 4 (see paragraph BC258); and
 - (ii) the percentage of the insurer's liabilities connected with insurance relative to all its liabilities meets a specified threshold (see paragraphs BC254–BC257).

BC252 Insurers must assess their eligibility for the temporary exemption from IFRS 9 at the reporting entity level. That is, an entity as a whole is assessed by considering all its activities. As a result, an insurer applies either IAS 39 or IFRS 9 to all its financial assets and financial liabilities (see paragraphs BC260–BC263).

[¶] —However, an entity that has applied only the requirements in IFRS 9 for the presentation of gains and losses on financial liabilities designated as at FVPL (the 'own credit' requirements) is not precluded from applying the temporary exemption from IFRS 9. If an entity applies those own credit requirements, it must apply the relevant requirements in IFRS 7 (as amended by IFRS 9 (2010)).

Qualifying criteria

BC253 The Board decided that an insurer that has previously applied IFRS 9 is not permitted to apply the temporary exemption from IFRS 9. This is because:

- (a) applying the temporary exemption after applying IFRS 9 would disrupt trend information several times (ie on transition to IFRS 9, followed by transition back into IAS 39, followed by another transition to IFRS 9 when the insurer applies the forthcoming insurance contracts Standard); and
- (b) if the insurer has already applied IFRS 9, it will have explained the effects of that application to the users of its financial statements, and the temporary exemption would not reduce the costs of applying IFRS 9 before applying the forthcoming insurance contracts Standard.

BC254 In the 2015 ED, the Board proposed that an insurer that has not yet applied IFRS 9 would be eligible for the temporary exemption from IFRS 9 only if its predominant activity is issuing contracts within the scope of IFRS 4. Under those proposals, an insurer would have made that determination by comparing the carrying amount of its liabilities arising from contracts within the scope of IFRS 4 to the total carrying amount of all its liabilities.

BC255 However, in the light of the feedback received on the 2015 ED, particularly from some users of financial statements, the Board broadened the qualifying criteria for the temporary exemption from IFRS 9 in order to improve comparability among peers in the insurance sector. Specifically, in addition to the liabilities arising from contracts within the scope of IFRS 4, the Board decided to treat the following liabilities as being connected with insurance for the purposes of assessing whether an insurer's activities are predominantly connected with insurance:

- (a) non-derivative investment contract liabilities measured at FVPL applying IAS 39 (including those designated as at FVPL to which the insurer has applied the requirements in IFRS 9 for the presentation of gains and losses). Even though they do not meet the definition of an insurance contract applying IFRS 4, the Board noted that those investment contracts are sold alongside similar products with significant insurance risk and are regulated as insurance contracts in many jurisdictions. Also, such investment contracts are generally measured at FVPL. Accordingly, the Board concluded that insurers with significant investment contracts measured at FVPL should not be precluded from qualifying for the temporary exemption. However, the Board noted that insurers generally measure at amortised cost most non-derivative financial liabilities that are associated with non-insurance activities and therefore decided that such financial liabilities cannot be treated as connected with insurance.
- (b) liabilities that arise because the insurer issues, or fulfils its obligations arising from: (i) contracts within the scope of IFRS 4 and (ii) non-derivative investment contracts measured at FVPL. The Board noted that even if an insurer undertakes only insurance activities, other connected liabilities may arise, such as liabilities for salaries and other employment benefits for the employees of the insurance activities. Accordingly, the Board decided that these other liabilities should be treated as being connected with insurance for the purposes of assessing an insurer's predominant activities.

BC256 To avoid ambiguity and undue effort in determining eligibility for the temporary exemption from IFRS 9, particularly because it is available only for a limited period and is an exemption from the requirements that otherwise must be applied to financial instruments, the Board concluded that it was important to clearly identify the targeted population. Accordingly, the Board decided that there should be a threshold that determines when an insurer's activities are considered to be predominantly connected with insurance. That determinative threshold is met when the percentage of the total carrying amount of an insurer's liabilities connected with insurance relative to the total carrying amount of all its liabilities is greater than 90 per cent. Nevertheless, the Board acknowledged that an assessment based solely on this threshold has shortcomings. Accordingly, the Board decided that when an insurer narrowly fails to meet the threshold, the insurer is still able to qualify for the temporary exemption as long as more than 80 per cent of its liabilities are connected with insurance, and it does not engage in a significant activity unconnected with insurance.

BC257 The Board considered that an insurer with one or more significant activities unconnected with insurance is comparable to other conglomerates, and is less likely to be comparable to entities that are regarded purely as 'insurers'. For insurers engaged in significant activities unconnected with insurance, the Board decided that the benefits for users of financial statements of comparability with non-insurance entities outweigh the benefits of the temporary exemption from IFRS 9. To achieve an appropriate balance between clearly identifying those insurers that qualify for the temporary exemption and creating 'bright lines', the Board concluded that the insurer should consider both quantitative and qualitative factors to determine whether it has a significant activity unconnected with insurance.

BC258 The Board emphasised that its objective is to provide the temporary exemption from IFRS 9 only to insurers significantly affected by the different effective dates of IFRS 9 and the forthcoming insurance contracts Standard. That objective is met only if the insurer has a significant amount of liabilities arising from contracts within the scope of IFRS 4. Accordingly, the Board decided that, to qualify for the temporary exemption, the carrying amount of an insurer's liabilities arising from contracts within the scope of IFRS 4 must be significant compared to the total carrying amount of all its liabilities. Otherwise, applying only the criterion discussed in paragraphs BC251(b)(ii) and BC255, an insurer could qualify for the temporary exemption even if, for example, it had very few contracts within the scope of IFRS 4. The Board acknowledged that determining 'significance' will require judgement but decided not to provide additional guidance on its meaning because this term is used in other IFRSs and is already applied in practice.

BC259 The Board also clarified that deposit components and embedded derivatives that an insurer unbundles from insurance contracts applying paragraphs 7–12 of IFRS 4, and accounts for using IAS 39, are considered liabilities arising from contracts within the scope of IFRS 4 for the purposes of assessing eligibility for the temporary exemption from IFRS 9.

Assessment at the reporting entity level

BC260 The Board concluded that a reporting entity would provide more understandable and useful information by accounting for its financial assets and financial liabilities applying either IFRS 9 or IAS 39 (ie if the temporary exemption from IFRS 9 applies at the reporting entity level). This is the primary reason why the Board decided that the temporary exemption from IFRS 9 should be available only if the entity as a whole qualifies by considering all of its activities. In considering the feedback on the

2015 ED, the Board discussed suggestions from some respondents that the eligibility for the temporary exemption should be assessed both at and below the reporting entity level. The following views were expressed in support of that approach:

- (a) some respondents stated that users of financial statements do not rely on the information in a group's consolidated primary financial statements for sector comparisons of conglomerates and instead focus on other types of information (eg segmental information). Therefore, in those respondents' view, consolidated financial statements that include both IFRS 9 and IAS 39 information would not cause difficulties for many users of financial statements.
- (b) some respondents argued that avoiding the additional costs of applying IFRS 9 before applying the forthcoming insurance contracts Standard is as important for the insurance activities within a diversified group as it is for a group in its entirety.

BC261 However, the Board rejected the suggestion to permit insurers to apply the temporary exemption from IFRS 9 below the reporting entity level. The Board noted that:

- (a) IFRSs require a reporting entity to use consistent accounting policies because this enables users of financial statements to compare the reporting entity with other reporting entities, and provides more understandable and useful information about the reporting entity's assets and liabilities. Consistent accounting policies also reduce accounting complexities arising from intra-group transactions. Conglomerates that engage in both insurance and non-insurance activities frequently have complex corporate and financial structures, and engage in complex transactions. Any requirement or option to split these entities into constituent parts would necessarily be complex in order to encompass all possible structures and activities—both complex to articulate and complex for users of financial statements to understand.
- (b) most users of financial statements and regulators supported assessing eligibility for the temporary exemption from IFRS 9 at the reporting entity level. This is because they were concerned about the implications of applying the temporary exemption below the reporting entity level—specifically, applying both IFRS 9 and IAS 39 in one set of consolidated financial statements. They stated that such an approach would make financial statements more complex to understand and compare. Users of financial statements told the Board that understanding how IAS 39 and IFRS 9 are applied to different parts of an entity and analysing two significant changes in the accounting for financial instruments in a short period of time (ie the changes arising from initially applying IFRS 9 to only some parts of a reporting entity and then the changes arising from subsequently applying IFRS 9 to the rest of its activities) would be more confusing compared to an entity continuing to apply IAS 39 or applying IFRS 9.

BC262 Nonetheless, the Board observed that if a group fails to qualify for the temporary exemption from IFRS 9 because its activities are not predominately connected with insurance, then the group could provide additional information to explain more clearly the effects of applying IFRS 9 with IFRS 4. In particular, although the group would apply IFRS 9 to all financial assets and financial liabilities reported in its consolidated financial statements:

- (a) the overlay approach would be available to address additional accounting mismatches and volatility in profit or loss associated with the group's insurance activities arising from the different effective dates of IFRS 9 and the forthcoming insurance contracts Standard.
- (b) the group would have had to disclose segmental information in accordance with IFRS 8 *Operating Segments* for its insurance activities using IAS 39, if such information is used in internal management reports and if insurance activities are an operating segment. Even if the group did not produce such segmental information, the group could still choose to disclose additional information for its insurance activities using IAS 39. This would facilitate comparisons with other insurers applying IAS 39.

BC263 In addition, if an individual reporting entity, such as a subsidiary, undertakes activities predominantly connected with insurance, and prepares separate or individual financial statements, it could apply the temporary exemption from IFRS 9 in those separate or individual financial statements, even though it is required to produce information using IFRS 9 for inclusion in the consolidated financial statements. That subsidiary may decide that the cost of applying the temporary exemption (ie IAS 39) in its separate or individual financial statements is justified despite also needing to prepare IFRS 9 information for consolidation.

Initial assessment and reassessment of predominant activities

BC264 The 2015 ED proposed that an entity would assess whether it qualifies for the temporary exemption from IFRS 9 on the date that it would otherwise be required to initially apply IFRS 9; ie the first day of the annual period beginning on or after 1 January 2018. However, respondents told the Board that entities would need to perform the assessment earlier than that proposed date because they would need adequate time to implement IFRS 9 if they did not qualify for the temporary exemption. Therefore, the Board decided that an entity assesses whether its activities are predominantly connected with insurance at its annual reporting date (ie the end of its annual period) that immediately precedes 1 April 2016. This assessment date is intended to reduce uncertainty and provide adequate time for entities to implement IFRS 9 if they do not qualify for the temporary exemption.

BC265 An entity that previously qualified for the temporary exemption from IFRS 9 is required to reassess whether its activities are predominantly connected with insurance at a subsequent annual reporting date if, and only if, there was a change in its activities as described in paragraphs 20H–20I of IFRS 4 during the annual period that ended on that date (for example, the acquisition or disposal of a business line). The Board observed that a change in an entity's activities is expected to be very infrequent and provided further guidance on the nature of such changes. The Board considered that a change merely in the level of an entity's insurance liabilities relative to its total liabilities over time would not trigger a reassessment because such a change, in the absence of other events, would be unlikely to indicate a change in the entity's activities.

BC266 The entity's financial statements would reflect the effects of a change in its activities only after the change has been completed. Therefore, an entity performs the reassessment using the carrying amounts of its liabilities at the annual reporting date immediately following the completion of the change in its activities. For example, an entity would reassess whether its activities are predominantly connected with insurance at the annual reporting date immediately following the completion of an acquisition.

BC267 When an entity concludes, as a result of a reassessment, that its activities are no longer predominantly connected with insurance, the entity is permitted to continue to apply the temporary exemption from IFRS 9 only until the end of the annual period that began immediately after that reassessment. Nevertheless, the entity must apply IFRS 9 in annual periods beginning on or after 1 January 2021, which is the fixed expiry date of the temporary exemption. The Board concluded that this provides entities with time to implement IFRS 9 after a change in their activities. But all entities must apply IFRS 9 by the fixed expiry date of the temporary exemption, and a change in their activities would not affect the preparations needed to implement IFRS 9 by that date.

BC268 Similarly, an entity that previously did not qualify for the temporary exemption from IFRS 9 and has not applied IFRS 9 is permitted to reassess its eligibility at a subsequent reporting date before 31 December 2018 (the effective date of IFRS 9) if, and only if, there was a change in the entity's activities as described in paragraphs 20H--20I of IFRS 4. The Board concluded that this provision, which was not included in the 2015 ED, was appropriate as a result of its decision to set an earlier initial assessment date than was proposed in that ED (see paragraph BC264).

Disclosure

BC269 The temporary exemption from IFRS 9 will delay the provision of better information by some insurers and reduce comparability among insurers and between insurers and other entities. To mitigate these disadvantages, the Board decided that an insurer applying the temporary exemption must disclose information to enable users of financial statements to make some comparisons between insurers applying the temporary exemption and entities applying IFRS 9.

BC270 In requiring these disclosures, the Board was conscious of the need to minimise the extent to which an insurer would need to prejudge considerations that it will make when it later applies IFRS 9. The Board also noted that disclosures based on the assessment of the business model applying IFRS 9 or disclosures that would effectively require an insurer to apply the IFRS 9 impairment requirements would be unduly burdensome for preparers, though some users of financial statements had suggested that such disclosures would be useful.

BC271 In response to the 2015 ED, most regulators and users of financial statements supported the disclosure objectives proposed by the Board. They also suggested that the Board require additional disclosures to assist in cross-sector comparisons and in better understanding the credit risk of financial assets held by insurers applying the temporary exemption from IFRS 9. In contrast, some preparers expressed the view that the Board should not require disclosures that would require insurers applying the temporary exemption to apply any aspect of IFRS 9.

BC272 The Board concluded that it could balance the potential cost for preparers with improved comparability for users of financial statements and regulators by requiring:

- (a) fair value information for all financial assets, separated into groups that would identify a population that is similar to the population that would be separately disclosed as mandatorily measured at FVPL applying IFRS 9; and
- (b) credit risk information for a specific population of financial assets that is similar to the population to which the IFRS 9 expected credit loss requirements would apply.

Insurers applying the temporary exemption from IFRS 9 must use the requirements in IFRS 9, including any consequential amendments that IFRS 9 made to other IFRSs (such as IFRS 7), that are necessary to provide those disclosures.

BC273 Paragraph 30 of IAS 8 requires an entity to disclose information when it has not applied a new IFRS that has been issued but is not yet effective. Accordingly, the Board observed that insurers are required to provide information about the expected effect of the Amendments to IFRS 4 before they are effective, including whether the insurer expects to apply the temporary exemption from IFRS 9.

Transition

BC274 The Board noted that no special transition provisions are needed for the temporary exemption from IFRS 9. This is because, when an insurer first applies:

- (a) the temporary exemption, it would continue applying IAS 39 and start providing the disclosures required by the Amendments to IFRS 4, using the relevant provisions in IFRS 9 that are necessary to provide those disclosures; and
- (b) IFRS 9 after previously applying the temporary exemption, it would apply the transition requirements in IFRS 9 and stop providing the required disclosures relating to the temporary exemption.

