

Microinsurance innovation and the implications for policy makers and regulators





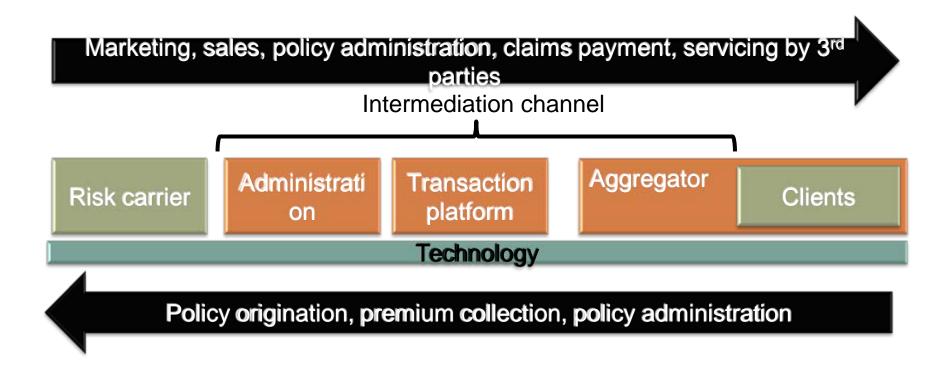
Making financial markets work for the poor

Presentation at FSI Microinsurance Meeting Basel, 6 July 2010

Two key questions

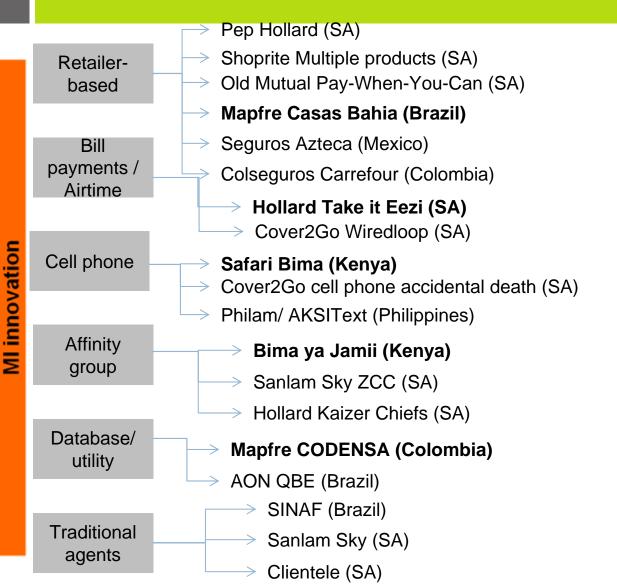
- Achieving take-up
 - How to get people to voluntarily buy an insurance product and remain clients of that insurer (take-up, persistency, etc)
- Consumer protection
 - How to ensure that the client makes and informed decision and is able to utilise the product

Innovation across the MI value chain



Source: adapted from Genesis (2007)

Typology of models



















Mapfre and Casas Bahia (Brazil)

Context:

- Don't want to talk about death
- Strict labour legislation plus broker power results in complex structuring to avoid labour relationships

Casas Bahia:

- Largest appliance retail chain in Brazil with 510 stores
- Low-income focus, 22 million active customers

Insurance:

- Actively sold (voluntary) in store also to non-credit clients
- Premium: \$50 pa per person
 - Life cover: Food basket for three months at \$110 per basket
 - Personal accident cover of:
 - Up to ten days of hospitalisation, with a pay-out of \$28 per day hospitalised (total cover: \$280)
 - \$5,560 cover in the case of accidental death
 - This cover doubles to \$11, 120 if the accident occurred in public transport
 - "Benefits in life":
 - Entry into a monthly lottery draw for \$830
 - Up to 50% discount on medicines (most popular component of the product)
- Sales agent receive "commission" (could be significant part of income)
- Policy take—up has been very successful since the launch in November 2008



Hollard Take it Eezi (SA)

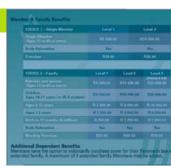
Take it Eezi

- Branded initiative for airtime & pre-paid electricity
- >18,000 vendors, innovative SIM-based POS

