



# SUMMARISED ANNUAL REPORT

**2022**



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The signed audited financial statements of Witbank Coalfields Medical Aid Scheme have not been submitted to the CMS and might be subject to change as may be directed by the CMS.

## Notice of the 88<sup>th</sup> Annual General Meeting

Dear Member

### **NOTICE TO MEMBERS OF THE WITBANK COALFIELDS MEDICAL AID SCHEME (WCMAS) ANNUAL GENERAL MEETING TO BE HELD ON 27 JUNE 2023**

In terms of Rule 26.1.2 of the WCMAS Scheme Rules the notice convening the Annual General Meeting, containing the Agenda, Annual Financial Statements, Auditors Report and Board of Trustees Report, must be sent to members at least 21 days before the date of the meeting.

Adhering to the above, notice is hereby given that the 88th annual general meeting of members of the Witbank Coalfields Medical Aid Scheme, will be held in the boardroom of the Scheme, WCMAS Building, cnr OR Tambo Road & Susanna Street, Emalahleni, on Tuesday, 27 June 2023 at 14h00 or via the virtual meeting room. Please bring your member card and proof of identity for validation.

The detailed agenda for the meeting and the Summarised Annual Report for 2022 is contained herein. Notices of motions to be placed before the Annual General Meeting must reach the Acting Principal Officer no later than seven days prior to the date of the meeting. Members who wish to place matters on the agenda must provide full details of the issues to be raised, the reasons for this and the desired actions and outcomes related to the motion. This is to ensure that Members receiving notification of these agenda items can make an informed decision on the matter put before them. Notices of motions that are not consistent with the Scheme Rules or the Medical Schemes Act will not be accepted. Matters sought to be placed on the agenda must reach the Acting Principal Officer by no later than 16h30 on Thursday, 15 June 2023 via email to [agm@wcmas.co.za](mailto:agm@wcmas.co.za)

This notice also serves as a call for nominations in respect of the 2023 Witbank Coalfields Medical Aid Scheme Trustee elections. The Board of Trustees hereby invites nominations for candidates (nominees) from amongst the Principal Members of the Scheme, to stand for election to serve on the WCMAS Board. Nominees must be fit and proper to stand for election and to serve on the Board. Fit and proper refers to the eligibility of a person to hold an important position of trust in an entity such as a medical scheme in terms of the Medical Schemes Act and the Scheme Rules. The duties of Trustees are described in the Scheme Rules and in the Medical Schemes Act 131 of 1998, as amended (Act).

Members wishing to submit a nomination are to use the nomination form, which can be found on [www.wcmas.co.za](http://www.wcmas.co.za). Nominations, together with an abridged CV and copy of the ID, must be clearly marked. Nominations submitted without the signature of the nominee and/or the required documentation attached will not be considered.

Nominations of candidates to stand election to serve on the Board of Trustees must reach the Scheme by no later than Thursday, 15 June 2023 via email to [nominations@wcmas.co.za](mailto:nominations@wcmas.co.za).

We wish to thank you, our members, for your loyal support and look forward to your participation in the upcoming AGM.

**BY ORDER OF THE BOARD OF TRUSTEES  
29 MAY 2023**

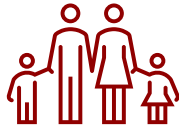


## Agenda for the 88<sup>th</sup> Annual General Meeting

1. Notice of meeting
2. Welcome
3. Minutes - Confirmation of the minutes of the 87th annual general meeting held on 29 June 2022
4. Report of the Board of Trustees
5. Report of the Principal Officer
6. Presentation of Summarised Annual Financial Statements
7. Presentation of Unit profitability report
8. Approval of trustee remuneration
9. Approval of auditor's remuneration
10. Appointment of auditors for 2023 in terms of Rule 25
11. Election of office bearers
12. General



Snapshot



**24 451**

total beneficiaries

**9 354**

principal members

**29.7**

average beneficiary age

**5.3%**

pensioner ratio

**2.6**

average family size



**5 374**

hospital cases authorised

**575 802 100**

claims paid



**R622 565 872**

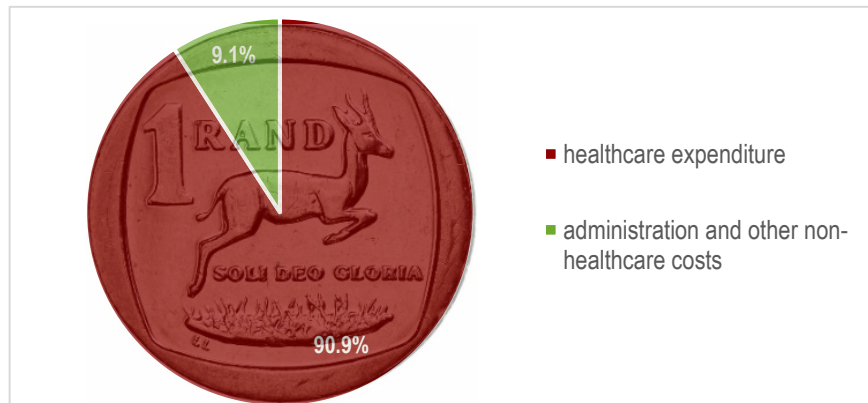
in reserves

**90.7%**

solvency ratio



how each Rand you contributed was spent







## Report of the Board of Trustees

The Board of Trustees hereby presents its report for the year ended 31 December 2022.

### 1. ABOUT THE WITBANK COALFIELDS MEDICAL AID SCHEME ('WCMAS')

The Witbank Coalfields Medical Aid Scheme (WCMAS) is a non-profit, restricted membership, self-administered medical aid scheme governed by the Medical Schemes Act of South Africa, as amended, (the Act) and is regulated by the Council for Medical Schemes. It has been serving its members, associated employer groups and the coal mining industry, for over 80 years.

WCMAS originated from the amalgamation of a number of "medical clubs" operated by some of the Coal Mines in the Witbank area. These "medical clubs" date back to the early 1920's and mainly offered their members hospital benefits for a monthly membership fee. In 1935, these "medical clubs" amalgamated and formed the Witbank Coalfields Benefit Society (WCBS), a non-profit organisation offering its members medical cover mainly through a panel doctor system. With the development in the coal mining industry the Scheme flourished and in 1976 it changed from a benefit society to a medical aid scheme, offering members a wide range of benefits at service providers of their choice.

Serving a niche market and being managed by a Board of Trustees representing major stakeholders and members, the Scheme has designed cover to meet both the healthcare and affordability needs of a broad spectrum of coal mining employees to provide value that significantly surpasses that which can be offered by most open schemes. This superior product set is underpinned by personalized service from a regional operations team who understand the coal mining industry and the region. The Scheme has robust reserves, making WCMAS a solid and trusted medical scheme for the coal mining industry.

### 2. BENEFIT OPTIONS

The Scheme's benefit options remained largely unchanged during the 2022 year, except for the deregistration of the Yebomed option due to the migration of all the members thereon to Ntsika.

The Scheme's Comprehensive option provides complete peace of mind benefits at competitive rates. Contributions are linked to the income levels of members which allows for better cross subsidization of continuation members who retire on the option. The day-to-day component of cover is funded largely by a Medical Savings Account (MSA) accumulating at 25% of contributions. Savings not used are carried forward to the next benefit year. Comprehensive is by far the option of choice for WCMAS members and contributes 70% of the Scheme's total membership.

The Ntsika option is designed to provide lower earning employees an affordable primary care focused insurance option. Members make use of private healthcare facilities of their choice within the Ntsika network, which is managed by Universal Health. Day to day expenditure focuses largely on primary care and is funded from insured benefits. Contributions are based on income, with the lowest premium being R990 per member per month. Members would be hard pressed to find a similar option at such low premiums. The option is the Scheme's second largest benefit option with 26% of the Scheme's membership.

The Midmas option allows for middle-range in hospital benefits and a discretionary MSA for day to expenditure at 20% of contributions. Membership on this option remains relatively low with only 452 members but has grown by 28.6% compared to prior year.

### 3. MEDICAL SAVINGS ACCOUNTS

Witbank Coalfields Medical Aid Scheme provides personal medical savings account options through the Comprehensive and Midmas options. The savings plan was established to meet day-to-day healthcare costs not fully covered by the risk pool.

Personal medical savings are managed on the members' behalf in terms of the Scheme rules and the Medical Schemes Act, as amended. Unexpended savings amounts are accumulated for the long-term benefit of the member and interest is accumulated on the effective interest method. The liability to the members in respect of the savings plan is reflected as a current liability in the financial statements, in terms of Regulation 10. In terms of the rules of the Scheme, the Scheme carries some risk relating to forward allowance of savings account utilisation.

Savings contributions are refundable when a member enrolls in another benefit option or another medical scheme without a personal medical savings account, or does not enrol in another medical scheme, and the accumulated unutilised personal medical savings account balance will be transferred to the member in terms of the Scheme's rules.



