



**ACCIDENT INSURANCE (INSURER RETURNS) REGULATIONS
1999**

MICHAEL HARDIE BOYS, Governor-General

ORDER IN COUNCIL

At Wellington this 31st day of May 1999

Present:

THE RIGHT HON JENNY SHIPLEY PRESIDING IN COUNCIL

PURSUANT to sections 194, 406, and 412 of the Accident Insurance Act 1998, His Excellency the Governor-General, acting by and with the advice and consent of the Executive Council and on the recommendation of the Minister for Accident Rehabilitation and Compensation Insurance, makes the following regulations.

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REGULATIONS

1. Title and commencement—(1) These regulations may be cited as the Accident Insurance (Insurer Returns) Regulations 1999.

(2) These regulations come into force on 3 June 1999.

2. Interpretation—(1) In these regulations, unless the context otherwise requires,—

“Act” means the Accident Insurance Act 1998:

“ANZSIC industrial classification” means the *Australian and New Zealand Standard Industrial Classification (New Zealand Version) 1996*, published in June 1997 by Statistics New Zealand:

“ASCII” means the *American Standard Code for Information Interchange*:

“Case estimate” means the total remaining cost that an insurer estimates it will incur for a claim:

“Claim file number” means the unique number (or other identifying reference) allocated by an insurer to a claim file:

“Closing date” means the date the case estimate for a claim becomes zero:

“Dispute” means a review, proceeding, or appeal to which Part 6 of the Act applies:

“Earnings” means,—

(a) For the purpose of regulation 5 (j), the earnings of all persons covered by an accident insurance contract; and

(b) For all other purposes, the earnings of persons, or groups of persons, covered by an accident insurance contract upon which the weekly compensation referred to in paragraph (b) of the definition of the term “statutory entitlement” in section 13 (1) of the Act would be based:

“Elective surgery” has the same meaning as in regulation 2 of the Accident Insurance (Insurer’s Liability to Pay Cost of Treatment) Regulations 1999:

“Ethnicity classification” means 1 or more of the following categories: New Zealand European/Pakeha, Other European, New Zealand Maori, Samoan, Cook Island Maori, Tongan, Niuean, Tokelauan, Fijian, Other Pacific Islands, Southeast Asian, Chinese, Indian, Other Asian, Other:

“Full time employees” means persons who regularly work 30 hours or more a week for an employer:

“ICD-10” means the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*, published by the World Health Organisation, Geneva:

“Insurer” means an insurer with current registration under section 201 of the Act:

“Insurer identification number” means a unique number assigned to an insurer by the Regulator:

“NDS-IS” means the *National Data Standards for Injury Surveillance Classification System, version 2.1, Revision A*, developed by the Australian National Injury Surveillance Unit:

“OCS” means the *Occurrence Classification System* published in 1990 by Worksafe Australia:

“Occupations code” means the *New Zealand Standard Classification of Occupations*, published in 1995 by Statistics New Zealand:

“Part-time employees” means persons who regularly work fewer than 30 hours a week for an employer:

“Premium” means the amount paid or payable to an insurer by an employer, self-employed person, or private domestic worker for cover and statutory entitlements under an accident insurance contract:

“Quarter” means a quarter of a year, as follows:

(a) A quarter starts on 1 January and ends at the close of March:

(b) A quarter starts on 1 April and ends at the close of June:

(c) A quarter starts on 1 July and ends at the close of September:

(d) A quarter starts on 1 October and ends at the close of December:

“Read code” means the Read codes, version 2, used to diagnose injuries, and developed by the United Kingdom Department of Health:

“Region” means the same as “Territorial authority district” as defined in section 2 (1) of the Local Government Act 1974:

“Review period” means the period of time that elapses between successive reviews of an accident insurance contract by an insurer:

“Risk sharing agreement” means any agreement reached under section 185 of the Act:

“Transitional accident insurance contract” has the same meaning as in the Accident Insurance (Transitional Contracts) Regulations 1999.

(2) Expressions not defined in these regulations but defined in the Act have, in these regulations, the same meanings as in the Act.

(3) A transitional accident insurance contract is to be regarded as an accident insurance contract for the purposes of these regulations.

Returns by Insurers Required

3. Returns about accident insurance contracts—(1) An insurer must give the Regulator returns relating to—

(a) Accident insurance contracts the insurer enters with employers, self-employed persons, or private domestic workers:

(b) Termination of accident insurance contracts with employers, self-employed persons, or private domestic workers:

(c) Amendments or revisions of information returned previously under paragraphs (a) and (b).

(2) Except as provided in subclause (3), returns under subclause (1)—

(a) Must be given weekly in 1 single return, by the second working day of each week unless the insurer and Regulator agree to some other timing; and

(b) Must contain information relating to the matters described in subclause (1), being information about matters that occur or become known in the week preceding the return; and

(c) Need not repeat information given in previous returns unless that is necessary to satisfy subclause (1)(c).

(3) Returns covering the last full week of June 1999 must be given by the close of 26 June 1999 and must include information accurate up to 5 pm on 25 June 1999.

