# NT WorkSafe

Actuarial review of Northern Territory workers compensation scheme as at 30 June 2018

February 2019





Mel Garde
A/Executive Director
NT WorkSafe
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Northern Territory Government
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28 February 2019

Dear Mel

Please find our report attached which details our findings from the following analyses for NT WorkSafe:

- Calculation of the funding ratio based on 30 June 2018 outstanding claims liability valuations for insurers and self-insurers
- Calculations of the break-even premium rate for each prior accident year using data to 30 June 2018, including a review of the trends in the required premium and a comparison to the premium rates actually charged by insurers
- An estimate of the break-even premium rate for the 2018/19 underwriting year.

Yours sincerely

asa demy

Lisa Simpson

Kathryn Cannon

Fellows of the Institute of Actuaries of Australia

# Key findings

The review indicates that the scheme is fairly stable on a financial basis with the break-even premium rate similar to the actual premium rate charged. However, the profitability on a financial year or 'Form A' basis is variable with the most recent four out of five financial years incurring a loss. The insurer funding ratio has increased slightly this year to 102% from 99% at the previous valuation, so in aggregate the insurers' reserves may be sufficient.

# Funding ratio

The funding ratio measures the liabilities held by the insurers (the notional assets) compared to the aggregate outstanding claims liability calculated by the scheme actuary. This is used to represent the ability of the scheme in aggregate to meet its liabilities.

The following table shows the funding ratio as at 30 June 2018 for insurers, self-insurers and for the whole scheme. The PwC central estimate excludes any risk margin. By comparison, the insurers' provisions include a risk margin, and the self-insurers' provisions include the 50% loading for the bank guarantee.

Funding ratio (\$000s)								
	Actual	PwC central	Difference (\$000)	Funding ratio				
	provisions (a)	estimate (b)	(b) - (a)	(a) / (b)				
Insurers	383,662	377,281	-6,381	102%				
Self-insurers	5,385	3,721	-1,664	145%				
Total	389,046	381,002	-8,045	102%				

Notes: see section 2 of this report

As at 30 June 2018, the insurers' funding ratio was 102% while the self-insurers' funding ratio was 145%. The insurers' funding ratio increased from 99% as at 30 June 2017 and the self-insurers' funding ratio decreased from 161%.

The increase in the insurers' funding ratio was due to the insurers' provisions increasing by \$24.3 million while our central estimate increased by \$12.8 million compared to 30 June 2017. We are not provided with a reconciliation for the insurers' provisions, so cannot identify the drivers of the insurers' increase.

The decrease in the self-insurer funding ratio is due to the self-insurers' provisions increasing by less than our central estimate compared to 30 June 2017. We are not provided with a reconciliation for the self-insurers' provisions, so cannot identify the drivers of the insurers' increase.

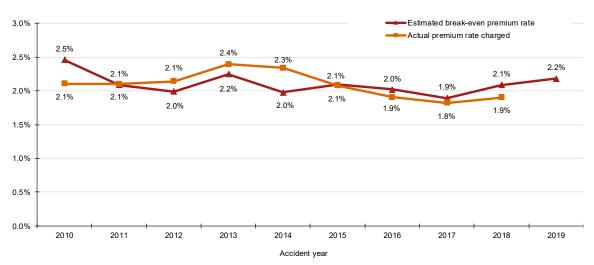
A ratio above 100% implies that, in aggregate, insurers are holding sufficient reserves to be likely to meet our central estimate of future claims costs. This year, the funding ratio has increased to slightly above 100%. We make the following comments which should be borne in mind when considering the funding ratio:

- The insurers' actuaries have access to more detailed claims data than we have to estimate the liabilities
- Insurers hold assets in excess of liabilities due to APRA capital requirements and their own risk appetite
- Some insurers may be holding greater than 100% of our notional allocation to them, while others may be holding less. Of concern would be any insurers who are well below 100%.

The above projections involve assumptions about future uncertain claim events and economic, social and legislative conditions and hence the actual outcome may well be different from the results shown above. This should be borne in mind whenever using the results. In particular, the 2017 and 2018 accident year costs are more uncertain than those for earlier accident years, and hence could ultimately be notably different to those estimated.

# Insurer premium adequacy

The following graph shows the estimated break-even premium rates, using all experience to date, and compares this to the actual premium rates charged by insurers. The graph also shows our projected break-even premium rate for 2018/19.



Adequacy of past premium rates and projected rate for 2018/19

The break-even premium rate is calculated on an inflated and discounted basis, gross of reinsurance, and does not allow for a profit margin.

There has been mixed experience in the sufficiency of actual premium rates charged by insurers over 2010 to 2018 shown in the graph above. Actual premium rates charged by insurers were more than sufficient in 2012, 2013 and 2014, were similar to estimates of break-even rates in 2011 and 2015, but were not sufficient to cover the estimated break-even cost for accident years ending 2010 and 2016 to 2018.

We estimate that the 2018 developed premiums charged of \$143.1 million were \$13.8 million (8.8%) lower than the estimated break even premiums of \$156.9 million. The 2018 developed premiums charged are also less than the estimated break-even premium rate in last year's report of \$151.8 million, but above the 2017 developed premium charged. Therefore, insurers' increased their premium rates between 2017 and 2018 and are responding in a moderate fashion to the increasing costs in the scheme, indicating that competitive pressures in the market are active to curb large annual premium increases in aggregate.

The pattern demonstrated in the actual premium rate charged could be driven by changes in the underwriting or economic cycle. The start of a new upwards trend in a cycle could potentially drive an increase in the actual premium charged in 2019.

Our projected break-even premium rate for 2019 is 2.2%, which is higher than the estimated break-even premium rates and actual premium rates charged over the most recent five years, of between 1.8% and 2.1%.

The increase in the projected break-even premium rate has been driven by a high estimated average claim size, due to high payments and case estimates for the 2018 accident year.

The estimated break-even premium rates for accident years 2016 to 2019 include an allowance for the 2015 legislative changes. See Appendix B6 for a summary of the changes.

As per last year, the actual premium rates are based on developed earned premium for 2011 onwards. This better matches the time period of the claims cost. Conversely, 2010 continues to use premium processed as per prior reviews, as earned premium was not available.

The change in the break-even premium is the average change across all policies. Actual premiums charged to an employer could have greater volatility each year, particularly for small employers, and their change will depend on their experience and size.

# Key scheme trends

Claim statistic	Insurer	Self-insurers
Number of claims incurred	Decreasing trend in claim numbers since peak in 2013, 2018 claim numbers (2,442) are expected to be similar to 2017 (2,420). Similar to claim numbers, the claim frequency demonstrated a decreasing trend from 2013 to 2017 with a slight increase in 2018. Frequency is estimated to be 3.0% in 2016, 2.7% in 2017 and 2.8% in 2018.	Decreasing trend from high 2011 to 2017. This trend reversed in 2018 with incurred claims estimated to be 97, 12 more than the 85 claims incurred for 2017.
Average claim size	2018 average claim size is \$54,000, which is significantly higher than all prior years, driven by high payments and case estimates to 30 June 2018.	Significantly lower than insurers, at \$23,000 for the 2018 accident year.
Incurred cost	2018 incurred cost is \$132.0 million, which is higher than all prior years.	The incurred cost for 2018 of \$2.2 million, which is lower than the incurred cost for 2017 but higher than 2014 to 2016.
Gross loss ratio	2018 is 91%, which is the highest loss ratio for all accident years since 2011 where we first received earned premium information.	n/a

Claim statistic	Insurer	Self-insurers
Distribution by payment type	Redemption and non-economic lump sums and weekly benefits combined account for approximately two-thirds of the total incurred cost and payments each financial year.  The distribution of payments for the last eight accident years has remained stable.	n/a

#### Risks and uncertainties

The key risks and uncertainties to the Northern Territory (NT) scheme are:

#### Inpex project

Significant increases in wages have been driven by the Inpex project and the associated contracts. Up to and including the 2017 year, the number of claims incurred and claims cost have not reflected the increase in wages, causing the claim frequency and premium rate to reduce. In 2018, the average claim size and incurred cost increased. We understand that over the 2018 financial year the construction phase wound down with production starting in October 2018. Therefore, the number of workers is expected to reduce significantly. As the project moves into production phase, this may significantly reduce the premium pool for the NT scheme in future years. There may be an increase in claims due to late claim reports if people cannot find alternative work, in the absence of new contracts commencing and may be increasing the 2018 average claim size, as there are fewer jobs for people to return to.

#### Changing economic environment

There is considerable uncertainty associated with the current economic environment and what it will mean for Australia over the near future. Aside from the Inpex project discussed above, there may be more general real wage decreases or increases in bad debts for insurers.

Over the last three to five financial years, there has been a reduction in the number of small claims lodged with other schemes. At the same time, there has not been a reduction in the number of medium to large claims. This has impacted the overall average claim size and incurred cost for other schemes. We will continue to monitor the mix by size of claims lodged in NT to ensure that we adequately allow for any change in claiming behaviour, particularly as it relates to the high average claim size for insurers for the 2018 accident year due to higher payments and outstanding case estimates to 30 June 2018.

#### Large claims

The incurred cost and break-even premium for each accident year are heavily influenced by the presence or absence of any large claims. This is particularly prevalent in the NT due to the small scheme size and the prevalence of very large settlements. Future claims costs will continue to be impacted by very large settlements, with net costs to insurers impacted by the nature and adequacy of any reinsurance arrangements in place.

Large claims can also have an impact on superimposed inflation. While superimposed increased slightly this year, it can be volatile due to the impact of large settlements and the relatively small scheme size. Superimposed inflation should be monitored to make sure increases in costs are understood and ensure that a payment type is not unexpectedly driving an increase in costs.

#### • 2015 legislative amendments

The 2015 legislative amendments are for prospective claims only, and were introduced in two stages. The main changes are effective from 1 July 2015, with additional changes effective from 1 October 2015. This creates additional uncertainty in the outstanding claims liabilities for the 2015/16 to 2017/18 accident years and the future costs for the 2018/19 accident year. In separate advice, PwC estimated that there would be a 2.8% reduction in respect of the most significant benefit changes (excluding death benefit increases). In this valuation, we have also allowed for the increase in death and funeral benefits, so the net reduction is 2.4%. We have not estimated the impact of other changes. As the changes are not retrospective, this should not impact outstanding claims liabilities for accident years prior to 2015/16.

We recommend WorkSafe NT and insurers closely monitor the experience to ensure that there are no unintended consequences. See Appendix B6 for more information.

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# 1 About this report

#### **Key points of this section**

- NT WorkSafe have engaged us to value the outstanding claims liability for the scheme as at 30 June 2018 and review the adequacy of premium rates charged by insurers
- We have complied with the relevant actuarial and accounting standards when performing this review.

About this report PwC

## 1.1 Context for our review

This report has been prepared for NT WorkSafe and the Scheme Monitoring Committee in accordance with contract number D16-0211, dated 4 November 2016. Under this contract we have conducted the following analyses which are detailed in this report:

- Calculation of the funding ratio based on 30 June 2018 outstanding claims liability valuations for insurers and self-insurers
- Calculations of the break-even premium rate for each prior accident year using data to 30 June 2018, including a review of the trends in the required premium and a comparison to the actual premium rates charged by insurers
- An estimate of the break-even premium rate for 2018/19 based on historic data and future inflation assumptions.

This is the sixth time we have prepared this report for the NT workers compensation scheme. Our previous valuation was conducted using data as at 30 June 2017, the findings of which are detailed in our 13 June 2018 report titled *Actuarial review of Northern Territory workers compensation scheme as at 30 June 2017.* 

Our review is for the following four active insurers:

- Allianz Australia Insurance Limited (including Territory Insurance Office (TIO))
- CGU Insurance Australia (Part of Insurance Australia Limited)
- GIO Insurance Australia (also known as AAI)
- QBE Insurance Australia

and the following four active self-insurers:

- Catholic Church Insurance
- Coles Supermarkets Australia Pty Ltd
- Westpac Banking Corporation
- Woolworths Supermarkets.

The analysis excludes Government Self Insurance and uninsured claims.

At 30 June 2014, TIO was a separate insurer. However, over the 2015 financial year it was purchased by Allianz.

The report is structured as follows:

- Sections 2 and 3 of this report present the outstanding claims liability valuations for insurers and selfinsurers respectively
- Section 4 analyses the break-even premium rates for past underwriting years and the adequacy of the rates actually charged by insurers
- Section 5 details the data and methodology we have used
- Section 6 and section 7 outline the assumptions adopted in this review and considers the uncertainty in the work we have carried out, including some key risks faced.

PwC About this report

## 1.2 Disclaimer

## Report and Advice

This report has been prepared for the sole use and benefit of NT WorkSafe. It should not be used or relied upon by any other person for any purpose.

You agree to use this report only in connection with the purpose in respect of which this report is provided being to present the outstanding claims liability as at 30 June 2018 and review the adequacy of premium rates charged by insurers operating under the scheme. We therefore accept no liability or responsibility for any loss or damage arising from use of the report for any other use or purpose.

Judgements based on the contents of this report should be made only after studying the report and the appendices in their entirety, as conclusions reached by a review of an aspect or section in isolation may be misleading.

The advice contained in this report has been prepared on the instructions of NT WorkSafe in accordance with the terms of reference in the tender document referred to in section 1.1 above and is based on the information and data provided to us.

The conclusions reached in this report are reliant on the completeness and accuracy of information compiled and provided by NT WorkSafe, and by insurers and self-insurers to NT WorkSafe. Other than preliminary data checks, we have not conducted an independent review of this information. We do not accept any liability or responsibility for errors or omissions arising from the provision of inaccurate or incomplete information to us.

#### Third Parties

This report and the advice contained in it are confidential. You agree not to disclose the report and/or our advice to third parties by any means (including orally or in writing) without our prior written consent. We may, at our discretion, withhold or give our consent subject to conditions, including:

- The report is to be released in its entirety in response to a request, including all appendices
- We accept no liability or responsibility to any other person or entity other than NT WorkSafe in relation to this report and
- No one other than NT WorkSafe should rely on this report for any purpose.

# 1.3 Compliance with standards

# 1.3.1 Outstanding claims liabilities

The approach for calculating the outstanding claims liabilities is consistent with that required by the Accounting Standards for private and State Government general insurers (AASB1023), and APRA's prudential standard *GPS320 Actuarial and Related Matters* where applicable. It also complies with the Institute of Actuaries of Australia's Professional Standard PS300 to the extent possible given the data available.

We have not performed a full review of asbestos liabilities due to lack of available data.

About this report PwC

# 1.3.2 Premium rates

Our advice to you constitutes Actuarial Advice as defined in the Code of Professional Conduct (the Code) issued by the Institute of Actuaries of Australia and our advice complies with the Code in this respect.

# 2 Insurer outstanding claims liabilities

#### **Key points of this section**

- Our estimate of the net outstanding claims provision as at 30 June 2018 is \$422.8 million, which is \$5.3 million (1.3%) higher than the provision as at 30 June 2017
- This provision is \$39.2 million (10.2%) higher than insurers' own provisions of \$383.7 million.
- The funding ratio is 102% which is higher than 99% last year
- The number of claims incurred had decreased since the peak in 2013 before stabilising between 2017 and 2018. Over the same period claim frequency decreased, except for a slight increase from 2017 to 2018. In 2018, the number of claims incurred is 2,442
- Average claim size for 2018 is expected to be significantly higher than all previous years at \$54,000 due to high payments and case estimates to 30 June 2018
- The reconciliation of our gross estimates, excluding claims handling expenses, to our estimates as at 30 June 2017 shows a release of reserves of \$6.5 million, which is 1.7% of the opening estimates.

# 2.1 Outstanding claims liability

#### 2.1.1 Our estimates

The table below shows our central estimate results by payment type group *in current values, including 2015 legislative amendments and excluding claims handling expenses*:

	Estimates of outstanding claims at 30 June 2018 (\$000s) (a) (b)							
Accident year		Medical And	Vocational Rehabilitation, Non- Compensation Payments	Other Goods		Redemptions And Non- Economic	Active large claims	
ending 30 June	Weekly Benefits	Hospital	(Other), Death	And Services	Legals	Lump Sum	allowance	Total
2018	32,599	9,586	10,905	3,747	6,581	41,329	0	104,748
2017	14,549	3,562	5,031	1,735	4,882	34,028	0	63,787
2016	8,515	1,796	2,683	1,035	3,308	26,160	4,668	48,166
2015	7,349	1,786	1,843	1,032	2,760	18,174	5,949	38,894
2014	4,608	1,187	1,153	711	1,686	11,393	0	20,738
2013	5,009	1,186	1,188	778	1,552	11,585	0	21,298
2012	2,697	609	551	405	746	5,832	0	10,840
2011	1,723	361	336	267	388	3,858	0	6,933
2010	2,334	431	441	346	511	5,064	0	9,127
2009 & earlier	9,171	1,950	1,699	1,252	2,123	20,927	25,516	62,637
Total	88,555	22,454	25,831	11,308	24,538	178,350	36,133	387,169

Notes: (a), (b) from appendix C4

The table shows that the largest component of the outstanding claims liability relates to the *redemptions and non-economic lump sum* payment group (46% of the total), followed by *weekly benefits* (23% of the total).

Further detail on the parameters adopted to calculate the outstanding claims can be found in Appendix C. For further analysis on the composition of the incurred cost of claims by payment group see Appendix E2.

To generate the gross central estimates, the current value estimates are inflated and discounted, as follows:

Gross estimates Accident	at 30 June 2018 exc	luding expenses	s (\$000s)
year ending	30 June 2018	Inflated	Infl/disc
30 June	values	values	values
2018	104,748	111,399	103,394
2017	63,787	68,405	62,868
2016	48,166	52,283	47,401
2015	38,894	42,580	38,231
2014	20,738	22,903	20,344
2013	21,298	23,544	20,893
2012	10,840	12,054	10,624
2011	6,933	7,697	6,797
2010	9,127	10,094	8,953
2009 & earlier	62,637	67,785	61,723
Total	387,169	418,744	381,228

(g)

= (e) + (f)

An allowance for reinsurance recoveries, claims handling expenses and a risk margin are included in the gross inflated/discounted estimates to arrive at the net outstanding claims provision:

Estimates at	30 June 2018 (\$	000s)					
	Gross o/s liability (a)	Reinsurance recoveries (b)	Net o/s liability (c)	Claims handling expenses (d)	Net central estimate (e)	Risk margin (f)	Net Provision (g)
Total	381,228	25,303	355,925	21,356	377,281	45,544	422,825
Notes: (a)	from table	above					
(b)	based on	the reinsurance info	rmation provide	d by insurers on larg	e claims		
(c)	= (a) - (b)	)					
(d)	= (c) x 6%	, see section 6.3 for	details of the cl	aims handling exper	nses		
(e)	= (c) + (d)	1					
(f)	= (e) x 12	.07%, see section 7.	2.2 for details o	n the risk margin			

The inflated and discounted gross central estimate of \$381.2 million is \$8.1 million (2.2%) higher than the equivalent estimate as at 30 June 2017. This increase is driven by the high outstanding liability for the 2018 accident year due to the high average claim size partially offset by increases in the real rates of returns.

Net results have only been provided in total, as reinsurance recoveries depend on the large claims experience in each accident year and individual insurers' reinsurance treaties. The net provision at 30 June 2018 is \$422.8 million, which is \$5.3 million (1.3%) higher than 30 June 2017. The increase in the net provision is less than the increase in the gross central estimate, due to a lower risk margin adopted in this year's valuation and partially offset by a decrease in the expected reinsurance recoveries.

Since the 2016 financial year, insurers have provided us with more information about which claims are likely to receive a reinsurance recovery, to better allow for the estimate of reinsurance recoveries. However, we are not providing this information on an accident year basis in the report due to commerciality reasons.

# 2.1.2 Comparison with insurers

We have compared our gross and net outstanding claim estimates to the insurers' estimates in total. As mentioned above, we have not compared the results by accident year, due to insurer commerciality reasons.

Gross estimates at 30 June 2018 excluding expenses (\$000s)							
	Insurers'	PwC	Difference (\$000)	Difference (%)			
	estimate (a)	estimate (b)	(b) - (a)	(b) / (a) - 1			
Total	363,854	381,228	17,374	4.8%			

Notes:(a), (b) = gross inflated and discounted values excluding claims handling expenses

Net provisio	n at 30 June 2018 (\$000	Os)		
	Insurers'	PwC	Difference (\$000)	Difference (%)
	provisions (a)	provision (b)	(b) - (a)	(b) / (a) - 1
Total	383,662	422,825	39,163	10.2%

Notes:(a), (b) = net inflated and discounted values including reinsurance, claims handling expenses and risk margin

As at 30 June 2018, our gross estimate is \$17.4 million (4.8%) higher than that of the insurers. This compares to our estimate being \$24.2 million (6.9%) higher than that of the insurers at 30 June 2017. The difference is

due to different underlying methods and assumptions used by the insurers compared to us in the valuation. A key driver of this difference may relate to the uncertainty associated with large claims and future development on these.

Our net provision is higher than that of the insurers due to different reinsurance recoveries and risk margin assumptions. Individual insurers would be expected to have a lower risk margin than the scheme, due to diversification benefits from writing other classes of business.

#### **Funding ratio**

The funding ratio measures the liabilities held by the insurers (the notional assets) compared to the aggregate outstanding claims liability calculated by the scheme actuary. This is used to represent the ability of the scheme in aggregate to meet its liabilities.

For insurers, the funding ratio compares the insurers' net provision (i.e. including risk margin) with our central estimate (i.e. excluding risk margin). This is shown in the table below:

Funding ratio (\$000s)									
	Actual	PwC central	Difference (\$000)	Funding ratio					
	provisions (a)	estimate (b)	(b) - (a)	(a) / (b)					
Insurers	383,662	377,281	-6,381	102%					

Notes: (a) as per table above, net provision including risk margin

(b) net central estimate, excluding risk margin

The aggregate funding ratio is 102%, which is an increase from 99% last year. Compared to the valuation result at 30 June 2017 our central estimate increased by \$12.8 million while the insurers' provisions increased by \$24.3 million, which is why the funding ratio increased. We are not provided with a reconciliation for the insurers' provision so cannot identify the drivers of the insurers' increase. Part of this may be due to differences in allowances for the valuations by payment type and future large claims development.

A ratio above 100% implies that, in aggregate, insurers are holding sufficient reserves to be likely to meet our central estimate of future claims costs. This year, the funding ratio has increased from 99% to 102%. We make the following comments which should be borne in mind when considering the funding ratio:

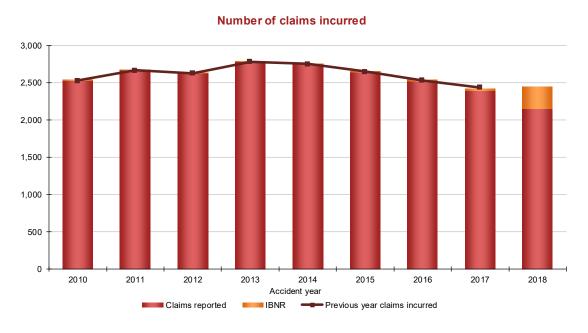
- The insurers' actuaries have access to more detailed claims data than we have to estimate the liabilities
- Insurers hold assets in excess of their liabilities due to APRA capital requirements and their own risk appetite
- Some insurers may be holding greater than 100% of our notional allocation to them, while others may be holding less. Of concern would be any insurers who are well below 100%.

## 2.2 Claims statistics

The following sub-sections show the claims experience by accident year. For more graphs of claims statistics, including by financial year, see appendices D and E.

#### 2.2.1 Number of claims incurred

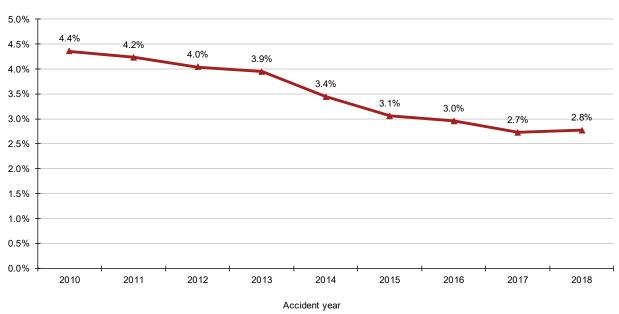
# Decreasing trend from 2013 peak to 2017, stabilising in 2018



The main points to highlight from this chart are:

- For the 2010 to 2012 accident years, the number of claims incurred was between 2,500 and 2,700
- There was a spike in the number of claims incurred for the 2013 accident year to just under 2,800
- From the 2013 to 2017 accident years, there has been a decreasing trend in the number of claims incurred, however 2017 and 2018 are very similar
- Incurred claims estimated for the 2018 accident year are 2,442 which is 23 (0.9%) more than 2017.

Declining claim frequency due to significant increases in wages up to 2015 and more recently reducing numbers of claims incurred, slightly increasing from 2017 to 2018

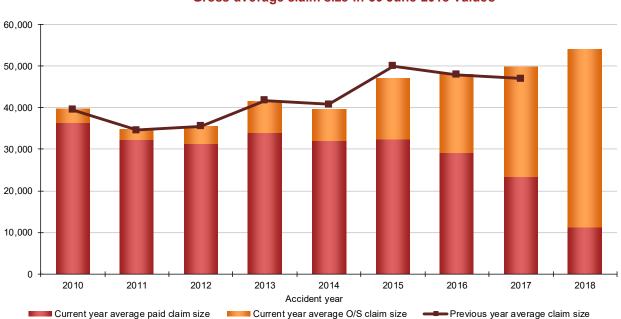


Claim frequency per \$86,525 of real wages

See Appendix D1 for the formula to calculate the claim frequency.

# 2.2.2 Gross average claim size

Average claim size for 2018 is estimated to be significantly higher than all prior years due to high payments and case estimates at 30 June 2018



Gross average claim size in 30 June 2018 values

Since 2010 the gross average claim size (in 2018 values):

- Exhibited volatility due in part to large claims
- Dropped to a low of around \$34,800 in 2011, caused by lower than average redemption payments
- Exhibited a broadly increasing trend from around \$34,800 in 2011 to around \$49,700 in 2017
- Increased significantly to \$54,000 in 2018 due to high payments and case estimates to 30 June 2018

The uncertainty about the future development means that the ultimate level and our estimates may differ from those projected for recent accident years. This is especially true for the 2018 accident year, where a high proportion (79%) of the average claim size relates to uncertain future claims development.

Compared to the previous valuation, the gross average claim size is similar for most years with the exception of 2015, where estimates decreased. This was mainly due to a decrease in the size of one large claim. 2017 has increased due to an increase in claims experience.

Appendix E contains the average claim size split by payment type. The mix of payment types across the accident years has remained stable. Redemptions and non-economic lump sums are the largest payment type, closely followed by weekly benefits. These two payment types account for approximately two thirds of total incurred costs.

# 2.3 Actual vs expected claims experience over 2017/18

# 2.3.1 Claims incurred up to 30 June 2017

Actual experience compared to the expected experience over 2017/18 for claims incurred up to 30 June 2017 showed:

- Claim reports were lower than expected (284 actual compared to 299 expected)
- The proportion of claims finalised was on par with expected (63.7% compared to 63.5%)
- Claim payments were lower than expected (\$93.9 million actual compared to \$98.3 million expected).

Expected experience is taken from the previous scheme report dated 13 June 2018. See appendix C2 for full details.

