



SUREMED HEALTH
(Registration Number 1464)

**FINANCIAL STATEMENTS
FOR THE YEAR ENDED
31 DECEMBER 2023**

**SUREMED HEALTH
SUMMARISED FINANCIAL REPORT FOR THE YEAR ENDED 31 DECEMBER 2023**

REPORT OF THE BOARD OF TRUSTEES

The Board of Trustees hereby presents its report for the year ended 31 December 2023

Registration number 1464

1. DESCRIPTION OF THE MEDICAL SCHEME

1.1. Terms of registration

Suremed Health is a not-for-profit open medical scheme registered in terms of the Medical Schemes Act 131 of 1998, as amended.

1.2. Benefit options with Suremed Health

The scheme offers 4 benefit options to employers and members of the public

These are:

- Challenger Option
- Navigator Option
- Shuttle Option
- Explorer Option

1.3. Personal medical savings account monies managed by the scheme on behalf of its members

In order to provide a facility for scheme members to set funds aside to meet future healthcare costs not covered in the benefit options, the Trustees have made the savings plan option available to meet this objective.

Members that belonged to the Navigator benefit option during the year under review paid an amount of approximately 20% of their gross contributions into a savings account so as to help pay members' portions of healthcare costs, up to a prescribed threshold.

Unexpended savings amounts are accumulated for the long-term benefit of the member and interest is paid on balances at a rate determined by the trustees from time to time.

The liability to the members in respect of the savings plan is reflected as a financial liability in the financial statements, repayable in terms of Regulation 10 of the Act. In terms of the rules of the scheme, the scheme carries the risk.

Savings contributions are refundable when a member leaves the scheme or transfers to an option within the scheme which does not have a savings option. The money will be transferred to the member within six months of the date of the change.

1.4. Reinsurance contracts (risk transfer arrangements)

During the year under review, the scheme had capitation agreements in place for the whole year with ER24 in respect of emergency and ambulance benefits, and Primecure (Pty) Ltd in respect of primary care benefits on the Explorer and Shuttle options.

2. MANAGEMENT AND KEY THIRD PARTY CONTRACTORS

2.1	Board of Trustees in office during the year under review:	2.2	Principal officer
	Mr. AB Vermeulen Chairman (member elected)		Mr. J Janse van Rensburg
	Mr. JLO Fernandes Trustee (member elected)		
	Dr. N Louw Trustee (employer nominated)		
2.3	Registered office address:	2.4	Registered postal address:
	Momentum Thebe Ya Bophelo (Pty) Ltd 7 Lutman Street Richmond Hill Gqeberha 6001		Momentum Thebe Ya Bophelo (Pty) Ltd P O Box 1672 Gqeberha 6000
2.5	Medical Scheme Administrators during the year:	2.6	Actuaries during the year:
	Momentum Thebe Ya Bophelo (Pty) Ltd (Accreditation number: Admin 22) 7 Lutman Street Richmond Hill Gqeberha 6001		Prognosys Actuaries and Consultants (Accreditation number: RSP016/2010) 27 Muir Road Rondebosch Cape Town 7700
2.7	Auditors	2.8	Actuaries (used for calculation of risk adjustment factor)
	PricewaterhouseCoopers Inc Ascot Office Park Greenacres Gqeberha 6045		Momentum Health Solutions (Pty) Ltd 201 Umhlanga Ridge Boulevard Comubia 4439

3. INVESTMENT STRATEGY OF THE MEDICAL SCHEME

The Trustees continue to invest in line with the requirements of the Act. There has been no change in the policy during the current accounting period.

The scheme's investment objectives are to maximise the return on its investments on a long term basis at minimal risk. The investment strategy takes into consideration both constraints imposed by legislation and those imposed by the Board of Trustees. To achieve this, the funds are invested on call and short-term deposits with major banking institutions, and flexible market dependant income products managed by Acsis.

