Questions and Responses 1

In connection with the Request for Tenders (RFT) for the provision of Actuarial and Associated Services to the National Treasury Management Agency (acting in its capacity as the State Claims Agency)

(Ref: 2026PR025)

13 July 2026

1. Portfolio Information

Please provide a summary of each fund/scheme within scope (e.g. CIS, GIS and other schemes), including:

a. Current outstanding reserves

b. Annual paid claims

c. Claim counts

d. Any other relevant exposure metrics

Response

Question 1.a: Estimated Outstanding Liability on Active Claims as of 31/12/2025

Clinical*	General	Grand Total
€4.43bn	€1.03bn	€5.46bn

**Clinical includes claims under the Clinical Indemnity scheme (including Safety net, CAPS, SOIS and SOS private schemes).*

Question 1.b: Amount Paid in 2025

Transactional amount paid during 2025 in open and closed claims. This amount includes damages, legal and other fees.

Total Amount Paid	€446m

Question 1.c: Number of Active Claims at Year End 2025

	Clinical	General	Grand Total
Number of Active Claims	4,073	6,585	10,658

Question 1.d: Other claims

	Clinical	General	Grand Total
Claims Created 2025	759	2,294	3,053
Claims Finalised 2025	789	2,781	3,570

2. Portfolio Information

Please provide a breakdown of claims by category (e.g. obstetrics, emergency medicine, surgery, oncology, other).

Response

Question 2.1: Active Claims by Service (Top 5 and Other) as of 31/12/2025

Service*	Number of Claims
Maternity Services	1,011
Surgery	899
Medicine	871
Gynaecology	223
Mental Health Outpatient	211
Other**	7,443
Grand Total	**10,658**

**Service data is primarily captured for claims originating in healthcare and Tusla settings.*

***Other contains claims where the service field is not populated, and all other services not listed in the top 5.*

Question 2.2: Claims Created in 2025 by Service (Top 5 and Other)

Service*	Number of Claims
Maternity Services	111
Surgery	95
Medicine	79
Gynaecology	23
Mental Health Outpatient	21
Other**	2,724
Grand Total	**3,053**

**Service data is primarily captured for claims originating in healthcare and Tusla settings.*

***Other contains claims where the Service field is not populated, and all other services not listed in the top 5.*

Question 2.3: Claims Finalised in 2025 by Service (Top 5 and Other)

Service*	Number of Claims
Surgery	211
Medicine	196
Maternity Services	189
Health & Well-being	83
Mental Health Outpatient	52
Other**	2,839

Grand Total	**3,570**

**Service data is primarily captured for claims originating in healthcare and Tusla settings.*

***Other contains claims where the service field is not populated, and all other services not listed in the top 5.*

3. Existing Actuarial Arrangements

Is there an incumbent actuarial service provider?

If so, can the most recent actuarial reserving report be shared with tenderers? If not, will it be made available to the successful bidder following appointment?

Response

There is an incumbent actuarial service provider. The recent actuarial report will not be shared as part of the tender process and will not be made available to the successful Tenderer following appointment. High level information will be provided to the successful Tenderer.

4. Data Availability

Please provide a description of the claims data available for actuarial analysis, including whether data is available at individual claim level and/or in aggregate form.

Response

Please see the response to query no. 5 below.

5. Data Availability

Please provide a data dictionary or list of fields contained within the claims database and latest claims listing.

Response

The information contained below is based on a sub-set of key fields from NIMS, the National Incident Management System. This also includes associated definitions; the list is not exhaustive but provides an overview of attributes which may be valuable in the performance of actuarial services.

It is not proposed that a current claims listing be provided at this point, responses to other queries should give a suitable overview at a portfolio level. It is anticipated that claims level information would be made available to the successful Tenderer following appointment.