The impact of this experience is quantified in the reconciliation in section 2.4.

#### 2.3.2 Claims incurred over 2017/18

The actual experience for claims incurred over 2017/18 compared to expected showed:

- The number of incurred claims was 0.9% higher than the 2017 accident year
- There were 1,011 claims active as at 30 June 2018, which is 5.1% higher than the 886 expected
- The average payment per claim was \$11,159, which is 18.5% higher than the \$9,585 expected.

The expected experience is based on the adopted parameters used for our 30 June 2017 valuation.

#### 2.4 Reconciliation of estimates

The table below reconciles the gross outstanding claims central estimate, excluding expenses, with the equivalent result as at 30 June 2017.

ccider	t year ending 30 June	2017	2016	2015	2014	2013	2012	2011	2010	Tota
									& earlier	
A.	Gross estimates at 30 June 2017 (a)	88,477	65,664	61,503	31,737	24,741	13,516	7,476	79,969	373,083
В.	Gross payments 1 July 2017 to 30 June 2018	31,689	19,247	15,764	8,160	3,474	2,473	1,127	11,941	93,875
C.	Assumed investment return (b)	1,142	881	843	435	362	193	109	1,163	5,127
D.	= A - B + C	57,930	47,298	46,582	24,012	21,629	11,236	6,458	69,191	284,336
	Updated gross estimates at 30 June 2018									
E.	Revised gross estimates at 30 June 2018 (c)	62,868	47,401	38,231	20,344	20,893	10,624	6,797	70,676	277,835
F.	= E - D	4,938	103	-8,351	-3,667	-735	-612	339	1,485	-6,501
	Change 01 July 2017 to 30 June 2018									
G.	Proportion of change attributable to									
	Changes in real rates of return	-4,692	-4,363	-1,152	-659	-684	-368	-232	-2,007	-14,158
	Change in experience	7,492	3,179	-5,862	-2,520	-919	-901	92	-3,092	-2,531
	Change in actuarial assumptions	2,138	1,287	-1,338	-489	867	657	480	6,584	10,187
Н.	Gross amount incurred and outstanding for									103,394
	2017/18 accident year (e)									
I.	= E + H									381,228
	Total gross outstanding liability, excluding expense	es at 30 June	2018							

Notes: (a) from section 2.1 of our previous report dated 13 June 2018

- (b) calculated using 1.6% p.a. being the one year forward rate from section 6.1 of our previous report dated 13 June 2018
- (c) from appendix C4 of this report.

#### The table shows that:

- Overall estimates show a release of reserves of \$6.5 million, which is 1.7% of the opening 30 June 2017 estimates. This increase is made up:
  - \$14.2 million decrease (3.8% of opening estimates) due to the increase in the real rates of return
  - \$2.5 million decrease (0.7%) due to changes in experience
  - Partially offset by a \$10.2 million strain (2.7%) due to changes in underlying assumptions
- The increased in real rates of return is due to a decrease in inflation rates combined with an increase in discount rates, as described in Section 6.1
- The change in experience is due to:
  - A release in 2015, from the decrease in the size of a large claim and hence the reduction of the large claim allowance
  - A strain for the 2017 accident year arising from an increase in the average claim size
- The strain due to actuarial assumptions is due to higher factors to reflect recent experience. The biggest impact is a \$6.6 million strain on the 2010 and earlier accident years, which reflect higher payments per active claim in the tail.

# 3 Self-insurer outstanding claims liabilities

#### **Key points of this section**

- Our estimate of the net outstanding claims provision as at 30 June 2018 is \$4.7 million, which is \$1.2 million (33.6%) higher than the 30 June 2017 provision of \$3.5 million
- Our inflated and discounted central estimate, including claims handling expenses, is \$3.7 million. This is \$0.1 million (3.6%) higher than self-insurers' combined central estimate of \$3.6 million
- The funding ratio is 145%, which is lower than 161% last year
- Claim incurred numbers exhibited a strong declining trend since 2011 to 85 claims in 2017. 2018 has 97 claims which is higher than 2017 but below 2016 and earlier years
- The reconciliation of our central estimates, excluding expenses, to our previous valuation as at 30 June 2017 shows a strain on reserves of \$0.7 million, which is 26% of the opening estimates. This is due to an increase in the 2017 accident year due to higher claims development than expected.

# 3.1 Outstanding claims liability

# 3.1.1 Outstanding claims provision

The provision below is based on cumulated claims data across all payment types and self-insurers. Projected payments are inflated and discounted to get to the gross central estimate before application of an allowance for claims handling expenses and a risk margin to calculate the provision.

A breakdown of our results are shown in the table below:

Estimate	es at 30 .	June 2018 (\$000s)						
Accident ending 3	· •	Gross o/s liability (a)	Reinsurance recoveries (b)	Net o/s liability (c)	Claims handling expenses (d)	Net central estimate (e)	Risk margin (f)	Net Provision (g)
Total		3,477	0	3,477	243	3,721	930	4,651
Notes :	(a)	in inflated and	discounted values					
	(b)	(a) x 0%						
	(c)	(a) + (b)						
	(d)	assumed to be	7% of the net outst	tanding liability				
	(e)	= (c) + (d)						
	(f)	a risk margin to	increase the provi	sion to a 75% l	evel of sufficiency,	= (d) x 25.0%		
	(g)	= (e) + (f)						

The inflated and discounted net provision at 30 June 2018 is \$4.7 million, which is \$1.2 million (33.6%) higher than the \$3.5 million provision as at 30 June 2017.

# 3.1.2 Comparison with self-insurers' estimates

We have compared our assessment of the net central estimate to self-insurers' estimates. The results are shown in the table below:

Estimates at 30 .	June 2018 (\$000s)			
Accident year ending 30 Jun	Self-insurers' estimate (a)	PwC estimate (b)	Difference (\$000s) (b) - (a)	Difference (%) (b) / (a) - 1
2012 & earlier	42	39	-4	-8.8%
2013	30	13	-17	-55.8%
2014	50	70	20	40.3%
2015	154	130	-23	-15.1%
2016	510	502	-8	-1.6%
2017	1,214	1,193	-21	-1.7%
2018	1,591	1,774	183	11.5%
Total	3,590	3,721	131	3.6%

Notes: (a), (b) in inflated and discounted values, including claims handling expenses

This comparison shows that our net central estimate is higher than the self-insurers' estimate by \$0.131 million (3.6%). This is largely due to the 2018 accident year.

#### **Self-insurer funding ratio**

For self-insurers, the funding ratio compares the self-insurers' bank guarantee provision (the central estimate times 1.5) with our estimate, which excludes any risk margin.

Funding ratio (\$000s)									
	Self-insurers'	PwC central	Difference	Difference (%)					
	provision (a)	estimate (b)	(\$000s) (b) - (a)	(b) / (a) - 1					
Total	5,385	3,721	-1,664	145%					

Notes: (a) bank guarantee provision, net central estimate (from table above) x 1.5

(b) as per table above, net central estimate excluding risk margin

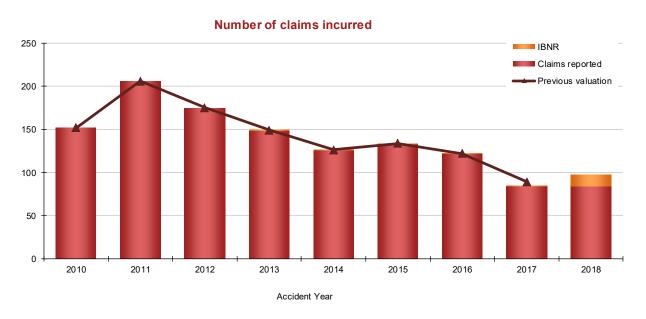
The aggregate funding ratio is 145%, which is lower than 161% as at 30 June 2017. This indicates that the current bank guarantee provisions held by self-insurers in aggregate are likely to be adequate to cover future claims costs.

## 3.2 Claims statistics

The following sub-sections show the claims experience by accident year. For more graphs of claims statistics, see Appendix G.

#### 3.2.1 Number of claims incurred

Decreasing trend from 2011 peak to 2017, 2018 incurred claims of 97 are higher than 2017 but below 2016 and earlier years



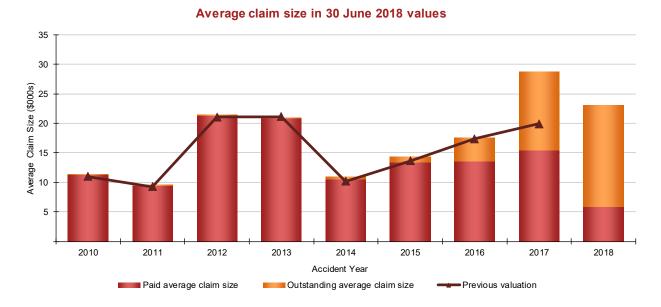
The main points to highlight from this chart are:

- The number of incurred claims peaked in the 2011 accident year at 206 claims
- Since the high in 2011, the number of claims has reduced each year to a level of 126 claims in 2014.
   From a review of the self-insurer reports, we understand that one self-insurer has changed its management and recording of small claims, which has contributed to the decrease

- The number of claims was fairly stable over 2014 to 2016 at around 130 claims
- For 2017, the total estimated claims is 85, significantly lower than all prior years shown
- The number of claims incurred increased to 97 for the 2018 year, of which 13 are IBNR claims
- The number of claims is similar to estimates at the previous valuation, however 2017 is slightly lower.

# 3.2.2 Gross average claim size

## 2018 average claim size is just over \$23,000, \$5,600 (20%) lower than 2017



The average claim size has been volatile between accident years and there has been no discernible trend. From 2009 to 2016, the average claim size has ranged been between \$9,000 and \$21,500, with lows in 2010, 2011 and 2014 surrounding highs in 2012 and 2013. This implies that the spike in incurred claim numbers in 2011 shown in 3.2.1 is related to smaller claims.

Our estimated average claim size for the 2017 accident year is significantly higher than our previous valuation due to higher than expected payments and high case estimates as at 30 June 2018.

Our estimated average claim size for the 2018 accident year is just over \$23,000, which is \$5,600 (20%) lower than the 2017 accident year.

The uncertainty about the future development means that the ultimate level and our estimates may differ from that projected for recent accident years. This is especially true for the 2018 accident year, where a high proportion (74%) of the average claim size consists of the uncertain future estimate.

# 3.3 Actual vs expected claims experience over 2017/18

Actual experience compared to the expected experience over 2017/18 for claims incurred up to 30 June 2017 showed:

- Claim reports were lower than expected (9 actual compared to 12.6 expected)
- Claim payments were significantly higher than expected (\$1.54 million actual compared to \$0.98 million expected).

The expected experience is taken from our previous report dated 13 June 2018. See appendix F for full details.

The impact of this experience and our adjustments to future development is quantified in the reconciliation below.

## 3.4 Reconciliation of central estimates

The table below reconciles the gross outstanding claims central estimate, excluding expenses, with the equivalent result as at 30 June 2017.

Accident year ending 30 June (\$000s)	2017	2016	2015	2014	2013	2012	2011	2010 & earlier	Total
A. Gross estimates at 30 Jun 2017 (a)	1,197	797	361	145	42	33	43	27	2,644
3. Gross payments 1 July 2017 to 30 June 2018	724	323	300	178	0	0	2	17	1,544
C. Expenses (b)	0	0	0	0	0	0	0	0	0
C. Assumed investment return (b)	13	10	3	1	1	1	1	0	29
D. = A - B + C Updated gross estimates at 30 June 2018	486	484	64	-32	43	34	41	11	1,130
E. Revised gross estimates at 30 June 2018 (c)	1,115	469	122	66	12	28	6	2	1,819
F. = E - D Change 1 July 2017 to 30 June 2018	629	-15	58	98	-31	-6	-35	-9	690
G.Proportion of change attributable to									
Changes in real rates of return	-16	-38	-11	-6	-1	-2	-1	0	-75
Change in experience Change in actuarial assumptions	224 420	123 -99	119 -51	133 -29	-13 -16	13 -16	-17 -17	11 -20	593 171
H. Gross amount incurred and outstanding for 2017/18 accident year (c)		- 00							1,658
. = E + H Total gross outstanding liability, excluding expenses at 30 June 2018									3,477

Notes: (a) from section 3.1 of our previous report dated 13 June 2018

(b) calculated using 1.6% p.a. being the one year forward rate from section 6 of our previous report dated 13 June 2018

(c) from appendix F4.4 of this report.

#### The table shows that:

- Overall estimates show a strain on reserves of \$0.69 million, which is 26.1% of the opening
   30 June 2017 estimates. This strain is made up of:
  - \$0.59 million strain (22.4% of opening estimates) due to changes in experience
  - \$0.17 million strain (6.5%) due to changes in actuarial assumptions
  - \$0.07 million release (2.8%) due to increase in the real rates of return.
- The biggest cause of the strain was the 2017 accident year. The key driver of this result was the higher than expected payments and case estimates at 30 June 2018.

# 4 Break-even premium rates

#### **Key points of this section**

- Actual premium rates charged by insurers have been similar but slightly below the break-even cost for the three most recent accident years to 2018
- For 2018, the actual premium rate of 1.9% is lower than the estimated break-even premium rate of 2.1%
- Our projected break-even premium rate for 2018 is 2.2%, which is above the break-even premium rates and actual premium rates charged over the previous four years, of between 1.8% and 2.1%.

# 4.1 Adequacy of past premiums

The break-even premium rate is calculated on an inflated and discounted basis and is gross of reinsurance, given that each insurer will have a unique reinsurance treaty in place. No allowance for a profit margin has been made, as insurers will set their own margin based on a multitude of factors, and we are interested in the "break-even" premium, which excludes any consideration of profit.

For this analysis, we have allowed for the claims costs and expenses to be discounted to the point that the premium is received. We have used all claims experience available to date to calculate the break-even premium rate.

The following table shows our estimated break-even premium rates and the actual rates charged by insurers:

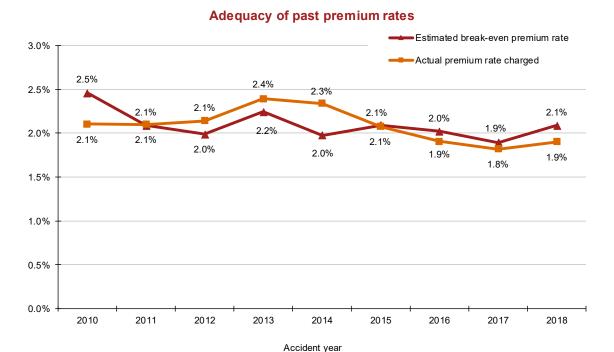
	Calculated break even premium					Actual premium					
Accident year	Reported earned wages (a) (\$000s)	Developed earned wages (b) (\$000s)	Discounted gross incurred cost (c) (\$000s)	Commission in financial year (d) (\$000s)	Discounted other expenses in the fin year (e) (\$000s)	Premium (f) (\$000s)	Estimated premium rate (g)	Reported earned premium (h) (\$000s)	Developed earned premium (i) (\$000s)	Actual premium rate charged (i)	Difference (break even - actual)
2018	7,115,731	7,521,791	128,097	5,534	22,548	156,912	2.1%	133,760	143,092	1.9%	-13,820
2017	7,282,923	7,441,415	115,098	4,489	20,653	140,809	1.9%	131,723	135,462	1.8%	-5,347
2016	6,845,215	6,884,745	114,169	4,163	20,086	139,092	2.0%	131,222	131,222	1.9%	-7,870
2015	6,594,270	6,594,270	112,262	4,558	20,288	137,948	2.1%	136,945	136,945	2.1%	-1,003
2014	5,929,595	5,929,595	94,595	4,775	17,098	117,200	2.0%	138,725	138,725	2.3%	21,524
2013	5,199,017	5,199,017	97,232	3,697	15,016	116,746	2.2%	124,326	124,326	2.4%	7,580
2012	4,633,724	4,633,724	74,233	2,864	14,015	92,177	2.0%	99,113	99,113	2.1%	6,936
2011	4,138,004	4,138,004	70,554	2,863	11,998	86,356	2.1%	86,936	86,936	2.1%	580
2010	3,576,580	3,576,580	73,860	2,624	10,680	87,904	2.5%	75,252	75,252	2.1%	-12,652

Notes: (a) earned wages provided by insurers

- (b) (a) x development factors in Appendix B7
- (c) calculated in Appendix H1
- (d) actual commission, from the consolidated Form A returns
- (e) other expenses, from the consolidated Form A returns, discounted by half a year
- (f) = (c) + (d) + (e) x (1+ one year historical interest rate)  $^{\land}$  (3/12) to allow for the fact that premiums are on average received 3 months after the commencement of the underwriting period
- (g) = (f) / (b)
- (h) earned premium, including earned but not yet reported premium provided by insurers
- (i) (h) x development factors in Appendix B7
- (j) = (i) / (b)

We estimate that the 2018 developed premiums charged of \$143.1 million were \$13.8 million (8.8%) lower than the estimated break even premiums of \$156.9 million.

As per last year, we have used developed earned premium and wages for the 2011 year onwards. This better matches the time period of the claims cost. Conversely, 2010 continues to use premium and wages processed as per previous reviews, because the earned premium was not available.



The key points to highlight from the above chart and table may be summarised as follows:

- In 2010 the actual premium rate charged by insurers of 2.1% was significantly lower than the estimated break-even premium rate of 2.5%
- The actual premium rate charged from 2010 to 2015, ranges between 2.1% and 2.4%
- Since 2011, the actual premium rate and the estimated break-even premium rate have been close to each other, except in 2014 when the actual premium rate charged was significantly higher
- Following the Act changes in July 2015, both the actual premium rate and the estimated break-even premium rate have fallen. The actual premium rate charged was 1.9% in 2016, 1.8% in 2017 and 1.9% in 2018
- With hindsight, the actual premium rate charged was more than sufficient to cover the break-even cost for accident years 2012 to 2014, were similar to estimates of break-even rates in 2011 and 2015, but less than sufficient for all other years
- In the previous valuation there was an estimated 9.8% increase required in the best estimate premium rate from 2017 to 2018 (1.84% to 2.02%). This is higher than the actual increase applied by the insurers of 4.5% from the actual premium rates charged of 1.82% in 2017 to 1.90% in 2018.

Historically, the actual rate has fluctuated around the estimated break-even premium rate. However, we would expect the premium charged by insurers to be consistently higher than the break-even premium, to incorporate an appropriate profit margin. Insurers' will likely use a higher discount rate than Commonwealth yields in their pricing based on a higher expected rate of investment return. This reduces the actual premium rate charged.

Another source of difference between the two rates is reinsurance. We have estimated the break-even rate based on the gross risk cost, whereas the premium rate charged by insurers would factor in reinsurance (both recoveries and cost of a treaty). Assuming that reinsurance is priced to deliver a profit above the expected reinsurance recoveries, then the break-even rate would be expected to increase if an allowance was made for reinsurance.

Using the difference between the actual premium and break-even premium as shown in the table above we have graphed the insurer performance on an accident year basis. The financial year basis comes from the Form A supplied by insurers.



Insurer performance by accident year and financial year

Over the nine years shown in the chart above there is no discernible trend in the insurer profitability. In general, the insurer performance on a financial year basis has been more variable than the performance on an accident year basis.

On an accident year basis the 2010 and 2015 to 2018 actual premium charged is lower than the hindsight break-even premium based on current claims experience.

# 4.2 Forecast break-even premium rate

The following table shows the break-even premium rate projected for the next financial year. For comparative purposes, we have also shown the last five underwriting years.

Underwriting year	Actual wages (a) (\$000s)	Discounted gross incurred cost (b) (\$000s)	Expenses (c) (\$000s)	Premium (d) (\$000s)	Calculated premium rate (e)
2019	7,612,053	131,687	33,513	165,975	2.2%
2018	7,521,791	128,097	28,082	156,912	2.1%
2017	7,441,415	115,098	25,142	140,809	1.9%
2016	6,884,745	114,169	24,248	139,092	2.0%
2015	6,594,270	112,262	24,846	137,948	2.1%
2014	5,929,595	94,595	21,873	117,200	2.0%

**Notes:** (a) 2018 = developed wageroll for 2017 x (1 + 1.2%)

(b) 2018 = adopted claims incurred x adopted average claim size in 30 June 2018 values x (1 + wage inflation) x (1 + superimposed inflation) x inflation/discounting factor

- (c) = (b) / (1 commission rate (3.7%) other expense rate (16.6%)) (b)
- (d) = (b) / (1 commission rate (3.7%) other expense rate (16.6%)) x (1 + interest rate (1.9%)) ^ (3/12) to allow for the fact that premiums are received on average 3 months after the commencement of the underwriting period
- (e) = (d) / (a)

Our projection of the break-even rate for the 2018 underwriting year is reliant on three key items:

- Actual wages are forecast to increase at 1.20%, being the adopted level of future wage inflation
- The *future gross incurred cost* is the product of the number of incurred claims and an average claim size, allowing for future inflation, superimposed inflation and discounting to reflect the timing of payments
- Expenses are the sum of commission and other expenses, which are both set as a percentage of the total premium.

Superimposed inflation is a measure of the growth in claims cost in excess of wage inflation.

More detailed analysis on the derivation of the four adopted assumptions for the projection (incurred claim numbers, average claim size in 30 June 2018 values, commission rate and other expense rate) are shown in Appendix H.

The adopted average claim size includes an allowance for a 2.4% reduction for the 2015 legislative changes (including death benefit increases). See Appendix B for more details.

# 5 Data and methods

#### **Key points of this section**

- NT WorkSafe provided us with the data required for this review
- The methodologies used to estimate the outstanding claims for insurers and self-insurers and for the breakeven premium rate are the same as those used for the previous valuation.

# 5.1 Data provided

Data and methods

NT WorkSafe supplied data to us from two sources:

• The internal WIMS database which records details of all claims lodged under the NT scheme

• Insurers' own systems giving details of claims lodged.

The following list sets out the information we received for our review. All data was supplied in electronic form.

- Report 1 Reconciliation to Form B. NT WorkSafe's comparison of the payments and reports in the WIMS system and provided from insurers' systems
- Report 2 Data based on date of accident. Unit claims data for all claims lodged by insurers and self-insurers, with accidents grouped by financial year and presented in separate files. This data contained payment information by payment type and development year
- Report 3 Number of new claims received
- Report 4 History of payments based on injury date. Claim triangles for reports and payments for each insurer and in total
- Report 5 List of claims and insurers. Lists all claims since scheme inception by unique identification number and the insurer the claim was lodged with
- Insurer data templates. This included the following information for each insurer:
  - Form A. A simplified profit and loss account showing only the insurance aspects
  - Form B. The number of claims reported and paid during the most recent financial year, and the number of active claims, the case estimates, and the outstanding provision (split by reported and unreported claims) at the end of the most recent financial year, by accident year. This also includes a summary of payments to date and case estimates by accident year for claims with a total incurred cost higher than \$500,000
  - Outstanding claims. Specifies the gross outstanding estimate, reinsurance recoveries, claims handling expenses and prudential margin as at 30 June 2018
  - ANZSIC data. Policies, employees, premiums, wages for each ANZSIC category. This is provided
    on the current processing year and for the most recent five underwriting years
  - Earned but not yet raised premium. Earned but not yet raised premium for each of the five most recent earned years.
  - Large claims. Insurers provided information on each open large claim with total estimates over
     \$2 million and provide information on the claim number, accident date, payments to date, case estimates, total gross estimates, estimated reinsurance recoveries, other information

We were also provided with copies of valuation reports for some insurers and self-insurers.

We have separated the data to only include the information for the four insurers and four self-insurers, which are active in the scheme. These eight companies are:

- Allianz Australia Insurance Limited (including Territory Insurance Office)
- CGU Insurance Australia (Part of Insurance Australia Limited)
- GIO Insurance Australia (also known as AAI)

PwC Data and methods

- QBE Insurance Australia
- Catholic Church Insurance
- Coles Supermarkets Australia Pty Ltd
- Westpac Banking Corporation
- Woolworths Supermarkets.

We have not included Government Self Insurance or uninsured data.

At 30 June 2014, TIO was a separate insurer. However, over the 2015 financial year Allianz purchased it.

For our analyses we have used the data described in the following way:

- Form B returns have been used to find the number of claims reported, the number of claims active and case estimates
- Report 2 files have been combined to obtain payments by payment type for all accident years back to 2002 and up to development year nine. We have used the total payments from Report 4 for development year 10+ and have spread the payments in the tail across payment types based on the distribution of payments in development years eight and nine
- Outstanding claim estimates have been taken from insurers and self-insurer data templates
- Assumptions regarding reinsurance recoveries and claims handling expenses have been set by
  considering the large claim data, insurers' actuarial reports, the Form A returns provided, and with our
  knowledge and experience of other similar schemes
- ANZSIC data has been used to find the premiums collected and associated wages for our assessment of the adequacy of historic premium rates.

For further details on the data provided, see Appendix A.

# 5.2 Data quality and reconciliation

Overall, the data NT WorkSafe provided to us was suitable for our purposes, and we found it was broadly consistent across forms.

NT WorkSafe performs an initial set of data quality checks before the data is sent to us. We also conducted a high-level check of the total payments and number of claims between the Form B returns and the WIMS system and found them to be broadly consistent.

The table of the results from these checks can be found in Appendix A.

#### 5.3 Data enhancements and additional data

To enhance the quality of future reviews we suggest the following data enhancements:

• For self-insurers, extend the number of separate historical accident years on the Form B. This will help us understand if there has been any movement for underwriting years older than five years

• For report 4, split the total payments triangle into different payment types. Currently we estimate what proportion of payments relate to each payment type based on the proportions paid in development year's seven to nine.

# 5.4 Projection methods for outstanding claims

We performed two separate valuations for this review, one for insurers and one for self-insurers. The sections below explain the different methodologies used for each valuation.

#### 5.4.1 Insurers' outstanding claims valuation

We assessed the outstanding claims liability for insurers by projecting cash-flows separately for the following groupings of payment types:

- Weekly benefits
- Medical and hospital expenses
- Allied health, vocational rehabilitation, non-compensation other and death
- Other goods and services
- Non-compensation legal
- Redemptions and non-economic lump sum.

These groups are the same as for our previous review. They were selected based on similarities in the underlying nature of the claims likely to arise under each payment type and the payment patterns across development years.

We used a blend of the payments per active claim (PPAC) and payments per claim incurred (PPCI) methods to project payments for the first four of our groups listed above. For the other two groups we used a blend of the payments per claim finalised (PPCF) and PPCI methods.

#### Payments per claim finalised method

All payments were brought to current values and divided by the numbers of claims finalised in their respective accident years and years of payment. Averages of payments per claim finalised were formed from these figures. These averages were then combined with a projection of future numbers of claims finalised to produce projected future payments.

#### Payments per active claim method

As described for the payments per claim finalised method, but with a denominator of numbers of claims active at the beginning of the period.

#### Payments per claim incurred method

All claim payments were brought to current values and divided by the numbers of claims incurred in their respective accident years. A pattern of past payments per claim incurred was derived in respect of each

Data and methods

accident year. These payment patterns were then extended into future years and used to project future payments.

The above methods calculate the projected liability in current values, including allowance for superimposed inflation.

The projected liability in current values is used to calculate the present value of the future claim payments by allowing for:

- Future increases prior to payment, due to claims inflation а
- b Discounting to take into account investment return attributable to the assets backing the provisions during the run-off period
- Reinsurance recoveries on the gross future payment amounts С
- d Expenses associated with administering claims during the run-off period.