4. REVIEW OF THE ACCOUNTING PERIOD'S ACTIVITIES

4.1 Operational statistics – Current year

Effective 1 January 2023, IFRS17 has replaced the previous reporting standard, namely IFRS4. The application of the new accounting standard has required the renaming of the operational statistics (excluding those which are membership related) to be aligned with the IFRS17 terminology.

2023					
	Challenger	Navigator	Shuttle	Explorer	Total
Average number of members during the accounting period	136	435	231	235	1 036
Number of members at the end of the accounting period	134	426	261	260	1 081
Average number of beneficiaries during the accounting period	286	928	349	321	1 885
Number of beneficiaries at 31 December	278	904	391	339	1 912
Number of dependants at 31 December	144	478	130	79	831
Average number of dependants	151	493	118	86	848
Dependant ratio at 31 December	1.07	1.12	0.50	0.30	0.77
Net insurance revenue per average beneficiary per month (R)	4,252.72	2,374.35	1,502.41	1,206.87	2,299.26
Insurance service expenses per average beneficiary per month (R) *	4,754.82	2,476.27	1,269.83	1,631.06	2,454.87
Other expenses per average beneficiary per month (R)	243.39	157.34	85.49	73.02	142.73
Insurance service expenses as a percentage of insurance revenue (%) *	111.81%	104.29%	84.52%	135.15%	106.77%
Other expenses as a percentage of insurance revenue (%)	5.72%	6.63%	5.69%	6.05%	6.21%
Average age per beneficiary	50.17	42.95	30.47	33.86	39.84
Pensioner % at 31 December (beneficiaries > 65 years)	32.38%	18.75%	5.06%	13.82%	17.06%
Average insurance contract liability to future members per member at 31 December (R)	-	-	-	-	57 134
Return on investments as a percentage of investments (%)	-	-	-	-	8.94%

* Insurance service expenses exclude amounts attributable to future members

4.2 Results of operations

The results of the scheme are set out in the Annual Financial Statements. During 2023 the Challenger option saw 18 high cost cases, the Navigator option 19 high cost cases and the Explorer option 5 high cost cases. These cases are not the norm. The Trustees believe that no further clarification is required.

4.3 Solvency ratio

	2023 R	Restated 2022 R
The solvency ratio is calculated on the following basis:		
Insurance contract liabilities to future members	61 762 361	62 552 074
Insurance contract liabilities to future members excluding unrealised gains	61 762 361	62 552 074
Gross contributions	56 083 095	53 371 363
Ratio of insurance contract liabilities (future members) to gross annual contribution income	110.13%	117.20%

5. ASSESSMENT AS TO WHETHER THE SCHEME IS A MUTUAL ENTITY

A medical scheme is not legally defined as a mutual entity and the assessment as to whether a medical scheme is a mutual entity was done based on the principles set out in IFRS® Accounting Standards.

IFRS 3 defines a "mutual entity" as "An entity, other than an investor-owned entity, that provides dividends, lower costs or other economic benefits directly to its owners, members or participants. For example, a mutual insurance company, a credit union and a co-operative entity are all mutual entities".

IFRS 17 does not define a "mutual entity", however it provides a key characteristic of a mutual entity in the basis of conclusion to the standard. IFRS 17 explains that "a defining feature of an insurer that is a mutual entity is that the most residual interest of the entity is due to a policyholder and not a shareholder." The Act is not explicit that members (i.e. policyholders) hold a residual interest or are entitled to the residual interest upon the liquidation of the medical scheme. Section 64 of the Act requires the medical scheme rules to be followed in the event of liquidation.

The rules of the scheme do not contain specific guidance on how the assets of the scheme should be distributed on liquidation. The Act prohibits the disposal of assets of a medical scheme except in limited, listed circumstances, one of them being the liquidation of the scheme. Members can opt for voluntary liquidation and can distribute the scheme's remaining assets amongst themselves. As the scheme does not have shareholders, the current members will access the reserves through economic benefits such as funding reductions in contributions or deferral of contribution increases.