Fixed expiry date for the temporary exemption

BC275 The forthcoming insurance contract Standard will replace IFRS 4 and therefore, the temporary exemption from IFRS 9 will no longer exist when the insurer first applies that forthcoming Standard. However, the Board decided that, even if the forthcoming insurance contract Standard is not effective by 1 January 2021, all insurers must apply IFRS 9 for annual periods beginning on or after 1 January 2021.

BC276 The Board considered the view that an insurer should be required to apply IFRS 9 only when it applies the forthcoming insurance contracts Standard. However, the Board disagreed with that view because IFRS 9 provides significant improvements to the accounting requirements for financial instruments. Hence, the Board decided that a temporary exemption from IFRS 9 would be acceptable only if it is in place for a short period of time. Therefore, insurers are required to apply IFRS 9 no later than 2021.

BC277 In contrast, the Board rejected a fixed expiry date for the overlay approach. Unlike insurers applying the temporary exemption from IFRS 9, insurers applying the overlay approach will provide the improved financial instrument information required by IFRS 9 and information about the effects on designated assets of moving from IAS 39 to IFRS 9. Accordingly, the rationale set out in paragraph BC276 for setting a fixed expiry date for the temporary exemption does not apply to the overlay approach. However, the forthcoming insurance contract Standard will replace IFRS 4 and therefore, the overlay approach in IFRS 4 will no longer exist when the insurer first applies that forthcoming Standard.

Temporary exemption from specific requirements in IAS 28

BC278 When an entity applies the equity method, paragraphs 35–36 of IAS 28 *Investments in Associates and Joint Ventures* require the entity to adjust its associate's or joint venture's accounting policies to conform them to the entity's accounting policies.

The 2015 ED did not propose any relief from this requirement. However, in the light of the feedback received, the Board decided that:

- (a) an entity that applies IFRS 9 would be permitted, but not required, to retain the IAS 39 accounting used by any associate or joint venture that applies the temporary exemption from IFRS 9 in its financial statements;
- (b) an entity that applies the temporary exemption from IFRS 9 would be permitted, but not required, to retain the IFRS 9 accounting used by any associate or joint venture in its financial statements; and
- (c) these reliefs would be available separately for each associate or joint venture.

BC279 These reliefs are intended to reduce the costs of applying the equity method when an entity does not qualify for the temporary exemption from IFRS 9, and thus applies IFRS 9, but one or more of the entity's associates or joint ventures is eligible and chooses to continue to apply IAS 39 (or vice versa).

BC280 The Board observed that when providing these reliefs, cost and benefit considerations for accounting for associates and joint ventures using the equity method are different to those for subsidiaries that are consolidated, for the following reasons:

- (a) users of financial statements lose less information when entities apply equity accounting using different accounting policies for similar transactions than when entities prepare consolidated financial statements using different accounting policies for similar transactions. Under the equity method, the assets and liabilities of the associate and joint venture are not controlled by the entity and therefore are not considered as part of the group. Accordingly, the reliefs affect only the net amounts recognised through the equity method instead of all the items related to financial instruments presented in the group's financial statements.
- (b) significant additional practical difficulties or costs may arise for an entity to apply uniform accounting policies when equity accounting is applied compared to when preparing consolidated financial statements because the entity does not control an associate or joint venture.

BC281 The Board concluded that similar reliefs are not needed for the overlay approach because that approach is applied on an instrument-by-instrument basis—that is, an entity need not apply the overlay approach to all eligible financial assets. Accordingly, when applying the equity method, the entity could retain (or modify) the overlay approach applied by an associate or joint venture or retain the associate's or joint venture's full IFRS 9 accounting.

First-time adopter

BC282 The Board decided that the concerns raised by some interested parties about the different effective dates of IFRS 9 and the forthcoming insurance contracts Standard could be equally applicable to some first-time adopters. This might be the case, for example, when a first-time adopter previously applied accounting policies for financial instruments under a national GAAP that was not significantly different from IFRSs. Consequently, the Board decided to permit first-time adopters to apply the overlay approach, described in paragraph 35B of IFRS 4, or the temporary

exemption from IFRS 9, described in paragraph 20A of IFRS 4, consistently with existing IFRS preparers if, and only if, those first-time adopters meet the same criteria. For example, a first-time adopter would assess whether its activities are predominately connected with insurance in the same way, and on the same date, as an existing IFRS preparer.

Effects analysis of Applying IFRS 9 with IFRS 4

BC283 The Board is committed to assessing and sharing knowledge about the likely costs of implementing proposed new requirements and the likely ongoing costs and benefits of each new IFRS—the costs and benefits are collectively referred to as ‘effects’. The Board gains insight on the likely effects of the proposals for new or revised IFRSs through its formal exposure of proposals, analysis and consultations with relevant parties.

BC284 In evaluating the likely effects of the Amendments to IFRS 4, the Board has considered the following:

- (a) how the overlay approach and the temporary exemption from IFRS 9 affect the financial statements of those applying IFRS;
- (b) whether the changes improve the comparability of financial information between different reporting periods for an individual entity and among different entities in a particular reporting period;
- (c) whether the changes will improve the ability of users of financial statements to assess the future cash flows of an entity;
- (d) whether the improvements to financial reporting will result in better economic decision-making;
- (e) the likely effect on compliance costs for preparers; and
- (f) whether the likely costs of analysis for users of financial statements are affected.

Financial statements of those applying IFRS

BC285 The Amendments to IFRS 4 would affect only those insurers that have not applied IFRS 9 (other than the requirements for the presentation of gains and losses on financial liabilities designated as at FVPL). Accordingly, non-insurers, or insurers that have already applied IFRS 9, will not be affected by the changes.

BC286 The Amendments to IFRS 4 introduce the overlay approach—the option to reclassify between profit or loss an amount equal to the incremental effect on profit or loss of applying IFRS 9 to designated financial assets until the insurer applies the forthcoming insurance contracts Standard. That approach will affect the financial statements as follows:

- (a) the overlay approach will change the reported profit or loss and total OCI. However, the overlay approach will not change the carrying amounts reported on the statement of financial position, nor will it change total comprehensive income.

- (b) insurers will present a line item for the amount reclassified in the statement of profit or loss, and in OCI separately from other components of OCI.
- (c) insurers will provide disclosures to explain how the overlay adjustment is calculated and the effect of that adjustment on the financial statements.

BC287 The Amendments to IFRS 4 also, as an alternative, permit an insurer meeting specified criteria to apply a temporary exemption from IFRS 9—the option to defer the application of IFRS 9 until the earlier of the date when the insurer applies the forthcoming insurance contracts Standard or the fixed expiry date of the temporary exemption. The temporary exemption from IFRS 9 will affect the financial statements as follows:

- (a) the carrying amounts reported in the statement of financial position and the profit or loss and total comprehensive income reported in the statement of profit or loss and OCI will be different compared to if the insurer had applied IFRS 9. However, there will be no effect on comparability with the insurer’s prior period financial statements because the insurer will continue to apply IAS 39.
- (b) insurers applying the temporary exemption will provide disclosures that will enable users of financial statements to make comparisons between entities applying the temporary exemption and entities applying IFRS 9.

Comparability

BC288 The financial statements of insurers that apply the overlay approach or the temporary exemption from IFRS 9 will not be directly comparable with entities that apply IFRS 9. Furthermore, making those two approaches optional also reduces comparability among entities. However, the Board has sought to mitigate the concerns about comparability by deciding the following:

- (a) the effect of the overlay approach must be presented as a separate line item in profit or loss and in OCI, separately from other components of OCI. This will help users of financial statements to compare entities that apply the overlay approach and those that apply IFRS 9 without the overlay approach.
- (b) the scope of the temporary exemption is restricted with the intention that any reduction in comparability affects only peers within the insurance sector. In addition, based on the feedback received, the Board expects that in a particular jurisdiction, insurers that qualify for the temporary exemption would select the same options relating to the overlay approach or the temporary exemption, which would improve comparability in practice within a jurisdiction.
- (c) the disclosure requirements provide some information that will enable users of financial statements to compare entities that apply the temporary exemption with those that apply IFRS 9.
- (d) there is a fixed expiry date for the temporary exemption from IFRS 9. That fixed expiry date, and the Board’s commitment to completing the forthcoming insurance contracts Standard expeditiously, mean that any reduction in comparability will last only for a short period of time (ie until the temporary exemption expires or the forthcoming insurance contracts Standard is applied).

- (e) eligibility for the temporary exemption is assessed at the reporting entity level and an entity applies either IAS 39 or IFRS 9 to all its financial assets and financial liabilities. Accordingly, an entity may apply either the temporary exemption or the overlay approach in its financial statements, but not both (except in the limited case of equity accounting as discussed in paragraphs BC278–BC281).

BC289 Nevertheless, the Board acknowledged that *full* comparability cannot be achieved by these decisions because such comparability would be achieved only if all insurers applied IFRS 9 when it becomes effective or if all entities, including insurers, deferred IFRS 9. The Board concluded that deferring the effective date of IFRS 9 for all entities would be a disproportionate response to the issues raised because it would mean that preparers and users of financial statements would not benefit from the better reporting that results from applying IFRS 9.

Usefulness in assessing the future cash flows of an entity and better economic decision-making

BC290 The Board received mixed feedback as to whether the Amendments to IFRS 4 would result in financial statements that are more useful in assessing the cash flows of an insurer:

- (a) many users of financial statements did not support the temporary exemption from IFRS 9 because:
- (i) they expected no additional difficulty in their analysis as a result of the additional accounting mismatches and volatility in profit or loss that might arise if IFRS 9 was applied before the forthcoming insurance contracts Standard; and
 - (ii) they already saw volatility when analysing insurers and were able to make adjustments necessary to understand the financial performance of such insurers.
- (b) however, some users expressed concerns about potential additional volatility in profit or loss and supported the overlay approach, the temporary exemption, or both, because reporting such volatility could:
- (i) make the financial statements of insurers less understandable and less attractive for investment; and
 - (ii) make it more difficult to predict long-term economic performance and to forecast earnings based on profit or loss information.

BC291 The Board expects that the temporary exemption from IFRS 9 would not impair a user's existing ability to assess an insurer's future cash flows because the insurer would continue to apply the existing requirements in IAS 39. However, insurers applying the temporary exemption would not provide users of financial statements with the better information that would be available from entities applying IFRS 9. In addition, the application of the temporary exemption may impair the usefulness of information for economic decision-making because of the reduced comparability among entities. The Board has sought to mitigate the concern about comparability as described in paragraph BC288.

BC292 The Board expects that the overlay approach would provide users of financial statements with better information to assess future cash flows and make economic decisions than would be the case if an insurer applies the temporary exemption from IFRS 9. This is because insurers applying the overlay approach would provide the improved financial instrument information resulting from applying IFRS 9. In addition, insurers applying the overlay approach would provide additional information that would help users of financial statements to understand the effects, on designated financial assets, of applying IFRS 9.

Effect on compliance costs for preparers

BC293 The temporary exemption from IFRS 9 will be more costly for preparers than just applying IAS 39 because of the additional disclosures required. However, the Board does not consider those costs to be unduly onerous because those disclosures do not require the insurer to apply IFRS 9 in its entirety, and in particular, do not require the application of the expected credit loss model in IFRS 9.

BC294 IAS 39 already requires insurers to disclose fair value information for financial assets eligible for designation under the overlay approach and that is the only additional information needed to apply that approach. However, the overlay approach will be more costly than applying:

- (a) only IFRS 9, because an insurer will need to decide which financial assets to designate and will then need to continue to track and measure those designated assets in accordance with IAS 39.
- (b) the temporary exemption from IFRS 9, because an insurer applying the overlay approach will incur costs to apply IFRS 9 earlier than if it applied the temporary exemption. However, all insurers applying the temporary exemption will apply IFRS 9 in the future and thus will incur the necessary costs to do so at that point.

BC295 Nevertheless, the Board noted that the insurers would already have systems in place to measure the designated financial assets in accordance with IAS 39 because the information required to apply the overlay approach is the same as the information previously prepared when the insurer applied IAS 39. Moreover, the Board noted that if an insurer determines that the costs of the overlay approach are excessive, that insurer could choose not to apply the overlay approach or to apply it to only some of its eligible assets.

BC296 Finally, instead of applying the temporary exemption from IFRS 9 or the overlay approach, the Board noted that an insurer could choose to address the additional accounting mismatches and volatility in profit or loss by providing additional disclosures that explain those effects to the users of its financial statements or by using existing accounting options in IFRS 4 (see paragraph BC236).

The costs of analysis for users of financial statements

BC297 The overlay approach and the temporary exemption from IFRS 9 may increase the costs of analysis for users of financial statements, particularly if a user of financial statements invests across insurance and other sectors. This is because the Amendments to IFRS 4 reduce comparability, especially as the temporary exemption and the overlay approach are optional. The Board has sought to mitigate this concern as described in paragraph BC288.

BC298 Furthermore, the Board observed that the overlay approach would provide mitigating benefits for users of financial statements because it allows an insurer to address concerns about the different effective dates of IFRS 9 and the forthcoming insurance contracts Standard in a transparent manner, while applying the improved financial reporting requirements in IFRS 9.

BC299 The temporary exemption from IFRS 9 would reduce the accounting mismatches and volatility in profit or loss that may arise from applying IFRS 9 before the forthcoming insurance contracts Standard. However, the Board noted that, if an insurer applies the temporary exemption, it would not provide users of financial statements with the improved information about financial instruments that is required by IFRS 9. The Board has mitigated that loss of information by:

- (a) limiting the temporary exemption to insurers whose activities are predominantly connected with insurance;
- (b) requiring eligibility for the temporary exemption to be assessed at the reporting entity level so that an entity applies either IAS 39 or IFRS 9 to all its financial assets and financial liabilities;
- (c) requiring insurers applying the temporary exemption to provide additional disclosures; and
- (d) setting a fixed expiry date for the temporary exemption.

Dissenting opinions on IFRS 4

DO1 Professor Barth and Messrs Garnett, G elard, Leisenring, Smith and Yamada dissent from the issue of IFRS 4.

Dissent of Mary E Barth, Robert P Garnett, Gilbert G elard, James J Leisenring and John T Smith

DO2 Messrs Garnett and G elard dissent for the reasons given in paragraphs DO3 and DO4 and Mr Garnett also dissents for the reasons given in paragraphs DO5 and DO6. Professor Barth and Messrs Leisenring and Smith dissent for the reasons given in paragraphs DO3-DO8 and Mr Smith also dissents for the reasons given in paragraphs DO9-DO13.