Attribute	Definition
National Incident Management System (NIMS)	Incidents (which include claims) are reported using the "National Incident Management System", hosted by the State Claims Agency (SCA). An incident can be a harmful Incident (Adverse Event), no harm incident, near miss, dangerous occurrence (reportable circumstance)

	or complaint. NIMS is the system used by the delegated authorities to fulfil their statutory requirement to report incidents to the State Claims Agency and for their own incident and risk management purposes.
Record Number	A unique reference number for an incident / claim recorded on NIMS.
Date of Incident	The date the incident occurred, or the date of knowledge for chronic exposure (e.g. asbestos). For example, if someone slipped on Jan 1st, 2001, the "Date of Incident" is 01/01/01.
Date Claim Notified	The date the first notification of a claim (e.g. solicitor's letter, PIAB notification etc.) is received by the SCA, as indicated by the "Date Received" stamped on the correspondence.
Create Date	This is a system generated field that records the date the incident /claim was first created in the NIMS system.
Incident Create Date	The date the incident was created on NIMS
Claim Create Date	Official date that the claim was created on NIMS. If a record is first logged to the system as a claim, the "Claim Create Date" and "Create Date" will be the same, however, if a record was once an incident and subsequently transitioned into a claim, the "Claim Create Date" will differ from the "Create Date", with the "Create Date" representing the date the incident was first recorded, and the "Claim Create Date" representing the date the record transitioned to a Claim.
Date Case Concluded	Claims Concluded figures are provided based on the date present in the 'Date Case Concluded' field on NIMS. This is the date the case has reached its outcome whereby damages have been agreed, either through settlement discussions or court award etc. The issue of costs can be outstanding.
Claim Finalised Date	The date on which the claim has been finalised in NIMS.
Case Outcome	The manner in which a claim is resolved.
Location	This field describes where an incident or claim is attributed to on the location hierarchy on NIMS
Who Was Involved	Field detailing the type of person involved, e.g. Staff Member, Member of the Public, etc. This is the Highest level of person category on NIMS, as displayed in the three levels below. Who Was Involved --> Category of Person --> Sub-Category of Person.
Severity Rating	This is a system-generated field which is required for rating of how severe the incident is. Ranges from negligible to extreme based on the injury selection.
Coverage	An insurance term which indicates at a high level what type of incident or claim the record relates to. This can include "Motor", "Employer Liability" etc.
Clinical/non-clinical	An attribute on NIMS indicating whether an incident or claim is categorised as either being Clinical or General in nature. This value is derived based on whether the value in the 'Incident / Hazard Category' field on NIMS is set as either 'Clinical Care' or some other value.
Service	A field which records the service which the person involved (patient) was under at the time of the incident. E.g. Dental.

Catastrophic Injury	A field to identify claims that involve a personal injury that results in a permanent disability, requiring the person to receive lifelong care and assistance in all activities of daily living or a substantial part thereof.
Sub Catastrophic Injury	This field provides more detail about the type and timing of the catastrophic injury and whether a diagnosis of Cerebral Palsy has been made or not.
Type of Mass Injury	Lists the mass action injury suffered. Used for grouping mass action / injury cases of claims that the SCA commonly gets asked to report upon. e.g. H1N1 Vaccine, TB, etc.
Incident/Hazard Category	The incident/hazard category is a high-level classification used to describe the cause of an incident. This is based on international recognised hazard classifications, but which has been further developed to denote hazards that can have a direct or indirect impact on a person or property. This high-level classification is a grouping together of like type hazards which are broken down in further detail in the sub-hazard type. The high-level hazards include “Clinical Care”, “Exposure to Physical Hazards”, “Exposure to Psychological Hazards”, “Exposure to Chemical Hazards”, “Exposure to Biological Hazards”, “Crash/Collision” and “Property damage/loss (non-crash collision)”.
Sub-hazard Type	Based on the’ Incident/Hazard Category’, this grouping provides a further breakdown of hazard types. This allows for a more detailed categorisation of the incidents recorded. For example, under the ‘Clinical Care’ hazard category, the sub-hazards include ‘Labour/Delivery’, ‘Diagnosis’, ‘Surgical/Medical Procedures’, etc. Similarly, under ‘Exposure to Physical Hazards’, the sub-hazards include ‘Slips/Trips/Falls’, ‘Fire’, ‘Ergonomics (include manual/people handling)’, ‘Temperature (excluding Fire)’, ‘Radiation’, ‘Non-Mechanical (including Person/Animal)’, ‘Noise’, ‘Vibration’, and ‘Electrical & Mechanical components’.
Type Of Injury	A field which records the sub categorisation of "Classification of Injury". Cites the specific injury suffered by the injured party, e.g. Bruising, Cut / Laceration, Soft tissue injury, No Injury, Death, etc
Incurred Total	The Estimated Liability on a claim represents the current estimate of the ultimate cost of resolving a claim. The estimates include all foreseeable costs such as settlement amounts, claimant legal costs and defence costs (such as fees payable to legal counsel, engineers, consultants etc.). These estimates may be revised on a regular basis in light of any new information received.
Total Paid	Figures in respect of paid totals relate to the amount of money paid on a claim over its lifetime. This may include payments made in previous years. It includes damages, legal costs, plaintiff legal costs and other expert costs.

