

**The Annual Report of the
Life Code Compliance Committee**

**Monitoring Compliance
with the Life Insurance
Code of Practice
2021–22 Retrospective**

September 2022

Contents

Chair's message	3
Year at a glance	5
Introduction	6
The Committee	6
Committee activities and achievements	8
Key reports	9
Stakeholder engagement	11
Consultation on Code 2.0	12
Charter compliance and Committee meetings	12
The Committee's focus for 2022–23	12
Monitoring and enforcement of subscriber compliance	13
Total reported Code breaches in 2021–22	13
Investigation Activity by the Committee	15
Significant breaches	16
Alleged Code breaches	20
Targeted Inquiries	27
Remediation and Sanctions	28
Appendix A. About the Life Insurance Code of Practice	29
Appendix B. List of subscribers	30
Appendix C. Committee members and administrator staff	31
Appendix D. Committee meetings	35



Chair's message

As Chair of the Life Code Compliance Committee, I am pleased to present our Annual Report 2021-22. The report covers the period 1 July 2021 to 30 June 2022 and provides a comprehensive overview of our activities and achievements throughout the year, as well as our observations of subscribers' compliance with the Code.

Our achievements

We enjoyed a busy and fruitful year. Alongside our work assessing reported breaches of the Code, we completed multiple investigations and published several important guidance resources for Code subscribers. Importantly, we also provided feedback on the new Code of Practice and met with a range of industry representatives, consumer groups and regulatory stakeholders.

Completing 216 investigations and reviewing 37 significant breaches during the year was a significant accomplishment. This included the closure of multiple matters, many of which had remained open from previous years.

Now we only have a small number of investigations more than 12 months old that are still open, and we are confident that we will finalise them in the coming months. We are now close to achieving our aim of being able to close all investigations no later than six months after receiving an allegation.

We completed an Own Motion Inquiry (OMI), which examined compliance with the obligation to provide annual notices (section 6.3 of the Code), and commenced another OMI, which investigates compliance with obligations for designing and introducing new life insurance policies (section 3.1 of the Code). We also conducted two Targeted Inquiries, examining compliance with specific sections of

the Code relating to claims handling that we, as a Committee, flagged as potential areas of risk.

This work has helped inform the guidance resources we provided subscribers. This year we were able to issue three Guidance Notes, two Case Studies and 41 Determinations in addition to our Annual Data and Compliance Programme Report (ADCP Report).

Subscriber compliance

Throughout the year, we were pleased to notice subscribers' cooperative and active engagement with our investigation and monitoring work, and their willingness to resolve identified breaches of the Code. We did observe however that some subscribers did not have adequate processes in place to monitor and report significant breaches; half of the significant breaches reported to the Committee were only identified by subscribers as a result of our OMIs.

We urge subscribers to refer to [Guidance Note 7](#) to assist with accurately monitoring, identifying and reporting identified significant breaches to us in a timely manner.

Looking ahead to a new Code

As the 2021–22 year came to an end, the Financial Services Council (FSC) released the new Code of Practice.

The new Code, which comes into effect on 1 July 2023, introduces more consumer protections to ensure that customers receive fair treatment and better standards from their life insurers. It also provides us with increased powers to determine significant breaches and sanction non-compliant subscribers.

Transitioning to the new Code should be front of mind for all subscribers.

To assist in the transition, we will provide guidance on the new Code and update existing guidance to ensure that it reflects the new obligations.

We want to avoid the high number of breaches that occurred when subscribers had to adopt the current Code. All subscribers should have clear and strong processes for transitioning to the new Code and should engage with us early about any issues they encounter.

Also, in June 2022, the formation of a new life insurance industry peak body was announced. We will continue to monitor developments and ensure that consumer rights continue to be protected through our monitoring of industry's compliance with the Code.



Transitioning to the new Code should be front of mind for all subscribers.

Appreciation

I would like to take this opportunity to thank our Administrator, the Code Compliance and Monitoring Team (Code team) at the Australian Financial Complaints Authority (AFCA) for its hard work throughout the year.

Able led by new General Manager Prue Monument, who joined us in November 2021, Deputy General Manager René van de Rijdt, and Senior Leader Ankit Dang, the Code team provides us with valuable assistance and support during the year.

Thanks also to AFCA CEO David Locke, former FSC CEO Sally Loane, new FSC CEO Blake Briggs and FSC Executive Nick Kirwan for their continuing support.

I would like to thank subscribers for their active and constructive engagement with our work. We have appreciated subscribers' cooperation in responding to alleged breaches of the Code, taking remedial action on breaches and providing data and information in relation to our annual data collection programme, investigations and inquiries.

Finally, thank you to my fellow Committee members, David Goodsall and Alexandra Kelly, for their valuable knowledge and insight. David's second and final term of appointment ended on 31 August 2022, and I thank him for his hard work and dedicated service to the Committee during its first five years of operation. I look forward to working with the newly appointed Industry Representative, Brad Clarke who joined the Committee on 1 September 2022.

A handwritten signature in black ink that reads "Jan McClelland".

Jan McClelland AM

**Independent Chair
Code Compliance Committee**

Year at a glance

Monitoring and enforcement activities

216

Alleged breach investigations completed



22

Significant Code breaches received from 16 referrals



35

Significant breaches confirmed

191



Alleged Code breaches received from 55 referrals

30



Matters open as of 1 July 2022

Committee achievements

41

Determinations issued

2

Targeted Inquiries commenced and completed

2

Case studies issued

✓

ADCP Report published

3

Guidance notes issued

✓

Annual Report published

2

Own Motion Inquiries – one published and another commenced

✓

Continuous engagement with subscribers and other stakeholders

Introduction

2021–22 was the fifth year of operation for the Life Insurance Code of Practice (the Code). The Code is administered, monitored and enforced by the independent Life Code Compliance Committee (the Committee).

This report summarises subscribers' compliance with the Code in 2021–22 and the Committee's activities and achievements during the year. It provides a snapshot of compliance trends and service standards in the life insurance industry for the year, drawn from an aggregation of Code subscribers' data and insights from the Committee's Code compliance monitoring work. More information about the Code and its purpose is provided in **Appendix A**.

CODE SUBSCRIBERS

Life insurers that are members of the Financial Services Council (FSC) are required to adopt the Code. As of 30 June 2022, there were 23 Code subscribers (listed in **Appendix B**), comprising 22 life insurers (including reinsurers) and one non-insurer.¹

All life insurers writing new business covered by the Code in the Australian market are subscribers to the Life Insurance Code of Practice.

23



**Code subscribers
as of 30 June 2022**

The Committee

Subscribers' compliance with the Code is monitored by the Committee, an independent body established on 1 July 2017. The Committee's purpose is to support the Code objectives of high customer service standards to increase trust and confidence in the life insurance industry. The Committee does this by:

- monitoring, enforcing and reporting on Code compliance
- working collaboratively to improve Code standards and promote industry best practice.

The Committee is bound by obligations set out in its Charter² and the Code.

