

BMW EMPLOYEES MEDICAL AID SOCIETY

ANNUAL FINANCIAL REPORT

FOR THE YEAR ENDED

31 DECEMBER 2017

BMW EMPLOYEES MEDICAL AID SOCIETY

FINANCIAL STATEMENTS

for the year ended 31 December 2017

TRUSTEES	C Hector	Chairman - Employer Representative	
	N Moonia	Vice Chairman - Employer Representative	
	D Radebe	Employer Representative	
	E Hlophane	Employee Representative	
	C Louw	Employee Representative	
	S Sohan	Employee Representative	
	K Lebelo	Employee Representative	- resigned 31 May 2017
	D Lee	Employee Representative	- resigned 30 November 2017
	K Madumo	Employee Representative	
	J Meiring	Pensioner Alternative Representative	
	JP Fegbeutel	Pensioner Member Representative	
	S Roodt	Co-opted Employer Representative	- resigned 30 May 2017
	V Vatsha-Mahlaba	Co-opted Employer Representative	
	C McCrae-Phillips	Employer Representative	- appointed 10 August 2017
	T Harakhchand	Alternative Employer Representative	- appointed 10 August 2017
	K Kgomo	Alternative Employer Representative	- appointed 10 August 2017
	J Selumane	Alternative Employer Representative	- appointed 10 August 2017

PRINCIPAL OFFICER

AR Kelbrick

AUDITOR

KPMG Inc.

ADMINISTRATOR

Discovery Health Proprietary Limited
1 Discovery Place
Sandton
2146

REGISTERED OFFICE

Discovery Health Proprietary Limited
1 Discovery Place
Sandton
2146

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BMW EMPLOYEES MEDICAL AID SOCIETY

(Registration No. 1026)

FINANCIAL STATEMENTS

for the year ended 31 December 2017

TRUSTEES' RESPONSIBILITY AND APPROVAL

The Trustees are responsible for the preparation and fair presentation of the financial statements of BMW Employees Medical Aid Society, which comprise the statement of financial position at 31 December 2017, the statement of comprehensive income, the statement of changes in funds and reserves and the statement of cash flows for the year then ended, and the notes to the financial statements, which include a summary of significant accounting policies and other explanatory notes, in accordance with International Financial Reporting Standards (IFRS) and the requirements of the Medical Schemes Act of South Africa. In addition, the Trustees are responsible for preparing the report of the Board of Trustees.

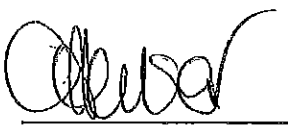
The Trustees are also responsible for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and for maintaining adequate accounting records and an effective system of risk management.

The Trustees have made an assessment of the ability of the Scheme to continue as a going concern and have no reason to believe the Scheme will not be a going concern in the year ahead.

The auditor is responsible for reporting on whether the financial statements are fairly presented in accordance with the applicable financial reporting framework.

Approval of the annual financial statements

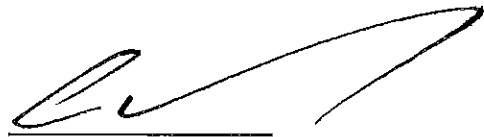
The annual financial statements of BMW Employees Medical Aid Society, as identified in the first paragraph, were approved by the Trustees on 12 April 2018 and are signed on their behalf by:



CHAIRMAN
C HECTOR



TRUSTEE
N MOONIA



PRINCIPAL OFFICER
AR KELBRICK

(REGISTRATION NO. 1520)

FINANCIAL STATEMENTS

for the year ended 31 December 2017

STATEMENT OF CORPORATE GOVERNANCE BY THE BOARD OF TRUSTEES

The BMW Employees Medical Aid Society (the Scheme) is committed to the principles and practice of responsibility, accountability, fairness and transparency with its dealings with all stakeholders and applies good governance principles.

The Scheme is committed to ensure compliance with recognised framework and conducting affairs in accordance with ethical values, to ensure the adoption of risk assessment, evaluation and management processes with regular monitoring of third party administrators and providers in accordance with the service level agreements. This includes evaluating the performance of the Board and of the Board sub-committees against agreed terms of reference and performance targets, establishment and management of internal controls by assessing the adequacy and effectiveness through the reports of the internal auditors and calling on expert and professional advice when required. The Trustees are either appointed by the respective employers or elected by the members of the Scheme.

BOARD OF TRUSTEES

The Trustees meet regularly and monitor the performance of the Administrator and other service providers. They address a range of key issues and ensure that discussion of items of policy, strategy and performance is critical, informed and constructive.

All Trustees have access to the advice and services of the Principal Officer and consultants and, where appropriate, may seek independent professional advice at the expense of the Scheme.

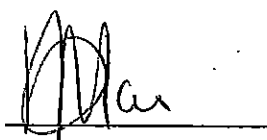
INTERNAL CONTROL

The Administrator of the Scheme maintains internal controls and systems designed to provide reasonable assurance as to the integrity and reliability of the financial statements and to safeguard, verify and maintain accountability for its assets adequately. Such controls are based on established policies and procedures and are implemented by trained personnel with the appropriate segregation of duties.

No event or item has come to the attention of the Trustees that indicates any material breakdown in the functioning of the key internal controls and systems during the year under review.



CHAIRMAN
C HECTOR



TRUSTEE
N MOONIA



PRINCIPAL OFFICER
AR KELBRICK

12 April 2018



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To the Members of BMW Employees Medical Aid Society

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of BMW Employees Medical Aid Society ("the Scheme"), set out on pages 8 to 44, which comprise the statement of financial position at 31 December 2017, and the statement of comprehensive income, the statement of changes in funds and reserves and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements present fairly, in all material respects, the financial position of BMW Employees Medical Aid Society at 31 December 2017, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards and the requirements of the Medical Schemes Act of South Africa.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Scheme in accordance with the Independent Regulatory Board for Auditors *Code of Professional Conduct for Registered Auditors (IRBA Code)* and other independence requirements applicable to performing audits of financial statements in South Africa. We have fulfilled our other ethical responsibilities in accordance with the IRBA Code and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Code is consistent with the International Ethics Standards Board for Accountants *Code of Ethics for Professional Accountants* (Parts A and B). We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Key Audit Matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Risk claims incurred

Refer to Notes 1.9.1 and 9 to the financial statements.

The key audit matter	How the matter was addressed in our audit
The most significant expense for the Scheme relates to risk claims incurred. Risk claims incurred is a key driver in determining the sustainability of the Scheme.	Our audit procedures included: <ul style="list-style-type: none">We evaluated the accuracy of benefit limits and rules captured onto the administration system by comparing the approved benefit limits and rules of the Scheme, to those captured onto the administration system.

KPMG Inc. is a company incorporated under the South African Companies Act and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity.

KPMG Inc. is a Registered Auditor, in public practice, in terms of the Auditing Profession Act, 26 of 2005.

Registration number 1999/021543/21

Chief Executive: N Dloru
Directors: Full list on website

The company's principal place of business is at KPMG Crescent, 85 Empire Road, Parktown, where a list of the directors' names is available for inspection.

The key audit matter	How the matter was addressed in our audit
<p>Due to the significant volume of claims processed by the Scheme the payment of valid risk claims is dependent on the integrity of the Scheme's administration system, as well as the automated claim assessment controls.</p> <p>Risk claims incurred was considered a key audit matter due to the significant volume of claims processed during the year and the work effort required to be performed by the audit team.</p>	<p>We tested the IT controls in place to prevent unauthorised access to or changes to the administration system.</p> <ul style="list-style-type: none"> • We tested, through the assistance of our own IT specialists, the automated claim assessment controls of the administration system to ensure that only valid claims were being processed and paid. • We inspected the reconciliation, performed by the Scheme administrator, between the administration system and the general ledger to evaluate whether the risk claims paid were accurately captured into the Scheme's accounting system.

Outstanding risk claims provision

Refer to Notes 1.6 and 5 to the financial statements.

The key audit matter	How the matter was addressed in our audit
<p>The outstanding risk claims provision (the provision) is the Scheme's estimate of the ultimate cost of settling all risk claims incurred but not yet reported (IBNR) at the reporting date.</p> <p>The provision is determined by the Scheme's actuary as described in note 5 and is estimated using a range of statistical methods.</p> <p>Determining the provision requires judgement with regard to the assumptions applied in respect of measuring the outstanding risk claims provision which could materially affect the financial statements.</p> <p>Due to the involvement of the actuary and the significant estimation involved in determining the provision this was considered a key audit matter.</p>	<p>Our audit procedures included:</p> <ul style="list-style-type: none"> • We used our own actuarial specialists and: <ul style="list-style-type: none"> — evaluated the appropriateness of the methodology used in determining the provision. — challenged the appropriateness of the assumptions used in the Scheme's methodology for measuring the provision by evaluating the assumptions against best practice and the current economic environment. — evaluated the competence, independence and integrity of the Scheme's actuary. • We further evaluated the adequacy of the provision by comparing actual claims paid after year-end that related to the current year to the provision at year-end. • We evaluated whether the disclosures in the financial statements were appropriate.

~~Other Information~~

The Scheme's trustees are responsible for the other information. The other information comprises the Trustees' Responsibility and Approval, the Statement of Corporate Governance by the Board of Trustees and the Report of the Board of Trustees. The other information does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Scheme's Trustees for the Financial Statements

The Scheme's trustees are responsible for the preparation and fair presentation of the financial statements in accordance with International Financial Reporting Standards and the requirements of the Medical Schemes Act of South Africa, and for such internal control as the Scheme's trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Scheme's trustees are responsible for assessing the Scheme's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Scheme's trustees either intend to liquidate the Scheme or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Scheme's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Scheme's trustees.
- Conclude on the appropriateness of the Scheme's trustees' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Scheme's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However,



future events or conditions may cause the Scheme to cease to continue as a going concern.

~~Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.~~

We communicate with the Scheme's trustees regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

From the matters communicated with the Scheme's trustees, we determine those matters that were of most significance in the audit of the financial statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

Report on Other Legal and Regulatory Requirements

Non-compliance with the Medical Schemes Act of South Africa

As required by the Council for Medical Schemes, we report the following material instances of non-compliance with the requirements of the Medical Schemes Act of South Africa as amended that have come to our attention during the course of our audit:

1. Contravention of Section 26(7) of the Act, contributions not received within 3 days of becoming due.
2. Contravention of Section 35(8) of the Act, investing in entities associated with a medical scheme administrator and employer groups.

We draw your attention to note 24, instances of non-compliance with the Medical Schemes Act of South Africa for more detail.

KPMG Inc.