Temporary exemption from paragraphs 10-12 of IAS 8

DO3 Professor Barth and Messrs Garnett, G elard, Leisenring and Smith dissent because IFRS 4 exempts an entity from applying paragraphs 10-12 of IAS 8 *Accounting Policies, Changes in Accounting Estimates and Errors* when accounting for insurance and reinsurance contracts. They believe that all entities should be required to apply these paragraphs. These Board members believe that the requirements in IAS 8 have particular relevance and applicability when an IFRS lacks specificities, as does IFRS 4, which allows the continuation of a variety of measurement bases for insurance and reinsurance contracts. Because of the failure to consider the IASB *Framework*,* continuation of such practices may result in the inappropriate recognition of, or inappropriate failure to recognise, assets, liabilities, equity, income and expense. In these Board members' view, if an entity cannot meet the basic requirements of paragraphs 10-12 of IAS 8, it should not be allowed to describe its financial statements as being in accordance with International Financial Reporting Standards.

DO4 These Board members' concerns are heightened by the delay in completing phase II of the Board's project on accounting for insurance contracts. Although phase II is on the Board's active agenda, it is unlikely that the Board will be able to develop an IFRS on insurance contracts in the near term. Accordingly, it is likely that the exemption from IAS 8 will be in place for some time.

Future investment margins and shadow accounting

DO5 Professor Barth and Messrs Garnett, Leisenring and Smith dissent for the further reason that they would not permit entities to change their accounting policies for insurance and reinsurance contracts to policies that include using future investment margins in the measurement of insurance liabilities. They agree with the view expressed in paragraph BC134 that cash flows from an asset are irrelevant for the measurement of a liability (unless those cash flows affect the cash flows arising from the liability or the credit characteristics of the liability). Therefore, they believe that changing to an accounting policy for insurance contracts that uses future investment margins to measure liabilities arising from insurance contracts reduces the relevance and reliability of an insurer's financial statements. They do not believe that other aspects of an accounting model for insurance contracts can outweigh this reduction.

* References to the *Framework* are to IASC's *Framework for the Preparation and Presentation of Financial Statements*, adopted by the IASB in 2001. In September 2010 the IASB replaced the *Framework* with the *Conceptual Framework for Financial Reporting*.

- DO6 These four Board members also would not permit entities to change their accounting policies for insurance and reinsurance contracts to policies that include using what is called shadow accounting. They do not believe that the changes in the carrying amount of insurance liabilities (including related deferred acquisition costs and intangible assets) under shadow accounting should be recognised directly in equity. That these changes in the measurement of the liability are calculated on the basis of changes in the measurement of assets is irrelevant. These Board members believe that these changes in insurance liabilities result in expenses that under the IASB *Framework* should be recognised in profit or loss.

Financial instruments with a discretionary participation Feature*

- DO7 Professor Barth and Messrs Leisenring and Smith would not permit entities to account for a financial instrument with a discretionary participation feature on a basis that differs from that required by IAS 32 *Financial Instruments: Disclosure and Presentation* and IAS 39 *Financial Instruments: Recognition and Measurement*. Those Standards require entities to separate the components of a compound financial instrument, recognise the liability component initially at fair value, and attribute any residual to the equity component. These three Board members believe that the difficulty in determining whether a discretionary participation feature is a liability or equity does not preclude applying the measurement requirements in IAS 39 to the liability and equity components once the entity makes that determination. These three Board members believe that an entity would misstate interest expense if the financial liability component is not initially measured at its fair value.
- DO8 These three Board members would require entities to ensure in all cases that the liability recognised for financial instruments with a discretionary participation feature is no less than the amount that would result from applying IAS 39 to the guaranteed element. Paragraph 35 of IFRS 4 requires this if an entity classifies none or some of the feature as a liability, but not if it classifies all of the feature as a liability.

Financial instruments*

- DO9 Mr Smith also dissents from IFRS 4 because he believes it defines insurance contracts too broadly and makes unnecessary exceptions to the scope of IAS 32 and IAS 39. In his view, this permits the structuring of contractual provisions to avoid the requirements of those Standards, diminishing their effectiveness and adding considerable complexity in interpreting and applying them and IFRS 4. He believes that many of the exceptions, based on the desire to avoid systems changes, are unnecessary because they generally are unrelated to the second phase of the project on insurance contracts, and they create a disincentive to enhance systems before the second phase of that project is completed. Mr Smith believes that IAS 32 and IAS 39 already contain the appropriate solutions when measurements cannot be made reliably and those solutions make systems limitations transparent.
- DO10 Paragraph 10 of IFRS 4 requires an insurer to unbundle a deposit component of an insurance contract if the insurer can measure the deposit component separately and the insurer's accounting policies do not otherwise require it to recognise all rights and obligations arising from the deposit component. Mr Smith notes that the deposit component consists entirely of financial liabilities or financial assets. Therefore, he believes that the deposit component of all insurance contracts should be unbundled. Mr Smith notes that IAS 32 already requires the liability component of a compound financial instrument to be separated at its fair value with any residual accounted for as

* IFRS 9 *Financial Instruments* replaced IAS 39. IFRS 9 applies to all items that were previously within the scope of IAS 39.

equity. He believes this approach could be applied by analogy when an insurance contract contains a financial liability and would represent a superior solution.

- DO11 IFRS 4 amends IAS 39 by stating that an embedded derivative and the host insurance contract are closely related if they are so interdependent that the entity cannot measure the embedded derivative separately. This creates an exemption from the requirement in IAS 39 to account for such embedded derivatives at fair value. Mr Smith disagrees with that change. In particular, if a contract permits a policyholder to obtain a derivative-based cash settlement in lieu of maintaining insurance, Mr Smith believes that the derivative-based cash settlement alternative is a financial liability and should be measured at fair value.
- DO12 For the contracts discussed in the previous paragraph, Mr Smith believes that IAS 39 already provides a superior solution that will not promote structuring to take advantage of an exception to IAS 39. It requires the entire contract to be measured at fair value when an embedded derivative cannot be reliably separated from the host contract. However, Mr Smith would amend IAS 39 to require measurement at cost if a contract cannot be measured reliably at fair value in its entirety and contains a significant insurance component as well as an embedded derivative. This amendment would be consistent with similar requirements in IAS 39 for unquoted equity instruments. To make systems limitations more transparent, Mr Smith would add the disclosure required by IAS 32, including the fact that fair value cannot be measured reliably, a description of the insurance contracts in question, their carrying amounts, an explanation of why fair value cannot be measured reliably and, if possible, the range of estimates within which fair value is likely to fall.
- DO13 Mr Smith would exclude from the definition of an insurance contract those contracts that are regarded as transferring significant insurance risk at inception only because they include a pricing option permitting the holder to purchase insurance at a specified price at a later date. He would also exclude from the definition those contracts in which the insurance component has expired. He believes that any remaining obligation is a financial instrument that should be accounted for under IAS 39.

Dissent of Tatsumi Yamada

- DO14 Mr Yamada dissents from the issue of IFRS 4 because he believes that it does not resolve appropriately the mismatch in measurement base between financial assets of insurers and their insurance liabilities. Specifically:
- (a) he disagrees with the inclusion of an option to introduce a current discount rate for designated insurance liabilities.
 - (b) he believes that the Board should have provided a practicable means to reduce the effect of the accounting mismatch using methods based partly on some existing practices that involve broader, but constrained, use of amortised cost.

Option to introduce a current discount rate

- DO15 Mr Yamada disagrees with paragraph 24 of the IFRS, which creates an option to introduce a current market-based discount rate for designated insurance liabilities. He has sympathy for the view expressed in paragraph BC175 that introducing a current market-based discount rate for insurance liabilities rather than a historical discount rate would improve the relevance and reliability of an insurer's financial statements. However, as explained in paragraph BC126, 'the Board will not address discount

rates and the basis for risk adjustments until phase II.” Therefore, Mr Yamada believes that it is not appropriate to deal with measurement of insurance liabilities in phase I of this project.

- DO16 In addition, Mr Yamada believes that there should be a stringent test to assess whether changes in the carrying amount of the designated insurance liabilities mitigate the changes in carrying amount of financial assets. Without such a test, management will have a free choice to decide the extent to which it introduces remeasurement of insurance liabilities. Therefore, he does not agree with the Board’s conclusion in paragraph BC176 that ‘the increase in relevance and reliability from introducing a current discount rate could outweigh the disadvantages of permitting accounting policies that are not applied consistently to all similar liabilities’.
- DO17 Furthermore, the option introduced by paragraph 24 is not an effective way to reduce the accounting mismatch, in Mr Yamada’s view. He agrees with the Board’s analysis that “many insurers may not have systems to adjust liabilities for changes in interest rates and may not wish to develop such systems, even for designated liabilities as opposed to all liabilities”, as explained in paragraph BC177(d)(i).

Assets held to back insurance liabilities*

- DO18 As stated in paragraph BC171, many of the respondents to ED 5 urged the Board to explore ways of reducing the accounting mismatch. Mr Yamada notes that IFRS 4 provides some limited solutions for the accounting mismatch by clarifying that shadow accounting can be used and amending IAS 40 to permit two separate elections when an entity selects the fair value model or the cost model for investment property. IFRS 4 also provides an option to introduce a current market-based discount rate for designated insurance liabilities but, for reasons given in paragraphs DO15-DO17, Mr Yamada does not support that option.
- DO19 Mr Yamada believes that it would have been appropriate to provide a more broadly applicable way of mitigating the effect of the accounting mismatch. Because phase I is only a stepping stone to phase II, Mr Yamada is of the view that the only practicable solution in the short term is one based on the existing practices of insurers. He believes that if remeasurement of insurance liabilities by a current market-based discount rate is allowed as means of resolving the mismatch, a new category of assets carried at amortised cost such as the Japanese ‘debt securities earmarked for policy reserve’ (DSR) should also have been allowed in phase I.
- DO20 Although Mr Yamada acknowledges that the DSR approach would not lead to more relevant and reliable measurements, he notes that insurers have several years’ experience of using this approach, which was created in 2000 when Japan introduced an accounting standard for financial instruments that is similar to IASs 32 and 39. He believes that no perfect solution is available in phase I and together with the disclosure of fair value information required by IAS 32, the DSR approach would provide a reasonable solution for phase I. Therefore he does not agree with the Board’s conclusion in paragraph BC178 that amending the existing measurement requirements in IAS 39 for financial assets “would have reduced the relevance and reliability of financial statements to an unacceptable extent”. Indeed, Mr Yamada believes the exemption in IFRS 4 from paragraphs 10-12 of IAS 8 could impair the relevance and reliability of financial statements more than introducing the DSR approach would have done.

* IFRS 9 *Financial Instruments* replaced IAS 39. IFRS 9 applies to all items that were previously within the scope of IAS 39.

Dissenting opinion on the Amendments to IFRS 4

Dissent of Mary Tokar from *Applying IFRS 9 Financial Instruments with IFRS 4 Insurance Contracts (Amendments to IFRS 4)* as issued in September 2016

- DO1 Ms Tokar dissents from the issue of the Amendments to IFRS 4 because she disagrees with providing a temporary exemption from IFRS 9 for insurers whose activities are predominantly connected with insurance. She believes that it is important for IFRS 9 to be applied without delay because of the significant improvements that IFRS 9 requires in accounting for financial assets, including a new impairment model that is based on expected credit losses and the related enhanced disclosures about credit risk. She notes that these improvements were made in response to calls from regulators and users of financial statements after the global financial crisis and many of those parties have called for these improvements to be introduced without delay. She also notes that the temporary exemption from IFRS 9 will reduce comparability among reporting entities, including among insurers.
- DO2 Ms Tokar agrees that there are valid concerns about the different effective dates of IFRS 9 and the forthcoming insurance contracts Standard. She agrees that the classification and measurement requirements in IFRS 9 may lead to new accounting mismatches and, hence, an increase in reported volatility within profit or loss for those insurers that measure insurance contracts on a cost basis under IFRS 4. She also notes that some of that volatility is expected to be offset in profit or loss when the forthcoming insurance contracts Standard is applied because that forthcoming Standard is expected to require insurers to measure insurance contracts using current estimates of future cash flows discounted at a current rate.
- DO3 Ms Tokar believes that the amendment to permit insurers to use the overlay approach makes a temporary exemption from IFRS 9 unnecessary. She notes that the overlay approach deals more appropriately with the concerns expressed about additional accounting mismatches and volatility because the overlay approach:
- (a) provides users of financial statements with the benefits of the improved accounting required by IFRS 9 but also removes the effect of potential additional volatility from profit or loss for designated financial assets until the forthcoming insurance contracts Standard is applied.
 - (b) makes it easier for users of financial statements to compare the financial statements of insurers that apply the overlay approach with those that do not, as well as with other entities that hold similar financial assets. This comparability will be reduced if some insurers apply a temporary exemption from IFRS 9.
- DO4 Ms Tokar observed that the Board and staff undertook extensive outreach with users of financial statements while developing, and following the publication of, the Exposure Draft in December 2015. This outreach was global and involved both users specialising in insurance activities and non-specialist users. Many users expressed the view that entities should apply IFRS 9 in 2018 (ie when that Standard is mandatory), even if this is before the application of the forthcoming insurance contracts Standard, because IFRS 9 provides improved information about financial instruments. Those users of financial statements expressed the view that if the Board decided to address preparers' concerns regarding increases in accounting mismatches

and volatility then only the overlay approach should be used. They expressed this preference because the overlay approach maintains the comparability of financial statements by requiring all entities to apply IFRS 9 while addressing volatility in a transparent way.

- DO5 Ms Tokar also notes that, as a result of the Amendments to IFRS 4, three different reporting outcomes will exist for insurers: (a) application of IFRS 9 without the overlay approach; (b) application of IFRS 9 with the overlay approach; and (c) use of the temporary exemption from IFRS 9. She believes that this variety in approaches to accounting for financial instruments may significantly reduce comparability among insurers, and between insurers and other entities. She observes that reduced comparability is one of the concerns expressed by users of financial statements about the temporary exemption.

Revised Guidance on Implementing HKFRS 4

Insurance Contracts



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Guidance on implementing IFRS 4 *Insurance Contracts*

This guidance accompanies, but is not part of, IFRS 4.

Introduction

- IG1 This implementation guidance:
- (a) illustrates which contracts and embedded derivatives are within the scope of the IFRS (see paragraphs IG2–IG4).
 - (b) includes an example of an insurance contract containing a deposit component that needs to be unbundled (paragraph IG5).
 - (c) illustrates shadow accounting (paragraphs IG6–IG10).
 - (d) discusses how an insurer might satisfy the disclosure requirements in the IFRS (paragraphs IG11–IG71).

Definition of insurance contract

- IG2 IG Example 1 illustrates the application of the definition of an insurance contract. The example does not illustrate all possible circumstances.

