



Australian Government

Private Health Insurance Administration Council

Discussion Paper

Disclosure Standard
for Private Health Insurers

May 2010

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Foreword

This paper discusses proposed additions to the disclosure requirements applying to private health insurers (**insurers**) regulated by the Private Health Insurance Administration Council (**PHIAC**).

At both the September and December 2009 industry education sessions, PHIAC foreshadowed the introduction of further prudential standards. A prudential standard dealing with the disclosure of information was identified as the next priority, with other prudential standards to follow.

PHIAC is now seeking comments on a proposed disclosure standard (**the Standard**) from private health insurers by **Friday 16 July 2010**. This discussion paper, including the proposed framework for the Standard, provides the industry with documents for review and comment.

When made, the Standard will appear as a schedule to the *Private Health Insurance (Insurer Obligations) Rules 2009* (**the Rules**). Insurers will be required to disclose certain information which accords with the expectations of PHIAC and the requirements set out in the *Private Health Insurance Act 2007* (**the PHI Act**). The Standard, to be located at Schedule 1 of the Rules, will set out the minimum requirements that all registered private health insurers will need to comply with once the Standard is endorsed.

The Australian Government, in an effort to improve the efficiency of regulation, requires new policy proposals to undertake a preliminary assessment to establish the extent of compliance costs on industry. As part of the consultation process, PHIAC requests respondents indicate the impact, specifically compliance costs, the proposed Standard is likely to have on their operations.

Respondents may also indicate whether any other regulatory issues relating to disclosure ought to be included, tightened or removed from the Standard to reduce compliance costs. In doing so, please explain what the issues are and why they should be varied.

PHIAC invites written submission on the content and regulatory impact of the Standard. Submissions should be addressed to:

The Manager – Prudential Standards
Private Health Insurance Administration Council
PO Box 4549
KINGSTON ACT 2604

Or by email: phiac@phiac.gov.au marked 'Disclosure Standard'.

Written submissions must be received by close of business, **Friday 16 July 2010**.

Submissions may be the subject of a request for access made under the *Freedom of Information Act 1982* (**FOI Act**). Submissions will be treated as public unless clearly marked as confidential and the confidential information contained in the submission is identified.

PHIAC will deal with any FOI Act requests in accordance with the provisions of the FOI Act and the PHI Act.

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Key abbreviations used in this paper

ACCC	Australian Competition and Consumer Commission
ASIC	Australian Securities and Investments Commission
APRA	Australian Prudential Regulation Authority
board	the board of directors of a private health insurer
Corps Act	<i>Corporations Act 2001</i>
FOI Act	<i>Freedom of Information Act 1982</i>
insurer	a private health insurer registered under the <i>Private Health Insurance Act 2007</i>
member	a member of a private health insurer within the meaning of section 231 of the <i>Corporations Act 2001</i>
PHIAC	Private Health Insurance Administration Council
the PHI Act	the <i>Private Health Insurance Act 2007</i>
the Rules	the <i>Private Health Insurance (Insurer Obligations) Rules 2009</i>
the Standard	PHIAC’s proposed disclosure standard which, when made, will appear as Schedule 1 to the <i>Private Health Insurance (Insurer Obligations) Rules 2009</i>
TPA	<i>Trade Practices Act 1997</i>

1. About PHIAC

PHIAC is an independent Statutory Authority primarily responsible for ensuring that insurers in Australia are well-run and prudentially sound. PHIAC was established in 1989 as a body corporate under section 82B of the *National Health Act 1953* and continues in existence by force of section 264-1 of the *Private Health Insurance Act 2007* (the **PHI Act**).

PHIAC's functions are set out in section 264-10 of the PHI Act (see **Attachment A**). These include monitoring and regulating the private health insurance industry and providing information to Government and other stakeholders on private health insurance membership and utilisation, risk equalisation and gap cover. The performance of its functions requires the collection of financial and statistical returns from each registered private health insurer on a monthly, quarterly and an annual basis.