#### 4 SCHEME MANAGEMENT AND THIRD-PARTY SERVICE PROVIDERS

Trustees in office during the year under review:

##### Member elected

JC de Carvalho

KL Leripa

RV Mnguni

MBL Modise

Re-elected on 29 June 2022

R Prinsloo

Re-elected on 29 June 2022

M Wenum

##### Employer appointed

TM Masike (Chairperson)

Seriti

Elected Chairperson on 18 April 2023

OA Maritz

Thungela

Re-appointed on 29 June 2022

CIA Maslow (Vice-Chairperson)

Thungela

Resigned on 1 April 2023

Appointed on 1 April 2023. Elected

Vice-Chairperson on 18 April 2023

M Dugmore

Thungela

Resigned on 21 February 2023

MM Makgolane

Thungela

Appointed on 1 April 2023

N Pitjeng

Seriti

HG Schoeman

Glencore

S Viljoen

Glencore

AR Bates (Alternate to HG Schoeman and S Viljoen)

Glencore

JT Musie (Alternate to M Dugmore)

Thungela

Resigned on 21 February 2023

S Seakamela (Alternate to OA Maritz)

Thungela

Resigned on 1 April 2023

##### Non-voting stakeholder representatives invited to observe Board of Trustee meetings during the year under review:

S Matthews

SACMA

##### Principal Officer

MA Anthony

Acting

##### Statutory Manager

JM Damons

Appointed 18 July 2022

##### Actuaries

*3One Consulting Actuaries*

52 Grosvenor Road

Bryanston

Sandton

##### Administration

WCMAS was self-administered for this financial year ending 31 December 2022. Select administration functions and network management for the Ntsika option:

*Universal Healthcare Administrators (Pty) Ltd*

Universal House

15 Tambach Road

Sunninghill Park

Sandton

##### Principal Bankers

*Nedbank Limited*



### Managed Healthcare

*Universal Care (Pty) Ltd*  
 Universal House  
 15 Tambach Road  
 Sunninghill Park  
 Sandton

*Performance Health (Pty) Ltd*  
 10 Kikuyu Road  
 Sunninghill  
 Sandton

*ER24*  
 371 Rivonia Boulevard  
 Sandton

Non-accredited managed healthcare services were provided by Medikredit:  
 Medikredit Integrated Healthcare Solutions (Pty) Ltd  
 10 Kikuyu Road  
 Sunninghill  
 Sandton

### Asset Managers

*Aluwani Capital Partners*  
 Aluwani House  
 24 Georgian Crescent East  
 Bryanston East  
 Johannesburg

*Coronation Fund Managers*  
 7th Floor  
 MontClare Place  
 Cnr Campground & Main Road  
 Claremont  
 Cape Town

*NinetyOne Investment Managers*  
 100 Grayston Drive  
 Sandown  
 Sandton

*M&G Investments*  
*Formerly Prudential Investment Managers*  
 Loft Offices East  
 31 Tyrwhitt Avenue  
 Rosebank  
 Johannesburg

### Investment Manager

*Willis Towers Watson*  
 Illovo Edge  
 1 Harries Road  
 Illovo  
 Sandton

### External Auditor

*PricewaterhouseCoopers Inc*  
 WCMAS Building  
 Cnr Susanna and OR Tambo  
 Emalahleni  
 Mpumalanga

### Internal Auditor

*Nexia SAB&T Inc*  
 119 Witch-Hazel Avenue  
 Highveld Technopark  
 Centurion

### WCMAS Registered Office and

WCMAS Building  
 Cnr Susanna and OR Tambo  
 eMalahleni

### WCMAS Postal Address

PO Box 26  
 eMalahleni  
 1035

## 5 CORPORATE GOVERNANCE

The WCMAS Board of Trustees is committed to the principles and practice of fairness, responsibility, transparency and accountability in all dealings with its stakeholders. The Board of Trustees is also fully committed to, and has applied, the Principles and the Code of Corporate Practices and Conduct as set out in the King Report on Governance where applicable to Medical Schemes.

### 5.1 Board of Trustees

The Board of Trustees comprises at least 10 members, fifty percent of whom are appointed by participating employer groups and fifty percent who are nominated and elected by the members of the Scheme. All trustees serve a two-year period of office with a maximum of three successive terms. This is in accordance with the provisions of the Medical Schemes Act of South Africa, as amended, and the Rules of the Scheme. All changes to the Board of Trustees are noted in section 4 of this report.





The Board of Trustees met regularly and critically monitored the performance of the management of the Scheme. The Board of Trustees addressed a range of key issues and ensured that discussion on items of policy, strategy, risk management and service delivery were informed and constructive.

To assist in the performance of their duties, the Board of Trustees received actuarial and legal advice from experienced and well-qualified consultants. All Trustees have access to the advice and services of the Principal Officer and when required may seek independent professional advice at the expense of the Scheme.

The Principal Officer and Fund Manager attend all meetings of the Board of Trustees.

### 5.2 Committees of the Board of Trustees

The Board of Trustees has established sub-committees to assist it in its duties. All committees meet regularly and consist of both Trustees and non-trustee members who have been appointed for their skills relating to the responsibilities of each committee. Each committee is mandated by the Board of Trustees by means of a written charter as to its membership, authority and duties. The Principal Officer and Fund Manager attend all committee meetings.

### 5.3 Audit and Governance Committee

The Scheme has an established Audit Committee, which was set up in accordance with Section 36 of the Act. The Committee consisted of six members during the year, two of whom are members of the Board of Trustees. The chairperson of the Committee may not be a trustee.

Representatives of Scheme management, the internal auditors and the external auditors attend meetings, by invitation. The Principal Officer, external auditors, internal auditors, and the Fund Manager have unrestricted access to the Chairperson of the Committee.

In accordance with the provisions of the Act, the primary functions and responsibilities of the Committee are to assist the Board of Trustees in carrying out its duties relating to the Scheme's accounting policies, internal control systems and financial reporting practices.

The external and internal auditors formally report to the Committee on significant findings regarding accounting matters and any significant internal control deficiencies arising from the auditing activities.

The Committee Chairperson provides a verbal report on the Committee's work to the Board of Trustees after each Audit and Governance Committee meeting. The minutes of the Audit and Governance Committee Meetings are also circulated to the Board of Trustees.

The report of the Audit and Governance Committee is presented on page **Error! Bookmark not defined.** of the Annual Report.

The audit and governance committee comprised of the following members during the year under review:

AJ de Klerk	Chairperson	Non-trustee member
RC Joseph		Non-trustee member
OA Maritz	Resigned 1 April 2023	Trustee member
A Nienaber		Non-trustee member
MH Pearson		Non-trustee member
R Prinsloo		Trustee member

### 5.4 Investment Committee

The Investment Committee is mandated to manage the Scheme's investments in line with its stated investment objectives and strategy, as approved by the Board of Trustees. The Scheme's investment objectives are to maximize the return on its investments on a long-term basis at minimal risk. The investment strategy takes into consideration the constraints imposed by legislation and the strategies of the Board of Trustees with the following mandate:

- achieve a return that exceeds consumer price inflation ("CPI") by 3.0% per annum (net of fees) over a three year period,
- capital preservation over a 12 month period;
- investments are only made in highly rated institutions with moderate risk; and
- investments are made in compliance with the regulations of the Act.

The Committee consisted of five members, two of whom were members of the Board of Trustees. Representatives of Scheme management and the asset managers attend meetings, by invitation.

The investment committee comprised of the following members during the year under review:



OA Maritz	Chairperson. Resigned 1 April 2023	Trustee member
RC Joseph		Non-trustee member
A Nienaber		Non-trustee member
MH Pearson		Non-trustee member
WL Skosana	Appointed 27 September 2022	Non-trustee member

The Committee Chairperson provides a verbal report on the Committee's work to the Board of Trustees after each Investment Committee meeting. The minutes of the Investment Committee meetings are also circulated to the Board of Trustees.

### 5.5 Remuneration Committee

The committee's primary objective is to develop, manage and monitor all remuneration and remuneration related matters by recommending appropriate remuneration values and strategies to the Board of Trustees for approval, and by so doing, to ensure the objectivity and credibility of the remuneration and bonus system (staff only), for the Board of Trustees, sub-committees, Principal Officer and other members of management and staff.

The committee consisted of four members, three of whom do not receive remuneration for attending meetings. The remuneration committee comprised of the following members during the year under review:

J Perkes	Chairperson Appointed on 29 April 2022	Non-trustee member
M Dugmore	Resigned 23 February 2023	Trustee member
TM Masike		Trustee member
S Viljoen		Trustee member

### 5.6 Disputes Committee

The committee consisted of three members. The members are not members of the Board of Trustees and only meet when a dispute arises that necessitates their meeting. The disputes committee comprised of the following members during the year under review:

M Botha	Non-trustee member
F Kruger	Non-trustee member
E Wiese	Non-trustee member

### 5.7 Review Committee

The committee is comprised of the Chairpersons of each subcommittee as well as an Investment Committee representative. The Committee's primary objective is to review the skill and functioning of the Board, its sub-committees and the Principal Officer, including fit and proper assessments, office duration, succession planning, meeting attendance and overall performance evaluation.

The review committee comprised the following members during the year under review:

OA Maritz	Chairperson. Resigned 1 April 2023	Chairperson of the Board of Trustees
J De Klerk		Chairman of the Audit and Governance Committee
M Dugmore	Resigned 23 February 2023	Chairperson of the Remuneration Committee
RC Joseph		Investment Committee representative



## 5.8 Attendance of Board and Committee Meetings

	Board of Trustees	Audit and Governance Committee	Investment Committee	Remuneration Committee	Review Committee	Total
<b>Number of meetings</b>	<b>11</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>19</b>
OA Maritz <sup>1</sup>	11	4	2	-	1	18
TM Masike <sup>2</sup>	9	-	-	1	-	10
JC de Carvalho	10	-	-	-	-	10
M Dugmore <sup>3</sup>	10	-	-	-	1	11
KL Leripa	0	-	-	-	-	0
RV Mnguni	5	-	-	-	-	5
MBL Modise	7	-	-	-	-	7
R Prinsloo	9	3	-	-	-	12
N Pitjeng	7	-	-	-	-	7
HG Schoeman	10	-	-	-	-	10
S Viljoen	8	-	-	1	-	9
M Wenum	7	-	-	-	-	7
AR Bates <sup>4</sup>	2	-	-	-	-	2
JT Musie <sup>5</sup>	1	-	-	-	-	1
S Seakamela <sup>6</sup>	0	-	-	-	-	0
S Matthews <sup>7</sup>	8	-	-	-	-	8
J Perkes <sup>8</sup>	-	-	-	1	-	1
J de Klerk <sup>9</sup>	-	3	-	-	1	4
RC Josephs	-	4	2	-	0	6
A Nienaber	-	2	1	-	-	3
MH Pearson	-	4	1	-	-	5
W Skosana <sup>10</sup>	-	-	-	-	-	0

<sup>1</sup> Chairperson of the Board of Trustees, Chairperson of the Investment Committee; and Chairperson of the Review Committee. Resigned 1 April 2023.

<sup>2</sup> Chairperson of the Board of Trustees from 18 April 2023.

<sup>3</sup> Vice-Chairperson of the Board of Trustees until 21 February 2023; and Chairperson of the Remuneration Committee until 29 April 2022.

<sup>4</sup> Alternate to HG Schoeman and S Viljoen.

<sup>5</sup> Alternate to M Dugmore.

<sup>6</sup> Alternate to OA Maritz.

<sup>7</sup> SACMA observer.

