Annual Financial Report

30 June 2016

ACN 128 302 161

Contents

Directors

R. Homsany (Chairman)
G. N. Gibson (Managing Director)
M. A. Dudley
T. S. Smith
N. J. Timoney
H. D. Zafer

Company secretary

G. N. Gibson
(retired 24 August 2016)

K. L. J. Garvey
(appointed 24 August 2016)

Registered office and principal place of business

100 Stirling Street Perth
Western Australia

Solicitor

DLA Piper (Australia)
Level 31,
152 - 158 St Georges Terrace Perth
Western Australia

Banker

Commonwealth Bank
300 Murray Street Perth
Western Australia

External auditor

Deloitte Touche Tohmatsu
Tower 2, Brookfield Place,
123 St Georges Terrace Perth
Western Australia

Internal auditor

PricewaterhouseCoopers
Brookfield Place
125 St Georges Terrace Perth
Western Australia

Appointed actuary

A. Jupp PricewaterhouseCoopers
Brookfield Place
125 St Georges Terrace Perth
Western Australia

The board of directors (**Board**) of Health Insurance Fund of Australia Limited (**Company**) submit herewith the Directors' report for the year ended 30 June 2016 in accordance with the *Corporations Act 2001* (Cth).

Information about the Directors

The directors of the Company (**Directors**) during or since the end of the year ended 30 June 2016 are:

Mr R. Homsany
LLB (Hons) BCom, Grad Dip App Fin & Inv

Chairman

Current term as Director ends: 26 October 2016

Mr Homsany was appointed to the Board in June 2010. Mr Homsany is Executive Vice President, Australia of Mega Uranium Ltd, a TSX listed company and is an experienced corporate lawyer having been admitted as a solicitor for over 20 years. Mr Homsany is also the principal of Cardinals Lawyers and Consultants. Previously he was Partner, Corporate and Commercial, of DLA Phillips Fox (now DLA Piper) and prior to that was a partner of Gadens Lawyers.

Mr Homsany has also worked for an ASX top 50-listed internationally diversified resources company in operations, risk management and corporate. Mr Homsany is a Certified Practising Accountant (CPA) with CPA Australia, a fellow of the Financial Services Institute of Australasia (FINSIA) and a member of the Australian Institute of Company Directors. Mr Homsany has a Commerce Degree and Honours Degree in Law from the University of Western Australia and a Graduate Diploma in Finance and Investment from FINSIA. Mr Homsany has significant board experience with public listed companies including as Chairman of ASX listed Redstone Resources Ltd and TSX-V listed Central Iron Ore Limited, and as a non-executive director of ASX listed Toro Energy Ltd. Mr Homsany is a member of the Audit and Risk Committee and was appointed a member of the Nomination and Remuneration Committee on 28 October 2015.

Mr G. N. Gibson
BBus, Grad Dip Ed, CPA, GAICD

Executive Director

Mr Gibson is Chief Executive Officer and Managing Director, is a Certified Practising Accountant (CPA) with CPA Australia and a Graduate member of the Australian Institute of Company Directors. Mr Gibson was appointed by the Board in 2009.

Mr Gibson commenced with the Company in 2004 as Commercial Manager when it operated as an incorporated association under the Associations Incorporation Act 1987 (WA). In 2005, Mr Gibson was appointed Chief Executive Officer during which time Mr Gibson managed the Company's re-registration as a private health insurer in 2008 and transfer of incorporation (from an association to a company) in 2009, at which time Mr Gibson was appointed Managing Director. Before joining the Company, Mr Gibson worked as an Area Business Manager for Australia's then largest private hospital operator Affinity Health Ltd after serving in senior finance and commercial roles for a number of publicly listed companies involved in mining, infrastructure, manufacturing and industrial services.

Mr Gibson also gained experience in the public sector as a senior lecturer in finance, accounting and commerce.

Mr Gibson retired as the Company Secretary on 24 August 2016.

Mr M. A. Dudley
BCom, BEcon

Non-executive Director

Mr Dudley is an Associate of CPA Australia, an Associate of the Australian and New Zealand Institute of Insurance, an Associate of the Australian Institute of Management and a member of the Australian Institute of Company Directors. Mr Dudley was elected to the Board in 2007 and was appointed Chairman in 2008.

Mr Dudley has extensive senior management experience in the financial services industry in Australia and New Zealand spanning over three decades. Mr Dudley was the Managing Director of financial planning and accounting services provider Pinnacle Planners until it was sold in late 2012. He currently holds directorships in private companies involved in private investment, property development and the operation of child care facilities. Mr Dudley has served as a member of the Finance Committee of the Board of Newman College and Chairman of The Financial Planning Association of AMP Australia.

Mr Dudley is a member of the Audit and Risk Committee and until 28 October 2015 was a member of the Nomination and Remuneration Committee.

Mr T. S. Smith
BBus

Non-executive Director

Current term as Director ends: 20 September 2016

Mr Smith was elected to the Board in 1995 and is a Certified Practising Accountant with CPA Australia. Mr Smith held a number of senior roles in the WA public sector for over 15 years including as a director and executive director, with responsibility for financial, human resources, organisational systems and capital projects.

Mr Smith is a former Chairman of the Central Institute of Technology Governing Council and sat on a number of advisory bodies for education and training at the national level. Mr Smith held directorships with organisations in the financial, property and information technology sectors and consulted for over 10 years in strategic business planning, organisational structures and corporate governance in the private and university sectors. He is currently a member of the Curtin University Sustainability Policy Institute Advisory Board. Mr Smith's current term as Director ends on 20 September 2016 at which time Mr Smith will no longer be eligible for re-election, or to be re-appointed, as a Director.

Mr Smith is a member of the Audit and Risk Committee and until 28 October 2015 was a member of the Nomination and Remuneration Committee.

Mr N. J. Timoney
BA (Mod) MA

Non-executive Director

Current term as Director ends: 26 October 2016

Mr Timoney was elected to the Board in 1996. Mr Timoney is a Barrister and Solicitor and is currently a legal consultant. Previously, Mr Timoney was a partner in a commercial law firm in Perth for 25 years. Between 1984 and 1989 Mr Timoney worked for a number of law firms in England, gaining experience in commercial litigation acting for various organisations including international companies in various industries including insurance and motor vehicle manufacture.

Mr Timoney was admitted as a Solicitor in England and Wales in 1987. After moving to Australia, Mr Timoney was admitted as a Solicitor and Barrister in WA. Mr Timoney practices in general property, contract, commercial law, trade practices law, consumer finance, professional negligence, intellectual property law, IPOs and has appeared in the Federal Court and all State courts in his commercial litigation role.

Mr Timoney's current term as Director ends on 26 October 2016 at which time Mr Timoney will no longer be eligible for re-election, or to be re-appointed, as a Director.

Mr Timoney is Chairman of the Nomination and Remuneration Committee.

Mr H. D. Zafer
MPS PhCh, MRPharmS, FAICD

Non-executive Director

Current term as Director ends:

26 October 2016

Mr Zafer was appointed to the Board in February 2012. Mr Zafer is a Fellow of the Australian Institute of Company Directors. Mr Zafer has more than 18 years experience in general and indemnity insurance. In the last 10 years, Mr Zafer has been involved in the financial, superannuation and trustee services sectors.

Mr Zafer joined the Guild Group of companies in 1994 and was elected Chairman in 1999, a role he held until 2011 when he took up the Deputy Chair role. The Guild Group of companies includes an insurance company, two superannuation funds, a trustee services company and a wholly owned insurance law firm. In addition, Mr Zafer also made contributions serving Western Australian state government boards, not for profit organisations, university committees, community boards and at different times, as President, Vice President and National Councillor of the Pharmacy Guild of Western Australia.

Mr Zafer is Chairman of the Audit and Risk Committee and was appointed a member of the Nomination and Remuneration Committee on 28 October 2015.

Company Secretary

Mr G. N. Gibson CPA, held the position of Secretary of the Company at 30 June 2016. The details of Mr Gibson's qualifications and experience are included in the 'Information about the Directors' section of this Directors' report.

On 24 August 2016, Mr G. N. Gibson retired as Secretary of the Company (and of its wholly owned subsidiary HIF Financial Services Pty Ltd (**Subsidiary**)) and Ms K. L. J. Garvey LLB, BA, MAICD was appointed Secretary of the Company and of the Subsidiary. Ms Garvey is an experienced corporate and commercial lawyer and is presently Legal Counsel at Mega Uranium Ltd, a Senior Associate at Cardinals Lawyers and Consultants and Company Secretary of Central Iron Ore Limited, a TSX-V listed company. Prior to that Ms Garvey spent a number of years with international law firm DLA Phillips Fox (now DLA Piper) in corporate advisory and commercial. Ms Garvey is a member of the Australian Institute of Company Directors.

Principal Activities

The principal activity of the Company is the provision, as an underwriter, of private health insurance in Australia by operating as a registered private health insurer in accordance with the *Private Health Insurance Act 2007* (Cth). Private health insurance provided by the Company includes coverage under Complying Health Insurance Products (**CHIP**) for:

- Hospital inpatient and day patient services
- Hospital in the home services
- General treatment services.

The Company provides, as an underwriter, non-CHIP private health insurance to overseas visitors who temporarily reside in Australia, including Temporary Work (Skilled) visa (subclass 457) holders and also provides travel insurance under an agency agreement with a third party.

The Company's principal activities include providing present and future Contributors (as that term is defined in the Company's constitution) and their dependents access to a wide range of competitively priced healthcare treatments and services that are intended to be used to support healthy lives and lifestyles.

Objectives

The Company's enduring purpose is to provide present and future Contributors to the financial fund operated by the Company and their dependents (collectively, the Company's underwriting customers (also commonly referred to as Members)) with easy access to the best value-for-money healthcare of their choice, where and when they need it. This will be achieved by:

- Providing access to relevant and high quality healthcare facilities and providers and their treatments and services
- Informing customers about their health cover(s) and relevant healthcare issues
- Providing attractive benefits including financial rebates
- Keeping insurance premiums affordable and competitive
- Delivering the highest standards of customer service.

The Company's objectives involve:

- Growing health insurance policies and taking advantage of the benefits of size and scale for the benefit of the Company's customers
- Gaining greater prominence, relevance and reputation amongst consumers, government, regulators and other stakeholders in the community
- Growing long term relationships with key healthcare providers and other stakeholder groups.

The Company leverages off its membership of stakeholder groups, including the Australian Health Services Association Ltd for purchasing the services and facilities of private hospitals and a limited number of general treatment benefits (e.g. discounted optical services and products) and HAMB Systems Ltd for transaction processing services and accessing beneficial electronic and digital information, technology and communications solutions. The Company's vision is to be the leading provider of value-for-money health insurance that meets its present and future customers' needs. To support its purpose and values, the Company has adopted Agility, Care and Innovation as its core values.

Performance Measures

The Company measures its performance in many ways, including by measuring, monitoring and analysing:

- Growth, size and composition of its customer base
- Customer loyalty, experience and lapse rate
- Customer acquisition and retention costs
- Cost to serve customers
- Growth in premium revenue, claim benefit outlays and out-of-pockets
- Ratio of claim benefit outlays to premium revenue Capital adequacy and solvency strength
- Size, allocation and efficiency in the use of financial and non-financial resources
- Income contributed from activities other than from core health insurance business.

The Company also measures its performance by monitoring its governance and enterprise-wide risk management frameworks and its ability, through the use of capital and the gearing of its operational resources, to support the Company's strategy and objectives.

Financial Results

Profit / (loss)

The consolidated loss before income tax for the year ended 30 June 2016 was ($5.6 million) compared to a consolidated loss of ($1.1 million) in 2015. Premium revenue for the year was $158.7 million compared to $131.1 million in 2015, an increase of 21.1%.

The loss this year reflects the Company's consumption of capital for higher claims incurred resulting from the Company's investment (in prior years) in higher growth in complying health insurance products (**CHIP**).

The higher claims incurred that resulted from the higher growth in CHIPs is attributable to the higher utilisation of services rather than a significant increase in average cost per service.

On 1 April 2016, the Company increased premiums on its CHIPs by a weighted average 6.55% compared to the industry weighted average increase of 5.59%. The increase this year was necessary to keep pace with the Company's claims experience and to correct price to cost ratios in certain territory based markets.

Comprehensive income

Consolidated total comprehensive income for the year was ($5.6 million) compared to ($1.1 million) in 2015. This year, the directors of the Company adopted the directors' estimate of fair value at 30 June 2016 carrying values of its two commercial properties, as they did at 30 June 2015.

During the year, the Company received $667k for imputed Goods and Services Taxes (**GST**) in respect of a class of health insurance policies issued by the Company in each state and territory of Australia, and health insurance levies that were paid in respect of the same class of policies, to the NSW government to fund the operation of their ambulance services.