To estimate the reinsurance recoveries, we have allowed for the reinsurance recovery information provided by insurers on large claims.

This overall approach is consistent with that required by the Accounting Standards for private and State Government general insurers (AASB1023), and APRA's prudential standard GPS320 for liability valuations for general insurance. It also complies with the Institute of Actuaries of Australia's Professional Standard PS300 to the extent possible given the data available.

The question of uncertainty in the estimates and the determination of provisions are discussed in sections 7.1 and 7.2.

#### 5.4.2 Self-insurers' outstanding claims valuation

All analyses were performed after inflating past payments to current values as at 30 June 2018. We have used the PPCI method for our analysis and compared this to projected case estimates based on past development of case estimates for both insurers and self-insurers. For accident years where the PPCI result was insufficient, we have adopted the projected case estimates (PCE) or for older years, we have adopted a blend of PPCI and projected case estimates.

The PPCI method is defined above.

#### Projected case estimates method

We used details of case estimates established at the end of each accounting period, subdivided by accident period. We brought each of these estimates to current values and examined them in comparison with payments made in the subsequent accounting period and the case estimates established at the end of the period (also in current values). Using this we derived an average pattern of the extent to which past case estimates had proven to be too high or too low in relation to the claim payments subsequently made. We used this pattern to

project the future development of the case estimates held at 30 June 2018, and to project the future claim payments corresponding to these estimates.

We then used the same method applied to insurers to calculate the future claim payments, allowing for (a) to (d) above.

# 5.5 Approach to estimate break-even premium rates

We take the following steps to estimate the break-even premium rate for historic years:

- a Using historic one-year forward rates, discount actual claim payments back to the start of each year
- b Using the same set of discount factors, discount the inflated/discounted outstanding claims central estimate (excluding claims handling expenses) from this valuation for each year back to the start of each year
- c Sum (a) and (b) to find the total discounted gross incurred cost for each year
- d Using the Form A returns find the levels of commission and other expenses for each financial year
- e Sum the discounted gross incurred cost, commission and other expenses, and divide this by the developed earned wages to find the break-even premium rate.

We have allowed for the following timing aspects in the estimated premium:

- Other expenses have been discounted by half a year, to allow for the fact that they are incurred evenly through the year and so on average are paid half way through the year
- Commission is assumed to be received at the same time as the premium
- Premiums have been inflated by a quarter of a year to allow for a timing delay for when they are actually received by insurers from brokers.

We have used the actual earned premiums from insurers and wages from the ANZSIC data to calculate the actual premium rate charged.

To project the break-even premium rate for 2018/19, we take the following steps:

- a From historical data, estimate the incurred number of claims using average claim frequency and projected wages, average claim size, as well as a commission rate and other expenses rate as a proportion of premium
- b Calculate the discounted gross incurred cost for the next year by multiplying the incurred number of claims by the average claim size, allowing for one year's inflation and superimposed inflation and discounting

- c Calculate the appropriate allowance for expenses using the following formula: expenses = incurred cost / (1 commission rate other expense rate) incurred cost
- d Sum the estimated incurred cost and expense allowances, and divide this by projected wages for the next year, which are estimated as the 2017/18 developed wages inflated by one year. Also, allow for the timing adjustment, as premiums will be received one quarter after policy commencement.

# 6 Assumptions

#### **Key points of this section**

- The real rate of return has increased for all future years since the previous valuation, predominantly due to a decrease in the inflation rate across all future years.
- Overall, the adopted superimposed inflation rate has increased since the previous valuation, from 1.9% p.a.
   to 2.7% p.a.
- The commission rate and claims handling expense rate have been set by considering insurer data and with our knowledge and experience of other schemes in Australia. The claims handling expense has remained stable since our previous valuation
- Our adopted other expense rate has increased due to high insurer expense rates from 2016 onwards. In total, the commission and other expense rates make up 20.2% of the break-even premium rate, which is higher than the 19.2% adopted for the 30 June 2017 valuation
- For insurers, we have allowed for reinsurance recoveries on large claims which are expected to exceed the reinsurance retention, based on information provided by the insurers, which is the same as last year
- For self-insurers, we have adopted a 0% reinsurance recovery rate, which is the same as the previous valuation.

PwC Assumptions

# 6.1 Financial assumptions

#### Future inflation and interest rates

The financial assumptions of future inflation and market rates of interest are as follows:

Years	Interest rate	Inflation rate	Real rate	
ahead	30 Jun 2018	30 Jun 2018	30 Jun 2018	30 Jun 2017
1	1.89%	1.20%	0.69%	-0.13%
2	2.09%	1.70%	0.39%	-0.78%
3	2.37%	2.30%	0.07%	-0.61%
4	2.61%	2.80%	-0.19%	-0.71%
5	2.79%	2.72%	0.07%	-0.40%
6	2.92%	2.64%	0.28%	-0.17%
7	2.99%	2.56%	0.44%	0.00%
8	3.02%	2.47%	0.54%	0.11%
9	3.04%	2.39%	0.64%	0.20%
10	3.09%	2.31%	0.78%	0.32%
11	3.18%	2.23%	0.95%	0.48%
12	3.27%	2.15%	1.12%	0.67%
13	3.34%	2.07%	1.28%	0.91%
14	3.41%	1.99%	1.42%	1.19%
15	3.47%	1.91%	1.56%	1.50%
16	3.49%	1.82%	1.67%	1.69%
17 & onwards	3.49%	1.74%	1.75%	1.75%

For this valuation, there has been an increase in the real rate of return for all future years, which decreases the liabilities. This is due to reductions in inflation rate and increases in discount rates.

The interest rate for one quarter of DY0 ( $(1 + 1.89\%) ^ 0.25 - 1$ ) = 0.47% is included in the calculation of the average premium rate. This is because insurers receive premiums on average three months after the policy commencement date.

See Appendix B1 for further information.

#### Past wage inflation

Payments and case estimates are inflated to current values based on the ABS Cat 6302.0 Average Weekly Earnings for the Northern Territory (persons full-time adult ordinary time earnings). These are detailed in Appendix B1.

# 6.2 Superimposed inflation

The superimposed assumptions for each payment category are as follows:

Superimposed	Inflation						
			Allied Health,				
			Vocactional				
			Rehabilitation, Non-		Re	demptions And	
		Medical And	Compsenation Of	ther Goods And		Non-Economic	
	Weekly Benefits	Hospital	Payments (Other),	Services	Legals	Lump Sum	Total
30 Jun 18	2.4%	4.5%	2.4%	1.2%	4.0%	2.5%	2.7%
30 Jun 17	2.1%	2.1%	1.0%	0.0%	4.4%	1.6%	1.9%

Assumptions PwC

In total, our superimposed inflation estimate of 2.7% p.a. is 0.8% more than the 1.9% p.a. adopted for the previous valuation. Our estimate of superimposed inflation is higher than the previous valuation for all payments type with the exception of Legals.

Due to the volatility for redemptions and non-economic lump sums, we excluded claims with cumulative payments over \$1 million when calculating the superimposed inflation assumption. This approach reduces the volatility, in order to better assess the underlying superimposed inflation rate for the payment group.

We calculate the total as a weighted average across the payment groups, weighted by the total outstanding claims estimate.

We had previously adopted a 0% superimposed inflation rate for payment categories, which had a calculated negative superimposed inflation rate. There are no categories with a negative superimposed rate this time.

See Appendix B2 for more details.

# 6.3 Expenses

#### Claims handling expenses

We have reviewed the allowances made for claims handling expenses in the insurers' and self-insurers' returns provided to us, and used our knowledge and experience of other workers compensation schemes in Australia to set the following claims handling expense assumptions for use in the outstanding claims liability:

- 6% of projected future claim payments for insurers
- 7% of projected future claim payments for self-insurers.

These are the same as the previous valuation.

#### Commission and other expenses

Insurers have provided data on historic gross written premiums, earned premiums, commission payments and other expenses as part of their Form A returns. We have used an average of the last three years to set the commission rate, as a proportion of earned premium, and a two year average for the other expense rate, as a proportion of written premium, as follows:

(\$000s)	Underwriting ye	ear				
	2018	2017	2016	2015	2014	Adopted
Gross written premium (a)	135,842	134,286	114,332	140,232	156,328	
Earned premium (b)	146,280	126,442	119,514	141,354	137,054	
Commission paid (c)	5,534	4,489	4,163	4,558	4,775	
Other expenses (d)	22,760	20,821	20,282	20,537	17,314	
Commission rate (e)	3.8%	3.6%	3.5%	3.2%	3.5%	3.7%
Other expense rate (f)	16.8%	15.5%	17.7%	14.6%	11.1%	16.6%

Notes: (a), (b), (c), (d) actual values taken from Consolidated Form A

<sup>&</sup>lt;sup>1</sup>Other expenses include claims handling expenses

PwC Assumptions

- (e) = (c) / (b)
- (f) = (d) / (a)

The adopted rate is used in our calculation of the break-even premium rate for the next financial year. To show the adequacy of past rates we have used the actual dollar values of commission and other expenses paid.

Compared to the previous valuation, the adopted commission rate has increased from 3.4% to 3.7%, and the other expense rate has increased from 15.9% to 16.6%. The increase in the other expense rate is due to high expense ratios for 2016 and 2018.

In total, the commission and other expense rate make up 20.2% of the break-even premium rate, which is higher than the 19.2% adopted for the 30 June 2017 valuation.

#### 6.4 Reinsurance

We have used the additional information provided by insurers to allow for reinsurance recoveries on large claims, which are expected to exceed the retention limit. This is equivalent to 7% of all claims. We compared the reinsurance recoveries based on the large claims with insurers' total reinsurance recoveries and they were similar, though slightly lower, so we did not feel it was necessary to allow for any further reinsurance recoveries on the smaller claims. This is similar approach to last year's valuation.

We reviewed the self-insurers' reports and noted that none of them have allowed for any reinsurance recoveries. Therefore, we have not allowed for any reinsurance recoveries for self-insurers.

# 6.5 2015 legislative amendments

The 2015 legislative amendments were set out in two parts. The first amendment bill, Workers' Rehabilitation and Compensation Legislation Amendment Bill 2015, passed in March 2015 and came into effect 1 July 2015. The second amendment bill, the Return to Work Legislation Amendment Bill 2015, was passed in August 2015 and came into effect on 1 October 2015.

We costed the following changes in our report titled *Actuarial costing of Northern Territory workers* compensation scheme changes dated 11 September 2014:

- For claimants with less than 15% permanent impairment (PI) capping weekly benefits to five years and all other benefits to six years
- Extending weekly benefits from 26 weeks to 104 weeks for workers within 6 months of pension age or older than it.

We also provided commentary on some other proposed scheme changes.

The estimated cost of the above changes was a 2.8% reduction. We have also allowed for a 0.4% increase due to higher death benefits. Therefore, the combined allowance included in this valuation is a 2.4% reduction. This has been allowed for in our calculations of the outstanding claims liabilities as at 30 June 2018 for the 2015/16 to 2017/18 accident years and the future costs for the 2018/19 accident year. There is no allowance for the

2015 legislative changes in the outstanding claims liability as at 30 June 2018 for accident years before 2015/16.

As the scheme changes were broader than covered by our 11 September 2014 report, the actual impact could be different to estimated. We recommend WorkSafe NT and insurers closely monitor the experience to ensure that there are no unintended consequences.

# 7 Uncertainty

#### **Key points of this section**

- A sufficient risk margin to increase the level of reserving adequacy from 50% to 75% is 12.1% for insurers, which is lower than the 14.5% adopted in the 2017 valuation, and 25.0% for self-insurers, which is higher than the 23.0% adopted in the 2017 valuation. The risk margin is higher for self-insurers than insurers due to the smaller size of the portfolio causing higher volatility.
- The sensitivity testing showed greatest sensitivity to changes in the economic assumptions.

# 7.1 Uncertainty in the estimates

Actuarial estimates are obtained after analysis of past claims experience. From these analyses, models of the claim payment process can be established and used to project future payments on claims outstanding at the valuation date.

The estimates of outstanding claims obtained in this manner are indeed estimates in the sense that there is a degree of uncertainty as to the difference, which will ultimately arise between the estimates and the final result of the experience. This uncertainty arises from four sources:

- a Because the nature of the claims process is not fully understood, it might be that none of the various models used is an entirely accurate representation of reality
- b Because there are components of randomness in the claims process, it is not possible to estimate the parameters of that process with complete precision even if complete confidence were felt in the nature of the model
- c Any erroneous data will similarly have introduced uncertainties into the estimates of those parameters
- d Even if the parameters could be estimated with precision, it would not be possible to predict outstanding claims with the same precision because of the random component in future experience.

For some portfolios errors associated with b and d above can be quantified in a formal way (estimation and statistical errors). However a large part of the uncertainty is associated with a (model specification error), and is difficult to quantify this component.

The investigation and application of different models to the data is intended to reduce the model specification error, although the extent to which this is achieved is unknown.

The initial estimates obtained from the calculations are "central" estimates in the sense that they incorporate no deliberate bias towards over or under estimation. By definition, the estimates are intended to have about an even chance of ultimately turning out to be sufficient.

# 7.2 Determination of provisions

# 7.2.1 Background

This valuation is not required to comply with any accounting standards. However, we have considered the requirements of Accounting Standard AASB 1023 on General Insurance Contracts which insurers are required to comply with for their annual valuation.

AASB1023 requires the determination of a central estimate of the present value of the expected future payments for claims incurred with an additional prudential margin to allow for the inherent uncertainty in the central estimate.

It should be realised that, by definition, any margins over central estimates are intended to have a better than even chance of falling into future surplus, provided that future experience is consistent with that of the recent past. This should be considered in making management decisions.

#### 7.2.2 Levels of sufficiency

The nature of insurance claims is such that the actual value of the liabilities is unknown because claims experience is subject to random fluctuations. The amount of the claim liability cannot be estimated with certainty. Also, it is very difficult to determine the central estimate with a reasonable degree of precision. For this reason, the inherent uncertainty in the central estimate must also be considered.

Determination of a risk margin allows for some part of the uncertainties in the claim process and also it ensures as far as possible that surplus is not released until it is reasonably certain that the surplus is real.

The adopted method was tested for its sensitivity to changes in the claim rates assumed and a measure of the variation in the results was obtained. This analysis indicated that the distribution of likely results was skewed to the right. This means that the variation upwards in the provision is expected to be greater than the variation downwards.

The dispersion of expected results is added to by:

- The variable nature of the claim experience
- Very large common law claims can sometimes occur.

The variation analysed together with benchmarking against reports published by APRA and the Institute of Actuaries leads to the assumption of a 20% coefficient of variation of the distribution of results for insurers and 50% for self-insurers, which allows for the skew distribution and systemic variation. The lognormal distribution was then assumed to apply when calculating the prudential margin required to increase the level of sufficiency above 50%.

The coefficient of variation was reduced for insurers from 25% in the previous valuation due to a reduction in the assumed independent risk following an analysis of past payments.

The risk margin applied for self-insurers increased from 23% to 25% as for this valuation we set the risk margin subject to a minimum of half the co-efficient of variation in line with the 'APRA Risk Margin Analysis' paper.

The coefficient of variation calculated as described above is taken as 20% for insurers and 50% for self-insurers. This leads to the following prudential margins.

	Level of sufficiency and risk margins				
Level of sufficiency	75%	80%	85%		
Risk margin (insurers)	12.07%	15.84%	20.40%		
Risk margin (self-insurers)	25.00%	33.11%	45.94%		

#### 7.2.3 Sensitivity

The adopted method was tested for its sensitivity to changes in the assumptions about future interest and inflation rates, adopted reporting rates, and superimposed inflation, and a measure of the variation in the results was obtained. The results of this analysis for insurers are shown below:

NT WorkSafe Insurers - sensitivity analysis					
Assumption varied	Variation	% Change in total provision			
Future interest rates	1% increase	-3.37%			
	1% decrease	3.66%			
Future inflation rates	1% increase	3.64%			
	1% decrease	-3.41%			
Adopted claim reporting	DY0 rate decreased	-1.81%			
rates	from 12.15% to 6.08%				
Superimposed inflation	1% increase	3.49%			
	1% decrease	-3.26%			
PPCI and PPAC values	10% increase	9.19%			
Finalisation rate	10% decrease	9.69%			

The increase in PPCI and PPAC factors illustrates a potential impact of an increase in the average claim size either due to claims remaining on benefits for longer or an increase in the frequency of large claims. The decrease in the finalisation rate illustrates a potential impact if claims remain on benefits for longer.

The corresponding results for our self-insurer analysis are as follows:

NT WorkSafe self-insurers - sensitivity analysis						
Assumption Varied	Variation	% Change in total provision				
Future interest rates	1% increase 1% decrease	-1.52% 1.58%				
Future inflation rates	1% increase 1% decrease	1.57% -1.54%				
Incurred claims	10% increase in IBNR claims 10% decrease in IBNR claims	0.44% -0.44%				
Superimposed inflation	1% increase 1% decrease	0.87% -0.85%				

The percentage change in the outstanding claim provisions as at 30 June 2018 is shown in the table above. The inherent robustness of the various assumptions in the table above means that the variations shown are not necessarily cumulative. Hence care needs to be exercised in developing any best or worst case scenario.

# 7.3 Key risks for NT WorkSafe scheme

The following paragraphs detail some of the key risks for the NT WorkSafe scheme.

#### Inpex project

Significant increases in wages have been driven by the Inpex project and the associated contracts. Up to and including the 2017 year, the number of claims incurred and claims cost have not reflected the increase in wages, causing the claim frequency and premium rate to reduce. In 2018, the average claim size and incurred cost increased. We understand that over the 2018 financial year the construction phase wound down with production starting in October 2018. Therefore, the number of workers is expected to reduce significantly. As the project moves into production phase, this may significantly reduce the premium pool for the NT scheme in future years. There may be an increase in claims due to late claim reports if people cannot find alternative work, in the absence of new contracts commencing and may be increasing the 2018 average claim size as there are fewer jobs for people to return to.

#### Changing economic environment

There is considerable uncertainty associated with the current economic environment and what it will mean for Australia over the near future. Aside from the Inpex project discussed above, there may be more general real wage decreases or increases in bad debts for insurers.

Over the last three to five financial years, there has been a reduction in the number of small claims lodged with other schemes. At the same time, there has not been a reduction in the number of medium to large claims. This has impacted the overall average claim size and incurred cost for other schemes. We will continue to monitor the mix by size of claims lodged in NT to ensure that we adequately allow for any change in claiming behaviour, particularly as it relates to the high average claim size for insurers for the 2018 accident year due to higher payments and outstanding case estimates to 30 June 2018.

#### Large claims

The incurred cost and break-even premium for each accident year are heavily influenced by the presence or absence of any large claims. This is particularly prevalent in the NT due to the small scheme size and the prevalence of very large settlements. Future claims costs will continue to be impacted by very large settlements, with net costs to insurers impacted by the nature and adequacy of any reinsurance arrangements in place.

Large claims can also have an impact on superimposed inflation. While superimposed increased slightly this year, it can be volatile due to the impact of large settlements and the relatively small scheme size. Superimposed inflation should be monitored to make sure increases in costs are understood and ensure that a payment type is not unexpectedly driving an increase in costs.

#### • 2015 legislative amendments

The 2015 legislative amendments are for prospective claims only, and were introduced in two stages.

The main changes are effective from 1 July 2015, with additional changes effective from 1 October 2015.

This creates additional uncertainty in the outstanding claims liabilities for the 2015/16 to 2017/18

accident years and the future costs for the 2018/19 accident year. In separate advice, PwC estimated that there would be a 2.8% reduction in respect of the most significant benefit changes (excluding death benefit increases). In this valuation, we have also allowed for the increase in death and funeral benefits, so the net reduction is 2.4%. We have not estimated the impact of other changes. As the changes are not retrospective, this should not impact outstanding claims liabilities for accident years prior to 2015/16.

We recommend WorkSafe NT and insurers closely monitor the experience to ensure that there are no unintended consequences. See Appendix B6 for more information.

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Appendix I Glossary

# Appendix A Detailed data description

#### A 1 Data supplied by NT WorkSafe

NT WorkSafe supplied data to us from two sources:

- The internal WIMS database which records details of all claims lodged under the NT scheme
- Insurers' own systems giving details of claims lodged with them.

All data was provided in electronic format.

NT WorkSafe perform their own initial reconciliations between the data sources, the main of these being the check of the payments in the WIMS system against payments recorded on the insurers' Form B. We have also performed our own checks between data sources and these are detailed below.

The data descriptions below fall under two sections; *Actuarial data*, which is the data supplied from the WIMS system, and *Template data* which is the data received from insurers.

We were also provided with copies of actuarial valuation reports for some insurers and self-insurers. However, this data is not uniformly presented and so we have not commented on it.

#### A1.1 Actuarial data

Five different types of report are run and extracted from the WIMS system. These are each supplied as separate data files.

#### Report 1 – Reconciliation to Form B

This report contains three items of data:

- NT WorkSafe's reconciliation of payments for the current financial year between the WIMS system against payments recorded on each insurers' Form B. This is done by insurer and in total
- A list of the total payments under each benefit code for the most recent financial year
- A list of all claims on which payments have been made, including details of the claim number, claimant name and amount paid.

We understand that the first sheet listed above is used by NT WorkSafe to reconcile the data before it is provided to us. A target of an absolute difference of no more than 1% is set, and if this is exceeded a manual process is followed to adjust the data on the WIMS system for any human error which has crept in on data entry. For this valuation, the absolute difference was 0.25%.

#### Report 2 - Data based on date of accident

We were provided with 10 different files of Report 2 from NT WorkSafe, one for each accident year from 2009. Each of the files contain unit claims data with the following information:

- Unique record identifier
- Claim status (accepted, pending or rejected)
- Dates of report to the employer, lodgement with NT WorkSafe and acceptance or rejection
- Work status of the claimant
- ANZSIC industry classification of the claimant's employer
- Total number of FTE workers for the claimant's employer
- Claimant date of birth
- Claimant sex
- Claimant postcode of residency
- ASCO occupation of claimant
- Duty being performed when injury occurred (for example commuting, on a break)
- Hours normally worked each week
- Normal weekly earnings
- Nature, bodily location, mechanism, agency and breakdown agency of the injury
- Time lost
- Payments for each development year (DY) and grouped for DY10+ for each of the following payment categories:
  - Weekly benefits
  - Lump sum death benefits
  - Lump sum redemptions/commutations
  - Lump sum impairment/non-economic
  - Medical
  - Hospital
  - Allied health services
  - Vocational rehabilitation
  - Other goods and services
  - Non-compensation legal
  - Non-compensation other.
- Name of the insurer or self-insurer who the claim was lodged with.

Several of the above fields (for example claim status, work status) are coded using NT WorkSafe's own coding system. We were provided with the key to this system.

#### Report 3 - Number of new claims received

This gives a summary of the number of new claims lodged by each insurer in the most recent financial year. The data is summarised in the following three ways:

- Total number of new claims lodged with each insurer
- Number of new claims lodged for each accident year with each insurer
- Number of new claims lodged for each calendar year of injury with each insurer.

#### Report 4 – History of payments based on injury date

Summarised in this report are the claim payments and reports for insurers. These are shown in the following format:

- Claim triangles of payments for each accident year since 1990 and combined for the pre-1990 accident years, for each insurer and in total
- Claim triangles of reports for each accident year since 1990 and combined for the pre-1990 accident years, for each insurer and in total
- Summary of the number of claim reports and payments made in the current financial year for each insurer for each accident year since 1990 and combined for the pre-1990 accident years.

#### Report 5 – List of claim and insurers

This report presents a list of all the claims, which have ever been lodged with the scheme, giving the unique claim number and the insurer with which the claim was lodged.

# A1.2 Template data

Insurer's operating under the NT WorkSafe scheme are required to complete and return two statutory forms on an annual basis, Form A and Form B, and are requested to provide extra information to assist in the monitoring of the scheme.

Insurers were provided with a data template in the form of an Excel workbook. This contained Form A and Form B, and tables to record the current outstanding claims liability, and policies, employees, wages and premium by ANZSIC class on both a processing and underwriting year basis, earned but not yet raised premium and large claims.

NT WorkSafe has provided each of the completed template workbooks to us.

Self-insurers provide a shortened version of Form B.

#### Form A

Form A is a simplified version of the profit and loss account for the insurance aspects of the entity only. The following data items are given for the current financial year:

- Gross premiums
- Re-insurance premiums paid
- Unearned premium at start and end of the year

- Claims paid
- Reinsurance recoveries on claims paid
- Outstanding claims at start and end of the year
- Underwriting profit/loss
- Commission paid
- Other expenses
- Investment income
- Profit/loss.

#### Form B

Form B contains the following data items in relation to the insurers' claims experience:

- Claims reported
- Claims paid
- Number of reported claims outstanding (active claims)
- Provisions for outstanding claims, broken down by:
  - Provisions for claims already reported
  - Provisions for unreported claims
- Case estimates for all claims
- For claims with an incurred cost over \$500,000:
  - Cumulative payments to date
  - Case estimates outstanding.

Claims reported and paid are presented broken down by accident year and give the total amount over the year. Active claims, the outstanding provision, and case estimates are also broken down by accident year but show the position as at the end of the year. The large claim information shows payments made in total to date and the case estimate position at the end of the year.

The case estimates for all claims and cumulative payments and case estimates for claims with an incurred cost over \$500,000 was added this year.

#### Outstanding claims

This contains the following information for the insurers' outstanding claim liability at the end of the year:

- Gross central estimate
- Reinsurance recoveries
- Claims handling expense
- Prudential margin.

#### ANZSIC data

The file presents a breakdown of the following five data items by each ANZSIC category:

- Policies
- Employees
- Premiums
- Wages.

This information is given for the current processing year, and for the most recent five underwriting years.

#### Earned but not yet raised premium

The file contains information of earned but not yet raised premium as at 30 June 2018 for each of the five most recent earned years.

#### Large claims

Insurers provided information on each open large claim with total gross estimates over \$2 million and provide information on:

- Claim number
- Accident date
- Payments to date
- Case estimates
- Total gross estimates
- Estimated reinsurance recoveries
- Other information.

# A 2 Data quality

Overall, the data NT WorkSafe provided to us was suitable for our purposes.

NT WorkSafe performed an initial set of data quality checks before sending it to us. After we conducted a high-level check of the total payments and reports between the Form B returns and the WIMS system, we raised a few minor queries with some self-insurers. These have been corrected where required so the differences are relatively consistent.

The following table shows the difference between the cumulative claim payments and reports on Form B and on the WIMS system for insurers only.

Accident	Payments (\$000s)			Rep	orts			
year	Form B	WIMS	Difference	Difference (%)	Form B	WIMS	Difference	Difference (%)
2018	27,381	26,874	-508	-1.9%	2,151	2,105	-46	-2.1%
2017	55,572	55,319	-253	-0.5%	2,390	2,349	-41	-1.7%
2016	71,667	70,916	-751	-1.0%	2,520	2,480	-40	-1.6%
2015	80,845	80,193	-652	-0.8%	2,642	2,633	-9	-0.3%
2014	78,638	79,856	1,218	1.5%	2,994	2,773	-221	-7.4%
2013	82,350	83,534	1,184	1.4%	2,700	2,801	101	3.8%
2012	72,765	71,245	-1,520	-2.1%	2,530	2,642	112	4.4%
2011	70,920	72,066	1,146	1.6%	2,624	2,709	85	3.2%
2010	73,634	73,678	43	0.1%	2,739	2,520	-219	-8.0%
2009	85,474	84,026	-1,448	-1.7%	2,478	2,608	130	5.2%
Total	699,246	697,706	-1,540	-0.2%	25,767	25,620	-147	-0.6%

This table shows that in total the two systems reconcile reasonably well, with generally minor discrepancies across all accident years.