While it may investigate a possible Code breach, the Committee cannot:

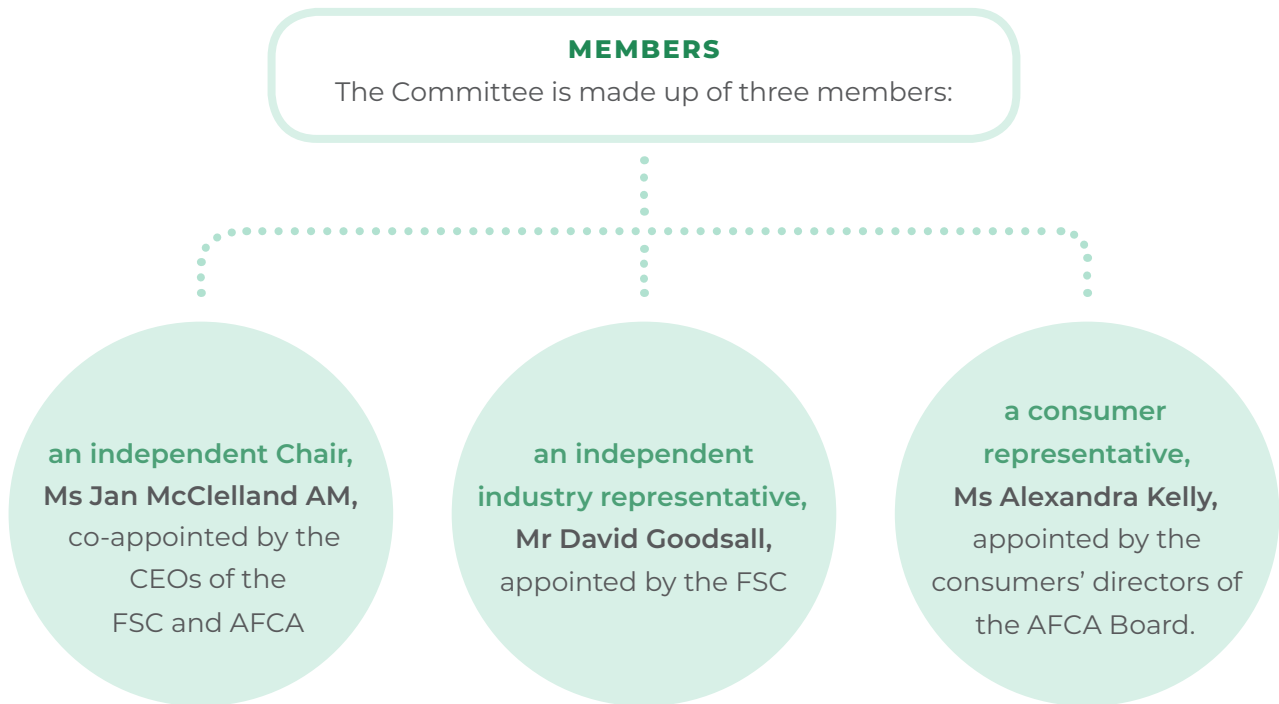
- mediate or resolve individual disputes
- determine a person's legal rights or legal entitlements
- order compensation
- provide individual outcomes such as resolving a disputed claim decline or expediting a claim.

¹ The register of subscribers, is published on the Life CCC website at www.lifeccc.org.au

² Life CCC Charter - <https://lifeccc.org.au/resource/charter/>



The Committee’s purpose is to support the Code objectives of high customer service standards to increase trust and confidence in the life insurance industry.



Profiles of the Committee members are provided in **Appendix C**.

ADMINISTRATOR

The Code Compliance Monitoring team (Code team) at the Australian Financial Complaints Authority (AFCA) acts as Administrator for the Committee under an outsourcing agreement with the FSC. The Code team is led by the General Manager, Prue Monument. Ankit Dang is the Senior Leader for the Committee. Profiles of key Code team staff are at **Appendix C**.

The Code team supports the Committee by:

- providing administrative support
- engaging with subscribers and stakeholders
- investigating alleged Code breaches
- undertaking Code monitoring work
- collecting and analysing aggregated industry data
- preparing reports for the Committee
- promoting compliance with the Code
- undertaking other work as directed by the Committee.

Committee activities and achievements

The 2021–22 year was productive and successful, marked by a number of significant achievements. We delivered on each of the key priorities outlined in our 2021–22 work plan, including releasing or commencing work on two Own Motion Inquiries (OMIs) and publishing multiple guidance resources to help subscribers interpret and apply specific Code obligations.

We completed a large number of investigations including two Targeted Inquiries of individual subscribers, and several matters that were carried over from previous reporting periods. We also provided extensive feedback to the FSC on Consultation Draft Code 2.0 and met with a range of industry representatives, consumer groups and regulatory stakeholders.

Investigation and monitoring work

Investigating Code breach allegation referrals and reviewing significant breaches remained a priority throughout the year. Thanks to process enhancements and efficiencies introduced in previous years, the Committee completed 216 investigations and 37 reviews of significant breaches in 2021–22, including residual matters that were reported in previous years. This enabled us to achieve our objective of finishing the year with minimal open investigations that are more than 12 months old. Going forward, the Committee aims to significantly reduce the time taken to finalise investigation matters to no later than six months after receiving the allegation.

More information about the Committee's investigation activity and Code compliance monitoring in 2021–22 is included in the following chapter (**page 13**).

Guidance resources for subscribers

The Committee continued to provide other general guidance to subscribers throughout the year to help improve the quality and consistency of their compliance reporting. This included three Guidance Notes, two Case Studies and 41 Determinations.

GUIDANCE NOTES

In September 2021, the Committee published three Guidance Notes to help subscribers interpret and apply specific sections or obligations under the Code that continue to present compliance issues:

- Section 8.16 – covering subscribers' obligations to customers when assessing income-related claims
- Section 8.17 – covering subscribers' obligations to customers when assessing non-income-related claims
- Significant breach obligations – assisting subscribers to identify significant breaches of the Code, setting out the Committee's expectations in relation to identification and reporting of significant breaches.

DETERMINATIONS AND CASE STUDIES

The Committee issued 41 Determinations and two Case Studies during the year as part of our ongoing commitment to provide subscribers with additional clarity on the Code. These documents covered a range of Code sections and were published on a de-identified basis via our website. The documents provide subscribers with guidance on how breaches can occur, how the Committee assesses them and key learnings to assist in the prevention of their occurrence.

As a way of promoting transparency and accountability within the life insurance industry, the Committee would prefer to be able to publish identifiable information about Code breaches in our Determinations and Case

Studies. This would be consistent with the greater transparency expected by the public and reflected in the change to AFCA rules to allow named determinations. The Committee has consistently recommended to the FSC that the Charter and the Code be amended to allow for identified reporting to occur.

We nonetheless encourage subscribers to circulate these resources throughout their businesses for compliance education and training purposes. We also encourage subscribers and other interested stakeholders to sign up via the Committee's website to receive timely notifications regarding the publication of Determinations, Case Studies and other Committee reports and resources.

Key reports

ANNUAL DATA AND COMPLIANCE PROGRAMME REPORT (ADCP Report)

The Committee published the ADCP Report on the life insurance industry and its compliance with the Code of Practice. Released on 30 March 2022, the [2020-21 ADCP Report](#)³ was based on quantitative data collected from 25 Code subscribers. The Committee, through the Code Team, regularly conducts consultation with the industry to further refine and develop the data collection workbook. This data was complemented with data on subscribers' compliance with the Code, sourced either directly from subscribers or from the Committee's compliance monitoring work.

The Committee was pleased to note an improvement in the quality of the data submitted by subscribers compared to previous years, along with an increased willingness to engage throughout the data submission process. This resulted in a more accurate dataset that enabled us to provide a valuable overview of what the industry is doing well and where it needs to improve.