For further information regarding PHIAC's functions and publications refer to www.phiac.gov.au

2. PHIAC's role

Under the PHI Act PHIAC is responsible for overseeing the prudential affairs of insurers. This role is presently discharged in a number of ways, through:

- the creation and imposition of solvency standards and capital adequacy standards made under Divisions 140 and 143 of the PHI Act which require insurers to hold a certain amount of capital to ensure their long-term viability
- empowerment under the PHI Act to make prudential standards which ensure that insurers conduct their affairs "with integrity, prudence and professional skill"¹
- requirements, imposed by law, for insurers to adhere to minimum governance requirements, bringing the industry in line with domestic and international good practice and to appoint and regularly consult with independent appointed actuaries²
- a program of insurer reviews in which key aspects of the operations of insurers are examined by PHIAC's Compliance and Analytical Team and reported to the Council of PHIAC
- a program of industry seminars targeted at non-executive directors and senior managers of insurers to ensure that leaders in the industry have a current and accurate understanding of their Council supervised obligations under the PHI Act
- a requirement to provide PHIAC with financial and other prudential information on a quarterly or annual basis.

When an insurer breaches a prudential or financial standard imposed under the PHI Act, PHIAC has a range of regulatory responses at its disposal. These range from the issuing of notices or directions, through to formal investigations into the affairs of the insurer and, in some instances, the appointment of an external manager to conduct the business of the fund.

¹ *Private Health Insurance Act 2007*, section 163-1(2)(b). The section relevantly provides:

(1) The Private Health Insurance (Insurer Obligations) Rules may establish prudential standards relating to prudential matters for private health insurers.

(2) Prudential matters are matters relating to:

(a) the conduct by private health insurers of any of their affairs in such a way as:

(i) to keep themselves in a sound financial position; or

(ii) not to cause or promote instability in the Australian private health insurance system; or

(b) the conduct by private health insurers of any of their affairs with integrity, prudence and professional skill; but does not include matters relating to the solvency or capital adequacy of health benefits funds

² *Private Health Insurance (Insurer Obligations) Rules 2009*, Schedule 2 – Appointed Actuaries Standard

Importantly, PHIAC is authorised to act on a preventative basis.³ Accordingly, PHIAC sees the design and promulgation of appropriate prudential standards as a significant component of its commitment to preventative oversight of the industry's prudential affairs.

In discharging its responsibilities, the PHI Act instructs PHIAC to have regard to three objectives, namely:

- fostering an efficient and competitive health insurance industry
- protecting the interests of consumers
- ensuring the prudential safety of individual private health insurers.⁴

The Standard will be developed with all of the above objectives firmly in mind.

3. Key objectives of the disclosure standard

PHIAC's objective in relation to disclosure is to ensure that as the prudential regulator, PHIAC is informed in a timely and appropriate manner when issues of potential prudential risk are identified. Specifically, PHIAC's objectives are to:

- promote a culture of transparency with insurers which will support greater integrity in decision making
- ensure that PHIAC is better informed about unusual events in an insurer and interactions with other regulators, members and key stakeholders
- increase the protection provided to consumers and the beneficiaries of private health insurance policies through the prudential supervision of private health insurance
- ensure PHIAC is able to intervene on a preventative basis and reduce the risk of an insurer failing
- ensure consistency between PHIAC's disclosure requirements and those of other Australian regulatory regimes to the extent practical.

In receiving the additional information identified in the new Standard, PHIAC will be better able to conduct its industry modelling of potential prudential risk and respond more quickly to changes in the industry.

4. Problem identification

With the introduction of the PHI Act, PHIAC was given a range of information collection functions, namely sections 172-1, 264-10(2) and 264-20 of the PHI Act, which PHIAC exercises on an "as needs" basis, usually during fund reviews. Insurers are also required, under the PHI Act, to provide PHIAC with periodic financial reports to demonstrate that they are compliant with PHIAC's capital adequacy and solvency standards. PHIAC also receives regular statistical updates relating to membership and benefits. Using this information, the fund review process and other documents voluntarily provided by insurers, PHIAC is generally able to assess the prudential risks of insurers, particularly relating to financial risk.

However, industry failures⁵ and corporate collapses both within Australia and abroad have strengthened the case for:

³ *Private Health Insurance Act 2007*, sections 140-20, 143-20 and 200-1(1) refer

⁴ *Private Health Insurance Act 2007*, section 264-5

⁵ Between 2001 and 2004 PHIAC was required to intervene on four separate occasions by appointing administrators to conduct the affairs of insurers which had run into difficulties. More information about these interventions is available on the PHIAC website at www.phiac.gov.au/media-releases

- increased transparency and accountability
- increased provision of non-financial information to assist in identifying possible governance issues
- improved capacity of regulators to protect the interests of consumers.