Although the rules do not specify how the assets should be distributed on liquidation, IFRS 17 states that "contracts can be written, oral or implied by an entity's customary business practices. Contractual terms include all terms in a contract, explicit or implied, but an entity shall disregard terms that have no commercial substance (i.e. no discernible effect on the economics of the contract). Implied terms in a contract include those imposed by law or regulation". Therefore, based on customary business practices, the remaining assets of the scheme should be distributed to the members on liquidation if there are any and if the scheme does not amalgamate with another scheme. Even if the assets are distributed by a regulator or by the policyholders to an independent third party e.g. another medical scheme, an administrator or a charity, the important aspect is that the choice resides with the members or the regulator acting on behalf of the members, not with an equity holder.

The substance of the legal framework issued regarding insurance contracts and observed practice is that once a contribution is paid to the medical scheme, the contribution is used to provide benefits to members. The benefits are provided by the medical scheme (or amalgamated schemes) through insurance coverage, reduced contributions, or payment to members on liquidation (based on votes taken by members).

It is therefore expected that the remaining assets of the scheme will be used to pay current and future members. Based on the above, the scheme meets the definition of a mutual entity in IFRS Accounting Standards.

The scheme has therefore developed an accounting policy in terms of the IFRS 17 guidance for mutual entities and the educational material as issued by the IASB and the scheme recognises any cumulative surpluses or deficits as part of the insurance liability attributable to future members (which forms part of the insurance contract liabilities on the face of the statement of financial position).

Due to the scheme being categorised as a mutual entity in terms of IFRS 17, the assessment of onerous contracts is also affected.

The impact on the opening insurance contract liabilities on future members as a result of IFRS 17 was R 281 342 on 1 January 2022.

6. EVENTS AFTER THE REPORTING PERIOD

There were no significant events after the reporting period that require disclosure, other than those already addressed.

7. CMS CIRCULAR 35 OF 2023: PROPOSED AMALGAMATION BETWEEN COMPCARE MEDICAL SCHEME AND SUREMED HEALTH

On 11 October 2023, the Council for Medical Schemes issued Circular 35 of 2023 in respect of the proposed amalgamation of CompCare Medical Scheme and Suremed Health. The Boards of Trustees for the schemes commenced the process for this proposed amalgamation. At the date of approval of these financial statements the review and finalisation of this process was ongoing.

8. ADMINISTRATION SERVICES

Momentum Thebe Ya Bophelo (Pty) Ltd, the administrator provides key management information to the scheme. Momentum Thebe Ya Bophelo (Pty) Ltd participates in the financial and operational activities of the scheme, but does not control the scheme.

Administration fees for the year ended 31 December 2023 paid to Momentum Thebe Ya Bophelo (Pty) Ltd amounted to R2 799 592 (2022: R2 708 704).
Managed care fees for the year ended 31 December 2023 paid to Momentum Thebe Ya Bophelo (Pty) Ltd amounted to R624 661 (2022: R591 348).

9. ACTUARIAL SERVICES

The scheme's actuaries have been consulted in the determination of the contribution and benefit levels.

10. MARKETING AND DISTRIBUTION SERVICES

Marketing and distribution services are managed directly by the scheme in conjunction with the Administrators.

11. INVESTMENTS IN AND LOANS TO PARTICIPATING EMPLOYERS OF MEMBERS OF THE MEDICAL SCHEME AND TO OTHER RELATED PARTIES

The scheme holds no investments in participating employers of scheme members, or other related parties.

12. NON-COMPLIANCE MATTERS

Section 33(2)

Each benefit option should be financially sound and self-supporting. In respect of this scheme the Challenger, Navigator and Explorer options incurred net insurance deficits. Non-compliance results in benefit options making a surplus subsidising benefit options making a deficit.

The Challenger option saw 18 high-cost cases during the year, Navigator option 19 high cost cases during the year and the Explorer option 5 such cases. These cases are not the norm. Appropriate adjustments have been made to the Challenger, Navigator and Explorer options for 2024.