<sup>8</sup> Appointed 29 April 2022. Remuneration Committee Chairperson from 29 April 2022.

<sup>9</sup> Audit and Governance Committee Chairperson.

<sup>10</sup> Appointed 27 September 2022.

## 5.9 Trustees' and Committee Members' Remuneration

The members of the Board of Trustees and Committee have been remunerated for services rendered to the Scheme based on expertise, skills and time needed to serve as a Trustee or Committee member. The Scheme's Remuneration committee was tasked with implementing a remuneration philosophy and policy for the Trustees and officers of the Scheme, which is approved by the members at the Annual General Meeting. Not all Trustee and Committee members exercise their right to remuneration due to alternative arrangements with their employers. Trustee and Committee member remuneration is disclosed in note 16 to the Annual Financial Statements.

## 6 STAKEHOLDER ENGAGEMENT AND RELATIONSHIPS

We engage with stakeholders to create an effective network that benefits all. The network ultimately supports members as our priority. We aim to resolve a member query at the first point of contact.

Our network relies on the Scheme's human resources, outsourced partners such as our managed care organisation and the sub-contractor for administration on the Ntsika option. Each is tasked with supporting



and engaging with various stakeholders as and when a query arises. These are captured as operating procedures and are governed by Service Level Agreements (SLAs) with partners and service providers. Escalating a matter to the Scheme is defined in SLAs. Service providers send the Scheme monthly reports to highlight engagement interactions and matters of concern.

Internal stakeholder escalation processes allow for matters to be communicated to the relevant executives. They ensure that monthly reports to the Board highlight material stakeholder concerns.

### 6.1 Engagement Topics

Key stakeholder	Typical frequency of interaction	Methods of engagement	Summary of concerns and needs arising from interactions	Scheme response
Members	Daily/ Weekly/ Monthly	<ul style="list-style-type: none"> <li>- Onsite consultants</li> <li>- Walk-in center</li> <li>- Telephone</li> <li>- Email</li> <li>- SMS</li> <li>- Website</li> </ul>	<ul style="list-style-type: none"> <li>- Understanding of benefits</li> <li>- Claims not paid</li> </ul>	<ul style="list-style-type: none"> <li>- Onsite consultant to assist members to understand benefits their home language and at their place of work.</li> <li>- Continuous training of officials who engage with members such as HR and union representatives onsite.</li> <li>- Communication on reasons for short or non-payment of claim.</li> </ul>
Universal Care	Weekly/ monthly/ quarterly	<ul style="list-style-type: none"> <li>- Management meetings</li> <li>- Written reports.</li> <li>- Feedback presentations</li> <li>- Ad hoc meetings</li> </ul>	<ul style="list-style-type: none"> <li>- Healthcare expenditure</li> <li>- Fraud, waste, and abuse exposure</li> <li>- Health risk management activities</li> <li>- Managed healthcare savings achieved.</li> </ul>	<ul style="list-style-type: none"> <li>- Regular reviews against the budget and market trends (benchmarks)</li> <li>- Reviews to ensure members on managed care programs are compliant with their care plans</li> </ul>
Performance Healthcare	Weekly/ monthly/ quarterly	<ul style="list-style-type: none"> <li>- Management meetings</li> <li>- Board meetings</li> <li>- Ad hoc meetings</li> </ul>	<ul style="list-style-type: none"> <li>- Healthcare expenditure</li> <li>- Health risk management activities</li> <li>- Fraud, waste and abuse exposure</li> <li>- Managed healthcare savings achieved.</li> </ul>	<ul style="list-style-type: none"> <li>- Regular reviews against the budget and market trends (benchmarks)</li> </ul>
MIP	Weekly/ monthly/ quarterly	<ul style="list-style-type: none"> <li>- Management meetings</li> <li>- Ad hoc meetings</li> </ul>	<ul style="list-style-type: none"> <li>- Administration system software support</li> <li>- System enhancements</li> <li>- Benefit roll over</li> <li>- Business intelligence reporting</li> </ul>	<ul style="list-style-type: none"> <li>- Monthly review of service request against agreed SLA</li> <li>- Weekly feedback meeting on system defects and enhancements</li> </ul>
Universal Health Administrators	Weekly/ monthly/ quarterly	<ul style="list-style-type: none"> <li>- Management meetings</li> <li>- Written reports</li> <li>- Board meetings</li> <li>- Ad hoc meetings</li> </ul>	<ul style="list-style-type: none"> <li>- Member interactions via call centre</li> <li>- Member dissatisfaction with network and/or benefits</li> </ul>	<ul style="list-style-type: none"> <li>- The scheme appointed onsite consultants for its large employer group sites to provide additional client service to members in person.</li> <li>- Monthly review of performance against agreed service levels.</li> </ul>
Council for Medical Schemes (CMS)	Monthly Quarterly Annually Ad hoc	<ul style="list-style-type: none"> <li>- Regulatory returns</li> <li>- Formal correspondence</li> <li>- Circulars</li> <li>- See item 6.2</li> </ul>	<ul style="list-style-type: none"> <li>- See item 6.2</li> </ul>	<ul style="list-style-type: none"> <li>- Collaboration and engagement with the Statutory Manager</li> <li>- Attendance by the Statutory Manager at all Board of Trustees and Audit and Governance Committee meetings.</li> </ul>

### 6.2 CMS Inspection Update



In 2020 the CMS commissioned an investigation into the Scheme's governance in terms of section 44(4)(a) of the Medical Schemes Act. The Regulator made various recommendations and recommended the appointment of a Statutory Manager in terms of section 5A of the Financial Institutions (Protection of Funds) Act, 28 of 2001 to oversee their implementation. The appointment of Mr Juanito Damons as the Statutory Manager was jointly concluded by the Scheme and the CMS on 18 July 2022. The Statutory Manager attends all Board of Trustee and Audit and Governance meetings of the Scheme. He also has ad hoc meetings with Scheme officials as required. The Statutory Manager has made recommendations to improve the Scheme's governance functions and capability which the Scheme is currently finalising implementation of. The Statutory Manager meets with the CMS to provide feedback on the Scheme's progress against the Statutory Manager's recommendations and provides verbal feedback thereon at each Board of Trustees meeting.

### 6.3 Industry Trends Impacting the Scheme

According to the Health Market Inquiry in 2019, the South African private healthcare market is characterised by the rising cost of healthcare and medical scheme cover, with significant overuse, without stakeholders having been able to demonstrate associated improvements in health outcomes.

South Africa has additional challenges such as low economic growth, rising unemployment, a looming debt crisis and pervasive corruption. Bleak economic forecasts mean that the vast gap between rich and poor will remain particularly evident in our industry: many urbanised cities are faced with an oversupply of healthcare services while remote, rural areas have only limited access to healthcare facilities.

With the ongoing challenges within the public healthcare system, the uncertainties around National Health Insurance, and the demarcation between insurance and medical aid products, it is important for the Scheme to define its future role in a dynamic environment.

The coalmine landscape is changing which could lead to changes in mine ownership and operations. Coal industry developments are carefully monitored through employer group and industry representation bodies participation in Board and Strategic Planning meetings.

The Scheme responds to external trends and their related risks and opportunities through the following strategic business objectives:

- To provide a variety of diverse and cost-effective benefit options to members of the Scheme at affordable contributions.
- To carefully manage the funds and reserves to keep required contribution increases as low as possible so that the Scheme remains affordable but sustainable.
- To carefully monitor industry movements and competitors to ensure the Scheme remains relevant and a Scheme of choice.
- To carefully manage the Scheme's benefits and pricing to ensure enough members with a healthy risk to improve cross subsidization within the risk pool.

## 7 RISK MANAGEMENT

The Board of Trustees understand the importance of sound risk management and are committed to the principles of ethical leadership and good corporate governance to protect the Scheme and to ensure the sustainability of its operations. The Board of Trustees review the risks facing the Scheme on a regular basis to manage the risks insofar as it is within their control.

In developing the strategies of the Scheme, the major inherent risks identified are:

- Member retention.
- Regulatory change.
- Fees charged for Prescribed Minimum Benefits.
- Each benefit option not being financially sound to the extent that it would jeopardize the Scheme.
- Performance of service providers; and
- Significant changes to the membership's health profile.

The Board of Trustees believe that adequate controls are in place to manage the above risks.



## 7.1 Management of Insurance Risk

The primary insurance activity carried out by the Scheme is that of assuming the risk of certain claims costs from members and their dependants as these directly relate to their health. As such the Scheme is exposed to the uncertainty surrounding the timing and severity of claims under the contract.

The Scheme managed its medical insurance risk through benefit limits and sub-limits, approval procedures for transactions that involved pricing guidelines, pre-authorisation and case management, negotiations with all major service providers, centralised management of risk transfer arrangements as well as the monitoring of emerging issues.

The Scheme uses several methods to assess and monitor medical insurance risk both for individual types of risks and overall risks. These methods include internal risk measurement models, sensitivity analyses, scenario analyses and stress testing.

The Scheme's affairs are governed by a set of rules, registered with the Council for Medical Schemes, which set out the benefits provided by each option and the definition of the restricted membership group.

Benefits provided include the following:

- In-hospital benefits cover costs incurred by members, whilst they are in hospital;
- Chronic disease benefits cover medication and consultations on all options. Disease management programmes have been designed to assist, educate and support members in managing their chronic illness;
- Day-to-day benefits cover the cost of out-of-hospital medical attention, such as visits to general practitioners and dentists as well as acute and over-the-counter medicines, subject to the benefit limits and Scheme tariffs contained in the Rules of the Scheme; and
- Other benefits such as the Scheme's disease management programmes, preventative wellness benefits and external appliances are available.

The Scheme has the right to change the terms and conditions of the contract in terms of the Scheme Rules. Management information, including contribution income, expenditure and claims ratios by option, is reviewed monthly.

## 8 REVIEW OF THE YEAR'S ACTIVITIES

### 8.1 Operational and Financial Overview

The result for the 2022 financial year was a net deficit of R 12.3 million following two years of large surpluses induced by COVID-19's effect on healthcare system capacity and member avoidance of healthcare services. 2022 saw the utilisation of non-COVID healthcare services increase. As a not-for-profit entity with large reserves, the Scheme budgeted to break even with a marginal surplus of R1 million after investment income. The drivers for the variance in the results are multi-pronged and are covered in the sub-sections below.