This is the fourth year for which self-insurers have completed Form B. Previously they completed Form 1, which took a slightly different form.

The following table shows the difference between the claim payments and reports for this financial year by accident year on Form B and on the WIMS system for self-insurers only.

Accident	Payments (\$000s)	Reports						
year	Form B	WIMS	Difference	Difference (%)	Form B	WIMS	Difference	Difference (%)
2018	551	573	22	3.9%	84	84	0	0.0%
2017	706	724	19	2.7%	6	8	2	33.3%
2016	328	323	-5	-1.4%	1	1	0	0.0%
2015	299	300	1	0.3%	0	0	0	0.0%
2014	177	178	1	0.4%	0	0	0	0.0%
2013	0	0	0	0.0%	0	0	0	0.0%
2012 & earlier	. 8	19	11	139.7%	0	0	0	0.0%
Total	2,068	2,117	49	2.4%	91	93	2	2.2%

The information from Form B for the 2018 financial year reconciles fairly well with the WIMS.

We relied upon the WIMS data for this valuation as per previous valuations.

# Appendix B Assumptions

# B1 Financial assumptions

#### Future inflation and interest rates

Years	Interest rate	Inflation rate	Real rate	
ahead	30 Jun 2018	30 Jun 2018	30 Jun 2018	30 Jun 2017
1	1.89%	1.20%	0.69%	-0.13%
2	2.09%	1.70%	0.39%	-0.78%
3	2.37%	2.30%	0.07%	-0.61%
4	2.61%	2.80%	-0.19%	-0.71%
5	2.79%	2.72%	0.07%	-0.40%
6	2.92%	2.64%	0.28%	-0.17%
7	2.99%	2.56%	0.44%	0.00%
8	3.02%	2.47%	0.54%	0.11%
9	3.04%	2.39%	0.64%	0.20%
10	3.09%	2.31%	0.78%	0.32%
11	3.18%	2.23%	0.95%	0.48%
12	3.27%	2.15%	1.12%	0.67%
13	3.34%	2.07%	1.28%	0.91%
14	3.41%	1.99%	1.42%	1.19%
15	3.47%	1.91%	1.56%	1.50%
16	3.49%	1.82%	1.67%	1.69%
17 & onwards	3.49%	1.74%	1.75%	1.75%

The 30 June 2018 real rates are higher than the 30 June 2017 rates for all future years, which decreases the liabilities. This is predominantly due to a decrease in our estimate of future wage inflation compared to our 30 June 2017 valuation.

The real rate is estimated to be negative, i.e. interest earned is less than wage inflation, for the fourth projection years and positive for all other projection years. In our previous valuation, the first six projection years had real rates of return, which were negative.

The interest rate for one quarter of the first year ahead  $[((1 + 1.89\%) ^ 0.25 - 1) = 0.47\%]$  is included in the calculation of the average premium rate. This is because premiums are received on average three months earlier than the point to which claims are discounted.

**Forward interest rates** are those estimated to be anticipated over future years by the Commonwealth bond market as it stood at 30 June 2018.

The interest rates are obtained by fitting a curve to the 30 June 2018 Commonwealth Government Bond yield curve, to derive the one year forward rates of interest, which are then independent of the cash flows of a particular portfolio of risks.

The inflation and interest rates are chosen to be consistent with those currently used in our actuarial assessments for long tail classes.

The *wage inflation* assumptions we have adopted are lower than those used for the previous valuation. We have based future wage inflation on Deloitte Access Economics forecasts for NT as published on NT Treasury's website. Our analysis this year have adopted a step-wise inflation rate, consistent with the previous valuation. Adopting based on Deloitte Access Economics forecast for the first four projection years i.e. 1.2% inflation rate for 2018 (i.e. one year ahead), up to 2.8% for four years ahead.

From projection year 17 onwards, we used a long term 'gap' assumption, the inflation rate is set to achieve a real rate of interest of 1.75%. From projection years five to 17, we allow for a steady linear adjustment in the inflation rate to reach the long-term rate.

#### Past wage inflation

Past wage inflation for bringing past payments and case estimates into current values is taken from ABS Cat 6302.0 Average Weekly Earnings for Northern Territory (persons full-time adult ordinary time earnings), as shown below:

	Mid	End	Claims	escalation fac	ctors
Year to	Quarter	Quarter	% Change	For	For case
30-Jun	AWE	AWE	p.a.	payments	estimates
2004	934.7	942.1		1.826	1.778
2005	1,000.2	1,003.8	6.5%	1.720	1.669
2006	1,016.0	1,016.9	1.3%	1.653	1.647
2007	1,043.0	1,052.0	3.4%	1.629	1.592
2008	1,107.4	1,114.0	5.9%	1.544	1.503
2009	1,150.9	1,158.6	4.0%	1.473	1.446
2010	1,224.2	1,235.3	6.6%	1.403	1.356
2011	1,289.3	1,311.1	6.1%	1.318	1.277
2012	1,408.6	1,410.8	7.6%	1.215	1.187
2013	1,449.3	1,449.2	2.7%	1.173	1.156
2014	1,417.2	1,426.3	-1.6%	1.166	1.174
2015	1,513.5	1,523.3	6.8%	1.138	1.100
2016	1,569.7	1,586.6	4.2%	1.078	1.056
2017	1,616.5	1,624.3	2.4%	1.033	1.031
2018	1,668.5	1,674.9	3.1%	1.014	1.000

# **B2** Superimposed inflation

A realistic level of superimposed inflation is allowed for in the outstanding claim reserves and projected breakeven premium rate.

We have analysed the superimposed inflation separately for each payment type, and for each valuation method.

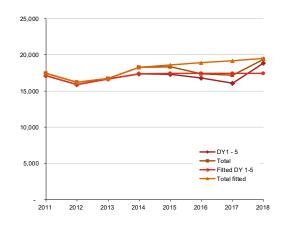
The recent trends in real growth, i.e. superimposed inflation, are shown in the charts below.

We have used the following averaging periods to analyse the superimposed inflation:

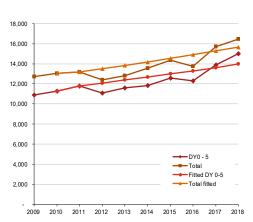
Superimposed Inflation - averaging periods (years)													
			Allied Health, Vocational Rehabilitation, Non- Compensation Payments	Other Goods And		Redemptions And Non-							
	Weekly Benefits	Medical And Hospital	(Other), Death	Services		Economic Lump Sum							
PPAC/PPCF	5	4	5	5	6	5							
PPCI	8	8	9	5	9	5							

#### Weekly benefits

#### **PPAC**

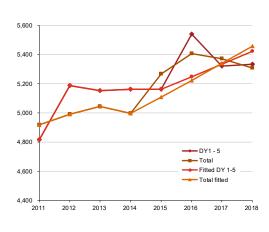


#### **PPCI**

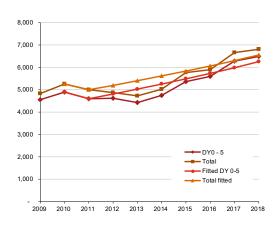


#### Medical and hospital

#### **PPAC**



#### **PPCI**

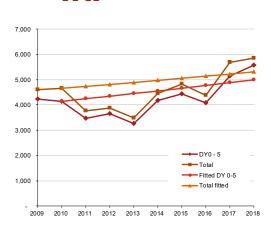


#### Allied health, vocational rehabilitation, non-compensation other and death

#### **PPAC**

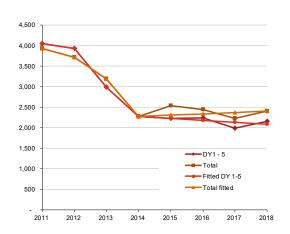
# 7,000 6,000 4,000 3,000 2,000 1,000 Total Fitted DY 1-5 Total fitted 2011 2012 2013 2014 2015 2016 2017 2018

#### **PPCI**

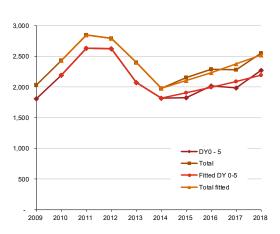


# Other goods and services

#### **PPAC**

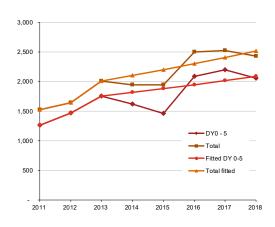


#### **PPCI**

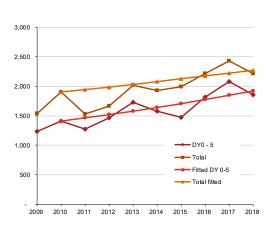


# Legal

#### **PPCF**



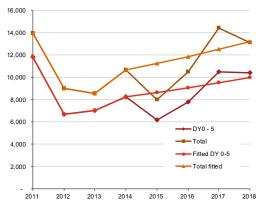
#### **PPCI**

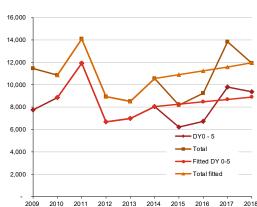


PwC Assumptions

#### Redemptions and non-economic lump sum







The above graphs for *Redemptions and Non-Economic Lump Sum* payment group we have excluded claims with cumulative payments to date over \$1 million. This has been done to try to reduce the volatility to find a true underlying superimposed inflation rate for the payment group.

This analysis of trends leads to the following assumed rates of superimposed inflation.

Superimposed Inf	flation						
	Weekly	Medical And	Allied Health, Vocactional Rehabilitation, Non- Compsenation Payments			Redemptions And Non- Economic	
	Benefits	Hospital	(Other), Death	Services	Legals	Lump Sum	Total
PPAC/PPCF	2.4%	4.5%	2.4%	0.0%	4.0%	2.5%	
PPCI	2.4%	4.5%	2.4%	4.7%	4.0%	2.5%	
30 Jun 18	2.4%	4.5%	2.4%	1.2%	4.0%	2.5%	2.7%
30 Jun 17	2.1%	2.1%	1.0%	0.0%	4.4%	1.6%	1.9%

Note a minimum of zero is applied to the superimposed inflation, hence classes with a revealed negative superimposed inflation have had a value of 0% applied. For all payment types, except for other goods and services, we adopted the PPCI superimposed inflation for the PPAC/PPCF methods.

In total, our superimposed inflation estimate of 2.7% p.a. is a 0.8% increase on the 1.9% p.a. adopted for the previous valuation. Our estimate of superimposed inflation is higher than the previous valuation for all payment type, with the exception of Legals.

We calculate the total as a weighted average across the payment groups, weighted by the total outstanding claims estimate.

# **B3** Expenses

#### Claims handling expenses

We have reviewed the allowances made for claims handling expenses in the insurers' and self-insurers' returns provided to us, and used our knowledge and experience of other workers compensation schemes in Australia to set the following claims handling expense assumptions for use in the outstanding claims liability:

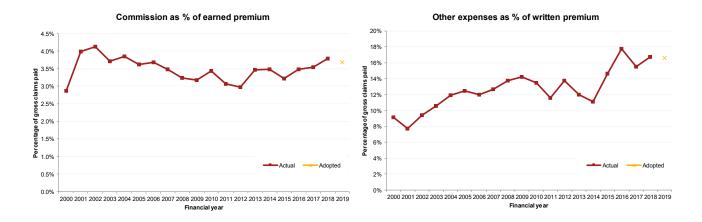
• 6% of projected future claim payments for insurers

• 7% of projected future claim payments for self-insurers.

These are the same as the previous valuation.

#### Commission and other expenses (includes claims handling expenses)

The historical commission rate as a percentage of earned premium and other expenses as a percentage of written premium are:



The commission as a percentage of earned premium decreased from 2001 to 2012, it increased to 3.5% in 2013 and has been stable since. Over 2001 to 2009, other expenses as a percentage of written premium increased significantly, and have been volatile since then, increasing significantly in 2015 and 2016. We do not know what has driven the increase in other expenses since 2015 but it could be due to increases in IT costs and reallocation of expenses amongst the lines of insurance.

For the break-even premium we have used an average of the last two years to set the commission rate, as a proportion of earned premium, and average of three years for the other expense rate, as a proportion of written premium, as follows:

(\$000s)	Underwriting	Underwriting year										
	2018	2017	2016	2015	2014	Adopted						
Gross written premium (a)	135,842	134,286	114,332	140,232	156,328							
Earned premium (b)	146,280	126,442	119,514	141,354	137,054							
Commission paid (c)	5,534	4,489	4,163	4,558	4,775							
Other expenses (d)	22,760	20,821	20,282	20,537	17,314							
Commission rate (e)	3.8%	3.6%	3.5%	3.2%	3.5%	3.7%						
Other expense rate (f)	16.8%	15.5%	17.7%	14.6%	11.1%	16.6%						

Notes: (a), (b), (c), (d) actual values taken from Consolidated Form A

(e) = (c) / (b)

(f) = (d) / (a)

The adopted rate is used in our calculation of the break-even premium rate for the next financial year. To determine the adequacy of past rates we have used the actual dollar values of commission and other expenses paid.

Compared to the previous valuation, the adopted commission rate has increased from 3.4% to 3.7%, and the adopted other expense rate has increased from 15.9% to 16.6%. The increases are due to higher rates in 2018 than historical years.

The actual 2018 commission and other expenses rates are higher than we had adopted in our projections last year.

In total, the commission and other expense rate make up 20.2% of the break-even premium rate, which is higher than the 19.2% adopted for the 30 June 2017 valuation.

#### **B4** Reinsurance

We have used the additional information provided by insurers to allow for reinsurance recoveries on large claims, which are expected to exceed the retention limit. This is equivalent to 7% of all claims, which is less than the 8% of all claims in our previous valuation. We compared the reinsurance recoveries based on the large claims with insurers' total reinsurance recoveries and they were similar, though slightly lower, so we did not feel it was necessary to allow for any further reinsurance recoveries on the smaller claims.

We reviewed the self-insurers' reports and as none of them allowed for any reinsurance recoveries, we have not allowed for any reinsurance recoveries for self-insurers.

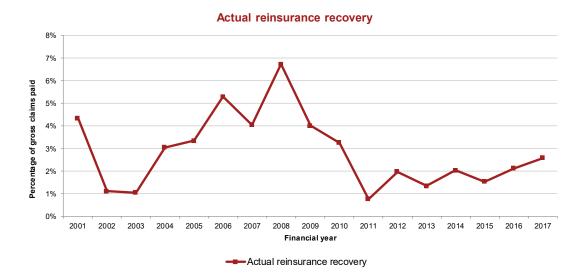
The following table and chart show the historical reinsurance recoveries received by approved insurers. The reinsurance recovery rate is defined as a proportion of the gross claims paid. This is provided for information purposes and was not used for this valuation.

Financial	Gross claims	Reinsurance	Reinsurance
year	paid (a) (\$000s)	recoveries (b) (\$000s)	recovery (c) (%)
2001	44,638	1,941	4.3%
2002	38,683	432	1.1%
2003	40,584	429	1.1%
2004	47,842	1,457	3.0%
2005	49,586	1,658	3.3%
2006	45,946	2,431	5.3%
2007	52,003	2,106	4.0%
2008	57,010	3,837	6.7%
2009	71,840	2,886	4.0%
2010	77,791	2,537	3.3%
2011	83,908	649	0.8%
2012	82,569	1,630	2.0%
2013	89,191	1,199	1.3%
2014	91,942	1,876	2.0%
2015	91,120	1,398	1.5%
2016	102,891	2,189	2.1%
2017	122,608	3,178	2.6%
2018	121,156	5,542	4.6%

Notes: (a), (b) actual values taken from Consolidated Form A

(c) = (b) / (a)

**Assumptions** 



#### B 5 GST

No explicit allowance has been made for GST net of ITC and/or DAM as our adopted bases rely on data, which includes GST net of ITC and/or DAM. The 10% GST on the workers' compensation premium itself (which employers will generally be able to recover via an input tax credit) is not included in our analysis or the recommended premium rates.

#### B 6 2015 legislative amendments

The 2015 legislative amendments were set out in two parts.

The first amendment bill, Workers' Rehabilitation and Compensation Legislation Amendment Bill 2015, passed in March 2015 and came into effect 1 July 2015. The benefit changes that were part of this bill include:

- Presumptive legislation for firefighters and volunteers to make it easier for firefighters and volunteer
  firefighters to claim workers' compensation if they are diagnosed with one of the 12 cancers listed in the
  legislation schedule
- A change in the definition of work to align with the PAYG definition used by the Australian Taxation Office (ATO)
- Increased period of compensation for older workers by extending weekly benefits from 26 weeks to 104 weeks for workers aged 67 years and older
- Five year cap on weekly benefits for claimants with a permanent impairment of less than 15% and all medical and other costs are limited to one additional year
- Increase in death and funeral benefits to 364 times the average weekly earnings
- Compensation will not be provided for stroke or heart attacks that are not caused by work
- Capping the calculation for normal weekly earnings. During the first 26 weeks when a worker is unable to
  work, their compensation payments are paid at their normal weekly earnings. After 26 weeks,
  compensation payments are paid at 75% of their normal weekly earnings. There is now a cap on the

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calculation of a worker's normal weekly earnings after 26 weeks to 250% of the ABS average weekly earnings.

The second amendment bill, the Return to Work Legislation Amendment Bill 2015, was passed in August 2015 and came into effect on 1 October 2015. This bill included:

- Payment of up to 1.5 times Average Weekly Earnings for counselling and support
- While a claim is deferred, the employer is required to make weekly payments of compensation and, in the case of claims for mental stress, engage in rehabilitation
- Formal notice be provided to the worker of any pending step down or cancellation 14 days prior to it taking effect
- A mediator may recommend workers receive legal advice paid for by the employer.
- Negotiated settlements. There will be provision for the finalisation of the claim by the payment of a lump sum through negotiated settlement. The legislation requires a qualifying period of 104 weeks before a negotiated settlement
- Settlement of disputed claims. There is provision to allow for the settlement of disputed claims for compensation (whether disputed on a question of fact or law or both) and settlement of contested applications to the Work Health Court
- Exclusion of journey claims to and from work. Journeys that are considered to be in the course of employment are not excluded.

We costed the following changes in our report titled *Actuarial costing of Northern Territory workers* compensation scheme changes dated 11 September 2014:

- Increased period of compensation for older workers by extending weekly benefits from 26 weeks to 104 weeks for workers aged 67 years and older
- Five year cap on weekly benefits for claimants with a permanent impairment of less than 15% and all medical and other costs are limited to one additional year.

We also provided commentary on some other proposed scheme changes including:

- Increase in death and funeral benefits
- New settlement regime
- Exclusion of journey claims
- Weekly benefit cap of 250% of normal weekly earnings.

Our 2014 report, estimated cost of the two first changes above as a 2.8% reduction. In this valuation, we have also allowed for the increase in death and funeral benefits, so the net reduction is 2.4%. This has been allowed for in our calculations of the outstanding claims liabilities as at 30 June 2018 for the 2015/16 to 2017/18 accident years and the future costs for the 2018/19 accident year. There is no allowance for the 2015 legislative changes in the outstanding claims liability as at 30 June 2018 for accident years before 2015/16.

As the scheme changes were broader than covered by our report the actual impact could be different to estimated. We recommend WorkSafe NT and insurers closely monitor the experience to ensure that there are no unintended consequences.

# B7 Wage and premium development factors

This year we have used earned wages and premium for the third time. Earned wages and premium develop over time as wages are initially estimated at the beginning of the underwriting year and are updated with actual wages when known and reported to the insurers. Earned premium develops based on the development of earned wages but also based on adjustments for burner policies as the claim experience emerges.

The table below shows the development factors applied to earned wages. These are based on three year averages of the development of wages, with development year 3 assuming no more development. The development factor is slightly higher than last year for DY0 but similar for DY1 and 2.

Earned wages development factors											
Development year	2018	2017									
0	1.035	1.030									
1	1.016	1.017									
2	1.006	1.007									
3	1.000	1.000									

The table below shows the development factors applied to earned premium, including the earned but not yet raised (EBNYR) premium. These are based on three year averages of the development of premium, with development years 2 and 3 assuming no more development. The development factor is slightly higher than last year for DY0 and 1.

Earned premium development factors											
Development year	2018	2017									
0	1.040	1.030									
1	1.028	1.024									
2	1.000	1.000									
3	1.000	1.000									

# Appendix C Insurer outstanding claim valuation

#### C1 Data used in the valuation

# C1.1 Number of claims reported

Accident	Number of claims reported (a) for development year:											
Year	0	1	2	3	4	5	6	7	8	9	10	Tota
2006	2,483	254	9	6	0	0	0	0	0	2	4	2,758
2007	2,224	214	10	6	1	3	0	1	0	0	4	2,463
2008	2,463	229	10	3	3	4	2	0	0	0	0	2,714
2009	2,361	248	10	3	2	2	1	1	0	0	5	2,633
2010	2,257	230	9	4	1	0	1	0	0	0	19	2,521
2011	2,385	240	18	6	2	1	1	0	0	0	3	2,656
2012	2,348	254	10	5	3	2	1	0	1	1	2	2,627
2013	2,423	256	13	9	1	1	0	0	0	1	1	2,705
2014	2,385	320	15	6	4	0	0	1	1	1	4	2,737
2015	2,335	335	21	4	2	3	2	0	0	0	2	2,704
2016	2,257	280	16	7	1	1	2	0	0	0	0	2,564
2017	2,141	244	18	7	3	0	2	0	0	0	2	2,417
2018	2,151	249	19	9	2	3	0	0	0	1	1	2,435

Note: From summary of Form B returns up to 30 June 2018

#### C1.2 Cumulative claims reported

Accident			Cumulati	ve numbe	r of claims	reported	(a) for de	velopmen	t year:		
Year	0	1	2	3	4	5	6	7	8	9	10
2006	2,483	2,735	2,560	2,860	2,890	2,864	2,963	2,920			
2007	2,224	2,697	2,745	2,566	2,861	2,893	2,864	2,964	2,920		
2008	2,463	2,453	2,707	2,748	2,569	2,865	2,895	2,864	2,964	2,920	
2009	2,361	2,711	2,463	2,710	2,750	2,571	2,866	2,896	2,864	2,964	2,925
2010	2,257	2,591	2,720	2,467	2,711	2,750	2,572	2,866	2,896	2,864	2,983
2011	2,385	2,497	2,609	2,726	2,469	2,712	2,751	2,572	2,866	2,896	2,867
2012	2,348	2,639	2,507	2,614	2,729	2,471	2,713	2,751	2,573	2,867	2,898
2013	2,423	2,604	2,652	2,516	2,615	2,730	2,471	2,713	2,751	2,574	2,868
2014	2,385	2,743	2,619	2,658	2,520	2,615	2,730	2,472	2,714	2,752	2,578
2015	2,335	2,720	2,764	2,623	2,660	2,523	2,617	2,730	2,472	2,714	2,754
2016	2,257	2,615	2,736	2,771	2,624	2,661	2,525	2,617	2,730	2,472	2,714
2017	2,141	2,501	2,633	2,743	2,774	2,624	2,663	2,525	2,617	2,730	2,474
2018	2,151	2,390	2,520	2,642	2,745	2,777	2,624	2,663	2,525	2,618	2,731

Note: Cumulative claim reports from table above

#### C1.3 Active claims

Accident		Active claims (a) at the end of development year:										
Year	0	1	2	3	4	5	6	7	8	9	10	Total
2010	760	241	132	74	46	34	28	22	14	19	81	1,451
2011	778	238	112	70	42	31	29	19	22	12	87	1,440
2012	793	213	123	67	49	34	22	15	13	17	82	1,428
2013	844	231	110	72	44	37	26	15	14	10	83	1,486
2014	931	293	100	52	45	27	28	25	11	13	72	1,597
2015	854	279	145	57	37	35	25	23	19	10	59	1,543
2016	1,007	288	140	81	48	24	27	19	19	14	63	1,730
2017	912	281	152	68	52	26	14	22	16	16	65	1,624
2018	1,011	286	125	74	42	39	19	12	17	12	66	1,703

Note: From summary of Form B returns up to 30 June 2018. Active claims were provided for the first time at 30 June 2010

#### C1.4 Claim payments

Accident		Claim payments (a) for development year (\$000):										
Year	0	1	2	3	4	5	6	7	8	9	10	Total
2006	10,364	12,116	5,163	4,972	2,661	2,189	0	0	0	0	0	37,464
2007	10,102	12,555	7,357	5,581	5,574	3,397	1,173	0	0	0	0	45,739
2008	12,608	12,976	7,253	8,179	4,472	3,692	2,850	1,428	0	0	0	53,458
2009	13,725	17,159	10,609	6,702	5,625	3,113	3,122	1,584	1,138	0	0	62,778
2010	14,500	17,059	11,438	10,416	6,032	3,518	1,703	5,410	1,243	1,327	0	72,647
2011	15,305	18,858	13,739	9,562	7,328	7,050	1,695	1,446	3,003	2,297	3,724	84,008
2012	16,961	19,035	12,651	9,217	6,019	6,525	2,406	2,350	1,204	2,307	4,390	83,064
2013	18,500	22,422	11,430	7,730	16,149	3,794	2,519	661	726	1,124	4,351	89,405
2014	19,223	24,273	9,756	10,476	6,857	5,760	3,421	4,773	1,958	476	5,038	92,013
2015	19,207	24,696	15,559	9,393	3,883	4,418	3,315	2,818	1,704	1,546	5,972	92,512
2016	21,252	24,653	15,235	14,458	5,199	4,980	3,152	2,253	4,170	2,208	4,819	102,379
2017	23,630	30,418	20,568	12,543	7,270	5,041	5,830	2,996	1,629	2,446	9,719	122,088
2018	26,874	31,689	19,247	15,764	8,160	3,474	2,473	1,127	2,515	1,180	8,246	120,748

Note: Data extracted from the WIMS system up to 30 June 2018

# C1.5 Case estimates

Accident	Accident Case estimates (a) for development year:												
Year	0	1	2	3	4	5	6	7	8	9	10	Total	
2014	41,909	30,987	25,229	11,474	13,213	7,832	18,376	10,870	3,624	4,128	33,758	201,399	
2015	49,148	25,816	20,696	16,394	10,023	7,330	9,704	15,151	8,164	2,212	32,364	197,002	
2016	43,796	39,453	16,396	15,291	13,782	7,456	6,243	9,415	12,568	4,855	32,279	201,533	
2017	46,664	33,128	33,218	12,093	12,531	7,468	4,042	5,589	8,461	10,207	31,103	204,503	
2018	66,003	34,783	23,594	20,199	7,580	10,483	5,693	3,782	4,443	8,451	31,866	216,879	

Note: From summary of Form B returns up to 30 June 2018. Case estimates were provided for the first time at 30 June 2014

# C 2 Actual and projected claims experience during 2017/18

This section compares the actual experience over the 2018 financial year with the expected experience based on the previous scheme valuation as at 30 June 2017.