Regulation 5(F)

In terms of this regulation diagnostic and such other code numbers that relate to relevant health services, need to be stated on all accounts. Non-compliance results in the scheme not complying with the Act. Certain accounts received from members who do not reside in South Africa do not have diagnostic and such other code numbers that relate to relevant health services. The administrator applies suitable codes where applicable.

Section 26(7)

In terms of this section all contributions are to be received within 3 days of becoming due. Non-compliance could result in possible cash flow strain and have an impact on interest income. Late payments of contributions by members are not within the scheme's control, however a credit control policy is in place to address this matter and late payments are followed up by the administrator.

Section 59(2)

Certain claims were paid in excess of 30 days after receipt by the administrator as a result of queries to be investigated/audited in relation thereto. Non-compliance could impact on the relationship with members and providers. The number of claims affected, however, is very small. Procedures and policies are in place to manage late payment of claims, including a weekly report of claims held for investigation which is checked and signed by management to ensure that the 30 day limit is not exceeded. This practice ensures accurate claims processing and is in the interest of the risk management of the scheme.

The Trustees do not consider that these non-compliance matters have had a significant impact on the operations of the scheme or on the Financial Statements.

13. AUDIT COMMITTEE

An Audit 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 five members, of which two are members of the Board of Trustees. The majority of the members, including the chairman, are not officers of the scheme or its third party administrator. The Committee met on three occasions during the course of the year as follows:

12 April 2023
30 August 2023
29 November 2023

The Principal Officer of the scheme, the financial manager of the administrator and the external auditors attend all Audit Committee meetings and have unrestricted access to the chairman of the Committee.

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 medical scheme's accounting policies, internal control systems and financial reporting practices. The external auditors formally report to the Committee on critical findings arising from audit activities.

The Audit Committee is pleased to report that:

- It has carried out its duties in terms of the Medical Schemes Act and the Board of Trustees written Audit Committee charter;
- The external auditors have confirmed their independence;
- The external auditors confirmed that the audit plan performance and their fees have been reviewed by the audit committee;
- The assurances provided by management, the internal auditors and the external auditors have satisfied the committee that the controls are adequate and effective;
- It has had oversight of the financial reporting process;
- It has reviewed the internal audit reports and findings;
- It has reviewed the Annual Financial Statements and the audit report thereon and recommended the acceptance thereof by the Board of Trustees;
- It has evaluated the effectiveness of the risk management and governance processes of the Board of Trustees; and
- The audit committee have completed self-evaluations.

The independent members of the Audit Committee, fulfils the role of the Remuneration Committee

The committee during the year under review was:
VD Rubin CA (SA); H.dip. BDP; MBA (Chairman) - Independent member
J Rollason LL.B, FCII, CFP - Independent member
AB Vermeulen B Comm (ACC) AGA – Trustee member
JLO Fernandes CA(SA) – Trustee member
DM Perlstein B.Acc; CA (SA); H. Dip. Company Law - Independent member

In attendance:

JJ Janse van Rensburg B Comm – Principal Officer

14. MEETING ATTENDANCE AND REMUNERATION

The following schedules sets out the attendance at meetings and remuneration received.

NAME	BOARD MEETINGS		OTHER MEETINGS		FEES R	EXPENSES R	AUDIT COMMITTEE MEETINGS		REMUNERATION COMMITTEE MEETINGS		FEES R
	A	B	A	B			A	B	A	B	
AB Vermeulen (BoT Chairman)	6	6	1	1	569 420	(C) 19 520	3	3	1	1	-
J Janse van Rensburg (Principal Officer)	6	6	1	1	724 500	19 109	3	3	1	1	-
JLO Fernandes (Trustee Member)	6	6	1	1	327 860	6 181	3	3	-	-	-
N Louw (Trustee member)	6	6	1	1	328 160	-	-	-	-	-	-
VD Rubin (Audit Comm. Chairman)	-	-	-	-	-	-	3	2	1	1	34 150
J Rollason (Audit Comm. Member)	-	-	-	-	-	-	3	3	1	1	34 175
D Perlstein (Audit Comm. Member)	-	-	-	-	-	-	3	3	1	1	40 100
Total	24	24	4	4	1 949 940	44 810	18	17	5	5	108 425

A = Total possible number of meetings that could have been attended

B = Actual number of meetings attended.