Per BPK Jajula
Chartered Accountant (SA)
Registered Auditor
Associate Director
26 April 2018

BMW EMPLOYEES MEDICAL AID SOCIETY

STATEMENT OF FINANCIAL POSITION

at 31 December 2017

	Notes	2017 R	2016 R
ASSETS			
Non-current assets		110,037,922	76,584,614
Available-for-sale investments	2	110,037,922	76,584,614
Current assets		46,075,278	41,316,748
Trade and other receivables	3	3,673,552	4,645,797
Cash and cash equivalents	4	42,401,726	36,670,951
Current, short term deposits and money market accounts		42,392,318	35,618,030
Personal medical savings account		9,408	1,052,921
Total assets		156,113,200	117,901,362
FUNDS AND LIABILITIES			
Members' funds		149,341,258	112,648,128
Accumulated funds		130,815,400	101,966,130
Available-for-sale reserve		18,525,858	10,681,998
Current liabilities		6,771,942	5,253,234
Outstanding risk claims provision	5	3,000,000	1,700,000
Personal medical savings account liability	6	216,626	1,176,520
Trade and other payables	7	3,555,316	2,376,714
Total funds and liabilities		156,113,200	117,901,362



BMW EMPLOYEES MEDICAL AID SOCIETY

STATEMENT OF COMPREHENSIVE INCOME
for the year ended 31 December 2017

	Notes	2017 R	2016 R
Risk contribution income	8	155,624,921	142,801,946
Relevant healthcare expenditure		(121,290,170)	(109,712,742)
Risk claims incurred	9	(122,759,917)	(111,083,343)
Managed care: management services	12	(3,276,857)	(3,024,545)
Claims recoveries from third parties	10	4,174,635	3,802,475
Net income on risk transfer arrangement		571,969	592,671
Risk transfer arrangement fees	11	(275,934)	(242,772)
Recoveries from risk transfer arrangement	11	847,903	835,443
Gross healthcare results		34,334,751	33,089,204
Administration expenditure		(6,788,446)	(6,265,432)
Other operating expenses	13	(610,260)	(581,445)
Net impairment on healthcare receivables	14	(1,218,467)	(1,789,457)
Net healthcare results		25,717,578	24,452,870
Other income		3,728,276	6,549,258
Investment income	15	3,715,903	6,549,258
Scheme funds		3,678,127	6,466,744
Return on personal medical savings account		37,776	82,514
Sundry income	16	12,373	-
Other expenditure		(596,584)	(594,131)
Expenses for asset management services rendered		(558,808)	(511,617)
Interest paid on personal medical savings account		(37,776)	(82,514)
Net surplus for the year		28,849,270	30,407,997
Other comprehensive income		7,843,860	(1,394,395)
Fair value adjustment on available-for-sale investments		7,990,714	1,442,178
Realised gain on available-for-sale investments		(146,854)	(2,836,573)
Total comprehensive income		36,693,130	29,013,602



BMW EMPLOYEES MEDICAL AID SOCIETY

STATEMENT OF CHANGES IN FUNDS AND RESERVES
for the year ended 31 December 2017

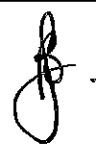
	Accumulated funds R	Available-for- sale reserve R	Members' funds R
Balance as at 1 January 2016	71,558,133	12,076,393	83,634,526
Total comprehensive income for the year	30,407,997	(1,394,395)	29,013,602
Net surplus for the year	30,407,997	-	30,407,997
Other comprehensive income	-	(1,394,395)	(1,394,395)
Changes in fair value of available-for-sale investments	-	1,442,178	1,442,178
Realised gains on disposal of available-for-sale investments	-	(2,836,573)	(2,836,573)
Balance as at 31 December 2016	101,966,130	10,681,998	112,648,128
Total comprehensive income for the year	28,849,270	7,843,860	36,693,130
Net surplus for the year	28,849,270	-	28,849,270
Other comprehensive income	-	7,843,860	7,843,860
Changes in fair value of available-for-sale investments	-	7,990,714	7,990,714
Realised gains on disposal of available-for-sale investments	-	(146,854)	(146,854)
Balance as at 31 December 2017	130,815,400	18,525,858	149,341,258



BMW EMPLOYEES MEDICAL AID SOCIETY

STATEMENT OF CASH FLOWS for the year ended 31 December 2017

	Notes	2017 R	2016 R
Cash flows from operating activities			
Cash flows from operations before working capital changes	17	25,906,085	25,730,709
Working capital changes			
- Increase in trade and other receivables		291,758	(4,092,826)
- Increase in trade and other payables		1,178,601	151,127
- Increase/ (decrease) in outstanding risk claims provision		1,300,000	(800,000)
- Decrease in medical savings account liability		(959,895)	(351,612)
Cash utilised by operations		27,716,550	20,637,398
- Income from investments		3,514,593	3,627,058
- Interest paid		(37,776)	(82,514)
Net cash flows utilised from operating activities		31,193,366	24,181,942
Cash flows from investing activities			
Additions to available-for-sale investments	2	(25,941,752)	(26,292,285)
Proceeds on disposal of investments	2	479,158	10,351,751
Net cash outflow investing activities		(25,462,594)	(15,940,534)
Net increase in cash and cash equivalents		5,730,772	8,241,408
Cash and cash equivalents at beginning of the year		36,670,950	28,429,542
Cash and cash equivalents at end of the year	4	42,401,722	36,670,950
Current, short term deposits and money market accounts		42,392,318	35,618,030
Personal medical savings account		9,408	1,052,921



BMW EMPLOYEES MEDICAL AID SOCIETY

(Registration no. 1526)

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2017

1 PRINCIPAL ACCOUNTING POLICIES

The principal accounting policies applied in the preparation of these financial statements are set out below, and are consistent with last year unless otherwise stated.

The preparation of financial statements in conformity with IFRS requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the accounting policies. The notes to the financial statements set out those areas involving a high degree of judgement or complexity, or areas where assumptions and estimates are significant to the Scheme's financial statements.

1.1 Basis of preparation

The financial statements have been prepared in accordance with International Financial Reporting Standards (IFRS) and the Medical Schemes Act of South Africa (the Act). The financial statements are prepared on the going concern principle using the historical cost basis, except for available-for-sale investments held at fair value.

These financial statements are presented in Rand, which is the Scheme's functional currency. Rounding of all amounts to the nearest Rand.

New standards, amendments and interpretations effective in 2017 and relevant to the Scheme

Title	Effective date - financial year commencing on
IFRS 7 - Disclosure Initiative - The amendments provide for disclosures that enable users of financial statements to evaluate changes in liabilities arising from financing activities, including both changes arising from cash flow and non cash changes. This includes providing a reconciliation between the opening and closing balances for liabilities arising from financing activities. This standard had no significant impact on the 2017 financial statements.	01 January 2017

New standards, amendments and interpretations not yet effective in 2017 and relevant to the Scheme:

Title	Effective date - financial year commencing on
IFRS 9 Financial Instruments - IFRS 9, on 24 July 2014, the IASB issued the final IFRS 9 Financial Instruments Standard, which replaces earlier versions of IFRS 9 and completes the IASB's project to replace IAS 39 Financial Instruments: Recognition and Measurement. This standard will have a significant impact on the Scheme, which will include changes in the measurement bases of the Scheme's financial assets to amortised cost, fair value through other comprehensive income or fair value through profit or loss. Even though these measurement categories are similar to IAS 39, the criteria for classification into these categories are significantly different. In addition, the IFRS 9 impairment model has been changed from an "incurred loss" model from IAS 39 to an "expected credit loss" model, which is expected to increase the provision for bad debts recognised in the Scheme. The standard is effective for annual periods beginning on or after 1 January 2018 with retrospective application, while early adoption is permitted. IFRS 4 provides a temporary exemption that permits, but does not require, the scheme to apply IAS 39 rather than IFRS 9 for annual periods beginning before 1 January 2021. A scheme may apply the temporary exemption from IFRS 9 if, and only if: • it has not previously applied any version of IFRS 9 • its activities are predominantly connected with insurance at its reporting date. The Scheme meets both the criteria and has decided to apply the exemption to defer the application of IFRS 9 to 1 January 2021.	01 January 2018

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

New standards, amendments and interpretations not yet effective in 2017 and relevant to the Scheme:

Title	Effective date - financial year commencing on
<p>IFRS 17 Insurance Contracts - IFRS 17 supersedes IFRS 4 Insurance Contracts and aims to increase comparability and transparency about profitability. The new standard introduces a new comprehensive model ("general model") for the recognition and measurement of liabilities arising from insurance contracts. In addition, it includes a simplified approach and modifications to the general measurement model that can be applied in certain circumstances and to specific contracts, such as:</p> <ul style="list-style-type: none"> • Reinsurance contracts held; • Direct participating contracts; and • Investment contracts with discretionary participation features. <p>Under the new standard, investment components are excluded from insurance revenue and service expenses. Entities can also choose to present the effect of changes in discount rates and other financial risks in profit or loss or OCI.</p> <p>The new standard includes various new disclosures and requires additional granularity in disclosures to assist users to assess the effects of insurance contracts on the entity's financial statements. The entity is in the process of determining the impact of IFRS 17 and will provide more detailed disclosure on the impact in future financial statements. The standard is effective for annual periods beginning on or after 1 January 2021. Early adoption is permitted.</p>	01 January 2021

The Scheme has not yet addressed the impact of these new standards and amendments.

1.2 Classification, recognition, presentation and derecognition of financial instruments

The Scheme recognises a financial instrument when, and only when, it becomes a party to the contractual provisions of the instrument. The Scheme has the following financial instrument categories: available-for-sale investments, loans and receivables and financial liabilities. The Scheme has grouped its financial instruments into the following classes:

- Available-for-sale investments;
- Trade and other receivables;
- Cash and cash equivalents;
- Trade and other payables; and
- Members' medical savings accounts.

The classification depends on the purpose for which the financial instruments are acquired. Management determines the classification of financial instruments at initial recognition. All purchases and sales of financial instruments are recognised on the trade date, which is the date on which the Scheme commits to purchase the financial asset or assumes the financial liability.

Offsetting financial instruments

Where a current legally enforceable right of offset exists for recognised financial assets and financial liabilities, and there is an intention to settle the liability and realise the asset simultaneously, or to settle on a net basis, all related financial effects are offset.

Derecognition of financial assets and liabilities

The Scheme derecognises an asset when the contractual rights to the asset expire, where there is a transfer of the contractual rights that comprise the asset, or the Scheme retains the contractual rights of the asset but assumes a corresponding liability to transfer these contractual rights to another party and consequently transfers substantially all the risks and benefits associated with the asset.

Where the Scheme retains substantially all the risks and benefits of ownership of the financial asset, the Scheme continues to recognise the financial asset.

The Scheme derecognises a financial liability when the contractual obligations are discharged, cancelled or expire.

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

1.3 Financial assets: initial and subsequent measurement

Financial instruments are recognised when the Scheme becomes a party to the contractual provisions of the instrument.

Non-derivative financial instruments are recognised initially at fair value plus any directly attributable transaction costs, for instruments not at fair value through profit or loss.

Available-for-sale investments

Subsequent to initial recognition, available-for-sale investments are carried at fair value. Gains and losses arising from changes in the fair value of the available-for-sale investments are taken directly to the available-for-sale reserve. Once an available-for-sale investment is sold, the related cumulative fair value gain or loss is transferred out of the reserve to profit or loss.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They are included in current assets, except for maturities greater than 12 months after the reporting date. These are classified as non-current assets. The Scheme's loans and receivables comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

Subsequently loans and receivables are measured at amortised cost using the effective interest method, less impairment. An impairment of trade receivables is established when there is objective evidence that the Scheme will not be able to collect all amounts due according to the original terms of the receivables. Receivables arising from healthcare insurance contracts with members are also classified in this category and are reviewed for impairment as part of the impairment review conducted per note 1.5.