# C2.1 Number of claims reported

	Number of claims	reported	
Accident year	Combined total		Actual /
ended 30 June	Actual (a)	Projected (b)	expected (c)
2017	249	269	93%
2016	19	16	116%
2015	9	7	138%
2014	2	2	87%
2013	3	1	284%
2012	0	1	0%
2011	0	0	0%
2010	0	0	0%
2009	1	0	253%
2008 and earlier	1	2	54%
Total	284	299	95%

Notes: (a) Extracted from the WIMS database to 30 June 2018

(b) Derived using the reporting rates in Appendix C3.1 of our previous scheme report dated 13 June 2018

 $(c) = (a) / (b) \times 100$ 

# C2.2 Proportion of claims finalised

	Proportion of clai	ms finalised (a) o	luring 2017/18
Accident year			Actual /
ended 30 June	Actual	Projected (b)	expected (c)
2017	75%	77%	98%
2016	58%	52%	112%
2015	54%	49%	110%
2014	40%	34%	119%
2013	29%	35%	84%
2012	27%	26%	102%
2011	14%	19%	74%
2010	23%	19%	117%
2009	29%	19%	153%
2008 and earlier	20%	19%	101%
Total	63.7%	63.5%	100%

Note: (a) Defined as:

number of claims finalised during the year

number outstanding at beginning of year + number reported during the year

(b) According to claim finalised per handled rate in appendix C3.1 of previous scheme report dated 13 June 2018. Total is weighted average using the current year's actual number of claims handled by occurrence year as the weights

# C2.3 Claim payments

	Amount of claim payments during 2017/18											
Accident year	Combined total (\$	6000)	Actual /									
ended 30 June	Actual (a)	Projected (b)	expected (c)									
2017	31,689	28,731	110%									
2016	19,247	17,246	112%									
2015	15,764	14,494	109%									
2014	8,160	8,916	92%									
2013	3,474	6,825	51%									
2012	2,473	3,082	80%									
2011	1,127	1,411	80%									
2010	2,515	2,111	119%									
2009	1,180	2,770	43%									
2008 and earlier	8,246	12,748	65%									
Total	93,875	98,336	95%									

Notes: (a) Extracted from the WIMS database to 30 June 2018

# C 3 Analysis and projection models

# C3.1 All payment types

# Claim notification pattern

Accident			С	hain ladde	r ratio (a) f	or develop	ment year:			
Year	1	2	3	4	5	6	7	8	9	10 onwards
2006	1.102	1.004	1.002	1.000	1.000	1.000	1.000	1.000	1.222	1.571
2007	1.086	1.004	1.002	1.000	1.001	1.000	1.000	1.000	1.000	1.364
2008	1.103	1.004	1.001	1.001	1.001	1.001	1.000	1.000	1.000	1.000
2009	1.101	1.004	1.001	1.001	1.001	1.000	1.000	1.000	1.000	1.002
2010	1.097	1.003	1.002	1.000	1.000	1.000	1.000	1.000	1.000	1.006
2011	1.106	1.007	1.002	1.001	1.000	1.000	1.000	1.000	1.000	1.001
2012	1.106	1.004	1.002	1.001	1.001	1.000	1.000	1.000	1.000	1.001
2013	1.109	1.005	1.004	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2014	1.132	1.006	1.002	1.002	1.000	1.000	1.000	1.000	1.000	1.002
2015	1.140	1.008	1.002	1.001	1.001	1.001	1.000	1.000	1.000	1.001
2016	1.120	1.006	1.003	1.000	1.000	1.001	1.000	1.000	1.000	1.000
2017	1.108	1.007	1.003	1.001	1.000	1.001	1.000	1.000	1.000	1.001
2018	1.116	1.008	1.003	1.001	1.001	1.000	1.000	1.000	1.000	1.000
Adopted (b)	1.122	1.007	1.002	1.001	1.001	1.000	1.000	1.000	1.000	1.001

Notes: (a) Using cumulative claim report numbers from data

(b) Adopted for 30 June 2018 valuation

<sup>(</sup>b) From previous scheme report dated 13 June 2018, in 30 June 2018 values

<sup>(</sup>c) = (a) / (b) x 100.

#### Numbers of claims incurred

		Number of claims	
Accident	Reported to	IBNR at	Incurred
Year	30 June 2018 (a)	30 June 2018 (b)	(c)
2006	2,714	0	2,714
2007	2,474	0	2,474
2008	2,731	0	2,731
2009	2,618	2	2,620
2010	2,525	2	2,527
2011	2,663	2	2,665
2012	2,624	3	2,627
2013	2,777	4	2,781
2014	2,745	5	2,750
2015	2,642	8	2,650
2016	2,520	13	2,533
2017	2,390	30	2,420
2018	2,151	291	2,442

Notes: (a) from number reported in appendix C1.1

(b) from pattern in chain ladder ratio table above

(c) = (a) + (b)

# Claim finalised per handled rate

Accident			F	inalisation	rate (a) for	developme	nt year:				
Year	0	1	2	3	4	5	6	7	8	9	10 onwards
2011	0.674	0.762	0.568	0.493	0.447	0.340	0.171	0.321	0.000	0.143	0.155
2012	0.662	0.794	0.504	0.427	0.329	0.227	0.313	0.483	0.350	0.261	0.188
2013	0.652	0.780	0.513	0.455	0.353	0.260	0.235	0.318	0.067	0.286	0.170
2014	0.610	0.748	0.593	0.552	0.408	0.386	0.243	0.074	0.313	0.133	0.258
2015	0.634	0.780	0.538	0.452	0.315	0.271	0.138	0.179	0.240	0.091	0.322
2016	0.554	0.746	0.525	0.467	0.172	0.368	0.270	0.240	0.174	0.263	0.087
2017	0.574	0.775	0.503	0.537	0.381	0.458	0.462	0.185	0.158	0.158	0.177
2018	0.530	0.754	0.583	0.540	0.400	0.291	0.269	0.143	0.227	0.294	0.195
Adopted (b)	0.553	0.759	0.547	0.512	0.345	0.352	0.271	0.165	0.219	0.198	0.215

Notes: (a) Defined as: Number of claims finalised / number of claims handled

(b) Adopted for 30 June 2018 valuation

# C3.2 Weekly benefits

#### Claim payments

Accident		Claim payments (a) for development year:										
Year	0	1	2	3	4	5	6	7	8	9	10 onwards	Total
2006	4,772,881	5,000,913	1,552,571	1,730,175	883,068	605,665	0	0	0	0	1,133,706	15,678,979
2007	4,621,258	5,522,676	2,312,112	1,299,739	1,642,490	672,462	632,222	0	0	0	781,090	17,484,049
2008	5,922,879	5,883,407	2,769,084	1,656,662	1,318,783	1,132,900	773,494	597,426	0	0	903,825	20,958,460
2009	6,228,835	6,655,731	3,960,452	1,258,278	832,907	604,411	884,027	399,102	380,034	0	1,880,764	23,084,541
2010	6,456,241	6,548,963	3,445,777	2,485,146	1,484,384	465,078	531,917	801,976	407,221	613,423	1,283,008	24,523,134
2011	7,024,860	8,365,356	2,792,467	2,222,666	1,470,556	1,455,385	512,217	523,367	686,608	257,529	931,045	26,242,056
2012	7,653,496	7,579,813	3,964,698	1,803,241	1,270,971	1,584,552	642,719	349,971	409,600	551,010	1,097,617	26,907,688
2013	8,827,058	8,886,932	3,561,415	2,734,261	1,115,920	1,368,720	967,895	4,494	372,833	302,744	1,087,873	29,230,145
2014	8,103,221	10,405,904	3,401,196	2,381,386	2,139,819	1,102,380	1,214,201	678,973	358,515	389,871	1,259,486	31,434,952
2015	8,230,264	10,999,095	5,605,649	2,512,465	1,283,333	1,240,737	573,282	805,123	922,606	332,210	1,492,877	33,997,641
2016	8,763,241	10,688,103	5,349,633	3,189,781	1,338,501	815,046	667,108	474,422	522,645	679,442	1,204,803	33,692,725
2017	9,888,087	13,191,879	5,918,120	2,612,577	1,987,221	649,422	520,104	627,099	441,730	423,495	2,429,708	38,689,442
2018	9,535,510	14,918,084	5,975,439	3,766,731	1,572,990	998,863	612,951	296,451	460,635	390,855	2,061,607	40,590,116

Notes: (a) Data extracted from the WIMS system up to 30 June 2018. DY10+ using the Report 4 payments

# Average real payment per active claim

Accident			Weekly	Benefits PP	AC (a) for dev	elopment yea	ar:			
Year	1	2	3	4	5	6	7	8	9 10	onwards
2011	14,505	15,269	22,189	26,187	41,692	19,852	24,631	41,127	24,240	12,269
2012	11,839	20,243	19,565	22,064	45,846	25,194	14,665	26,197	30,435	13,473
2013	13,143	19,609	26,070	19,533	32,758	33,385	240	29,149	27,311	12,887
2014	14,370	17,161	25,233	34,640	29,202	38,249	30,438	27,858	32,458	15,785
2015	13,449	21,780	28,602	28,095	31,388	24,171	32,734	42,012	34,381	19,994
2016	13,487	20,663	23,706	25,305	23,738	20,540	20,450	24,488	38,536	18,816
2017	13,531	21,226	19,276	25,341	13,975	22,384	23,990	24,014	23,023	32,593
2018	16,588	21,564	25,130	23,458	19,479	23,907	21,473	21,233	24,772	25,810
Adopted (b)	16,990	21,912	23,616	24,710	18,701	22,091	22,115	23,228	30,362	22,386

Notes: (a) In 30 June 2018 values

(b) Adopted for 30 June 2018 valuation

# Average real payment per claim incurred

Accident				Weekly	Benefits PPC	(a) for devel	opment year:	:				
Year	0	1	2	3	4	5	6	7	8	9 10	onwards	Total
2006	2,907	3,002	995	997	504	349	0	0	0	0	170,360	179,114
2007	3,044	3,316	1,368	821	933	378	359	0	0	0	84,847	95,067
2008	3,348	3,671	1,575	929	790	610	412	322	0	0	43,596	55,250
2009	3,502	3,590	2,358	683	445	345	454	203	195	0	947	12,723
2010	3,584	3,507	1,770	1,409	767	237	289	392	197	300	603	13,058
2011	3,473	4,362	1,405	1,072	783	707	245	268	315	117	428	13,175
2012	3,541	3,456	1,906	836	566	778	288	154	193	233	460	12,412
2013	3,722	3,968	1,567	1,269	500	588	459	2	159	138	445	12,816
2014	3,434	4,361	1,509	1,041	987	490	518	320	154	165	569	13,550
2015	3,536	4,553	2,295	1,089	548	559	249	336	425	139	617	14,345
2016	3,728	4,347	2,096	1,236	549	330	284	195	206	296	478	13,745
2017	4,221	5,378	2,307	981	738	255	202	256	174	160	1,014	15,688
2018	3,959	6,252	2,392	1,442	580	364	237	113	185	151	766	16,441
Adopted (b)	4,189	6,404	2,405	1,229	678	398	300	243	226	180	684	16,936

Notes: (a) In 30 June 2018 values

(b) Adopted for 30 June 2018 valuation

#### Estimates from models

Weekly Benefits											
	Estimated outs	tanding clai	ms								
Accident	claims at 30 Ju	claims at 30 June 2018 (\$000s) (a) Weighting									
Year	PPAC	PPCI	Adopted	PPAC	PPCI						
2018	35,910	33,000	35,037	70%	30%						
2017	16,951	16,615	16,850	70%	30%						
2016	9,563	10,967	10,686	20%	80%						
2015	7,349	7,985	7,349	100%	0%						
2014	4,608	6,254	4,608	100%	0%						
2013	5,009	5,083	5,009	100%	0%						
2012	2,697	3,911	2,697	100%	0%						
2011	1,723	3,235	1,723	100%	0%						
2010	2,334	2,431	2,334	100%	0%						
2009 & earlier	9,171	9,877	9,171	100%	0%						
Total	95,315	99,358	95,464								

**Notes:** (a) From models described above, in 30 June 2018 values and includes superimposed inflation but excludes the 2015 legislative amendments

# C3.3 Medical and hospital

#### Claim payments

Accident					Claim pay	ments (a) for	development	year:				
Year	0	1	2	3	4	5	6	7	8	9 10	onwards	Total
2006	2,749,613	2,074,713	419,634	386,572	296,048	62,150	0	0	0	0	219,576	6,208,306
2007	2,585,463	1,646,653	687,767	394,179	316,294	147,263	83,368	0	0	0	151,281	6,012,268
2008	3,579,319	2,209,555	540,753	606,722	187,383	220,673	65,565	69,104	0	0	175,053	7,654,127
2009	3,741,213	2,808,425	909,690	424,545	117,673	143,441	118,315	55,304	46,632	0	364,266	8,729,504
2010	4,117,880	2,539,692	1,039,031	655,342	466,859	170,986	145,452	112,152	150,648	66,583	248,493	9,713,118
2011	4,550,111	2,725,107	722,979	478,082	334,251	318,953	124,344	65,743	323,875	142,187	180,324	9,965,956
2012	4,665,246	3,373,754	928,296	474,053	265,961	250,060	137,885	60,493	51,395	158,574	212,586	10,578,303
2013	4,663,542	3,602,423	1,043,761	442,068	197,289	183,961	255,237	28,860	19,463	157,285	210,699	10,804,588
2014	5,381,289	3,835,811	764,401	626,585	321,885	213,159	120,997	185,779	39,070	17,751	243,937	11,750,664
2015	6,208,390	4,174,934	1,174,615	357,453	435,689	299,445	148,729	174,226	296,992	34,874	289,140	13,594,487
2016	6,477,554	4,973,677	1,201,820	423,421	200,775	253,076	183,046	125,883	95,932	50,978	233,346	14,219,508
2017	7,119,441	5,342,626	1,788,321	411,454	349,532	162,219	232,516	102,941	108,095	27,720	470,585	16,115,450
2018	8,084,686	4,685,969	1,502,615	802,869	341,625	372,351	121,715	110,074	136,226	25,397	399,291	16,582,818

Note: Data extracted from the WIMS system up to 30 June 2018. DY10+ using the Report 4 payments

#### Average real payment per active claim

Accident			Medical Ar	nd Hospital Pl	PAC (a) for d	levelopment y	ear:			
Year	1	2	3	4	5	6	7	8	9 10	onwards
2011	4,725	3,953	4,773	5,952	9,137	4,819	3,094	19,400	13,383	2,376
2012	5,270	4,740	5,143	4,617	7,235	5,405	2,535	3,287	8,759	2,609
2013	5,328	5,747	4,215	3,453	4,403	8,804	1,538	1,522	14,189	2,496
2014	5,297	3,857	6,639	5,211	5,647	3,812	8,328	3,036	1,478	3,057
2015	5,105	4,564	4,069	9,538	7,575	6,271	7,084	13,524	3,609	3,872
2016	6,276	4,642	3,147	3,796	7,371	5,636	5,426	4,495	2,891	3,644
2017	5,480	6,414	3,036	4,457	3,491	10,007	3,938	5,877	1,507	6,313
2018	5,210	5,423	5,356	5,095	7,261	4,747	7,973	6,279	1,610	4,999
Adopted (b)	5,637	5,502	4,378	4,485	6,227	5,847	6,404	7,085	2,148	4,336

Notes: (a) In 30 June 2018 values

(b) Adopted for 30 June 2018 valuation

# Average real payment per claim incurred

Accident				Medical An	d Hospital PF	Cl (a) for dev	velopment yea	ar:				
Year	0	1	2	3	4	5	6	7	8	9 10	onwards	Total
2006	1,675	1,245	269	223	169	36	0	0	0	0	32,995	36,612
2007	1,703	989	407	249	180	83	47	0	0	0	16,433	20,091
2008	2,023	1,379	308	340	112	119	35	37	0	0	8,444	12,796
2009	2,104	1,515	542	230	63	82	61	28	24	0	183	4,832
2010	2,286	1,360	534	372	241	87	79	55	73	33	117	5,237
2011	2,250	1,421	364	231	178	155	59	34	149	65	83	4,987
2012	2,158	1,538	446	220	118	123	62	27	24	67	89	4,873
2013	1,967	1,608	459	205	88	79	121	12	8	72	86	4,706
2014	2,280	1,608	339	274	148	95	52	88	17	8	110	5,018
2015	2,667	1,728	481	155	186	135	65	73	137	15	120	5,760
2016	2,755	2,023	471	164	82	102	78	52	38	22	93	5,880
2017	3,039	2,178	697	155	130	64	90	42	43	10	196	6,645
2018	3,357	1,964	601	307	126	136	47	42	55	10	148	6,793
Adopted (b)	3,507	2,166	679	210	134	106	66	59	56	13	133	7,131

Notes: (a) In 30 June 2018 values

(b) Adopted for 30 June 2018 valuation

#### Estimates from models

<b>Medical And Hos</b>	spital				
	Estimated outs	tanding clai	ns		
Accident	claims at 30 Ju	ne 2018 (\$00	00s) (a)	Weightir	ıg
Year	PPAC	PPCI	Adopted	PPAC	PPCI
2018	10,372	9,617	10,146	70%	30%
2017	4,081	3,993	4,055	70%	30%
2016	2,189	2,319	2,293	20%	80%
2015	1,786	1,777	1,786	100%	0%
2014	1,187	1,404	1,187	100%	0%
2013	1,186	1,070	1,186	100%	0%
2012	609	797	609	100%	0%
2011	361	621	361	100%	0%
2010	431	424	431	100%	0%
2009 & earlier	1,950	1,167	1,950	100%	0%
Total	24,152	23,188	24,003		

**Notes:** (a) From models described above, in 30 June 2018 values and includes superimposed inflation but excludes the 2015 legislative amendments

# C3.4 Allied health, vocational rehabilitation, non-compensation (other) and death

#### Claim payments

Accident					Claim pay	ments (a) for	development	year:				
Year	0	1	2	3	4	5	6	7	8	9 10	onwards	Total
2006	1,326,485	2,025,411	873,541	573,235	263,167	148,520	0	0	0	0	210,469	5,420,828
2007	1,589,128	1,942,786	927,530	397,675	336,791	243,939	136,410	0	0	0	145,007	5,719,266
2008	1,799,554	2,127,851	652,592	479,144	189,028	258,609	145,286	79,879	0	0	167,792	5,899,735
2009	2,353,552	3,397,234	983,622	480,839	325,118	106,012	225,114	86,876	60,346	0	349,158	8,367,871
2010	2,415,648	2,698,696	1,323,850	673,720	415,171	157,705	116,269	183,296	126,476	382,779	238,186	8,731,796
2011	1,619,391	2,841,841	969,159	764,929	342,332	321,059	136,660	81,571	145,650	70,965	172,845	7,466,402
2012	2,535,609	2,492,688	1,294,681	403,986	640,432	507,062	102,063	41,001	58,384	93,257	203,769	8,372,932
2013	2,450,396	2,841,820	1,134,442	508,203	298,929	216,879	143,948	94,135	33,874	30,464	201,960	7,955,050
2014	3,356,598	3,611,302	1,485,319	731,605	355,967	214,183	243,243	65,783	62,260	39,744	233,819	10,399,823
2015	2,555,311	4,026,095	2,104,207	995,769	451,970	418,317	138,582	191,187	166,531	116,635	277,148	11,441,752
2016	2,992,475	3,909,402	1,869,947	801,783	242,863	193,909	178,898	96,043	114,604	118,250	223,668	10,741,842
2017	3,553,151	5,287,125	2,373,618	867,487	397,105	205,080	482,730	195, 164	65,307	121,999	451,067	13,999,833
2018	5,252,470	4,880,244	1,881,737	930,973	431,194	201,224	150,669	68,631	95,422	52,431	382,731	14,327,726

Note: Data extracted from the WIMS system up to 30 June 2018. DY10+ using the Report 4 payments

# Average real payment per active claim

Accident	Allied Health, V	ocational Rel	nabilitation, N	lon-Compens	ation Payme	nts (Other), D	eath PPAC (a	a) for develop	oment year:	
Year	1	2	3	4	5	6	7	8	9 10	onwards
2011	4,927	5,299	7,636	6,096	9,197	5,297	3,839	8,724	6,680	2,278
2012	3,893	6,610	4,383	11,118	14,671	4,001	1,718	3,734	5,151	2,501
2013	4,203	6,246	4,845	5,232	5,191	4,965	5,018	2,648	2,748	2,392
2014	4,987	7,494	7,752	5,762	5,674	7,663	2,949	4,838	3,309	2,930
2015	4,923	8,176	11,336	9,895	10,582	5,843	7,773	7,583	12,071	3,712
2016	4,933	7,223	5,959	4,592	5,648	5,508	4,140	5,370	6,707	3,493
2017	5,423	8,513	6,400	5,064	4,413	20,776	7,466	3,550	6,632	6,051
2018	5,427	6,791	6,211	6,430	3,924	5,877	4,971	4,398	3,323	4,792
Adopted (b)	5,425	7,663	7,250	6,178	5,977	8,627	5,575	5,287	6,148	4,156

Notes: (a) In 30 June 2018 values

(b) Adopted for 30 June 2018 valuation

# Average real payment per claim incurred

Accident	Alli	ed Health, V	ocational Reha	bilitation, No	n-Compensat	ion Payment	s (Other), Dea	th PPCI (a) f	or developm	ent year:		
Year	0	1	2	3	4	5	6	7	8	9 10	onwards	Total
2006	808	1,216	560	330	150	86	0	0	0	0	31,627	34,777
2007	1,047	1,166	549	251	191	137	78	0	0	0	15,752	19,171
2008	1,017	1,328	371	269	113	139	77	43	0	0	8,093	11,451
2009	1,323	1,832	586	261	174	61	116	44	31	0	176	4,603
2010	1,341	1,445	680	382	215	80	63	90	61	187	112	4,657
2011	801	1,482	487	369	182	156	65	42	67	32	79	3,763
2012	1,173	1,136	623	187	285	249	46	18	28	40	85	3,870
2013	1,033	1,269	499	236	134	93	68	41	14	14	83	3,484
2014	1,422	1,514	659	320	164	95	104	31	27	17	106	4,459
2015	1,098	1,666	861	432	193	188	60	80	77	49	115	4,819
2016	1,273	1,590	733	311	100	78	76	40	45	52	89	4,386
2017	1,517	2,156	925	326	147	81	187	80	26	46	188	5,679
2018	2,181	2,045	753	356	159	73	58	26	38	20	142	5,853
Adopted (b)	1,895	2,152	861	341	153	102	98	51	42	37	127	5,858

Notes: (a) In 30 June 2018 values

(b) Adopted for 30 June 2018 valuation

#### Estimates from models

	Estimated outs					
Accident	claims at 30 Ju	ne 2018 (\$00	10s) (a)	Weighting		
Year	PPAC	PPCI	Adopted	PPAC	PP	
2018	11,090	10,130	10,802	70%	30	
2017	5,066	4,658	4,944	70%	30	
2016	2,564	2,608	2,599	20%	80	
2015	1,843	1,772	1,843	100%	0	
2014	1,153	1,382	1,153	100%	0	
2013	1,188	1,084	1,188	100%	0	
2012	551	747	551	100%	0	
2011	336	605	336	100%	0	
2010	441	455	441	100%	0	
009 & earlier	1,699	1,695	1,699	100%	0	
Total	25,931	25,136	25,556			

**Notes:** (a) From models described above, in 30 June 2018 values and includes superimposed inflation but excludes the 2015 legislative amendments

# C3.5 Other goods and services

#### Claim payments

Accident					Claim pay	ments (a) for	development	year:				
Year	0	1	2	3	4	5	6	7	8	9 10	0 onwards	Total
2006	868,463	920,704	217,433	237,431	39,375	30,087	0	0	0	0	171,648	2,485,141
2007	1,073,145	800,665	358,966	160,880	185,147	44,076	46,077	0	0	0	118,260	2,787,216
2008	1,109,871	827,823	275,410	182,574	85,722	183,976	20,278	23,488	0	0	136,843	2,845,985
2009	1,234,445	1,149,196	468,962	165,602	170,877	66,805	103,871	31,142	22,987	0	284,756	3,698,643
2010	1,119,511	1,914,284	577,979	294,112	114,282	56,387	44,834	191,069	30,123	19,473	194,253	4,556,307
2011	1,357,320	1,419,816	1,773,413	370,817	199,111	85,453	59,446	48,905	211,722	15,125	140,964	5,682,092
2012	1,626,314	1,487,961	539,124	1,014,463	182,189	779,617	49,111	41,856	18,135	118,795	166,184	6,023,749
2013	1,568,276	1,464,369	610,500	294,071	630,061	166,282	509,228	22,570	12,114	7,029	164,709	5,449,209
2014	1,723,246	1,401,922	430,785	347,657	168,785	187,116	156,222	-13,833	12,821	19,453	190,691	4,624,865
2015	1,547,585	1,614,034	452,554	202,359	316,201	191,683	154,664	240,214	135,516	14,040	226,028	5,094,878
2016	2,054,178	1,974,264	429,633	233,491	96,505	114,752	134,736	92,629	146,768	89,762	182,412	5,549,130
2017	1,847,320	1,839,750	823,543	192,966	112,408	43,362	88,568	48,689	148,294	56,237	367,868	5,569,005
2018	2,434,888	1,760,326	762,490	344,347	117,509	122,482	44,067	56,536	37,815	290,716	312,136	6,283,312

Note: Data extracted from the WIMS system up to 30 June 2018. DY10+ using the Report 4 payments

# Average real payment per active claim

Accident			Other Goods	And Service	s PPAC (a) fo	or developme	nt year:			
Year	1	2	3	4	5	6	7	8	9 10	onwards
2011	2,462	9,697	3,702	3,546	2,448	2,304	2,302	12,682	1,424	1,858
2012	2,324	2,753	11,007	3,163	22,557	1,925	1,754	1,160	6,562	2,040
2013	2,166	3,361	2,804	11,028	3,980	17,565	1,203	947	634	1,951
2014	1,936	2,174	3,684	2,732	4,957	4,921	-620	996	1,620	2,390
2015	1,974	1,758	2,304	6,922	4,849	6,521	9,766	6,171	1,453	3,027
2016	2,491	1,659	1,735	1,824	3,342	4,148	3,993	6,877	5,091	2,849
2017	1,887	2,954	1,424	1,433	933	3,812	1,863	8,062	3,057	4,935
2018	1,957	2,752	2,297	1,752	2,389	1,719	4,095	1,743	18,426	3,908
Adopted (b)	1,920	2,854	2,219	2,715	3,225	4,292	3,143	4,989	6,181	3,389

Notes: (a) In 30 June 2018 values

(b) Adopted for 30 June 2018 valuation

# Average real payment per claim incurred

Accident			C	Other Goods	And Services	PPCI (a) for	development	year:	<u> </u>			
Year	0	1	2	3	4	5	6	7	8	9 10	onwards	Total
2006	529	553	139	137	22	17	0	0	0	0	25,793	27,191
2007	707	481	212	102	105	25	26	0	0	0	12,846	14,504
2008	627	516	157	102	51	99	11	13	0	0	6,601	8,177
2009	694	620	279	90	91	38	53	16	12	0	143	2,037
2010	622	1,025	297	167	59	29	24	93	15	10	91	2,432
2011	671	740	892	179	106	41	28	25	97	7	65	2,852
2012	752	678	259	471	81	383	22	18	9	50	70	2,794
2013	661	654	269	136	282	71	241	10	5	3	67	2,401
2014	730	588	191	152	78	83	67	-7	6	8	86	1,982
2015	665	668	185	88	135	86	67	100	62	6	93	2,156
2016	874	803	168	90	40	46	57	38	58	39	72	2,287
2017	789	750	321	72	42	17	34	20	58	21	154	2,279
2018	1,011	738	305	132	43	45	17	22	15	113	116	2,556
Adopted (b)	891	765	263	107	67	55	49	19	40	37	104	2,395