Insurance

- "Starter pack" containing the policy number, document and relevant product information. Currently only funeral policies
- "Tick-box" sales to avoid market conduct regulation
- Vendor registers details using POS, call centre phones to add beneficiary details
- □ SMS confirmation to all parties, monthly SMS reminders for premium payment
- □ 5 types of funeral cover, single or family:
 - □ Single (18-65 yrs): R10,000 (\$1182) @ R18/month (\$2.13) or R20,000 (\$2363) @ R28 (\$3.31)
 - Family: R5,000 (\$667) @ R25 (\$3.33), R10,000 (\$1333) @ R38 (\$5) or R20,000 (\$2667) @ R78 (\$10.4)
 - Can add additional extended family members up to age 74 at extra charge
- Monthly premiums are payable at any Take it Eezi vendor. Claims are settled directly by insurance company.
- Initially modest sales but signs of improvement
- □ Challenges: limited vendor incentive, higher than expected mortality rates, absence of a trusted





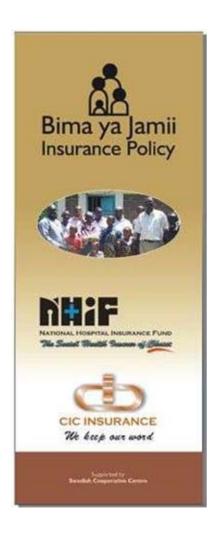


Kenya Orient Safari Bima

- The Safari Bima accidental **death and disability cover**, launched Nov. 2008 targeting individuals/entrepreneurs going on trips
- Product can be obtained in one of two ways:
 - **SMS**: 24 hrs cover of \$1366 by sending ID number, cell phone number & name to premium rated short code.
 - Information on policy activation advertised through posters , pamphlets and in Kenya Orient insurance offices.
 - Premium subtracted from cell phone account or prepaid airt
 - Confirmation SMS that cover has started.
 - High cost of conversion of airtime
 - Scratch card for \$1366 cover (added following broker pressure)
 - 1 day: \$0.41 (most sold)
 - 1 week: \$2.2
 - 1 month: \$9.6
 - Sold through Kenya Orient insurance offices or agents who may resell to shops, groups, etc.
 - Policy activated by sending SMS containing the PIN from the scratch card, national ID number & phone number.
- SMS sold more (7k) than scratch card (3k) but with lower benefit amounts. Correlate with marketing campaigns
- Complicated claims process: No claims received



CIC Bima ya Jamii micro health (Kenya)



- PPP between CIC (cooperatively-owned insurance company) National Hospital Insurance Fund to extend to informal sector
- Distributed through SACCOs, welfare groups and MFIs
- Annual premium of KSH 3,650 (US\$50) per family
- Cover:
 - Comprehensive family medical insurance (in-patient): admission and treatment for any illness or accident up to 6 months in 300 NHIFaccredited hospitals
 - Loss of income hospitalisation benefit for principal and family members
 KSH2,000 (\$27.3) per week (max. 25 weeks)
 - Accidental death benefits for beneficiaries of principal KSH100,000 (\$1366) lump sum
 - Loss of income disability benefit KSH100,000 (\$1366) lump sum
 - Funeral expenses for the member KSH30,000 (\$410) paid within 48 hours (additional cost to cover additional members)
- Cash benefits paid directly by CIC to policy holders, through SACCO account or M-PESA
- 2009: 19,000 policyholders about 100k lives covered

Mapfre and CODENSA (Colombia)

- CODENSA: largest electricity company in Colombia with around 2m customers in Bogota
- Insurance motivated for client retention. Part of larger customer loyalty programme.
- Revenue sharing between CODENSA and Mapfre
- CODENSA not initially involved in product development but got involved to tailor products to clients' needs
- Products: funeral insurance, life, extended warranty, personal accident, older vehicles (assistance, liability)
- CODENSA –branded product underwritten by Mapfre









Mapfre and CODENSA (Colombia)

- To ensure customer satisfaction CODENSA plays active role in sales and administration of policies.
- Initially only added pamphlet to electricity bill
- Currently marketed through face-to-face sales force and outbound call centre (phone call followed up by agent visit. Agents also do door-to-door sales)
- Marketing channels administered by CODENSA(with support from Mapfre)
- Structured as group policy to CODENSA so deemed to be 'direct sales' and, therefore, CODENSA sales agents are not deemed to be insurance agents.
- Shared administration
- Claims received via CODENSA call centre but Mapfre deals with payments.
- Initial poor take-up resulted in CODENSA research and changes to products following from that.
- 300k families made monthly insurance premium payments between 2001-2008 of which 90% was low-income

