



Republic of the Philippines
Department of Finance
INSURANCE COMMISSION
1071 United Nations Avenue
Manila

Circular Letter (CL) No.:	2014-28
Date:	18 June 2014
Supersedes:	none

CIRCULAR LETTER

TO : ALL PRE-NEED COMPANIES DOING BUSINESS IN THE PHILIPPINES

SUBJECT : SUBMISSION OF MONTHLY REPORTS

Pursuant to the provisions of Section 31 of the Pre-need Code of the Philippines, the Insurance Commission (IC) requires all pre-need companies to submit a monthly report on their sales and collections to serve as basis for the regular review of compliance with Deposits to Trust Fund.

Submission of the following reports shall be made not later than the 25th day of the following month, **both in hard and soft copy (excel format in CD or flash drive)**:

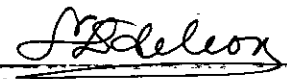
- I. SALES REPORT (ANNEX A):
 - A. Schedule of Plans/Contracts Sold (*soft copy only*)
 - B. Summary of Plans/Contracts Sold
- II. COLLECTION REPORT (ANNEX B):
 - A. Schedule of Collection (*soft copy only*)
 - B. Planholders Outstanding Balance (*soft copy only*)
 - C. Trust Fund Requirement
- III. DEPOSIT TO TRUST FUND REPORT (ANNEX C)

A basic fine of ₱ 5,000.00 plus ₱500.00 for each day of delay shall be imposed pursuant to Circular Letter (CL) No. 2014-15 dated May 15, 2014.

For strict compliance.


EMMANUEL F. DOOC
Insurance Commissioner

CERTIFIED TRUE XEROX COPY


LORNA D. DE LEON
CHIEF, ADMINISTRATIVE DIVISION
INSURANCE COMMISSION

SALES REPORT

(Name of the Pre-need Company)

Plan Type (Life/Memorial, Educational, Pension)

For the month of _____ 20xx

A. Schedule of Plans/Contracts Sold

No.	Name of Planholder	Plan/Contract No.	Contract Price Per Plan	Date of Issue	Date of Initial Payment	Initial Payment Made	Category (Fully Paid/Installment)
TOTAL							

Prepared by:

Noted by:

B. Summary of Plans/Contracts Sold

Type of Plan / Product	Date of Product Registration / Approval	No. of Registered Plans/ Contracts			Amount of Registered Plans/Contracts		
		Balance, Beg	Sold	Balance, End	Balance, Previous Month	Sold	Balance, Current Month
TOTAL							

Prepared by:

Noted by:

CERTIFIED TRUE XEROX COPY

J. DeLeon

ROSINA D. DE LEON
 HHSF ADMINISTRATIVE DIVISION
 INSURANCE COMMISSION

COLLECTION REPORT

(Name of the Pre-need Company)
 Plan Type (Life/ Memorial, Educational, Pension)
 Collection Report
 For the month of _____ 20xx

A. Schedule of Collection

Plan Contract No.	Name of Planholder	Date of Payment	Amount	Category (Fully Paid/Installment)
TOTAL COLLECTIONS				

Prepared by:

Noted by:

B. Planholder's Outstanding Balance

Plan Contract No.	Name of Planholder	Date of Issue	Contract Price	Balance Start of the Month	Collections/ Installments Made	Balance End of the Month
TOTAL						

Prepared by:

Noted by:

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Lorna D. De Leon
 LORNA D. DE LEON
 CHIEF, ADMINISTRATIVE DIVISION
 INSURANCE COMMISSION

C. Trust Fund Requirement

TYPE OF PLAN	AMOUNT COLLECTED	TRUST FUND RATE	TRUST FUND DUE
A. For Old Products (approved by SEC):			
1. Fully Paid Plans(Spot Cash)			
2. Installment plans:			
Sub-Total			
B. For New Products (approved by IC):			
1. Fully Paid Plans(Spot Cash)			
2. Installment plans:			
Sub-Total			
TOTAL			

Prepared by:

Noted by:

CERTIFIED TRUE XEROX COPY

L. Delella
 LORNA D. DELELLA
 CHIEF, ADMINISTRATIVE DIVISION
 INSURANCE COMMISSION