One of the ADCP Report's key findings was the high number of life insurance customers who were impacted (or potentially impacted) by breaches of the Code. According to Code subscribers' reported breach data, almost

³ https://lifeccc.org.au/app/uploads/2022/03/LCCC_-2020-21-ADCP_Report-1.pdf

430,000 customers were impacted during the year, mostly by breaches of section 6.3 of the Code. Section 6.3 requires customers to be provided with an annual notice in writing, prior to the anniversary of the policy. These breaches were caused by inadequate processes and systems.

Along with the findings, the ADCP Report contains guidance and recommendations

for subscribers to improve their processes and controls, particularly in relation to annual notices, monitoring compliance, breach reporting and claims management.

Completing the ADCP Report each year is a significant effort for the Committee, the Code team and subscribers. We thank subscribers for their ongoing commitment to helping us achieve a quality industry dataset.

OWN MOTION INQUIRY INTO COMPLIANCE WITH SECTION 6.3

During the year, the Committee completed an OMI into subscribers' compliance with section 6.3 of the Code and published the findings in a [report](#) in February 2022.

Section 6.3 provides important consumer protections, as a renewal notice enables a customer to review whether the product is still suitable for their needs; alerts them to the cover they hold and the claims process, potentially triggering a claim; and gives them information about their options, including hardship assistance.

The OMI identified areas for improvement in relation to compliance with section 6.3 and the Committee made six recommendations in the published report to support and assist subscribers in meeting their obligations under the Code.

Since the initial section 6.3 OMI industry consultation in March 2021, subscribers have reported 15 significant breaches of section 6.3 to date. This demonstrates the value of OMIs in prompting subscribers to monitor and review their processes. It also suggests that not all subscribers are able to continuously monitor their compliance with section 6.3 of the Code.

OWN MOTION INQUIRY INTO COMPLIANCE WITH SECTION 3.1

In December 2021, the Committee undertook an OMI into subscribers' compliance with section 3.1 of the Code, which relates to the design and introduction of new life insurance policies and is designed to ensure that new policies are suitable for the customers that purchase them.

As the Committee had not received any self-reported breaches of section 3.1 since the industry's adoption of the Code in 2017, the Committee was keen to identify if subscribers were compliant with the obligations in section 3.1 of the Code.

Phase one of the OMI, which was completed in April 2022, involved collecting data from subscribers about the products they introduced from the time they adopted the Code until 30 June 2021, as well as the processes and procedures they used to enable compliance with section 3.1 of the Code.

Subsequent phases of the OMI will involve analysing the data and publishing the findings and recommendations in a report that is expected to be released during the second half of 2022.

Stakeholder engagement

The Committee and Code team remained committed to engaging with a range of stakeholders during 2021–22, including industry representatives, consumer groups and regulatory stakeholders.

SUBSCRIBERS

The Committee continued to engage with Code subscribers throughout the year, holding meetings with Board members and senior executives for discussions about subscriber Code compliance, the Code review and current and emerging industry issues.

The Code team also met with subscribers, holding regular one-on-one meetings to discuss issues including data quality and compliance reporting, investigation matters and interpretation of specific Code sections that were the subject of breaches and significant breaches.

Extensive subscriber engagement was also undertaken by the Code team as part of the Annual Data and Compliance Programme (ADCP) for both 2020–21 and 2021–22; for the collection of data for two OMI; and prior to publishing our Guidance Notes on significant breach obligations, section 8.16 and section 8.17.

FSC

We engaged with the FSC throughout the year, meeting regularly with FSC executives and members of the FSC's Life Board Committee. Our engagement with the FSC included providing updates about the budget and work plan, key monitoring activities and investigations, the development of Guidance Notes and OMI, and publication of the ADCP Report. The Committee also provided feedback to the FSC on the changes and improvements we would like to see made to

the Code as part of the FSC's Code review (see [page 12](#)). This included participating in a Code Roundtable on 8 September 2021.

CONSUMER GROUPS

The Committee met with two consumer advocates in 2021–22 to raise awareness of the Code and the Committee's work and to better understand consumer concerns about life insurance. Additionally, members of the Code team attended Financial Counselling Australia's annual conference in Cairns in May 2022 where they met with consumer advocates, gaining valuable insight into issues affecting life insurance customers.

REGULATORS AND POLICY

The Code team met regularly with the Australian Securities and Investments Commission (ASIC) and other regulators during the year to share high-level information about the Code review, current monitoring work and priorities, and to discuss regulatory matters of relevance to the life insurance industry.

AFCA

As the provider of administrative services to the Committee and a referrer of alleged Code breaches, AFCA is an important stakeholder.

We enjoyed a close working relationship with AFCA during 2021–22, including meeting with AFCA Ombudsmen to share insights and updates on our work.

Consultation on Code 2.0

The Committee welcomed the opportunity to review the Code 2.0 Consultation Draft (Code 2.0) in September 2021 and provide feedback to the FSC in the form of a written submission⁴ and attendance at an FSC Code Roundtable. This followed feedback on earlier drafts of Code 2.0 in January 2019 and March 2021.

Our submission included recommendations for improving certain aspects of Code 2.0. The Committee was pleased to note that the FSC accepted our recommendation to provide the Committee with the ability to determine a significant breach. This will further enhance

the reputation of the industry along with the Committee's education and guidance to subscribers on matters we consider significant.

Code 2.0 was officially launched in June 2022 by the FSC.

Charter compliance and Committee meetings

The Committee complied with its Charter obligations for the 2021–22 period and met six times during the year. (**Appendix D** contains details of all Committee meetings for the year.)

The Committee's focus for 2022–23

In addition to our ongoing focus on the core functions and responsibilities outlined in its Charter, the Committee will continue to produce guidance resources to help subscribers improve their compliance reporting, and further develop and refine internal processes for monitoring subscribers' Code compliance. Specific priorities for the Committee in 2022–23 include the following:

- Publishing the **Annual Report**, addressing Committee activities and achievements.
- Publishing the **ADCP Report**.
- Conducting at least **five OMI**s/**or individual subscriber Targeted Inquiries** to examine and report on the industry/individual subscriber's compliance with a specific section of the Code or to address areas of identified risk.
- Providing subscribers with **individual scorecards** based on the quality of their submission to the ADCP and their interactions with the Committee, to help subscribers with benchmarking and compliance insights.
- Preparing for the transition to **Code 2.0** by providing guidance on the new Code to stakeholders, reviewing and updating previously issued guidance, upgrading systems, and reviewing and reworking ADCP data collection to ensure that it reflects the obligations created under Code 2.0.
- Conducting **Code breach investigation and monitoring** work resulting from Code breach allegations and subscriber reported non-compliance.
- Aiming to significantly reduce the time taken to finalise investigation matters, with a target of **finalising matters no later than six months after receiving an allegation**.
- Publishing **Determinations and Case Studies** to guide subscriber Code compliance.
- Publishing **Guidance Notes** to help subscribers interpret and apply specific Code obligations that continue to present compliance issues.

⁴ [Life Code Compliance Committee response to FSC Life Insurance Code 2.0](#)

Monitoring and enforcement of subscriber compliance

HOW THE COMMITTEE MONITORS COMPLIANCE

The Committee monitors subscribers' compliance with the Code in several ways, including by:

- investigating significant breaches reported by subscribers⁵;
- receiving and investigating referrals from members of the public and others that a subscriber has breached the Code; and

- undertaking proactive Targeted Inquiries of compliance in specific areas.

