CHECKLIST OF SUPPORTING DOCUMENTS OF MUTUAL BENEFIT ASSOCIATIONS For The Year Ended 31 December 2022

TSPI MUTUAL BENEFIT ASSOCIATION, INC. NAME OF ASSOCIATION

| | | | SOFT (| COPY |
|-----|----|---|--|---------------|
| | | DOCUMENT | | |
| | | | PDF File | Excel File |
| | 1. | 2022 Audited Financial Statements with comparative figures for 2021, signed by an External Auditor accredited by the Insurance Commission, and duly received by the Bureau of Internal Revenue (BIR) | ✓ (Whole AFS- strictly PDF File converted from Excel and Word File, to enable CTRL F function) | |
| | | | ✓ (Scan copy of the stamped received by BIR) | |
| | 2. | 2022 General Information Sheet filed with Securities and Exchange Commission if with changes or updates | √ | |
| NIL | 3. | External Auditor Report (Management Letter Points, Management Letter of Comments, Management Letter to Recommend, Summary of Internal Control Deficiencies or Management Letter separate from the Opinion page) as of 31 December 2022 | ✓ | |
| | 4. | Accredited actuary's certification on actuarial and all related accounts / Statement of Opinion on Policy Loans (e.g. Basic contingent benefit reserve, Optional benefit reserve, Liability on individual equity, Membership certificate loans/Policy loans, Member's contributions/premiums due & uncollected, Members' assessment receivable, Claims payable on basic contingent benefit/Optional benefits) | ✓ | |
| | 5. | Certification of the Association's comptroller or any responsible officer with the rank of at least Vice President for the accounts: Members' fees &, dues receivable, Liability on individual equity, Unremitted members' contributions, dues & fees, Unremitted premiums, Members' deposit, Capital Deposits, Capital Equity or any similar deposit (if any), Members' contributions/premiums received in advance, Retirement Savings Fund, Loan Liquidation Fund, or any similar fund (if any) | √ | |

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|-------|-----|--|------------------------------------|----------------------------------|
| | 6. | Detailed schedule of the following actuarial accounts | | |
| | | (with PDF copies of the (i) First Page and (ii) Last | | |
| | | Page (Showing the totals of the said schedules | | |
| | | and submit the reconciliation of discrepancy | | |
| | | between the schedule and balance per AS): | | |
| | | a. Seriatim List of all members indicating therein | | |
| | | the minimum basic information using the | | |
| | | attached format | | |
| | | (MBA REQUIRED Format No.01) | | |
| | | b. Unremitted members' contributions, dues & fees | | |
| | | and Unremitted premiums indicating therein the | | |
| | | minimum basic information : | | |
| | | Membership certificate/Policy number, Name of | | |
| NIL | | Member/Policyholder, Membership/Policy Date, Basic | | |
| INIL | | benefit, Amount of Insurance, Due Date of unremitted | | |
| | | contribution, dues & fees/premium paid by member, | | |
| | | Unremitted members' contribution, dues & fees, /Unremitted premiums as of 31 December 2022, Equity | √ | |
| | | value as of 31 December 2022; Policy Reserves as of | (First Page | \checkmark |
| | | 31 December 2022, Date of remittance to Association | and Last Page | (Excel File of ALL the |
| | | in year 2022. | only of ALL the required | required |
| | | c. Claims payable on basic contingent benefit, | schedules) | schedules) |
| | | Claims payable on optional benefit, Other benefit | | |
| | | payable on Basic/Optional policies as of 31 | | |
| | | December 2022 duly signed by General | | |
| | | Manager/Claims Manager | | |
| | | (MBA REQUIRED Format No. 02) | | |
| | | d. All claims filed (paid or unpaid) for Basic & | | |
| | | Optional insurance in the first quarter of 2023 | | |
| | | indicating therein the minimum information same | | |
| | | in requirement 6.c | | |
| | | e. Members' contributions received in | | |
| | | advance/Premiums received in advance indicating | | |
| | | therein the minimum basic information | | |
| | | (MBA REQUIRED Format No. 03) | | |
| | | f. Members' Deposits, Capital Equity Deposits, Capital Contribution, Retirement Savings Fund, | | |
| A.III | | Loan Liquidation Fund or any similar account | | |
| NIL | | indicating therein the minimum basic information: | | |
| | | (MBA REQUIRED Format No. 04) | | |
| | 7. | Claims paid/denied during the year | | |
| | | (MBA Format No. 05A & 05B) | | \checkmark |
| | 8. | Summary of in-force certificates and policies by plan | | |
| | , | of insurance as of 31 December 2022 | | \checkmark |
| | | (MBA Format No. 06) | | |
| | 9. | Copy of latest approved IRR and Membership | | |
| | ٥. | Certificate for both Basic and Optional Insurance | ✓ | |
| | 10. | Sales Invoices and Official Receipts to support | | |
| | 10. | | ✓ | |
| | | purchases of Information Technology (IT) Equipment | ľ | |
| | 4.4 | during the year ended 31 December 2022 | | |
| | 11. | Actuarial Valuation Report as of 31 December 2022 | | |
| | | of Pension Asset/ Obligation Account and related | ✓ | |
| | | supporting documents for the Plan Assets Account. | | |