Insurance receivables

Insurance receivables are carried at cost less impairment losses. Impairment losses on insurance receivables are recognised and determined in a similar manner to impairment losses on financial assets carried at amortised cost (refer to note 1.5).

Cash and cash equivalents

In the statement of cash flows, cash and cash equivalents comprise:

- Money on call and short notice deposits; and
- Balances with banks.

Cash and cash equivalents include items held for the purpose of meeting short-term cash commitments. Cash and cash equivalents have a maturity of less than three months and an insignificant risk of changes in fair value. Subsequently, cash and cash equivalents are measured at amortised cost which approximates fair value.



BMW EMPLOYEES MEDICAL AID SOCIETY

(Registration no. 1526)

NOTES TO THE FINANCIAL STATEMENTS for the year ended 31 December 2017

1.4 Financial liabilities

A financial liability is any liability that is a contractual obligation to deliver cash or another financial asset to another entity. Financial liabilities include trade payables. The Scheme is not permitted to borrow in terms of Section 35(6)(c) of the Medical Schemes Act, of South Africa. The Scheme therefore has no long-term financial liabilities.

Trade and other payables

Trade and other payables are measured initially at fair value plus directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method.

Insurance payables

Insurance payables are measured initially at fair value (which approximates cost) and subsequently measured at amortised cost using the effective interest method.

Members' medical savings accounts: monies managed by the Scheme on behalf of its members

The members' medical savings account, which is managed by the Scheme on behalf of its members, represents savings contributions (which are a deposit component of the insurance contracts) and accrued interest thereon, net of any savings claims paid on behalf of members in terms of the Scheme's registered rules.

The deposit component of the insurance contracts has been unbundled, since the Scheme can measure the deposit component separately. The insurance component is recognised as an insurance liability.

Unspent savings at the year-end are carried forward to meet future expenses for which the members are responsible. In terms of the Medical Schemes Act, 131 of 1998, as amended, balances standing to the credit of members are refundable only in terms of Regulation 10 of the Act.

Advances on savings contributions are funded by the Scheme's funds, and the risk of impairment is carried by the Scheme.

The members' medical savings accounts are invested on behalf of members in call and fixed deposits with banks.

From 1 January 2017 the Scheme discontinued the MSA component of the benefit option. MSA balances owing to members are being refunded accordingly.

Interest paid on members' medical savings accounts

The interest paid on members' medical savings accounts is recognised in profit or loss using the effective interest method.



NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

1.5 Impairment of financial assets

Financial assets carried at amortised cost

The Scheme assesses at each reporting date whether there is objective evidence that a financial asset is impaired. A financial asset, or group of financial assets, is impaired and impairment losses are incurred if, and only if, there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset (a "loss event") and that the loss event (or events) has an adverse impact on the estimated future cash flows of the financial asset that can be reliably estimated.

The Scheme first assesses whether objective evidence of impairment exists, individually for financial assets that are individually significant, such as service provider debtors. In the case of assets which are not individually significant, such as contribution debtors, financial assets are grouped on the basis of similar credit characteristics, such as asset type and past-due status. These characteristics are used in the estimation of future cash flows recoverable.

If there is objective evidence that an impairment loss on a financial asset has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. The carrying amount of the asset is reduced and the amount of the loss is recognised through profit or loss.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed by adjusting the allowance account. The amount of the reversal is recognised in profit or loss.

1.6 Outstanding risk claims provision

Risk claims outstanding comprise provisions for the Scheme's estimate of the ultimate cost of settling all risk claims incurred but not yet reported (IBNR) at the reporting date. Risk claims outstanding are determined as accurately as possible based on a number of factors, which include previous experience in claims patterns, claims settlement patterns, changes in the nature and number of members according to gender and age, trends in claims frequency, changes in the claims processing cycle, and variations in the nature and average cost incurred per claim.

Estimated co-payments and payments from medical savings accounts (MSA) are deducted in calculating the outstanding risk claims provision.

Claims handling expenses are not separately accounted for as this service is provided by the Administrator and a fixed fee is paid for the full administration service including claims handling. No provision for claims handling expenses is required as the Scheme has no further liability to the Administrator at year end.

The Scheme does not discount its provision for outstanding risk claims since the effect of the time value of money is not considered material.



NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

1.7 Member insurance contracts

Contracts under which the Scheme accepts significant insurance risk from another party (the member and his/her registered dependants) by agreeing to compensate the member or other beneficiary if a specified uncertain future event (the insured event) adversely affects the member or other beneficiary, are classified as insurance contracts.

The contracts issued compensate the Scheme's members for healthcare expenses incurred and are detailed in note 21.

1.8 Risk contribution income

Gross contributions comprise of risk contributions and medical savings account (MSA) contributions.

As of 1 January 2017 gross contributions comprised only of risk contributions.

Risk contributions on member insurance contracts are accounted for monthly when their collection in terms of the insurance contract is reasonably assured. Risk contributions are earned from the date of attachment of insurance risk, over the indemnity period on a straight-line basis and are recognised as revenue.

1.9 Relevant healthcare expenditure

Relevant healthcare expenditure consists of net claims incurred, managed care fees and net income or expense from risk transfer arrangements.

1.9.1 Risk claims incurred

Gross claims incurred comprise the total estimated cost of all claims arising from healthcare events that have occurred in the year and for which the Scheme is responsible, whether or not reported by the end of the year.

Net risk claims incurred (net of claims from members' medical savings accounts, recoveries from members for co-payments, recoveries from third parties (e.g. Motor Vehicle Accident and fraud recoveries) and discounts received from service providers) comprise:

- Claims submitted and accrued for services rendered during the year;
- Payments under provider contracts (managed care) for services rendered to members;
- Over or under provisions relating to prior year claims;
- Claims incurred but not yet reported; and
- Claims settled in terms of risk transfer arrangements.

Anticipated recoveries under risk transfer arrangements are disclosed separately as assets and are assessed in a manner similar to the assessment of the outstanding claims provision and claims reported not yet paid.

1.9.2 Managed care: management services fees

Managed care: management services fees comprise amounts paid or payable to a third party for managing the utilisation, costs and quality of healthcare services to the members of the Scheme. Managed care: management services fees are expensed as incurred.



NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2017

1.9.3 Risk transfer arrangements

Risk transfer arrangements are contractual arrangements whereby a third party undertakes to indemnify the Scheme against all or part of the loss that the Scheme may incur as a result of carrying on the business of a medical scheme. Risk transfer arrangements do not reduce the Scheme's primary obligations to its members and their dependants, but the arrangements only decrease the loss the Scheme may incur as a result of carrying on the business of a medical scheme.

Risk transfer premiums are recognised as an expense over the indemnity period on a straight-line basis.

Risk transfer claims and benefits reimbursed are presented in profit or loss and in the statement of financial position on a gross basis. Only contracts that give rise to a significant transfer of insurance risk are accounted for as an insurance contract. Amounts recoverable under such contracts are recognised in the same year as the related claim.

Assets relating to risk transfer arrangements include balances due under risk transfer arrangements for outstanding claims provisions and claims reported not yet paid. Amounts recoverable under risk transfer arrangements are estimated in a manner consistent with the outstanding claims provision, claims reported not yet paid and settled claims associated with the risk transfer arrangement.

Amounts recoverable under risk transfer arrangements are assessed for impairment at each reporting date. These assets are deemed impaired if there is objective evidence, as a result of an event that occurred after its initial recognition, that the Scheme may not recover all amounts due. The Scheme gathers the objective evidence that a risk transfer arrangement asset is impaired using the same process adopted for financial assets held at amortised cost. These processes are described in note 1.5.

1.10 Liability adequacy test

At the reporting date, liability adequacy tests are performed to ensure the adequacy of the member insurance contract liability.

Liabilities for insurance contracts are tested for adequacy by discounting current estimates of all future cash flows and comparing this amount to the carrying amount of the liabilities net of any related assets. Where a shortfall is identified, an additional provision is made and charged to profit or loss.

1.11 Investment income

Investment income comprises of dividends, interest income and realised gains or losses on the disposal of investments.

Interest income is recognised using the effective interest method.

Dividend income from investments is recognised when the right to receive payment is established.

1.12 Unallocated funds

Unallocated funds arise on the receipt of unidentified deposits in favour of the Scheme.

Unallocated funds older than three years have legally prescribed and are included under other income in profit or loss.

1.13 Income tax

In terms of section 10(1)(d) of the Income Tax Act, No 58 of 1962, as amended, receipts and accruals of a benefit fund are exempt from normal tax. A medical scheme is included in the definition of a benefit fund and consequently the Scheme is exempt from income tax.



BMW EMPLOYEES MEDICAL AID SOCIETY

(Registration no. 1526)

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

	2017 R	2016 R
2. AVAILABLE-FOR-SALE INVESTMENTS		
Fair value at the beginning of the year	76,584,614	59,201,902
Additions	25,941,752	26,292,285
Unrealised gain/(loss) on revaluation of available-for-sale investments	7,843,860	(1,394,395)
Realised gain on disposal of available-for-sale investments	146,854	2,836,573
Investment management fees	(479,158)	(351,751)
Disposals	-	(10,000,000)
Fair value at the end of the year	<u>110,037,922</u>	<u>76,584,614</u>
Non-current	<u>110,037,922</u>	<u>76,584,614</u>
	<u>110,037,922</u>	<u>76,584,614</u>
The investments included above represent investments in:		
Segregated portfolio	13,165,479	12,495,707
Linked insurance policies	96,872,443	64,088,907
	<u>110,037,922</u>	<u>76,584,614</u>

Available-for-sale investments are classified as non-current assets, unless they are expected to be realised within twelve months of the reporting date or unless they will need to be realised to raise operating capital.

3. TRADE AND OTHER RECEIVABLES

Insurance receivables

Contributions outstanding	26,875	1,071,508
Amounts recoverable from members and suppliers	844,164	773,006
Amounts due	<u>3,733,341</u>	<u>2,927,241</u>
Impairment losses	<u>(2,889,177)</u>	<u>(2,154,235)</u>
Total receivables arising from insurance contracts	<u>871,039</u>	<u>1,844,514</u>

Loans and receivables

Interest receivable	263,830	209,374
Sundry accounts receivable	2,538,683	2,591,909
Total loans and receivables	<u>2,802,513</u>	<u>2,801,283</u>
Total trade and other receivables	<u>3,673,552</u>	<u>4,645,797</u>

At 31 December 2017 the carrying amounts of trade and other receivables approximate their fair values due to the short-term maturities of these assets.



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NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

	2017 R	2016 R
4. CASH AND CASH EQUIVALENTS		
4.1 CURRENT, SHORT TERM DEPOSITS AND MONEY MARKET ACCOUNTS		
Current accounts	1,973,375	11,093,974
Short-term deposits and money market accounts	40,418,943	24,524,056
	<u>42,392,318</u>	<u>35,618,030</u>

The weighted average interest rate on cash and cash equivalents was 7.22% (2016: 7.30%).