In this report, the term 'referral' means a referral to the Committee of one or more alleged Code breaches by a person, their representative, AFCA, subscribers or anyone who thinks that a Code breach has occurred.

Total reported Code breaches in 2021–22

When a matter is referred or reported to the Committee, there is usually more than one Code breach involved. For transparency, **Table 1a** in this section deals with each individual breach, while **Table 1b** deals with the number of matters.

71

matters containing 213 Code breaches alleged⁶ by customers and reported to or identified by the Committee

17%

more alleged Code breaches and reported breaches than in 2020–21

22

significant⁷ Code breaches reported by subscribers

191

alleged Code breaches reported by individuals or their representatives, or identified by the Committee through its monitoring activities

⁵ Subscribers are required to report all other breaches they do not deem to be significant, as part of their ADCP submission.

⁶ Under section 13.1 of the Code, anyone can report alleged breaches of the Code to the Life CCC. However, only the Life CCC can determine if a subscriber has breached the Code after it has reviewed and considered the matter.

⁷ Under chapter 15 Definitions of the Code, **significant breach** means a breach that is reasonably determined by subscribers to be significant by reference to: a) the number and frequency of similar previous breaches; b) the impact of the breach on subscribers' ability to provide their services; c) the extent to which the breach indicates that subscribers' arrangements to ensure compliance with Code obligations are inadequate; or d) the actual or potential financial loss caused by the breach.

TABLE 1a.

Significant breaches and alleged breaches, by Code chapter

Code chapter	2017-18				2018-19			2019-20			2020-21			2021-22		
	Significant	Alleged	Web audit	Total	Significant	Alleged	Total	Significant	Alleged	Total	Significant	Alleged	Total	Significant	Alleged	Total
Claims*	5	43	-	48	9	106	115	23	77	100	15	98	113	9	133	142
Complaints and disputes*	1	14	-	15	1	39	40	2	16	18	3	24	27	-	10	10
Policy changes and cancellation	7	1	-	8	7	6	13	7	9	16	12	5	17	9	2	12
Sales and advertising	4	3	-	7	4	11	15	-	4	4	1	3	4	-	18	18
Code objectives	-	3	-	3	1	8	9	-	13	13	-	4	4	1	18	19
Policy design and disclosure	2	-	-	2	-	8	8	-	2	2	1	1	2	1	-	-
Access to information	-	6	-	6	-	8	8	1	5	6	-	4	4	-	2	2
Buying insurance	3	-	-	3	7	2	9	3	1	4	-	4	4	2	1	3
Monitoring, enforcement and sanctions	-	-	-	-	14	-	14	8	-	8	1	3	4	-	1	1
Additional consumer support	-	3	-	3	-	3	3	-	-	-	-	2	2	-	1	1
Third party underwriting and claims	1	1	-	2	-	2	2	-	-	-	-	-	-	-	5	5
Information and education	-	-	2	2	-	1	1	-	-	-	-	1	1	-	-	-
Key Code promises	-	-	-	-	-	4	4	-	-	-	-	-	-	-	-	-
Total*	23	74	2	99	43	198	241	44	127	171	33	149	182	22	191	213

* Excludes 2017-18 bulk referral numbers to allow more realistic year-to-year comparison. The bulk referral allegation of more than 700 potential breaches were dealt with via a dedicated investigation, with results published in the Committee's report: [Claims and Complaints Handling Obligations: A review of compliance by Life Code subscribers](#). The report is available on the Committee website at www.lifeccc.org.au.

Investigation Activity by the Committee

- **216** investigations completed
- **97** matters⁸ closed in 2021–22
 - › **50** matters triaged by the Code team or withdrawn by customer
 - › **47** matters closed following publication of a Determination or Case Study
- **30** matters remained open as of 1 July 2022
 - › **7** open matters were more than 12 months old

Looking ahead to 2022–23, we aim to continue to significantly reduce the time taken to finalise investigation matters so that all matters are finalised within six months of receiving an allegation.

TABLE 1b.
Summary status of matters overseen by the Committee

	Received	Closed in 2017-2018	Closed in 2018-2019	Closed in 2019-2020	Closed in 2020-2021	Closed in 2021-2022	Open 30 June 2022
2017-2018 Matters							
Investigations	56	16	11	19	10	-	-
Significant breaches	23	3	5	15	-	-	-
Total 2017-2018 Matters	79	19	16	34	10	-	-
2018-2019 Matters							
Investigations	79	-	17	27	32	3	-
Significant breaches	23	-	7	7	8	1	-
Total 2018-2019 Matters	102	-	24	34	40	4	-
2019-2020 Matters							
Investigations	74	-	-	27	31	16	-
Significant breaches	21	-	-	6	7	7	1
Total 2019-2020 Matters	95	-	-	33	38	23	1
2020-2021 Matters							
Investigations	64	-	-	-	44	14	6
Significant breaches	20	-	-	-	12	8	-
Total 2020-2021 Matters	84	-	-	-	56	22	6
2021-2022 Matters							
Investigations	55	-	-	-	-	45	10
Significant breaches	16	-	-	-	-	3	13
Total 2021-2022 Matters	71	-	-	-	-	48	23
All Years							
Investigations	328	16	28	73	117	78	16
Significant breaches	100	3	12	28	27	19	14
Total Matters All Years	431	19	40	101	144	97	30

⁸ A single matter can contain more than one Code breach allegation from the consumer.

Significant breaches

The Code requires subscribers to report significant Code breaches to the Committee within 10 business days of identifying the breach. Under the current Code, whether a breach is significant can only be determined by a subscriber using the definition of a significant breach set out in chapter 15 of the Code.

- **22** significant breaches recorded by subscribers in 2021–22
- **33%** fewer than the previous year
- **37** significant breaches reviewed by the Committee
- **35** confirmed as significant breaches by the Committee

Significant breach numbers have fallen by at least 25% each year since 2019–20, with numbers dropping 33% since the last reporting period. To some extent, this may be the result of subscribers encountering fewer issues associated with transitioning to the Code, which has now been in operation for five years, and improving their Code compliance frameworks during that time.

Another possible explanation, however, is that some subscribers continue to under-report significant breaches because they do not have sufficiently comprehensive processes and procedures in place to identify and report all significant breaches to the Committee. The Committee's recent OMIs ([see page 10](#)) identified several significant breaches that subscribers themselves had failed to detect as part of their regular compliance monitoring activities.

We also continue to see a discrepancy between the number of reported significant breaches and the number of breach allegations referred to the Committee by other sources. Taking breaches of chapter 8 as an example, subscribers reported 40% fewer claims-related significant breaches this year compared to 2020–21, while the number of claims-related breach allegations reported by other sources increased by almost 36%.

Subscribers promise consumers that they have robust Code compliance frameworks. We expect subscribers to be able to identify, capture and manage all breaches, and to assess and report significant breaches within the timeframe provided by the Code. In the past year, we have released numerous guidance resources to assist subscribers to improve their breach reporting, including [Guidance Note 7](#) and our [section 6.3 OMI Report](#). We encourage all subscribers – including those who believe they are capturing and reporting all significant breaches – to make use of these resources and to look upon significant breach reporting as an opportunity to learn and improve.



fewer significant breaches reported by subscribers compared to the previous year

TABLE 2.