Notes: (a) In 30 June 2018 values

(b) Adopted for 30 June 2018 valuation

#### Estimates from models

Other Goods An	d Services				
	Estimated outs	tanding clair	ms		
Accident	claims at 30 Ju	ne 2018 (\$00	0s) (a)	Weightir	ng
Year	PPAC	PPCI	Adopted	PPAC	PPCI
2018	4,174	4,201	4,182	70%	30%
2017	2,092	2,168	2,115	70%	30%
2016	1,179	1,518	1,450	20%	80%
2015	1,032	1,241	1,032	100%	0%
2014	711	1,051	711	100%	0%
2013	778	865	778	100%	0%
2012	405	656	405	100%	0%
2011	267	588	267	100%	0%
2010	346	434	346	100%	0%
2009 & earlier	1,252	1,644	1,252	100%	0%
Total	12,237	14,367	12,539		

**Notes:** (a) From models described above, in 30 June 2018 values and includes superimposed inflation but excludes the 2015 legislative amendments

# C3.6 Legals

# Claim payments

Accident					Claim pay	ments (a) for	development	t year:				
Year	0	1	2	3	4	5	6	7	8	9 10	0 onwards	Total
2006	220,962	521,023	630,304	568,796	234,876	237,764	0	0	0	0	175,360	2,589,085
2007	101,442	499,512	688,390	786,769	365,276	216,776	139,945	0	0	0	120,818	2,918,928
2008	102,809	409,304	632,966	486,280	454,738	118,188	292,904	178,138	0	0	139,802	2,815,129
2009	104,263	553,131	459,063	465,487	473,244	166,346	146,740	72,882	86,698	0	290,914	2,818,768
2010	110,485	572,976	563,716	752,159	321,759	303,526	171,042	341,489	66,246	222,859	198,454	3,624,711
2011	119,748	435,187	911,353	435,657	327,544	296,488	143,894	73,735	73,122	116,630	144,012	3,077,370
2012	189,595	633,460	574,349	768,389	248,978	705,228	75,826	105,448	52,297	46,709	169,778	3,570,057
2013	192,251	592,132	775,905	604,921	1,139,497	588,270	216,238	139,320	58,533	56,996	168,270	4,532,333
2014	197,299	738,137	873,295	638,026	502,451	640,462	282,056	219,827	80,257	8,704	194,815	4,375,329
2015	143,327	907,677	880,787	499,253	660,560	392,914	344,651	349,078	114,010	181,815	230,916	4,704,988
2016	419,783	899,214	1,155,054	1,163,680	445,297	450,979	209,813	497,577	66,402	13,080	186,357	5,507,236
2017	388,426	1,419,215	1,561,753	1,011,523	484,070	420,027	231,269	162,886	34,962	69,404	375,823	6,159,358
2018	481,374	1,099,085	1,070,566	795,370	823,393	429,932	292,035	76,783	176,933	79,046	318,886	5,643,403

Note: Data extracted from the WIMS system up to 30 June 2018. DY10+ using the Report 4 payments

# Average real payment per claim finalised

Accident			Lega	Is PPCF (a)	for develo	pment yea	r:				
Year	0	1	2	3	4	5	6	7	8	9 10	onwards
2011	98	753	8,170	8,443	12,695	24,419	31,603	10,796	0	76,845	11,861
2012	148	940	5,584	18,675	12,606	85,698	9,214	9,153	9,079	9,460	10,858
2013	143	849	7,844	11,824	55,681	53,069	31,699	23,341	68,644	16,710	11,608
2014	158	988	6,972	11,620	18,891	43,911	36,528	128,110	18,709	5,072	9,083
2015	110	1,047	5,933	12,093	44,234	34,407	98,087	79,478	21,631	206,978	9,388
2016	362	1,145	8,030	17,662	47,986	34,713	22,610	89,367	17,889	2,819	33,471
2017	326	1,511	10,475	13,226	15,625	19,721	19,907	33,650	12,038	23,896	27,728
2018	428	1,274	6,204	9,271	29,821	27,249	42,307	38,932	35,885	16,032	20,211
Adopted (b)	390	1,319	7,464	12,694	26,716	31,093	35,291	71,796	22,384	22,384	22,384

Notes: (a) In 30 June 2018 values

(b) Adopted for 30 June 2018 valuation

# Average real payment per claim incurred

Accident				Leg	als PPCI (a) i	for developm	ent year:					
Year	0	1	2	3	4	5	6	7	8	9 10	onwards	Total
2006	135	313	404	328	134	137	0	0	0	0	26,351	27,801
2007	67	300	407	497	208	122	80	0	0	0	13,124	14,804
2008	58	255	360	273	272	64	156	96	0	0	6,743	8,277
2009	59	298	273	253	253	95	75	37	45	0	147	1,535
2010	61	307	290	427	166	155	93	167	32	109	93	1,900
2011	59	227	458	210	174	144	69	38	34	53	66	1,533
2012	88	289	276	356	111	346	34	47	25	20	71	1,662
2013	81	264	341	281	510	253	103	60	25	26	69	2,013
2014	84	309	388	279	232	285	120	104	34	4	88	1,926
2015	62	376	361	216	282	177	150	146	52	76	95	1,993
2016	179	366	453	451	183	182	89	205	26	6	74	2,213
2017	166	579	609	380	180	165	90	67	14	26	157	2,431
2018	200	461	429	304	304	157	113	29	71	31	118	2,216
Adopted (b)	192	467	497	380	222	168	97	100	36	21	115	2,297

Notes: (a) In 30 June 2018 values

(b) Adopted for 30 June 2018 valuation

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#### Estimates from models

Legals									
	Estimated outs	tanding clai	ms						
Accident	dent claims at 30 June 2018 (\$000s) (a) Weighting								
Year	PPCF	PPCI	Adopted	PPCF	PPCI				
2018	6,885	5,872	6,581	70%	30%				
2017	5,050	4,491	4,882	70%	30%				
2016	3,377	3,291	3,308	20%	80%				
2015	2,760	2,327	2,760	100%	0%				
2014	1,686	1,726	1,686	100%	0%				
2013	1,552	1,222	1,552	100%	0%				
2012	746	861	746	100%	0%				
2011	388	580	388	100%	0%				
2010	511	440	511	100%	0%				
2009 & earlier	2,123	2,566	2,123	100%	0%				
Total	25,079	23,375	24,538						

**Notes:** (a) From models described above, in 30 June 2018 values and includes superimposed inflation but excludes the 2015 legislative amendments

# C3.7 Redemptions and non-economic lump sum

#### Claim payments

Accident		Claim payments (a) for development year:										
Year	0	1	2	3	4	5	6	7	8	9 1	0 onwards	Total
2006	425,384	1,572,841	1,469,834	1,475,560	944,031	1,104,674	0	0	0	0	2,624,065	9,616,389
2007	131,929	2,142,270	2,382,640	2,541,463	2,728,467	2,072,153	135,271	0	0	0	1,807,903	13,942,096
2008	93,842	1,517,939	2,381,761	4,767,251	2,235,901	1,778,006	1,552,447	480,349	0	0	2,091,985	16,899,481
2009	62,563	2,595,444	3,827,537	3,907,582	3,705,432	2,026,427	1,644,063	938,726	541,239	0	4,353,200	23,602,213
2010	280,698	2,784,712	4,487,364	5,555,307	3,229,869	2,364,519	693,696	3,779,622	462,428	21,995	2,969,639	26,629,849
2011	633,217	3,071,083	6,569,632	5,289,766	4,654,321	4,572,384	718,199	652,827	1,562,328	1,694,999	2,154,988	31,573,744
2012	290,423	3,467,687	5,349,468	4,752,877	3,410,329	2,698,787	1,398,278	1,750,848	614,058	1,338,167	2,540,533	27,611,455
2013	798,093	5,034,020	4,304,159	3,146,178	12,767,423	1,269,418	426,392	371,696	228,690	569,448	2,517,981	31,433,498
2014	461,434	4,280,116	2,801,334	5,751,145	3,368,411	3,402,835	1,404,766	3,636,688	1,404,997	0	2,915,194	29,426,920
2015	522,306	2,974,003	5,341,548	4,826,066	735,591	1,874,791	1,954,630	1,058,632	68,471	866,380	3,455,400	23,677,818
2016	544,312	2,208,806	5,228,454	8,645,902	2,874,708	3,152,006	1,778,661	966,730	3,223,685	1,256,746	2,788,625	32,668,635
2017	833,335	3,337,204	8,102,884	7,446,525	3,939,263	3,561,253	4,274,513	1,859,084	830,709	1,746,804	5,623,780	41,555,354
2018	1,084,900	4,345,693	8,054,010	9,123,783	4,872,947	1,349,024	1,251,323	518,297	1,608,148	341,066	4,771,777	37,320,968

Note: Data extracted from the WIMS system up to 30 June 2018. DY10+ using the Report 4 payments

# Average real payment per claim finalised

Accident		Re	demption	s And Non-	Economic I	_ump Sum	PPCF (a) f	for developi	ment year	:	
Year	0	1	2	3	4	5	6	7	8	9	10 onwards
2011	519	5,311	58,893	102,510	180,391	376,582	157,736	95,586	0	1,116,802	177,485
2012	227	5,145	52,005	115,513	172,674	327,953	169,917	151,972	106,599	271,020	162,485
2013	593	7,217	43,515	61,494	623,873	114,516	62,506	62,272	268,195	166,954	173,703
2014	370	5,728	22,364	104,739	126,647	233,305	181,926	2,119,378	327,520	0	135,913
2015	401	3,430	35,981	116,893	49,258	164,173	556,286	241,029	12,991	986,284	140,486
2016	469	2,814	36,350	131,226	309,786	242,620	191,673	173,629	868,482	270,861	500,849
2017	700	3,554	54,348	97,363	127,155	167,204	367,936	384,057	286,019	601,437	414,923
2018	965	5,036	46,671	106,348	176,485	85,501	181,278	262,798	326,159	69,174	302,436
Adopted (b)	965	5,036	45,809	110,806	172,977	162,369	245,638	245,638	245,638	245,638	235,780

Notes: (a) In 30 June 2018 values

(b) Adopted for 30 June 2018 valuation

# Average real payment per claim incurred

Accident			Redempt	ions And No	n-Economic L	.ump Sum PF	PCI (a) for dev	velopment ye	ar:			
Year	0	1	2	3	4	5	6	7	8	9 10	) onwards	Total
2006	259	944	942	850	538	637	0	0	0	0	394,315	398,486
2007	87	1,286	1,410	1,606	1,550	1,165	77	0	0	0	196,387	203,568
2008	53	947	1,355	2,672	1,339	957	827	259	0	0	100,907	109,314
2009	35	1,400	2,279	2,121	1,982	1,158	844	477	278	0	2,192	12,767
2010	156	1,491	2,305	3,150	1,670	1,205	378	1,849	224	11	1,397	13,835
2011	313	1,601	3,305	2,552	2,479	2,220	344	334	718	771	990	15,627
2012	134	1,581	2,572	2,205	1,517	1,326	626	773	289	567	1,065	12,656
2013	337	2,248	1,894	1,460	5,715	545	202	161	97	259	1,030	13,947
2014	196	1,794	1,243	2,515	1,554	1,514	600	1,713	603	0	1,318	13,049
2015	224	1,231	2,187	2,092	314	845	849	441	32	363	1,428	10,006
2016	232	898	2,049	3,350	1,179	1,274	758	398	1,272	547	1,107	13,065
2017	356	1,361	3,159	2,797	1,463	1,400	1,656	760	328	661	2,348	16,288
2018	450	1,821	3,224	3,492	1,797	492	483	197	645	132	1,772	14,506
Adopted (b)	450	1,821	3,191	3,210	1,484	1,100	870	686	588	338	1,365	15,104

Notes: (a) In 30 June 2018 values

(b) Adopted for 30 June 2018 valuation

#### Estimates from models

Redemptions An											
Accident	Estimated outstanding claims Accident claims at 30 June 2018 (\$000s) (a) Weighting										
Year	PPCF	PPCI	Adopted	PPCF	PPCI						
2018	42,048	39,651	41,329	70%	30%						
2017	34,047	33,984	34,028	70%	30%						
2016	23,837	26,741	26,160	20%	80%						
2015	18,174	18,892	18,174	100%	0%						
2014	11,393	15,107	11,393	100%	0%						
2013	11,585	11,886	11,585	100%	0%						
2012	5,832	8,698	5,832	100%	0%						
2011	3,858	6,809	3,858	100%	0%						
2010	5,064	4,833	5,064	100%	0%						
2009 & earlier	20,927	20,929	20,927	100%	0%						
Total	176,764	187,532	178,350								

**Notes:** (a) From models described above, in 30 June 2018 values and includes superimposed inflation but excludes the 2015 legislative amendments

# C3.8 Large claims

Large claims (\$00	00s)		
	Case estimates	Development	Current values
	(a)	factor (b)	(c)
2018	3,612	0.00	0
2017	1,598	0.00	0
2016	4,668	1.00	4,668
2015	5,949	1.00	5,949
2014	0	0.00	0
2013	0	0.00	0
2012	1,819	0.00	0
2011	1,043	0.00	0
2010	0	0.00	0
2009 & earlier	25,516	1.00	25,516
Total	44,205		36,133

Notes: (a) Provided by the insurers

(b) We have adopted a development factor of 1 where we consider that the valuation by payment types include insufficient allowance for the large claims. Where the valuation by payment type has sufficient allowance we have adopted a development factor of 0

(c) = (a) x (b)

# C 4 Adopted estimates of outstanding claims

# C4.1 Gross central estimates from models in 30 June 2018 values, excluding allowance for Act changes

E	stimates of out	standing claims	s at 30 June 2018 (\$00	00s) (a) (b)				
			Allied Health, Vocational Rehabilitation, Non-			Redemptions		
	Weekly	Medical And	Compensation Payments (Other),	Other Goods		And Non- Economic	Allowance for active large	
Accident year	Benefits	Hospital	Death	And Services	Legals	Lump Sum	claims	Total
2018	35,037	10,146	10,802	4,182	6,581	41,329	0	108,077
2017	16,850	4,055	4,944	2,115	4,882	34,028	0	66,874
2016	10,686	2,293	2,599	1,450	3,308	26,160	4,668	51,165
2015	7,349	1,786	1,843	1,032	2,760	18,174	5,949	38,894
2014	4,608	1,187	1,153	711	1,686	11,393	0	20,738
2013	5,009	1,186	1,188	778	1,552	11,585	0	21,298
2012	2,697	609	551	405	746	5,832	0	10,840
2011	1,723	361	336	267	388	3,858	0	6,933
2010	2,334	431	441	346	511	5,064	0	9,127
2009 & earlier	9,171	1,950	1,699	1,252	2,123	20,927	25,516	62,637
Total	95,464	24,003	25,556	12,539	24,538	178,350	36,133	396,583

Notes: (a) From models described in appendix C3, excluding allowance for the 2015 legislative amendments

(b) In 30 June 2018 values and includes superimposed inflation

# C4.2 Gross central estimates from models in 30 June 2018 values, including allowance for Act changes

E	Estimates of out	standing claims	s at 30 June 2018 (\$00	00s) (a) (b)				
			Allied Health, Vocational Rehabilitation, Non-			Redemptions		
Accident year	Weekly Benefits	Medical And Hospital	Compensation Payments (Other), Death	Other Goods And Services	Legals	And Non- Economic Lump Sum	Allowance for active large claims	Total
2018	32,599	9,586	10,905	3,747	6,581	41,329	0	104,748
2017	14,549	3,562	5,031	1,735	4,882	34,028	0	63,787
2016	8,515	1,796	2,683	1,035	3,308	26,160	4,668	48,166
2015	7,349	1,786	1,843	1,032	2,760	18,174	5,949	38,894
2014	4,608	1,187	1,153	711	1,686	11,393	0	20,738
2013	5,009	1,186	1,188	778	1,552	11,585	0	21,298
2012	2,697	609	551	405	746	5,832	0	10,840
2011	1,723	361	336	267	388	3,858	0	6,933
2010	2,334	431	441	346	511	5,064	0	9,127
2009 & earlier	9,171	1,950	1,699	1,252	2,123	20,927	25,516	62,637
Total	88,555	22,454	25,831	11,308	24,538	178,350	36,133	387,169

Notes: (a) From models described in appendix C3, including allowance for the 2015 legislative amendments

(b) In 30 June 2018 values and includes superimposed inflation

# C4.3 Average claim sizes

Average claim size at 30 June 2018 (\$) (a)									
	Weekly	Medical And	Allied Health, Vocational Rehabilitation, Non- Compensation Payments (Other),	Other Goods		Redemptions And Non- Economic	Allowance for active large		
Accident year	Benefits	Hospital	Death	And Services	Legals	Lump Sum	claims	Adopted	
2018	17,307	7,282	6,646	2,545	2,895	17,373		54,049	
2017	16,487	6,475	5,641	2,243	2,644	16,241		49,732	
2016	14,859	6,244	5,241	2,338	2,491	15,142		48,157	
2015	14,406	6,369	4,665	2,310	2,382	14,633		47,010	
2014	13,319	5,191	4,725	1,941	2,208	12,211		39,596	
2013	14,518	4,911	4,367	1,891	2,096	13,788		41,571	
2012	12,175	4,686	3,981	1,913	1,701	11,000		35,456	
2011	11,375	5,077	3,367	2,107	1,697	11,192		34,816	
2010	14,317	4,987	4,403	2,151	1,683	12,355		39,897	

Note: (a) In 30 June 2018 values, from results in appendix C4.2, includes superimposed inflation and 2015 legislation amendments

# C4.4 Relationship to case estimates

Ratio of outstanding to case estimates at 30 June 2018 (\$) (a)										
	Weekly	Medical And	Allied Health, Vocational Rehabilitation, Non- Compensation Payments (Other).	Other Goods		Redemptions And Non- Economic	Allowance for active large			
Accident year	Benefits	Hospital	Death	And Services	Legals	Lump Sum	claims	Adopted		
2018	49%	15%	17%	6%	10%	63%	0%	159%		
2017	42%	10%	14%	5%	14%	98%	0%	183%		
2016	36%	8%	11%	4%	14%	111%	20%	204%		
2015	36%	9%	9%	5%	14%	90%	29%	193%		
2014	61%	16%	15%	9%	22%	150%	0%	274%		
2013	48%	11%	11%	7%	15%	111%	0%	203%		
2012	47%	11%	10%	7%	13%	102%	0%	190%		
2011	46%	10%	9%	7%	10%	102%	0%	183%		
2010	53%	10%	10%	8%	12%	114%	0%	205%		
2009 & earlier	23%	5%	4%	3%	5%	52%	63%	155%		

Note: (a) In 30 June 2018 values, from results in appendix C4.2, includes superimposed inflation and 2015 legislation amendments

# C4.5 Summary of gross adopted estimates in 30 June 2018 values

	Estimate of outstanding	Estimate of outstanding	Average claim	Ratio of outstanding to
Accident year	claims (a)	claims (b)	size (b)	case estimates (b)
	\$000s	\$000s	\$	
2018	108,077	104,748	54,049	159%
2017	66,874	63,787	49,732	183%
2016	51,165	48,166	48,157	204%
2015	38,894	38,894	47,010	193%
2014	20,738	20,738	39,596	274%
2013	21,298	21,298	41,571	203%
2012	10,840	10,840	35,456	190%
2011	6,933	6,933	34,816	183%
2010	9,127	9,127	39,897	205%
2009 & earlier	62,637	62,637		155%
Total	396,583	387,169		179%

Notes: (a) in 30 June 2018 values, including superimposed inflation but excluding the 2015 legislative amendments

(b) including the 2015 legislative amendments

# C4.6 Gross adopted estimates excluding expenses

Gross estimates a Accident	t 30 June 2018 excludi	ng expenses (\$000	s)
year ending	30 June 2018	Inflated	Infl/disc
30 June	values	values	values
2018	104,748	111,399	103,394
2017	63,787	68,405	62,868
2016	48,166	52,283	47,401
2015	38,894	42,580	38,231
2014	20,738	22,903	20,344
2013	21,298	23,544	20,893
2012	10,840	12,054	10,624
2011	6,933	7,697	6,797
2010	9,127	10,094	8,953
2009 & earlier	62,637	67,785	61,723
Total	387,169	418,744	381,228

**Note:** Includes superimposed inflation and 2015 legislative amendments

# C4.7 Net outstanding claims provision

Estimates at 30	June 2018 (\$000s)						
	Gross o/s	Reinsurance	Net o/s	Claims handling	Net central	Risk	Net
	liability (a)	recoveries (b)	liability (c)	expenses (d)	estimate (e)	margin (f)	Provision (g)
Total	381,228	25,303	355,925	21,356	377,281	45,544	422,825

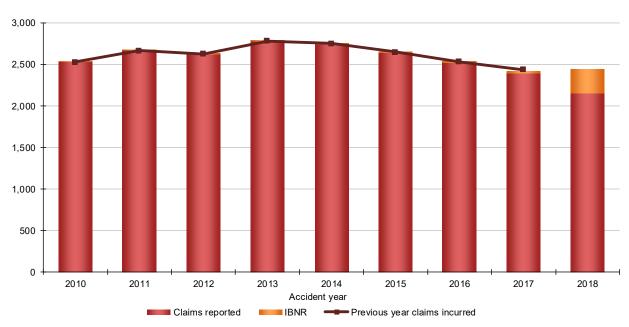
Notes:	(a)	from table above
	(b)	based on the reinsurance information provided by insurers on large claims
	(c)	= (a) - (b)
	(d)	= (c) x 6%
	(e)	= (c) + (d)
	(f)	= (e) x 12.07%
	(g)	= (e) + (f)

# Appendix D Insurer claims statistics

#### D 1 Number of claims incurred

Decreasing trend from 2013 peak to 2017, stabilising in 2018

#### Number of claims incurred

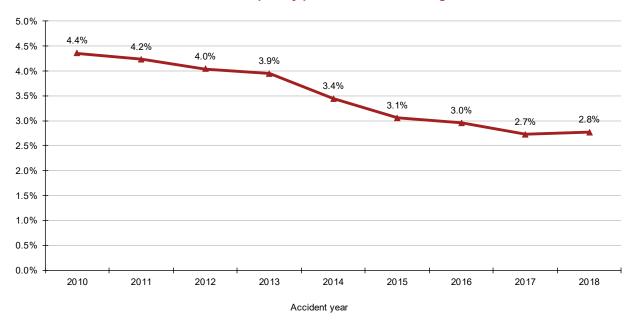


The main points to highlight from this chart are:

- For the 2009 to 2012 accident years, the number of claims incurred was between 2,500 and 2,700
- There was a spike in the number of claims incurred for the 2013 accident year to just under 2,800
- From the 2013 to 2017 accident years, there has been a decreasing trend in the number of claims incurred
- Incurred claims estimated for the 2018 accident year are 2,442, which is 23 (0.9%) more than 2017
- The number of claims are similar to estimated at the previous valuation.

# Declining claim frequency due to significant increases in wages up to 2015 and more recently reducing number of claims incurred, slightly increasing in 2018

#### Claim frequency per \$86,525 of real wages



The claim frequency is calculated as:

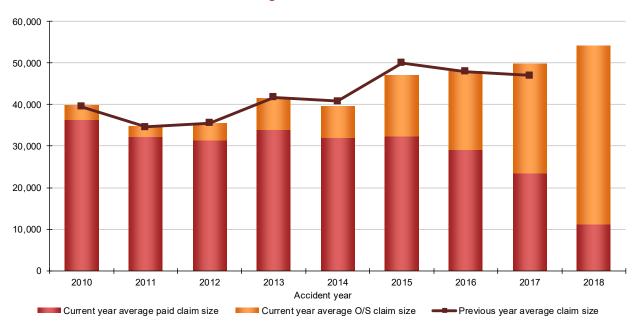
#### the number of claims incurred

estimated number of full time equivalent employees

To estimate the number of employees we have used the wages provided, inflated this to 2018 values and divided by \$86,525 (the full time average weekly earnings for the NT from the ABS catalogue 6302). We have not used the number of employees provided in the ANZSIC data, as these are not full time equivalent.

# D 2 Gross average claim size

Average claim size for 2018 is estimated to be significantly higher than all prior years due to high payments and case estimates at 30 June 2018



Gross average claim size in 30 June 2018 values

Since 2010 the gross average claim size (in 2018 values):

- Exhibited volatility due in part to large claims
- Dropped to a low of around \$34,800 in 2011, caused by lower than average redemption payments
- Exhibited an increasing trend from around \$34,800 in 2011 to around \$49,700 in 2017 and increased significantly to \$54,000 in 2018

The uncertainty about the future development means that the ultimate level and our estimates may differ from those projected for recent accident years. This is especially true for the 2018 accident year, where a high proportion (79%) of the average claim size relates to uncertain future claims development.

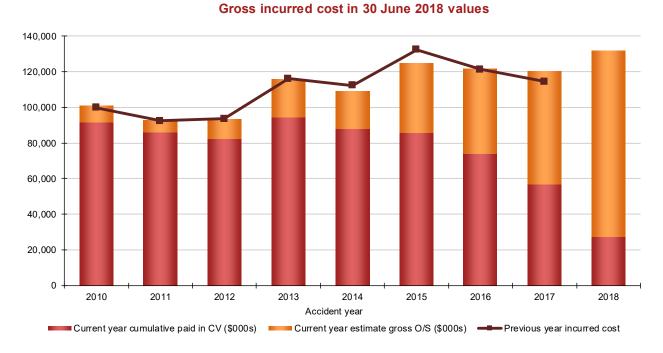
Compared to the previous valuation, the gross average claim size is similar for most years with the exception of 2015, where estimates decreased. This was mainly due to a decrease in the size of one large claim. 2017 has increased to an increase in claims experience.

Appendix E contains the average claim size split by payment type. The mix of payment types across the accident years has remained stable. Redemptions and non-economic lump sums are the largest payment type, closely followed by weekly benefits. These two payment types account for approximately two thirds of total incurred costs.

PwC Insurer claims statistics

#### D 3 Gross incurred cost

2018 incurred cost is \$132.0 million, which is higher than all years from 2010



The gross incurred cost in 30 June 2018 values follows a similar pattern to the average claim size.

Over the period shown in the graph, the proportion outstanding increases from 7% of the total incurred cost in 2011 to 79% of the total incurred cost for 2018.

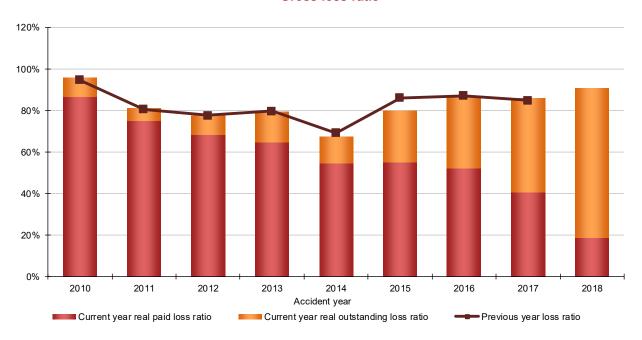
As for the average claim size graph, the changes since the previous valuation are mostly due to higher or lower claims payments and development than expected over the year.