Recent experience has shown that the information received by PHIAC relating to unusual governance events or potential prudential risk is not always timely or sufficient. It is a matter for concern that in the last few years, a number of significant events have taken place in insurers without PHIAC being aware of issues which had the potential to impact the operations of an insurer. Accordingly, PHIAC proposes to use its powers under the PHI Act to make a prudential standard requiring insurers to provide additional specific information to PHIAC in relation to insurer activities.

5. Proposed framework

The Standard will outline two new information requirements to be reported to PHIAC:

- **routine disclosures:**
 - to the Australian Securities and Investments Commission (**ASIC**): for example, changes to company details, extensions of time for holding an Annual General Meeting and notices of a resolution
 - to members: in particular, the grounds on which an Extraordinary General Meeting is to be held.
- **unusual governance events:**
 - proposals to remove a director
 - proposals to expel a policy holder/member which are unrelated to their financial position
 - notifications of formal investigations of an administrative, civil or criminal nature
 - serious internal fraud
 - major legal action taken against the insurer.

As will be demonstrated in Section 6 below, the types of information that PHIAC is interested in receiving under the new Standard includes much of the information a number of insurers already provide to PHIAC. PHIAC's objective is to prescribe a level of consistency across the industry.

In setting out the disclosure requirements, PHIAC gives the industry an assurance that:

- the reporting timeframes for each new disclosure requirement will be no more onerous than the timeframes set by other regulators
- in most instances, PHIAC will only require a copy of the information being provided to another recipient, either by post or electronically
- there will be no requirement to use a PHIAC form
- in the case of an unusual governance event, notification of the incident may be by a phone call or email.

The financial and compliance impact on insurers of the new Standard is therefore considered to be minimal, given the majority of the information required in the Standard is either a duplicate of information that is already being provided to other regulators, the company's members or, in the case of unusual events, the governing board of the insurer.

The Standard will form part of a suite of regulatory instruments designed to ensure that insurers' operations are in line with Australian corporate sector better practice. It will also address some of the issues recently identified by PHIAC's ongoing regulatory activities. A high level overview of the framework appears in the next section for comment and consideration.

6. New information requirements

Routine disclosure

Certain notices or forms submitted to ASIC

As all insurers are now corporations within the meaning of the *Corporations Act 2001 (Corps Act)*, all insurers are required to provide ASIC with a range of information, often different to the information currently required to be provided to PHIAC. This includes, but is not limited to, notification of resolutions and changes to company details.

PHIAC regularly receives inquiries from insurers as to whether all the information provided to ASIC should also be provided to PHIAC. In many of these instances the insurer provides a copy of the information to PHIAC out of a sense of collegiate communication, transparency and good will.

Some of the information ASIC requires companies to submit can provide an early indicator of emerging prudential risk. As the prudential regulator for the private health insurance industry, PHIAC should also receive a copy of this information. Whilst PHIAC notes that it may be able to receive this information from ASIC rather than the insurer, the risk of delay, contamination, error or contagion due to double handling is considered too great to pursue this option.

Accordingly, it is proposed that the Standard will require insurers to provide a copy of certain forms or notices to PHIAC, at the same time as it is provided to ASIC. This approach will only impose a minimal regulatory burden on insurers, as the Standard will not require information in a different format or in a different timeframe to ASIC, nor will it require that insurers provide to PHIAC a copy of all ASIC notices.

While the final list of ASIC forms that PHIAC may wish to receive is still to be finalised, the information considered to be of greatest value is:

ASIC form 484 - changes to company details

This form will be useful for PHIAC's business intelligence purposes, as it contains notification of a range of company details, such as a change in the registered office, appointment or cessation of a company officeholder or a change in membership. Form 484 will also inform PHIAC if there are changes to the share structure or ownership, although this is not currently applicable for many insurers.

ASIC form 2501 - extension of time to hold an Annual General Meeting

An insurer not able to conduct its Annual General Meeting within the required time period may indicate possible governance issues. Accordingly, PHIAC will require a copy of this notification at the same time it is submitted to ASIC.