#### 8.1.1 Membership

The membership of the Scheme remained stable compared to prior year, with only a 0.5% decline in beneficiaries. The average age of beneficiaries and pensioner ratio has remained consistent with prior year as well and is still significantly better than industry and competitor averages.

#### 8.1.2 Healthcare expenditure

During the COVID-19 pandemic, healthcare system capacity had been constrained while members also avoided non-essential visits to healthcare facilities to prevent possible infection. Following the large-scale vaccination programme in South Africa by the National Department of Health, the spread and severity of COVID in South Africa began to subside in 2021. The Scheme therefore budgeted for an increase toward pre-COVID health utilisation levels in 2022. Actual claims were 1.4% higher than estimated.

#### 8.1.3 Non-healthcare expenditure

The Scheme is self-administered with some components of its administration and risk management functions outsourced to third party experts. To ensure maximum value to members within this category of spend, the Board actively monitor non-healthcare expenditure through a monthly review of actual itemized costs versus budget. Administration costs make up the bulk of non-healthcare expenditure. The Scheme's non-healthcare expenditure per beneficiary per month for 2022 was R151.20 (2021: R136.75). This is in line with the industry average reported for 2021/2 of R165.56 (PY: R160.40) per beneficiary per month (*source: CMS Annual Report 2021/22*).





### 8.1.4 Investment income

The Scheme's high levels of solvency generate investment income which partially offsets operational expenses, so that more of the members' contribution may be utilised for healthcare expenditure. Investment income generated during the 2022 financial year totalled R32.8 million (2021 R32.9 million) but fell short of targeted investment returns yielding 5.7% gross of fees (target: 10.2%). The Investment Committee undertook a review of its asset managers and investment strategy and are satisfied that the current asset managers and CPI+3% target remain appropriate.

### 8.2 Operational statistics per benefit option

2022	Comprehensive	Midmas	Ntsika	Scheme	
Average number of members during the accounting period	6,558	397	2,364	9,319	
Number of members at 31 December	6,496	452	2,405	9,353	
Average number of beneficiaries during the accounting period	17,350	1,043	5,986	24,379	
Number of beneficiaries at 31 December	17,152	1,234	6,065	24,451	
Average Family Size at 31 December	2.6	2.7	2.5	2.6	
Average beneficiary age as at 31 December	31.1	26.2	26.5	29.7	
Pensioner ratio at 31 December	%	7.3	0.3	0.4	5.3
Average net contributions per member per month	R	5,023	3,392	2,577	4,333
Average net contributions per beneficiary per month	R	1,899	1,290	1,018	1,656
Average relevant healthcare expenditure per beneficiary per month	R	1,973	906	881	1,659
Relevant healthcare expenditure as a percentage of net contributions	%	103.9	70.3	86.6	100.2
Non-healthcare expenses as a percentage of net contributions	%	7.9	11.8	15.1	9.1
Average accumulated funds per member as at 31 December*	R		66,563		
Return on investments as a percentage of investments*	%		5.7		

2021	Comprehensive	Midmas	Ntsika	Yebomed	Scheme	
Average number of members during the accounting period	6 607	309	2 456	25	9 397	
Number of members at 31 December	6 529	332	2 412	-	9 273	
Average number of beneficiaries during the accounting period	17 433	735	6 257	74	24 500	
Number of beneficiaries at 31 December	17 304	796	6 162	-	24 262	
Average Family Size at 31 December	2.7	2.4	2.6	-	2.6	
Average beneficiary age as at 31 December	30.5	26.5	26.0	-	29.2	
Average net contributions per member per month	R	4 839	3 218	2 393	1 989	4 139
Average net contributions per beneficiary per month	R	1 834	1 352	939	678	1 588
Average relevant healthcare expenditure per beneficiary per month	R	1 775	1 009	804	637	1 500
Relevant healthcare expenditure as a percentage of net contributions	%	96.8	74.6	85.6	94.0	94.5
Non-healthcare expenses as a percentage of net contributions	%	9.4	3.8	5.0	6.1	8.6
Pensioner ratio at 31 December	%	6.8	0.6	0.3	-	4.9
Average accumulated funds per member as at 31 December*	R		68 920			
Return on investments as a percentage of investments*	%		10.9			

\*Average accumulated funds per member and return on investments are only calculated for the total Scheme and not per option.



### 8.3 Actuarial information

An actuarial review of the Scheme is not required in terms of the Act; however, the Scheme had the budgeted contributions and assumptions used in the benefit design process prepared by 3One Consulting Actuaries to confirm the appropriateness of the contribution increases for 2022 and 2023. The actuaries have also provided the Scheme with estimates on the potential impact of the COVID-19 pandemic on the Scheme throughout the year as well as the valuation of the post-retirement employment benefit liability.

### 8.4 Outstanding claims

Movement on the outstanding claims provision and the basis of the calculation of the outstanding claims provision is set out in Note 10 to the Annual Financial Statements. The basis of calculation is consistent with the prior year. There were no unusual movements that the Trustees believe should be brought to the attention of the members of the Scheme.

### 8.5 Fidelity insurance

The Scheme maintains fidelity insurance at a level which the Board of Trustees considers to be appropriate.

### 8.6 Related party transactions

Refer to related party disclosure in note 19 to the Annual Financial Statements. Trustee remuneration is disclosed in note 16 to the Annual Financial Statements.

### 8.7 Significant events

In 2019 the Scheme reported a significant event relating to alleged fraudulent activities committed by a member of senior management. The alleged fraudulent activities included misuse of the Scheme's property, expenses incurred without the appropriate authorisation, non-compliance with the Scheme's internal procurement policies and theft of the Scheme's monetary assets. The Scheme commissioned an independent forensic investigation on the matter. The Scheme is currently engaged in legal proceedings relating to the matter.

In terms of section 5(2) of the Financial Institutions Act, the Registrar, CMS, and the Board of Trustees of WCMAS agreed that a statutory manager be appointed with effect from 18 July 2022. The Statutory Manager has made recommendations to improve the Scheme's governance functions and capability which the Scheme is currently finalising implementation of.

The Scheme completed its administration system migration from its legacy system to a third party licensed and supported system on 1 September 2022. This entailed moving all the claims, membership, financial, biographical and authorization data of members into the new system environment. Project governance and data migration assurance was provided by the Scheme's internal auditors prior to the final decision to go live on 1 September 2022. The new system has been in full operation since go live and there has been no major down time or defects noted. The Scheme has contracted service levels and priority definitions in place with the third party system provider to ensure that any issues are flagged, prioritised and resolved within agreed timeframes. The move away from an internally developed and supported system benefits the scheme by reducing its business continuity risk, reliance on key personnel and IT system costs.

### 8.8 Non-compliance matters

All non-compliance matters identified have been listed in this report irrespective of whether they have a material impact or not.

Section 26(7) of the Act requires that "All subscriptions or contributions shall be paid directly to a medical scheme not later than three days after payment thereof becoming due." Non-compliance could result in possible cash flow constraints and have an impact on interest income. During 2022, not all contributions billed were received within three days of the due date. The debtors' days' ratio for the year was 0.83 days. The Scheme continuously follows up on outstanding contributions and applies a credit control policy to overdue contributions.

Section 59(2) of the Act states that "a medical scheme shall pay to a member or a supplier of service, any benefit owing to that member or supplier of service within 30 days after the day on which the claim in respect of such benefit was received by the medical scheme." The scheme endeavours to pay all claims within 30 days of receipt, however processing of a few claims is occasionally delayed due to procedures to ensure their validity. The claims paid outside of 30 days are investigated by management to ensure this matter is effectively managed.

Section 33(2)(b) of the Act states that "The Registrar shall not approve any benefit option under this section unless the Council is satisfied that such benefit option – (b) shall be self-supporting in terms of membership and financial performance...". The non-compliance could result in benefit options with a surplus cross-subsidising benefit options with a deficit. Two out of three benefit options of the Scheme have recorded net healthcare deficits for the 2022 financial year.



Section 35(8) (a, c & d) of the Act prohibits a medical scheme from holding any investments in the business of any administrator of a Medical Scheme or any holding company of an administrator or any employer group. The Scheme has underlying investments in administrators of medical schemes amounting to 0.01% (Momentum Metropolitan Holdings) and employer groups of 0.78% (Glencore) of total net asset value. The Scheme has obtained an exemption from the Council for Medical Schemes until 30 April 2024.

#### 8.9 Solvency Ratio (in terms of the Act)

In accordance with Regulation 29(2) in the Medical Schemes Act 131 of 1998, as amended, the Scheme must maintain accumulated funds excluding unrealised investment reserves at a minimum of 25%. The solvency ratio calculations for 2021 and 2020 are set out in the table below:

	<b>2022</b>	<b>2021</b>
	R	R
Total members' funds per the Statement of Financial Position	622,565,872	634,846,027
Less: Cumulative net unrealized non-distributable reserve movements recognized in the statement of income	(60,485,185)	(55,601,235)
Accumulated funds per regulation 29	562,080,687	579,244,792
Gross contributions (including savings contributions)	619,840,902	597,193,916
Solvency ratio	90.7%	97.0%

Movements in the members funds' and reserve accounts are set out in the Statement of Changes in Funds and Reserves on page 21 of the Annual Financial Statements. There were no unusual movements that the Trustees believe should be brought to the attention of the members of the Scheme.

## 9 EVENTS AFTER THE REPORTING PERIOD

No adjusting or non-adjusting events occurred after the reporting period.



## Statement of Responsibility by the Board of Trustees

The summarised financial results have been derived from the audited financial statements of the Scheme for the year ended 31 December 2022 which are available on our website at [www.wcmas.co.za](http://www.wcmas.co.za) or a hard copy can be obtained from our offices. The summarised financial results do not contain sufficient information to allow for a complete understanding of the results and state of affairs of the Scheme, which is provided by the detailed Annual Financial Statements.

### Basis of preparation

The summarised financial results for the year ended 31 December 2022 have been prepared in accordance with the framework concepts and the recognition and measurement requirements of International Financial Reporting Standards (IFRS), the presentation and disclosure requirements of International Accounting Standard 34 Interim Financial Reporting applied to year end reporting, the SAICA Financial Reporting Guides as well as the requirements of the Medical Schemes Act.