4.2 PERSONAL MEDICAL SAVINGS ACCOUNT		
Current accounts	9,408	1,052,921
	<u>9,408</u>	<u>1,052,921</u>
Total cash and cash equivalents per statement of financial position	<u>42,401,726</u>	<u>36,670,951</u>

The effective interest rate on the MSA account was 6.37% (2016: 6.52%).

At 31 December 2017, the carrying amounts of cash and cash equivalents approximate their fair values.

From 1 January 2017 the Scheme discontinued the MSA component of the benefit option. MSA balances owing to members are being refunded accordingly.

5. OUTSTANDING RISK CLAIMS PROVISION		
Outstanding risk claims provision - not covered by risk transfer arrangements	3,000,000	1,700,000
	<u>3,000,000</u>	<u>1,700,000</u>
<i>Analysis of movement in outstanding risk claims</i>		
Balance at beginning of year	1,700,000	2,500,000
Payments in respect of prior year	(1,831,635)	(2,395,501)
(Under)/ over provision in respect of prior year	(131,635)	104,499
Adjustment for current year	3,131,635	1,595,501
Balance at end of year	<u>3,000,000</u>	<u>1,700,000</u>
<i>Analysis of outstanding risk claims provision</i>		
Estimated gross claims	3,000,000	1,705,600
Estimated recoveries from savings plan accounts (note 6)	-	(5,600)
Balance at end of year	<u>3,000,000</u>	<u>1,700,000</u>

The Scheme's rules provide that risk claims may only be paid if the Scheme is notified of the risk claim and documentation is submitted within 4 months of the date of rendering the healthcare service.



NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

5. OUTSTANDING RISK CLAIMS PROVISION (continued)

The outstanding risk claims provision is an estimate of the proportion of the risk claims liability incurred in the current financial year that is expected to be reported and paid only after the reporting date. The cost of outstanding risk claims is estimated using an incurred but not reported (IBNR) analysis of data methodology. These methods extrapolate the development of paid and incurred claims and ultimate claims numbers for each benefit year based on observed development of earlier years and expected loss ratios. Runoff tables are used in situations where it takes time after the treatment date until the full extent of the claims to be paid is known. It is assumed that payments will emerge in a similar way in each service month. The proportional increase in the known cumulative payments from one development month to the next can then be used to calculate payments for future development months.

Process used to determine the assumptions

The process used to determine the assumptions is intended to result in neutral estimates of the most likely or expected outcome. The sources of data used as inputs for the assumptions are internal, using detailed studies that are carried out annually. There is more emphasis on current trends, and where in early years there is insufficient information to make a reliable best estimate of claims development, prudent assumptions are used.

This is done via a sophisticated multi-simulation actuarial model which incorporates updated demographic and claims data. The outstanding risk claims provision is calculated as the difference between the risk claims projected for the period less the risk claims paid up to the end of that period. This process is done on a monthly basis and regularly reconciled with the actual experience.

Assumptions

The assumptions that have the greatest effect on the measurement of the outstanding risk claims provision are the expected claims ratios for the most recent benefit years for the In-hospital, Chronic and Above Threshold categories of claims. These are used for assessing the outstanding risk claims provisions for the 2017 and 2016 benefit years.

The assumptions used in estimating the risk claims incurred for the Scheme are as follows:

At year-end, the process used to calculate the provision for outstanding claims includes the evaluation of the claims paid during the first two months subsequent to year-end in respect of 2017 treatment claims as well as the determination of key variables and assumptions most likely to result in a reliable estimate of the outstanding claims provision.

The most significant key variables and assumptions used in determining the outstanding claims provision are:

- the previous experience in claims processing patterns;
- average claims paid in the run-off period from March each year based on historical data.

Sensitivity analysis

An analysis of sensitivity around various scenarios for the general medical insurance business provides and indication of the adequacy of the provision. As opposed to claims for 2017 that have already been paid, the claims for 2017 estimated to be paid (or reopened) in future payment months are still subject to uncertainty. This quantity forms a useful basis for a sensitivity analysis (as provided in the actuarial report).



NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

	2017 R	2016 R
6. PERSONAL MEDICAL SAVINGS ACCOUNT LIABILITY		
Balance on savings account liability at the beginning of the year	1,176,520	1,528,132
Add:		
- Savings account contributions received (note 8)	-	1,408,637
- Transfers received from other medical schemes invested (note 15)	16,745	120,126
	37,776	82,514
	<u>1,231,041</u>	<u>3,139,409</u>
Less:		
- Claims paid to or on behalf of members (note 9)	(60,685)	(1,910,930)
- Refunds	(952,614)	(51,030)
- Bank charges and investment management fees incurred	(1,116)	(929)
Balance on savings account liability at the end of the year	<u>216,626</u>	<u>1,176,520</u>

The medical savings accounts contain a demand feature. In terms of Regulation 10 of the Medical Schemes Act, of South Africa, any credit balance on a member's personal medical savings account must be taken as a cash benefit when the member terminates his or her membership of the Scheme or benefit option, and enrolls in another medical scheme without a personal medical savings account or does not enrol in another medical scheme.

It is estimated that claims to be paid out of medical savings accounts in respect of claims incurred in 2017 but not reported amount to Rnil. (2016: R5 600) (note 5).

The carrying amount of the medical savings accounts approximates their fair values, since it is payable on demand. The amounts were not discounted due to the demand feature.

The mismatch between the medical savings account liability and the related funds relates to timing differences. These timing differences are typically cleared within a one month period.

The investment of medical savings account monies managed by the Scheme on behalf of its members has been separately disclosed in note 4.

7. TRADE AND OTHER PAYABLES

Insurance liabilities

Member and supplier liability - stale cheques	40,203	28,221
Member and supplier liability - unpresented cheques	31,843	11,143
Reported claims not yet paid	1,687,745	1,337,421
Amounts due to members	413,849	142,488
Amounts due to suppliers	1,273,896	1,194,933
Total liabilities arising from insurance contracts	1,759,791	1,376,785

Other liabilities

Amounts owing to Administrator (note 20)	1,440,222	696,002
Unallocated receipts	12,153	32,436
Accruals	343,150	271,491
Total	1,795,525	999,929
Total trade and other payables	3,555,316	2,376,714

At 31 December 2017 the carrying amounts of other liabilities approximate their fair values due to the short-term maturities of these liabilities.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2017

	2017 R	2016 R
8. RISK CONTRIBUTION INCOME		
Gross contributions per registered rules	155,624,921	144,210,583
Less: Savings contributions received*	-	(1,408,637)
Net contribution income	<u>155,624,921</u>	<u>142,801,946</u>
* The savings contributions are received by the Scheme in terms of Regulation 10(1) and the Scheme's registered rules and held on behalf of its members. Refer to note 6 to the financial statements for more detail on how these monies were utilised.		
9. RISK CLAIMS INCURRED		
Current year claims	121,520,602	113,794,273
Claims not covered by risk transfer arrangements	120,672,699	112,958,830
Claims covered by risk transfer arrangements	<u>847,903</u>	<u>835,443</u>
Movement in outstanding claims provision	1,300,000	(800,000)
(Under)/ over provision in prior year (note 5)	(131,635)	104,499
Adjustment for current year	<u>1,431,635</u>	<u>(904,499)</u>
	122,820,602	112,994,273
Less: Claims paid from members' savings accounts *	(60,685)	(1,910,930)
Risk claims incurred	<u>122,759,917</u>	<u>111,083,343</u>
* Claims are paid on behalf of members from their personal medical savings accounts in terms of Regulation 10(3) and the Scheme's registered benefits. Refer to note 6 to the financial statements for a breakdown of the movement in these balances.		
10. CLAIMS RECOVERIES FROM THIRD PARTIES		
Motor Vehicle Accident recoveries	2,073,943	68,145
Hospital discounts	-	7,455
Forensic recoveries	2,100,692	3,726,875
	<u>4,174,635</u>	<u>3,802,475</u>



NOTES TO THE FINANCIAL STATEMENTS for the year ended 31 December 2017

2017	2016
R	R

11. NET INCOME ON RISK TRANSFER ARRANGEMENT

The Scheme had the following risk transfer arrangement transactions during the year:

Capitation fees paid	(275,934)	(242,772)
Recoveries under risk transfer arrangements	847,903	835,443
	<u>571,969</u>	<u>592,671</u>

Netcare 911 Proprietary Limited

Netcare 911 Proprietary Limited provided emergency medical advice, emergency medical response and transportation to the members of the Scheme. The contract is renewed annually unless either party gives 60 days written notice of termination of the agreement.

- Claims experience and resulting calculations on ground ambulance and flight claims were supplied by Netcare 911 Proprietary Limited.
- Netcare 911 Proprietary Limited applied estimated non-capitated fee information to these utilisation statistics, to determine the estimated cost to the Scheme. These claims included data on claims payments made in 2018 for 2016, claim payments for 2017 in respect of 2017 claims and payments incurred but not yet reported.

12. MANAGED CARE: MANAGEMENT SERVICES

Pharmaceutical benefit management	327,358	302,455
Specialist, hospital referrals and pre-authorisations	1,015,826	937,609
Disease management	1,048,594	968,459
Network management	885,079	816,022
	<u>3,276,857</u>	<u>3,024,545</u>



BMW EMPLOYEES MEDICAL AID SOCIETY

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

	2017 R	2016 R
13. OTHER OPERATING EXPENSES		
Association fees	92,385	100,405
Audit fees	257,902	244,215
Audit services - current year	254,106	241,112
Audit services - prior year under provision	3,796	3,103
Bank charges	66,567	60,940
Board of Healthcare Funders	5,273	5,966
Council for Medical Schemes - rule amendments	5,885	10,124
Fidelity guarantee and professional indemnity insurance premium	20,025	20,025
Motor Vehicle Accident administration and legal fees	4,850	62,903
Printing costs	154,803	75,288
Trustee reimbursements (note 20)	2,570	1,579
	<u>610,260</u>	<u>581,445</u>
14. NET IMPAIRMENT ON HEALTHCARE RECEIVABLES		
Insurance receivables		
Members' and service providers' portions not recoverable	1,218,467	1,789,457
Increase in impairment	734,942	1,789,457
Written off	483,525	-
	<u>1,218,467</u>	<u>1,789,457</u>
15. INVESTMENT INCOME		
Interest on cash and cash equivalents	190,046	189,474
Income from investments	3,341,226	3,440,697
Realised gains on disposal of available-for-sale investments	146,854	2,836,573
Interest received on personal medical savings account (note 6)	37,776	82,514
	<u>3,715,903</u>	<u>6,549,258</u>
16. OTHER OPERATING INCOME		
Prescribed debt written back	2,746	-
Stale cheques written back	9,627	-
	<u>12,373</u>	<u>-</u>



NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

17. CASH FLOWS FROM OPERATIONS BEFORE WORKING CAPITAL CHANGES

Net surplus for the year	28,849,270	30,407,997
Adjustments for:		
- Movement in provision for impairment losses	734,942	1,789,457
- Income from investments	(3,569,049)	(3,712,686)
- Realised gains on disposal of available-for-sale investments	(146,854)	(2,836,573)
- Interest paid	37,776	82,514
Cash flows from operations before working capital changes	<u>25,906,085</u>	<u>25,730,709</u>

18. COMMITMENTS AND OTHER CONTINGENT LIABILITIES

The Scheme does not have any commitments or contingent liabilities outstanding at 31 December 2017.