IG Example 1: Application of the definition of an insurance contract		
Contract type		Treatment in phase I
1.1	Insurance contract (see definition in Appendix A of the IFRS and guidance in Appendix B).	Within the scope of the IFRS, unless covered by scope exclusions in paragraph 4 of the IFRS. Some embedded derivatives and deposit components must be separated (see IG Examples 2 and 3 and paragraphs 7-12 of the IFRS).
1.2	Death benefit that could exceed amounts payable on surrender or maturity.	Insurance contract (unless contingent amount is insignificant in all scenarios that have commercial substance). Insurer could suffer a significant loss on an individual contract if the policyholder dies early. See IG Examples 1.23-27 for further discussion of surrender penalties. <i>continued...</i>

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IG Example 1: Application of the definition of an insurance contract		
1.3	A unit-linked contract that pays benefits linked to the fair value of a pool of assets. The benefit is 100 per cent of the unit value on surrender or maturity and 101 per cent of the unit value on death.	This contract contains a deposit component (100 per cent of unit value) and an insurance component (additional death benefit of 1 per cent). Paragraph 10 of the IFRS permits unbundling (but requires it only if the insurance component is material and the issuer would not otherwise recognise all obligations and rights arising under the deposit component). If the insurance component is not unbundled, the whole contract is an investment contract because the insurance component is insignificant in relation to the whole contract.
1.4	Life-contingent annuity.	Insurance contract (unless contingent amount is insignificant in all scenarios that have commercial substance). Insurer could suffer a significant loss on an individual contract if the annuitant survives longer than expected.
1.5	Pure endowment. The insured person receives a payment on survival to a specified date, but beneficiaries receive nothing if the insured person dies before then.	Insurance contract (unless the transfer of insurance risk is insignificant). If a relatively homogeneous book of pure endowments is known to consist of contracts that all transfer insurance risk, the insurer may classify the entire book as insurance contracts without examining each contract to identify a few non-derivative pure endowments that transfer insignificant insurance risk (see paragraph B25).
1.6	Deferred annuity: policyholder will receive, or can elect to receive, a life-contingent annuity at rates guaranteed at inception.	Insurance contract (unless the transfer of insurance risk is insignificant). The contract transfers mortality risk to the insurer at inception, because the insurer might have to pay significant additional benefits for an individual contract if the annuitant elects to take the life-contingent annuity and survives longer than expected (unless the contingent amount is insignificant in all scenarios that have commercial substance).
1.7	Deferred annuity: policyholder will receive, or can elect to receive, a life-contingent annuity at rates prevailing when the annuity begins.	Not an insurance contract at inception, if the insurer can reprice the mortality risk without constraints. Within the scope of IAS 39 IFRS <u>9</u> Financial Instruments: Recognition and Measurement unless the contract contains a discretionary participation feature. Will become an insurance contract when the annuity rate is fixed (unless the contingent amount is insignificant in all scenarios that have commercial substance).

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IG Example 1: Application of the definition of an insurance contract		
1.8	Investment contract ^(a) that does not contain a discretionary participation feature.	Within the scope of IFRS 9 IAS 39 .
1.9	Investment contract containing a discretionary participation feature.	Paragraph 35 of the IFRS sets out requirements for these contracts, which are excluded from the scope of IFRS 9 IAS 39 .
1.10	Investment contract in which payments are contractually linked (with no discretion) to returns on a specified pool of assets held by the issuer.	Within the scope of IFRS 9 IAS 39 . Payments denominated in unit values representing the fair value of the specified assets are measured at current unit value (see paragraph B4.3.8(g) of IFRS 9 IAS 39 of Appendix A of IAS 39).
1.11	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 under the original or modified terms of a debt instrument. The contract may have various legal forms (eg insurance contract, guarantee or letter of credit).	<p>Insurance contract, but within the scope of IFRS 9IAS 39, not IFRS 4. However, if the issuer has previously asserted explicitly that it regards such contracts as insurance contracts and has used accounting applicable to insurance contracts, the issuer may elect to apply either IFRS 9IAS 39 and IAS 32^(b) or IFRS 4 to such financial guarantee contracts.</p> <p>The legal form of the contract does not affect its recognition and measurement.</p> <p>Accounting by the holder of such a contract is excluded from the scope of IFRS 9IAS 39 and IFRS 4 (unless the contract is a reinsurance contract). Therefore, paragraphs 10-12 of IAS 8 <i>Accounting Policies, Changes in Accounting Estimates and Errors</i> apply. Those paragraphs specify criteria to use in developing an accounting policy if no IFRS applies specifically to an item.</p>
1.12	A credit-related guarantee that does not, as a precondition for payment, require that the holder is exposed to, and has incurred a loss on, the failure of the debtor to make payments on the guaranteed asset when due. An example of such a guarantee is one that requires payments in response to changes in a specified credit rating or credit index.	Not an insurance contract. A derivative within the scope of IFRS 9 IAS 39 .
1.13	Guarantee fund established by contract. The contract requires all participants to pay contributions to the fund so that it can meet obligations incurred by participants (and, perhaps, others). Participants would typically be from a single industry, eg insurance, banking or travel.	The contract that establishes the guarantee fund is an insurance contract (see IG Example 1.11).

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IG Example 1: Application of the definition of an insurance contract		
1.14	Guarantee fund established by law.	The commitment of participants to contribute to the fund is not established by a contract, so there is no insurance contract. Within the scope of IAS 37 <i>Provisions, Contingent Liabilities and Contingent Assets</i> .
1.15	Residual value insurance or residual value guarantee. Guarantee by one party of the fair value at a future date of a non-financial asset held by a beneficiary of the insurance or guarantee.	<p>Insurance contract within the scope of the IFRS (unless changes in the condition of the asset have an insignificant effect). The risk of changes in the fair value of the non-financial asset is not a financial risk because the fair value reflects not only changes in market prices for such assets (a financial variable) but also the condition of the specific asset held (a non-financial variable).</p> <p>However, if the contract compensates the beneficiary only for changes in market prices and not for changes in the condition of the beneficiary's asset, the contract is a derivative and within the scope of IFRS 9IAS 39.</p> <p>Residual value guarantees given by a lessee under a finance lease are within the scope of IAS 17 <i>Leases</i>.</p>
1.16	Product warranties issued directly by a manufacturer, dealer or retailer.	Insurance contracts, but excluded from the scope of the IFRS (see IFRS 15 Revenue from Contracts with Customers IAS 18- Revenue and IAS 37).
1.17	Product warranties issued by a third party.	Insurance contracts, no scope exclusion. Same treatment as other insurance contracts.
1.18	Group insurance contract that gives the insurer an enforceable and non-cancellable contractual right to recover all claims paid out of future premiums, with appropriate compensation for the time value of money.	Insurance risk is insignificant. Therefore, the contract is a financial asset instrument within the scope of IFRS 9 IAS 39. Servicing fees are within the scope of IFRS 15 IAS 18- (recognise when (or as) services are provided, subject to various conditions).
1.19	Catastrophe bond: bond in which principal, interest payments or both are reduced if a specified triggering event occurs and the triggering event does not include a condition that the issuer of the bond suffered a loss.	Financial instrument with embedded derivative <u>within the scope of IFRS 9</u> . Both the holder and the issuer measure the embedded derivative at fair value.
1.20	Catastrophe bond: bond in which principal, interest payments or both are reduced significantly if a specified triggering event occurs and the triggering event includes a condition that the issuer of the bond suffered a loss.	<p>The contract is an insurance contract, and contains an insurance component (with the issuer as policyholder and the holder as the insurer) and a deposit component.</p> <p>(a) If specified conditions are met, paragraph 10 of the IFRS requires the holder to unbundle the deposit component and apply IFRS 9IAS 39 to it.</p> <p style="text-align: right;">continued...</p>

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IG Example 1: Application of the definition of an insurance contract		
		<p>(b) The issuer accounts for the insurance component as reinsurance if it uses the bond for that purpose. If the issuer does not use the insurance component as reinsurance, it is not within the scope of the IFRS, which does not address accounting by policyholders for direct insurance contracts.</p> <p>(c) Under paragraph 13 of the IFRS, the holder could continue its existing accounting for the insurance component, unless that involves the practices prohibited by paragraph 14.</p>
1.21	An insurance contract issued by an insurer to a defined benefit pension plan covering the employees of the insurer, or of another entity consolidated within the same financial statements as the insurer.	<p>The contract will generally be eliminated from the financial statements, which will include:</p> <p>(a) the full amount of the pension obligation under IAS 19 <i>Employee Benefits</i>, with no deduction for the plan's rights under the contract.</p> <p>(b) no liability to policyholders under the contract.</p> <p>(c) the assets backing the contract.</p>
1.22	An insurance contract issued to employees as a result of a defined contribution pension plan. The contractual benefits for employee service in the current and prior periods are not contingent on future service. The insurer also issues similar contracts on the same terms to third parties.	<p>Insurance contract within the scope of the IFRS.</p> <p>If the employer pays part or all of the employee's premiums, the payment by the employer is an employee benefit within the scope of IAS 19. See also IAS 19, paragraphs 39-42 and 104-104D. Furthermore, a 'qualifying insurance policy' as defined in IAS 19 need not meet the definition of an insurance contract in this IFRS.</p>
1.23	Loan contract containing a prepayment fee that is waived if prepayment results from the borrower's death.	<p>Not an insurance contract. Before entering into the contract, the borrower faced no risk corresponding to the prepayment fee. Hence, although the loan contract exposes the lender to mortality risk, it does not transfer a pre-existing risk from the borrower. Thus, the risk associated with the possible waiver on death of the prepayment fee is not insurance risk (paragraphs B12 and B24(b) of Appendix B of the IFRS).</p>

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IG Example 1: Application of the definition of an insurance contract		
1.24	Loan contract that waives repayment of the entire loan balance if the borrower dies.	This contract contains a deposit component (the loan) and an insurance component (waiver of the loan balance on death, equivalent to a cash death benefit). If specified conditions are met, paragraph 10 of the IFRS requires or permits unbundling. If the insurance component is not unbundled, the contract is an insurance contract if the insurance component is significant in relation to the whole contract.
1.25	A contract permits the issuer to deduct a market value adjustment (MVA) from surrender values or death benefits to reflect current market prices for the underlying assets. The contract does not permit an MVA for maturity benefits.	The policyholder obtains an additional survival benefit because no MVA is applied at maturity. That benefit is a pure endowment (see IG Example 1.5). If the risk transferred by that benefit is significant, the contract is an insurance contract.
1.26	A contract permits the issuer to deduct an MVA from surrender values or maturity payments to reflect current market prices for the underlying assets. The contract does not permit an MVA for death benefits.	The policyholder obtains an additional death benefit because no MVA is applied on death. If the risk transferred by that benefit is significant, the contract is an insurance contract.
1.27	A contract permits the issuer to deduct an MVA from surrender payments to reflect current market prices for the underlying assets. The contract does not permit an MVA for death and maturity benefits. The amount payable on death or maturity is the amount originally invested plus interest.	<p>The policyholder obtains an additional benefit because no MVA is applied on death or maturity. However, that benefit does not transfer insurance risk from the policyholder because it is certain that the policyholder will live or die and the amount payable on death or maturity is adjusted for the time value of money (see paragraph B27 of the IFRS). The contract is an investment contract.</p> <p>This contract combines the two features discussed in IG Examples 1.25 and 1.26. When considered separately, those two features transfer insurance risk. However, when combined, they do not transfer insurance risk. Therefore, it is not appropriate to separate this contract into two 'insurance' components. If the amount payable on death were not adjusted in full for the time value of money, or were adjusted in some other way, the contract might transfer insurance risk. If that insurance risk is significant, the contract is an insurance contract.</p>

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IG Example 1: Application of the definition of an insurance contract		
1.28	A contract meets the definition of an insurance contract. It was issued by one entity in a group (for example a captive insurer) to another entity in the same group.	<p>If the entities present individual or separate financial statements, they treat the contract as an insurance contract in those individual or separate financial statements (see IAS 27 <i>Separate Financial Statements</i>).</p> <p>The transaction is eliminated from the group's consolidated financial statements.</p> <p>If the intragroup contract is reinsured with a third party that is not part of the group, the reinsurance contract is treated as a direct insurance contract in the consolidated financial statements because the intragroup contract is eliminated on consolidation.</p>
1.29	An agreement that entity A will compensate entity B for losses on one or more contracts issued by entity B that do not transfer significant insurance risk.	<p>The contract is an insurance contract if it transfers significant insurance risk from entity B to entity A, even if some or all of the individual contracts do not transfer significant insurance risk to entity B.</p> <p>The contract is a reinsurance contract if any of the contracts issued by entity B are insurance contracts. Otherwise, the contract is a direct insurance contract.</p>
<p>(a) The term 'investment contract' is an informal term used for ease of discussion. It refers to a financial instrument that does not meet the definition of an insurance contract.</p> <p>(b) When an entity applies IFRS 7 <i>Financial Instruments: Disclosures</i>, the reference to IAS 32 is replaced by a reference to IFRS 7.</p>		

Embedded derivatives

- IG3 ~~IAS 39~~ IFRS 9 requires an entity to separate embedded derivatives that meet specified conditions from the host instrument that contains them, measure the embedded derivatives at fair value and recognise changes in their fair value in profit or loss. However, an insurer need not separate an embedded derivative that itself meets the definition of an insurance contract (paragraph 7 of the IFRS). Nevertheless, separation and fair value measurement of such an embedded derivative are not prohibited if the insurer's existing accounting policies require such separation, or if an insurer changes its accounting policies and that change meets the criteria in paragraph 22 of the IFRS.
- IG4 IG Example 2 illustrates the treatment of embedded derivatives contained in insurance contracts and investment contracts. The term 'investment contract' is an informal term used for ease of discussion. It refers to a financial instrument that does not meet the definition of an insurance contract. The example does not illustrate all possible circumstances. Throughout the example, the phrase 'fair value measurement is required' indicates that the issuer of the contract is required:
- to measure the embedded derivative at fair value and include changes in its fair value in profit or loss.
 - to separate the embedded derivative from the host contract, unless it measures the entire contract at fair value and includes changes in that fair value in profit or loss.

IG Example 2: Embedded derivatives			
Type of embedded derivative		Treatment if embedded in a host insurance contract	Treatment if embedded in a host investment contract
2.1	Death benefit linked to equity prices or equity index, payable only on death or annuitisation and not on surrender or maturity.	The equity-index feature is an insurance contract (unless the life-contingent payments are insignificant), because the policyholder benefits from it only when the insured event occurs. Fair value measurement is not required (but not prohibited).	Not applicable. The entire contract is an insurance contract (unless the life-contingent payments are insignificant).
2.2	Death benefit that is the greater of: (a) unit value of an investment fund (equal to the amount payable on surrender or maturity); and (b) guaranteed minimum.	Excess of guaranteed minimum over unit value is a death benefit (similar to the payout on a dual trigger contract, see IG Example 2.19). This meets the definition of an insurance contract (unless the life-contingent payments are insignificant) and fair value measurement is not required (but not prohibited).	Not applicable. The entire contract is an insurance contract (unless the life-contingent payments are insignificant).
2.3	Option to take a life-contingent annuity at guaranteed rate (combined guarantee of interest rates and mortality charges).	The embedded option is an insurance contract (unless the life-contingent payments are insignificant). Fair value measurement is not required (but not prohibited).	Not applicable. The entire contract is an insurance contract (unless the life-contingent payments are insignificant).
2.4	Embedded guarantee of minimum interest rates in determining surrender or maturity values that is at or out of the money on issue, and not leveraged.	The embedded guarantee is not an insurance contract (unless significant payments are life-contingent ^(a)). However, it is closely related to the host contract (paragraph B4.3.8(b) of IFRS 9AG33(b) of Appendix A of IAS 39). Fair value measurement is not required (but not prohibited). If significant payments are life-contingent, the contract is an insurance contract and contains a deposit component (the guaranteed minimum). However, an insurer is not required to unbundle the contract if it recognises all obligations arising from the deposit component (paragraph 10 of	Fair value measurement is not permitted (paragraph B4.3.8(b) of IFRS 9AG33(b) of IAS 39).