Significant breaches reported*, reviewed† and confirmed‡ by Code chapter

Code chapter	2017-18			2018-19			2019-20			2020-21			2021-22		
	Significant	Reviewed	Confirmed	Significant	Reviewed	Confirmed	Significant	Reviewed	Confirmed	Significant	Reviewed	Confirmed	Significant	Reviewed	Confirmed
Policy changes and cancellation	7	-	6	7	-	-	7	4	4	12	16	12	9	10	10
Sales and advertising	4	-	4	4	4	-	-	-	-	1	1	1	-	-	-
Claims	5	-	1	9	4	4	23	12	12	15	17	12	9	19	18
Policy design and disclosure	2	-	2	-	-	-	-	-	-	1	-	-	1	1	1
Buying insurance	3	-	2	7	-	-	3	8	8	-	5	4	2	3	3
Third party underwriting and claims	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Code objectives	-	-	-	1	1	1	-	-	-	-	-	-	1	1	-
Access to information	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-
Monitoring, enforcement and sanctions	-	-	-	14	-	-	8	7	7	1	5	5	-	3	3
Information and education	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Key Code Promises	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Complaints and disputes	1	-	1	1	-	-	2	2	1	3	4	4	-	-	-
Total	23	-	17	43	9	5	44	34	33	33	48	38	22	37	35

* A significant breach reported by a subscriber to the Committee.

† Significant breach reviewed by the Committee.

‡ Significant breach confirmed as such by the Committee.

Most of the significant breaches reported by subscribers and confirmed by the Committee in 2021–22 were breaches of **chapter 6** (Policy changes and cancellation rights) and **chapter 8** (Claims).

Claims



41%

of significant breaches reported during the year related to **claims**

44%

of reported claims breaches related to **claim decision timeframes** (sections 8.14–8.17)

56%

of reported claims breaches related to providing **clarity of benefits entitlements, contact points** and when the customer can expect to be **contacted about progress** on the claim (sections 8.2–8.4)

51%



of significant breaches confirmed by the Committee during the year related to **claims**



Staff shortages and poor processes were nominated by subscribers as the cause of most claims-related significant breaches

Policy changes and cancellation



41%

of significant breaches reported during the year related to **policy changes and cancellation**

89%

of those related to providing the customer with an **annual notice in writing** (section 6.3)

29%

of significant breaches confirmed by the Committee during the year related to **policy changes and cancellation** (all related to section 6.3)



18% of the significant breaches reported during the year related to **buying insurance (9%), policy design and disclosure (4.5%) and Code objectives (4.5%).**



All but one of the reported significant breaches of chapter 6 related to section 6.3. As we reported in our 2020–21 ADCP Report, the number of customers impacted by section 6.3 breaches has steadily increased in recent years – a trend which concerns the Committee. We expect subscribers to take steps to review their

section 6.3 systems and processes to ensure that they are robust and compliant with the Code, and we strongly encourage them to consider the findings and recommendations in the section 6.3 OMI.

Case study

A subscriber's legacy systems and poor processes cause ongoing breaches of section 6.3, impacting 18,000 customers

Section 6.3 of the Code requires subscribers to provide consumers with an annual notice in writing prior to the anniversary of the Life Insurance Policy. Section 6.3 also lists the specific information that the written annual notice should include.

A single Code subscriber reported four significant breaches of section 6.3 of the Code to the Committee on four separate occasions between 2018 and 2021, impacting more than 18,000 customers. These breaches resulted from issues with the subscriber's legacy policy administration system (off-sale products),

ineffective issuance of compliant annual notices and weaknesses in how the subscriber identified and fixed issues.

The subscriber noted experiencing significant challenges in transitioning its legacy system and products to the obligations of the Code. Insufficient testing of its legacy system led to issues with multiple products that went undetected for many years. Weaknesses in the subscriber's compliance and monitoring frameworks led to failures to detect these issues and to identify and fix root causes.



The Committee hopes that subscribers are ... well placed to meet future challenges, including transition into new, updated Codes following regular mandated reviews.

The subscriber has since conducted end-to-end reviews of legacy products to ensure that future annual notices contain all the required information. It also reported that it has successfully migrated the products from the legacy system to its current system to ensure issues would not be replicated.

To address any potential or actual customer harm, the subscriber issued apology letters to all impacted customers informing them of the breach of section 6.3, reissued a copy of a compliant annual notice and invited customers to consider lodging a claim retrospectively if they experienced a claimable event in the relevant periods of non-compliance.

The Committee hopes that subscribers are not just taking active, ongoing measures to comply with the obligations in the current Code but are well placed to meet future challenges, including transition into new, updated Codes following regular mandated reviews. This case highlights the importance of having sufficient risk mitigation strategies in place – including forward planning, monitoring, and rigorous testing of systems and processes – to address both everyday issues and much larger challenges such as transitioning to a new Code of Practice.

Alleged Code breaches

Anyone can refer an alleged breach of the Code to the Committee. The Committee then has the discretion to investigate any referral it receives; determine whether there has been a

breach of the Code; agree with the subscriber on corrective measures; and monitor their implementation.

Breach allegations in 2021–22



216

breach allegations assessed with the majority of alleged Code breaches **relating to claims**

TABLE 3.

Code breaches reported*, assessed† and determined‡ by Code chapter

Code chapter	2017-18			2018-19			2019-20			2020-21			2021-22		
	Reported	Assessed	Determined	Reported	Assessed	Determined	Reported	Assessed	Determined	Reported	Assessed	Determined	Reported	Assessed	Determined
Claims	86	1	1	126	23	17	77	71	42	98	184	76	133	145	43
Complaints and disputes	24	1	1	36	10	9	16	24	20	24	50	22	10	15	5
Policy changes and cancellation	1	-	-	6	-	-	9	-	-	5	6	-	2	3	-
Sales and advertising	2	-	-	10	-	-	4	1	1	3	5	-	18	17	-
Code objectives	3	-	-	8	-	-	13	-	-	4	9	1	18	22	1
Policy design and disclosure	-	-	-	8	-	-	2	1	-	1	8	-	-	-	-
Access to information	6	-	-	11	3	2	5	1	1	4	13	2	2	3	-
Buying insurance	-	-	-	4	-	-	1	-	-	4	7	1	1	1	-
Monitoring, enforcement and sanctions	-	-	-	-	-	-	-	-	-	3	3	-	1	2	2
Additional consumer support	3	-	-	3	-	-	-	-	-	2	5	-	1	1	-
Third party underwriting and claims	1	-	-	3	-	-	-	-	-	-	2	1	5	6	-
Information and education	1	-	-	1	-	-	-	1	1	1	2	1	-	-	-
Key Code promises	-	-	-	4	-	-	-	3	-	-	-	-	-	1	-
Total	127	2	2	220	36	28	127	102	65	149	294	104	191	216	51

* Alleged Code breaches reported to the Committee by a person, personal representative, AFCA or other third party.

† Code breach allegations assessed by the Committee. This can include allegations received in previous years.

‡ Allegations determined by the Committee as Code breaches.

Includes a number of bulk referral matters that were individually investigated.



70% of all alleged breaches were attributed to chapter 8 ‘When you make a claim’

Allegations received during the year



55 referrals containing **191** alleged Code breaches received by the Committee

55% of breach allegations referred by **consumer advocates** or **legal representatives** on behalf of consumers

37% of breach allegations referred directly by **life insurance customers**

8% of breach allegations referred by **AFCA**



28%

more alleged **Code breaches** than 2020–21

For the fifth year in a row, the highest number of alleged breaches were of chapter 8 (‘When you make a claim’), accounting for 70% of the total (**Table 4**). The trend of claims-related breach allegations rising each year continued in 2021–22, with 36% more claims-related Code breach allegations than the previous year (133 compared to 98 in 2020–21).