C = This amount includes expenses paid by the Chairman on behalf of the scheme

SUMMARISED FINANCIAL STATEMENTS

SUMMARISED STATEMENT OF FINANCIAL POSITION
31 DECEMBER 2023

	2023 R	Restated 31 Dec 2022 R	Restated 1 Jan 2022 R
ASSETS			
Non-current assets			
Financial assets at amortised cost	51 799 507	15 188 001	-
Current assets	18 268 744	55 489 325	70 785 321
Financial assets at amortised cost	12 413 793	49 994 488	59 466 931
Trade and other receivables	29 035	58 389	-
Cash and cash equivalents	5 825 916	5 436 448	11 318 390
Total assets	70 068 251	70 677 326	70 785 321
LIABILITIES			
Non-current liabilities			
Insurance contract liabilities	61 762 361	62 552 074	61 868 336
Current liabilities	8 305 890	8 125 252	8 916 985
Trade and other payables	269 074	269 088	212 655
Reinsurance contract liabilities	28 024	17 825	18 684
Insurance contract liabilities	8 008 792	7 838 339	8 685 646
Total liabilities	70 068 251	70 677 326	70 785 321

SUMMARISED STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 DECEMBER 2023

	2023 R	Notes	Restated 2022 R
Insurance revenue	51 997 680	5	49 367 978
Insurance service expenses (excluding amounts attributable to future members)	(55 516 819)		(49 917 803)
Net expense from reinsurance contracts held	(629 283)	9	(198 361)
Insurance service result	(4 148 422)		(748 186)
Investment income from financial assets	5 880 629		3 957 614
Net investment income	5 880 629		3 957 614
Finance expenses from insurance contracts issued – PMSA	(89 222)		(90 142)
Net insurance finance expenses	(89 222)		(90 142)
Net healthcare result	1 642 985		3 119 286
Sundry income	795 221		562 768
Other operating expenses	(3 227 919)		(2 998 316)
Total comprehensive income/(loss) for the year	(789 713)		683 738

SUMMARISED STATEMENT OF CHANGES IN MEMBERS' FUNDS
FOR THE YEAR ENDED 31 DECEMBER 2023

	Accumulated funds R	Total Members' Funds R
Balance as at 1 January 2022 (as previously reported)	62 149 678	62 149 678
Transition restatement	(62 149 678)	(62 149 678)
Balance as at 1 January 2022 (restated)	-	-

As medical schemes meet the definition of mutual funds, the previously reported accumulated funds have been transferred to insurance contract liabilities to future members.

SUMMARISED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2023

	2023 R	Restated 2022 R
Net cash flows from operating activities	(6 460 351)	(4 123 998)
Net cash flows from investing activities	6 850 804	(1 762 596)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	390 453	(5 886 594)
Cash equivalents at the beginning of the year	5 423 642	11 310 236
TOTAL CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	5 814 096	5 423 642

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2023

- Basis of preparation**
The summarised financial statements have been extracted from the statutory financial statements prepared in accordance with IFRS Accounting Standards for the year ended 31 December 2023. The same accounting policies and methods of computation have been used in preparing the summarised financial statements as in the full annual financial statements. Comparative figures have been reclassified where considered necessary due to the adoption of IFRS 9 and IFRS 17.
- Financial assets**
Financial assets are recognised on the scheme's statement of financial position when it becomes a party to the contractual provisions of the instrument.
- Medical Insurance Contracts**
Contracts under which the scheme accepts significant medical insurance risk from another party (the member) 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.
- Insurance revenue**
Contribution income is received monthly and recognised as income over the period of indemnity. Risk contribution income represents gross contributions after deduction of savings plan contributions.