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IG Example 2: Embedded derivatives			
		the IFRS). If cancelling the deposit component requires the policyholder to cancel the insurance component, the two cancellation options may be interdependent; if the option to cancel the deposit component cannot be measured separately (ie without considering the other option), both options are regarded as part of the insurance component (paragraph <u>B4.3.8(h) of IFRS 9AG33(h) of IAS 39</u>).	
2.5	Embedded guarantee of minimum interest rates in determining surrender or maturity values: in the money on issue, or leveraged.	The embedded guarantee is not an insurance contract (unless the embedded guarantee is life-contingent to a significant extent). Fair value measurement is required (paragraph <u>B4.3.8(b) of IFRS 9AG33(b) of IAS 39</u>).	Fair value measurement is required (paragraph <u>B4.3.8(b) of IFRS 9AG33(b) of IAS 39</u>).
2.6	Embedded guarantee of minimum annuity payments if the annuity payments are contractually linked to investment returns or asset prices:		
	(a) guarantee relates only to payments that are life-contingent.	The embedded guarantee is an insurance contract (unless the life-contingent payments are insignificant). Fair value measurement is not required (but not prohibited).	Not applicable. The entire contract is an insurance contract (unless the life-contingent payments are insignificant).
	(b) guarantee relates only to payments that are not life-contingent.	The embedded derivative is not an insurance contract. Fair value measurement is required (unless the guarantee is regarded as closely related to the host contract because the guarantee is an unleveraged interest floor that is at or out of the money at inception, see paragraph <u>B4.3.8(b) of IFRS 9AG33(b) of IAS 39</u>).	Fair value measurement is required (unless the guarantee is regarded as closely related to the host contract because the guarantee is an unleveraged interest floor that is at or out of the money at inception, see paragraph <u>B4.3.8(b) of IFRS 9AG33(b) of IAS 39</u>).

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<u>IG Example 2: Embedded derivatives</u>			
	(c) policyholder can elect to receive life-contingent payments or payments that are not life-contingent, and the guarantee relates to both. When the policyholder makes its election, the issuer cannot adjust the pricing of the life-contingent payments to reflect the risk that the insurer assumes at that time (see paragraph B29 of the IFRS for discussion of contracts with separate accumulation and payout phases)	<p>The embedded option to benefit from a guarantee of life-contingent payments is an insurance contract (unless the life-contingent payments are insignificant). Fair value measurement is not required (but not prohibited).</p> <p>The embedded option to receive payments that are not life-contingent ('the second option') is not an insurance contract. However, because the second option and the life-contingent option are alternatives, their fair values are interdependent. If they are so interdependent that the issuer cannot measure the second option separately (ie without considering the life-contingent option), the second option is closely related to the insurance contract. In that case, fair value measurement is not required (but not prohibited).</p>	Not applicable. The entire contract is an insurance contract (unless the life-contingent payments are insignificant).
2.7	Embedded guarantee of minimum equity returns on surrender or maturity.	The embedded guarantee is not an insurance contract (unless the embedded guarantee is life-contingent to a significant extent) and is not closely related to the host insurance contract. Fair value measurement is required.	Fair value measurement is required.
2.8	Equity-linked return available on surrender or maturity.	The embedded derivative is not an insurance contract (unless the equity-linked return is life-contingent to a significant extent) and is not closely related to the host insurance contract. Fair value measurement is required.	Fair value measurement is required.

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IG Example 2: Embedded derivatives			
2.9	Embedded guarantee of minimum equity returns that is available only if the policyholder elects to take a life-contingent annuity.	The embedded guarantee is an insurance contract (unless the life-contingent payments are insignificant), because the policyholder can benefit from the guarantee only by taking the annuity option (whether annuity rates are set at inception or at the date of annuitisation). Fair value measurement is not required (but not prohibited).	Not applicable. The entire contract is an insurance contract (unless the life-contingent payments are insignificant).
2.10	Embedded guarantee of minimum equity returns available to the policyholder as either (a) a cash payment, (b) a period-certain annuity or (c) a life-contingent annuity, at annuity rates prevailing at the date of annuitisation .	If the guaranteed payments are not contingent to a significant extent on survival, the option to take the life-contingent annuity does not transfer insurance risk until the policyholder opts to take the annuity. Therefore, the embedded guarantee is not an insurance contract and is not closely related to the host insurance contract. Fair value measurement is required. If the guaranteed payments are contingent to a significant extent on survival, the guarantee is an insurance contract (similar to a pure endowment). Fair value measurement is not required (but not prohibited).	Fair value measurement is required.
2.11	Embedded guarantee of minimum equity returns available to the policyholder as either (a) a cash payment (b) a period-certain annuity or (c) a life-contingent annuity, at annuity rates set at inception .	The whole contract is an insurance contract from inception (unless the life-contingent payments are insignificant). The option to take the life-contingent annuity is an embedded insurance contract, so fair value measurement is not required (but not prohibited). The option to take the cash payment or the period-certain annuity ('the second option') is not an insurance contract (unless the option is contingent to a significant extent on survival), so it must be separated. However,	Not applicable.

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IG Example 2: Embedded derivatives			
		because the second option and the life-contingent option are alternatives, their fair values are interdependent. If they are so interdependent that the issuer cannot measure the second option separately (ie without considering the life-contingent option), the second option is closely related to the host insurance contract. In that case, fair value measurement is not required (but not prohibited).	
2.12	Policyholder option to surrender a contract for a cash surrender value specified in a schedule (ie not indexed and not accumulating interest).	Fair value measurement is not required (but not prohibited: paragraph 8 of the IFRS). The surrender value may be viewed as a deposit component, but the IFRS does not require an insurer to unbundle a contract if it recognises all its obligations arising under the deposit component (paragraph 10).	The surrender option is closely related to the host contract if the surrender value is approximately equal to the amortised cost at each exercise date (paragraph B4.3.5(e) of IFRS 9AG30(g) of IAS 39). Otherwise, the surrender option is measured at fair value.
2.13	Policyholder option to surrender a contract for account value based on a principal amount and a fixed or variable interest rate (or based on the fair value of a pool of interest-bearing securities), possibly after deducting a surrender charge.	Same as for a cash surrender value (IG Example 2.12).	Same as for a cash surrender value (IG Example 2.12).
2.14	Policyholder option to surrender a contract for a surrender value based on an equity or commodity price or index.	The option is not closely related to the host contract (unless the option is life-contingent to a significant extent). Fair value measurement is required (paragraphs 8 of the IFRS and B4.3.5(c) and (d) of IFRS 9AG30(d) and (e) of IAS 39).	Fair value measurement is required (paragraph B4.3.5(c) and (d) of IFRS 9AG30(d) and (e) of IAS 39).

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IG Example 2: Embedded derivatives			
2.15	Policyholder option to surrender a contract for account value equal to the fair value of a pool of equity investments, possibly after deducting a surrender charge.	If the insurer measures that portion of its obligation at account value, no further adjustment is needed for the option (unless the surrender value differs significantly from account value) (see paragraph <u>B4.3.8(g) of IFRS 9</u> AG33(g) of IAS 39). Otherwise, fair value measurement is required.	If the insurer regards the account value as the amortised cost or fair value of that portion of its obligation, no further adjustment is needed for the option (unless the surrender value differs significantly from account value). Otherwise, fair value measurement is required.
2.16	Contractual feature that provides a return contractually linked (with no discretion) to the return on specified assets.	The embedded derivative is not an insurance contract and is not closely related to the contract (paragraph <u>B4.3.5(f) of IFRS 9</u> AG30(h) of IAS 39). Fair value measurement is required.	Fair value measurement is required.
2.17	Persistency bonus paid at maturity in cash (or as a period-certain annuity).	The embedded derivative (option to receive the persistency bonus) is not an insurance contract (unless the persistency bonus is life-contingent to a significant extent). Insurance risk does not include lapse or persistency risk (paragraph B15 of the IFRS). Fair value measurement is required.	An option or automatic provision to extend the remaining term to maturity of a debt instrument is not closely related to the host debt instrument unless there is a concurrent adjustment to the approximate current market rate of interest at the time of the extension (paragraph <u>B4.3.5(b) of IFRS 9</u> AG30(e) of IAS 39). If the option or provision is not closely related to the host instrument, fair value measurement is required.
2.18	Persistency bonus paid at maturity as an enhanced life-contingent annuity.	The embedded derivative is an insurance contract (unless the life-contingent payments are insignificant). Fair value measurement is not required (but not prohibited).	Not applicable. The entire contract is an insurance contract (unless the life-contingent payments are insignificant). <i>continued...</i>

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IG Example 2: Embedded derivatives			
2.19	Dual trigger contract, eg contract requiring a payment that is contingent on a breakdown in power supply that adversely affects the holder (first trigger) and a specified level of electricity prices (second trigger). The contingent payment is made only if both triggering events occur.	The embedded derivative is an insurance contract (unless the first trigger lacks commercial substance). A contract that qualifies as an insurance contract, whether at inception or later, remains an insurance contract until all rights and obligations are extinguished or expire (paragraph B30 of the IFRS). Therefore, although the remaining exposure is similar to a financial derivative after the insured event has occurred, the embedded derivative is still an insurance contract and fair value measurement is not required (but not prohibited).	Not applicable. The entire contract is an insurance contract (unless the first trigger lacks commercial substance).
2.20	Non-guaranteed participating dividend contained in a life insurance contract. The amount is contractually at the discretion of the insurer but is contractually based on the insurer's actual experience on the related block of insurance contracts.	The contract contains a discretionary participation feature, rather than an embedded derivative (paragraph 34 of the IFRS).	Not applicable. The entire contract is an insurance contract (unless the life-contingent payments are insignificant).
(a) Payments are life-contingent if they are contingent on death or contingent on survival.			

Unbundling a deposit component

IG5 Paragraph 10 of the IFRS requires an insurer to unbundle some insurance contracts that contain a deposit component. IG Example 3 illustrates this requirement. Although arrangements of this kind are more common in reinsurance, the same principle applies in direct insurance. However, unbundling is not required if the insurer recognises all obligations or rights arising from the deposit component.

IG Example 3: Unbundling a deposit component of a reinsurance contract

Background

A reinsurance contract has the following features:

- (a) The cedant pays premiums of CU10^(a) every year for five years.
- (b) An experience account is established, equal to 90 per cent of cumulative premiums (including the additional premiums discussed in (c) below) less 90 per cent of cumulative claims.
- (c) If the balance in the experience account is negative (ie cumulative claims exceed cumulative premiums), the cedant pays an additional premium equal to the experience account balance divided by the number of years left to run on the contract.
- (d) At the end of the contract, if the experience account balance is positive (ie cumulative premiums exceed cumulative claims), it is refunded to the cedant; if the balance is negative, the cedant pays the balance to the reinsurer as an additional premium.
- (e) Neither party can cancel the contract before maturity.
- (f) The maximum loss that the reinsurer is required to pay in any period is CU200.

This contract is an insurance contract because it transfers significant insurance risk to the reinsurer. For example, in case 2 discussed below, the reinsurer is required to pay additional benefits with a present value, in year 1, of CU35, which is clearly significant in relation to the contract.

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IG Example 3: Unbundling a deposit component of a reinsurance contract

The following discussion addresses the accounting by the reinsurer. Similar principles apply to the accounting by the cedant.

Application of requirements: case 1—no claims

If there are no claims, the cedant will receive CU45 in year 5 (90 per cent of the cumulative premiums of CU50). In substance, the cedant has made a loan, which the reinsurer will repay in one instalment of CU45 in year 5.

If the reinsurer's accounting policies require it to recognise its contractual liability to repay the loan to the cedant, unbundling is permitted but not required. However, if the reinsurer's accounting policies would not require it to recognise the liability to repay the loan, the reinsurer is required to unbundle the contract (paragraph 10 of the IFRS).

If the reinsurer is required, or elects, to unbundle the contract, it does so as follows. Each payment by the cedant has two components: a loan advance (deposit component) and a payment for insurance cover (insurance component). Applying ~~IFRS 9~~ IAS 39 to the deposit component, the reinsurer is required to measure it initially at fair value. Fair value could be measured by discounting the future cash flows from the deposit component using a valuation technique. Assume that an appropriate discount rate is 10 per cent and that the insurance cover is equal in each year, so that the payment for insurance cover is the same in every year. Each payment of CU10 by the cedant is then made up of a loan advance of CU6.7 and an insurance premium of CU3.3.

The reinsurer accounts for the insurance component in the same way that it accounts for a separate insurance contract with an annual premium of CU3.3.

The movements in the loan are shown below.

Year	Opening Balance	Interest at 10 per cent	Advance (repayment)	Closing balance
	CU	CU	CU	CU
0	0.00	0.00	6.70	6.70
1	6.70	0.67	6.70	14.07
2	14.07	1.41	6.70	22.18
3	22.18	2.21	6.70	31.09
4	31.09	3.11	6.70	40.90
5	40.90	<u>4.10</u>	<u>(45.00)</u>	0.00
Total		<u>11.50</u>	<u>(11.50)</u>	

continued...

*...continued***IG Example 3: Unbundling a deposit component of a reinsurance contract***Application of requirements: case 2—claim of CU150 in year 1*

Consider now what happens if the reinsurer pays a claim of CU150 in year 1. The changes in the experience account, and resulting additional premiums, are as follows.

Year	Premium	Additional premium	Total premium	Cumulative premium	Claims	Cumulative claims	Cumulative premiums less claims	Experience account
	CU	CU	CU	CU	CU	CU	CU	CU
0	10	0	10	10	0	0	10	9
1	10	0	10	20	(150)	(150)	(130)	(117)
2	10	39	49	69	0	(150)	(81)	(73)
3	10	36	46	115	0	(150)	(35)	(31)
4	10	<u>31</u>	<u>41</u>	156	<u>0</u>	(150)	6	6
		<u>106</u>	<u>156</u>		<u>(150)</u>			

Incremental cash flows because of the claim in year 1

The claim in year 1 leads to the following incremental cash flows, compared with case 1:

Year	Additional premium	Claims	Refund in case 2	Refund in case 1	Net incremental cash flow	Present value at 10 per cent
	CU	CU	CU	CU	CU	CU
0	0	0			0	0
1	0	(150)			(150)	(150)
2	39	0			39	35
3	36	0			36	30
4	31	0			31	23
5	<u>0</u>	<u>0</u>	<u>(6)</u>	<u>(45)</u>	<u>39</u>	<u>27</u>
Total	<u>106</u>	<u>(150)</u>	<u>(6)</u>	<u>(45)</u>	<u>(5)</u>	<u>(35)</u>

The incremental cash flows have a present value, in year 1, of CU35 (assuming a discount rate of 10 per cent is appropriate). Applying paragraphs 10-12 of the IFRS, the cedant unbundles the contract and applies ~~IFRS 9~~ IAS 39 to this deposit component (unless the cedant already recognises its contractual obligation to repay the deposit component to the reinsurer). If this were not done, the cedant might recognise the CU150 received in year 1 as income, and the incremental payments in years 2-5 as expenses. However, in substance, the reinsurer has paid a claim of CU35 and made a loan of CU115 (CU150 less CU35) that will be repaid in instalments.

continued...