36%

more claims-related Code breach allegations in 2021–22 than the previous year

TABLE 4.

Comparison of alleged breaches by Code chapter, year on year

	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	%	No.	%	No.	%	No.	%	No.	%
Claims*	43	58%	106	54%	77	61%	98	66%	133	70%
Complaints and disputes*	14	19%	39	20%	16	13%	24	16%	10	5%
Policy changes and cancellation	1	1%	6	3%	9	7%	5	3%	2	1%
Sales and advertising	3	4%	11	6%	4	3%	3	2%	18	9%
Code objectives	3	4%	8	4%	13	10%	4	3%	18	9%
Policy design and disclosure	-	-	8	4%	2	2%	1	1%	-	-
Access to information	6	8%	8	4%	5	4%	4	3%	2	1%
Buying insurance	-	-	2	1%	1	1%	4	3%	1	1%
Monitoring, enforcement and sanctions	-	-	-	-	-	-	3	2%	1	1%
Additional consumer support	3	4%	3	2%	-	-	2	1%	1	1%
Third party underwriting and claims	1	1%	2	1%	-	-	-	-	5	3%
Information and education	-	-	1	1%	-	-	1	1%	-	-
Key Code promises	-	-	4	2%	-	-	-	-	-	-
Total	74	100%	198	100%	127	100%	149	100%	191	100%

* Excludes 2017-18 bulk referral numbers to allow more reasonable year-to-year comparison



While the guidance provided by the Committee has helped to improve the industry's compliance, the industry still has more work to do in relation to ensuring that claims are assessed within the timeframes required by the Code.

Claims issues in alleged Code breaches



23%

of claims-related Code breach allegations were of sections 8.16 and 8.17 (down from 31% in 2020–21)



16%

of all Code breach allegations related to sections 8.16 and 8.17 (down from 20% in 2020–21)

There was a 36% increase in the number of allegations received by the Committee in relation to claims related Code breach allegations. This increase was not attributable to a single Code section, with multiple obligations in chapter 8 of the Code experiencing an increase in the number of allegations received.

While there was an overall increase in the number of claims Code breach allegations, the number of Code breach allegations relating to sections 8.16 and 8.17 has fallen since 2020–21.

We note that this decrease is likely to have been influenced by the two Guidance Notes we published in September 2021 to assist subscribers in their compliance with these obligations.

While the guidance provided by the Committee has helped to improve subscribers' compliance, subscribers still have more work to do in relation to ensuring that claims are assessed within the timeframes required by the Code.

The Committee will continue to work with the industry and provide additional guidance in relation to the other claim obligations in chapter 8 of the Code. Given the potential for customer detriment, the Committee will continue to closely monitor the industry's compliance with claims related breaches.

Complaints and disputes in alleged Code breaches

10



complaints-related breach allegations received by the Committee

58%



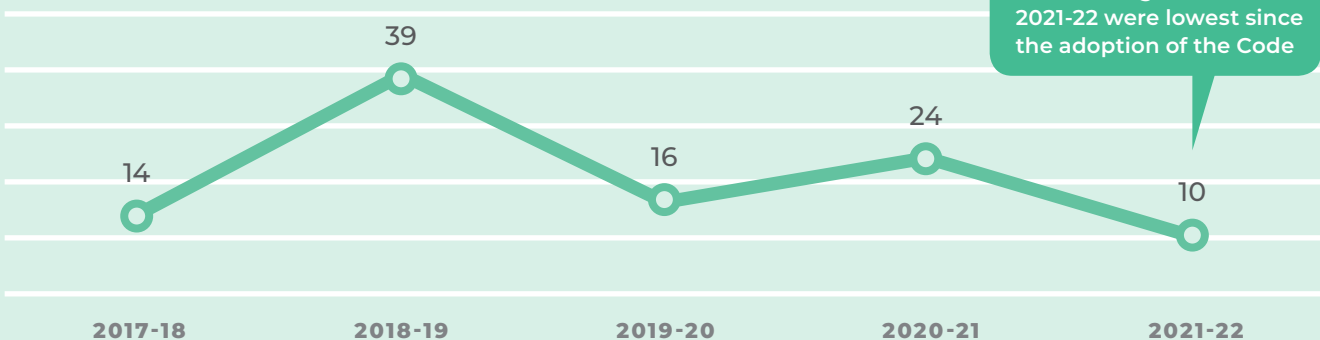
fewer than in 2020–21



33%

of alleged complaints-related breaches assessed by the Committee in 2021–22 were determined as Code breaches

Complaints and disputes breach allegations five-year history



The reduction in alleged breaches relating to complaints and disputes is a positive outcome, as it indicates subscribers are drawing guidance from the many resources that the Committee has provided in recent years to help them improve their compliance with the Code's complaints obligations. These resources include our [Claims and Complaints Handling Obligations Report](#), Guidance Notes relating to [section 9.10](#) and [section 9.3](#) of the Code, and 41 Determinations relating to breaches or potential breaches of the Code's complaints obligations.

It was also gratifying to see a reduction in breach allegations relating to the time subscribers are taking to respond to customer complaints. Compared to 2020–21, there were considerably fewer alleged breaches of section 9.10 ('We will respond to the super fund trustee so it can provide a response within 90 days') and section 9.12 ('We will provide a final response to your complaint in writing within 45 days').

With ASIC having updated its internal dispute resolution requirements (RG 271) in October 2021, it is likely that subscribers have improved their complaints monitoring frameworks and processes accordingly, which is leading to faster resolution times and better outcomes for customers.

Case study

Practices built on a flawed interpretation of Code obligations – combined with ineffective processes, training and monitoring – lead a subscriber to commit multiple systemic breaches.

A customer had income protection (IP) insurance with the subscriber as part of their superannuation fund membership. The policy was a group policy held by the trustee for its members, which included the customer.

The customer lodged an IP claim with the subscriber in September 2019. Assessing the claim, the subscriber decided that Unexpected Circumstances (UC) applied, which, under section 8.16 of the Code, gave the subscriber up to two months to provide a decision on a claim. The subscriber issued its decision to the trustee in mid-2020.

The customer complained to AFCA that the subscriber had breached section 8.4 of the Code by failing to provide an update on the progress of the claim at least every 20 business days during the claim assessment period. The breach allegation was referred to the Committee, which identified potential breaches of sections 8.4, as well as sections 8.15, 8.16 and 13.3(a), as follows:

SECTION 8.4

The Committee determined that the subscriber had breached the requirement to respond to an information request from the customer's legal representative within 10 business days. The subscriber noted that this breach was due to human error.

SECTION 8.15

This Code section requires a subscriber to communicate a claim decision within 10 business days of receiving all the information that the subscriber reasonably needs to

assess a claim. In this case, the customer had supplied information needed to assess the claim in response to a Procedural Fairness (PF) letter from the subscriber flagging the claim's likely decline. When the subscriber subsequently declined the claim, it communicated this decision nine business days later than the timeframe required under the Code, resulting in a breach of section 8.15.

As this would have affected all customers in this category for three years prior to the detection of the issue, the Committee determined that the subscriber's breach of section 8.15 amounted to systemic non-compliance with the Code. Inquiries into the root cause of this breach revealed that the subscriber's process was built on an incorrect interpretation of section 8.15. The subscriber regarded the issuance of a PF as a final claim decision for the purposes of measuring compliance with the timeframe in section 8.15.