Outstanding Estimated Liability	The Outstanding Estimated Liability on a claim represents the current estimate of the ultimate cost of resolving a claim minus the total amount paid on the claim to date. The estimates include all foreseeable costs such as settlement amounts, claimant legal costs and defence costs (such as fees payable to legal counsel, engineers, consultants etc.). These estimates may be revised on a regular basis in light of any new information received.
Paid Damages	The compensation paid to a claimant in personal injury claims for the pain and suffering arising from a physical and/or mental injury (known as General Damages). The compensation paid to a claimant for out-of-pocket expenses incurred such as loss of earnings, vehicle damage, etc. (known as Special Damages).
Paid Agency Legal Costs	Fees paid to solicitors and barristers engaged by the SCA.
Paid Plaintiff Legal Costs	Legal Costs incurred by the Plaintiff and paid by the SCA.
Paid Expert Costs	Fees paid to experts engaged by the SCA e.g. medical experts, private investigators etc.

6. Data Availability

Is historical point-in-time claims data available?

Response

Historical point in time claims data is available and will be provided to the successful Tenderer as required.

7. Data Availability

Are claims recorded on a ground-up basis or net of any insurance retentions, deductibles or policy limits?

Response

The Indemnity Schemes operated by the State Claims Agency (SCA) are pay as you go schemes and, therefore, the above referenced elements are not part of the SCA Schemes. Further information on this can be found in the NTMA Annual Report or on the SCA website.

https://www.ntma.ie/publications
https://www.stateclaims.ie/

8. Loss Development Information

Are loss development triangles available for any of the funds/schemes?

Response

They can be developed from the data held by the State Claims Agency. The SCA has historical information on the number of incidents, claims, payments and reserves, and the SCA Data Services Unit (DSU) can provide required data to the successful Tenderer.

9. Loss Development Information

If loss development triangles are available, please confirm:

- Whether they are provided separately by fund/scheme
- Whether paid and incurred/reported triangles are available
- The basis of the origin year (e.g. accident year, report year)
- The earliest origin year available
- Whether claim count triangles are also available

Response

Please see the response to query no. 8 above - The SCA DSU can provide required data to the successful Tenderer including the items listed above. The core data is available since the commencement of the SCA.

10. Loss Development Information

If loss development triangles are not available, is there sufficient historical point-in-time claims data to reconstruct claim development over time?

Response

Please see responses to queries no. 8 and 9 above.

11. Claims Listing

Please confirm whether the latest claims listing includes:

a. Unique claim identifier
b. Incident/accident date
c. Report date
d. Paid-to-date amount
e. Current case reserve
f. Settlement date (for closed claims)
g. Claim classification/category

Response

The claims data contains all of the above.

12. Claims Listing

Are claim payments and reserves separately identified by component (e.g. cost of care, indemnity, legal costs, pain and suffering)?