...continued

IG Example 3: Unbundling a deposit component of a reinsurance contract

The following table shows the changes in the loan balance. The table assumes that the original loan shown in case 1 and the new loan in case 2 met the criteria for offsetting in IAS 32. Amounts shown in the table are rounded.

Loan to (from) the reinsurer

Year	Opening balance	Interest at 10 per cent	Payments per original schedule	Additional payments in case 2	Closing balance
	CU	CU	CU	CU	CU
0	-	-	6	-	6
1	6	1	7	(115)	(101)
2	(101)	(10)	7	39	(65)
3	(65)	(7)	7	36	(29)
4	(29)	(3)	6	31	5
5	5	<u>1</u>	<u>(45)</u>	<u>39</u>	0
Total		<u>(18)</u>	<u>(12)</u>	<u>30</u>	

(a) In this Implementation Guidance monetary amounts are denominated in 'currency units (CU)'.

Shadow accounting

- IG6 Paragraph 30 of the IFRS permits, but does not require, a practice sometimes described as "shadow accounting". IG Example 4 illustrates shadow accounting.
- IG7 Shadow accounting is not the same as fair value hedge accounting under IFRS 9/IAS 39 and will not usually have the same effect. ~~Under IAS 39, a non-derivative financial asset or non-derivative financial liability may be designated as a hedging instrument only for a hedge of foreign currency risk.~~
- IG8 Shadow accounting is not applicable for liabilities arising from investment contracts (ie contracts within the scope of IAS 39) because the underlying measurement of those liabilities (including the treatment of related transaction costs) does not depend on asset values or asset returns. However, shadow accounting may be applicable for a discretionary participation feature within an investment contract if the measurement of that feature depends on asset values or asset returns.
- IG9 Shadow accounting is not applicable if the measurement of an insurance liability is not driven directly by realised gains and losses on assets held. For example, assume that financial assets are measured at fair value and insurance liabilities are measured using a discount rate that reflects current market rates but does not depend directly on the actual assets held. The measurements of the assets and the liability both reflect changes in interest rates, but the measurement of the liability does not depend directly on the carrying amount of the assets held. Therefore, shadow accounting is not applicable and changes in the carrying amount of the liability are recognised in profit or loss because IAS 1 *Presentation of Financial Statements* requires all items of income or expense to be recognised in profit or loss unless a IFRS requires otherwise.

- IG10 Shadow accounting may be relevant if there is a contractual link between payments to policyholders and the carrying amount of, or returns from, owner-occupied property. If an entity uses the revaluation model in IAS 16 *Property, Plant and Equipment*, it recognises changes in the carrying amount of the owner-occupied property in revaluation surplus. If it also elects to use shadow accounting, the changes in the measurement of the insurance liability resulting from revaluations of the property are also recognised in revaluation surplus.

IG Example 4: Shadow accounting

Background

Under some accounting requirements for some insurance contracts, deferred acquisition costs (DAC) are amortised over the life of the contract as a constant proportion of estimated gross profits (EGP). EGP includes investment returns, including realised (but not unrealised) gains and losses. Interest is applied to both DAC and EGP, to preserve present value relationships. For simplicity, this example ignores interest and ignores re-estimation of EGP.

At the inception of a contract, insurer A has DAC of CU20 relating to that contract and the present value, at inception, of EGP is CU100. In other words, DAC is 20 per cent of EGP at inception. Thus, for each CU1 of realised gross profits, insurer A amortises DAC by CU0.20. For example, if insurer A sells assets and recognises a gain of CU10, insurer A amortises DAC by CU2 (20 per cent of CU10).

Before adopting IFRSs for the first time in 20X5, insurer A measured financial assets on a cost basis. (Therefore, EGP under those ~~national accounting~~ requirements considers only realised gains and losses.) However, under IFRSs, it classifies its financial assets as measured at fair value through profit or loss, available for sale. Thus, ~~insurer A measures the assets at fair value and recognises changes in their fair value in other comprehensive income.~~

In 20X5, insurer A recognises unrealised gains of CU10 on the assets backing the contract ~~and~~. In 20X6, ~~insurer A~~ sells the assets for an amount equal to their fair value at the end of 20X5 and, to comply with IAS 39, ~~reclassifies the now realised gain of CU10 from equity to profit or loss as a reclassification adjustment.~~

Application of paragraph 30 of the IFRS

Paragraph 30 of the IFRS permits, but does not require, insurer A to adopt shadow accounting. If insurer A adopts shadow accounting, it amortises DAC in 20X5 by an additional CU2 (20 per cent of CU10) as a result of the change in the fair value of the assets. ~~Because insurer A recognised the change in their fair value in other comprehensive income, it~~ Insurer A recognises the additional amortisation of CU2 in profit or loss ~~other comprehensive income~~.

When insurer A sells the assets in 20X6, it makes no further adjustment to DAC, ~~but reclassifies DAC amortisation of CU2, relating to the now realised gain, from equity to profit or loss as a reclassification adjustment.~~

In summary, shadow accounting treats an unrealised gain in the same way as a realised gain, ~~except that the unrealised gain and resulting DAC amortisation are (a) recognised in other comprehensive income rather than in profit or loss and (b) reclassified from equity to profit or loss when the gain on the asset becomes realised.~~ If insurer A does not adopt shadow accounting, unrealised gains on assets do not affect the amortisation of DAC.

Disclosure

Purpose of this guidance

IG11 The guidance in paragraphs IG12-IG71 suggests possible ways to apply the disclosure requirements in paragraphs 36-39A of the IFRS. As explained in paragraphs 36 and 38 of the IFRS, the objective of the disclosures is:

- (a) to identify and explain the amounts in an insurer's financial statements arising from insurance contracts; and
- (b) to enable users of those financial statements to evaluate the nature and extent of risks arising from insurance contracts.

IG12 An insurer decides in the light of its circumstances how much detail it gives to satisfy those requirements, how much emphasis it places on different aspects of the requirements and how it aggregates information to display the overall picture without combining information that has materially different characteristics. It is necessary to strike a balance so that important information is not obscured either by the inclusion of a large amount of insignificant detail or by the aggregation of items that have materially different characteristics. For example:

- (a) a large international insurance group that operates in a wide range of regulatory jurisdictions typically provides disclosures that differ in format, content and detail from those provided by a specialised niche insurer operating in one jurisdiction.
- (b) many insurance contracts have similar characteristics. When no single contract is individually material, a summary by classes of contracts is appropriate.
- (c) information about an individual contract may be material when it is, for example, a significant contributor to an insurer's risk profile.

To satisfy the requirements, an insurer would not typically need to disclose all the information suggested in the guidance. This guidance does not create additional requirements.

IG13 IAS 1 *Presentation of Financial Statements* requires an entity to 'provide additional disclosures when compliance with the specific requirements in IFRSs is insufficient to enable users to understand the impact of particular transactions, other events and conditions on the entity's financial position and financial performance.'

IG14 For convenience, this Implementation Guidance discusses each disclosure requirement in the IFRS separately. In practice, disclosures would normally be presented as an integrated package and individual disclosures may satisfy more than one requirement. For example, information about the assumptions that have the greatest effect on the measurement of amounts arising from insurance contracts may help to convey information about insurance risk and market risk.

Materiality

IG15 IAS 1 notes that a specific disclosure requirement in an IFRS need not be satisfied if the information is not material. IAS 1 defines materiality as follows:

Omissions or misstatements of items are material if they could, individually or collectively, influence the economic decisions that users make on the basis of the financial statements. Materiality depends on the size and nature of the omission or misstatement judged in the surrounding circumstances. The size or nature of the item, or a combination of both, could be the determining factor.

IG16 IAS 1 also explains the following:

Assessing whether an omission or misstatement could influence economic decisions of users, and so be material, requires consideration of the characteristics of those users. The *Framework for the Preparation and Presentation of Financial Statements* states in paragraph 25^{*} that 'users are assumed to have a reasonable knowledge of business and economic activities and accounting and a willingness to study the information with reasonable diligence.' Therefore, the assessment needs to take into account how users with such attributes could reasonably be expected to be influenced in making economic decisions.

Explanation of recognised amounts (paragraphs 36 and 37 of the IFRS)

Accounting policies

IG17 IAS 1 requires disclosure of accounting policies and paragraph 37(a) of the IFRS highlights this requirement. In developing disclosures about accounting policies for insurance contracts, an insurer might conclude that it needs to address the treatment of, for example, some or all of the following, if applicable:

- (a) premiums (including the treatment of unearned premiums, renewals and lapses, premiums collected by agents and brokers but not yet passed on and premium taxes or other levies on premiums).
- (b) fees or other charges made to policyholders.
- (c) acquisition costs (including a description of their nature).
- (d) claims incurred (both reported and not reported), claims handling costs (including a description of their nature) and liability adequacy tests (including a description of the cash flows included in the test, whether and how the cash flows are discounted and the treatment of embedded options and guarantees in those tests, see paragraphs 15-19 of the IFRS). An insurer might disclose whether insurance liabilities are discounted and, if they are discounted, explain the methodology used.
- (e) the objective of methods used to adjust insurance liabilities for risk and uncertainty (for example, in terms of a level of assurance or level of sufficiency), the nature of those models, and the source of information used in the models.
- (f) embedded options and guarantees (including a description of whether (i) the measurement of insurance liabilities reflects the intrinsic value and time value of these items and (ii) their measurement is consistent with observed current market prices).
- (g) discretionary participation features (including a clear statement of how the insurer applies paragraphs 34 and 35 of the IFRS in classifying that feature as a liability or as a component of equity) and other features that permit policyholders to share in investment performance.

* IASC's *Framework for the Preparation and Presentation of Financial Statements* was adopted by the IASB in 2001. In September 2010 the IASB replaced the *Framework* with the *Conceptual Framework for Financial Reporting*. Paragraph 25 was superseded by Chapter 3 of the *Conceptual Framework*.

- (h) salvage, subrogation or other recoveries from third parties.
- (i) reinsurance held.
- (j) underwriting pools, coinsurance and guarantee fund arrangements.
- (k) insurance contracts acquired in business combinations and portfolio transfers, and the treatment of related intangible assets.
- (l) as required by IAS 1, the judgements, apart from those involving estimations, management has made in the process of applying the accounting policies that have the most significant effect on the amounts recognised in the financial statements. The classification of discretionary participation features is an example of an accounting policy that might have a significant effect.

IG18 If the financial statements disclose supplementary information, for example embedded value information, that is not prepared on the basis used for other measurements in the financial statements, it is appropriate to explain the basis. Disclosures about embedded value methodology might include information similar to that described in paragraph IG17, as well as disclosure of whether, and how, embedded values are affected by estimated returns from assets and by locked-in capital and how those effects are estimated.

Assets, liabilities, income and expense

IG19 Paragraph 37(b) of the IFRS requires an insurer to disclose the assets, liabilities, income and expenses that arise from insurance contracts. If an insurer presents its statement of cash flows using the direct method, paragraph 37(b) requires it also to disclose the cash flows that arise from insurance contracts. The IFRS does not require disclosure of specific cash flows. The following paragraphs discuss how an insurer might satisfy those general requirements.

IG20 IAS 1 requires minimum disclosures in the statement of financial position. An insurer might conclude that, to satisfy those requirements, it needs to present separately in its statement of financial position the following amounts arising from insurance contracts:

- (a) liabilities under insurance contracts and reinsurance contracts issued.
- (b) assets under insurance contracts and reinsurance contracts issued.
- (c) assets under reinsurance ceded. Under paragraph 14(d)(i) of the IFRS, these assets are not offset against the related insurance liabilities.

IG21 Neither IAS 1 nor the IFRS prescribes the descriptions and ordering of the line items presented in the statement of financial position. An insurer could amend the descriptions and ordering to suit the nature of its transactions.

IG22 IAS 1 requires disclosure, either in the statement of financial position or in the notes, of subclassifications of the line items presented, classified in a manner appropriate to the entity's operations. Appropriate subclassifications of insurance liabilities will depend on the circumstances, but might include items such as:

- (a) unearned premiums.
- (b) claims reported by policyholders.
- (c) claims incurred but not reported (IBNR).
- (d) provisions arising from liability adequacy tests.

- (e) provisions for future non-participating benefits.
- (f) liabilities or components of equity relating to discretionary participation features (see paragraphs 34 and 35 of the IFRS). If an insurer classifies these features as a component of equity, disclosure is needed to comply with IAS 1, which requires an entity to disclose 'a description of the nature and purpose of each reserve within equity.'
- (g) receivables and payables related to insurance contracts (amounts currently due to and from agents, brokers and policyholders related to insurance contracts).
- (h) non-insurance assets acquired by exercising rights to recoveries.

IG23 Similar subclassifications may also be appropriate for reinsurance assets, depending on their materiality and other relevant circumstances. For assets under insurance contracts and reinsurance contracts issued, an insurer might conclude that it needs to distinguish:

- (a) deferred acquisition costs; and
- (b) intangible assets relating to insurance contracts acquired in business combinations or portfolio transfers.

IG23A Paragraph 14 of IFRS 7 *Financial Instruments: Disclosures* requires an entity to disclose the carrying amount of financial assets pledged as collateral for liabilities, the carrying amount of financial assets pledged as collateral for contingent liabilities, and any terms and conditions relating to assets pledged as collateral. In complying with this requirement, an insurer might also conclude that it needs to disclose segregation requirements that are intended to protect policyholders by restricting the use of some of the insurer's assets.

IG24 IAS 1 lists minimum line items that an entity should present in its statement of comprehensive income. It also requires the presentation of additional line items when this is necessary to present fairly the entity's financial performance. An insurer might conclude that, to satisfy these requirements, it needs to present the following amounts in its statement of comprehensive income:

- (a) revenue from insurance contracts issued (without any reduction for reinsurance held).
- (b) income from contracts with reinsurers.
- (c) expense for policyholder claims and benefits (without any reduction for reinsurance held).
- (d) expenses arising from reinsurance held.

IG25 ~~IAS 18~~IFRS 15 requires an entity to ~~disclose the amount of each significant category of revenue recognised during the period, and specifically requires disclosure of revenue arising from the rendering of services~~disaggregate revenue from contracts with customers into categories that depict how the nature, amount, timing and uncertainty of revenue and cash flows are affected by economic factors. Although revenue from insurance contracts is outside the scope of ~~IFRS 15~~IAS 18, similar disclosures may be appropriate for insurance contracts. The IFRS does not prescribe a particular method for recognising revenue and various models exist:

- (a) Under some models, an insurer recognises premiums earned during the period as revenue and recognises claims arising during the period (including estimates of claims incurred but not reported) as an expense.