19. EVENTS AFTER THE REPORTING DATE

There have been no events that occurred subsequent to the end of the accounting period that affect the financial statements and that the Trustees consider should be reported.

20. RELATED PARTY TRANSACTIONS

The Scheme is controlled by the Board of Trustees who are appointed by the employers and elected by the members of the Scheme.

Parties with significant influence over the Scheme:

Administrator and managed care organisation

Discovery Health Proprietary Limited has significant influence over the Scheme as Discovery Health Proprietary Limited participates in the Scheme's financial and operating policy decisions, but does not control the Scheme. Discovery Health Proprietary Limited provides administration and managed care services. These transactions are done on an arm's length basis.

Discovery Third Party Recovery Services

The Scheme has contracted Discovery Third Party Recovery Services Proprietary Limited (DTPRS), a wholly owned subsidiary of Discovery Health Proprietary Limited, to manage the identification and collection of third party recoveries from the Road Accident Fund.

Key management personnel

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Scheme. Key management personnel include the Board of Trustees and the Principal Officer.

Close family members include family members of the Board of Trustees and Principal Officer.

BMW Financial Services (SA) Proprietary Limited and BMW (SA) Proprietary Limited

BMW Financial Services (SA) Proprietary Limited and BMW (SA) Proprietary Limited are the two employer companies, both these companies are considered related parties. Both entities participate in the Scheme's financial and operating policy decisions, but do not control the Scheme.



BMW EMPLOYEES MEDICAL AID SOCIETY

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2017

20. RELATED PARTY TRANSACTIONS (continued)

Transactions with key management personnel

The following table provides the total amount of transactions, which have been entered into with related parties for the relevant financial year.

	2017 R	2016 R
<i>Key management personnel</i>		
Contributions and claims (Trustees and their beneficiaries)		
- Statement of comprehensive income		
Gross contributions received	692,799	696,371
Gross claims incurred	(836,884)	(438,293)
Interest credited to medical savings account balances	(98)	(132)
Trustee reimbursements		
- Statement of comprehensive income		
Travel reimbursements	(2,570)	(1,579)
- Statement of financial position		
Medical savings account balances	-	1,495

The terms and conditions of the related party transactions were as follows:

Transaction	Nature of transactions and terms and conditions thereof
Contributions received	This constitutes the contributions paid by the related parties as members of the Scheme in their individual capacity. All contributions were on the same terms as those applicable to other members.
Claims incurred	This constitutes amounts claimed by the related parties in their individual capacity as members of the Scheme. All claims were paid out in terms of the rules of the Scheme, as applicable to other members.
Medical savings account balances	The amounts owing to the related parties relate to medical savings account balances to which the parties have a right. All interest earned on the savings account is allocated to members. The amounts are all current, and would need to be payable on demand should an appropriate claim be issued, or should the member resign from the Scheme.
Medical savings account interest	Interest is earned on positive MSA balances at an average effective interest rate of 6.37% (2016: 6.52%) per annum.

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

20. RELATED PARTY TRANSACTIONS (continued)

	2017 R	2016 R
Transactions with parties that have significant influence over the Scheme		
<i>Discovery Health Proprietary Limited - administrator</i>		
Statement of comprehensive income		
Administration fees paid	(6,788,446)	(6,265,432)
<i>Discovery Health Proprietary Limited - managed care organisation</i>		
Statement of comprehensive income		
Managed care fees paid	(3,276,857)	(3,024,545)
Statement of financial position		
Balance due to Discovery Health Proprietary Limited (note 7)	1,440,222	696,002
<i>Discovery Third Party Recovery Services Proprietary Limited</i>		
Statement of comprehensive income		
Road Accident Fund recoveries	2,030,496	-

The terms and conditions of the transactions with entities with significant influence over the Scheme were as

Administration and managed care management service agreements

The administration and managed care management service agreements are in terms of the rules of the Scheme and in accordance with instructions given by the Board of Trustees. The agreements are automatically renewed each year unless notification of termination is received or following the cancellation of the Administrator's accreditation or the issue of a lawful directive to this effect by the Council for Medical Schemes in terms of the Medical Schemes Act, of South Africa. The Scheme and the Administrator/Managed Healthcare Organisation shall be entitled to terminate the agreement by giving notice in writing of not less than 90 days and not more than 180 days. The outstanding balance bears no interest and is due within 7 days.

BMW Financial Services (SA) Proprietary Limited and BMW (SA) Proprietary Limited

Statement of comprehensive income (note 8)		
Gross contributions	155,624,921	144,210,583
Savings contributions	-	1,408,637
Statement of financial position (note 3)		
Risk contribution debtors	26,875	1,071,508



NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

21. INSURANCE RISK MANAGEMENT REPORT

Nature and extent of risks arising from insurance contracts

The primary insurance activity carried out by the Scheme indemnifies covered members and their dependants against the risk of loss arising as a result of the occurrence of a health event (i.e. an event relating to the health of the Scheme member and his or her registered dependants). As such, the Scheme is exposed to the uncertainty surrounding the timing and severity of claims under the contract. Insurance events are, by nature, random and the actual number and size of events during any one year may vary.

This section summarises these risks and the way they are managed.

Insurance risk

For a portfolio of insurance contracts where the theory of probability is applied to pricing and provisioning, the principal risk that the Scheme faces under its insurance contracts is that the actual claim payments exceed the carrying amount of the insurance liabilities. This could occur because the frequency and/or severity of claims are greater than estimated.

Factors that aggravate insurance risk include changes in membership distribution and major unanticipated demographic movements, adverse experience regarding the cost of prescribed minimum benefits and unusually adverse experience due to seasonal patterns.

Risk management objectives and policies for mitigating insurance risk

The Scheme's annual budget is prepared under strict actuarial supervision which determines the contributions against claims projections, taking the statutory solvency requirements into account. The performance against the budget is closely monitored by the Board of Trustees and appointed sub-committees. Should any deviations occur, they are investigated with the necessary interventions implemented.

The methods employed by the Scheme to monitor and manage its insurance risk, inherent in the medical scheme environment, include the following:

- The Board of Trustees monitor and review all financial and operational performance on a monthly basis;
- All claims and demographic movements are monitored on a monthly basis via a multi-simulation actuarial model;
- Actuarial projections of the Scheme's year-end financial position are done monthly;
- The Scheme also applies a number of managed care programmes to monitor and manage the appropriateness, cost and quality of the healthcare services provided to the beneficiaries of the Scheme; and
- The need for re-insurance is considered on an ongoing basis within the existing regulatory environment.



NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

21. INSURANCE RISK MANAGEMENT REPORT (continued)

Insurance risk - description of benefit option

The Scheme offers members one benefit option. The types of benefits offered by the Scheme in return for monthly contributions are indicated below:

Prescribed Minimum Benefits (PMBs)

This benefit covers the benefits contemplated in section 29(1)(o) of the Act and consists of the provision of the diagnosis, treatment and care costs of the diagnosis and treatment pairs listed in Annexure A of the Regulations, subject to any limitations specified therein and any emergency medical condition.

The Scheme applies guidelines and protocols for appropriate clinical management under Designated Service Provider (DSP) agreements.

Major Medical Expenses (insured benefits)

Hospital Benefit

The hospital benefit covers medical expenses incurred if members are admitted to hospital and the Scheme has authorised the treatment.

Clinical protocols and provider contracting are applied to pre-authorisations and the management of the benefit.

The Administrator negotiates hospital tariffs annually on behalf of the Scheme to allow for benefit of scale.

Chronic Illness Benefit (CIB)

The chronic illness benefit covers approved medication for up to 48 listed conditions. These are the 27 Prescribed Minimum Benefit chronic conditions and other non-prescribed chronic conditions.

This benefit and approval are managed by an appointed accredited Managed Care Organisation for drug utilisation, medicine management and adherence to compliance with regard to the Prescribed Minimum Benefit conditions.

Other services (insured procedure benefits)

These services provide cover for non-hospital expenses, subject to prior approval from the Scheme, which is managed and monitored by an appointed clinical committee.

Personal Medical Savings Account

This benefit provides cover for out-of-hospital healthcare services, such as visits to a general practitioner. The savings plan facility assists members in managing cash flows for costs to be borne by them during the year.



NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2017

21. INSURANCE RISK MANAGEMENT REPORT (continued)

Hospital Benefit risk

Frequency and severity of claims

The frequency and severity of claims can be affected by several factors. The most significant factor is the admission rate which has a direct impact on the cost of claims.

A 2% increase or decrease in the admission rate is estimated to increase or decrease the Scheme's loss ratio by 1.41%. The introduction of new hospital technologies could also increase variability of claims. In some instances, the new technology has a beneficial impact on costs, whether in-hospital or consequent costs. In other instances the new technologies will increase costs.

The change in the admission rate is shown in the following table.

Plan type	2017 Admission rate	2016 Admission rate	% Increase/ (decrease)
BMW Employees Medical Aid Society	22%	22%	-

Other factors that impact on hospital claims are shown below.

Key indicators	2017	2016	% Increase/ (decrease)
Length of stay	3.62 days	3.34 days	8.38%
Average cost per event *	R 21,677	R 19,858	9.16%
Hospital cost per life per month *	R 396	R 365	8.49%

* After adjusting for IBNR, case mix and excluding the cost of professionals attending in-hospital.

Initiatives used by the Scheme to manage the risk associated with admission rate include:

- The development of protocols around admissions, including funding protocols for various treatments and procedures;
- The "See Your Doctor First" initiative which requires members to see their doctor prior to an elective admission; and
- The amendment to the pre-authorisation length of stay benchmarks.

Chronic Illness Benefit (CIB) risk

Frequency and severity of claims

The main factors impacting the frequency and/or severity of chronic claims are the number of claimants and the cost per claimant. An increase in the number of claimants results in an increase in the frequency and/or severity of claims. Higher increases in claimants can be attributed to increases in the number of claimants at older ages. Increases in the number of items per claimant drives up the cost of chronic claims per claimant.

The mix between the various chronic conditions impacts the frequency and severity of claims. The following table shows the change in the chronic prevalence for key measures.

Measures	2017	2016	% Increase/ (decrease)
Cost per claimant	R 4,591	R 4,630	-0.83%
Claimants per 1 000 lives	15	16	-6.63%
Per life per month cost	R 69	R 73	-6.05%

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

21. INSURANCE RISK MANAGEMENT REPORT (continued)

Day-to-day benefit risk

Frequency and severity of claims

The risk to the Scheme is limited up to an annual limit per benefit per family via individualised medical savings accounts, as prescribed by the rules of the Scheme.

Concentration of insurance risk

The following table summarises the concentration of insurance risk, with reference to the carrying amount of the insurance claims incurred (net of adjustments per beneficiary) for service years 2017 and 2016, by age group and in relation to the type of risk cover/benefits provided.