Claims incurred and underwriting

During the year, net claims incurred was $147.8 million compared to $114.1 million in 2015, an increase of 29.5%. The relatively higher growth rate in the claims incurred when compared to the 21.1% increase in premium revenue (see Profit (loss)) is due mainly to the relatively larger number of Hospital Treatment policy holders who joined in the 24 months before this year coming off their waiting periods and being admitted to hospital for treatment.

Underlying this year's claims incurred (72.3% of which is Hospital Treatment policies related) was a 39.5% increase in the number of hospital claims assessed, a 38.7% increase in medical claims and a 19.7% increase in extras claims.

The increased net claims incurred that resulted from higher utilisation of services flowing from the strong policy holder growth in prior years resulted in the Company applying 93.1% (claims loss ratio) of this year's premium revenue to the net claims incurred, compared to 87.0% in 2015. This was the main driver of the underwriting result of ($4.3 million) ((2.7%)) including claims handling and acquisition costs, compared to $0.5 million (i.e. 0.4%) in 2015.

Capital management

During the year the Company continued to invest in CHIP growth (when compared to market growth) by utilising capital to pay the relatively higher net claims incurred that were attributable to the relatively newer customer acquisitions (see Profit (loss)) whilst remaining prudentially compliant throughout the year.

The Company's capital management policy and a capital management plan (**CMP**) guide management's practices to ensure that the Company has sufficient capital to support the risks it undertakes and to meet its liabilities, including in the event of adverse circumstances.

The Company's CMP is aligned to its risk appetite and profile and evolves through regular reviews including reviews of the required levels of internal risk capital and related trigger points and action plans.

The Company's investment policy contains investment rules and guidelines to ensure the appropriate investment of the Company's available financial and non-financial assets and that those investments are aligned with its risk appetite and profile.

The Company also has a suitable pricing philosophy to support its profitability targets and the associated impact on its capital.

Risk management

The Company's risk management capability is supported by the operation of an enterprise-wide risk management framework (ERMF) which among other uses, involves the Board using it to monitor and inform itself on an ongoing basis about the Company's level of exposure (if any) to the key risks and the effectiveness of risk management processes and practices of management and of the organisation as a whole.

Investment income and fair value gains / (losses)

The Company's investment income for the 2016 year was $3.9 million compared to $3.9 million in 2015. This was a relatively good result in light of the deterioration in interest rates over the previous 12 months.

The fair value (unrealised) gains on financial assets (i.e. from the Company's portfolio of investments) at fair value was $0.14 million compared to the fair value (unrealised) losses of ($0.19 million) in 2015, an increase of 172%. This was a relatively good result in light of (generally) the deterioration in capital values over the previous 12 months.

Overheads

The total overheads for the year were $21.0 million (13.2% of premium revenue) compared to $22.2 million (16.9% of premium revenue) in 2015. The main driver of the reduction in the cost of overheads was the $2.2 million reduction in customer acquisition expenses that resulted from slower sales in health insurance policies and a reduction in front-weighted sales commission payments. This resulted in acquisition costs falling from 10.5% of premium revenue to 7.3%.

Other operating expenses for the year were $6.4 million compared to $5.7 million in 2015. The main driver of the 12.6% increase in these expenses was a 14.4% increase in employee benefits payments that was associated with an increase in customer service levels due to the larger customer base and volume of interactions.

Review of Operations

Policy growth

During the year, the Company's CHIP policies grew by 5.3% compared to 25.8% in 2015 and 1.3% net growth in the industry. The Company's strategy to develop as a national health insurer continues to be successful, resulting in the proportion of the Company's total base of CHIP policies from non-traditional markets (states/territories other than Western Australia) at 30 June 2016 being 39% compared to 36% 12 months earlier.

Affordability

On 1 April 2016, the Minister for Health approved a weighted average 6.55% increase to CHIP policy premiums, compared to a 5.59% weighted average increase for the industry (including the Company). The Company's increase this year reflects the need to keep pace with the growth in net claims incurred that resulted from increased prices charged by health providers and suppliers, and increased service and treatment utilisation that resulted from the Company's strong CHIP growth in previous years, and to correct certain prices in some of the markets in which the Company operates.

Over the last seven (7) years the Company has kept its annual weighted average premium increases to below the annual weighted average increases for the industry in all but two (2) of those years, being 2012 and 2016. When considering the value of money over time for the same seven (7) years, the Company is ranked in the top five (5) health funds for the lowest weighted average premium increases.

Choice and convenience

The Company's strong stance on choice aligns with consumer preference for them to remain in control when it comes to choosing their health cover and their service provider. This means that the Company's customers retain the freedom to choose any level of Hospital Treatment and General Treatment (Extras cover) from the Company's generous range of covers, and any combination of them, and go to their family health provider without being financially disadvantaged.

Personalised service and convenience

The Company's priority is to develop its people and processes to ensure customers get access to friendly, qualified and experienced customer service when they want it and in the form they want it. The Company does not operate physical branch networks which it regards as cost-prohibitive and remains focussed on building a virtual customer experience model that provides access to relevant and smart digital transaction processing and communication solutions, including self service options. The Company believes that its customers benefit from cost savings resulting in a higher allocation of available reserves for new and improved benefits and lower (affordable) premiums.

Investments

The Company's investments did not perform as well as expected due to the negative impact of a further weakening in the financial markets over the course of the year. Returns from fixed interest funds and bank term deposits progressively deteriorated over the year as the official cash rate was decreased by the Reserve Bank of Australia from 2.0% (June 2015) to 1.75% (May 2016). However, income from investments of $3.9 million in 2016 was stable when compared to the $3.9 million earned in 2015. The Company achieved a $0.14 million fair value gain on financial assets at fair value in 2016 compared to a ($0.2 million) fair value loss on financial assets at fair value in 2015.

The Company's portfolio of investments reduced from $85.8 million at 30 June 2015 to $79.4 million at 30 June 2016, a decrease of 7.5% for the year. However, at 30 June 2016 the Company held $16.5 million cash at bank and on call compared to $5.8 million at 30 June 2015, because the Company was preparing to re-set the distribution of the funds under management within the permitted bands set out in its Investment Policy with a view to improving the returns from those invested funds.

Property

During the year, although the Company experienced interest from third parties, it was unable to secure another tenant for a portion of its head office premises at 100 Stirling Street, Perth. The Company continues to work with an external party to pursue prospective tenants for the vacant areas of those premises.

The Company holds another commercial property at 60 - 62 Stirling Street, Perth to earn commercial rent. This property was partly tenanted as at 30 June 2016. The tenant did not exercise their option to renew the lease for a further term effective 1 November 2015 however the tenant has continued to occupy the premises pursuant to a holding over period under the original lease. During the holding over period before and after 30 June 2016, the Company received and considered multiple offers from the tenant to lease the premises on terms that differ from those of the existing lease, none of which have yet been agreed to by the Company. Negotiations with the tenant are continuing.

Other Developments

Electronic transaction processing and communications

During the year, the Company continued to focus on developing new and innovative digital workflow and communications solutions to improve customer experience and to focus on further integration of its website portal and core business software in order to improve transaction processing efficiency and effectiveness, and to develop new functionality that is intended to improve visibility and transparency over useful and relevant information relating to health insurance generally and policy related information.

Code of conduct

The Company subscribes to the Australian private health insurance industry's peak representative body, Private Healthcare Australia (**PHA**). The Company subscribes to, and is required to comply with the PHA's Code of Conduct (**Code**) and be audited regularly. The Company remains compliant with the requirements of the Code.

Significant Changes in State of Affairs

There were no significant changes in the state of affairs of the Company during the year ended 30 June 2016.

Significant Matters or Circumstances after 30 June 2016

No matters or circumstances have arisen since 30 June 2016 which significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future years.

Environmental Regulations

The Company's operations are not subject to any particular environmental regulation under a law of the Commonwealth or of a State or Territory.

The Company is certified NOCO2 by the Carbon Reduction Institute Pty Ltd. Certification confirms the Company's financial contribution, by purchasing carbon offsets, towards reducing carbon emissions.

Indemnification of Officers and Auditors

During the year ended 30 June 2016, the Company paid a premium in respect of a contract insuring the Directors, Secretary and all Executive Officers of the Company and of any related body corporate of the Company against a liability incurred as such by a Director, Secretary or Executive Officer to the extent permitted by the Corporations Act 2001 (Cth). The contract of insurance prohibits disclosure of the nature of the liability and the amount of the premium.

To the extent permitted by law, the Company has agreed to indemnify its Auditor, Deloitte Touche Tohmatsu (**Deloitte**), as part of the terms of its audit engagement agreement (**Engagement**) against certain claims by third parties arising from the audit work (**Work**) as that term is defined in Deloitte's Engagement (for an unspecified amount). No payment has been made to indemnify Deloitte during or since the financial year ended 30 June 2016.

The Company has not otherwise, during or since the financial year ended 30 June 2016, indemnified or agreed to indemnify an Officer or Auditor of the Company or of any related body corporate against a liability incurred as such an Officer or Auditor.

Directors Meetings

The following table sets out the number of Directors' meetings (including meetings of committees established by the Directors) held during the year ended 30 June 2016 and the number of meetings attended by each Director (including committee meetings attended by them as committee members). During the year ended 30 June 2016, seven (7) Board meetings, four (4) Audit and Risk Committee meetings and six (6) Nomination and Remuneration Committee meetings were held.

Directors	Board of Directors		Audit and Risk Committee		Nomination and Remuneration Committee	
	Held	Attended	Held	Attended	Held	Attended
Mr M. A. Dudley	7	7	4	4	6	3
Mr G. N. Gibson	7	7	—	—	—	—
Mr R. Homsany	7	7	4	4	6	3
Mr T. S. Smith	7	5	4	2	6	3
Mr N. J. Timoney	7	6	—	—	6	6
Mr H. D. Zafer	7	7	4	4	6	3

(1) Due to their retirement as members of the Nomination and Remuneration Committee (**Committee**) on 28 October 2015, the maximum number of meetings of the Committee that Mr Dudley and Mr Smith could have attended as members of the Committee was three (3).

(2) Due to their appointment as members of the Committee on 28 October 2015, the maximum number of meetings of the Committee that Mr Homsany and Mr Zafer could have attended as members of the Committee was three (3).

Auditor s Independence Declaration to the Directors of Health Insurance Fund of Australia limited

The Company has obtained an independence declaration from the Auditor, Deloitte, which is set out on the following page and forms part of this Directors' report for the year ended 30 June 2016.

Signed in accordance with a resolution of the Directors.

On behalf of the Directors

R. Homsany
Director

Perth, 20 September 2016

Deloitte Touche Tohmatsu
ABN 74 490 121 060

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Board of Directors
Health Insurance Fund of Australia Limited
100 Stirling Street
PERTH WA 6000

20 September 2016

Dear Board Members

Health Insurance Fund of Australia Limited

In accordance with section 307C of the Corporations Act 2001, I am pleased to provide the following declaration of independence to the directors of Health Insurance Fund of Australia Limited.

As lead audit partner for the audit of the financial statements of Health Insurance Fund of Australia Limited for the financial year ended 30 June 2016, I declare that to the best of my knowledge and belief, there have been no contraventions of:

(i) the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and

(ii) any applicable code of professional conduct in relation to the audit.

Yours sincerely

DELOITTE TOUCHE TOHMATSU

DELOITTE TOUCHE TOHMATSU

John Sibenaler
Partner
Chartered Accountant

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2016

		CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	Note	**2016 $**	2015 $	**2016 $**	2015 $
Premium revenue	5	**158,673,300**	131,058,150	**158,673,300**	131,058,150
Net claims incurred	8	**(147,789,619)**	(114,070,979)	**(147,789,619)**	(114,070,979)
Movement in unexpired risk liability	22	**(622,972)**	—	**(622,972)**	—
Acquisition expenses	15	**(11,563,801)**	(13,806,863)	**(11,563,801)**	(13,806,863)
Claims handling expenses	9	**(3,002,304)**	(2,667,094)	**(3,002,304)**	(2,667,094)
Underwriting result		**(4,305,396)**	513,214	**(4,305,396)**	513,214
Investment income	6	**3,900,899**	3,889,075	**3,900,730**	3,888,798
Fair value gains / (losses) on financial assets at fair value through profit or loss		**136,717**	(188,952)	**136,717**	(188,952)
Other income	7	**1,115,844**	376,319	**1,115,002**	374,792
Other operating expenses	9a	**(6,369,783)**	(5,658,308)	**(6,369,536)**	(5,656,831)
Result of operating activities		**(5,521,719)**	(1,068,652)	**(5,522,483)**	(1,068,979)
Finance costs	9b	**(45,463)**	(51,790)	**(45,393)**	(51,722)
Loss before income tax		**(5,567,182)**	(1,120,442)	**(5,567,876)**	(1,120,701)
Income tax expense	10	**(208)**	(77)	**—**	—
LOSS FOR THE YEAR		**(5,567,390)**	(1,120,519)	**(5,567,876)**	(1,120,701)
Other comprehensive income		**—**	—	**—**	—
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**(5,567,390)**	(1,120,519)	**(5,567,876)**	(1,120,701)

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.