	2023 R	2022 R
Gross contributions per registered rules	56 083 095	53 371 363
Less: Savings contributions received	(4 085 415)	(4 003 385)
Risk contribution income per statement of comprehensive income	51 997 680	49 367 978

- Insurance service expenses**
Insurance service expenses comprise the total estimated cost of all insurance services arising from healthcare events that have occurred in the year and for which the scheme is responsible, whether or not reported by year-end.

6. Managed care: management services

These expenses represent internal expenditure and the amounts paid or payable to third party administrators, related parties and other third parties for managing the utilization, costs and quality of healthcare services to the scheme. These amounts are disclosed as part of insurance service expenses.

7. Investment income

Interest is recognised as it accrues according to the effective interest method. Dividend income is recognised when the scheme becomes entitled to it.

8. Reinsurance contracts held (risk transfer arrangements)

Reinsurance expenses are recognised as an expense over the indemnity period on a straight-line basis. Reinsurance expenses and reinsurance income are presented in the Statement of Comprehensive Income on a net basis. Only contracts that give rise to a significant transfer of insurance risk are accounted for as insurance. Amounts recoverable under such contracts are recognised in the same year as the related claim. Claims recoveries relating to risk transfer arrangements are calculated based on claims settled in terms of risk transfer arrangements.

Net (expense)/income of risk transfer arrangements			
		2023	2022
		R	R
ER24 REINSURANCE CONTRACT			
Reinsurance expenses from reinsurance contract held		(312 457)	(204 868)
Reinsurance income from reinsurance contract held		358 760	222 647
Net income		46 303	17 779
PRIME CURE REINSURANCE CONTRACT			
Reinsurance expenses from reinsurance contract held		(6 535 069)	(4 916 755)
Reinsurance income from reinsurance contract held		5 859 483	4 700 615
Net expense		(675 586)	(216 140)

9. Impairment losses

The carrying amounts of the scheme's assets are reviewed at each reporting date to determine whether there is an indication of impairment. If any such indication exists, the asset's recoverable amount is estimated.

10. Personal medical savings accounts

The personal medical savings account liability (2023: R5 703 274 and 2022: R6 069 098) is the net balance due to members in respect of the savings contribution received and claims paid. These amounts are disclosed as part of insurance contract liabilities to current members.

11. Related party transactions

Momentum Thebe Ya Bophelo (Pty) Ltd, the administrator provides key management information to the scheme. Momentum Thebe Ya Bophelo (Pty) Ltd participates in the financial and operational activities of the scheme, but does not control the scheme.

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the scheme. Key management personnel includes the Board of Trustees and Principal Officer. The amounts include close family members of the Board of Trustees and the Principal Officer. (Refer to Note 23 for Trustee remuneration and expenses). These transactions were all concluded in terms of the rules of the scheme.

	2023	2022
	R	R
Key management personnel		
<i>Transactions</i>		
Remuneration and expenses – Board of Trustees	1 251 141	1 189 443
Remuneration and expenses – Principal Officer	743 609	697 182
Contributions received	380 160	354 050
Claims incurred	444 499	518 002
Accumulated savings	33 805	26 557
Transactions with parties that have significant influence over the scheme		
Momentum Thebe Ya Bophelo (Pty) Ltd		
- Administration fees	2 799 592	2 708 704
- Managed care fees	624 661	591 348
<i>Outstanding balances at 31 December</i>		
Administrator		
Momentum Thebe Ya Bophelo (Pty) Ltd		
- Administration fees	321 961	325 859
- Managed care fees	50 597	46 667
Amounts due to the administrator are payable on the first working day of the following month		