ASIC form 205 - notice of a resolution

Form 205 contains a notification requirement for a range of pertinent information. Receiving this form and the accompanying information is seen by PHIAC as vital. Of particular interest is the ASIC requirement for notification of any alteration to a company's constitution. PHIAC considers the possible impact on consumers of a change of constitution important enough to specify an explicit disclosure requirement.⁶

PHIAC notes that many insurers already provide PHIAC with amended constitutions as a courtesy. By making this a provision of the Standard, this requirement will be consistently applied across the industry.

⁶ Section 136(5) of the *Corporations Act 2001* – Lodgement of a special resolution

(5) A public company must lodge with ASIC a copy of a special resolution adopting, modifying or repealing its constitution within 14 days after it is passed. The company must also lodge with ASIC within that period:

(a) if the company adopts a constitution--a copy of that constitution; or
(b) if the company modifies its constitution--a copy of that modification.

As indicated earlier, PHIAC will only require insurers to provide a copy of the information that they would provide to ASIC, within the same timeframe (14 days from resolution in this instance) and in the same format, with no cover letter or PHIAC approved form.

Form 205 also includes the notification requirements for a change of company name and changes to a company's structure. Receipt of this information in a timely fashion will assist PHIAC's understanding of changes in the industry and potential industry transactions.

Communications with members

The Corps Act also requires companies to provide their members with a range of information on a regular basis which is not always required to be provided to ASIC. Of specific interest to PHIAC are the grounds on which meetings of members are called.

Routine Annual General Meeting material will be required. While, generally, Annual General Meeting documentation is formalistic, occasionally it can contain material of prudential interest (in particular, notices of motions to change the company's constitution).

Of greater interest to PHIAC will be the reason(s) for Extraordinary General Meetings. In PHIAC's supervisory experience, these may be convened when there are issues of possible prudential risk. By requiring a copy of the notifications to members of these meetings, at the same time as members are informed, PHIAC will have an enhanced understanding of the operations of each insurer.

Accordingly, the Standard proposes to require insurers provide the notice, and any accompanying documentation to PHIAC in the same format as it was supplied to members and within the same time period as required by the Corps Act⁷ or the insurer's constitution.

Unusual governance events

Proposals to remove director(s)

PHIAC believes that it should be informed if there is any proposal to remove a director of an insurer, either by a board or member resolution outside of the normal board appointment processes. PHIAC's interest is twofold. Firstly, being made aware of such proposals will allow PHIAC to consider whether the composition of an insurer's board will still meet the requirements set out in the Governance Standard.⁸

Secondly, it will allow PHIAC to assess if the ground(s) on which the director(s) are removed is in line with the insurer's constitution and relevant legislation. Instability at board level can be a key indicator of prudential risk. Early notification of such issues will allow PHIAC to better consider its position as to whether to seek additional information from the insurer. PHIAC proposes that insurers

⁷ Section 249L of the *Corporations Act 2001* - **Contents of notice of meetings of members**

(1) A notice of a meeting of a company's members must:

- (a) set out the place, date and time for the meeting (and, if the meeting is to be held in 2 or more places, the technology that will be used to facilitate this); and
- (b) state the general nature of the meeting's business; and
- (c) if a special resolution is to be proposed at the meeting--set out an intention to propose the special resolution and state the resolution; and
- (d) if a member is entitled to appoint a proxy--contain a statement setting out the following information:
 - (i) that the member has a right to appoint a proxy;
 - (ii) whether or not the proxy needs to be a member of the company;
 - (iii) that a member who is entitled to cast 2 or more votes may appoint 2 proxies and may specify the proportion or number of votes each proxy is appointed to exercise.

Note: There may be other requirements for disclosure to members.

(2) The notice of the AGM of a listed company must also inform members that the resolution referred to in subsection 250R(2) (resolution on remuneration report) will be put at the AGM.

(3) The information included in the notice of meeting must be worded and presented in a clear, concise and effective manner.

⁸ The Governance Standard is at Schedule 1 of the *Private Health Insurance (Insurer Obligations) Rules 2009*

should inform PHIAC within a timely and appropriate period after such a proposal or resolution is passed, currently considered to be within 14 days of the resolution being passed.

Proposals to expel a policyholder/member that is unrelated to their financial status

The expulsion of a policyholder/member of an insurer that is unrelated to their financial status may be another indicator of an emerging governance issue within an insurer. Recent experience has shown that such events may be sufficiently important for PHIAC, the Minister for Health and Ageing and/or the Private Health Insurance Ombudsman to be informed of such action. PHIAC's interest lies in the fact that the reasons for expulsion may be insufficient or discriminatory, or contrary to the insurer's constitution.