STATEMENT OF FINANCIAL POSITION

As at 30 June 2016

		CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	Note	**2016 $**	2015 $	**2016 $**	2015 $
ASSETS					
Current assets					
Cash and cash equivalents	11	**24,497,050**	16,937,588	**24,463,065**	16,906,569
Trade and other receivables	12	**4,695,669**	4,501,090	**4,694,020**	4,498,778
Other financial assets	13	**22,104,761**	28,290,920	**22,104,761**	28,290,920
Deferred acquisition costs	15	**—**	760,157	**—**	760,157
		51,297,480	50,489,755	**51,261,846**	50,456,424
Non-current assets					
Other financial assets	13	**49,367,029**	46,440,290	**49,367,029**	46,440,290
Investment in controlled entities	14	**—**	—	**1**	1
Property, plant and equipment	16	**13,961,392**	14,403,987	**13,961,392**	14,403,987
Investment property	17	**4,164,060**	4,150,000	**4,164,060**	4,150,000
Deferred tax asset		**1,296**	1,504	**—**	—
		67,493,777	64,995,781	**67,492,482**	64,994,278
Total assets		**118,791,257**	115,485,536	**118,754,328**	115,450,702
LIABILITIES					
Current liabilities					
Trade and other payables	18	**5,891,021**	6,388,018	**5,889,363**	6,387,969
Outstanding claims liability	19	**19,532,355**	15,294,161	**19,532,355**	15,294,161
Unearned premium liability	20	**23,240,014**	18,873,922	**23,240,014**	18,873,922
Unexpired risk liability	22	**622,972**	—	**622,972**	—
Provisions	21	**1,101,504**	933,763	**1,101,504**	933,763
		50,387,866	41,489,864	**50,386,208**	41,489,815
Non-current liabilities					
Provisions	21	**74,580**	99,471	**74,580**	99,471
		74,580	99,471	**74,580**	99,471
Total liabilities		**50,462,446**	41,589,335	**50,460,788**	41,589,286
Net assets		**68,328,811**	73,896,201	**68,293,540**	73,861,416
EQUITY					
Reserves attributable to the entity's members					
Reserves	23	—	—	—	—
Retained earnings		**68,328,811**	73,896,201	**68,293,540**	73,861,416
Total equity		**68,328,811**	73,896,201	**68,293,540**	73,861,416

The above statement of financial position should be read in conjunction with the accompanying notes.

STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2016

CONSOLIDATED	REVALUATION RESERVE	RETAINED EARNINGS	TOTAL
	$	$	$
AT 1 JULY 2014	—	**75,016,720**	**75,016,720**
Loss for the year	—	(1,120,519)	(1,120,519)
Total comprehensive income for the year	—	(1,120,519)	(1,120,519)
At 30 June 2015	—	**73,896,201**	**73,896,201**
Loss for the year	—	(5,567,390)	(5,567,390)
Total comprehensive income for the year	—	(5,567,390)	(5,567,390)
At 30 June 2016	—	**68,328,811**	**68,328,811**

HEALTH INSURANCE FUND OF AUSTRALIA	REVALUATION RESERVE	RETAINED EARNINGS	TOTAL
	$	$	$
AT 1 JULY 2014	—	**74,982,117**	**74,982,117**
Loss for the year	—	(1,120,701)	(1,120,701)
Total comprehensive income for the year	—	(1,120,701)	(1,120,701)
At 30 June 2015	—	**73,861,416**	**73,861,416**
Loss for the year	—	(5,567,876)	(5,567,876)
Total comprehensive income for the year	—	(5,567,876)	(5,567,876)
At 30 June 2016	—	**68,293,540**	**68,293,540**

The above statement of changes in equity should be read in conjunction with the accompanying notes.

STATEMENT OF CASH FLOWS

For the year ended 30 June 2016

		CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	Note	2016 $	2015 $	2016 $	2015 $
Cash flows from operating activities					
Premiums received		**163,080,116**	134,541,372	**163,080,116**	134,541,372
Interest and unit distributions received		**3,947,273**	3,852,289	**3,947,104**	3,852,012
Other income received		**610,522**	78,113	**742,791**	75,729
Amounts paid to the Risk Equalisation Trust Fund		**(16,413,422)**	(10,495,035)	**(16,413,422)**	(10,495,035)
Rent received		**360,563**	311,097	**360,563**	311,097
Claims paid		**(126,368,438)**	(95,884,893)	**(126,368,438)**	(95,884,893)
Ambulance Levy		**(603,794)**	(413,669)	**(603,794)**	(413,669)
Interest and other finance payments		**(713,057)**	(587,097)	**(712,987)**	(587,029)
Payments to suppliers and employees		**(19,363,292)**	(20,532,284)	**(19,498,428)**	(20,530,917)
Net cash flows from operating activities	24	**4,536,471**	10,869,893	**4,533,505**	10,868,667
Cash flows from investing activities					
Payments to acquire financial assets		**(8,314,112)**	(26,615,889)	**(8,314,112)**	(26,615,889)
Proceeds from sale of financial assets		**11,710,249**	8,872,713	**11,710,249**	8,872,713
Payments for property, plant and equipment		**(420,488)**	(1,212,516)	**(420,488)**	(1,212,516)
Proceeds from disposal of property, plant and equipment		**47,342**	104,555	**47,342**	104,555
Net cash flows from / (used in) investing activities		**3,022,991**	(18,851,137)	**3,022,991**	(18,851,137)
Net cash flows from / (used in) financing activities		**—**	—	**—**	—
Net increase / (decrease) in cash and cash equivalents		**7,559,462**	(7,981,244)	**7,556,496**	(7,982,470)
Cash and cash equivalents at beginning of period		**16,937,588**	24,918,832	**16,906,569**	24,889,039
Cash and cash equivalents at end of period		**24,497,050**	16,937,588	**24,463,065**	16,906,569

The above statement of cash flows should be read in conjunction with the accompanying notes.

1 Summary of significant accounting policies

a) General information

Health Insurance Fund of Australia Limited (the Company) is a company limited by guarantee incorporated in Australia. The address of its registered office and principal place of business is disclosed in the corporate information on page 1. The principal activities of the Company and its subsidiaries (the Group) are described in the Directors' Report on page 4.

b) Application of new and revised Accounting Standards

b.1) Standards and Interpretations adopted in the current year

The Company has adopted all of the new and revised Standards and Interpretations issued by the Australian Accounting Standards Board that are relevant to their operations and are effective for the current financial reporting period beginning 1 July 2015.

The following new and revised Standards and Interpretations have been adopted in the current period:

- AASB 2015-3 'Amendments to Australian Accounting Standards arising from the Withdrawal of AASB 1031 Materiality'

This amendment completes the withdrawal of references to AASB 1031 in all Australian Accounting Standards and Interpretations, allowing that Standard to effectively be withdrawn.

The impact of the adoption of these Standards and Interpretation did not have a material impact on the Company.

1 Summary of significant accounting policies

b) Application of new and revised Accounting Standards (continued)

b.2 Standards and Interpretations in issue not yet adopted

At the date of authorisation of the financial statements, the Standards and Interpretations listed below were in issue but not yet effective.

STANDARD / INTERPRETATION	EFFECTIVE FOR ANNUAL REPORTING PERIODS BEGINNING ON OR AFTER	EXPECTED TO BE INITIALLY APPLIED IN THE FINANCIAL YEAR ENDING
AASB 9 'Financial Instruments' and relevant amending standards	1 January 2018	1 January 2019
AASB 16 'Leases'	30 June 2019	30 June 2020
AASB 1057 'Application of Australian Accounting Standards' and AASB 2015-9 'Amendments to Australian Accounting Standards – Scope and Application Paragraphs'	1 January 2016	30 June 2017
AASB 2014-3 'Amendments to Australian Accounting Standards – Accounting for Acquisitions of Interests in Joint Operations'	1 January 2016	30 June 2017
AASB 2014-4 'Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation'	1 January 2016	30 June 2017
AASB 2014-10 'Amendments to Australian Accounting Standards – Sale or Contribution of Assets between an Investor and its Associate or Joint Venture'and AASB 2015-10 'Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128'	1 January 2018	30 June 2019
AASB 2015-1 'Amendments to Australian Accounting Standards – Annual Improvements to Australian Accounting Standards 2012-2014 Cycle'	1 January 2016	30 June 2017
AASB 2015-2 'Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 101'	1 January 2016	30 June 2017
AASB 2016-1 'Amendments to Australian Accounting Standards – Recognition of Deferred Tax Assets for Unrealised Losses'	1 January 2017	30 June 2018
AASB 2016-2 'Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 107'	1 January 2017	30 June 2018

1 Summary of significant accounting policies (continued)

b) Adoption of new and revised accounting standards (continued)

b.2 Standards and Interpretations in issue not yet adopted (continued)

At the date of authorisation of the financial statements the following IASB Standards and IFRIC Interpretations were also in issue but not yet effective, although Australian equivalent Standards and interpretations have not yet been issued.

STANDARD / INTERPRETATION	EFFECTIVE FOR ANNUAL REPORTING PERIODS BEGINNING ON OR AFTER	EXPECTED TO BE INITIALLY APPLIED IN THE FINANCIAL YEAR ENDING
None currently		

c) Statement of compliance

These financial statements are general purpose financial statements which have been prepared in accordance with the Corporations Act 2001, Accounting Standards and Interpretations, and comply with other requirements of the law.

The financial statements comprise the consolidated financial statements of the Group and Company. For the purposes of preparing the consolidated financial statements, the Company is a not for profit entity.

Accounting Standards include Australian Accounting Standards. Compliance with Australian Accounting Standards ensures that the financial statements and notes of the Company and the Group comply with International Financial Reporting Standards (IFRS).

The financial statements were authorised for issue by the directors on 20 September 2016.

d) Basis of preparation

The consolidated financial statements have been prepared in accordance with Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board and requirements of the Australian Prudential Regulation Authority (APRA).

These financial statements have been prepared on a historical cost basis, except for land and buildings and financial assets at fair value through profit and loss, which have been measured at fair value, as explained in the accounting policies below.

All amounts are presented in Australian dollars, which is the Group's functional currency, unless otherwise noted. Historical cost is generally based on the fair value of the consideration given in exchange for assets.

1 Summary of significant accounting policies (continued)

e) Basis of consolidation

The consolidated financial statements incorporate the financial statements of the Company and the entity controlled by the Company. Control is achieved when the Company:

- has power over the investee;
- is exposed, or has rights, to variable returns from its involvement with the investee; and
- has the ability to use its power to affect its returns.

The Company reassesses whether or not it controls an investee if facts and circumstances indicate that there are changes to one or more of the three elements of control listed above.

Consolidation of a subsidiary begins when the Company obtains control over the subsidiary and ceases when the Company loses control of the subsidiary. Specifically, income and expenses of a subsidiary acquired or disposed of during the year are included in the consolidated statement of profit or loss and other comprehensive income from the date the Company gains control until the date when the Company ceases to control the subsidiary.

When necessary, adjustments are made to the financial statements of subsidiaries to bring their accounting policies into line with the Group's accounting policies.

All intragroup assets and liabilities, equity, income, expenses and cash flows relating to transactions between members of the Group are eliminated in full on consolidation.

f) Revenue recognition

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the entity and the revenue can be reliably measured. The following specific recognition criteria must also be met before revenue is recognised:

Premium revenue
Premium revenue comprises amounts charged to the policyholders, excluding taxes collected on behalf of third parties.

Premium revenue is recognised from the attachment date, over the period of contract on a daily basis. Where time does not approximate the pattern of risk, previous claims experience is used to derive the incidence of risk.

The proportion of premium received or receivable not earned at the reporting date is recognised in the balance sheet as an unearned premium liability.

Interest
Revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of
the financial asset to the net carrying amount of the financial asset.

Rental income
Rental income from operating leases is recognised on a straight-line basis over the term of the relevant lease.

g) Claims expense

Claims expense represents payment for claims and the movement in outstanding claims liabilities [Note 1(l)].

1 Summary of significant accounting policies (continued)

h) Risk EqualisationTrust Fund levies / recoveries

Under the provisions of the Private Health Insurance Act 2007 (Cth), all health insurers must participate in the Risk Equalisation Trust Fund (RETF). The RETF shares a proportion of the hospital claims of all persons aged 55 years and over and those persons with claims in excess of $50,000 in the current and preceding three quarters, amongst all health insurers based upon the number of policy holders. Individual health insurers are required to pay in to the RETF or receive a payment from the RETF for the difference between their proportional share and their actual claims paid.