- (b) Under some other models, an insurer recognises premiums received as revenue and at the same time recognises an expense representing the resulting increase in the insurance liability.
 - (c) Under yet other models, an insurer recognises premiums received as deposit receipts. Its revenue includes charges for items such as mortality, and its expenses include the policyholder claims and benefits related to those charges.
- IG26 IAS 1 requires additional disclosure of various items of income and expense. An insurer might conclude that, to satisfy these requirements, it needs to disclose the following additional items, either in its statement of comprehensive income or in the notes:
- (a) acquisition costs (distinguishing those recognised as an expense immediately from the amortisation of deferred acquisition costs).
 - (b) the effect of changes in estimates and assumptions.
 - (c) losses recognised as a result of applying liability adequacy tests.
 - (d) for insurance liabilities measured on a discounted basis:
 - (i) accretion of interest to reflect the passage of time; and
 - (ii) the effect of changes in discount rates.
 - (e) distributions or allocations to holders of contracts that contain discretionary participation features. The portion of profit or loss that relates to any equity component of those contracts is an allocation of profit or loss, not expense or income (paragraph 34(c) of the IFRS).
- IG27 Some insurers present a detailed analysis of the sources of their earnings from insurance activities either in the statement of comprehensive income, or in the notes. Such an analysis may provide useful information about both the income and expense of the current period and the risk exposures faced during the period.
- IG28 The items described in paragraph IG26 are not offset against income or expense arising from reinsurance held (paragraph 14(d)(ii) of the IFRS).
- IG29 Paragraph 37(b) also requires specific disclosure about gains or losses recognised on buying reinsurance. This disclosure informs users about gains or losses that may, using some measurement models, arise from imperfect measurements of the underlying direct insurance liability. Furthermore, some measurement models require a cedant to defer some of those gains and losses and amortise them over the period of the related risk exposures, or some other period. Paragraph 37(b) also requires a cedant to disclose information about such deferred gains and losses.
- IG30 If an insurer does not adopt uniform accounting policies for the insurance liabilities of its subsidiaries, it might conclude that it needs to disaggregate the disclosures about amounts reported in its financial statements to give meaningful information about amounts determined using different accounting policies.

Significant assumptions and other sources of estimation uncertainty

- IG31 Paragraph 37(c) of the IFRS requires an insurer to describe the process used to determine the assumptions that have the greatest effect on the measurement of assets, liabilities, income and expense arising from insurance contracts and, when practicable, give quantified disclosure of those assumptions. For some disclosures, such as discount rates or assumptions about future trends or general inflation, it may

be relatively easy to disclose the assumptions used (aggregated at a reasonable but not excessive level, when necessary). For other assumptions, such as mortality tables, it may not be practicable to disclose quantified assumptions because there are too many, in which case it is more important to describe the process used to generate the assumptions.

- IG32 The description of the process used to determine assumptions might include a summary of the most significant of the following:
- (a) the objective of the assumptions. For example, an insurer might disclose whether the assumptions are intended to be neutral estimates of the most likely or expected outcome ('best estimates') or to provide a given level of assurance or level of sufficiency. If they are intended to provide a quantitative or qualitative level of assurance, an insurer might disclose that level.
 - (b) the source of data used as inputs for the assumptions that have the greatest effect. For example, an insurer might disclose whether the inputs are internal, external or a mixture of the two. For data derived from detailed studies that are not carried out annually, an insurer might disclose the criteria used to determine when the studies are updated and the date of the latest update.
 - (c) the extent to which the assumptions are consistent with observable market prices or other published information.
 - (d) a description of how past experience, current conditions and other relevant benchmarks are taken into account in developing estimates and assumptions. If a relationship would normally be expected between experience and future results, an insurer might explain the reasons for using assumptions that differ from past experience and indicate the extent of the difference.
 - (e) a description of how the insurer developed assumptions about future trends, such as changes in mortality, healthcare costs or litigation awards.
 - (f) an explanation of how the insurer identifies correlations between different assumptions.
 - (g) the insurer's policy in making allocations or distributions for contracts with discretionary participation features, the related assumptions that are reflected in the financial statements, the nature and extent of any significant uncertainty about the relative interests of policyholders and shareholders in the unallocated surplus associated with those contracts, and the effect on the financial statements of any changes during the period in that policy or those assumptions.
 - (h) the nature and extent of uncertainties affecting specific assumptions. In addition, to comply with paragraphs 125-131 of IAS 1, an insurer may need to disclose that it is reasonably possible, based on existing knowledge, that outcomes within the next financial year that are different from assumptions could require a material adjustment to the carrying amount of insurance liabilities and insurance assets. Paragraph 129 of IAS 1 gives further guidance on this disclosure.

- IG33 The IFRS does not prescribe specific assumptions that would be disclosed, because different assumptions will be more significant for different types of contract.

Changes in assumptions

- IG34 Paragraph 37(d) of the IFRS requires an insurer to disclose the effect of changes in assumptions used to measure insurance assets and insurance liabilities. This is consistent with IAS 8, which requires disclosure of the nature and amount of a change in an accounting estimate that has an effect in the current period or is expected to have an effect in future periods.

- IG35 Assumptions are often interdependent. When this is the case, analysis of changes by assumption may depend on the order in which the analysis is performed and may be arbitrary to some extent. Therefore, the IFRS does not specify a rigid format or content for this analysis. This allows insurers to analyse the changes in a way that meets the objective of the disclosure and is appropriate for their particular circumstances. If practicable, an insurer might disclose separately the impact of changes in different assumptions, particularly if changes in some assumptions have an adverse effect and others have a beneficial effect. An insurer might also describe the impact of interdependencies between assumptions and the resulting limitations of any analysis of the effect of changes in assumption.
- IG36 An insurer might disclose the effects of changes in assumptions both before and after reinsurance held, especially if the insurer expects a significant change in the nature or extent of its reinsurance programme or if an analysis before reinsurance is relevant for an analysis of the credit risk arising from reinsurance held.

Changes in insurance liabilities and related items

- IG37 Paragraph 37(e) of the IFRS requires an insurer to disclose reconciliations of changes in insurance liabilities. It also requires disclosure of changes in reinsurance assets. An insurer need not disaggregate those changes into broad classes, but might do that if different forms of analysis are more relevant for different types of liability. The changes might include:
- (a) the carrying amount at the beginning and end of the period.
 - (b) additional insurance liabilities arising during the period.
 - (c) cash paid.
 - (d) income and expense included in profit or loss.
 - (e) liabilities acquired from, or transferred to, other insurers.
 - (f) net exchange differences arising on the translation of the financial statements into a different presentation currency, and on the translation of a foreign operation into the presentation currency of the reporting entity.
- IG38 An insurer discloses the changes in insurance liabilities and reinsurance assets in all prior periods for which it reports full comparative information.
- IG39 Paragraph 37(e) of the IFRS also requires an insurer to disclose changes in deferred acquisition costs, if applicable. The reconciliation might disclose:
- (a) the carrying amount at the beginning and end of the period.
 - (b) the amounts incurred during the period.
 - (c) the amortisation for the period.
 - (d) impairment losses recognised during the period.
 - (e) other changes categorised by cause and type.
- IG40 An insurer may have recognised intangible assets related to insurance contracts acquired in a business combination or portfolio transfer. IAS 38 *Intangible Assets* contains disclosure requirements for intangible assets, including a requirement to give a reconciliation of changes in intangible assets. The IFRS does not require additional disclosures about these assets.

Nature and extent of risks arising from insurance contracts (paragraphs 38-39A of the IFRS)

- IG41 The disclosures about the nature and extent of risks arising from insurance contracts are based on two foundations:
- (a) There should be a balance between quantitative and qualitative disclosures, enabling users to understand the nature of risk exposures and their potential impact.
 - (b) Disclosures should be consistent with how management perceives its activities and risks, and the objectives, policies and processes that management uses to manage those risks. This approach is likely:
 - (i) to generate information that has more predictive value than information based on assumptions and methods that management does not use, for instance, in considering the insurer's ability to react to adverse situations.
 - (ii) to be more effective in adapting to the continuing change in risk measurement and management techniques and developments in the external environment over time.
- IG42 In developing disclosures to satisfy paragraphs 38-39A of the IFRS, an insurer decides in the light of its circumstances how it would aggregate information to display the overall picture without combining information that has materially different characteristics, so that the information is useful. An insurer might group insurance contracts into broad classes appropriate for the nature of the information to be disclosed, taking into account matters such as the risks covered, the characteristics of the contracts and the measurement basis applied. The broad classes may correspond to classes established for legal or regulatory purposes, but the IFRS does not require this.
- IG43 Under IFRS 8 *Operating Segments*, the identification of reportable segments reflects the way in which management allocates resources and assesses performance. An insurer might adopt a similar approach to identify broad classes of insurance contracts for disclosure purposes, although it might be appropriate to disaggregate disclosures down to the next level. For example, if an insurer identifies life insurance as a reportable segment for IFRS 8, it might be appropriate to report separate information about, say, life insurance, annuities in the accumulation phase and annuities in the payout phase.
- IG44 [Deleted]
- IG45 In identifying broad classes for separate disclosure, an insurer might consider how best to indicate the level of uncertainty associated with the risks underwritten, to inform users whether outcomes are likely to be within a wider or a narrower range. For example, an insurer might disclose information about exposures where there are significant amounts of provisions for claims incurred but not reported (IBNR) or where outcomes and risks are unusually difficult to assess (eg asbestos).
- IG46 It may be useful to disclose sufficient information about the broad classes identified to permit a reconciliation to relevant line items in the statement of financial position.

IG47 Information about the nature and extent of risks arising from insurance contracts is more useful if it highlights any relationship between classes of insurance contracts (and between insurance contracts and other items, such as financial instruments) that can affect those risks. If the effect of any relationship would not be apparent from disclosures required by the IFRS, further disclosure might be useful.

Risk management objectives and policies for mitigating risks arising from insurance contracts

IG48 Paragraph 39(a) of the IFRS requires an insurer to disclose its objectives, policies and processes for managing risks arising from insurance contracts and the methods used to manage those risks. Such discussion provides an additional perspective that complements information about contracts outstanding at a particular time. Such disclosure might include information about:

- (a) the structure and organisation of the insurer's risk management function(s), including a discussion of independence and accountability.
- (b) the scope and nature of the insurer's risk reporting or measurement systems, such as internal risk measurement models, sensitivity analyses, scenario analysis, and stress testing, and how the insurer integrates them into its operating activities. Useful disclosure might include a summary description of the approach used, associated assumptions and parameters (including confidence intervals, computation frequencies and historical observation periods) and strengths and limitations of the approach.
- (c) the insurer's processes for accepting, measuring, monitoring and controlling insurance risks and the underwriting strategy to ensure that there are appropriate risk classification and premium levels.
- (d) the extent to which insurance risks are assessed and managed on an entity-wide basis.
- (e) the methods the insurer employs to limit or transfer insurance risk exposures and avoid undue concentrations of risk, such as retention limits, inclusion of options in contracts, and reinsurance.
- (f) asset and liability management (ALM) techniques.
- (g) the insurer's processes for managing, monitoring and controlling commitments received (or given) to accept (or contribute) additional debt or equity capital when specified events occur.

These disclosures might be provided both for individual types of risks insured and overall, and might include a combination of narrative descriptions and specific quantified data, as appropriate to the nature of the insurance contracts and their relative significance to the insurer.

IG49-
IG50 [Deleted]

Insurance risk

IG51 Paragraph 39(c) of the IFRS requires disclosures about insurance risk. Disclosures to satisfy this requirement might build on the following foundations:

- (a) Information about insurance risk might be consistent with (though less detailed than) the information provided internally to the entity's key management personnel (as defined in IAS 24 *Related Party Disclosures*), so that users can assess the insurer's financial position, performance and cash flows 'through the eyes of management'.

- (b) Information about risk exposures might report exposures both gross and net of reinsurance (or other risk mitigating elements, such as catastrophe bonds issued or policyholder participation features), especially if the insurer expects a significant change in the nature or extent of its reinsurance programme or if an analysis before reinsurance is relevant for an analysis of the credit risk arising from reinsurance held.
- (c) In reporting quantitative information about insurance risk, an insurer might disclose the methods used, the strengths and limitations of those methods, the assumptions made, and the effect of reinsurance, policyholder participation and other mitigating elements.
- (d) Insurers might classify risk along more than one dimension. For example, life insurers might classify contracts by both the level of mortality risk and the level of investment risk. It may sometimes be convenient to display this information in a matrix format.
- (e) If an insurer's risk exposures at the end of the reporting period are unrepresentative of its exposures during the period, it might be useful to disclose that fact.
- (f) The following disclosures required by paragraph 39 of the IFRS might also be relevant:
 - (i) the sensitivity of profit or loss and equity to changes in variables that have a material effect on them.
 - (ii) concentrations of insurance risk.
 - (iii) the development of prior year insurance liabilities.

IG51A Disclosures about insurance risk might include:

- (a) information about the nature of the risk covered, with a brief summary description of the class (such as annuities, pensions, other life insurance, motor, property and liability).
- (b) information about the general nature of participation features whereby policyholders share in the performance (and related risks) of individual contracts or pools of contracts or entities, including the general nature of any formula for the participation and the extent of any discretion held by the insurer.
- (c) information about the terms of any obligation or contingent obligation for the insurer to contribute to government or other guarantee funds (see also IAS 37 *Provisions, Contingent Liabilities and Contingent Assets*).

Sensitivity to insurance risk

IG52 Paragraph 39(c)(i) of the IFRS requires disclosure about sensitivity to insurance risk. To permit meaningful aggregation, the sensitivity disclosures focus on summary indicators, namely profit or loss and equity. Although sensitivity tests can provide useful information, such tests have limitations. An insurer might disclose the strengths and limitations of sensitivity analyses performed.

IG52A Paragraph 39A permits two alternative approaches for this disclosure: quantitative disclosure of effects on profit or loss and equity (paragraph 39A(a)) or qualitative disclosure and disclosure about terms and conditions (paragraph 39A(b)). An insurer may provide quantitative disclosures for some insurance risks (in accordance with paragraph 39A(a)), and provide qualitative information about sensitivity and information about terms and conditions (in accordance with paragraph 39A(b)) for other insurance risks.

- IG53 Informative disclosure avoids giving a misleading sensitivity analysis if there are significant non-linearities in sensitivities to variables that have a material effect. For example, if a change of 1 per cent in a variable has a negligible effect, but a change of 1.1 per cent has a material effect, it might be misleading to disclose the effect of a 1 per cent change without further explanation.
- IG53A If an insurer chooses to disclose a quantitative sensitivity analysis in accordance with paragraph 39A(a), and that sensitivity analysis does not reflect significant correlations between key variables, the insurer might explain the effect of those correlations.
- IG54 [Deleted]
- IG54A If an insurer chooses to disclose qualitative information about sensitivity in accordance with paragraph 39A(b), it is required to disclose information about those terms and conditions of insurance contracts that have a material effect on the amount, timing and uncertainty of cash flows. To achieve this, an insurer might disclose the qualitative information suggested by paragraphs IG51-IG58 on insurance risk and paragraphs IG62-IG65G on credit risk, liquidity risk and market risk. As stated in paragraph IG12, an insurer decides in the light of its circumstances how it aggregates information to display the overall picture without combining information with different characteristics. An insurer might conclude that qualitative information needs to be more disaggregated if it is not supplemented with quantitative information.