The financial statements have been prepared on the going concern basis. Based on forecasts and available cash resources, the trustees have no reason to believe that the Scheme will not continue to be a going concern in the foreseeable future.

The trustees are responsible for the preparation, integrity, and fair presentation of the summarised financial statements of Witbank Coalfields Medical Aid Scheme and confirm that the financial information has been correctly extracted from the underlying audited annual financial statements.

### Accounting policies

The accounting policies applied in the preparation of these summarised financial statements are in line with the requirements of IFRS. All accounting policies applied are consistent with those applied in the annual financial statements for the year ended 31 December 2021.

### Critical accounting judgments and areas of estimation uncertainty

In the process of applying the Scheme's accounting policies, management are required to make critical assumptions regarding the future and accounting judgements. In the current and prior year, the most significant estimates were considered in the determination of the outstanding claims provision.

### Related party transactions

The Scheme, in the ordinary course of business, entered into various transactions on an arm's length basis with related parties.

### Approval of the report

The summarised annual report was approved by the Board of Trustees on 23 May 2023 and were signed on their behalf by:

TM Masike  
Chairperson

CIA Maslo  
Vice-chairperson

MA Anthony  
Acting Principal Officer



## **Independent Auditor's Report**

*To the Members of Witbank Coalfields Medical Aid Scheme*

### **Report on the financial statements**

#### *Opinion*

We have audited the financial statements of Witbank Coalfields Medical Aid (the Scheme), set out on pages 32 to 68, which comprise the statement of financial position as at 31 December 2022, and the statement of comprehensive income, statement of changes in funds and reserves and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Scheme as at 31 December 2022, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards and the requirements of the Medical Schemes Act of South Africa.

#### *Basis for Opinion*

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report.

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

#### *Independence*

We are independent of the Scheme in accordance with the Independent Regulatory Board for Auditors' Code of Professional Conduct for Registered Auditors (IRBA Code) and other independence requirements applicable to performing audits of financial statements in South Africa. We have fulfilled our other ethical responsibilities in accordance with the IRBA Code and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Code is consistent with the corresponding sections of the International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards).

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*Key Audit Matters*

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key audit matter	How our audit addressed the key audit matter
<p><b><i>Outstanding claims provision</i></b></p> <p><i>The outstanding claims provision of R 51,129,468 at year-end as described in Note 10 to the financial statements, is a provision recognised for the estimated cost of healthcare benefits that have been incurred prior to year-end but that were only reported to the Scheme after year-end.</i></p> <p><i>The outstanding claims provision is calculated by the Scheme’s actuaries which is reviewed by management and the Audit and Governance Committee and recommended to the Board of Trustees for approval.</i></p> <p><i>The Scheme’s actuaries use an actuarial model, based on the Scheme’s actual claim development patterns throughout the year, to project the year-end provision. This model applies the Chain Ladder Method (“CLM”).</i></p> <p><i>The claim service date, processing date and amount are used to derive claim development patterns. These historical patterns are then used to estimate the outstanding claims provision.</i></p> <p><i>We identified this to be a matter of most significance to the audit because of the uncertainty in the projected claims pattern. A change in the projected claims pattern could cause a material change to the amount of the provision.</i></p>	<p>We obtained an understanding from the Scheme’s actuaries regarding the process followed in calculating the outstanding claims provision, which included the design and implementation of controls within the process. The actuarial method applied by the Scheme is one that is generally applied within the medical schemes industry.</p> <p>We obtained the actual claims data from the member administration system covering the year ended 31 December 2022. The actual claims data reflects the most recent claims patterns, including the impact of the increase in elective procedures, and is taken into account in calculating the outstanding claims provision.</p> <p>We assessed the completeness of the claims data on the member administration system by understanding management’s controls and selecting claim transactions from the claim source and agreeing these to the member administration system. No material inconsistencies were noted.</p> <p>We substantively tested a sample of claims received by the Scheme in the 31 December 2022 financial year, selected from the member administration system, and confirmed the accuracy of the service and process dates and the validity of the claim against the relevant Scheme rules. No material inconsistencies were noted.</p> <p>We assessed the completeness of the claims data in the Scheme’s actuarial model by understanding management’s controls and testing the reconciliation between the claims data per the member administration system and</p>





	<p>the claims data per the actuarial model. No material inconsistencies were noted.</p> <p>To assess the reasonableness of the Scheme actuaries' estimation process, we compared the actual claim results in the current year to the prior year provision. We noted no matters for further consideration with respect to the estimation process.</p> <p>We have evaluated management's experts by assessing their competence, capability, and objectivity and noted no aspects requiring further consideration. We also obtained the outstanding claims provision report from the Scheme's actuaries and assessed whether the inputs, assumptions, methodology and findings per the report were consistent with our testing above. Based on the results of our assessment we accepted the inputs, assumptions, methodology and findings as reasonable.</p>
<p><i>Risk contribution income and net claims incurred</i></p> <p><i>Refer to note 28 to the financial statements disclosures as it relates to this key audit matter.</i></p> <p><i>On 1 September 2022, the Scheme completed the migration of all its claims, membership, financial, biographical and authorization data of its members from its previous internally developed and supported administration system to a third party licenced and supported medical scheme system.</i></p> <p><i>The migration process involved transferring claims and membership data between the systems. Claims and membership data is used in the recognition of the Scheme's risk contribution income and net claims incurred for the year ended 31 December 2022.</i></p> <p><i>We considered the transfer of claims and membership data between the systems to be a matter of most significance to the current year audit due to the impact that the system migration had on the recognition of risk contribution income and net claims incurred for the year.</i></p>	<p>Our audit addressed this key audit matter as follows:</p> <ul style="list-style-type: none"> <li>● With the assistance of our IT specialists, we performed the following procedures: <ul style="list-style-type: none"> <li>○ obtained an understanding of the process followed by the Scheme's internal auditors in testing the design and implementation of the data migration between the administration systems.</li> <li>○ Inspecting the internal auditor's report and supporting documentation to identify any exceptions in the data migration process.</li> <li>○ Assessing whether the internal auditors data migration plan aligns with the scope and approach applied and found them to be aligned.</li> <li>○ Testing the entire population of data migrated between the systems, focusing on key areas such as employer groups, bank details, member and beneficiary</li> </ul> </li> </ul>

	<p>records (master data), as well as claims, contributions, and savings (transactions and balances). For master data, record counts were tested and control totals for transactions and balances were recalculated. No material exceptions were identified.</p> <ul style="list-style-type: none"> <li>● We assessed the competence and objectivity of the internal auditors and noted no aspects requiring further consideration.</li> <li>● As it relates to the data used in recognising risk contribution income, we performed the following procedures: <ul style="list-style-type: none"> <li>○ On a sample basis, we agreed member details as per the member's application form to the details on the new administration system. No material differences were noted.</li> <li>○ We recalculated the contribution for each member using the membership data from the new administration system and the rates approved by the Board of Trustees. No material exceptions noted.</li> </ul> </li> <li>● As it relates to the data used in recognising net claims incurred, we performed the following procedures: <ul style="list-style-type: none"> <li>○ On a sample basis, we agreed the claims recognised in the new administration system to supporting documents. No material exceptions were noted.</li> <li>○ On a sample basis, we selected supporting documents and traced these back to the new administration system. No material inconsistencies were identified.</li> <li>○ We agreed the claim codes used in the new administration system to the approved published PMB codes. No material exceptions were noted.</li> </ul> </li> </ul>
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### *Other Information*

The Scheme's trustees are responsible for the other information. The other information comprises the information included in the document titled "Witbank Coalfields Medical Aid Scheme Annual Report 2022." The other information does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### *Responsibilities of the Scheme's Trustees for the Financial Statements*

The Scheme's trustees are responsible for the preparation and fair presentation of the financial statements, in accordance with International Financial Reporting Standards and the requirements of the Medical Schemes Act of South Africa, and for such internal control as the Scheme's trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Scheme's trustees are responsible for assessing the Scheme's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the Scheme's trustees either intend to liquidate the Scheme or to cease operations, or have no realistic alternative but to do so.

### *Auditor's Responsibilities for the Audit of the Financial Statements*

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Scheme's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Scheme's trustees.
- Conclude on the appropriateness of the Scheme's trustees' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Scheme's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Scheme to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Scheme's trustees regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

From the matters communicated with the Scheme's trustees, we determine those matters that were of most significance in the audit of the financial statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report, unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

### **Report on Other Legal and Regulatory Requirements**

#### *Non-compliance with the Medical Schemes Act of South Africa*

As required by the Council for Medical Schemes, we report that there are no material instances of non-compliance with the requirements of the Medical Schemes Act of South Africa that have come to our attention during the course of our audit.

#### *Audit Tenure*

As required by the Council for Medical Schemes' Circular 38 of 2018, Audit Tenure, we report that PricewaterhouseCoopers Inc. has been the auditor of Witbank Coalfields Medical Aid Scheme for 9 years.

The engagement partner, Stephan Eicker, has been responsible for Witbank Coalfield Medical Aid Scheme's audit for *one* year.