The amounts payable to and receivable from the Risk Equalisation Trust Fund are determined by the Australian Prudential Regulation Authority (APRA) after the end of each quarter. Estimated provisions for amounts payable and income receivable are recognised on an accrual basis. From 1 July 2015 responsibility for risk equalisation arrangements transferred from PHIAC to the Australian Prudential Regulation Authority (APRA).

i) Acquisition costs

Acquisition costs incurred in obtaining health insurance contracts are deferred and recognised as assets where they can be reliably measured and where it is probable that they will give rise to premium revenue that will be recognised in the income statement in subsequent reporting periods.

Deferred acquisition costs (DAC) includes commission paid to intermediaries and other direct costs incurred in relation to the acquisition or renewal of health insurance contracts. Acquisition costs incurred are amortised in accordance with the expected pattern of the incidence of risk under the health insurance contracts to which they relate. This pattern of amortisation corresponds to the earning pattern of the corresponding premium revenue.

j) Unearned premium liabilities

Unearned premium liability is determined by apportioning the premium written over the period of the policy from date of attachment of risk.

k) Unexpired risk liability

Liability adequacy testing is performed in order to recognise any deficiencies in the income statement arising from the carrying amount of the unearned premium liability less any related deferred acquisition costs and intangible assets not meeting the estimated future claims under current health insurance contracts.

Liability adequacy testing is performed at the level of a portfolio of contracts that are subject to broadly similar risks and are managed together as a single portfolio.

If the present value of the expected future cash flows relating to future claims plus the anticipated administration costs attributable to processing the claims and additional risk margin to reflect the inherent uncertainty in the central estimate, exceeds the unearned premium liability less related intangible assets and related deferred acquisition costs, then the shortfall is first offset against related DAC and then to the extent necessary a seperate unexpired risk liability is recognised.

l) Outstanding claims liability

The liability for outstanding claims is measured as the central estimate of the present value of future projected claims payments and associated claims handling costs in respect of claims reported but not yet paid, claims incurred but not reported (IBNR) and claims incurred but not enough reported (IBNER).

Standard actuarial methods are applied to assess the net central estimate of outstanding claims liabilities. Features and trends of claim experience including claim frequencies, average claim sizes and individual claim estimates are analysed and assumptions about the future are selected.

A risk margin is added to the central estimate in determining the outstanding claims liabilities. The risk margin is designed to increase the probability of the outstanding claims liabilities proving ultimately to be adequate.

1 Summary of significant accounting policies (continued)

m) Financial assets at fair value through profit or loss

(i) Financial assets backing health insurance liabilities

Assets backing health insurance liabilities are segregated from other assets.

Financial assets are held to back health insurance liabilities on the basis that these assets are valued at fair value in the balance sheet, and consist of liquid and high quality investments such as cash and fixed income securities.

The management of financial assets and health insurance liabilities are closely monitored to ensure that investments are appropriate, given the expected pattern of future cash flows arising from health insurance liabilities.

Financial assets backing health insurance liabilities are designated at fair value through profit or loss. Initial recognition is at cost and subsequent measurement is at fair value in the statement of financial position with any resultant unrealised profits and losses recognised in the income statement.

(ii) Determination of fair value

Fair value for the various types of financial assets is determined as follows:

(a) Cash and term deposits - at face value of the amounts deposited;

(b) Unlisted securities - based on redemption value per unit as reported by the fund managers using valuation techniques.

Such valuation techniques include the use of recent arm’s length transactions, reference to other instruments that have substantially the same characteristics, discounted cash flow analysis or any other valuation technique that provides a reliable estimate of prices obtained in actual market transactions.

(iii) Recognition and de-recognition

All purchases and sales of financial assets that require delivery of the asset within the time frame established by regulation or market convention are recognised at trade date, being the date on which the Group commits to buy or sell the asset. In cases where the period between trade and settlement exceeds this time frame, the transaction is recognised at settlement date.

Financial assets are de-recognised when the rights to receive future cash flows from the assets have expired, or have been transferred, and the Group has transferred substantially all risks and rewards of ownership.

n) Impairment of financial assets

The Group assesses at each balance sheet date whether a financial asset or group of financial assets is impaired.

(i) Financial assets carried at cost

If there is objective evidence that an impairment loss has been incurred on an unquoted equity instrument that is not carried at fair value (because its fair value cannot be reliably measured), the amount of the loss is measured as the difference between the asset’s carrying amount and the present value of estimated future cash flows, discounted at the current market rate of return for a similar financial asset.

1 Summary of significant accounting policies (continued)

o) Property, plant and equipment

Property, plant and equipment, excluding buildings and freehold land, are depreciated over their estimated useful lives using the reducing balance and straight line methods. Buildings are depreciated on a straight line basis to write off the net cost or revalued amount over their expected useful lives. Depreciation rates are as follows:

Freehold buildings	2.5%
Office furniture and equipment	5%- 33.3%
Motor vehicles	20%

The gain or loss on disposal is calculated as the difference between the carrying amount of the asset at the time of disposal and the net proceeds on disposal.

Buildings and freehold land are valued using the revaluation model whereby measurement subsequent to initial recognition is at fair value at the date of the latest revaluation less any subsequent accumulated depreciation and accumulated impairment losses.

Every third year the valuations are based on external property valuation reports. In the intervening years, valuations are based on management estimates. All properties are valued simultaneously.

When a revaluation increases the carrying value of a property, the increase is credited directly to equity under the heading of revaluation reserve. However, an increase is recognised in profit or loss to the extent that it reverses a revaluation decrease of the same asset previously recognised in the income statement.

When an asset's carrying amount is decreased as a result of a revaluation, the decrease is recognised in the income statement. However, any decrease is debited directly to equity under the heading of revaluation reserve to the extent of any credit balance existing in the revaluation reserve in respect of that asset.

Any remaining balance on the revaluation reserve is credited to retained earnings when the corresponding property is de-recognised.

Properties in the course of construction for administrative purposes, or for purposes not yet determined, are carried at cost, less any recognised impairment loss. Cost includes professional fees. Depreciation of these assets, on the same basis as other property assets, commences when the assets are ready for their intended use.

p) Cash and cash equivalents

Cash and short term deposits comprise cash at bank and in hand and short term deposits with an original maturity of three months or less.

For the purposes of the cash flow statement, cash and cash equivalents consist of cash and cash equivalents as defined above, net of outstanding bank overdrafts.

q) Receivables

Trade receivables, which generally have 15-30 day terms, are recognised and carried at original invoice amount less an allowance for any uncollectible amounts.

Amounts due from policyholders and intermediaries are initially recognised at fair value, being the amounts due. They are subsequently measured at fair value which is approximated by taking the initially recognised amount and reducing it for impairment as appropriate.

An allowance for doubtful debts is made when there is objective evidence that the entity will not be able to collect the debts. Financial difficulties of the debtor, default payments or debts more than 90 days overdue are considered objective evidence of doubtful debts. Bad debts are written off when identified.

Amounts due under the Federal Government Rebate Incentives Scheme are stated at the net amount expected to be collected.

1 Summary of significant accounting policies (continued)

r) Taxation

(i) Income tax

In accordance with Section 50 - 30 of the Income Tax Assessment Act 1997 (Cth), the income of the Company is exempt from income tax. The profit of the controlled entity, which is included in the consolidated statements of the Company, has been determined after providing for taxation expense at 30% of the controlled entity's pre-tax operating profit, adjusted for exempt income and non-deductible expenses.

(ii) Deferred tax

Deferred tax is provided in full, using the Balance Sheet approach, on temporary differences arising between the tax bases of assets and liabilities and their carrying amounts in the statement of financial position.

Deferred tax assets and liabilities are recognised at the tax rates expected to apply when the assets are recovered or liabilities are settled. Deferred tax assets are recognised to the extent that it is probable that future taxable profit will be available against which the temporary differences can be utilised.

Current and deferred taxes attributable to amounts recognised directly in equity are recognised in equity.

(iii) Goods and services tax

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST). Receivables and payables are stated inclusive of GST. The net amount of GST recoverable from, or payable to, the tax authority is included as part of receivables and payables.

Cash flows are included in the statement of cash flow on a gross basis.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the taxation authority.

s) Impairment of assets

Assets that have an indefinite useful life are not subject to amortisation and are tested annually for impairment. Assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable.

An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. Any resultant write-down is recognised as an expense in the reporting period in which it occurs, unless the asset had previously been revalued, in which case the previous revaluation is written back with any excess being expensed.

The recoverable amount is the higher of an asset's fair value, less direct selling costs, and its value in use. In assessing the value-in-use of assets, the relevant cash flows are discounted to their present value using a discount rate that reflects current market assessments of the time value of money and the risks specific to the asset or company of assets.

For the purpose of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable operational cash flows (cash generating units).

t) Payables

Trade payables and other payables are carried at amortised costs and represent liabilities for goods and services provided to the Group prior to the end of the financial year that are unpaid and arise when the Group becomes obliged to make future payments in respect of the purchase of these goods and services. Payables, generally have 15 - 30 day terms.

1 Summary of significant accounting policies (continued)

u) Employee benefits

Provision is made for employee entitlement benefits accumulated as a result of employees rendering services up to the reporting date. These benefits include wages and salaries, annual leave, rostered days off and long service leave and they are measured at their nominal value, except the liability for long service leave which is measured as the present value of the expected payments to be made in respect of services provided by employees up to the reporting date.

Liabilities arising in respect of wages and salaries, annual leave, sick leave and any other employee benefits expected to be settled within twelve months of the reporting date are measured at their nominal amounts based on remuneration rates which are expected to be paid when the liability is settled. All other employee benefit liabilities are measured at the present value of the estimated future cash outflow to be made in respect of services provided by employees up to the reporting date. In determining the present value of future cash outflows, the market yield as at the reporting date on national government bonds, which have terms to maturity approximating the terms of the related liability, are used.

Payments to defined contribution retirement benefit plans are recognised as an expense when employees have rendered service entitling them to the contributions.

v) Leasing

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the relevant lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

w) Investment property

Investment properties are properties held to earn rentals and/or for capital appreciation (including property under construction for such purposes). Investment properties are measured initially at its cost, including transaction costs. Subsequent to initial recognition, investment properties are measured at fair value. Gains and losses arising from changes in the fair value of investment properties are included in profit or loss in the period in which they arise.

An investment property is derecognised upon disposal or when the investment property is permanently withdrawn from use and no future economic benefits are expected from the disposal. Any gain or loss arising on derecognition of the property (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in profit or loss in the period in which the property is derecognised.

2 Critical accounting estimates and judgements

Estimates and judgements are made by the Group to arrive at certain key asset and liability amounts disclosed in the financial statements. These estimates and judgements are continually being evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The key areas of significant judgement and the methodologies used to determine key assumptions are set out below.

Uncertainty over estimate of claims expense provision arising from health insurance contracts

Actuarial estimates are obtained after analysis of past claims experience. From these analyses, models of the claim payment process can be established and used to project future payments on claims outstanding at the balance date.

The estimates of outstanding claims obtained in this manner are estimates in the sense that there is a degree of uncertainty as to the difference which will ultimately arise between the estimates and the final result of the experience. This uncertainty arises from four sources:

(a) the nature of the claims process is not fully understood, it might be that none of the valuation models used is an entirely accurate representation of reality;

(b) there are components of randomness in the claims process, it is not possible to estimate the parameters of that process with complete precision even if complete confidence were felt in the nature of the model;

(c) any erroneous data will similarly have introduced uncertainties into the estimates of those parameters;

(d) even if the parameters could be estimated with precision, it would not be possible to predict outstanding claims with the same precision because of the random component in future experience.

Errors associated with (b) and (d) can be quantified in a formal way (estimation and statistical errors). However a large part of the uncertainty is associated with (a) (model specification error), and it is not possible to quantify this component.

The investigation and application of different models to the data is intended to reduce the model specification error, although the extent to which this is achieved is unknown.

The initial estimates obtained from the calculations are central estimates in the sense that they incorporate no deliberate bias towards over or under estimation. By definition, the estimates are intended to have about an even chance of ultimately turning out to be sufficient.

The nature of health insurance claims is such that the actual value of the liabilities is unknown because claims experience is subject to random fluctuations. The amount of the claim liability cannot be estimated with certainty. Also it is very difficult to determine the central estimate with a reasonable degree of precision. For this reason the inherent uncertainty in the central estimate must also be considered.

The provisions adopted in the Company's accounts are greater than the central estimate and the difference is referred to as a prudential margin. The prudential margin allows for some part of the uncertainties in the claim process and it also ensures that as far as possible that the surplus is not released until it is reasonably certain that the surplus is real.