| 12. | Minutes of Meetings of the Board and Executive Committees, including a copy of Board Resolutions made during the year ended 31 December 2022 | √ | |
|-----|---|----------|--|
| 13. | Latest copy of Certificate of Tax Exemption issued by the Bureau of Internal Revenue (BIR) pursuant to BIR Revenue Memorandum Order No. 38-2020 | √ | |
| 14. | General Reminders: a. To avoid, penalty due to wrong data entry pursuant to IC CL No. 2014-15, the Association should completely and properly fill out applicable schedules in the Annual Statement. b. For uploading of supporting documents in the online uploading system via https://onuploading.insurance.gov.ph/templates/login, the following must be segregated: b1. Items Nos. 6,7,8, & 9 must be uploaded in the Actuarial Requirements sub-folder. b2. All other items EXCEPT items stated in Item no. 14(b1) must be uploaded in the Financial Requirements sub-folder. | | |

| Remarks: | Submitted by: Monana Marilyn C. Ramos |
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| | Signature over Printed Name |
| Received by: | OIC – Accounting & Finance Dept Designation |
| Signature over Printed Name | |
| Designation | |

| MBA | FORM | AT NO. 0 | 1 | | | | | | | | | | | | | | | | |
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| Seria | atim Lis | st of Men | nbers a | as of Dec | ember 202 | 2 | | | | | | | | | | | | | |
| | | | | Mutual Ben | efit Fund | | | | | | | | | Optiona | l Benefit Fu | nd (if any) | | | |
| Certificate Number | | Date of Membership | Basic Benefit | Mode of contribution (weekly/mont hly) | Last Due Date of the contribution unpaid | Contribution per week/month | Membres' contribution due & uncollected | Total accumulated contributions as 31 December 20xx | Interest on equity value, if any | Total Equity value as of 31 Dec 20xx | Reserves as of 31 December 20xx | Policy Number | Policy/Effectivity Date | | | Net premiums due & uncollected | Last due date the premium unpaid | Cash values as of 31 December 20xx | Reserves a of 31 Decembe |
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| | | | | | | | should be | | | should be reflected | should he | | | | | should be reflected in | | | should b |
| | | | | | | | reflected in acount #114200 per Annual statement | | | inaccount # 211000 including interest(if any) per Annual statement | reflected in account # 212000 per | | | | | account #114300 per Annual Statement | | | reflected ii account # 213000 pe Annual Statement |
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| MBA FORMAT NO. 02 | | | | | | | | | | | | | | | | |
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| Name of Association: | | | | | | | | | | | | | | | | |
| As of 31 December 2022 | | | | | | | | | | | | | | | | |
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| | | Date of | | | | | | Date of | | Amo | ount of claim | | | | Amount | |
| | Claim | claim | | me of | | Policy/Effectivity | Type of | Death/Hospitalization | Basic | Optional | Other Benefit payabe on | Equity | Amount | Date | unpaid as of | Remarks |
| | Number | filed | Member/F | Policyholder | Date | Date | claim | /Accident/Surrender | Mutual Benefit | | Basic/Optional policies | Value | paid | paid | 31 December 20 | |
| Basic members' benefit | | | | | | | | | | | policies | | | | | |
| basic members benefit | | | | | | | | + | | | | | | | | |
| 1. Due and Unpaid | | | | | | | | | | | | | | | | |
| 1. Due and Onpald | | | | | | | | | | | | | | | | |
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| 2. Claims in course of settlement | | | | | | | | | | | | | | | | |
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| 3. Resisted Claims | | | | | | | | | | | | | | | | |
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| 4. Incurred But Unreported claims | | | | | | | | | | | | | | | | |
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| Total | | | | | | | | | | | | | | | | |
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| Optional Benefit | | | | | | | | | | | | | | | | |
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| 1. Due and Unpaid | | | | | | | | | | | | | | | | |
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| 2. Claims in course of settlement | | | | | | | | | | | | | | | | |
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| 3. Resisted Claims | | | | | | | | | | | | | | | | |
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| 4. Incurred But Unreported claims | | | | | | | | | | | | | | | | |
| 4. Incurred But Officported Claims | | | | | | | | | | | | | | | | |
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| b. Micro | | | | | | | | | | | | | | | | |
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| 1. Due and Unpaid | | | | | | | | | | | | | | | | |
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| 2. Claims in course of settlement | | | | | | | | | | | | | | | | |
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| 3. Resisted Claims | | | | | | | | | | | | | | | | |
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| Incurred But Unreported claims | | | | | | | | | | | | | | | | |
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Manager's Signature