Response

The claim reserves are identified by Damages, Legal and other Costs, and Plaintiff Legal Costs. In respect of payments, in addition to the above, there are further breakdowns available.

13. Claims Listing

Does the claims listing include both open and closed claims, and what historical period is covered?

Response

The claims data includes open and closed claims since the commencement of the SCA.

14. Deliverables and Reporting

Please provide the expected timetable for:

a. Quarterly reserving updates

b. Annual reserving review – will it be possible for the successful tender to have any input on the timing of the annual review?

c. Delivery of data required for each review

Response

a. High level update is due 6 weeks after the delivery of the data.
b. Ideally Q1 but open to discussion with the successful Tenderer
c. The SCA will provide the data within 10 working days of quarter end.

15. Deliverables and Reporting

Please provide the anticipated dates of SCA Advisory Committee meetings during the contract period.

Response

The meetings take place four times a year and the dates are set by the SCA Advisory Committee.

16. Deliverables and Reporting

What reserving segments or reporting categories are required for actuarial reporting?

Response

The current breakdown is as follows, however it should be noted that this may be subject to change:

Catastrophic Injury all schemes, to include Cerebral Palsy Claims.

Clinical Indemnity Scheme (HSE) excl. Catastrophic injury

General Indemnity Scheme (HSE) excl. Catastrophic injury

General Indemnity Scheme (Tusla) excl. Catastrophic injury

General Indemnity Scheme (non HSE &Tusla) excl. Catastrophic injury

17. Deliverables and Reporting

Please confirm the required timing and frequency of:

a. Unpaid loss reserve estimates (including IBNR and IBNER)

b. Claims cashflow projections

Response

a. The Annual IBNR and IBNER is as at 31 December each year. The final report will be required within 5 months of year end.

b. The cashflow projections are provided annually and are required prior to the end of Q3 each year.

18. Will AI be used in the evaluation process? If so, which system will be used and how will our information remain confidential?

Response

AI will not be used to evaluate tender responses.

19. Terms and Conditions: Please could you advise whether the $6,500,000 liability cap set out in clause 7.1 is open to negotiation?

Response

Please see Clarification No. 1 now uploaded to www.eTenders.gov.ie

Please see the revised (V1) of Schedule 6 (The Contract) now uploaded to www.eTenders.gov.ie

20. Our understanding is that this will cover:

- Clinical Indemnity Scheme ("CIS")
- General Indemnity Scheme ("GIS")
- Special Obstetric Investment Scheme (SOIS)
- Caps Scheme
- Special Obstetric Scheme (SOS)

Can you advise if this is correct and whether there are any other schemes that we should be aware of?

Response

This is correct.

In addition, the Garda Compensation Scheme is included as part of the GIS and the Safety-net arrangements are included as part of the CIS and GIS.

21. Would we need to produce a separate report for each of the Schemes? Additionally, would there be separate SCA Advisory Committee presentations for each Scheme or will this happen as one meeting?

Response

As per the response to Query no. 16 above, separate segments are produced.

Currently there is one IBNR & IBNER Report and one Cashflow report, and the two reports are presented at one meeting. However, this may be subject to change.

22. In the RFT document (for 2.1 Actuarial Model, Analysis and Reporting) it says to produce an annual report for:

- An analysis of projected two-year cash flow requirements for claims handled by the NTMA.
- An analysis of the value of the incurred but not reported liabilities.
- Analysis of historical claims being managed by the NTMA where the level of conventional insurance indemnity available to the enterprise has been breached or has been eroded.

Are these expected to be independent reports or will there be one annual report covering each section?

Response

The reports are expected to be individual reports.

23. We understand that you may also need separate reports for:

- An analysis of claims experience by specialty or sector.
- Special matters for use by the NTMA.

What is the expected frequency per year of the reports and analysis?

Response

In previous years, the separate reports required have not exceeded two reports, however this information is provided for indicative purposes and does not represent any expectation or guarantee on the part of the NTMA regarding the volume of services.