The estimated liability for outstanding claims has been calculated after allowing for expenses associated with administering claims during the run-off period. Given the short weighted mean term of the liability (less than two months) no explicit allowances have been made for inflation and discounting.

Actuarial methods and assumptions

All actuarial methods and assumptions are discussed in Note 3.

3 Actuarial methods and assumptions

Claims estimates for the health insurance classes are derived from an analysis of four different actuarial models. Ultimate number of claims incurred are projected based on changes in claimant behaviour over time and past reporting patterns. Payments experience is analysed based on trends in ultimate incurred by month, paid chain ladder, paid per claim incurred and per claim reported. The resulting projected payments from these models are analysed along with benchmarks for average claim size and other statistics, in order to determine the final estimate of outstanding claims. The analysis and projection work is done for three valuation categories i.e. hospital, medical and general and consolidated into two health insurance classes, i.e. hospital including medical and general. The exposure period is month of service.

(i) Assumptions	2016	2015
a) Weighted average expected term to settlement		
	Months	**Months**
Gross central estimate	1.57	1.23
Risk equalisation recoveries	1.45	1.07
Net central estimate	1.55	1.21
	Percent	**Percent**
b) Claims handling expense rate	2.25%	2.50%
c) Risk margin	5.13%	5.24%
d) Average claim size		
Hospital	$2,622.10	$2,627.60
Medical	$72.60	$68.20
General	$52.30	$53.00

(ii) Processes used to determine assumptions

Average weighted term to settlement

The average term to settlement is calculated separately by class of business based on historic payment patterns.

Future claim reports (IBNR)

Future claim reports are analysed using the ratio of late reported claims to reported claims over future development periods.

Average claim size

Average claim size is a benchmark being the outcome of the month of service blend of actuarial methods described above.

Expense rate

Claims handling expenses were calculated by analysis of the Company's actual expenses from profit and loss statements over the last 12 months.

Sufficiency margin

The inherent uncertainty in the estimated claim liability means that there is a range of possible outcomes. An analysis of the variation of the expected results lead to adoption of a 8.5% co-efficient of variation (6.2% for 1-month hindsight valuations) and the lognormal distribution. This distribution is then used to calculate the risk margin required to increase the level of sufficiency of the central estimate from 50% to 80%.

3 Actuarial methods and assumptions (continued)

(iii) Sensitivity analysis - insurance contracts

The Company conducts sensitivity analyses to quantify the exposure risk of changes in the key underlying variables and assumptions, as described above. The movement in any key variable will impact the performance and equity of the Company.

The tables below describe how a change in each assumption will affect the insurance liabilities and hence the profit / (loss) and the equity both gross and net of risk equalisation.

Variable	Impact of movement in variable
Average weighted term to settlement	Does not directly affect the insurance liabilities.
Average claim sizes	Average claim size is determined by the valuation, see above, and is used as a benchmark. Hence it is not sensitivity tested.
Adopted reporting rates	Used to determine the level of claims incurred but not reported (IBNR). An increase or decrease in lodgements have a corresponding impact on claims expense.
Incurred cost in latest two service months	A change in the ultimate claims cost incurred for the most recent two service months will have a disproprtionate impact on the outstanding claims amount due to the claim payments made to date.
Sufficiency margin	An increase or decrease in the coefficient of variation has a corresponding impact of the sufficiency margin and hence on the actuarial provision.
Claims handling expenses	An increase or decrease in the expense rate assumption has a corresponding impact on claims expense.

3 Actuarial methods and assumptions (continued)

Impact of changes in key variables

		INCREASE / (DECREASE) IN PROFIT AND EQUITY ($)			
		2016		2016	
Variable	Movement in variable	Gross of risk equalisation	Net of risk equalisation	Gross of risk equalisation	Net of risk equalisation
Adopted reporting rates	1% decrease	18,163	21,143	19,362	22,465
	1% increase	(18,293)	(21,293)	(19,452)	(22,569)
Incurred cost of latest two service months	1% decrease	251,323	292,547	189,450	219,812
	1% increase	(251,323)	(292,547)	(189,450)	(219,812)
Sufficiency margin	1% decrease	121,409	141,324	110,835	128,598
	1% increase	(121,409)	(141,324)	(110,835)	(128,598)
Claims management expenses	1% decrease	106,335	123,777	97,257	112,843
	1% increase	(106,335)	(123,777)	(97,257)	(112,843)

4 Risk management

The Group's financial condition and operating activities are affected by a number of key financial risks including interest rate risk, credit risk, market risk, liquidity risk and fiscal risk and non-financial risks including insurance risk, compliance risk and operational risk. The Group's policies and procedures in respect of managing financial and insurance risks are set out in this note.

a) Corporate governance framework

The Board of Directors of the Company is responsible for the corporate governance of the Group. The Board of Directors of the Company determines the Group's overall risk appetite and approves the management strategies, policies and practices to ensure that risks, including compliance risks, are identified and managed within the context of this appetite.

Audit and Risk Committee

The Audit and Risk Committee is a committee of the Board of Directors of the Company. PricewaterhouseCoopers, the Company's outsourced internal auditor, operates under a charter adopted by the Board. It is the Board's responsibility to ensure that an effective internal control framework exists within the Group. This includes internal controls to deal with both the effectiveness and efficiency of significant business processes, together with the safeguarding of assets, the maintenance of proper accounting records, the reliability of financial information as well as non-financial considerations such as the benchmarking of operational key performance indicators.

The Audit and Risk Committee is responsible for:

(1) monitoring the Risk Management Plan;

(2) reviewing the audit plans of the internal and external auditor;

(3) monitoring and appraising the activities of the internal and external auditor;

(4) recommending the appointment of the external auditor, and reviewing and recommending the adoption of the statutory accounts to the Board.

Investment Committee

The Board is responsible for determining investment policy and reviewing investment performance, having regard to advice from the Audit and Risk Committee. The Board utilises specialised investment management services for the management of the investment portfolio.

Nomination and Remuneration Committee

The Nomination and Remuneration Committee is a committee of the Board of Directors of the Company. The Nomination and Remuneration Committee is responsible for succession planning and for reviewing performance and compensation arrangements for the directors and key management personnel.

The Board is responsible for ensuring that management's objectives and activities are aligned with the expectations and risks identified by the Board. The Board has a number of mechanisms in place to ensure this is achieved. In addition to the establishment of the Committees referred to above, these mechanisms include the following:

(1) approval of the strategic agenda, which encompasses the Group's vision, mission and strategy, that is designed to meet stakeholders' needs and manage business risk;

(2) implementation of operating plans and budgets by management and monitoring of progress against budget by the Board which includes the establishment and monitoring of key performance indicators (both financial and non- financial) for all significant business processes.

4 Risk management (continued)

b) Capital management framework

Capital comprises the total equity as reflected in the balance sheet. The Company operates within the regulatory environment established by the Private Health Insurance Act 2007 (Cth) (the "Act"). The regulatory body for the Private Health Insurance industry is the Australian Prudential Regulation Authority (APRA). The Company is subject to the Solvency and Capital Adequacy Standards applied by the Act and regulated by APRA. The Company is required to submit quarterly returns to APRA as well as an annual audited return that is used to establish whether the Company complies with the standards. The Company has exceeded the required Solvency and Capital Adequacy reserves throughout the year.

The Company makes use of the Financial Condition Report (FCR) prepared by its Appointed Actuary to inform the Board of Directors about decisions on capital management issues. The FCR is a medium term projection of the overall financial position of the business under a variety of economic and operating scenarios, allowing for new business. The FCR considers a number of key performance indicators in addition to solvency and capital requirements. The FCR enables the Company to assess a range of risks to which the business is exposed, their evolution over time, and the impact of the mitigating actions that might be taken.

Other tools the Company utilises to manage its capital requirements are the annual premium submission to the Department of Health, forecasts, the annual budget and monthly management accounts. The annual premium submission considers the financial impact of the Company's plans over the next two years and the impact on capital adequacy and solvency. The annual premium submission, which is reviewed by the Company's Appointed Actuary, is approved by the Minister for Health.

c) Insurance risk - health insurance activities

The Company's insurance activities primarily involve the underwriting of risks and claim management. The Company employs a disciplined approach to underwriting and risk management that emphasises maximising member benefits rather than a premium, volume or market share oriented approach.

(i) Risk management objectives and policies for mitigating insurance risk

The risk management activities include prudent underwriting, pricing, acceptance and management of risk process, together with claim management, reserving and investment. The objective of these disciplines is to enhance the financial performance of the Company's overall health insurance operations.

The key policies in place to mitigate risks arising from writing health insurance contracts include the following:

(a) the maintenance and use of management information systems that provide up-to-date, reliable data on the risks to which the business is exposed at any point in time;

(b) the use of actuarial models based on historical data to calculate premiums and monitor claims patterns;

(c) the mix of assets invested in is matched to the term of the insurance liabilities to maximise the investment performance;

(d) the diversification of business over two classes of insurance and a large number of uncorrelated individual risks seeks to reduce variability in loss experience.

(ii) Terms and conditions of health insurance business

The terms and conditions attaching to health insurance contracts affect the level of insurance risk accepted by the Company. There are no special terms and conditions in any non-standard contracts that have a material impact on the financial statements.

(iii) Concentration of insurance risk

The Company's exposure is concentrated in Western Australia where 60% of its policy holders reside. This concentration risk will change as the Company expands its business in other States and Territories.

(iv) Claims management and claims provisioning risks

The Company's approach to determining the outstanding claims liability is set out in Note 3. The Company's Appointed Actuary determines the Company's outstanding claims liability, that is reported at balance date, using approved actuarial methodology.

d) Risk equalisation risk

The Australian Prudential Regulation Authority (APRA) administers the Risk Equalisation Trust Fund (RETF) in terms of the *Private Health Insurance Act 2007* (Cth). All private health insurance funds in Australia are required to submit their quarterly eligible claims data to APRA for inclusion in an age based and high cost claims pool. The pool is divided by the total number of single equivalent units (SEU's) across all funds. The SEU rate is then applied to the number of SEU's in the fund and compared to the fund's actual risk equalisation eligible claims for the quarter. Each fund then either contributes their shortfall to or receives a payment for their surplus from the RETF. This arrangement spreads the risk of high cost claims and higher claiming older members across all funds in each defined RETF jurisdiction in Australia.

e) Financial risks

With regards to credit risk, liquidity risk and interest rate risk management, refer to note 27.

5 Premium revenue

	CONSOLIDATED AND HEALTH INSURANCE FUND OF AUSTRALIA		
	Hospital Tables $	**General Tables $**	**Total $**
Premium revenue has been determined after including:			
2016 premium revenue			
Premiums received including Federal Government rebates	**111,033,044**	52,047,072	163,080,116
+/- premiums in arrears	**(110,864)**	(52,889)	(163,753)
+/- unearned premium liability	**(3,190,152)**	(1,166,883)	(4,357,035)
+/- amount receivable from the Federal Government Rebate Incentives Scheme	**77,619**	36,353	113,972
Total premium revenue	**107,809,647**	50,863,653	158,673,300
2015 premium revenue			
Premiums received including Federal Government rebates	**90,774,468**	43,766,904	134,541,372
+/- premiums in arrears	**105,324**	48,965	154,289
+/- unearned premium liability	**(3,288,895)**	(1,061,502)	(4,350,397)
+/- amount receivable from the Federal Government Rebate Incentives Scheme	**481,257**	231,629	712,886
Total premium revenue	**88,072,154**	42,985,996	131,058,150

6 Investment income (net)

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Investment income	**3,900,899**	3,889,075	**3,900,730**	3,888,798

Investment income includes interest income and distribution income from unit trust investments.

7 Other income

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Profit from sale of property, plant and equipment	**13,998**	7,589	**13,998**	7,589
Rental revenue	**360,563**	311,097	**360,563**	311,097
Other revenue	**741,283**	57,633	**740,441**	56,106
	1,115,844	376,319	**1,115,002**	374,792

8 Net Claims incurred

	CONSOLIDATED AND HEALTH INSURANCE FUND OF AUSTRALIA		
	Current years $	Prior years $	Total $
2016			
Gross claims expense			
Gross claims incurred - undiscounted	**131,089,903**	**(707,502)**	**130,382,401**
Discount movement	**—**	**—**	**—**
	131,089,903	**(707,502)**	**130,382,401**
Ambulance Levies	**600,288**	**—**	**600,288**
Risk equalisation expense			
Risk equalisation expense - undiscounted	**17,270,871**	**(463,941)**	**16,806,930**
Discount movement	**—**	**—**	**—**
	17,270,871	**(463,941)**	**16,806,930**
Net claims incurred	**148,961,062**	**(1,171,443)**	**147,789,619**
2015			
Gross claims expense			
Gross claims incurred - undiscounted	99,628,249	(662,421)	98,965,828
Discount movement	—	—	—
	99,628,249	(662,421)	98,965,828
Ambulance Levies	420,153	—	420,153
Risk equalisation revenue			
Risk equalisation revenue - undiscounted	14,408,274	276,724	14,684,998
Discount movement	—	—	—
	14,408,274	276,724	14,684,998
Net claims incurred	114,456,676	(385,697)	114,070,979

Current year amounts relate to risks borne in the current financial year. Prior period amounts relate to a reassessment of the risks borne in all previous financial years.