Insurer claims statistics PwC

#### D 4 Gross loss ratios

Loss ratio for 2018 estimated at 91%, which is higher than all years with the exception of 2010

#### **Gross loss ratio**



The gross loss ratios are calculated for each accident year using the following formula:

(Past claim payments to 30 June 2018+ estimated outstanding liability at 30 June 2018)

Gross developed earned premium

The past claim payments, estimated outstanding liability and gross developed earned premium are all in 30 June 2018 values i.e. current values, and the estimated outstanding liability includes allowance for future superimposed inflation.

We have used the developed earned premium for 2011 onwards. For 2010, we have continued to use premium processed, as earned premium is not available.

These ratios are not a proper measure of profitability, as they do not allow for investment returns or expenses. Nevertheless, as a crude measure, they do provide an indication of trends in the experience.

#### The chart shows:

- There was a decreasing trend in the loss ratio from the high of 96% in 2010 to the low of 67% in 2014 due to premium and wages growth exceeding claims cost increases
- The loss ratio increased from 2014 to 80% in 2015 before stabilising over 2016 and 2017 at 86%
- The 2015 loss ratio is lower than last year due to a decrease in the incurred cost
- The 2018 loss ratio of 91% is higher than all prior years other than 2010.

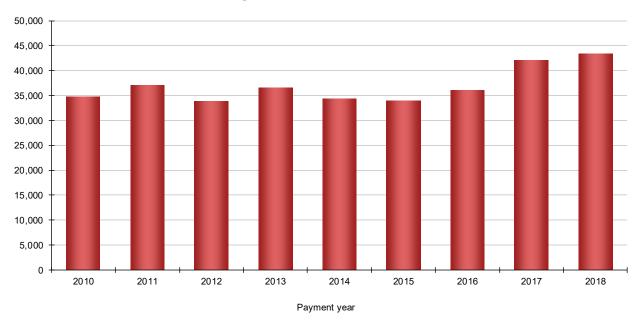
PwC Insurer claims statistics

# D 5 Payment per claim incurred

By payment year

# 2018 payment year is significantly higher compared to all prior years

#### Average real PPCI for DYs 0-6



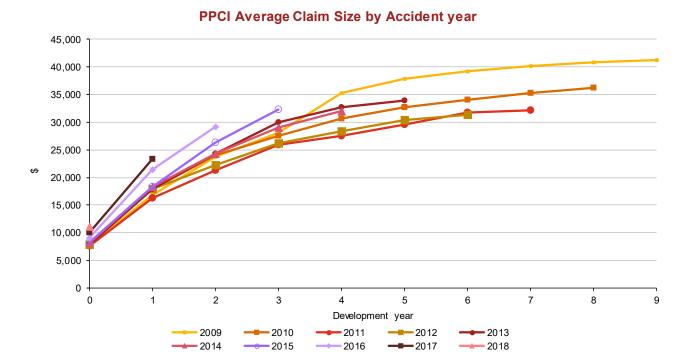
The average PPCI for DYs 0 to 6 was relatively stable between \$33,800 and \$36,500, up until 2016.

The average PPCI increased by 17% in 2017 due to higher payments for the three most recent accident years. The 2018 payment year is \$43,400, which is \$1,250 (3.0%) higher than the 2017 payment year.

Insurer claims statistics PwC

#### By accident year

#### Increasing evidence of superimposed inflation from 2015 to 2018



The chart above shows cumulative PPCI by accident year. This is calculated as:

sum of claim payments by development year made to date (in 30 June 2018 values)

#### number of claims incurred to date

As the values in the chart are all in current values, any differences are the result of a change in the real cost of each claim. This is also referred to as superimposed inflation. The chart is based entirely on actual experience, and there are no future projections included in this graph.

The experience by accident year has been variable, and there is increasing evidence of superimposed inflation over recent years from 2015.

# Appendix E Insurer financial year claims experience

# E1 Aggregate claims experience during 2017/18

# E1.1 Summary of overall claim experience over 2017/18

The overall claims experience over 2017/18 is generally unfavourable compared to 2016/17.

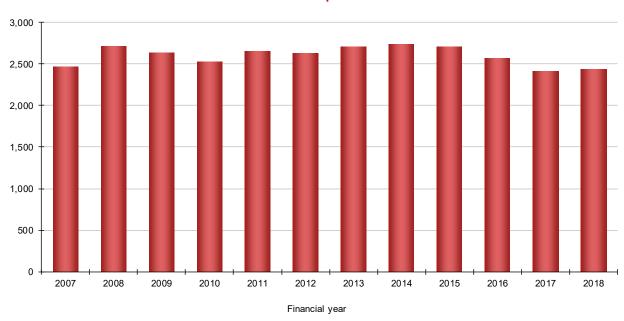
- An increase (0.7%) in the number of claims reported
- A decrease (2.9%) in the amount of real claim payments
- An increase (4.9%) in the number of active claims at the end of the year
- A slower finalisation rate (58.0% compared to 60.8%)
- An increase (6.1%) in case estimates.

The experience for each of these items is described in more detail below.

# E1.2 Claim reports

#### Claim reports have increased by 0.7% in 2018

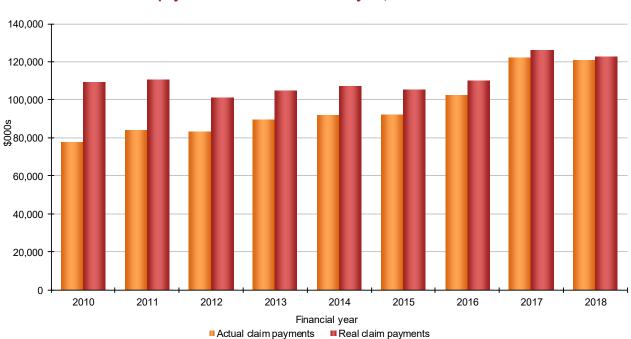
#### Claims reported



In 2018 there were 2,435 claims reported, which was 18 (0.7%) more than 2017.

## E1.3 Claim payments

#### Real payments in 2018 of \$122.4 million are slightly lower than 2017



Total payments made each financial year, actual and in 30 June 2018 values

We have only included payments from the 2010 financial year onwards as payments in our data prior to this have less payment years included so would give a misleading increasing trend. The red bars of payments have been adjusted for wage inflation to allow for comparison between the financial years.

Claim payments in 30 June 2018 values have varied between \$104 million and \$126 million over the period shown.

Total actual payments in 2017/18 were \$120.7 million, which is \$1.3 million (1.1%) lower than actual payments 2016/17. In real values, this is a decrease of \$3.7 million (2.9%).

A breakdown of the change in payments by payment group is presented in the table below.

Payment group	Payments in 2017/18 (\$000s)	Payments in 2016/17 (\$000s)	Difference	Difference (%)
Weekly benefits	40,590	38,689	1,901	4.9%
Medical and hospital	16,583	16,115	467	2.9%
Allied health, vocational rehabilitation, non-compensation	14,328	14,000	328	2.3%
Other goods and services	6,283	5,569	714	12.8%
Legals	5,643	6,159	-516	-8.4%
Redemptions and non-economic lump sum	37,321	41,555	-4,234	-10.2%
Total	120,748	122,088	-1,340	-1.1%

The decrease in actual payments is driven by decreases in the redemptions and non-economic lump sum payment type, which decreased by \$4.2 million (10.2%).

#### E1.4 Active claims

0

2010

2011

2012

#### Active claim numbers increased from 1,624 in 2017 to 1,703 in 2018 (4.9%)



2014

Financial year

2015

2016

2017

2018

We have only received data on the number of active claims at the end of each year since 2010.

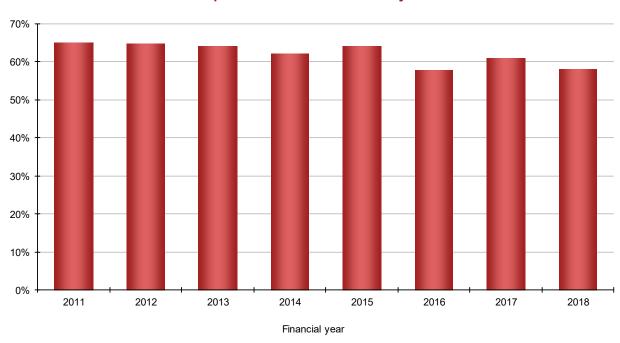
2013

From 2010 to 2012, the number of active claims at the end of each financial year was stable at just over 1,400 active claims. From 2012 to 2016, there has been a slight increasing trend.

From 2017 to 2018, there has been an increase from 1,624 to 1,703, a 4.9% increase due to a slower finalisation in the financial year. This is mainly due to the 2018 accident year, which had 99 more active claims than the 2017 accident year at the same point in time but was similar to 2016 at the same point in time.

## E1.5 Proportion of claims finalised

2018 finalisation rate was 58.0%, which is lower than 60.8% in 2017 but in line with 2016



#### Proportion of claims finalised in year

Probabilities of claim finalisation is defined as:

#### Number of claims finalised in year

(Number of outstanding at beginning of the year plus number reported during the year)

Since we only received data on active claims from the 2010 financial year, we can only present the finalisation rate from 2011 onwards.

From 2011 to 2018, the finalisation rate has a decreasing trend. In 2018, the finalisation rate is 58.0%, which is lower than 2017 but line with 2016.

#### E1.6 Claims incurred in 2017/18

There were 2,151 claims reported to 30 June 2018 for the 2017/18 accident year and the projected number of incurred claims is 2,442. This is 0.9% higher than the 2,420 projected incurred for the 2016/17 accident year.

The expected number of open claims for the 2017/18 accident year at 30 June 2018 is  $2,151 \times (1-0.588) = 886$ . The actual number of open claims for the 2017/18 accident year at 30 June 2018 is 1,011, which is 14.1% higher than expected.

The 30 June 2017 projection basis lead to an expected  $\$9,252 \times (1.017 \times 1.019) = \$9,585$  to be paid on each of the 2017/18 accident year claims in the year of claim. The actual amount paid per claim was \$11,159 i.e.  $\$1,574 \times (16.4\%)$  more in real values.

The 2017/18 accident year shows unfavourable experience with higher than expected open claims, payments per claim and case estimates.

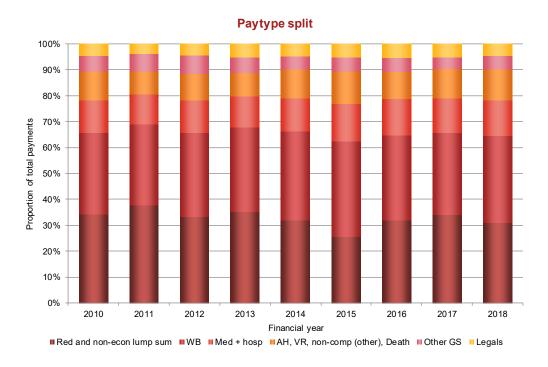
For details of the claims experience over 2017/18 for claims incurred up to 30 June 2017 see appendix C2.

# E 2 Analysis by payment group

The purpose of this section is to investigate trends in the composition of incurred costs by benefit type. We use higher level groups to explore the relative movement of periodic and lump sum benefits. We have performed this analysis based on the claim payment data and our outstanding claims valuation results.

# E2.1 Distribution by financial year

The following chart shows how the actual payments made in a financial year are split between the payment groups over the past nine years.



Payment type split	2010	2011	2012	2013	2014	2015	2016	2017	2018
Legals	5%	4%	4%	5%	5%	5%	5%	5%	5%
Other GS	6%	7%	7%	6%	5%	6%	5%	5%	5%
AH, VR, non-comp (other), Death	11%	9%	10%	9%	11%	12%	10%	11%	12%
Med + hosp	12%	12%	13%	12%	13%	15%	14%	13%	14%
WB	32%	31%	32%	33%	34%	37%	33%	32%	34%
Red and non-econ lump sum	34%	38%	33%	35%	32%	26%	32%	34%	31%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Over the last nine years, the split of payments by type have been variable, but there has been no maintained increase or decrease in any group. The key trends have been:

- Redemptions since 2012 has since ranged from 31% to 35%, except for the low in 2015 of 26%
- Any increases or decreases in redemptions payments have been matched by decreases or increases in weekly benefits payments, such that in total the proportion of total payments which are weekly benefits or

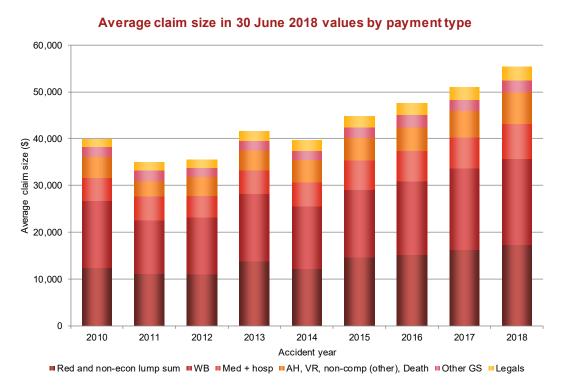
redemptions has been relatively stable between 64% and 66%, except 2015 which is lower at 63% and 2011 at 69%

The proportion of payments attributable to the other payment types has been stable over the last nine
years.

This sort of analysis is important as it gives an indication of the cost drivers for the scheme and how these are changing, whether there is more use of periodic type payments, such as *weekly benefits*, or more lump sum payments, such as *redemptions and non-economic lump sum*. The dominance of one payment type over another will influence other cost drivers such as the total aggregate superimposed inflation.

## E2.2 Gross average claim size by payment group

Mix by payment type is relatively stable with weekly benefits and redemptions and non-economic lump sum combined accounting for around two thirds of the total



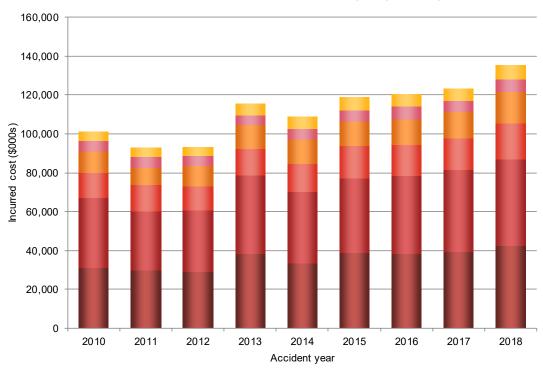
Average claim size (exclude explicit large claims) (\$) 2010 2011 2012 2013 2014 2015 2016 2017 Legals 1,683 1,697 1,701 2,096 2,208 2,382 2,491 2,644 2,895 2.724 Other GS 2.151 2.107 1,913 1.891 1.941 2.310 2.501 2.401 AH, VR, non-comp (other), D 4,403 3,367 3,981 4,367 4,725 4,665 5,208 5,605 6,604 4,987 5,077 4,686 4,911 5,191 6,369 6,440 6,679 7,511 Med + hosp WR 14.317 11,375 12,175 14.518 13,319 14.406 15.716 17,438 18.306 Red and non-econ lump sum 12,355 11,192 11,000 13,788 12,211 14,633 15,142 16,241 17,373 <u>3</u>4,816 41,571 39,897 35,456 39,596 44,765 47,498 51,008 <u>55</u>,412 Total

The mix of payment types across the accident years has remained stable. Redemptions and non-economic lump sums and weekly benefits are the two largest payment types. These two groups combined account for around two thirds of total payments.

# E2.3 Gross incurred cost by payment group

#### Stable distribution by payment type across accident years

#### Incurred cost in 30 June 2018 values by payment type



■ Red and non-econ lump sum ■ WB ■ Med + hosp ■ AH, VR, non-comp (other), D ■ Other GS ■ Legals

Incurred cost in current values (exclude explicit large claims)									
(\$000s)	2010	2011	2012	2013	2014	2015	2016	2017	2018
Legals	4,254	4,524	4,467	5,830	6,073	6,312	6,312	6,398	7,069
Other GS	5,437	5,617	5,025	5,258	5,339	6,121	6,337	5,808	6,652
AH, VR, non-comp (other), Death	11,127	8,974	10,456	12,144	12,997	12,361	13,193	13,563	16,128
Med + hosp	12,603	13,532	12,308	13,658	14,278	16,875	16,316	16,161	18,344
WB	36,181	30,320	31,979	40,374	36,633	38,169	39,816	42,192	44,707
Red and non-econ lump sum	31,223	29,832	28,893	38,345	33,584	38,771	38,361	39,296	42,429
Total	100,824	92,800	93,128	115,610	108,904	118,609	120,335	123,417	135,329

Percentage of incurred cost by									
paytype	2010	2011	2012	2013	2014	2015	2016	2017	2018
Legals	4%	5%	5%	5%	6%	5%	5%	5%	5%
Other GS	5%	6%	5%	5%	5%	5%	5%	5%	5%
AH, VR, non-comp (other), Death	11%	10%	11%	11%	12%	10%	11%	11%	12%
Med + hosp	13%	15%	13%	12%	13%	14%	14%	13%	14%
WB	36%	33%	34%	35%	34%	32%	33%	34%	33%
Red and non-econ lump sum	31%	32%	31%	33%	31%	33%	32%	32%	31%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

The table above shows that the proportion of the incurred cost attributable to each payment group has been variable between accident years, though with more stability between the accident years than the percentage by financial year in E2.1. *Redemptions and non-economic lump sum* payment group in particular is more stable as a percentage of the incurred cost.

# Appendix F Self-insurer outstanding claims valuation

#### F1 Data used in the valuation

# F1.1 Numbers of claims reported

NT WorkSafe self-insurers - Incremental Claims Reported												
Year to 30 June	0	1	2	3	4	5	6	7	8	9	10	Total
2010	139	6	0	1	0	0	0	0	0	0	0	146
2011	180	10	0	1	0	0	0	0	0	0	0	191
2012	153	23	1	1	0	0	0	0	0	0	0	178
2013	121	22	2	1	0	0	0	0	0	0	0	146
2014	114	26	0	0	0	0	0	0	0	0	0	140
2015	114	12	1	0	0	0	0	0	0	0	0	127
2016	104	19	0	1	0	0	1	0	0	0	0	125
2017	76	17	0	0	0	0	1	0	0	0	0	94
2018	84	8	1	0	0	0	0	0	0	0	0	93

Note: Data extracted from the WIMS system up to 30 June 2018

# F1.2 Cumulative claims reported

	NT WorkSafe self-insurers - Cumulative Claims Reported											
Year to 30 June	0	1	2	3	4	5	6	7	8	9	10	Total
2010	139	116	114	123	123	117	92	102	89	23	0	1.038
2011	180	149	116	115	123	123	117	92	102	89	23	1,229
2012	153	203	150	117	115	123	123	117	92	102	112	1,407
2013	121	175	205	151	117	115	123	123	117	92	214	1,553
2014	114	147	175	205	151	117	115	123	123	117	306	1,693
2015	114	126	148	175	205	151	117	115	123	123	423	1,820
2016	104	133	126	149	175	205	152	117	115	123	546	1,945
2017	76	121	133	126	149	175	206	152	117	115	669	2,039
2018	84	84	122	133	126	149	175	206	152	117	784	2,132

Note: Cumulative claim reports from table above

#### F1.3 Active claims

			NT Work	Safe self-in	surers - A	ctive Claim	S					
Year to 30 June	0	1	2	3	4	5	6	7	8	9	10	Total
2016	43	15	3	0	1	2	0	0	0	0	0	64
2017	33	11	4	3	0	0	2	0	0	0	0	53
2018	29	12	10	1	1	0	2	0	0	0	0	55

Note: From the self-insurers' Form B as at 30 June 2018

# F1.4 Claim payments

NT WorkSafe self-insurers - Incremental Actual Claim Payments (\$000s)												
Year to 30 June	0	1	2	3	4	5	6	7	8	9	10	Total
2010	358	256	138	170	92	470	0	1	1	0	0	1,485
2011	401	740	496	236	318	0	349	0	7	5	15	2,566
2012	646	754	80	189	205	0	0	0	0	82	0	1,955
2013	379	1,145	184	72	8	170	0	16	0	0	195	2,169
2014	334	1,029	565	99	0	61	24	0	2	0	0	2,115
2015	425	430	622	574	86	0	5	189	0	12	0	2,343
2016	706	464	178	728	233	3	2	5	0	0	0	2,320
2017	555	544	474	77	0	0	4	3	4	0	0	1,662
2018	573	724	323	300	178	0	0	2	11	6	0	2,117

Note: Data extracted from the WIMS system up to 30 June 2018

#### F1.5 Case estimates

		NT Work	Safe self-ir	nsurers - C	ase Estima	tes Outsta	nding (\$000	s)				
Year to 30 June	0	1	2	3	4	5	6	7	8	9	10	Total
2013	333	406	373	4	40	199	14	0	0	0	0	1,369
2014	349	525	461	45	4	20	192	0	0	0	0	1,596
2015	340	216	482	239	50	4	58	0	0	0	0	1,389
2016	565	274	79	3	15	40	33	0	0	0	0	1,009
2017	540	319	143	85	6	0	14	0	0	0	0	1,108
2018	999	694	293	22	40	0	21	0	0	0	0	2,070

Note: From the self-insurers' Form B as at 30 June 2018 and prior years

# F 2 Actual and projected claims experience during 2017/18

# F2.1 Numbers of claims reported

		-	
Accident year	Actual /		
ended 30 June	Actual	Projected (a)	projected %
2010	0	0	0.0%
2011	0	0	0.0%
2012	0	0	0.0%
2013	0	0	0.0%
2014	0	0	0.0%
2015	0	0	0.0%
2016	1	0	1537.3%
2017	8	13	63.7%
Total	9.0	12.6	71.3%

Note: (a) From previous scheme report dated 13 June 2018

F2.2 Claim payments

Accident year ended 30 June	Actual payments	Expected Payments (a)	Actual / expected %
2010	11	3	321.9%
		-	
2011	2	7	32.6%
2012	0	7	0.0%
2013	0	9	0.0%
2014	178	19	926.1%
2015	300	129	231.3%
2016	323	289	111.8%
2017	724	510	142.0%
Total	1,538	975	157.8%

Note: (a) From previous scheme report dated 13 June 2018

# F 3 Analysis and projection models

# F3.1 Payment per claim incurred model

Claim notification pattern

Financial year	Chain ladder ratio (a) for development year:									10
ending 30 June	1	2	3	4	5	6	7	8	9	onwards
2010	1.05	1.00	1.01	1.00	1.00	1.00	1.00	1.00	1.00	0.00
2011	1.07	1.00	1.01	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2012	1.13	1.01	1.01	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2013	1.14	1.01	1.01	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2014	1.21	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2015	1.11	1.01	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2016	1.17	1.00	1.01	1.00	1.00	1.01	1.00	1.00	1.00	1.00
2017	1.16	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2018	1.11	1.01	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Adopted (b)	1.15	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Notes: (a) Using cumulative claim report numbers from data

(b) Adopted for 30 June 2018 valuation

#### Numbers of claims incurred

	Number of claims						
Accident year ending 30 June	Reported to 30 Jun 2018 (a)	IBNR at 30 Jun 2018 (b)	Incurred (c)				
2010	152	0	152				
2011	206	0	206				
2012	175	0	175				
2013	149	0	149				
2014	126	0	126				
2015	133	0	133				
2016	122	0	122				
2017	84	1	85				
2018	84	13	97				

Notes: (a) from number reported in appendix F1.1

(b) from pattern in chain ladder ratio table above

(c) = (a) + (b)

# Average real payment per claim incurred

Financial year		Average Real Payment Per Claim Incurred (a) for development year:								10		
ending 30 June	0	1	2	3	4	5	6	7	8	9	onwards	Tota
2010	3,360	3,119	1,714	1,967	1,070	5,739	0	17	10	0	0	16,996
2011	2,647	6,621	5,765	2,796	3,512	0	4,054	0	88	73	859	26,416
2012	4,714	4,671	673	2,064	2,276	0	0	0	0	1,023	0	15,42
2013	2,984	7,708	1,051	557	77	1,745	0	157	0	0	2,257	16,535
2014	3,004	7,828	3,669	549	0	596	238	0	21	0	0	15,905
2015	3,602	3,842	4,705	3,704	469	0	50	1,852	0	113	0	18,338
2016	6,364	3,836	1,556	5,379	1,471	17	14	44	0	0	0	18,681
2017	6,855	4,642	3,716	635	0	0	21	17	37	0	0	15,924
2018	5,896	8,575	2,642	2,249	1,408	0	0	12	72	50	0	20,903
Adopted (b)	6.351	6.249	3.341	2,462	658	381	275	218	182	116	0	20,232

Notes: (a) In 30 June 2018 values

(b) Adopted for 30 June 2018 valuation

# F3.2 Projected case estimates model

#### Case estimate development

Financial year	Case Estimate Development (a) for development year:									10	
ending 30 June	1	2	3	4	5	6	7	8	9 c	nwards	
2010	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
2011	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
2012	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
2013	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
2014	4.590	2.482	0.380	0.973	2.001	1.059	0.000	0.000	0.000	0.000	
2015	1.869	2.129	1.782	3.046	1.016	3.209	0.991	0.000	0.000	0.000	
2016	2.076	1.142	1.470	1.006	0.811	8.180	0.079	0.000	0.000	0.000	
2017	1.486	2.199	1.986	1.920	0.000	0.437	0.075	0.000	0.000	0.000	
2018	2.568	1.888	2.201	2.505	0.000	0.000	0.168	0.000	0.000	0.000	
Adopted (b)	1.404	1.301	1.256	1.210	1.043	1.000	1.000	1.000	1.000	1.000	

Notes: (a) defined as: (CE at end of year + payments in the year) / CE at beginning of year adjusted for normal inflation

(b) In 30 June 2018 values, adopted for 30 June 2018 valuation

# Payment factors for case estimates outstanding

Financial year	Payments to case estimates (a) for development year:									10
ending 30 June	1	2	3	4	5	6	7	8	9 (	onwards
2010	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2011	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2012	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2013	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2014	3.054	1.376	0.263	0.000	1.514	0.119	0.000	0.000	0.000	0.000
2015	1.241	1.195	1.255	1.918	0.000	0.262	0.991	0.000	0.000	0.000
2016	1.322	0.800	1.464	0.947	0.062	0.456	0.079	0.000	0.000	0.000
2017	0.944	1.698	0.953	0.000	0.000	0.101	0.075	0.000	0.000	0.000
2018	1.312	0.990	2.051	2.045	0.000	0.000	0.168	0.000	0.000	0.000
Adopted (b)	0.836	0.801	1.038	0.989	0.366	0.505	0.311	0.270	0.197	0.197

 $\textbf{Notes:} \ \, \textbf{(a)} \ \, \textbf{defined as:} \ \, \textbf{Payments made in the year / case estimates at beginning of the year}$ 

(b) In 30 June 2018 values, adopted for 30 June 2018 valuation

# F 4 Adopted estimates of outstanding claims

# F4.1 Gross central estimates from models in current values

Accident year ending 30 June	Estimates of Outstanding Claims (\$000s) at 30 June 2018 (a)(b) PPCI PCE				
enaing 50 suite	1101	I OL			
2010 & earlier	18	0			
2011	63	0			
2012	94	21			
2013	124	0			
2014	156	43			
2015	258	32			
2016	549	507			
2017	675	1,517			
2018	1,412	2,958			
Total	3,349	5,078			

Notes: (a) From models described in appendix F3

(b) In 30 June 2018 values and includes superimposed inflation and excluding 2015 legislative changes

# F4.2 Average claim sizes

Accident year	Average Claim S at 30 June 2	
ending 30 June	PPCI	PCE
2010	11	11
2011	10	9
2012	22	21
2013	22	21
2014	12	11
2015	15	14
2016	18	18
2017	23	33
2018	20	36

Note: (a) In 30 June 2018 values, from results in appendix F4.1, includes superimposed inflation and excluding 2015 legislative changes

# F4.3 Adopted estimates in 30 June 2018 values

Accident year ending 30 June	Estimate of o/s claims (\$000s)(a)(b)	Estimate of o/s claims (\$000s)(b)(c)	Average claim size (\$000s)(b)(c)	Ratio to case estimates (b)(c)
2010 & earlier	2	2		0%
2011	6	6	9	0%
2012	28	28	21	135%
2013	12	12	21	0%
2014	66	66	11	165%
2015	122	122	14	557%
2016	524	471	17	160%
2017	1,180	1,120	29	161%
2018	1,721	1,666	23	167%
Total	3,663	3,494		169%

Notes: (a) in 30 June 2018 values, including superimposed inflation and excluding 2015 legislative changes

- (b) in 30 June 2018 values, including superimposed inflation and including 2015 legislative changes
- (c) The adopted model is a composite weighted average of the statistical models. The weights attached to the models reflect the extent to which they are considered to appropriately project the experience of each accident year. We have used the PPCI method, except where the result is less than the case estimates.