Tenderers are referred to section 4.3.2 (Daily Rates) of Appendix 1 (Tender Response Document).

24. Should the potential for special matter requests be included in the financials on a fixed annual basis or will this be considered as additional work to be priced as and when they occur?

Response

These Services are on an 'as-required/on request' basis. Please see 'Daily Rates' information below.

Tenderers are referred to section 4.3.2 (Daily Rates) of Appendix 1 (Tender Response Document), which states inter alia:

> ***"Tenderers are required to complete the table set out below.***
>
> ***Tenderers must submit fixed daily rates (excluding VAT) (the "Daily Rates") (based on an 8-hour working day) for the provision of the following Services and any Additional Services should they be required, by their personnel, in accordance with section 5.11 (Fees) of this RFT:***
>
> ***a) analysis of claims experience by specialty or sector, as per item 2.1(iv) of the Services;***
>
> ***b) preparation of actuarial reports on special matters for use by the SCA or State authorities as may arise, as per item 2.1(vi) of the Services; and***
>
> ***c) IBNR or cashflow analysis of any new delegations, schemes or other claims as may arise and be requested by the SCA.***
>
> ***The NTMA reserves the right under the Contract to request a fixed fee for any services described in a) to c) above and/or for any Additional Services should it deem it expedient to do so in its absolute discretion.***
>
> ***Services requested under a Daily Rate or Fixed fee will be requested by the NTMA (as SCA) in writing and the Service Provider will be required to provide a quote for the work prior to its commencement."***

25. Do you have some examples of some previous special matter requests that were previously made.

Response

Two examples for illustrative purposes are set out below.

- ***Market comparator analysis***
- ***Actuarial analysis of potential or actual new Schemes***

26. Can you expand a bit more on what you would expect for the analysis of historical claims being managed by the NTMA (as SCA) on behalf of State authorities where the level of conventional insurance indemnity available to the enterprise has been breached or has been eroded to the extent that a significant proportion of the projected cost of disposing of the claim will fail to be met by the enterprise concerned. What are the main objectives and deliverables for this?

Response

Where the SCA is required to take on historical claims, either for an existing State authority, for a new State authority or for a new Scheme, the SCA may require the successful Tenderer to analyse the ultimate cost and cashflow impacts for the SCA.

27. For the helpdesk what are the expected turnaround times for queries? Additionally, we understand that you anticipate around 3 helpdesk queries per month. Do you have some examples of the type of questions previously asked?

Response

Response times in respect of the helpdesk services, based on advices sought, on relevant matters should be appropriate for the matter at hand. For general queries, it would be anticipated to be within 48 hours.

Examples of queries for illustrative purposes would be:

1. ***Reserving approach for similar claims based on the firm's experience.***
2. ***Market comparator information.***

28. How many years of data is available for the claims relating to each scheme?

Response

Data is available since the commencement of the SCA.

29. What will be the format of the data provided? Will we receive the claims data in a standard triangle format or will we need to build a process to convert the data available into the format required?

Response

Please see responses to queries no 8 and 9 above.

The SCA has historical information on the number of incidents, claims, payments and reserves, and the DSU can provide required data to the successful Tenderer. The DSU will be able to work with the successful Tenderer to prepare the data.

30. Are there any known data limitations or data issues that may impact the modelling that we should be aware of?

Response

There are no known limitations or data issues that may impact modelling that we are aware of.

31. How many discrete analysis cells in terms of types of claims does each scheme cover – are you able to give us an idea of how this has been segmented previously?

Response

Please see responses to queries no: 1,2 ,4 and 5 above.

32. The first deliverable relates to consulting with the NTMA (as SCA) to develop a model which projects the incidence, reporting and payment of claims. Can you confirm there is an existing model in place or is a new model required to be developed? Where there is an existing model in place, what is the expected approach and process for knowledge sharing and transition?