| MBA FOR | RMAT NO | . 03 | | | | | | | | | | | |
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| Name of A Schedule As of 31 D | of Contril | bution/Prem | iums Re | ceived in | Advance | | | | | | | | |
| Membership Certificate | Name of Member | Membership Certificate Date | Policy Date | Amount of Basic Benefit | Amount of Insurance | Amount of Contribution/Premiun | Mode of Payment | Amount Received for contribution/pre mium payament | Excess of contribution payment | Ledger Liability | Non-ledger liability | Liability per AS | Remarks |
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| MBA FORM | AT NO. 04 | | | | | | | | | |
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| Name of the Asso | ciation | | | | | | | | | |
| Schedule of Memi | bers' Deposit or a | any similar deposit | t/Retirement Savings Fund or any simi | lar fund | | | | | | |
| As of 31 Decembe | r 20 | | | | | | | | | |
| Membreship Certificate Number | Date of Membership | Name of Member | Amount of Members' Deposit/Capital Deposit/Capital Equity/Retirement Savings Fund/Loan Liquidation Fund or any similar account as of 31 December | Interst Earnings , if any | Total Accumulated Balance as of 31 December 20 | Ledger Liability | Non-ledger Liability | Liability Per AS | Members' Equity Value as of 31 December 20_ | Remark |
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| MBA FORMAT | Γ NO. 05A | | | | | | | | | | |
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| NAME OF ASS | OCIATION | | | | | | | | | | |
| CLAIMS PAID | DURING THE YEAR 20 | 12_ | | | | | | | | | |
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| | Membership Certificate Number | Nature of Claim | Name of Beneficiary | Sum Insured | Amount of Claim | Date of Loss | Date Filed (<u>with</u> complete documents) | Amount Paid | Date Paid | Claims Status | |
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| MBA FORMA | T NO. 05B | | | | | | | | | | | |
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| NAME OF ASS | OCIATION | | | | | | | | | | | |
| CLAIMS DENIE | D DURING THE YEAR | 20xx | | | | | | | | | | |
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| | = | Nature of | | | Sum | Amount | | | Date Filed (with | Date | Claims | |
| Product/Plan | Certificate Number | Claim | Assured | Beneficiary | Insured | of Claim | Loss | Hospitalization | complete documents) | Denied | Status | |
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MBA FORMAT NO. 06 ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31 ____ SUMMARY OF CERTIFICATES AND POLICIES BY PLAN OF INSURANCE In force as of December 31, ____ 1. BASIC Number of Amount of Insurance for Plan Certificates Dependents Dependents Member **Insured Lives** Member 2. OPTIONAL FUND INDIVIDUAL INSURANCE **GROUP INSURANCE** Amount of Insurance for Number of Number of Plan Plan **Policies** Member **Policies** Certificates Member Member Dependents