This does not align with the Committee's interpretation. A PF letter is not covered by the timeframe in section 8.15. At the point of issuing the PF letter, the subscriber has not completed all reasonable enquiries and section 8.15 explicitly regards the customer's response to the PF letter as a reasonable enquiry. The 10 business day timeframe commences once the subscriber receives the customer's response, or the next business day after it was due.

Subscribers should seek guidance regarding any uncertainty relating to the interpretation of the obligations in the Code. In doing so, subscribers will embody the spirit of the Code by striving to consistently meet the high standards of the Code as members of a responsible and committed customer-focused industry.

SECTION 8.16

The Committee determined that the subscriber had breached section 8.16 by failing to inform the customer of their right to disagree with the reasons for the delay caused by applying UC to the claim, or to say that if the customer did disagree, the subscriber would review the reasons provided.

The subscriber acknowledged that it had inadequate section 8.16 processes and procedures in place for some time, causing multiple instances of non-compliance across various claims and leading the Committee to determine that the subscriber had also

breached section 13.3(a), which requires subscribers to have appropriate systems and processes in place to enable compliance with the Code.

The lack of training and understanding by staff across various levels of the business was also a significant contributor to the subscriber's breach of section 8.16, as well as its breach of section 8.4. The Committee reminds all subscribers that it is important to continually refresh training and ensure it is effective so that staff are aware of the Code's obligations and the reasons behind these important consumer protections.

Targeted Inquiries

As part of our monitoring activities, the Committee conducts Targeted Inquiries into selected subscribers' compliance with particular sections of the Code that have been identified as areas of risk for those subscribers. Subscribers are identified for Targeted Inquiries through their submission to the ADCP (where, for example, an unusually high number of significant breaches has been reported) or via intelligence received as part of the Committee's work.

The Committee conducted two Targeted Inquiries during 2021–22, both focused on subscribers' compliance with particular sections of the Code's claims obligations, namely:

- section 8.4 (informing the customer about the progress of their claim)
- section 8.7 (requesting information needed to assess the customer's claim as early as possible, avoiding multiple information requests)

- sections 8.15, 8.16 and 8.17 (timeframes for making a decision about a claim) and
- section 8.20 (ensuring claims assessors are appropriately skilled and trained).

As part of both inquiries, the Committee asked each subscriber to provide specific information to enable the Committee to assess their ability to comply with their chapter 8 obligations. This included information such as:

- breach data – including whether breaches were determined as significant and, if so, why
- an explanation of the processes and procedures used to enable Code compliance
- performance indicators and training to monitor staff compliance with processes and procedures
- information about how the subscriber manages resourcing constraints and people-related issues if these were given as the root cause of non-compliance.



The Committee has been pleased to see subscribers continue to demonstrate increased cooperation and commitment to their breach remediation efforts over the past year.

Remediation and Sanctions

As part of the Committee's investigations of Code breaches, subscribers may be required by the Committee to engage in corrective action and remediate any breaches as determined by the Committee.

If so, the Committee will work with a subscriber to agree on the relevant corrective action and the remediation timeframe, as well as to monitor the subscriber's progress and implementation of the corrective action. Remediation may include both internal and external activities.

Internal actions usually focus on improvements to subscribers' compliance frameworks. These often include enhancing the compliance/operational procedures and structures – for example, increased staff training and supervision, amendment of documentation such as letter templates, commissioning a formal review or audit of relevant aspects of the subscriber's compliance with the Code. In some instances, it may also include product amendment/withdrawal.

External actions can include amendment of information on websites or in relevant marketing material, and remedial communications and associated actions with people impacted.

The Committee's investigation process cannot offer customers an individual outcome to their dispute, and any compensation that arises

out of an investigation by the Committee is at the discretion of subscribers. However, the Committee encourages subscribers to promptly remediate customers where our investigation uncovers unfair or unjust treatment.

The Committee has been pleased to see subscribers continue to demonstrate increased cooperation and commitment to their breach remediation efforts over the past year. Most subscribers' remediation action plans have been comprehensive, implemented within the agreed upon timeframes, and are effective to remediate Code breaches.

While the Committee has the power, under the Code, to impose sanctions on subscribers, this is triggered only:

- after a subscriber has failed to implement the corrective measures to address a Code breach within the timeframe agreed in accordance with the Committee's formal determination, or
- where the Committee fails to reach agreement in a reasonable time with a subscriber about the corrective action to be taken to address a Code breach.

There were no sanctions issued by the Committee during the 2021–22 year as no events occurred which gave rise to the use of our sanctioning powers.

Appendix A. About the Life Insurance Code of Practice

Developed by the life insurance industry through the FSC, the Code was introduced on 1 October 2016 for a transitional period of nine months, coming into formal effect on 1 July 2017. The Code commits subscribers to continuous improvement and a high standard of customer service.

The Code includes 10 Key Code Promises for subscribers to adhere to:

1. We will be honest, fair, respectful, transparent, timely, and where possible we will use plain language in our communications with you.
2. We will monitor sales by our staff and our authorised representatives to ensure sales are appropriate.
3. If we discover that an inappropriate sale has occurred, we will discuss a remedy with you, such as a refund or a replacement policy.
4. We will provide additional support if you have difficulty with the process of buying insurance or making a claim.
5. When you make a claim, we will explain the claim process to you and keep you informed about our progress in making a decision on your claim.
6. We will make a decision on your claim within the timeframes defined in the Code, and if we cannot meet these timeframes, you can access our complaints process.
7. If we deny your claim, we will explain the reasons in writing and let you know the next steps if you disagree with our decision.
8. We will restrict the use of investigators and surveillance, to ensure your legitimate right to privacy.
9. The independent Code Compliance Committee will monitor our compliance with the Code.
10. If we do not correct Code breaches, sanctions can be imposed on us.

These general principles underpin the Code's specific obligations, which cover the many aspects of a customer's relationship with a subscriber, namely:

- policy design and disclosure
- sales and advertising
- buying insurance
- policy changes and cancellation
- customers requiring additional support
- claims
- complaints and disputes
- third party underwriting and claims
- information and education
- access to information.

Appendix B.

List of subscribers

As at 30 June 2022, the Code had 23 subscribers.

Name	Date of adoption
1. AIA Australia Limited	30 June 2017
2. Allianz Australia Life Insurance Limited	30 June 2017
3. ClearView Life Assurance Limited	30 June 2017
4. EMLife Pty Ltd*	14 March 2018
5. General Reinsurance Life Australia Ltd	30 June 2017
6. Hallmark Life Insurance Company Ltd (part of the Latitude Financial Services Group)	30 June 2017
7. Hannover Life Re of Australasia Ltd	30 June 2017
8. HCF Life Insurance Company Pty Ltd	1 July 2018
9. Integrity Life Australia Limited	1 July 2018
10. MetLife Insurance Limited	30 June 2017
11. MLC Limited	30 June 2017
12. Munich Reinsurance Company of Australasia Limited	30 June 2017
13. NobleOak Life Limited	30 June 2017
14. OnePath Life Limited (now fully acquired by Zurich Australia Limited)	30 June 2017
15. Pacific Life Re (Australia) Pty Ltd	19 February 2020
16. QInsure Limited	15 September 2017
17. RGA Reinsurance Company of Australia Limited	30 June 2017
18. Resolution Life Australasia Limited (ex AMP Life Limited)	30 June 2017
19. SCOR Global Life Australia Pty Ltd	30 June 2017
20. Swiss Re Life & Health Australia Limited	30 June 2017
21. TAL Life Limited	30 June 2017
22. Westpac Life Insurance Services Limited (now known as TAL Life Insurances Services Limited)	30 June 2017
23. Zurich Australia Limited	30 June 2017

* EMLife is not a life insurer and adopted the Code, under section 2.1(b).