Accident year	Weights Adopted For Estimates (a)(b)  Method					
ending 30 June	PPCI	PCE	Total			
2010 & earlier	0.10	0.90	1.00			
2011	0.10	0.90	1.00			
2012	0.10	0.90	1.00			
2013	0.10	0.90	1.00			
2014	0.20	0.80	1.00			
2015	0.40	0.60	1.00			
2016	0.40	0.60	1.00			
2017	0.40	0.60	1.00			
2018	0.80	0.20	1.00			

## F4.4 Gross adopted estimates including expenses

NT WorkSafe self Estimates (\$000s)					
Accident year	30 June 2018 values	Inflated values	Inflated & discntd	Case estimates	Ratio %
ending 30 June	(a)	(b)	values (b)	(c)	(d)
2010 & earlier	2	2	2	0	-
2011	6	7	7	0	-
2012	28	32	30	21	135%
2013	12	14	13	0	-
2014	66	74	70	40	165%
2015	122	136	130	22	557%
2016	471	514	502	293	160%
2017	1,120	1,229	1,193	694	161%
2018	1,666	1,840	1,774	999	167%
Total	3,494	3,848	3,721	2,070	169%

Note:

- (a) In 30 June 2018 values, includes superimposed inflation
- (b) includes 7% claims handling expenses, inflation and discounting assumptions in Appendix B 1
- (c) as at 30 June 2018 as provided by the self-insurers
- (d) = (a) / (c)

## F4.5 Net outstanding claims provision

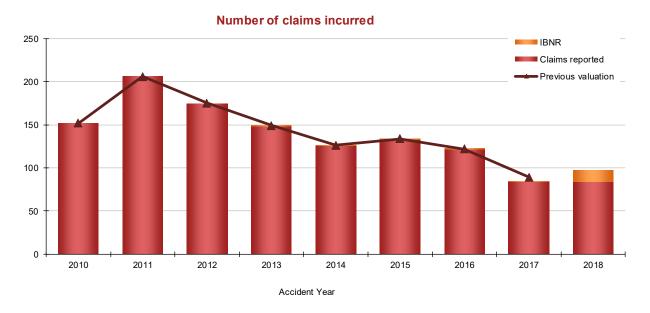
Estimates at 30 Ju	une 2018 (\$000s	)					
Accident year	Gross o/s	Reinsurance	Net o/s	Claims handling	Net central	Risk	Net
ending 30 Jun	liability (a)	recoveries (b)	liability (c)	expenses (d)	estimate (e)	margin (f)	Provision (g)
Total	3.477	0	3.477	243	3.721	930	4.651

Notes: (	(a)	from table above
(	(b)	there are no expected reinsurance recoveries in the self-insurers actuary's valuations
(	(c)	= (a) - (b)
(	(d)	= (c) x 7%
(	(e)	= (c) + (d)
(	(f)	= (e) x 25.0%
(	(g)	= (e) + (f)

## Appendix G Self-insurer claims statistics

#### G 1 Number of claims incurred

Decreasing trend from 2011 peak to 2017, 2018 incurred claims of 97 are higher than 2017 but below 2016 and earlier years



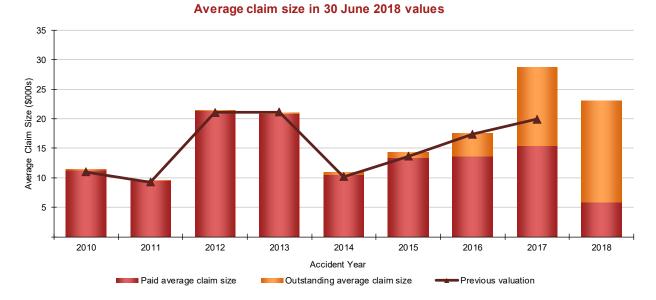
The main points to highlight from this chart are:

- The number of incurred claims peaked in the 2011 accident year at 206 claims
- Since the high in 2011, the number of claims has reduced each year to a level of 126 claims in 2014.
   From a review of the self-insurer reports, we understand that one self-insurer has changed its management and recording of small claims, which has contributed to the decrease
- The number of claims was fairly stable over 2014 to 2016 at around 130 claims
- For 2017, the total estimated claims is 85, significantly lower than all prior years shown
- The number of claims incurred increased to 97 for the 2018 year, of which 13 are IBNR claims
- The number of claims is similar to estimates at the previous valuation, however 2017 is slightly lower.

Self-insurer claims statistics PwC

## G 2 Gross average claim size

#### 2018 average claim size is just over \$23,000, \$5,600 (20%) lower than 2017



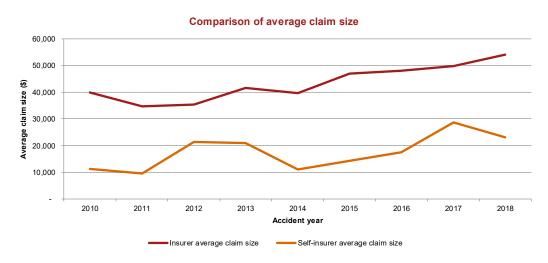
The average claim size has been volatile between accident years and there has been no discernible trend. Since 2009, the average claim size has ranged been between \$9,000 and \$21,500, with lows in 2010, 2011 and 2014 surrounding highs in 2012 and 2013. This implies that the spike in incurred claim numbers in 2011 shown in 3.2.1 is related to smaller claims.

Our estimated average claim size for the 2017 accident year is significantly higher than our previous valuation due to higher than expected payments and high case estimates as at 30 June 2018.

Our estimated average claim size for the 2018 accident year is just over \$23,000, which is \$5,600 (20%) lower than the 2017 accident year.

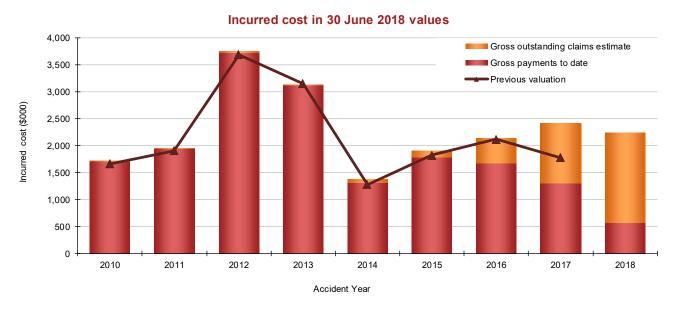
The uncertainty about the future development means that the ultimate level and our estimates may differ from that projected for recent accident years. This is especially true for the 2018 accident year, where a high proportion (74%) of the average claim size consists of the uncertain future estimate.

The chart below compares the average claim size of self-insurers to insurers.



#### G3 Incurred cost

2018 incurred cost is \$2.2 million, which is lower than the \$2.4 million incurred in 2017 but higher than 2014 to 2016



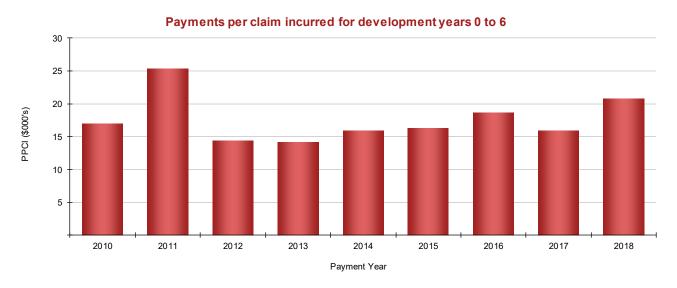
Compared to our previous valuation, there has been a significant increase in the incurred costs for the 2017 accident year due to higher than expected claim development, in particular the high case estimates at 30 June 2018.

The incurred cost for 2018 is \$2.2 million, which is \$0.2 million (8%) lower than the 2017 accident year incurred cost of \$2.4 million.

Over the period shown in the graph, the proportion outstanding increases from 0% of the total incurred cost to 74% of the total incurred cost for 2018.

## G 4 Payment per claim incurred

2012 to 2018 exhibits a broadly increasing trend



Payments per claim incurred for development years 0 to 6 spiked to \$25,400 in 2011 due to multiple large claim payments. After this spike, there was a sharp reduction to \$14,400 in 2012, but since then there has been an increasing trend, to \$20,800 in 2018.

The 2018 payment per claim incurred for development years 0 to 6 increased \$4,900 (31%) compared to the 2017 financial year, due to high payments across multiple years.

# Appendix H Insurer break-even premium rate

## H1 Calculation of discounted gross incurred cost

The following tables present the data and assumptions we have used to calculate the discounted gross incurred cost, which when combined with the actual expenses give a break-even premium to compare to the actual premium rates charged.

H1.1 Actual claim payments

Accident				Clair	n payments	(\$000s) (a)	for develop	pment year:				
Year	0	1	2	3	4	5	6	7	8	9	10	Tota
2006	10,364	12,610	7,253	6,702	6,034	7,050	2,406	661	1,958	1,546	2,452	59,035
2007	10,102	13,046	10,637	10,416	7,329	6,525	2,519	4,773	1,704	2,208	4,995	74,254
2008	12,608	17,178	11,438	9,562	6,019	3,794	3,421	2,818	4,170	2,446	950	74,404
2009	13,725	17,104	13,739	9,217	16,149	5,760	3,315	2,253	1,629	1,180	0	84,070
2010	14,500	18,979	12,681	7,730	6,857	4,418	3,152	2,996	2,515	0	0	73,829
2011	15,305	19,102	11,430	10,478	3,883	4,980	5,830	1,127	0	0	0	72,134
2012	16,961	22,429	9,756	9,393	5,214	5,062	2,473	0	0	0	0	71,288
2013	18,495	24,301	15,560	14,458	7,270	3,474	0	0	0	0	0	83,558
2014	19,207	24,873	15,267	12,543	8,160	0	0	0	0	0	0	80,048
2015	19,207	24,693	20,568	15,764	0	0	0	0	0	0	0	80,233
2016	21,241	30,663	19,291	0	0	0	0	0	0	0	0	71,195
2017	23,630	31,750	0	0	0	0	0	0	0	0	0	55,380
2018	26,874	0	0	0	0	0	0	0	0	0	0	26,874

Notes: (a) from data extracted from the WIMS system as at 30 June 2018

Note that the data in the table presented above is in a different form to the claim payments data in Appendix C1. Each row in the table shows the payments relating to that specific accident year, i.e. development year 1 for 2012 shows the actual payments made in 2013 financial year in relation to incidents, which occurred in 2012. In the previously presented table, this same cell represented payments made in 2012 financial year for incidents, which occurred in 2011.

## H1.2 Historic one-year forward rates

	One year for	ward rate f	or the year	to 30 June									
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
Forward rate	1.89%	1.63%	1.96%	2.47%	2.54%	2.79%	4.76%	4.48%	3.44%	7.07%	6.50%	6.00%	5.32%

These rates are the one year forward rate, projected from one year prior, e.g. the rate to 30 June 2018 is the one year forward rate from the Commonwealth Bond yield curve as at 30 June 2017.

## H1.3 Discounted claim payments

Accident		Claim payments (\$000s) (a) for development year:										
Year	0	1	2	3	4	5	6	7	8	9	10	Total
2006	10,099	11,629	6,315	5,496	4,740	5,280	1,715	453	1,291	981	1,453	49,452
2007	9,812	11,925	9,127	8,535	5,706	4,821	1,783	3,241	1,110	1,384	2,946	60,390
2008	12,217	15,588	9,888	7,837	4,670	2,813	2,428	1,915	2,718	1,532	572	62,179
2009	13,264	15,706	11,929	7,556	12,620	4,296	2,360	1,536	1,064	738	0	71,070
2010	14,257	17,950	11,521	6,811	5,867	3,671	2,551	2,364	1,933	0	0	66,926
2011	14,973	17,863	10,315	9,135	3,272	4,066	4,619	865	0	0	0	65,108
2012	16,571	21,118	8,863	8,236	4,423	4,162	1,968	0	0	0	0	65,341
2013	18,242	23,346	14,565	13,219	6,503	3,036	0	0	0	0	0	78,912
2014	18,967	23,962	14,384	11,576	7,368	0	0	0	0	0	0	76,258
2015	18,974	23,865	19,479	14,610	0	0	0	0	0	0	0	76,928
2016	21,036	29,830	18,412	0	0	0	0	0	0	0	0	69,277
2017	23,439	30,949	0	0	0	0	0	0	0	0	0	54,388
2018	26,623	0	0	0	0	0	0	0	0	0	0	26,623

**Notes:** (a) payments from I1.1 above, discounted using the rates in I1.2

## H1.4 Discounted gross incurred cost

Underwriting year	Discounted gross claim payments (a) (\$000s)	Discounted gross outstanding claims (b) (\$000s)	Discounted gross incurred cost (c) (\$000s)
2018	26,623	101,474	128,097
2017	54,388	60,710	115,098
2016	69,277	44,892	114,169
2015	76,928	35,334	112,262
2014	76,258	18,337	94,595
2013	78,912	18,320	97,232
2012	65,341	8,892	74,233
2011	65,108	5,446	70,554
2010	66,926	6,934	73,860

Notes: (a) from I1.3 above

(b) outstanding claims inflated/discounted from Appendix C4, discounted to the start of the underwriting year using rates in Appendix H1.2 above

(c) = (a) + (b)

## H2 Estimated historic break-even premium rate

	Calculated break even premium								Actual premium						
Accident vear	Reported earned wages (a) (\$000s)	Developed earned wages (b) (\$000s)	Discounted gross incurred cost (c) (\$000s)	Commission in financial year (d) (\$000s)	Discounted other expenses in the fin year (e) (\$000s)	Premium (f) (\$000s)	Estimated premium rate (g)	Reported earned premium (h) (\$000s)	Developed earned premium (i) (\$000s)	Actual premium rate charged (i)	Difference (break even - actual)				
2018	7,115,731	7,521,791		5,534	22,548	156,912	2.1%	133,760	143,092	1.9%	-13,820				
2017	7,282,923	7,441,415	115,098	4,489	20,653	140,809	1.9%	131,723	135,462	1.8%	-5,347				
2016	6,845,215	6,884,745	114,169	4,163	20,086	139,092	2.0%	131,222	131,222	1.9%	-7,870				
2015	6,594,270	6,594,270	112,262	4,558	20,288	137,948	2.1%	136,945	136,945	2.1%	-1,003				
2014	5,929,595	5,929,595	94,595	4,775	17,098	117,200	2.0%	138,725	138,725	2.3%	21,524				
2013	5,199,017	5,199,017	97,232	3,697	15,016	116,746	2.2%	124,326	124,326	2.4%	7,580				
2012	4,633,724	4,633,724	74,233	2,864	14,015	92,177	2.0%	99,113	99,113	2.1%	6,936				
2011	4,138,004	4,138,004	70,554	2,863	11,998	86,356	2.1%	86,936	86,936	2.1%	580				
2010	3,576,580	3,576,580	73,860	2,624	10,680	87,904	2.5%	75,252	75,252	2.1%	-12,652				

Notes: (a) earned wages provided by insurers

- (b) (a) x development factors in Appendix B7
- (c) calculated in Appendix H1
- (d) actual commission, from the consolidated Form A returns
- (e) other expenses, from the consolidated Form A returns, discounted by half a year
- (f) = (c) + (d) + (e) x (1+ one year historical interest rate) ^ (3/12) to allow for the fact that premiums are received 3 months after the commencement of the underwriting period
- (g) = (f) / (b)
- (h) earned premium, including earned but not yet reported premium provided by insurers
- (i) (h) x development factors in Appendix B7
- (j) = (i) / (b)

## H 3 Calculation of break-even premium rate for 2018/19

#### H3.1 Discounted incurred cost for 2018/19

We selected the number of incurred claims and average claim size for 2018/19 based on the experience over the last five years, and allowing for future inflation and superimposed inflation. The following table shows the number of incurred claims, claim frequency and average claim size over the last five years and our adopted values.

	Accident year					
	2018	2017	2016	2015	2014	Adopted
Number of claims incurred (a)	2,442	2,420	2,533	2,650	2,750	2,417
Claim frequency per \$86,525 of wages (b)	2.8%	2.7%	3.0%	3.1%	3.4%	2.7%
Average claim size (in 30 June 2018 values) (c)	54,049	49,732	48,157	47,010	39,596	54,049

Notes: (a) The adopted number of claims incurred is based on the adopted claim frequency in (b) times the projected wages.

- (b) The adopted claim frequency is a two year average
- (c) The adopted average claim size is a one year average, which includes the 2015 legislative amendments

Allowing for inflation of 1.20%, superimposed inflation of 2.70% and an inflation/discount factor to allow for the timing of payments of 0.9704 the discounted incurred cost for 2018/19 can be calculated as:

 $2,417 \times [54,049 \times (1 + 1.20\%) \times (1 + 2.70\%) \times 0.9704] = $131.7 \text{ million}.$ 

### H3.2Expense loadings

To calculate the break-even premium rate the discounted incurred cost must be loaded for expenses. To calculate an appropriate allowance for expenses in the premium rate we have analysed the commission rate and the other expenses (including claims handling) separately over a five year period.

This analysis is shown in the following table.

	Underwriting y	ear				
	2018	2017	2016	2015	2014	Adopted
Gross written premiums (a)	135,842	134,286	114,332	140,232	156,328	
Earned premiums (a)	146,280	126,442	119,514	141,354	137,054	
Commission (a)	5,534	4,489	4,163	4,558	4,775	
Other expenses (a)	22,760	20,821	20,282	20,537	17,314	
Commission rate (b)	3.8%	3.6%	3.5%	3.2%	3.5%	3.7%
Expense rate (c)	16.8%	15.5%	17.7%	14.6%	11.1%	16.6%

Notes: (a), (b), (c), (d) from the consolidated Form A returns

- (e) commission / earned premium, the adopted value uses a two year average
- (f) other expenses / gross written premium, the adopted value uses a three year average

### H3.3Projected break-even premium for 2018/19

Using the analysis above, the projected break-even premium rate for 2018/19 is:

		Discounted			
	Actual wages (a)	gross incurred	Expenses (c)	Premium (d)	Calculated
Underwriting year	(\$000s)	cost (b) (\$000s)	(\$000s)	(\$000s)	premium rate (e)
2019	7,612,053	131,687	33,513	165,975	2.2%

Notes: (a) 2018 developed earned wages, inflated for one year's wage inflation at 1.20%

- (b) from H3.1 above
- (c) = (b) / (1 commission rate (3.7%) other expense rate (16.6%)) (b)
- (d) = (b) /  $(1 \text{commission rate } (3.7\%) \text{other expense rate } (16.6\%)) \times (1 + \text{interest rate } (1.9\%)) ^ (3/12)$  to allow for the fact that premiums are received 3 months after the commencement of the underwriting period
- (e) = (d) / (a)

This break-even premium rate allows for the same timing aspects as the historic calculations of the break-even rate.

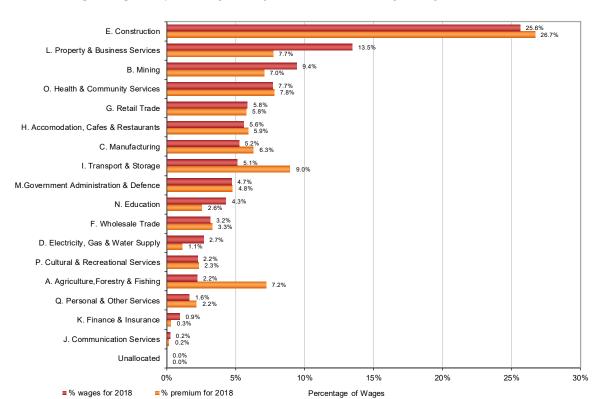
## H 4 Historical rates by industry

The following tables show the historical premium rates charged by industry (excluding self-insurers) on an underwriting/earned year basis.

The below table does not use developed wages or premium and does not contain an allowance for earned but not yet raised premium.

Underwriting year basis						Difference
Premium rate by ANZSIC division	2014	2015	2016	2017	2018	2018 / 2017
A. Agriculture,Forestry & Fishing	6.51%	6.31%	5.70%	5.55%	6.01%	8.3%
B. Mining	1.98%	1.69%	1.48%	1.25%	1.38%	10.7%
C. Manufacturing	3.12%	2.82%	2.39%	2.27%	2.22%	-2.3%
D. Electricity, Gas & Water Supply	0.90%	0.84%	0.84%	0.88%	0.78%	-10.8%
E. Construction	2.80%	2.31%	2.03%	1.89%	1.92%	1.5%
F. Wholesale Trade	2.09%	2.25%	1.94%	1.86%	1.91%	3.1%
G. Retail Trade	2.16%	2.09%	1.85%	1.79%	1.82%	1.7%
H. Accomodation, Cafes & Restaurants	2.18%	2.11%	1.92%	1.95%	1.94%	-0.3%
Transport & Storage	3.60%	2.98%	3.04%	2.94%	3.22%	9.5%
J. Communication Services	1.85%	1.62%	1.50%	1.42%	1.39%	-1.9%
K. Finance & Insurance	1.12%	0.88%	0.72%	0.67%	0.60%	-10.8%
L. Property & Business Services	1.47%	1.14%	1.11%	0.99%	1.05%	6.9%
M.Government Administration & Defence	2.41%	2.32%	2.04%	1.79%	1.87%	4.4%
N. Education	1.15%	1.08%	1.04%	1.02%	1.10%	7.6%
O. Health & Community Services	2.36%	2.21%	2.05%	1.88%	1.87%	-0.6%
P. Cultural & Recreational Services	2.91%	1.65%	2.00%	2.18%	1.92%	-12.3%
Q. Personal & Other Services	2.49%	2.45%	2.50%	2.21%	2.44%	10.2%
Unallocated	0.00%	0.00%	0.00%	0.00%	0.00%	0.0%
Total	2.34%	2.08%	1.90%	1.80%	1.84%	2.6%

The percentage of wages and premium by industry, on an underwriting year basis for the current year are:



#### Percentage of wages and premium by industry for the 2017/18 accident year only

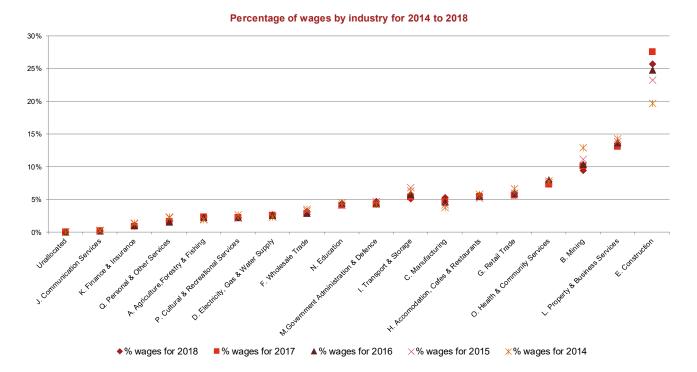
This shows that the sectors with significantly higher premium rate than the scheme average are:

- · Agriculture, forestry and fishing
- Transport and storage

Meanwhile the sectors with significantly lower premium rate than the scheme average are:

- Property and business services
- Mining
- Education
- Electricity, gas and water supply
- Finance and insurance.

The chart below shows wages by ANZSIC class on an underwriting year basis. This split requires insurers to split wages and premium across the years that a multi-year policy is in force for.



Presenting the information in this way acts to smooth the variation in wages by industry from one year to the next. Of note is the strong increase in Construction over the last five years, driven by the Inpex project, however we note a decrease in the percentage of wages from 2017 to 2018 for Construction, as the Inpex project has moved in to the production phase.

## Appendix I Glossary

#### **AASB**

Australian Accounting Standards Board

#### **ABS**

Australian Bureau of Statistics

#### Accident year

The financial year ending 30 June, in which the accident event leading to a claim occurs, irrespective of when the claim is reported, paid and finalised.

#### **APRA**

Australian Prudential Regulation Authority

#### Break-even premium rate

This is the expected cost for policies, including an allowance for associated expenses and timing of premium payments. It is calculated as:

Break-even premium rate = Discounted incurred cost /  $(1 - \text{commission rate} - \text{other expense rate}) \times (1 + \text{interest rate}) ^ 3 / 12$ 

#### Central estimate

Unbiased actuarial estimate, which has 50% probability of being sufficient. It is the median of the range of possible outcomes. The central estimate is inflated and discounted and includes claims handling expenses (unless where specified) and does not include a risk margin.

#### Development year

The number of completed years since the end of the accident year. Development year zero refers to the financial year ending 30 June in which the accident event occurs. Development year is also abbreviated to DY in this report.

#### EBNYR premium

Earned but not yet raised premium.

The earned but not yet raised premium is the aggregate of the burner policy premium adjustments where the estimated claims experience suggests that either more premium will need to be collected or some premium will be refunded.

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#### **Funding ratio**

The funding ratio is measuring the liabilities held by the insurers or self-insurers (the notional assets) compared to the aggregate outstanding claims liability calculated by the scheme actuary. The funding ratio is as defined by the Comparative Monitoring Committee.

For the insurers this is calculated as: <u>inflated and discounted provision (including risk margin)</u>

inflated and discounted central estimate (excluding risk margin)

For the self-insurers this is calculated as: bank guarantee provision (1.5 x central estimate)

inflated and discounted central estimate (excluding risk margin)

#### Inflated and discounted values

The estimates in current values are inflated to the dollar values in the estimated future year of payment. These values are discounted to 30 June 2018 values to allow for future investment income that will be earned until the claim is paid. The inflation and discount rates are outlined in appendix B1.

#### NT

Northern Territory

#### **Provision**

The central estimate plus the risk margin.

#### Risk margin

The margin added to the central estimate to increase its level of adequacy to above 50%.

#### Risk premium

The risk premium is an estimate of the pure risk cost of claims and does not include allowance for expenses or margins.

Risk Premium = estimated incurred cost of the risk covered i.e. of the claims with

dates of occurrence in the risk/cover period

= number of claims x average claim size

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