The Company values are the same as the consolidated values.

9 Other expenses

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
a) Other operating expenses				
Commission	**1,217,240**	5,499,116	**1,217,240**	5,499,116
Information technology	**1,035,346**	900,043	**1,035,346**	900,043
Depreciation	**815,679**	720,982	**815,679**	720,982
Post-employment benefits	**793,400**	709,280	**793,400**	709,280
Other employee benefits	**9,228,079**	8,063,255	**9,228,079**	8,063,255
Legal fees	**31,630**	85,790	**31,384**	84,315
Postage and telephone	**436,971**	385,448	**436,971**	385,448
Printing and stationery	**117,642**	135,781	**117,642**	135,781
Rental and property expenses	**571,391**	487,348	**571,391**	487,348
Advertising	**3,763,062**	3,454,919	**3,763,062**	3,454,919
Other expenses	**1,497,697**	1,291,884	**1,497,696**	1,291,882
	19,508,137	21,733,846	**19,507,890**	21,732,369
Reclassification to deferred acquisition costs	**(10,436,544)**	(13,634,221)	**(10,436,544)**	(13,634,221)
Reclassification to claims handling expenses	**(2,701,810)**	(2,441,317)	**(2,701,810)**	(2,441,317)
	6,369,783	5,658,308	**6,369,536**	5,656,831
b) Finance costs				
Financial charges and taxes	**713,057**	587,097	**712,987**	587,029
Reclassification to deferred acquisition costs	**(367,100)**	(309,530)	**(367,100)**	(309,530)
Reclassification to claims handling expenses	**(300,494)**	(225,777)	**(300,494)**	(225,777)
	45,463	51,790	**45,393**	51,722

10 Income tax

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Income tax expense				
Deferred tax	**208**	77	**–**	–
Total tax expense / (benefit) charged to profit or loss	**208**	77	**–**	–
Reconciliation between net profit before tax and tax expense				
Loss before income tax expense	**(5,567,182)**	(1,120,442)	**(5,567,876)**	(1,120,701)
Tax at the Australian tax rate of 30% (2015: 30%)	**(1,670,155)**	(336,133)	**(1,670,363)**	(336,210)
Exempt income of parent entity	**1,670,363**	336,210	**1,670,363**	336,210
Tax charge for the year	**208**	77	**–**	–

11 Cash and cash equivalents

	CONSOLIDATED 2016 $	CONSOLIDATED 2015 $	HEALTH INSURANCE FUND OF AUSTRALIA 2016 $	HEALTH INSURANCE FUND OF AUSTRALIA 2015 $
Cash on hand	**723**	2,500	**723**	2,500
Cash at bank and on call	**16,535,404**	5,875,967	**16,501,419**	5,844,948
Short-term deposits	**7,960,923**	11,059,121	**7,960,923**	11,059,121
	24,497,050	16,937,588	**24,463,065**	16,906,569

12 Receivables

	CONSOLIDATED 2016 $	CONSOLIDATED 2015 $	HEALTH INSURANCE FUND OF AUSTRALIA 2016 $	HEALTH INSURANCE FUND OF AUSTRALIA 2015 $
Current				
Premiums in arrears	**237,190**	401,874	**237,190**	401,874
Investment income receivable	**104,089**	150,463	**104,089**	150,463
Amounts due from the Federal Government Rebate Incentives Scheme	**3,339,682**	3,225,710	**3,339,682**	3,225,710
Other amounts receivable	**1,014,708**	723,043	**1,013,059**	720,731
	4,695,669	4,501,090	**4,694,020**	4,498,778

13 Other financial assets

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Current				
Term deposits	**22,104,761**	28,290,920	**22,104,761**	28,290,920
Non-current				
Investments in unit trusts	**49,367,029**	46,440,290	**49,367,029**	46,440,290

The group holds investments in unit trusts carried at fair value through profit or loss (FVTPL).

14 Investments in controlled entities

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
HIF Financial Services Pty Ltd	**—**	—	**1**	1
	—	—	**1**	1

The subsidiary company is 100% owned by Health Insurance Fund of Australia Limited.

15 Deferred acquisition costs

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Deferred acquisition costs at 1 July	**760,157**	623,269	**760,157**	623,269
Acquisition costs deferred	**10,803,644**	13,943,751	**10,803,644**	13,943,751
Recognised in income statement	**(11,563,801)**	(13,806,863)	**(11,563,801)**	(13,806,863)
Deferred acquisition costs at 30 June	**—**	760,157	**—**	760,157

16 Property, plant and equipment

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Land at fair value	**2,150,000**	2,150,000	**2,150,000**	2,150,000
Buildings at fair value	**10,819,191**	10,809,693	**10,819,191**	10,809,693
Less: accumulated depreciation	**527,512**	262,983	**527,512**	262,983
	12,441,679	12,696,710	**12,441,679**	12,696,710
Office furniture and equipment - at cost	**3,457,568**	3,119,154	**3,457,568**	3,119,154
Less: accumulated depreciation	**2,113,624**	1,622,406	**2,113,624**	1,622,406
	1,343,944	1,496,748	**1,343,944**	1,496,748
Motor vehicles - at cost	249,988	275,783	249,988	275,783
Less: accumulated depreciation	74,219	65,254	74,219	65,254
	175,769	210,529	175,769	210,529
Total property, plant and equipment	**13,961,392**	14,403,987	**13,961,392**	14,403,987

The basis of valuation for land and buildings is the fair value based on existing use. The Company's Board of Directors is of the opinion that this basis provides a reasonable estimate of the recoverable amount. There was a revaluation of the Company's freehold land and buildings in May 2014. The valuation was based on the fair market value of the property at that date by reference to several methodologies including summation method, capitalisation method and comparable rate method and was conducted in accordance with independent valuation standards.

The valuation was performed by Steven L Kish of Burgess Rawson who is a Certified Practising Valuer (Licensed Valuer # 498). Management does not believe that the fair market value of the properties has changed materially since the May 2014 valuation. The historic cost of the revalued land and buildings was $2,068,152.

16 Property, plant and equipment

	Land & Buildings $	Office Furniture & Equipment $	Motor Vehicles $	Total $
Reconciliation of property, plant and equipment 2016 - consolidated				
Carrying amount at 1 July 2015	**12,696,709**	**1,496,747**	**210,530**	**14,403,987**
Additions	**9,499**	**346,071**	**50,858**	**406,428**
Disposals	**—**	**(1,441)**	**(31,903)**	**(33,344)**
Depreciation expense	**(264,529)**	**(497,433)**	**(53,717)**	**(815,679)**
Carrying amount at 30 June 2016	**12,441,679**	**1,343,944**	**175,768**	**13,961,392**
Reconciliation of property, plant and equipment 2015 - consolidated				
Carrying amount at 1 July 2014	12,500,000	1,339,719	169,700	14,009,419
Additions	459,693	586,031	166,792	1,212,516
Disposals	—	(1,502)	(63,576)	(65,078)
Assets written off during the year	—	(31,888)	—	(31,888)
Depreciation expense	(262,983)	(395,613)	(62,386)	(720,982)
Carrying amount at 30 June 2015	12,696,709	1,496,747	210,530	14,403,987
Reconciliation of property, plant and equipment 2016 - Health Insurance Fund of Australia				
Carrying amount at 1 July 2015	**12,696,709**	**1,496,748**	**210,531**	**14,403,987**
Additions	**9,499**	**346,071.00**	**50,858.00**	**406,428.00**
Disposals	**—**	**(1,441)**	**(31,903)**	**(33,344)**
Depreciation expense	**(264,529)**	**(497,433)**	**(53,717)**	**(815,679)**
Carrying amount at 30 June 2016	**12,441,679**	**1,343,945**	**175,769**	**13,961,392**
Reconciliation of property, plant and equipment 2015 - Health Insurance Fund of Australia				
Carrying amount at 1 July 2014	12,500,000	1,339,719	169,701	14,009,419
Additions	459,693	586,031	166,792	1,212,516
Disposals	—	(1,502)	(63,576)	(65,078)
Assets written off during the year	—	(31,888)	—	(31,888)
Depreciation expense	(262,983)	(395,613)	(62,386)	(720,982)
Carrying amount at 30 June 2015	12,696,709	1,496,748	210,531	14,403,987

17 Investment property

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Fair value				
Completed investment property	**$4,164,060**	4,150,000	**$4,164,060**	4,150,000
Balance at beginning of year	**4,150,000**	4,150,000	**4,150,000**	4,150,000
Additions	**14,060**	—	**14,060**	—
Balance at end of year	**4,164,060**	4,150,000	**4,164,060**	4,150,000

All of the Group's investment property is held under freehold interests.

The fair value of the Group's investment property as at 30 June 2016 has been arrived at on the basis of a valuation carried out in May 2014 by Steven L Kish of Burgess Rawson, independent valuer not related to the Group. Mr Kish is a member of the Institute of Valuers of Australia, and has appropriate qualifications and recent experience in the valuation of properties in the relevant location.

The valuation was based on the fair market value of the property at that date by reference to several methodologies including summation method, capitalisation method and comparable rate method and was conducted in accordance with independent valuation standards. In estimating the fair value of the properties, the highest and best use of the property is its current use. Management does not believe that the fair market value of the properties has changed materially since the May 2014 valuation.

18 Trade and other payables

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Amounts due to the Risk Equalisation Trust Fund	**4,652,015**	4,482,738	**4,652,015**	4,482,738
Trade payables	**588,063**	589,595	**586,209**	589,512
Other creditors	**650,943**	1,315,685	**651,139**	1,315,719
	5,891,021	6,388,018	**5,889,363**	6,387,969

The average credit period on purchases is 30 days. No interest is charged on the trade payables for the first 30 days from the date of the invoice

19 Outstanding claims liability

		CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
		2016 $	2015 $	**2016 $**	2015 $
a) Outstanding claims liability					
Central estimate	**(A)**	**13,867,443**	12,591,734	**13,867,443**	12,591,734
Claims handling costs	**(B)**	**264,912**	268,060	**264,912**	268,060
Risk margin	**(C)**	**724,761**	673,967	**724,761**	673,967
Gross outstanding claims liability		**14,857,116**	13,533,761	**14,857,116**	13,533,761
Outstanding claims payable		**4,675,239**	1,760,400	**4,675,239**	1,760,400
Outstanding claims liability		**19,532,355**	15,294,161	**19,532,355**	15,294,161
Gross claims incurred - undiscounted	**(A) + (B) + (C)**	**14,857,116**	13,533,761	**14,857,116**	13,533,761
b) Reconciliation of movement in gross outstanding claims liability					
Brought forward	**(D)**	**13,533,761**	8,626,070	**13,533,761**	8,626,070
Effect of changes in assumptions		**(83,551)**	(192,603)	**(83,551)**	(192,603)
Increase in claims incurred / recoveries anticipated over the year		**14,857,116**	13,533,761	**14,857,116**	13,533,761
Incurred claims recognised in income statement	**(E)**	**14,773,565**	13,341,158	**14,773,565**	13,341,158
Claim payments/recoveries during the year	**(F)**	**13,450,210**	8,433,467	**13,450,210**	8,433,467
Carried forward	**(D)+(E)-(F)**	**14,857,116**	13,533,761	**14,857,116**	13,533,761

c) **Claims development tables**
The claims development table is not required where uncertainty about amount and timing is typically resolved within one year. As greater than 99.9% of the Company's claims are resolved within one year, the claims development table has not been included.

d) **Risk margins**
Uncertainty was analysed for each portfolio taking into account potential uncertainties relating to the actuarial models and assumptions, the data quality, the health insurance environment and the impact of legislative reform. As the Company is a single portfolio comprising two correlated classes of risk, no allowance is made for diversification when setting the risk margin. The risk margin applied to increase the level of adequacy of the central estimate to 80% is 5.1%.