Claims incurred for 2017 service year per beneficiary

Age grouping (in years)	Avg number of beneficiaries	In-hospital R	Chronic R	Day-to-day R	Total R
< 26	1,307	3,760	294	4,067	8,121
26 – 35	1,566	7,323	312	7,910	15,545
36 – 50	1,930	7,999	1,138	9,228	18,365
> 50	1,100	14,852	2,512	12,279	29,643

Claims incurred for 2016 service year per beneficiary

Age grouping (in years)	Avg number of beneficiaries	In-hospital R	Chronic R	Day-to-day R	Total R
< 26	2,932	3,684	327	4,086	8,097
26 – 35	1,168	7,236	334	9,005	16,575
36 – 50	1,677	8,820	1,369	9,417	19,606
> 50	981	16,726	3,097	14,057	33,880

Contracts with providers are negotiated by the Administrator on behalf of the Scheme to benefit from scale and ultimately the rates. Such contracts are reviewed annually.

Risk transfer arrangements

The Scheme has a capitation agreement to cover specific risks. The Scheme has contracted with the Netcare 911 Proprietary Limited for emergency medical response.

Risk in terms of risk transfer arrangements

According to the terms of the capitation agreement, the provider provides certain benefits to Scheme members, as and when required by the members. The Scheme does however remain liable to its members if the supplier should fail to meet its obligations.

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

21. INSURANCE RISK MANAGEMENT REPORT (continued)

Claims development

Claims development tables are not presented as the uncertainty regarding the amount and timing of claim payments is typically resolved within one year and in the majority of cases within four months. At year end, a provision is made for those claims outstanding that are not yet reported at that date. Details regarding the subsequent development in respect thereof have been disclosed in note 5.

Outstanding risk claims provision

There are some sources of uncertainty that need to be considered in the estimate of the liability that the Scheme will ultimately pay for claims made under insurance contracts.

Process used to determine the assumptions

Refer to note 5.

Changes in assumptions and sensitivities to changes in key variables

The table below outlines the sensitivity of insured liability estimates to particular movements in assumptions used in the estimation process. It should be noted that this is a deterministic approach with no correlations between the key variables. For each sensitivity illustrated, all other assumptions have been left unchanged.

Where variables are considered to be immaterial, no impact has been assessed for insignificant changes to these variables. Particular variables may not be considered material at present. However, should the materiality level of an individual variable change, assessment of changes to that variable in the future may be required.

An analysis of the sensitivities around various scenarios for the general medical insurance business provides an indication of the adequacy of the Scheme's estimation process. The Scheme believes that the liability for claims reported in the statement of financial position is adequate. However, it recognises that the process of estimation is based upon certain variables and assumptions which could differ when claims arise.

The impact on the liability and reported profits caused by changes in key variables are as follows:

	Change in variable %	Increase in 2017 R	Increase in liability 2016 R
Risk claims incurred	10% increase in claims cost	300,000	170,000

The Scheme is most vulnerable to changes in membership distribution and changes in the underlying rate of inflation which drives a number of assumptions.

Sensitivity of the Scheme's profit or loss and reserves to changes in variables that have a material effect on them

The Scheme's profitability, reserves and therefore solvency are most sensitive to changes in claims development patterns. Other assumptions that are considered include assumptions regarding utilisation trends, the impact of new technology and the expected demographic profile of the Scheme membership.



NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

22. FINANCIAL RISK MANAGEMENT REPORT

Overview

The Scheme is exposed to financial risk through its financial assets, financial liabilities and insurance liabilities. In particular, the key financial risk is that the proceeds from its financial assets may not be sufficient to fund the obligations arising from its insurance contracts. The most important components of this financial risk are market risk, credit risk and liquidity risk. The Scheme's overall risk management programme focuses on the unpredictability of financial markets and seeks to minimise potential adverse effects on the Scheme's statutory solvency requirement.

The Board of Trustees has overall responsibility for the establishment and oversight of the Scheme's risk management framework.

The Scheme manages these risks through various risk management processes. These processes have been developed to ensure that the long-term investment return on assets supporting the insurance liabilities is sufficient to fund members' reasonable benefit expectations.

An Audit and Risk Committee has been established by the Board of Trustees to assist in the implementation and monitoring of these risk management processes.

Market risk

Market risk is the risk that changes in market prices, such as foreign exchange rates, interest rates and equity prices, will affect the Scheme's income or the value of its holdings in financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimising the return on risk.

Currency risk

All of the Scheme's benefits are denominated in South African Rands (ZAR) and therefore the Scheme does not have significant net currency risk.

Price risk

The Scheme is exposed to equity security price risk because of investments held by the Scheme. To manage its price risk arising from investments in equity securities, the Scheme diversifies its portfolio. Diversification of the portfolio is done by the relevant asset managers through the investments held in a segregated portfolio and linked insurance policies.

The Scheme continues to pursue a more growth-orientated investment strategy, in accordance with the Act and Regulations thereto.



NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

22. FINANCIAL RISK MANAGEMENT REPORT (continued)

Interest rate risk

The Scheme is exposed to interest rate risk as it places funds at both fixed and floating interest rates. The risk is managed by maintaining an appropriate mix between fixed and floating rate investments within the Scheme's cash and cash equivalents.

The table below summarises the Scheme's exposure to interest rate risks. Included in the table are the Scheme's cash and cash equivalents, categorised by the earlier of contractual repricing or maturity dates.

	Up to 1 month	1 to 3 months	3 and more months	Total
As at 31 December 2017	R	R	R	R
Cash and cash equivalents	1,982,783	40,418,943	-	42,401,726
Total	1,982,783	40,418,943	-	42,401,726

	Up to 1 month	1 to 3 months	3 and more months	Total
As at 31 December 2016	R	R	R	R
Cash and cash equivalents	12,146,895	24,524,056	-	36,670,951
Total	12,146,895	24,524,056	-	36,670,951

The following table below summarises the effective interest rate for monetary financial instruments:

	2017	2016
Current, short term deposits and money market accounts	7.22%	7.30%
Personal medical savings account	6.37%	6.52%

Sensitivity analysis for available-for-sale investments and cash and cash equivalents (excluding Personal members savings account)

Sensitivity analysis: Cash

Basis:

The sensitivity analysis determines different levels of the closing market value as compared to the actual closing market value based on different levels of interest (see table below). i.e. +1% suggests the closing market value could have been R66 056 163 if the interest had been higher by 1% during 2017 as compared to the actual interest rate. A one percent increase in the interest at the reporting date would have increased cash by R608 708 (2016 an increase of R478 957). An equal change in the opposite direction would have decreased cash by R608 708 (2016 a decrease of R478 957).

% Change	Return of Index	Adjusted Closing Value R	Difference R
2.00%	9.52%	66,664,871	1,217,417
1.00%	8.52%	66,056,163	608,708
0.00%	7.52%	65,447,455	-
-1.00%	6.52%	64,838,746	(608,708)
-2.00%	5.52%	64,230,038	(1,217,417)

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2017

22. FINANCIAL RISK MANAGEMENT REPORT (continued)

Sensitivity analysis: Bonds

Basis:

The sensitivity analysis determines different levels of the closing market value as compared to the actual closing market value based on different levels of investment performance (see table below). i.e. +1% suggests the closing market value could have been R 39 053 362 if the investment performance had been higher by 1% during 2017 as compared to the market investment performance. A one percent increase in the investment return at the reporting date would have increased bonds by R 351 149 (2016 an increase of R 235 678). An equal change in the opposite direction would have decreased bonds by R 351 149 (2016 a decrease of R 235 678).

% Change	Return of Index	Adjusted Closing Value R	Difference R
2.00%	12.22%	39,404,512	702,299
1.00%	11.22%	39,053,362	351,149
0.00%	10.22%	38,702,213	-
-1.00%	9.22%	38,351,064	(351,149)
-2.00%	8.22%	37,999,914	(702,299)

Sensitivity analysis: Equity

Basis:

The sensitivity analysis determines different levels of the closing market value as compared to the actual closing market value based on different levels of investment performance (see table below). i.e. +2% suggests the closing market value could have been R49 089 046 if the investment performance had been higher by 2% during 2017 as compared to the market investment performance.

All equity investments are listed on the JSE. A two percent increase in the investment return at the reporting date would have increased equity by R798 491 (2016 a increase of R653 899); an equal change in the opposite direction would have decreased equity by R798491 (2016 a decrease of R653 899).

The change will have an impact on the revaluation reserve and/or the profit/loss depending on the investment type.

% Change	Return of Index	Adjusted Closing Value R	Difference R
4.00%	24.95%	49,887,537	1,596,981
2.00%	22.95%	49,089,046	798,491
0.00%	20.95%	48,290,556	-
-2.00%	18.95%	47,492,065	(798,491)
-4.00%	16.95%	46,693,574	(1,596,981)

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

22. FINANCIAL RISK MANAGEMENT REPORT (continued)

Credit risk

Credit risk is the risk of financial loss to the Scheme if a counterparty to a financial instrument fails to meet its contractual obligations.

The Scheme's principal financial assets are cash and cash equivalents, trade and other receivables and available-for-sale investments. The Scheme's credit risk is primarily attributable to its trade and other receivables.

Trade and other receivables

Trade and other receivables comprises of insurance receivables and loans and receivables. The main components of insurance receivables are in respect of:

- Receivables for contributions due from members; and
- Receivables for amounts recoverable from service providers and members in respect of claims debt.

The Scheme manages credit risk by:

- Actively pursuing all contributions after 3 days of becoming due, as required by S26(7) of the Medical Schemes Act, of South Africa;
- Suspending benefits on members' accounts whose contributions have not been received for 30 days;
- Terminating benefits on members' accounts whose contributions have not been received for 60 days; and
- Ageing and pursuing unpaid accounts on a monthly basis.

The Scheme establishes an allowance for impairment that represents its estimate of incurred losses in respect of trade and other receivables. The main components of this allowance are a specific loss component that relates to individually significant exposures, and a collective loss component established for groups of similar assets in respect of losses that have been incurred but not yet identified. The collective loss allowance is determined based on historical data of payment statistics for similar financial assets.

Details of the process to estimate the impairment provision are included in note 1.5.

Cash and cash equivalents

The Scheme has no significant concentration of credit risk. Cash transactions are limited to financial institutions with a high credit rating. The Scheme has a policy of limiting the amount of credit exposure to any one financial institution.

The table below shows the credit limit and balances of cash and cash equivalents held at 5 major counterparties at year end which is in compliance with Annexure B of the Regulations. The statutory credit limit is calculated as 35% of the aggregate fair value of liabilities and accumulated funds.

Counterparty	2017		2016	
	Credit limit R	Balance R	Credit limit R	Balance R
1	46,866,534	15,563,219	35,532,226	16,589,382
2	46,866,534	12,744,710	35,532,226	6,626,344
3	46,866,534	14,724,022	35,532,226	8,375,184
4	46,866,534	15,927,304	35,532,226	11,355,994
5	46,866,534	12,739,664	35,532,226	3,407,876

No credit limits were exceeded during the reporting period and the Trustees do not expect any losses from non-performance of these counterparties.

Exposure to credit risk

The carrying amount of financial assets represents the maximum credit exposure.