Response

There is an existing model, which has been developed with the current Service Provider.

The first deliverable requires the successful Tenderer to engage with the SCA and discuss and agree the utilisation of the model for the required services.

33. **Data availability and format:** Can you describe the type and format of data that will be available for the 4 key areas of analysis below:

i. the actuarial model (noting the RFP reference to an agreed sectoral breakdown)

ii. IBNR analysis

iii. Analysis of historical claims relative to the insurance indemnity

iv. Analysis of claims experience supporting the risk mitigation strategy

Response

Please see responses to queries no: 1, 2,4 and 5 above.

34. **Segmentation:** Can you clarify the intended level of segmentation (including the expected number of segments for analysis) for each of the key deliverables:

i. the actuarial model (noting the RFP reference to an agreed sectoral breakdown)

ii. IBNR analysis

iii. Analysis of historical claims relative to the insurance indemnity

iv. Analysis of claims experience supporting the risk mitigation strategy

For example, segmentation could consider scheme, State Authority, claim type, severity, specialty, litigation/mediation status, state body cohort, and any catastrophic or PPO-exposed classes.

Response

Please see response to query no. 16 above.

35. Can you give an indication of the level of manipulation required by the provider prepare the raw data received for analysis for each of the 4 key areas?

Response

It is not possible for the SCA to provide a response to the level of data work the successful Tenderer would need to undertake.

36. We note there has continued to be an increase in the number of State Authorities over time, as shown in the annual reports. To what extent are you able to determine actuarial assumptions for each of the 4 main areas of analysis using your own historical experience?

Response

This information is not considered necessary for Tenderers to formulate a response to the RFT.

37. Can you indicate what qualitative information is available to support the analysis? For example, walkthroughs of claims process, access to individual claim files, analysis of exposure etc?

Response

The SCA will provide the successful Tenderer with a series of detailed reports to their specification to include information on individual and aggregate claims. If there are specific queries on categories of claims or individual claims, relevant additional material can be provided.

The successful Tenderer will also be provided with information on the SCA claims handling process and the details on the SCA data and analysis of the portfolio.

The SCA can make available senior staff to provide information. This can be discussed with the relationship contact in the SCA on appointment.

38. Can you confirm if legal costs are to be included in the actuarial projections?

Response

Legal costs are part of the ultimate cost of a claim and are therefore included in actuarial work.

The claims for legal costs work of the SCA Legal Costs Unit is not included as part of the actuarial projections.

39. **Timing of activities:** Can you provide an indicative calendar relating to the annual activities including provision of data, interim analysis (if appropriate for example Q2/Q3 reserving in advance of Q4), initial results, and final reporting timelines?

Response

The SCA will provide data within 10 days of quarter end.

The Annual IBNR and IBNER is as at 31 December each year. The final report will be required within 5 months of year end.

The cashflow projections are provided annually and are required prior to the end of Q3 each year.

Please see responses to queries no: 14 and 17 above.

40. PPO exposure: Can you confirm the number of confirmed and potential/interim PPOs to which it is exposed, and provide an indication of their size relative to total liabilities.

Response

This information is not considered necessary for Tenderers to formulate a response to the RFT. This information will be shared with the successful Tenderer if required.

41. Mass actions: Based on the 2024 SCA report, mass action claims represented approximately 10% of active claims at year-end 2024. Can you provide an updated position as at year-end 2025, including both (i) the number of such claims and (ii) the associated liabilities as a proportion of total liabilities and (iii) any new mass action that have emerged since the 2024 report?

Response

This information is not considered necessary for Tenderers to formulate a response to the RFT. This information will be shared with the successful Tenderer if required.

42. Helpdesk/ other Ad hoc work: Can the NTMA provide further guidance on the expected volume and range of complexity of actuarial helpdesk queries? Can you share some recent examples?

Response

Please see the response to query no. 27 above.

43. Open recommendations: Are there any recommendations stemming from the current actuarial providers (or any other source) that we ought to be reasonably aware of in advance of this engagement?