PHIAC has a legislated role in protecting the interests of consumers of private health insurance. Obtaining a better understanding of the numbers and reasons for policyholder/member expulsions will assist PHIAC in satisfying this requirement. PHIAC acknowledges that there often will be very valid reasons for expelling a policyholder/member, and will welcome information on the reasons behind an expulsion.

Again, as with the earlier disclosure requirements, PHIAC proposes that insurers should inform PHIAC within a timely and appropriate period after an expulsion takes place, currently considered to be within 14 days of the decision being taken.

Notification of formal investigations of an administrative, civil or criminal nature of the insurer or an officer of the insurer

PHIAC proposes that the Standard require insurers to inform PHIAC when investigations relating to criminal conduct or matters of an administrative or financial nature take place within an insurer, or to an officer of an insurer by another regulator, agency or the police.

Investigations into an insurer by another regulator, agency or the police may indicate serious issues with their ability as an organisation to conduct a well-run and sound health insurance business and may be precursors or indicators of instability. For example, the Australian Competition and Consumer Commission (**ACCC**) has in the past, taken action against private health insurers for breaches of the *Trade Practices Act 1997 (TPA)*. Accordingly, the Standard will require that if an insurer is under investigation by another regulator, agency or the police, PHIAC must be informed at the commencement of the investigation and of any outcomes of the investigations, for example, if civil or criminal charges are laid.

PHIAC also proposes that if, as a result of an investigation, an insurer offers to give, or has given an enforceable undertaking to another regulator, the insurer should also inform PHIAC of this undertaking.

Formal investigations of a director or an officer of an insurer relating to financial, criminal or administrative issues will also need to be disclosed to PHIAC in the new standard, as these investigations may bring into question a person's ability to be considered fit and proper to hold office. Section 166-20 of the PHI Act allows PHIAC to disqualify persons to act as a director or an officer of an insurer if satisfied that they are not fit and proper.

Other unusual governance events

Insurers will be required to inform PHIAC of other unusual governance events not specifically identified above. The intent of this requirement is to promote a culture within insurers such that, when in doubt as to the severity of the event, they report it to PHIAC. An unusual event may be one that has the potential to impact on the operations of an insurer, or potentially impact on policyholders and be "unusual" in that the event has not taken place in the preceding 12 months. This may include, for example, serious internal fraud or major legal action taken against the insurer.

Depending on the nature of the feedback received, PHIAC acknowledges that such events may have to be specifically identified. While that step can be taken, PHIAC would like, initially, to encourage a culture of governance awareness and self reporting within the industry.

PHIAC proposes that notification of such events should occur as soon as practicable after the insurer becomes aware of the issue, but welcomes industry feedback on this point. The duty would be broadly analogous to the continuous reporting requirements imposed on listed companies.

7. Transitional arrangements

The Council recognises that some insurers may not be able to have systems in place to ensure compliance with the new Standard from the outset. Accordingly PHIAC proposes to provide insurers with a transitional period, similar to that of the recently introduced Governance Standard, where there would be a period of time before the Standard becomes enforceable. There may also be an ability to negotiate a further transition period for compliance, in relation to notification of unusual governance events, on a case by case basis, to ensure compliance with the Standard.

8. Reference points for PHIAC's views

In forming the disclosure requirements listed above, PHIAC has drawn upon the requirements and experience of other corporate regulators, namely the Australian Prudential Regulatory Authority (APRA), ASIC and the ACCC. In particular, PHIAC has been influenced by the following events and concepts:

PHIAC's supervisory experience

In recent years, a number of governance conflicts have taken place within insurers and in some instances PHIAC was only made aware of the issues through third party dialogue. Ultimately the issues were resolved by the insurers, with some regulatory oversight.

Enactment of the PHI Act

The PHI Act was enacted in 2007. As noted above, the legislation contains provisions which encourage proactive supervision and specifically empower PHIAC to make prudential standards addressing "the conduct by private health insurers of any of their affairs with integrity, prudence and professional skill". This is the power that PHIAC proposes to employ when making the Standard.

Other regulators' requirements

Throughout the consultation and development process, PHIAC will ensure that the Standard is developed to be no more onerous than the disclosure requirements of other regulators, most notably APRA, ASIC and the ACCC.