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

22. FINANCIAL RISK MANAGEMENT REPORT (continued)

Exposure to credit risk (continued)

Impairment

The ageing of insurance receivables at year end was:

	2017		2016	
	Gross R	Impairment R	Gross R	Impairment R
Not past due	97,577	-	1,447,008	-
Past due, not impaired	772,338	-	397,506	-
Past due, impaired	2,889,177	(2,889,177)	2,154,235	(2,154,235)
	<u>3,759,092</u>	<u>(2,889,177)</u>	<u>3,998,749</u>	<u>(2,154,235)</u>

The movement in the allowance for impairment during the year was as follows:

	2017 R	2016 R
Balance at the beginning of the year	(2,154,234)	(364,777)
Increase in impairment	(734,942)	(1,789,457)
Balance at the end of the year	<u>(2,889,176)</u>	<u>(2,154,234)</u>

Based on past experience, the Scheme believes that no allowance is necessary in respect of insurance receivables that are past due and outstanding for less than 60 days.

Available-for-sale investments

The Scheme limits its exposure to credit risk by investing in liquid securities and only with counterparties that have a high credit rating. The Trustees do not expect any counterparty to fail to meet its obligations. Annexure B to Regulation 30 to the Medical Schemes Act, of South Africa, prescribes the credit limits per institution which reduces the individual risk per institution. The utilisation of these limits are regularly monitored.

Credit quality of financial assets

The credit quality of financial assets that are neither past due nor impaired can be assessed by reference to external credit ratings (if available) or to historical information about counterparty default rates:

	2017 R	2016 R
<i>Insurance receivables</i>		
Counterparties without external credit ratings		
Contribution debtors	26,875	1,071,508
Member claims receivables	297,045	297,044
Provider claims receivables	475,962	475,962
	<u>799,882</u>	<u>1,844,514</u>



NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2017

22. FINANCIAL RISK MANAGEMENT REPORT (continued)

Contribution debtors

On analysing the credit quality of contribution debtors, the Scheme collected 100% of these amounts in January. This indicates a high credit quality rating of these debtors.

Active member claims debtors

These debtors are members of the Scheme and therefore are expected to have a similar credit quality to the contribution debtors.

		2017 R	2016 R
<i>Counterparties with external credit ratings (Moody's)</i>			
<i>Cash and cash equivalents</i>			
Current accounts	Baa2	1,982,783	12,146,895
Nedbank Money Market	Baa2	23,519,899	12,331,644
Investec Money Market	Baa2	16,899,046	12,192,412
		<u>42,401,728</u>	<u>36,670,951</u>

Available-for-sale investments

Segregated portfolio:

Huysamer Capital Investments Proprietary Limited	13,165,479	12,495,707
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Linked insurance policy:

Prudential Portfolio Managers (South Africa) Life Limited	29,011,475	23,058,422
Coronation Fund Managers	14,763,823	10,884,979
Sanlam Collective Investments (RF) Proprietary Limited	33,002,197	20,241,482
Prescient Management Company Proprietary Limited	20,094,948	9,904,024
	<u>110,037,922</u>	<u>76,584,614</u>

Asset allocation of Scheme (excluding Personal medical savings account trust funds)

Asset Class	2017 R	2016 R
Cash	65,447,455	51,079,624
Bonds	38,702,213	27,514,501
Equity	48,290,566	28,823,916
Total	<u>152,440,235</u>	<u>107,418,041</u>



NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2017

22. FINANCIAL RISK MANAGEMENT REPORT (continued)**Liquidity risk**

Liquidity risk is the risk that the Scheme will not be able to meet its financial obligations as they fall due. The Scheme's approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Scheme's reputation.

Approximately 99% of the Scheme's insurance liabilities are settled within four months after the claim was incurred and the remaining liability is settled within eight months.

A maturity analysis for financial liabilities, including insurance liabilities is provided below:

As at 31 December 2017	Total
Outstanding risk claims provision (note 5)	R 3,000,000
Members' savings accounts (note 6)	R 216,626
Trade and other payables (note 7)	R 3,555,316
As at 31 December 2016	Total
Outstanding risk claims provision (note 5)	R 1,700,000
Members' savings accounts (note 6)	R 1,176,520
Trade and other payables (note 7)	R 2,376,714

Legal risk

Legal risk is the risk that the Scheme will be exposed to contractual obligations which have not been provided for. At 31 December 2017 the Scheme did not consider there to be any significant concentration of legal risk that had not been provided for.

Capital management

The Scheme is subject to the capital requirement imposed by Regulation 29(2) to the Medical Schemes Act, of South Africa, which requires a minimum solvency ratio of accumulated funds expressed as a percentage of gross contributions to be 25%.

The Scheme's objectives when managing capital are to maintain the requirements of the Medical Schemes Act, of South Africa, and to safeguard the Scheme's ability to continue as a going concern in order to provide benefits for its stakeholders.

The calculation of the regulatory capital requirement is set out below.

	2017 R	2016 R
Total members' funds per statement of financial position	149,341,258	112,648,128
Less: Cumulative unrealised net gain on remeasurement to fair value of investments	(18,525,858)	(10,681,998)
Accumulated funds per Regulation 29	130,815,400	101,966,130
Annualised gross contributions	155,624,921	144,210,583
Solvency margin		
= Accumulated funds/annualised gross contribution income x 100	84.06%	70.71%



NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017

22. FINANCIAL RISK MANAGEMENT REPORT (continued)

Investment risk

The Scheme's Audit and Risk Committee invests excess funds in line with the Medical Schemes Act of South Africa.

The Scheme's investment objectives are to maximise the return on its investments on a long-term basis at acceptable risk, subject to any constraints imposed by legislation or the Trustees. The Scheme continues to diversify its investment portfolio by investing in a segregated portfolio and linked insurance policies.

Continuous monitoring takes place to ensure that appropriate assets are held where the Scheme's liabilities are dependent upon the performance of the investment portfolio and that a suitable match of assets exists for all liabilities.

Breakdown of investments

The assets of the portfolio, excluding Personal Medical Savings Account, must be invested in accordance with Annexure B of Regulation 30 to the Medical Schemes Act, of South Africa.

The investments for the purposes of the financial statements comprise of available-for-sale investments and cash and cash equivalents.

	2017 R	2016 R
Available-for-sale investments are made up of the following:		
Segregated portfolio	13,165,479	12,495,707
Linked insurance policy	96,872,443	64,088,907
	<u>110,037,923</u>	<u>76,584,614</u>

Cash and cash equivalents are made up of the following:

Current accounts	1,973,375	11,093,974
Money market instruments	40,418,945	24,524,056
	<u>42,392,320</u>	<u>35,618,030</u>



NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2017

22. FINANCIAL RISK MANAGEMENT REPORT (continued)

Fair value estimation

The face values less any estimated credit adjustments for financial assets and liabilities with a maturity of less than one year are assumed to approximate their fair values.

Analysis of carrying amounts of financial assets and financial liabilities per category

The following table compares the fair value and carrying amounts of financial assets and liabilities per class of financial asset and financial liability. The carrying amount is the fair value.

	Available-for-sale investments R	Loans and receivables/ (other financial liabilities) R	Insurance receivables and payables R	Total carrying amount R
31 December 2017				
Cash and cash equivalents	-	42,401,726	-	42,401,726
Trade and other receivables	-	2,802,513	871,039	3,673,550
Trade and other payables	-	(1,795,525)	(1,759,791)	(3,555,316)
Available-for-sale investments	110,037,922	-	-	110,037,922
Members' savings account liability	-	(216,626)	-	(216,626)
	110,037,922	43,402,089	(888,753)	152,341,258
31 December 2016				
Cash and cash equivalents	-	36,670,951	-	36,670,951
Trade and other receivables	-	2,801,283	1,844,514	4,645,796
Trade and other payables	-	(999,929)	(1,376,785)	(2,376,714)
Available-for-sale investments	76,584,614	-	-	76,584,614
Members' savings account liability	-	(1,176,520)	-	(1,176,520)
	76,584,614	37,295,785	467,729	114,348,128

23. CRITICAL ACCOUNTING ESTIMATES AND JUDGEMENTS

Critical accounting estimates and assumptions

The Scheme makes estimates and assumptions concerning the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. The resulting accounting estimates will, by definition, rarely equal the related actual result. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are outlined below.

Outstanding risk claims provision

The critical estimates and judgements relating to the outstanding claims provision are set out under note 5.

Other risk transfer arrangements

The critical estimates and judgements relating to other risk transfer arrangements are set out under note 11.

Impairment of financial assets

The critical estimates and judgements relating to the impairment of assets are set out under note 1.5.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2017

23. CRITICAL ACCOUNTING ESTIMATES AND JUDGEMENTS (continued)

Valuation of financial instruments

The Scheme's accounting policy on fair value measurements is discussed in accounting policy 1.3.

The Scheme measures fair values using the following fair value hierarchy that reflects the significance of the inputs used in making the measurements:

- Level 1: Quoted market price (unadjusted) in an active market for an identical instrument.
- Level 2: Valuation techniques based on observable inputs, either directly (i.e. prices) or indirectly (i.e. derived from prices). This category includes instruments valued using quoted market prices in active markets for similar instruments; quoted prices for identical or similar instruments in markets that are considered less than active; or other valuation techniques where all significant inputs are directly or indirectly observable from market data.
- Level 3: Valuation techniques using significant unobservable inputs. This category includes all instruments where the valuation technique includes inputs based on observable data and the unobservable inputs have a significant effect on the instrument's valuation. This category includes instruments that are valued based on quoted prices for similar instruments where significant unobservable adjustments or assumptions are required to reflect differences between the instruments.

All the Scheme's financial instruments at fair value (available-for-sale investments) are categorised as level 1.

24. NON-COMPLIANCE MATTERS

24.1 Contributions not received within three days of them becoming due

In terms of Section 26(7) of the Medical Schemes Act, of South Africa ("the Act"), all subscriptions or contributions shall be paid directly to a medical scheme not later than three days after payment thereof becoming due.

Although the majority of contribution payments were made within the stipulated payment deadlines, there were a small number of instances where the Scheme received contributions after three days of becoming due. These contributions equate to 0.29% of the gross contributions billed and were received within the month of them becoming due. Such arrear payments are outside the agreed contribution collection agreements with paying parties and are actively addressed as and when they occur.

The procedures that the Scheme follows for collection of these arrear contributions are aligned with its credit risk management policies.



BMW EMPLOYEES MEDICAL AID SOCIETY

~~Supplementary to 1874~~

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2017


24. NON-COMPLIANCE MATTERS (continued)

24.2 Investment in Medical Administrators and Other Medical Schemes

At 31 December 2017, the Scheme indirectly held shares in Discovery Holdings Limited amounting to R 2 479 214 (2016: R 1 590 720), MMI Holdings Limited amounting to R 93 280 (2016: R 410 685), Liberty Holdings Limited amounting to R 19 648 (2016: R 189 026) and Sanlam Limited amounting to R 381 256 (2016: R 176 877).

Ordinarily this would be in contravention of Section 35(8) of the Act, which, inter alia, prohibits a medical scheme from investing any of its assets in an employer that participates in that scheme. However, as funds in these specific portfolios are structured at the sole discretion of the asset manager in a manner that maximizes the return on investment, and neither the Scheme nor these employers provide input into the structuring of the portfolio, the Scheme has received exemption from the Council for Medical Schemes for compliance with this Section of the Act.