20 Unearned premium liability

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Unearned premium liability at beginning of the period	**18,873,922**	18,873,922	**18,873,922**	14,511,389
Deferral of premiums on contracts paid in the period	**23,240,014**	18,873,922	**23,240,014**	18,873,922
Earning of premiums paid in previous periods	**(18,873,922)**	(18,873,922)	**(18,873,922)**	(14,511,389)
Unearned premium liability at the end of the period	**23,240,014**	18,873,922	**23,240,014**	18,873,922

21 Provisions for employee entitlements

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Current	**571,411**	517,866	**571,411**	517,866
Annual leave	**530,093**	415,897	**530,093**	415,897
Long service leave	**1,101,504**	933,763	**1,101,504**	933,763
Non-current				
Long service leave	**74,580**	99,471	**74,580**	99,471

22. Unexpired risk liability

		CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
		2016 $	2015 $	**2016 $**	2015 $
(a)	**Unexpired risk liability**				
	Unexpired risk liability opening balance	–	–	–	–
	Recognition / (release) of unexpired risk liability in the period	**622,972**	–	**622,972**	–
	Unexpired risk liability closing balance	**622,972**	–	**622,972**	–
(b)	**Calculation of deficiency**				
	Contributions in advance (CIA)				
	Unearned premium liability	**23,240,014**	18,873,922	**23,240,014**	18,873,922
	Less: related deferred acquisition costs	**–**	760,157	**–**	760,157
		23,240,014	18,113,765	**23,240,014**	18,113,765
	Future claims*	**22,728,197**	17,389,487	**22,728,197**	17,389,487
	Risk margin	**749,744**	724,278	**749,744**	724,278
		23,477,941	18,113,765	**23,477,941**	18,113,765
	Unexpired risk liability - CIA	**237,927**	–	**237,927**	–
	Constructive obligation (CO)				
	Unearned premium liability	**126,278,622**	116,470,367	**126,278,622**	116,470,367
	Less: related deferred acquisition costs	**–**	–	**–**	–
		126,278,622	116,470,367	**126,278,622**	116,470,367
	Future claims*	**122,618,793**	110,236,737	**122,618,793**	110,236,737
	Risk margin	**4,044,874**	4,591,402	**4,044,874**	4,591,402
		126,663,667	114,828,139	**126,663,667**	114,828,139
	Unexpired risk liability - CO	**385,045**	–	**385,045**	–
	Unexpired risk liability - CIA and CO	**622,972**	–	**622,972**	–

* Central estimate of present value of expected future cash flows arising from future claims including risk equalisation and policy handling expenses

The liability adequacy test identified a surplus for the combined portfolio of Hospital and General (Ancillary) contracts that are subject to broadly similar risks that are managed together as a single portfolio. The process for determining the overall risk margin of 5.0%, as with outstanding claims, is intended to achieve an 75% probability of adequacy.

The related deferred acquisition costs were recognised only to the extent of the surplus in the current year and in the prior year.

As health insurance contracts have no end date, unlike a general insurance contract, health funds are obliged to keep offering and renewing their products to members thus giving rise to a constructive obligation. The constructive obligation is required to be included when performing the liability adequacy test to determine the unexpired risk liability. It is generally recognised that whilst health insurance contracts have no end date, a health fund will be able to alter its product's prices at least annually (from 1 April), thus limiting the impact of the constructive obligation.

23 Reserves

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Reserves comprise revaluation of:				
Land and buildings	–	–	–	–

The land and buildings revaluation reserve arises on the revaluation of land and buildings. When revalued land or buildings are sold, the portion of the properties revaluation reserve that relates to that asset, and that is effectively realised, is transferred directly to retained earnings.

24 Reconciliation of net cash provided by operating activities to profit or loss

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Net loss from ordinary activities after tax	**(5,567,390)**	(1,120,519)	**(5,567,876)**	(1,120,701)
Adjustments for:				
Depreciation	**815,679**	720,982	**815,679**	720,982
Loss on sale and write-off of property, plant and equipment	**(13,998)**	(7,589)	**(13,998)**	(7,589)
Fair value (gains) / losses on financial assets	**(136,717)**	188,952	**(136,717)**	188,952
	(4,902,426)	(218,174)	**(4,902,912)**	(218,356)
Decrease / (increase) in deferred acquisition costs	**760,157**	(136,888)	**760,157**	(136,888)
Increase in unearned premium liability	**4,366,092**	4,362,533	**4,366,092**	4,362,533
Decrease / (increase) in contributions in arrears	**164,684**	(155,076)	**164,684**	(155,076)
Increase in outstanding claims	**4,238,194**	4,198,919	**4,238,194**	4,198,919
Increase in employee entitlements	**142,850**	246,382	**142,850**	246,382
Decrease in other assets	**208**	78	**–**	–
Increase in other debtors	**(405,637)**	(703,333)	**(406,300)**	(703,812)
(Decrease) / increase in creditors	**(496,997)**	3,312,238	**(498,606)**	3,311,751
Decrease / (increase) in interest receivable	**46,374**	(36,786)	**46,374**	(36,786)
Cash flows from operating activities	**4,536,471**	10,869,893	**4,533,505**	10,868,667

25 Related party disclosures

The names of each person holding the position of director of the Company during the financial year are: M. A. Dudley, G. N. Gibson , R. Homsany, T. S. Smith, N. J. Timoney and H. D. Zafer.

Directors of the Company are entitled to receive Company health benefits at subsidised rates applicable to all employees.

Transactions with related entities

Other than noted below there were no transactions with related entities in the current financial year.

Fees for Services

The Company provided management and administrative services to HIF Financial Services Pty Ltd for a fee of $24,000 for current financial year (2015: $24,000).

Key management personnel compensation

The aggregate compensation made to directors and other members of key management personnel of the Company and the Group is set out below:

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Short-term employee benefits	**1,564,959**	1,413,241	**1,564,959**	1,413,241
Post-employment benefits	**187,039**	178,691	**187,039**	178,691
	1,751,998	1,591,932	**1,751,998**	1,591,932

26 Remuneration of auditors

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Remuneration of the external auditor for audit of the consolidated financial statements of the Group and regulatory reporting (Deloitte Touche Tohmatsu)	**111,195**	110,250	**111,195**	110,250
Remuneration of the internal auditor for internal audit services (PricewaterhouseCoopers)	**59,619**	53,040	**59,619**	53,040
	170,814	163,290	**170,814**	163,290

27 Financial instruments

a) Financial risk

The Group is exposed to a number of forms of financial risk, the most significant being market risk. This section provides an explanation of the other aspects in which the Group is affected by financial risks.

(i) Market risk
The Group takes on exposure to market risks including, fair value risk, interest risk and price risk. Market risks arise from open positions in interest rates and equity products, all of which are exposed to general and specific market movements. The market risks that the Group primarily faces are equity risk and interest rate risk, due to the nature of its investments and liabilities.

Investment activity for the Group is undertaken in accordance with an investment policy established by the Board of Directors. The policy stipulates cash flow requirements, liquidity management, authorised investments and maximums, composition of portfolio, performance benchmarks and credit structure.

At 30 June, the Group had the following mix of financial assets exposed to equities price risk:

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Financial assets				
Investment in unit trusts	**49,367,029**	46,440,290	**49,367,029**	46,440,290

The unit trusts primarily invest in companies listed on the Australian Stock Exchange (ASX).

At 30 June, if the S&P/ASX 300 Index had moved, as illustrated in the table below, with all other variables held constant, post tax profit/equity would have been affected as follows:

	POST TAX PROFIT/EQUITY HIGHER/(LOWER)			
	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
+ 10% S&P/ASX 300 Index	**1,721,164**	1,589,708	**1,721,164**	1,589,708
- 10% S&P/ASX 300 Index	**(1,721,164)**	(1,589,708)	**(1,721,164)**	(1,589,708)

27 Financial instruments (continued)

(ii) Interest rate risk

The Group manages its exposure to interest rate risk through a diversified portfolio of investments including property and equity investments in addition to interest bearing assets. The interest bearing assets are further diversified in type and duration.

At balance date, the Group had the following mix of financial assets and liabilities exposed to Australian variable interest rate risk:

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Financial assets				
Cash and cash equivalents	**24,497,050**	16,937,588	**24,463,065**	16,906,569
Term deposits	**22,104,761**	28,290,920	**22,104,761**	28,290,920
	46,601,811	45,228,508	**46,567,826**	45,197,489

At 30 June, if interest rates had moved, as illustrated in the table below, with all other variables held constant, post tax profit and hence equity would have been affected as follows:

	POST TAX PROFIT/EQUITY HIGHER/(LOWER)			
	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
+ 1.0% (100 basis points)	**787,572**	757,717	**787,232**	757,407
- 0.5% (50 basis points)	**(393,786)**	(378,859)	**(393,616)**	(378,703)

The movements in profit/equity are due to higher/lower interest income from variable rate cash and term deposit balances.

(iii) Liquidity risk

The Company is exposed to daily calls on its available cash resources from policy claims. Liquidity risk is the risk that payment of obligations may not be met in a timely manner at a reasonable cost. The Company's Board sets limits on the minimum proportion of maturing funds available to meet such calls and to cover claims at unexpected levels of demand.

The following table reflects all contractually fixed pay-offs and receivables for settlement, repayments and interest resulting from recognised financial assets and liabilities at 30 June 2016. The undiscounted cash flows for the respective upcoming fiscal years are presented. Cash flows for financial assets and liabilities without fixed amount or timing are based on the conditions existing at 30 June 2016.

27 Financial instruments (continued)

Maturity analysis of financial assets and liabilities based on management's expectations

The risk implied from the values shown in the table below, reflects a balanced view of cash inflows and outflows. Payables and other financial liabilities mainly originate from the ongoing operations of the Group such as overhead expenses and investments in working capital. To monitor existing financial assets and liabilities as well as to enable an effective controlling of future risks, the Group has established comprehensive risk reporting covering its various business units that reflects expectations of management of expected settlement of financial assets and liabilities.

The financial assets at fair value through profit and loss categorised as maturing in less than or equal to 3 months have been categorised as such because there is no maturity date, however, they are disclosed as non current assets on the Statement of Financial Position as it is the intention to hold these investments for greater than 12 months.

Consolidated Year ended 30 June 2016	≤ 3 months $	>3-6 months $	>6-12 months $	>1-5 months $	>5 months $	Total $
Financial assets						
Cash and cash equivalents	**24,497,050**	**–**	**–**	**–**	**–**	**24,497,050**
Term deposits	**–**	**22,208,850**	**–**	**–**	**–**	**22,208,850**
Receivables	**4,591,580**	**–**	**–**	**–**	**–**	**4,591,580**
Financial assets at fair value through profit or loss	**49,367,029**	**–**	**–**	**–**	**–**	**49,367,029**
	78,455,659	**22,208,850**	**–**	**–**	**–**	**100,664,509**
Financial liabilities						
Payables	**(5,891,021)**	**–**	**–**	**–**	**–**	**(5,891,021)**
Net maturity	**72,564,638**	**22,208,850**	**–**	**–**	**–**	**94,773,488**
Year ended 30 June 2015						
Financial assets						
Cash and cash equivalents	16,937,588	–	–	–	–	16,937,588
Term deposits	–	28,441,383	–	–	–	28,441,383
Receivables	4,350,627	–	–	–	–	4,350,627
Financial assets at fair value through profit or loss	46,440,290	–	–	–	–	46,440,290
	67,728,505	28,441,383	–	–	–	96,169,888
Financial liabilities						
Payables	(6,388,018)	–	–	–	–	(6,388,018)
Net maturity	61,340,487	28,441,383	–	–	–	89,781,870

27 Financial instruments (continued)

Health Insurance Fund of Australia Year ended 30 June 2016	≤ 3 months $	>3-6 months $	>6-12 months $	>1-5 months $	>5 months $	Total $
Financial assets						
Cash and cash equivalents	**24,463,065**	**—**	**—**	**—**	**—**	**24,463,065**
Term deposits	**—**	**22,208,850**	**—**	**—**	**—**	**22,208,850**
Receivables	**4,589,931**	**—**	**—**	**—**	**—**	**4,589,931**
Financial assets at fair value through profit or loss	**49,367,029**	**—**	**—**	**—**	**—**	**49,367,029**
	78,420,025	**22,208,850**	**—**	**—**	**—**	**100,628,875**
Financial liabilities						
Payables	**(5,889,363)**	**—**	**—**	**—**	**—**	**(5,889,363)**
Net maturity	**72,530,662**	**22,208,850**	**—**	**—**	**—**	**94,739,512**
Year ended 30 June 2015						
Financial assets						
Cash and cash equivalents	16,906,569	—	—	—	—	16,906,569
Term deposits	—	28,441,383	—	—	—	28,441,383
Receivables	4,348,315	—	—	—	—	4,348,315
Financial assets at fair value through profit or loss	46,440,290	—	—	—	—	46,440,290
	67,695,174	28,441,383	—	—	—	96,136,557
Financial liabilities						
Payables	(6,387,969)	—	—	—	—	(6,387,969)
Net maturity	61,307,205	28,441,383	—	—	—	89,748,588

Maturity analysis of the Company's undiscounted outstanding claims liability on insurance contracts is as follows:

	≤ 3 months $	>3-6 months $	>6-12 months $	>1-5 months $	>5 months $	Total $
Year ended 30 June 2016	**17,940,153**	**1,093,738**	**398,771**	**99,693**	**—**	**19,532,355**
Year ended 30 June 2015	13,843,780	996,316	363,252	90,813	—	15,294,161

Fair value
The methods for estimating fair value are outlined in Note 1 m).