#### *PricewaterhouseCoopers Inc*

PricewaterhouseCoopers Inc.  
Director: Stephan Eicker  
Registered Auditor  
Emalahleni  
31 May 2023

## Statement of Financial Position

		2022	2021
	Notes	R	R
<b>ASSETS</b>			
<b>Non-current assets</b>			
Equipment and other assets	3	1,592,850	2,688,763
Investment properties	4	13,710,745	14,210,598
Investments at fair value through profit or loss	5	634,795,849	572,473,589
		<b>650,099,443</b>	<b>589,372,950</b>
<b>Current assets</b>			
Trade and other receivables	6	3,371,645	21,484,245
Investments at fair value through profit or loss	5	239,701,718	287,114,039
Cash and cash equivalents	7	61,266,459	48,505,083
		<b>304,339,821</b>	<b>357,103,367</b>
<b>TOTAL ASSETS</b>		<b>954,439,264</b>	<b>946,476,317</b>
<b>FUNDS AND LIABILITIES</b>			
<b>MEMBERS' FUNDS</b>			
Accumulated funds		<b>622,565,872</b>	<b>634,846,027</b>
<b>LIABILITIES</b>			
<b>Non-current liabilities</b>			
Retirement benefit obligation	8	1,499,000	1,608,000
<b>Current liabilities</b>			
Personal medical savings account liabilities	9	252,853,635	242,436,287
Outstanding claims provision	10	51,129,468	34,382,544
Trade and other payables	11	26,082,290	33,182,458
Retirement benefit obligation	8	309,000	21,000
		<b>330,374,392</b>	<b>310,022,290</b>
<b>Total liabilities</b>		<b>331,873,392</b>	<b>311,630,290</b>
<b>TOTAL FUNDS AND LIABILITIES</b>		<b>954,439,264</b>	<b>946,476,317</b>

## Statement of Comprehensive Income

	Notes	2022 R	2021 R
<b>RISK CONTRIBUTION INCOME</b>	12	<b>484,523,450</b>	<b>466,742,027</b>
<b>RELEVANT HEALTHCARE EXPENDITURE</b>			
Risk claims incurred		(477,937,668)	(432,936,507)
Third party claim recoveries		1,446,685	1,074,912
<b>Net claims incurred</b>		<b>(476,490,983)</b>	<b>(431,861,595)</b>
<b>Accredited managed care: management services</b>		<b>(8,885,130)</b>	<b>(8,466,817)</b>
Risk transfer arrangement fees	13	-	(568,533)
Recoveries from risk transfer arrangement	13	-	-
<b>Net expense on risk transfer arrangement</b>	13	<b>-</b>	<b>(568,533)</b>
<b>GROSS HEALTHCARE RESULT</b>		<b>(852,663)</b>	<b>25,845,083</b>
Administration and other operating expenses	15	(44,534,125)	(39,586,132)
Net impairment losses on trade and other receivables		300,881	(618,128)
<b>NET HEALTHCARE RESULT</b>		<b>(45,085,907)</b>	<b>(14,359,178)</b>
<b>OTHER INCOME</b>			
Investment income on investments held at fair value through profit or loss:		49,020,370	90,557,116
<i>Interest income</i>		32,377,753	27,130,503
<i>Dividend income</i>		11,758,667	9,417,321
<i>Fair value gains/(losses)</i>		4,883,950	54,009,291
Investment income on investments held at amortised cost		556,986	1,129,102
<i>Interest income</i>		556,986	1,129,102
Investment income from rentals received		3,784,830	3,718,170
		<b>53,362,187</b>	<b>95,404,388</b>
<b>OTHER EXPENDITURE</b>			
Asset management fees		(3,880,290)	(3,895,892)
Investment manager fees		(483,000)	(322,000)
Interest paid on members' savings account liabilities	9	(12,253,045)	(9,704,822)
Cost incurred in provision of own facilities to external parties		(3,940,099)	(3,379,119)
		<b>(20,556,435)</b>	<b>(17,301,833)</b>
<b>NET (LOSS)/SURPLUS FOR THE YEAR</b>		<b>(12,280,155)</b>	<b>63,743,377</b>
<b>TOTAL COMPREHENSIVE (LOSS) INCOME FOR THE YEAR</b>		<b>(12,280,155)</b>	<b>63,743,377</b>





## Statement of Changes in Funds and Reserves

	Accumulated funds R	Total members' funds R
Balance as at 1 January 2021	571,102,650	571,102,650
Total comprehensive income for the year	63,743,377	63,743,377
<b>Balance as at 31 December 2021</b>	<b>634,846,027</b>	<b>634,846,027</b>
Total comprehensive loss for the year	(12,280,155)	(12,280,155)
<b>Balance as at 31 December 2022</b>	<b>622,565,872</b>	<b>622,565,872</b>

## Statement of Cash Flows

		2022	2021
	Notes	R	R
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Cash receipts from members and providers		641,132,567	604,809,689
Cash receipts from members - contributions		639,220,526	600,906,451
Cash receipts from members and providers - other		1,912,041	3,903,238
Cash paid to providers, employees and members		(658,613,921)	(603,874,616)
Cash paid to members and providers - claims		(594,655,828)	(541,714,239)
Cash paid to providers and employees - non-healthcare expenditure		(43,620,218)	(37,431,558)
Cash paid to members - savings plan refunds	9	(20,337,874)	(24,728,819)
<b>Cash (used in)/generated from operations</b>		<b>(17,481,354)</b>	<b>935,074</b>
<b>NET CASH (OUTFLOW)/INFLOW FROM OPERATING ACTIVITIES</b>		<b>(17,481,354)</b>	<b>935,074</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Additions to equipment and other assets	3	(140,688)	(180,123)
Disposals of equipment and other assets	3	1,589	5,648
Additions to investments at fair value through profit or loss	5	(97,000,000)	(35,000,000)
Proceeds on disposals of investments at fair value through profit or loss	5	127,000,000	-
Investment income received on investments at amortised cost		556,986	1,129,102
Investment manager fees paid		(483,000)	(322,000)
Rental income received		3,748,089	3,722,904
Cost incurred in provision of own facilities to external parties		(3,940,099)	(3,379,119)
Adjustment to remove non-cash flow item: depreciation on investment property	4	499,854	569,119
<b>NET CASH GENERATED FROM/(USED IN) INVESTING ACTIVITIES</b>		<b>30,242,730</b>	<b>(33,454,469)</b>
<b>NET DECREASE IN CASH AND CASH EQUIVALENTS</b>		<b>12,761,376</b>	<b>(32,519,395)</b>
Cash and cash equivalents at the beginning of the year	7	48,505,083	81,024,478
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>	7	<b>61,266,459</b>	<b>48,505,083</b>

## Unit Profitability Report

### Comprehensive

#### Ordinary members

	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
<b>2022</b>								
Buffalo	29	1,441,201	529,045	912,157	37%	4,141	1,520	2,621
Entrapade	9	400,304	118,304	282,000	30%	3,707	1,095	2,611
Glencore	1,275	70,767,755	54,673,272	16,094,484	77%	4,625	3,573	1,052
Mafube	157	8,891,163	6,733,349	2,157,813	76%	4,719	3,574	1,145
Mantella	22	1,271,757	1,211,261	60,496	95%	4,817	4,588	229
Msobo	62	3,590,811	2,101,244	1,489,567	59%	4,826	2,824	2,002
Seriti	1,756	99,569,842	77,958,488	21,611,354	78%	4,725	3,700	1,026
Staff	24	1,201,798	724,617	477,181	60%	4,173	2,516	1,657
Thungela	2,433	138,258,880	93,568,483	44,690,397	68%	4,736	3,205	1,531
Usimbithi	20	1,128,851	1,344,843	(215,992)	119%	4,704	5,604	(900)
Witbank Chamber	15	1,097,924	1,468,551	(370,628)	134%	6,100	8,159	(2,059)
	<b>5,802</b>	<b>327,620,285</b>	<b>240,431,457</b>	<b>87,188,827</b>	<b>73%</b>	<b>4,706</b>	<b>3,453</b>	<b>1,252</b>
<b>2021</b>								
Buffalo	24	1,310,653	398,386	912,268	30%	4,551	1,383	3,168
Glencore	1,244	75,300,930	55,283,538	20,017,392	73%	5,044	3,703	1,341
Mafube	134	8,031,990	6,835,081	1,196,909	85%	4,995	4,251	744
Mantella	21	1,427,168	4,689,997	(3,262,829)	329%	5,663	18,611	(12,948)
Msobo	68	4,327,969	4,218,143	109,826	97%	5,304	5,169	135
Seriti Coal	1,580	94,199,147	62,235,771	31,963,376	66%	4,968	3,282	1,686
Staff	20	998,957	684,917	314,040	69%	4,162	2,854	1,308
Thungela	2,149	131,418,012	89,036,242	42,381,769	68%	5,096	3,453	1,643
Usimbithi	5	235,154	341,862	(106,708)	145%	3,919	5,698	(1,778)
Witbank Chamber	15	1,119,299	1,697,178	(577,878)	152%	6,218	9,429	(3,210)
	<b>5,260</b>	<b>318,369,280</b>	<b>225,421,115</b>	<b>92,948,166</b>	<b>71%</b>	<b>5,044</b>	<b>3,571</b>	<b>1,473</b>

## Comprehensive

### Continuation members

	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
<b>2022</b>								
Buffalo	1	44,154	465,338	(421,184)	1054%	3,680	38,778	(35,099)
Glencore	224	11,058,869	23,316,482	(12,257,614)	211%	4,114	8,674	(4,560)
Mafube	2	144,904	54,397	90,507	38%	6,038	2,267	3,771
Mantella	1	72,252	24,800	47,452	34%	6,021	2,067	3,954
Msobo	55	2,548,638	6,182,543	(3,633,905)	243%	3,862	9,367	(5,506)
Seriti	293	15,616,918	27,733,658	(12,116,740)	178%	4,442	7,888	(3,446)
Staff	5	248,418	213,525	34,893	86%	4,140	3,559	582
Thungela	694	35,944,363	86,380,035	(50,435,673)	240%	4,316	10,372	(6,056)
Usimbithi	2	114,399	217,598	(103,199)	190%	4,767	9,067	(4,300)
Witbank Chamber	42	1,802,691	4,344,694	(2,542,003)	241%	3,577	8,620	(5,044)
	<b>1,319</b>	<b>67,595,606</b>	<b>148,933,072</b>	<b>(81,337,466)</b>	<b>220%</b>	<b>4,271</b>	<b>9,409</b>	<b>(5,139)</b>
<b>2021</b>								
Buffalo	1	69,336	488,691	(419,355)	705%	5,778	40,724	(34,946)
Glencore	263	12,666,450	28,157,670	(15,491,220)	222%	4,013	8,922	(4,908)
Mafube	1	69,336	71,382	(2,046)	103%	5,778	5,948	(170)
Mantella	1	79,494	185,306	(105,811)	233%	6,625	15,442	(8,818)
Msobo	9	498,483	1,242,708	(744,225)	249%	4,616	11,507	(6,891)
Seriti	271	14,264,935	28,568,229	(14,303,294)	200%	4,387	8,785	(4,398)
Staff	5	257,904	233,676	24,228	91%	4,298	3,895	404
Thungela	675	35,587,820	70,930,219	(35,342,399)	199%	4,394	8,757	(4,363)
Umsibithi	1	69,336	131,500	(62,164)	190%	5,778	10,958	(5,180)
Witbank Chamber	42	1,764,197	3,038,050	(1,273,853)	172%	3,500	6,028	(2,527)
	<b>1,269</b>	<b>65,327,290</b>	<b>133,047,430</b>	<b>(67,720,140)</b>	<b>204%</b>	<b>4,290</b>	<b>8,737</b>	<b>(4,447)</b>