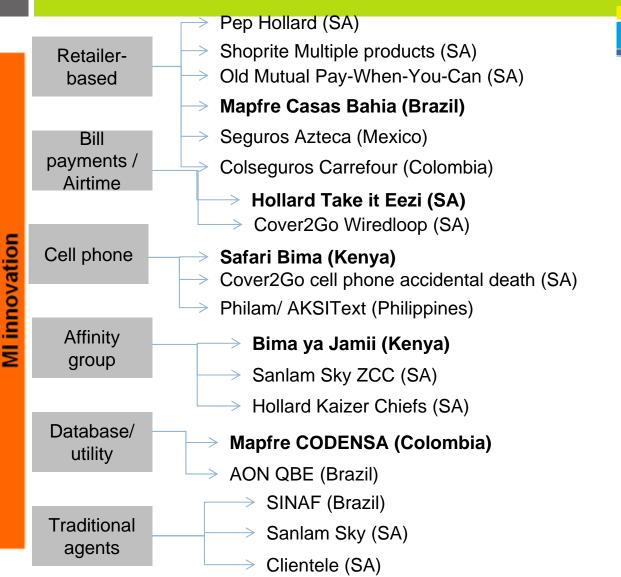








Typology of models



















Cross-cutting themes

Need to rethink nature of intermediation

- Spread across several entities not traditionally regulated by insurance supervisor (ipmact of other regulation)
- Definitions of brokers and agents vs direct sales vs outsourcing (avoidance of intermediation)
- Importance of face-to-face active sales (e.g. telesales experience)
- Structure and level of remuneration, sharing in revenue

Aggregators lead interaction and incentivised to act in clients interest

- Brand Trust and reputational risk
- Control price increases and ensure claims payment (e.g. Pep)
- Research to develop better products (e.g. CODENSA, Pep)
- Yet insurance regulation tends to be biased towards insurers and traditional intermediaries

Group underwriting and contractual relationships

- Limited data and absence of individual underwriting: mostly short-term policies
- Underwrite on group basis even though may be individually sold
- Open voluntary groups, master policies

Technology important facilitator but is not always cheap

- Communication (Pep), data (Take it Eezi), payments (Safari Bima): not always lower cost
- Claims management (Jet/Hollard claims runner)

Product innovation

- Casas Bahia: Life (food hamper) + personal accident + income replacement + medical discounts + lottery
- CODENSA and Jet: Household structure and content (rental market, technology enabled claims management, sum assured)
- CIC: Public health insurance + PA + funeral

Thank you!

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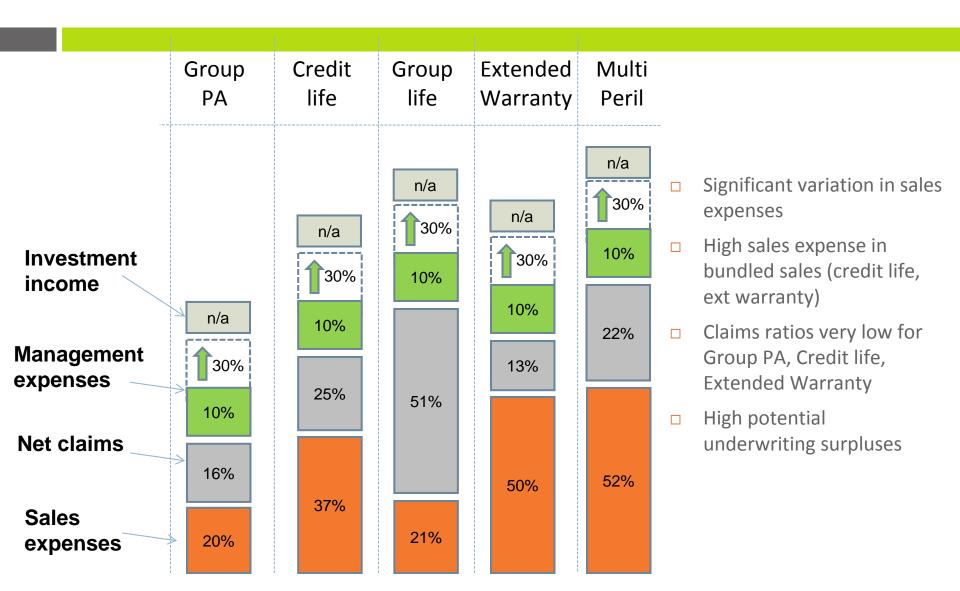
Efficiency is key: ■ Premiums from as low as \$0.2/month Requires scale and very efficient administration \$50 ■ Sales expenses may be proportionally higher \$2.5 **Profit** 5% than traditional Profit margins will be thin and regulatory costs will have dramatic impact on viability Net ■ Need to ensure that value is paid to clients in \$35 70% claims the form of claims \$5 Profit 5% \$0.25 Need to Total Net claims \$2.75 15% 55% minimise \$7.5 expenses costs \$1 20% **Expenses** 10% \$5 Commission 20% Commission \$1

Traditional insurance

VS.

Microinsurance

Brazilian example



Source: SUSEP database (year ending June 2008)