Appendix C. Committee members and administrator staff

**MS JAN MCCLELLAND
AM, BA HONS, BLEGS,
FAICD, FACEL, FIML
COMMITTEE CHAIR**



Jan McClelland AM is an experienced Chief Executive, Chair and Company Director in government, private and not for profit organisations across a wide range of industry sectors.

Jan is currently Deputy Chancellor of the University of New England (UNE), Chair of the Gateway Network Governance Body (GNGB), a Director of Stewart House and Chair of audit and risk committees in government and non-government organisations. She is also Managing Director of a management consultancy practice providing advisory services in strategy and planning, organisation reviews, complaints handling, and industry codes of practice.

Jan is a former Director General of the NSW Department of Education and Training and Managing Director of the NSW TAFE Commission. She has previously served as chair/member of boards and governance bodies in transport, waste, agriculture, medical technologies, legal and professional services, and insurance. Her roles have included Chair of the Medical Technology Association of Australia (MTAA) Code Compliance Committee, Chair of the Professional Practice Review Committee of the NSW Consumer Tenancy and Trader Tribunal (now NSW Civil and Administrative Tribunal), and member of the NSW Motor Accidents Authority Council and NSW Administrative Decisions Tribunal.

Jan holds a Bachelor of Arts (Honours) Degree and a Bachelor of Legal Studies. She is a Fellow of the Institute of Company Directors, a Fellow of the Australian Institute of Leaders and Managers and a Fellow of the Australian Council of Educational Leaders.

Jan was awarded a Member of the Order of Australia (AM) in 2015 for significant service to a range of education, business, social welfare and community organisations and to public administration.

**MS ALEXANDRA
KELLY, LL.M., B.PSYCH**
**CONSUMER
REPRESENTATIVE
GAICD**



Alexandra is the Director of casework at the Financial Rights Legal Centre, which operates a legal advice line for credit and debt, part of the National Debt Helpline in NSW, the Mob Strong Debt Help line a dedicated national service for Aboriginal and Torres Strait Islanders, and the National Insurance Law Service.

As a solicitor at Financial Rights Legal Centre for the last 15 years she has had the privilege of speaking to consumers about their lived experiences of financial services products, including life insurance; advocating on individual and systemic issues; and lobbying and advocating from an evidence-based position.

Alexandra is a non-executive director of CHOICE and a member of the Australian Consumer Law Subcommittee of the Law Council. She is committed to social justice, consumer advocacy and consumer education as to their financial rights.

Alexandra has a Bachelor of Laws (Hons) and Bachelor of Psychology from Australian National University and Master of Laws from Sydney University and a graduate member of the Australian Institute of Company Directors.

**DAVID GOODSALL,
BA, FIAA, FAICD,
CERA**
**INDUSTRY
REPRESENTATIVE**



David Goodsall has spent his career advising institutions in the financial services, general insurance and health insurance industries in Australia and overseas. David has extensive commercial and boardroom experience both as a director, and having advised many major institutions in life insurance, reinsurance, and broader financial services on a range of transactions, product, strategy, risk management, culture, governance, and regulatory issues.

David is a consulting actuary and co-founder of Fiduciary Dynamics, a specialist advisory firm that provides strategic governance and risk management advice to financial services companies. He is a non-executive Director of Human Financial, and an independent director and chair of the Audit and Risk Committee of BrightsideCo Insurance. Previously David was a senior partner in the Financial Services practice of Ernst & Young, leading the Actuarial practice, as well as an independent director of ClearView Wealth, and Medical Insurance Australia. He was President of the Institute of Actuaries of Australia in 2012.

David holds a BA majoring in actuarial studies, is a Fellow of the Institute of Actuaries of Australia, a Fellow of the Australian Institute of Company Directors, and a Chartered Enterprise Risk Actuary.

**PRUE MONUMENT,
EMPA
GENERAL
MANAGER – CODE
COMPLIANCE AND
MONITORING**



Prue Monument has extensive regulatory experience and a strong focus on practice improvement and public benefit. Prue is currently the General Manager Codes and CEO Banking Code Compliance with AFCA. In this role, Prue supports the work of five independent Committees overseeing code monitoring activities, investigations of alleged code breaches and promoting industry best-practice across Australia’s financial services sector.

Prior to joining AFCA, Prue was the Executive Director of Regulatory Operations at Australia’s higher education regulator, the Tertiary Education Quality and Standards Agency. She was previously Director of Compliance at the Australian Charities and Not-for-profits Commission (ACNC). This included responsibility for the ACNC’s Compliance directorate focused on identifying and investigating abuse and mismanagement in Australia’s charity sector and helping charities build their governance capabilities.

She has also held senior roles in the Department of Immigration and Border Protection, including as the National Manager of the Allegations Assessment Team and overseas postings in Shanghai and Beirut focused on program integrity, compliance, and fraud prevention.

Prue holds an Executive Master of Public Administration.

**RENÉ VAN DE
RIJDT, LLB
DEPUTY GENERAL
MANAGER – CODE
COMPLIANCE AND
MONITORING**



René van de Rijdt has been the Deputy General Manager – Codes at AFCA and Deputy CEO of the Banking Code Compliance Committee (BCCC) since November 2022.

This role includes supporting the General Manager and BCCC CEO in providing leadership, strategic direction and operational management of the Code team, ensuring delivery of its compliance and monitoring obligations for relevant industry associations and five independent Code Compliance Committees which monitor compliance with codes of practice across the financial services industry covering the banking, customer owned banking, general insurance, life insurance and insurance broking industries.

René has worked in the Code team since 2017 as the Code Compliance Investigations Manager, and Acting General Manager in 2021, and at AFCA and its predecessor schemes since 2011. René has a background in law and external dispute resolution and holds a Bachelor of Law from Monash University and a Bachelor of Planning and Design from the University of Melbourne. He maintains good relationships with regulators, industry and consumer groups. René is passionate about providing positive consumer outcomes and ensuring continuous improvement in the financial services industry by supporting the Life Code Compliance Committee.

**ANKIT DANG,
BCOMM HONS,
MPA**

**SENIOR
LEADER - CODE
COMPLIANCE AND
MONITORING**



Ankit Dang is a Senior Leader at AFCA. His role is dedicated to the oversight of all aspects of the operation that supports the Life Code Compliance Committee including delivering on the workplan, managing the Life Code Compliance Committee's budget, helping and guiding the Life Code Compliance Committee in monitoring activities within the life insurance industry and maintaining a positive relationship with all stakeholders. Ankit is passionate about driving positive change within the Life Insurance Industry.

Appendix D.

Committee meetings

Date	Attendance		
	JAN MCCLELLAND	ALEXANDRA KELLY	DAVID GOODSALL
24 August 2021	✓	✓	✓
18 November 2021	✓	✓	✓
22 February 2022	✓	✓	✓
13 April 2022	✓	✓	✓
13 April 2022 – Strategy	✓	✓	✓
24 June 2022	✓	✓	✓



**The Annual Report of the Life Code Compliance Committee
2021-22**

To make a Code breach referral visit our website LifeCCC.org.au
or email info@codecompliance.org.au