Concentrations of insurance risk

- IG55 Paragraph 39(c)(ii) of the IFRS refers to the need to disclose concentrations of insurance risk. Such concentration could arise from, for example:
- (a) a single insurance contract, or a small number of related contracts, for instance, when an insurance contract covers low-frequency, high-severity risks such as earthquakes.
 - (b) single incidents that expose an insurer to risk under several different types of insurance contract. For example, a major terrorist incident could create exposure under life insurance contracts, property insurance contracts, business interruption and civil liability.
 - (c) exposure to unexpected changes in trends, for example, unexpected changes in human mortality or in policyholder behaviour.
 - (d) exposure to possible major changes in financial market conditions that could cause options held by policyholders to come into the money. For example, when interest rates decline significantly, interest rate and annuity guarantees may result in significant losses.
 - (e) significant litigation or legislative risks that could cause a large single loss, or have a pervasive effect on many contracts.
 - (f) correlations and interdependencies between different risks.
 - (g) significant non-linearities, such as stop-loss or excess of loss features, especially if a key variable is close to a level that triggers a material change in future cash flows.
 - (h) geographical and sectoral concentrations.

- IG56 Disclosure of concentrations of insurance risk might include a description of the shared characteristic that identifies each concentration and an indication of the possible exposure, both before and after reinsurance held, associated with all insurance liabilities sharing that characteristic.
- IG57 Disclosure about an insurer's historical performance on low-frequency, high-severity risks might be one way to help users to assess cash flow uncertainty associated with those risks. Consider an insurance contract that covers an earthquake that is expected to happen every 50 years, on average. If the insured event occurs during the current contract period, the insurer will report a large loss. If the insured event does not occur during the current period, the insurer will report a profit. Without adequate disclosure of the source of historical profits, it could be misleading for the insurer to report 49 years of reasonable profits, followed by one large loss; users may misinterpret the insurer's long-term ability to generate cash flows over the complete cycle of 50 years. Therefore, it might be useful to describe the extent of the exposure to risks of this kind and the estimated frequency of losses. If circumstances have not changed significantly, disclosure of the insurers experience with this exposure may be one way to convey information about estimated frequencies.
- IG58 For regulatory or other reasons, some entities produce special purpose financial reports that show catastrophe or equalisation reserves as liabilities. However, in financial statements prepared using IFRSs, those reserves are not liabilities but are a component of equity. Therefore they are subject to the disclosure requirements in IAS 1 for equity. IAS 1 requires an entity to disclose:
- (a) a description of the nature and purpose of each reserve within equity;
 - (b) information that enables users to understand the entity's objectives, policies and processes for managing capital; and
 - (c) the nature of any externally imposed capital requirements, how those requirements are incorporated into the management of capital and whether during the period it complied with any externally imposed capital requirements to which it is subject.

Claims development

- IG59 Paragraph 39(c)(iii) of the IFRS requires disclosure of claims development information (subject to transitional relief in paragraph 44). Informative disclosure might reconcile this information to amounts reported in the statement of financial position. An insurer might disclose unusual claims expenses or developments separately, allowing users to identify the underlying trends in performance.
- IG60 As explained in paragraph 39(c)(iii) of the IFRS, disclosures about claims development are not required for claims for which uncertainty about the amount and timing of claims payments is typically resolved within one year. Therefore, these disclosures are not normally required for most life insurance contracts. Furthermore, claims development disclosure is not normally needed for annuity contracts because each periodic payment arises, in effect, from a separate claim about which there is no uncertainty.
- IG61 IG Example 5 shows one possible format for presenting claims development information. Other possible formats might, for example, present information by accident year rather than underwriting year. Although the example illustrates a format that might be useful if insurance liabilities are discounted, the IFRS does not require discounting (paragraph 25(a) of the IFRS).

IG Example 5: Disclosure of claims development

This example illustrates a possible format for a claims development table for a general insurer. The top half of the table shows how the insurer's estimates of total claims for each underwriting year develop over time. For example, at the end of 20X1, the insurer estimated that it would pay claims of CU680 for insured events relating to insurance contracts underwritten in 20X1. By the end of 20X2, the insurer had revised the estimate of cumulative claims (both those paid and those still to be paid) to CU673.

The lower half of the table reconciles the cumulative claims to the amount appearing in the statement of financial position. First, the cumulative payments are deducted to give the cumulative unpaid claims for each year on an undiscounted basis. Second, if the claims liabilities are discounted, the effect of discounting is deducted to give the carrying amount in the statement of financial position.

<i>Underwriting</i> Year	20X1	20X2	20X3	20X4	20X5	Total
	CU	CU	CU	CU	CU	CU
Estimate of cumulative claims:						
At end of underwriting year	680	790	823	920	968	
One year later	673	785	840	903		
Two years later	692	776	845			
Three years later	697	771				
Four years later	702					
Estimate of cumulative claims	702	771	845	903	968	
Cumulative Payments	<u>(702)</u>	<u>(689)</u>	<u>(570)</u>	<u>(350)</u>	<u>(217)</u>	
	-	82	275	553	751	1,661
Effect of discounting	<u>-</u>	<u>(14)</u>	<u>(68)</u>	<u>(175)</u>	<u>(285)</u>	<u>(542)</u>
Present value recognised in the statement of financial position	<u>-</u>	<u>68</u>	<u>207</u>	<u>378</u>	<u>466</u>	<u>1,119</u>

Credit risk, liquidity risk and market risk

IG62 Paragraph 39(d) of the IFRS requires an insurer to disclose information about credit risk, liquidity risk and market risk that paragraphs 31-42 of IFRS 7 would require if insurance contracts were within its scope. Such disclosure includes:

- (a) summary quantitative data about the insurer's exposure to those risks based on information provided internally to its key management personnel (as defined in IAS 24); and
- (b) to the extent not already covered by the disclosures discussed above, the information described in paragraphs 36-42 of IFRS 7.

The disclosures about credit risk, liquidity risk and market risk may be either provided in the financial statements or incorporated by cross-reference to some other statement, such as a management commentary or risk report, that is available to users of the financial statements on the same terms as the financial statements and at the same time.

IG63 [Deleted]

IG64 Informative disclosure about credit risk, liquidity risk and market risk might include:

- (a) information about the extent to which features such as policyholder participation features mitigate or compound those risks.
- (b) a summary of significant guarantees, and of the levels at which guarantees of market prices or interest rates are likely to alter the insurer's cash flows.
- (c) the basis for determining investment returns credited to policyholders, such as whether the returns are fixed, based contractually on the return of specified assets or partly or wholly subject to the insurer's discretion.

Credit risk

IG64A Paragraphs 36-38 of IFRS 7 require disclosure about credit risk. Credit risk is defined as 'the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss'. Thus, for an insurance contract, credit risk includes the risk that an insurer incurs a financial loss because a reinsurer defaults on its obligations under the reinsurance contract. Furthermore, disputes with the reinsurer could lead to an impairment of the cedant's reinsurance asset. The risk of such disputes may have an effect similar to credit risk. Thus, similar disclosure might be relevant. Balances due from agents or brokers may also be subject to credit risk.

IG64B A financial guarantee contract reimburses a loss incurred by the holder because a specified debtor fails to make payment when due. The holder is exposed to credit risk, and IFRS 7 requires the holder to provide disclosures about that credit risk. However, from the perspective of the issuer, the risk assumed by the issuer is insurance risk rather than credit risk.

IG65 [Deleted]

IG65A The issuer of a financial guarantee contract provides disclosures complying with IFRS 7 if it applies ~~IFRS 9~~IAS 39 in recognising and measuring the contract. If the issuer elects, when permitted by paragraph 4(d) of IFRS 4, to apply IFRS 4 in recognising and measuring the contract, it provides disclosures complying with IFRS 4. The main implications are as follows:

- (a) IFRS 4 requires disclosure about actual claims compared with previous estimates (claims development), but does not require disclosure of the fair value of the contract.
- (b) IFRS 7 requires disclosure of the fair value of the contract, but does not require disclosure of claims development.

Liquidity risk

IG65B Paragraph 39(a) and (b) of IFRS 7 requires disclosure of a maturity analysis for financial liabilities that shows the remaining contractual maturities. For insurance contracts, the contractual maturity refers to the estimated date when contractually required cash flows will occur. This depends on factors such as when the insured event occurs and the possibility of lapse. However, IFRS 4 permits various existing accounting practices for insurance contracts to continue. As a result, an insurer may not need to make detailed estimates of cash flows to determine the amounts it recognises in the statement of financial position. To avoid requiring detailed cash flow estimates that are not required for measurement purposes, paragraph 39(d)(i) of IFRS 4 states that an insurer need not provide the maturity analyses required by paragraph 39(a) and (b) of IFRS 7 (ie that shows the remaining contractual maturities of insurance contracts) if it discloses an analysis, by estimated timing, of the amounts recognised in the statement of financial position.

IG65C An insurer might also disclose a summary narrative description of how the maturity analysis (or analysis by estimated timing) flows could change if policyholders exercised lapse or surrender options in different ways. If an insurer considers that lapse behaviour is likely to be sensitive to interest rates, the insurer might disclose that fact and state whether the disclosures about market risk reflect that interdependence.

Market risk

IG65D Paragraph 40(a) of IFRS 7 requires a sensitivity analysis for each type of market risk at the end of the reporting period, showing the effect of reasonably possible changes in the relevant risk variable on profit or loss or equity. If no reasonably possible change in the relevant risk variable would affect profit or loss or equity, an entity discloses that fact to comply with paragraph 40(a) of IFRS 7. A reasonably possible change in the relevant risk variable might not affect profit or loss in the following examples:

- (a) if a non-life insurance liability is not discounted, changes in market interest rates would not affect profit or loss.
- (b) some insurers may use valuation factors that blend together the effect of various market and non-market assumptions that do not change unless the insurer assesses that its recognised insurance liability is not adequate. In some cases a reasonably possible change in the relevant risk variable would not affect the adequacy of the recognised insurance liability.

IG65E In some accounting models, a regulator specifies discount rates or other assumptions about market risk variables that the insurer uses in measuring its insurance liabilities and the regulator does not amend those assumptions to reflect current market conditions at all times. In such cases, the insurer might comply with paragraph 40(a) of IFRS 7 by disclosing:

- (a) the effect on profit or loss or equity of a reasonably possible change in the assumption set by the regulator.
- (b) the fact that the assumption set by the regulator would not necessarily change at the same time, by the same amount, or in the same direction, as changes in market prices, or market rates, would imply.

IG65F An insurer might be able to take action to reduce the effect of changes in market conditions. For example, an insurer may have discretion to change surrender values or maturity benefits, or to vary the amount or timing of policyholder benefits arising from discretionary participation features. Paragraph 40(a) of IFRS 7 does not require entities to consider the potential effect of future management actions that may offset

the effect of the disclosed changes in the relevant risk variable. However, paragraph 40(b) of IFRS 7 requires an entity to disclose the methods and assumptions used to prepare the sensitivity analysis. To comply with this requirement, an insurer might conclude that it needs to disclose the extent of available management actions and their effect on the sensitivity analysis.

IG65G Some insurers manage sensitivity to market conditions using a method that differs from the method described by paragraph 40(a) of IFRS 7. For example, some insurers use an analysis of the sensitivity of embedded value to changes in market risk. Paragraph 39(d)(ii) of IFRS 4 permits an insurer to use that sensitivity analysis to meet the requirement in paragraph 40(a) of IFRS 7. IFRS 4 and IFRS 7 require an insurer to provide sensitivity analyses for all classes of financial instruments and insurance contracts, but an insurer might use different approaches for different classes. IFRS 4 and IFRS 7 specify the following approaches:

- (a) the sensitivity analysis described in paragraph 40(a) of IFRS 7 for financial instruments or insurance contracts;
- (b) the method described in paragraph 41 of IFRS 7 for financial instruments or insurance contracts; or
- (c) the method permitted by paragraph 39(d)(ii) of IFRS 4 for insurance contracts.

Exposures to market risk under embedded derivatives

IG66 Paragraph 39(e) of the IFRS requires an insurer to disclose information about exposures to market risk under embedded derivatives contained in a host insurance contract if the insurer is not required to, and does not, measure the embedded derivative at fair value (for example, guaranteed annuity options and guaranteed minimum death benefits).

IG67 An example of a contract containing a guaranteed annuity option is one in which the policyholder pays a fixed monthly premium for thirty years. At maturity, the policyholder can elect to take either (a) a lump sum equal to the accumulated investment value or (b) a lifetime annuity at a rate guaranteed at inception (ie when the contract started). For policyholders electing to receive the annuity, the insurer could suffer a significant loss if interest rates decline substantially or if the policyholder lives much longer than the average. The insurer is exposed to both market risk and significant insurance risk (mortality risk) and a transfer of insurance risk occurs at inception, because the insurer fixed the price for mortality risk at that date. Therefore, the contract is an insurance contract from inception. Moreover, the embedded guaranteed annuity option itself meets the definition of an insurance contract, and so separation is not required.

IG68 An example of a contract containing minimum guaranteed death benefits is one in which the policyholder pays a monthly premium for 30 years. Most of the premiums are invested in a mutual fund. The rest is used to buy life cover and to cover expenses. On maturity or surrender, the insurer pays the value of the mutual fund units at that date. On death before final maturity, the insurer pays the greater of (a) the current unit value and (b) a fixed amount. This contract could be viewed as a hybrid contract comprising (a) a mutual fund investment and (b) an embedded life insurance contract that pays a death benefit equal to the fixed amount less the current unit value (but zero if the current unit value is more than the fixed amount).

IG69 Both these embedded derivatives meet the definition of an insurance contract if the insurance risk is significant. However, in both cases market risk may be much more significant than the mortality risk. If interest rates or equity markets fall substantially, these guarantees would be well in the money. Given the long-term nature of the guarantees and the size of the exposures, an insurer might face extremely large

losses. Therefore, an insurer might place particular emphasis on disclosures about such exposures.

IG70 Useful disclosures about such exposures might include:

- (a) the sensitivity analysis discussed above.
- (b) information about the levels where these exposures start to have a material effect on the insurer's cash flows (paragraph IG64(b)).
- (c) the fair value of the embedded derivative, although neither the IFRS nor IFRS 7 requires disclosure of that fair value.

Key performance indicators

IG71 Some insurers present disclosures about what they regard as key performance indicators, such as lapse and renewal rates, total sum insured, average cost per claim, average number of claims per contract, new business volumes, claims ratio, expense ratio and combined ratio. The IFRS does not require such disclosures. However, such disclosures might be a useful way for an insurer to explain its financial performance during the period and to give an insight into the risks arising from insurance contracts.