The Scheme has received exemption from the Council for Medical Schemes, from compliance this section of the Act.



BMW EMPLOYEES MEDICAL AID SOCIETY

Registration no: 15261

REPORT OF THE BOARD OF TRUSTEES

The Board of Trustees hereby presents its report for the year ended 31 December 2017

1 DESCRIPTION OF THE SCHEME

1.1 Terms of registration

The BMW Employees Medical Aid Society is a not-for-profit restricted membership Scheme registered in terms of the Medical Schemes Act, of South Africa.

1.2 Benefit options within the BMW Employees Medical Aid Society

The Scheme offers one (1) benefit option.

1.3 Savings plan

From 1 January 2017 the Scheme discontinued the MSA component of the benefit option. MSA balances owing to members are being refunded accordingly.

~~(Registration no. 1024)~~

REPORT OF THE BOARD OF TRUSTEES (continued)

2 MANAGEMENT

2.1 Board of Trustees in office during the year and at the date of this report was:

C Hector	Chairman - Employer Representative	
N Moonia	Vice Chairman - Employer Representative	
D Radebe	Employer Representative	
E Hlophane	Employee Representative	
C Louw	Employee Representative	
S Sohan	Employee Representative	
K Lebelo	Employer Representative	- resigned 31 May 2017
D Lee	Employee Representative	- resigned 30 November 2017
K Madumo	Employee Representative	
J Meiring	Pensioner Alternative Representative	
JP Fegbeutel	Pensioner Member Representative	
S Roodt	Co-opted Employer Representative	- resigned 30 May 2017
V Vatsha-Mahlaba	Co-opted Employer Representative	
C McCrac-Phillips	Employer Representative	- appointed 10 August 2017
T Harakhchand	Alternative Employer Representative	- appointed 10 August 2017
K Kgomo	Alternative Employer Representative	- appointed 10 August 2017
J Selumane	Alternative Employer Representative	- appointed 10 August 2017

2.2 Principal Officer

AR Kelbrick

2.3 Registered office address and postal address

1 Discovery Place	PO Box
Sandton	Sandton
2146	2146

2.4 Scheme administrator during the year

Discovery Health Proprietary Limited

1 Discovery Place	PO Box
Sandton	Sandton
2146	2146

BMW EMPLOYEES MEDICAL AID SOCIETY

REPORT OF THE BOARD OF TRUSTEES (continued)

2.5 Investment managers during the year

The Scheme made use of the services of the following asset managers:

- Acsis Limited
- Coronation Fund Managers
- Huysamer Capital Investments Proprietary Limited
- Prescient Management Company Proprietary Limited
- Prudential Portfolio Managers (South Africa) Life Limited
- Sanlam Collective Investments (RF) Proprietary Limited

2.6 Investment consultant during the year

Acsis Limited

Old Mutual Square
3rd Floor, Ubomi Building
93 Grayston Drive
Sandton
2010

PO Box 650140
Benmore
Johannesburg
2010

2.7 Actuaries

Mr Pieter Grobler

Discovery Health Proprietary Limited

1 Discovery Place
Sandton
2146

PO Box 784262
Sandton
2146

3 INVESTMENT AND FIXED ASSET POLICY OF THE SCHEME

The Trustees continue to invest funds in line with the requirements of the Act. The Scheme continues to pursue a growth-orientated investment strategy.

(Registration no: 1524)

REPORT OF THE BOARD OF TRUSTEES (continued)

4 REVIEW OF THE ACCOUNTING PERIOD'S ACTIVITIES

4.1 Operational statistics

	2017	2016
Number of members at the end of the accounting period	3,287	2,718
Number of beneficiaries at the end of the accounting period	7,922	6,758
Average number of members for the accounting period	3,250	3,218
Average age of beneficiaries for the accounting period	28.25	28.12
Pensioner ratio (beneficiaries > 65 years)	2.22%	2.26%
Average net contributions per member per month	R 3,990.38	R 3,698.00
Average net contributions per beneficiary per month	R 1,637.05	R 1,760.90
Average claims incurred per member per month	R 3,110.00	R 2,841.12
Average claims incurred per beneficiary per month	R 1,275.88	R 1,352.87
Average administration costs per member per month	R 189.71	R 177.31
Average administration costs per beneficiary per month	R 77.83	R 84.43
Average managed care: Management services per member per month	R 84.02	R 78.32
Accumulated funds per member at 31 December	R 39,797.81	R 37,515.13
Beneficiary ratio at 31 December	2.41	2.49
Net claims as a percentage of net contributions	77.94%	76.83%
Managed care: Management services as a percentage of gross contributions	2.11%	2.10%
Administration expenses as a percentage of gross	5.54%	5.99%

4.2 Results of operations

The results of the Scheme are set out in the financial statements and the Trustees believe that no further clarification is required.

4.3 Accumulated funds ratio

	2017 R	2016 R
The accumulated funds ratio is calculated on the following		
Total members' funds per statement of financial position	149,341,258	112,648,128
- Less: Available-for-sale reserve **	(18,525,858)	(10,681,998)
(Refer to next page)		
Accumulated funds per Regulation 29	130,815,399	101,966,130
Annualised gross contributions	155,624,921	144,210,583
Accumulated funds ratio		
= Accumulated funds/annualised gross contribution income x 100	84.06%	70.71%

REPORT OF THE BOARD OF TRUSTEES (continued)

4.3 Accumulated funds ratio (continued)

** Cumulative net gains on re-measurement to fair value are calculated as follows:

	2017 R	2016 R
Net cumulative gain at the beginning of the period	10,681,998	12,076,393
Unrealised gain on revaluation of available-for-sale investments included in accumulated funds	7,990,714	1,442,178
Realised gains on derecognition of available-for-sale investments	(146,854)	(2,836,573)
Cumulative net gain on remeasurement to fair value of available-for-sale investments included in accumulated funds	18,525,858	10,681,998

4.4 Reserve accounts

Movements in the reserves are set out in the statement of changes in funds and reserves. There have been no unusual movements that the Trustees believe should be brought to the attention of the members of the Scheme.

4.5 Outstanding risk claims

Movements on the outstanding risk claims provision are set out in note 5 to the financial statements. There have been no unusual movements that the Trustees believe should be brought to the attention of the members of the Scheme.

5 ACTUARIAL SERVICES

The Scheme's actuaries have been consulted in the determination of the contribution and benefit levels. The Scheme's actuaries also calculate the annual budget and monthly actuarial reports of the Scheme, including the monthly incurred but not yet reported (IBNR) claims provision.

6 EVENTS AFTER THE REPORTING DATE

There have been no events that occurred subsequent to the end of the accounting period that affect the financial statements and that the Trustees consider should be reported.

REPORT OF THE BOARD OF TRUSTEES (continued)**7 INVESTMENTS IN AND LOANS TO PARTICIPATING EMPLOYERS OF MEMBERS OF THE SCHEME AND TO OTHER RELATED PARTIES**

Discovery Health Proprietary Limited is the administrator of the Scheme.

Payments are made in terms of the administration and managed care agreements, for 2017 at the end of 2016, with Discovery Health Proprietary Limited:

	2017 R	2016 R
Discovery Health Proprietary Limited	10,065,303	9,289,977
Administration fees	6,788,446	6,265,432
Managed care; management services fees	3,276,857	3,024,545

8 AUDIT AND RISK COMMITTEE

An Audit and Risk Committee (the Committee) was established in accordance with the provisions of the Act. The Committee is mandated by the Board of Trustees by means of written terms of reference as to its membership, authority and duties. The Committee consists of 6 members of which 2 are members of the Board of Trustees. The Committee met on two occasions during the course of the year as follows:

- 6 April 2017
- 7 November 2017

The Chairman of the Board of Trustees and the Administrator attend all Committee meetings and have unrestricted access to the Chairman of the Committee. The external auditor of the Scheme attend meetings on invitation only.

In accordance with the provisions of the Act, the primary responsibility of the Committee is to assist the Board of Trustees in carrying out its duties relating to the Scheme's accounting policies, internal control systems and financial reporting practices. The external auditor formally reports to the Committee on critical findings arising from audit activities.

This Committee also acts as a risk committee.

The Committee presently comprises:

S Moodley	Independent - Chairman
C Bathauer	Independent
J Badenhorst	Independent
S Bisnath	Independent
C Dorasamy	Independent
C Hector	Employer Trustee

REPORT OF THE BOARD OF TRUSTEES (continued)

9 NON-COMPLIANCE MATTERS

9.1 Contributions not received within three days of them becoming due

In terms of Section 26(7) of the Medical Schemes Act, of South Africa ("the Act"), all subscriptions or contributions shall be paid directly to a medical scheme not later than three days after payment thereof becoming due.

Although the majority of contribution payments were made within the stipulated payment deadlines, there were a small number of instances where the Scheme received contributions after three days of becoming due. These contributions equate to 0.29% of the gross contributions billed and were received within the month of them becoming due. Such arrear payments are outside the agreed contribution collection agreements with paying parties and are actively addressed as and when they occur.

The procedures that the Scheme follows for collection of these arrear contributions are aligned with its credit risk management policies.

9.2 Investment in Medical Administrators and Other Medical Schemes

At 31 December 2017, the Scheme indirectly held shares in Discovery Holdings Limited amounting to R 2 479 214 (2016: R 1 590 720), MMI Holdings Limited amounting to R 93 280 (2016: R 410 685), Liberty Holdings Limited amounting to R 19 648 (2016: R 189 026) and Sanlam Limited amounting to R 381 256 (2016: R 176 877).

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The Scheme has received exemption from the Council for Medical Schemes, from compliance this section of the Act.

~~(Registration no. 1536)~~

REPORT OF THE BOARD OF TRUSTEES (continued)

10 MEETING ATTENDANCE

The following schedules set out Board of Trustee meeting attendances and attendances by members of Sub-Committees:

Board of Trustees meetings	Number of meetings
Number of meetings for the year	6
C Hector	5
N Moonia	5
D Radebe	4
E Hlophane	6
C Louw	6
S Sohan	5
K Lebelo - resigned 31 March 2017	-
D Lee - resigned 30 November 2017	6
K Madumo	4
J Meiring	4
JP Fegbeutel	6
S Roodt - resigned 30 May 2017	2
V Vatsha-Mahlaba	5
Ms C McCrae-Phillips - appointed 10 August 2017	2
Ms T Harakhchand - appointed 10 August 2017	2
Ms K Kgomo - appointed 10 August 2017	-
Mr J Selumane -appointed 10 August 2017	-
<i>Attendees:</i>	
AR Kelbrick - Principal Officer	6

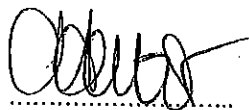
BMW EMPLOYEES MEDICAL AID SOCIETY

(Registration no. 1526)

REPORT OF THE BOARD OF TRUSTEES (continued)

10 MEETING ATTENDANCE (continued)


Audit and Risk Committee meetings	Number of meetings
Number of meetings for the year	2
S Moodley	2
C Bathauer	1
J Badenhorst	2
S Bisnath	2
C Dorasamy	1
C Hector	-



CHAIRMAN
C HECTOR



TRUSTEE
N MOONIA



PRINCIPAL OFFICER
AR KELBRICK

12 April 2018