## Comprehensive

### All beneficiaries

	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
<b>2022</b>								
Buffalo	30	1,485,355	994,383	490,972	67%	4,126	2,762	1,364
Entrapade	9	400,304	118,304	282,000	30%	3,707	1,095	2,611
Glencore	1,499	81,826,624	77,989,754	3,836,870	95%	4,549	4,336	213
Mafube	159	9,036,067	6,787,746	2,248,320	75%	4,736	3,558	1,178
Mantella	23	1,344,009	1,236,061	107,948	92%	4,870	4,478	391
Msobo	117	6,139,449	8,283,788	(2,144,339)	135%	4,373	5,900	(1,527)
Seriti	2,049	115,186,761	105,692,147	9,494,614	92%	4,685	4,299	386
Staff	29	1,450,216	938,142	512,074	65%	4,167	2,696	1,471
Thungela	3,127	174,203,242	179,948,519	(5,745,276)	103%	4,642	4,796	(153)
Usimbithi	22	1,243,250	1,562,441	(319,191)	126%	4,709	5,918	(1,209)
Witbank Chamber	57	2,900,615	5,813,245	(2,912,631)	200%	4,241	8,499	(4,258)
	<b>7,121</b>	<b>395,215,890</b>	<b>389,364,529</b>	<b>5,851,361</b>	<b>99%</b>	<b>4,625</b>	<b>4,557</b>	<b>68</b>
<b>2021</b>								
Buffalo	25	1,379,989	887,077	492,912	64%	4,600	2,957	1,643
Glencore	1,507	87,967,380	83,441,208	4,526,172	95%	4,864	4,614	250
Mafube	135	8,101,326	6,906,463	1,194,864	85%	5,001	4,263	738
Mantella	22	1,506,663	4,875,303	(3,368,640)	324%	5,707	18,467	(12,760)
Msobo	77	4,826,452	5,460,851	(634,399)	113%	5,223	5,910	(687)
Seriti	1,851	108,464,082	90,804,000	17,660,082	84%	4,883	4,088	795
Staff	25	1,256,861	918,592	338,268	73%	4,190	3,062	1,128
Thungela	2,824	167,005,831	159,966,461	7,039,370	96%	4,928	4,720	208
Umsibithi	6	304,490	473,362	(168,872)	155%	4,229	6,574	(2,345)
Witbank Chamber	57	2,883,496	4,735,227	(1,851,731)	164%	4,216	6,923	(2,707)
	<b>6,529</b>	<b>383,696,571</b>	<b>358,468,545</b>	<b>25,228,026</b>	<b>93%</b>	<b>4,897</b>	<b>4,575</b>	<b>322</b>

## Ntsika

### Ordinary members

	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
<b>2022</b>								
Buffalo	81	839,133	370,952	468,181	44%	863	382	482
Entrapade	1	2,397	-	2,397	0%	200	-	200
Glencore	77	2,440,157	1,292,334	1,147,823	53%	2,641	1,399	1,242
Mafube	220	5,323,918	2,762,891	2,561,027	52%	2,017	1,047	970
Mantella	369	4,142,475	4,517,565	(375,090)	109%	936	1,020	(85)
Seriti	878	25,974,366	19,210,714	6,763,651	74%	2,465	1,823	642
Staff	13	360,617	151,726	208,891	42%	2,312	973	1,339
Thungela	1,077	31,092,878	26,567,985	4,524,893	85%	2,406	2,056	350
Usimbithi	50	1,446,929	1,115,497	331,432	77%	2,412	1,859	552
	<b>2,766</b>	<b>71,622,869</b>	<b>55,989,665</b>	<b>15,633,204</b>	<b>78%</b>	<b>2,158</b>	<b>1,687</b>	<b>471</b>
<b>2021</b>								
Buffalo	53	640,180	205,340	434,840	32%	1,007	323	684
Glencore	112	3,137,880	1,696,919	1,440,961	54%	2,335	1,263	1,072
Mafube	198	5,395,877	3,065,931	2,329,946	57%	2,271	1,290	981
Mantella	304	3,994,502	3,049,092	945,410	76%	1,095	836	259
Seriti	813	25,535,419	19,009,980	6,525,439	74%	2,617	1,949	669
Staff	9	267,182	154,019	113,163	58%	2,474	1,426	1,048
Thungela	877	30,561,839	28,973,690	1,588,148	95%	2,904	2,753	151
	<b>2,412</b>	<b>70,515,169</b>	<b>58,600,247</b>	<b>11,914,922</b>	<b>83%</b>	<b>2,436</b>	<b>2,025</b>	<b>412</b>

## Ntsika

### Continuation members

	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
<b>2022</b>								
Buffalo	1	12,135	32,046	(19,910)	-	-	-	-
Glencore	8	206,356	1,529,576	(1,323,220)	741%	2,150	15,933	(13,784)
Mafube	1	11,880	10,937	943	92%	990	911	79
Seriti	6	196,978	146,023	50,955	74%	2,736	2,028	708
Thungela	43	1,113,784	1,632,908	(519,125)	147%	2,158	3,165	(1,006)
	<b>59</b>	<b>1,541,133</b>	<b>3,351,490</b>	<b>(1,810,357)</b>	<b>217%</b>	<b>2,177</b>	<b>4,734</b>	<b>(2,557)</b>
<b>2021</b>								
Buffalo	1	13,300	-	13,300	-	-	-	-
Glencore	7	127,114	-	127,114	0%	1,513	-	1,513
Mafube	1	11,400	-	11,400	0%	950	-	950
Mantella	1	25,800	-	25,800	0%	2,150	-	2,150
Seriti	2	76,217	-	76,217	0%	3,176	-	3,176
Thungela	34	728,459	2,445,277	(1,716,818)	336%	1,785	5,993	(4,208)
	<b>46</b>	<b>982,291</b>	<b>2,445,277</b>	<b>(1,462,986)</b>	<b>249%</b>	<b>1,780</b>	<b>4,430</b>	<b>(2,650)</b>



## Ntsika

### All members

	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
<b>2022</b>								
Buffalo	82	851,268	402,998	448,270	47%	865	410	456
Entrapade	1	2,397	-	2,397	0%	200	-	200
Glencore	85	2,646,513	2,821,910	(175,398)	107%	2,595	2,767	(172)
Mafube	221	5,335,798	2,773,828	2,561,970	52%	2,012	1,046	966
Mantella	369	4,142,475	4,517,565	(375,090)	109%	936	1,020	(85)
Seriti	884	26,171,344	19,356,737	6,814,606	74%	2,467	1,825	642
Staff	13	360,617	151,726	208,891	42%	2,312	973	1,339
Thungela	1,120	32,206,661	28,200,893	4,005,768	88%	2,396	2,098	298
Usimbithi	50	1,446,929	1,115,497	331,432	77%	2,412	1,859	552
	<b>2,825</b>	<b>73,164,002</b>	<b>59,341,155</b>	<b>13,822,847</b>	<b>81%</b>	<b>2,158</b>	<b>1,750</b>	<b>408</b>
<b>2021</b>								
Buffalo	54	653,480	205,340	448,140	31%	1,008	317	692
Glencore	119	3,264,994	1,696,919	1,568,075	52%	2,286	1,188	1,098
Mafube	199	5,407,277	3,065,931	2,341,346	57%	2,264	1,284	980
Mantella	305	4,020,302	3,049,092	971,210	76%	1,098	833	265
Seriti	815	25,611,636	19,009,980	6,601,657	74%	2,619	1,944	675
Staff	9	267,182	154,019	113,163	58%	2,474	1,426	1,048
Thungela	911	31,290,298	31,418,967	(128,669)	100%	2,862	2,874	(12)
	<b>2,412</b>	<b>70,515,169</b>	<b>58,600,247</b>	<b>11,914,922</b>	<b>83%</b>	<b>2,436</b>	<b>2,025</b>	<b>412</b>

Midmas

	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
<b>Ordinary members</b>								
<b>2022</b>								
Buffalo	37	1,272,996	444,705	828,291	35%	2,867	1,002	1,866
Glencore	229	8,969,943	6,495,459	2,474,484	72%	3,264	2,364	900
Mafube	79	2,731,517	1,629,537	1,101,981	60%	2,881	1,719	1,162
Mantella	75	2,311,755	1,537,020	774,735	66%	2,569	1,708	861
Usimbithi	14	474,633	124,360	350,273	26%	2,825	740	2,085
	<b>434</b>	<b>15,760,845</b>	<b>10,231,081</b>	<b>5,529,763</b>	<b>65%</b>	<b>3,026</b>	<b>1,964</b>	<b>1,062</b>
<b>2021</b>								
Buffalo	29	1,034,231	693,807	340,424	67%	2,972	1,994	978
Glencore	199	7,451,394	4,243,202	3,208,192	57%	3,120	1,777	1,343
Mafube	30	716,492	176,987	539,505	25%	1,990	492	1,499
Mantella	63	2,311,576	2,584,779	(273,203)	112%	3,058	3,419	(361)
Usimbithi	1	47,429	3,672	43,756	8%	3,952	306	3,646
	<b>322</b>	<b>11,561,123</b>	<b>7,702,448</b>	<b>3,858,674</b>	<b>67%</b>	<b>2,992</b>	<b>1,993</b>	<b>999</b>
<b>Continuation members</b>								
<b>2022</b>								
Glencore	2	28,123	70,749	(42,626)	252%	1,172	2,948	(1,776)
Mafube	4	155,433	13,302	142,132	9%	3,238	277	2,961
Mantella	4	175,411	203,457	(28,046)	116%	3,654	4,239	(584)
Usimbithi	1	25,027	16,667	8,360	67%	2,086	1,389	697
	<b>11</b>	<b>383,995</b>	<b>304,175</b>	<b>79,820</b>	<b>79%</b>	<b>2,909</b>	<b>2,304</b>	<b>605</b>
<b>2021</b>								
Glencore	1	47,428	7,305	40,123	15%	3,952	609	3,344
Seriti	4	174,896	6,671	168,225	4%	3,644	139	3,505
Thungela	4	117,566	127,693	(10,127)	109%	2,449	2,660	(211)
Witbank Chamber	1	24,620	5,386	19,234	22%	2,052	449	1,603
	<b>10</b>	<b>364,510</b>	<b>147,056</b>	<b>217,454</b>	<b>40%</b>	<b>3,038</b>	<b>1,225</b>	<b>1,812</b>