Response

No.

44. Section 4.1 refers to detailing the key issues/specific challenges and risks that may arise in the provision of the Services. Can you confirm this relates to provision of the services as opposed to risks underlying the results of the analysis?

Response

Tenderers are referred to the award criterion text contained in section 4.1 'Approach and Methodology' of the RFT (page 22) which includes the request for the following details to be provided by Tenderers in their response:

- ***"demonstrate an understanding of the required Services, as outlined in Schedule 4 (The Services), detailing the key issues/specific challenges and risks that may arise in the provision of the Services, including how these would be addressed and managed."***

It is a matter for Tenderers to best formulate a response to address the award criteria, however for the avoidance of doubt the reference to risks in this context relates to the risks that may arise in the provision of Services.

45. Is there a preference for format of analysis and reporting for example, Excel, PowerPoint, pdf, visualisation tools etc.?

Response

The SCA will discuss the format of the IBNR and Cashflow reports with the successful Tenderer but they will likely need to be in PDF and include visualisation. A PowerPoint presentation will be needed for the presentation to the SCA Advisory Committee.

46. RFT Schedule 4: Section 2.1 Actuarial Model, Analysis and Reporting (i)

Please specify the data files and fields that are available as inputs to the model

In particular please specify the data files and fields that are available as proxies for exposure

Response

Please see response to query no. 5 above.

47. RFT Schedule 4: Section 2.1 Actuarial Model, Analysis and Reporting (i)

Please specify the sectoral breakdown requirements

Response

Please see response to queries no: 1 and 2 above.

48. RFT Schedule 4: Section 2.1 Actuarial Model, Analysis and Reporting (i)

Please advise your preferences for the form of the report

Please advise your requirements for the format of the report

Response

Please see response to query no. 45 above.

49. RFT Schedule 4: Section 2.1 Actuarial Model, Analysis and Reporting (ii)

Please clarify if you require "the other SCA Schemes" to be analysed in aggregate or separately by SOIS/ Caps Scheme/ SOS

Response

The Clinical Indemnity Scheme includes CAPS, SOIS and SOS private schemes, at present.

Please see response to query no. 16 above.

50. RFT Schedule 4: Section 2.1 Actuarial Model, Analysis and Reporting (ii)

Please specify the data files and fields that are available as inputs to the analysis for each of the five schemes

In particular please specify the data files and fields that are available as proxies for exposure for each of the five schemes

Response

Please see response to query no. 5 above.

51. RFT Schedule 4: Section 2.1 Actuarial Model, Analysis and Reporting (ii)

Please advise your preferences for the form of the report

Please advise your requirements for the format of the report

Response

Please see response to query no. 45 above.

52. RFT Schedule 4: Section 2.1 Actuarial Model, Analysis and Reporting (iii)

Please clarify if these historical claims relate only to the 5 schemes. If not then please provide more information about the number, nature and size of the claims in question.

Response

Please see response to queries no's: 1 and 2 above.

53. RFT Schedule 4: Section 2.1 Actuarial Model, Analysis and Reporting (iii)

Please specify the data files and fields that are available as inputs to the historical claims analysis

In particular please specify the data files and fields that are available as proxies for exposure

Response

Please see response to query no. 5 above.

54. RFT Schedule 4: Section 2.1 Actuarial Model, Analysis and Reporting (iii)

Please advise your preferences for the form of the report

Please advise your requirements for the format of the report

Response

Please see response to query no. 45 above.

55. RFT Schedule 4: Section 2.2 Provision of Actuarial Help Desk

This refers to calls but is it acceptable to run the help desk via email or a portal?

Response

It's acceptable to provide the actuarial help desk services via email or a portal in addition to by way of phone call, however, by way of phone call is required.

56. RFT Schedule 4: Section 2.2 Provision of Actuarial Help Desk

What is the typical nature of the miscellaneous discrete enquiries? Can you provide examples?

Response

Please see response to query no. 27 above.