The benefits of transparency and integrity

Effective corporations strive to keep their processes as transparent as circumstances permit. This does not mean that a corporation's affairs should be conducted as an "open book". Rather, the commitment should be to avoid unnecessary secrecy and instead to consider whether information can properly be shared with customers, staff and relevant regulators.

9. Next steps

After comments on this discussion paper are received and assessed by PHIAC, a second round of industry consultation will begin with the release for comment of the draft legislative instrument. Insurers and stakeholders will be again given sufficient time to properly consider the Standard before it is made into law by PHIAC in late 2010 or early 2011.

When made, the Standard will be subject to the usual 10 year sun-setting rules of the *Legislative Instruments Act 2003*. The Standard will also be reviewed after 24 months and again after five years to ensure it continues to reflect good practice, remains relevant, effective and meets the Government's five yearly review process. PHIAC will also liaise with other regulatory bodies to ensure that its disclosure requirements remain relevant.

Attachment A - PHI Act extract

Section 264-10 of the PHI Act includes the following:

Functions of the Council

General

- (1) The functions of the Council are:
- (a) to administer the *Risk Equalisation Trust Fund; and
 - (b) to administer the registration of private health insurers under Part 4-3; and
 - (c) the information collection function under subsection (2); and
 - (d) the compliance functions under subsection (3); and
 - (e) the enforcement functions under subsection (4); and
 - (f) the public information functions under subsection (5); and
 - (g) the agency cooperation functions under subsection (6); and
 - (h) to advise the Minister about the financial operations and affairs of private health insurers; and
 - (i) functions incidental to any other functions of the Council; and
 - (j) any other functions conferred on the Council by this, or any other, Act.

Information collection function

- (2) The information collection function of the Council is to obtain from each private health insurer regular reports about the insurer's operations, including reports supported by actuarial certification.

Compliance functions

- (3) The compliance functions of the Council are:
- (a) to establish a *solvency standard and a *capital adequacy standard to be complied with by private health insurers, and to give *solvency directions and *capital adequacy directions to private health insurers; and
Note: The solvency standard and the capital adequacy standard are established by the *Private Health Insurance (Health Benefits Administration) Rules*.
 - (b) to exercise powers and discretions under the *prudential standards, and to give directions to private health insurers relating to compliance with the prudential standards; and
Note: The prudential standards are established by the *Private Health Insurance (Insurer Obligations) Rules*.
 - (c) to consider, in accordance with Division 160, whether persons should, or should not, be *appointed actuaries; and
 - (d) to consider, in accordance with Division 166, whether persons should, or should not, be *disqualified persons; and
 - (e) to examine, from time to time, the financial affairs of private health insurers, by the inspection and analysis of the records, books and accounts of the insurers and any other relevant information; and
 - (f) to review, by carrying out independent actuarial assessment, the value of the assets and liabilities of each *health benefits fund; and
 - (g) if it is necessary, for the purpose of making a proper examination of the financial affairs of a private health insurer, for the Council to incur unusually high costs—to impose an appropriate fee on the private health insurer concerned.

Enforcement functions

- (4) The enforcement functions of the Council are:

- (a) to take action under Part 5-2 to monitor compliance with, and to encourage or compel compliance with, *Council-supervised obligations; and
- (b) to appoint, under section 214-1, *inspectors for the purpose of investigating the affairs of private health insurers under Division 214, and to exercise other related powers and functions of the Council under that Division; and
- (c) to appoint, under Subdivision 217-B, persons as *external managers of *health benefits funds, and to exercise other related powers and functions of the Council under Division 217 and 220

Public information functions

- (5) The public information functions of the Council are:
 - (a) to make statistics, and other financial information, relating to a private health insurer or private health insurers, publicly available in accordance with the Private Health Insurance (Council) Rules; and
 - (b) to collect and disseminate information about private health insurance, for the purpose of enabling people to make informed choices about private health insurance.

Agency cooperation functions

- (6) The agency cooperation functions of the Council are:
 - (a) to cooperate with other regulatory agencies on matters affecting private health insurers and the private health insurance industry generally; and
 - (b) to provide the Private Health Insurance Ombudsman, from time to time, with information in the Council's possession that the Council considers likely to be of use in production of the State of the Health Funds Reports referred to in paragraph 238-5(c).