12. Surplus/(deficit) from operations per benefit option

	2023 R Challenger	2023 R Navigator	2023 R Shuttle	2023 R Explorer	2023 R Total
Insurance revenue	14 612 331	26 438 370	6 298 100	4 648 879	51 997 680
Insurance service expenses (excluding amounts attributable to future members)	(16 337 561)	(27 573 291)	(5 323 129)	(6 282 838)	(55 516 819)
Net expense from reinsurance contracts held	7 996	26 064	(316 678)	(346 665)	(629 283)
Reinsurance expenses from reinsurance contracts held	(50 668)	(167 459)	(5 228 150)	(1 401 249)	(6 847 526)
Reinsurance income from reinsurance contracts held	58 664	193 523	4 911 472	1 054 584	6 218 243
Insurance service result	(1 717 234)	(1 108 857)	658 293	(1 980 624)	(4 148 422)
Investment income from financial assets	1 652 568	2 990 023	712 278	525 761	5 880 629
Net investment income	1 652 568	2 990 023	712 278	525 761	5 880 629
Finance expenses from insurance contracts issued – PMSA	-	(89 005)	(217)	-	(89 222)
Net insurance finance expenses	-	(89 005)	(217)	-	(89 222)
Net healthcare result	(64 666)	1 792 161	1 370 354	(1 454 863)	1 642 985
Sundry income	60 073	682 139	33 897	19 112	795 221
Other operating expenses	(836 286)	(1 751 997)	(358 378)	(281 258)	(3 227 919)
Net surplus/(deficit) for the year	(840 880)	722 303	1 045 873	(1 717 009)	(789 713)
Members as at 31 December 2023	134	426	261	260	1 081
	2022 R Challenger	2022 R Navigator	2022 R Shuttle	2022 R Explorer	2022 R Total
Insurance revenue	14 567 801	25 712 978	4 435 335	4 651 864	49 367 978
Insurance service expenses (excluding amounts attributable to future members)	(13 341 144)	(26 667 289)	(3 843 249)	(6 066 121)	(49 917 803)
Net expense from reinsurance contracts held	5 519	12 114	25 829	(241 823)	(198 361)
Reinsurance expenses from reinsurance contracts held	(33 772)	(111 888)	(3 713 602)	(1 262 361)	(5 121 623)
Reinsurance income from reinsurance contracts held	39 291	124 002	3 739 431	1 020 538	4 923 262
Insurance service result	1 232 176	(942 197)	617 915	(1 656 080)	(748 186)
Investment income from financial assets	1 167 837	2 061 297	355 561	372 920	3 957 614
Net investment income	1 167 837	2 061 297	355 561	372 920	3 957 614
Finance expenses from insurance contracts issued – PMSA	-	(88 739)	(1 403)	-	(90 142)
Net insurance finance expenses	-	(88 739)	(1 403)	-	(90 142)
Net healthcare result	2 400 013	1 030 361	972 074	(1 283 161)	3 119 286
Sundry income	54 751	466 599	23 935	17 483	562 768
Other operating expenses	(815 094)	(1 667 721)	(246 766)	(268 735)	(2 998 316)
Net surplus/(deficit) for the year	1 639 669	(170 761)	749 243	(1 534 413)	683 738
Members as at 31 December 2022	141	445	195	213	994

13. Contingencies and commitments

The scheme did not have any other contingencies or commitments at year end other than those disclosed in the annual financial statements.

APPROVAL OF THE STATUTORY ANNUAL FINANCIAL STATEMENTS

The Annual Financial Statements were approved by the board on 16 April 2024 and signed on its behalf by Messrs AB Vermeulen (Chairman), JLO Fernandes (Trustee) and J Janse van Rensburg (Principal Officer).



AB VERMEULEN
CHAIRMAN



JLO FERNANDES
TRUSTEE



J JANSE VAN RENSBURG
PRINCIPAL OFFICER

The full audited annual financial statements, including the report of the auditors, will be available at the Annual General Meeting. Further copies may be obtained from the Fund Manager at (041) 395-4400.