Midmas

	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
<b>All members</b>								
<b>2022</b>								
Buffalo	37	1,272,996	444,705	828,291	35%	2,867	1,002	1,866
Glencore	231	8,998,066	6,566,208	2,431,858	73%	3,246	2,369	877
Mafube	79	2,731,517	1,629,537	1,101,981	60%	2,881	1,719	1,162
Mantella	75	2,311,755	1,537,020	774,735	66%	2,569	1,708	861
Seriti	4	155,433	13,302	142,132	9%	3,238	277	2,961
Thungela	4	175,411	203,457	(28,046)	116%	3,654	4,239	(584)
Usimbithi	14	474,633	124,360	350,273	26%	2,825	740	2,085
Witbank Chamber	1	25,027	16,667	8,360	67%	2,086	1,389	697
	<b>445</b>	<b>16,144,840</b>	<b>10,535,256</b>	<b>5,609,583</b>	<b>65%</b>	<b>3,023</b>	<b>1,973</b>	<b>1,050</b>
<b>2021</b>								
Buffalo	29	1,034,231	693,807	340,424	67%	2,972	1,994	978
Glencore	200	7,498,822	4,250,508	3,248,315	57%	3,125	1,771	1,353
Mafube	30	716,492	176,987	539,505	25%	1,990	492	1,499
Mantella	63	2,311,576	2,584,779	(273,203)	112%	3,058	3,419	(361)
Seriti Coal	4	174,896	6,671	168,225	4%	3,644	139	3,505
Thungela	4	117,566	127,693	(10,127)	109%	2,449	2,660	(211)
Umsibithi	1	47,429	3,672	43,756	8%	3,952	306	3,646
Witbank Chamber	1	24,620	5,386	19,234	22%	2,052	449	1,603
	<b>332</b>	<b>11,925,632</b>	<b>7,849,504</b>	<b>4,076,128</b>	<b>66%</b>	<b>2,993</b>	<b>1,970</b>	<b>1,023</b>

All benefit options

Ordinary members

	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
<b>2022</b>								
Buffalo	147	3,553,331	1,344,702	2,208,628	38%	2,014	762	1,252
Entrapade	10	402,701	118,304	284,397	29%	3,356	986	2,370
Glencore	1,581	82,177,855	62,461,065	19,716,790	76%	4,332	3,292	1,039
Mafube	456	16,946,598	11,125,777	5,820,821	66%	3,097	2,033	1,064
Mantella	466	7,725,987	7,265,847	460,140	94%	1,382	1,299	82
Msobo	62	3,590,811	2,101,244	1,489,567	59%	4,826	2,824	2,002
Seriti	2,634	125,544,208	97,169,203	28,375,005	77%	3,972	3,074	898
Staff	37	1,562,415	876,343	686,072	56%	3,519	1,974	1,545
Thungela	3,510	169,351,757	120,136,468	49,215,289	71%	4,021	2,852	1,168
Usimbithi	84	3,050,413	2,584,700	465,713	85%	3,026	2,564	462
Witbank Chamber	15	1,097,924	1,468,551	(370,628)	134%	6,100	8,159	(2,059)
	<b>9,002</b>	<b>415,003,999</b>	<b>306,652,204</b>	<b>108,351,795</b>	<b>74%</b>	<b>3,842</b>	<b>2,839</b>	<b>1,003</b>
<b>2021</b>								
Buffalo	106	2,985,065	1,297,533	1,687,532	43%	2,347	1,020	1,327
Glencore	1,555	85,890,204	61,223,659	24,666,545	71%	4,603	3,281	1,322
Mafube	362	14,144,359	10,077,999	4,066,360	71%	3,256	2,320	936
Mantella	388	7,733,246	10,323,868	(2,590,622)	133%	1,661	2,217	(556)
Msobo	68	4,327,969	4,218,143	109,826	97%	5,304	5,169	135
Seriti	2,393	119,734,566	81,245,751	38,488,815	68%	4,170	2,829	1,340
Staff	29	1,266,139	838,936	427,203	66%	3,638	2,411	1,228
Thungela	3,026	161,979,850	118,009,933	43,969,918	73%	4,461	3,250	1,211
Usimbithi	6	282,583	345,535	(62,951)	122%	3,925	4,799	(874)
Witbank Chamber	15	1,119,299	1,697,178	(577,878)	152%	6,218	9,429	(3,210)
	<b>7,948</b>	<b>399,463,281</b>	<b>289,278,533</b>	<b>110,184,748</b>	<b>72%</b>	<b>4,188</b>	<b>3,033</b>	<b>1,155</b>

All benefit options

Continuation members

	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
<b>2022</b>								
Buffalo	2	56,289	497,384	(441,095)	884%	2,345	20,724	(18,379)
Glencore	234	11,293,348	24,916,807	(13,623,460)	221%	4,022	8,874	(4,852)
Mafube	3	156,784	65,334	91,451	42%	4,355	1,815	2,540
Mantella	1	72,252	24,800	47,452	34%	6,021	2,067	3,954
Msobo	55	2,548,638	6,182,543	(3,633,905)	243%	3,862	9,367	(5,506)
Seriti	303	15,969,330	27,892,983	(11,923,653)	175%	4,392	7,671	(3,279)
Staff	5	248,418	213,525	34,893	86%	4,140	3,559	582
Thungela	741	37,233,558	88,216,401	(50,982,843)	237%	4,187	9,921	(5,734)
Usimbithi	2	114,399	217,598	(103,199)	190%	4,767	9,067	(4,300)
Witbank Chamber	43	1,827,718	4,361,361	(2,533,643)	239%	3,542	8,452	(4,910)
	<b>1,389</b>	<b>69,520,734</b>	<b>152,588,737</b>	<b>(83,068,003)</b>	<b>219%</b>	<b>4,171</b>	<b>9,155</b>	<b>(4,984)</b>
<b>2021</b>								
Buffalo	2	82,636	488,691	(406,055)	591%	3,443	20,362	(16,919)
Glencore	271	12,840,992	28,164,975	(15,323,984)	219%	3,949	8,661	(4,712)
Mafube	2	80,736	71,382	9,354	88%	3,364	2,974	390
Mantella	2	105,294	185,306	(80,011)	176%	4,387	7,721	(3,334)
Msobo	9	498,483	1,242,708	(744,225)	249%	4,616	11,507	(6,891)
Seriti	277	14,516,049	28,574,901	(14,058,852)	197%	4,367	8,597	(4,229)
Staff	5	257,904	233,676	24,228	91%	4,298	3,895	404
Thungela	713	36,433,845	73,503,189	(37,069,344)	202%	4,258	8,591	(4,333)
Usimbithi	1	69,336	131,500	(62,164)	190%	5,778	10,958	(5,180)
Witbank Chamber	43	1,788,817	3,043,436	(1,254,619)	170%	3,467	5,898	(2,431)
	<b>1,325</b>	<b>66,674,091</b>	<b>135,639,763</b>	<b>(68,965,672)</b>	<b>203%</b>	<b>4,193</b>	<b>8,531</b>	<b>(4,337)</b>

## All benefit options

### All members

	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
<b>2022</b>								
Buffalo	149	3,609,620	1,842,086	1,767,534	51%	2,019	1,030	989
Entrapade	10	402,701	118,304	284,397	29%	3,356	986	2,370
Glencore	1,815	93,471,203	87,377,873	6,093,330	93%	4,292	4,012	280
Mafube	459	17,103,382	11,191,111	5,912,271	65%	3,105	2,032	1,073
Mantella	467	7,798,239	7,290,646	507,592	93%	1,392	1,301	91
Msobo	117	6,139,449	8,283,788	(2,144,339)	135%	4,373	5,900	(1,527)
Seriti	2,937	141,513,538	125,062,185	16,451,352	88%	4,015	3,548	467
Staff	42	1,810,833	1,089,868	720,965	60%	3,593	2,162	1,430
Thungela	4,251	206,585,315	208,352,869	(1,767,554)	101%	4,050	4,084	(35)
Usimbithi	86	3,164,812	2,802,298	362,514	89%	3,067	2,715	351
Witbank Chamber	58	2,925,642	5,829,912	(2,904,271)	199%	4,204	8,376	(4,173)
	<b>10,391</b>	<b>484,524,732</b>	<b>459,240,941</b>	<b>25,283,792</b>	<b>95%</b>	<b>3,886</b>	<b>3,683</b>	<b>203</b>
<b>2021</b>								
Buffalo	108	3,067,701	1,786,224	1,281,476	58%	2,367	1,378	989
Glencore	1,826	98,731,196	89,388,634	9,342,562	91%	4,506	4,079	426
Mafube	364	14,225,095	10,149,381	4,075,715	71%	3,257	2,324	933
Mantella	390	7,838,541	10,509,174	(2,670,633)	134%	1,675	2,246	(571)
Msobo	77	4,826,452	5,460,851	(634,399)	113%	5,223	5,910	(687)
Seriti	2,670	134,250,615	109,820,651	24,429,964	82%	4,190	3,428	762
Staff	34	1,524,043	1,072,611	451,431	70%	3,735	2,629	1,106
Thungela	3,739	198,413,695	191,513,121	6,900,574	97%	4,422	4,268	154
Usimbithi	7	351,919	477,035	(125,116)	136%	4,190	5,679	(1,489)
Witbank Chamber	58	2,908,116	4,740,613	(1,832,497)	163%	4,178	6,811	(2,633)
	<b>9,273</b>	<b>466,137,372</b>	<b>424,918,296</b>	<b>41,219,076</b>	<b>91%</b>	<b>4,189</b>	<b>3,819</b>	<b>370</b>