27 Financial instruments (continued)

Liquidity and interest risk tables

Consolidated 2016	Note	Floating interest rate $	Fixed interest maturing in: 1 year or less $	Fixed interest maturing in: 1 to 5 years $	Non interest bearing $	Total $
Financial assets						
Cash and cash equivalents	11	24,496,327	–	–	723	24,497,050
Term deposits	13		22,104,761	–	–	22,104,761
Contributions in arrears	12	–	–	–	237,190	237,190
Other receivables	12	–	–	–	4,354,390	4,354,390
Investment income receivable	12	–	–	–	104,089	104,089
Financial assets at fair value through profit and loss	13	–	–	–	49,367,029	49,367,029
		24,496,327	22,104,761	–	54,063,421	100,664,509
Weighted average interest rate		2.58%	2.99%			
Financial liabilities						
Payables	18	–	–	–	(5,891,021)	(5,891,021)
		–	–	–	(5,891,021)	(5,891,021)
Net financial assets		24,496,327	22,104,761	–	48,172,400	94,773,488

Consolidated 2015	Note	Floating interest rate $	Fixed interest maturing in: 1 year or less $	Fixed interest maturing in: 1 to 5 years $	Non interest bearing $	Total $
Financial assets						
Cash and cash equivalents	11	16,935,088	–	–	2,500	16,937,588
Term deposits	13		28,290,920	–	–	28,290,920
Contributions in arrears	12	–	–	–	401,874	401,874
Other receivables	12	–	–	–	3,948,753	3,948,753
Investment income receivable	12	–	–	–	150,463	150,463
Financial assets at fair value through profit and loss	13	–	–	–	46,440,290	46,440,290
		16,935,088	28,290,920	–	50,943,880	96,169,888
Weighted average interest rate		2.47%	2.98%			
Financial liabilities						
Payables	18	–	–	–	(6,388,018)	(6,388,018)
		–	–	–	(6,388,018)	(6,388,018)
Net financial assets		16,935,088	28,290,920	–	44,555,862	89,781,870

27 Financial instruments (continued)

Liquidity and interest risk tables

Health Insurance Fund of Australia 2016	Note	Floating interest rate $	Fixed interest maturing in: 1 year or less $	Fixed interest maturing in: 1 to 5 years $	Non interest bearing $	Total $
Financial assets						
Cash and cash equivalents	11	**24,462,342**	**–**	**–**	**723**	**24,463,065**
Term deposits	13		**22,104,761**	**–**	**–**	**22,104,761**
Contributions in arrears	12	**–**	**–**	**–**	**237,190**	**237,190**
Other receivables	12	**–**	**–**	**–**	**4,352,741**	**4,352,741**
Investment income receivable	12	**–**	**–**	**–**	**104,089**	**104,089**
Financial assets at fair value through profit and loss	13	**–**	**–**	**–**	**49,367,029**	**49,367,029**
		24,462,342	**22,104,761**	**–**	**54,061,772**	**100,628,875**
Weighted average interest rate		**2.58%**	**2.99%**			
Financial liabilities						
Payables	18	**–**	**–**	**–**	**(5,889,363)**	**(5,889,363)**
		–	**–**	**–**	**(5,889,363)**	**(5,889,363)**
Net financial assets		**24,462,342**	**22,104,761**	**–**	**48,172,409**	**94,739,512**

Health Insurance Fund of Australia 2015	Note	Floating interest rate $	Fixed interest maturing in: 1 year or less $	Fixed interest maturing in: 1 to 5 years $	Non interest bearing $	Total $
Financial assets						
Cash and cash equivalents	11	16,904,069	–	–	2,500	16,906,569
Term deposits	13		28,290,920	–	–	28,290,920
Contributions in arrears	12	–	–	–	401,874	401,874
Other receivables	12	–	–	–	3,946,441	3,946,441
Investment income receivable	12	–	–	–	150,463	150,463
Financial assets at fair value through profit and loss		–	–	–	46,440,290	46,440,290
Weighted average interest rate	13	16,904,069	28,290,920	–	50,941,568	96,136,557
		2.47%	2.98%			
Financial liabilities						
Payables	18	–	–	–	(6,387,969)	(6,387,969)
		–	–	–	(6,387,969)	(6,387,969)
Net financial assets		**16,904,069**	**28,290,920**	**–**	**44,553,599**	**89,748,588**

27 Financial instruments (continued)

b) Credit risk

The credit risk on financial assets of the Group is generally the carrying amount, net of any provisions for doubtful debts. Credit risk is mitigated by close management review of outstanding amounts which are regularly followed up and collected.

The table below provides information regarding the credit risk exposure of the Group at 30 June 2016 by classifying assets according to the Standard and Poors credit ratings of the counterparties. AAA is the highest possible rating. Assets that fall outside the range of AAA to BBB are classified as speculative grade.

The Group manages credit risk by setting investment limits based on counterparty credit ratings and the duration of investments. The compliance with these limits is reported to the Company's Board of Directors on a monthly basis.

Year ended 30 June 2016	AAA $	AA $	A $	BBB $	Not rated $	Total $
Consolidated						
Cash and cash equivalents	**7,810,953**	**16,685,374**	**—**	**—**	**723**	**24,497,050**
Term deposits	**—**	**22,104,761**	**—**	**—**	**—**	**22,104,761**
Receivables	**3,339,682**	**104,089**	**—**	**—**	**1,251,898**	**4,695,669**
Financial assets at fair value through profit or loss	**—**	**—**	**—**	**—**	**49,367,029**	**49,367,029**
Total	**11,150,635**	**38,894,224**	**—**	**—**	**50,619,650**	**100,664,509**
Year ended 30 June 2015						
Consolidated						
Cash and cash equivalents	7,641,030	9,294,058	—	—	2,500	16,937,588
Term deposits	—	28,290,920	—	—	—	28,290,920
Receivables	3,225,710	150,463	—	—	1,124,917	4,501,090
Held to maturity investments	—	—	—	—	—	—
Financial assets at fair value through profit or loss	—	—	—	—	46,440,290	46,440,290
Total	10,866,740	37,735,441	—	—	47,567,707	96,169,888

The AAA rated receivables reflected above are due from Medicare Australia, a body administered and managed by the Federal Government. The Group's policy does not permit investment in any security rated below Standard and Poors' long- term A rating.

c) Currency risk

All financial assets and liabilities of the Group are denominated in Australian dollars.

27 Financial instruments (continued)

Reconciliation of net financial assets to net assets

		CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	Note	**2015 $**	2015 $	**2016 $**	2015 $
Net financial assets	27(a)	**94,773,488**	89,781,870	**94,739,512**	89,748,588
Investment in controlled entities	14	**—**	—	**1**	1
Deferred acquisition costs	15	**—**	760,157	**—**	760,157
Property, plant and equipment	16	**13,961,392**	14,403,987	**13,961,392**	14,403,987
Investment property	17	**4,164,060**	4,150,000	**4,164,060**	**4,150,000**
Deferred tax asset		**1,296**	1,504	**—**	—
Current liabilities	19,20,21	**(44,496,845)**	(35,101,846)	**(44,496,845)**	(35,101,846)
Non-current liabilities	21	**(74,580)**	(99,471)	**(74,580)**	(99,471)
Net assets per the balance sheet		**68,328,811**	73,896,201	**68,293,540**	73,861,416

Net fair value of financial assets and liabilities per the balance sheet

The net fair value of financial assets and liabilities approximate their carrying value.

Fair value measurements recognised in the consolidated statement of financial position

The following table provides an analysis of financial instruments that are measured subsequent to initial recognition at fair value, grouped into levels 1 to 3 based on the degree to which the fair value is observable.

- Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2 fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices).
- Level 3 fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data (unobservable inputs).

Year ended 30 June 2016	**Level 1 $**	**Level 2 $**	**Level 2 $**	**Total $**
Financial assets at fair value through profit or loss	**—**	**49,367,029**	**—**	**49,367,029**

Year ended 30 June 2015	Level 1 $	Level 2 $	Level 2 $	Total $
Financial assets at fair value through profit or loss	—	46,440,290	—	46,440,290

27 Financial instruments (continued)

Fair value of the Group's financial assets and financial liabilities that are measured at fair value on a recurring basis

Some of the Group's financial assets and financial liabilities are measured at fair value at the end of each reporting period. The following table gives information about how the fair values of these financial assets and financial liabilities are determined (in particular, the valuation technique(s) and inputs used).

Financial assets / financial liabilities	Fair value as at		Fair value hierarchy	Valuation technique(s) and key input(s)	Significant unobservable input(s)	Relationship of unobservable inputs to fair value
	30 June 2016 $	30 June 2015 $				
Other financial assets - unit trusts	49,367,029	46,440,290	Level 2	Stated at the redemption price quoted by the trust managers as at the reporting date.	N/A	N/A

There were no transfers between Level 1 and 2 in the period.

28 Operating lease arrangements

Operating lease receivables relates to both of the two properties owned by the Group. Level 2 and 3 of 60 - 62 Stirling Street, Perth, have an original lease term of 2 years, which ended on 31 October 2015, with an option to extend for a further 2 year period. The lessee has not excercised their option for a further two year lease term. The lessee does not have an option to purchase the property at the expiry of the lease period.

Ground level of 100 Stirling Street, Perth, has a lease term of 7 years, which ends on 14 December 2021. The lessee does not have an option to purchase the property at the expiry of the lease period.

The property rental income earned by the Group from its properties, which are leased out under operating leases, amounted to $360,563 (2015: $311,097). Direct operating expenses arising on the investment property in the period amounted to $159,040 (2015: $128,060).

Non-cancellable operating lease receivables

	CONSOLIDATED		HEALTH INSURANCE FUND OF AUSTRALIA	
	2016 $	2015 $	**2016 $**	2015 $
Not later than 1 year	**66,066**	138,308	**66,066**	138,308
Later than 1 year and not longer than 5 years	**128,901**	130,806	**128,901**	130,806
Later than 5 years	**—**	—	**—**	54,407
	194,967	269,114	**194,967**	323,521

29 Subsequent events

There has not arisen in the interval between 30 June 2016 and the date of this report, any item, transaction or event of a material and unusual nature likely, in the opinion of the Board of Directors of the Company, to effect significantly the operations of the Group, the results of its operation, or the state of affairs of the Group in future years, other than the matters disclosed in this report.

Health Insurance Fund Of Australia Limited
Directors' Declaration

The Directors declare that in the Directors' opinion:

(a) there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable;

(b) the attached financial statements and notes thereto are in accordance with the Corporations Act 2001, including compliance with accounting standards and giving a true and fair view of the financial position and performance of the company and the group;

(c) the financial statements and notes thereto are in compliance with International Financial Reporting Standards issued by the International Accounting Standards Board, as stated in note 1 (c).

Signed in accordance with a resolution of the Directors made pursuant to s.295(5) of the Corporations Act 2001 (Cth).

On behalf of the Directors

R.'Homsan Director

Perth, 20 September 2016

Deloitte.

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Independent Auditor's Report to the members of Health Insurance Fund of Australia Limited

We have audited the accompanying financial report of Health Insurance Fund of Australia Limited, which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, the statement of cash flows and the statement of changes in equity for the year ended on that date, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration of the consolidated entity, comprising the company and the entities it controlled at the year's end or from time to time during the financial year as set out on pages 12 to 55.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error. In Note 1, the directors also state, in accordance with Accounting Standard AASB 101 *Presentation of Financial Statements*, that the consolidated financial statements comply with International Financial Reporting Standards.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control, relevant to the entity's preparation of the financial report that gives a true and fair view, in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

Deloitte.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Auditor's Independence Declaration

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of Health Insurance Fund of Australia Limited, would be in the same terms if given to the directors as at the time of this auditor's report.

Opinion

In our opinion:

(a) the financial report of Health Insurance Fund of Australia Limited is in accordance with the *Corporations Act 2001*, including:

   (i) giving a true and fair view of the company's and consolidated entity's financial position as at 30 June 2016 and of their performance for the year ended on that date; and

   (ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

(b) the consolidated financial statements also comply with International Financial Reporting Standards as disclosed in Note 1.

DELOITTE TOUCHE TOHMATSU

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John Sibenaler
Partner
Chartered Accountants
Perth, 20 September 2016