4. Returns about claims and injuries—(1) An insurer must give the Regulator returns relating to—

- (a) Claims lodged;
 - (b) Personal injuries;
 - (c) Persons who suffer personal injuries;
 - (d) Consequences of personal injuries;
 - (e) Disputes about claims.
- (2) Returns under subclause (1)—
- (a) Must be given monthly in 1 single return, by the 10th working day of each month unless the insurer and Regulator agree to some other timing; and
 - (b) Must contain information relating to the matters described in subclause (1)—
 - (i) That occur or become known in the month preceding the return; and
 - (ii) As to a particular claim, for so long as the claim is active; and
 - (c) Must repeat information provided in previous returns and update that information so that information is given cumulatively.

Content of Insurers' Returns

5. Accident insurance contracts—Every return required by regulation 3 (1)(a) must specify, for each accident insurance contract entered into by the insurer,—

- (a) The insurer identification number;
- (b) The number (or other identifying reference) of the accident insurance contract;
- (c) The name of the employer, self-employed person, or private domestic worker;
- (d) The usual address of the employer, self-employed person, or private domestic worker;
- (e) The insurance number of the employer, self-employed person, or private domestic worker;
- (f) The date and time the accident insurance contract is effective;
- (g) The dates when the current review period begins and ends;
- (h) The premium;
- (i) For an accident insurance contract to which a risk sharing agreement applies, the premium calculated as if that risk sharing agreement did not apply;
- (j) The aggregate earnings of all persons covered by the accident insurance contract during a review period;
- (k) The ANZSIC industrial classification or classifications, at the 7-digit level, for the employer, self-employed person, or private domestic worker;

- (l) The number of full-time employees and part-time employees within each ANZSIC classification at the beginning of each review period:
- (m) The insurers estimate, at the beginning of each review period, of—
 - (i) The aggregate earnings of persons; and
 - (ii) For an accident insurance contract with an employer, the number of full-time employees and part-time employees of that employer,—
 in each ANZSIC classification, as at the end of the review period:
- (n) The insurers estimate, at the end of each review period, of the aggregate earnings of persons within each ANZSIC classification at that time.

6. Termination—Every return required by regulation 3 (1)(b) must specify,—

- (a) For each accident insurance contract terminated by an employer, self-employed person or private domestic worker,—
 - (i) The paragraph of section 174 or 179 of the Act that provides the basis for the termination; and
 - (ii) The date the termination is effective; and
- (b) For each accident insurance contract where the insurer has given notice of termination, the date the termination is effective.

7. Claims—Every return required by regulation 4 (1)(a) must specify, for each claim,—

- (a) The insurer identification number:
- (b) The claim file number:
- (c) The insurance number of the employer, self-employed person, or private domestic worker:
- (d) The date the claim was lodged:
- (e) The case estimate:
- (f) The closing date:
- (g) Whether the claim is for a work-related personal injury or non-work injury:
- (h) Whether there are other insurers contributing to the claim:
- (i) Whether the claim has been transferred from one insurer to another insurer; and if it has, the insurer identification numbers of the transferring and receiving insurer:
- (j) The weekly compensation paid:
- (k) The independence allowance paid under Part 4 of Schedule 1 of the Act:
- (l) The cost and type of social rehabilitation provided under Part 3 of Schedule 1 of the Act:
- (m) The cost of entitlement paid for arising from a fatal injury under Part 5 of Schedule 1 of the Act:
- (n) The cost of vocational rehabilitation provided under Part 3 of Schedule 1 of the Act:
- (o) The cost of treatment for each treatment provider paid for under Part 1 of Schedule 1 of the Act:
- (p) The cost of prescription medicine paid for as part of treatment under Part 1 of Schedule 1 of the Act:

- (q) The cost of elective surgery paid for as part of treatment under Part 1 of Schedule 1 of the Act:
- (r) The cost of treatment by a registered medical practitioner that does not constitute elective surgery paid for under Part 1 of Schedule 1 of the Act:
- (s) The cost of treatment by a radiologist, paid for as part of treatment under Part 1 of Schedule 1 of the Act:
- (t) The cost of emergency transport paid for as part of treatment under Part 1 of Schedule 1 of the Act:
- (u) The cost of other transport paid for as part of treatment under Part 1 of Schedule 1 of the Act:
- (v) The cost of an escort paid for as part of treatment under Part 1 of Schedule 1 of the Act:
- (w) The cost of accommodation paid for as part of treatment under Part 1 of Schedule 1 of the Act:
- (x) The total amount of entitlements paid:
- (y) Any other amount paid as, or as part of, an entitlement.

8. Personal injuries—Every return required by regulation 4 (1)(b) must specify, for each personal injury,—

- (a) The date on which the personal injury was suffered:
- (b) The time of day the personal injury was suffered; except for a personal injury caused by a work-related gradual process, disease, or infection:
- (c) The ICD-10 code or codes, at the 5-digit level, or the Read code or codes, at a minimum of 3 characters, for the diagnosis of the personal injury:
- (d) The OCS code for the mechanism or occurrence that caused the personal injury:
- (e) The OCS code for the object or condition that caused the personal injury:
- (f) The NDS-IS code for the place where the personal injury occurred:
- (g) The region where the accident occurred or, if the accident occurred outside a region, the location where the accident occurred.

9. Persons who suffer personal injuries—Every return required by regulation 4 (1)(c) must specify, for each personal injury,—

- (a) The full name of the person who suffered the personal injury:
- (b) The usual address of that person:
- (c) That person's date of birth:
- (d) That person's gender:
- (e) That person's ethnicity classification, and more than 1 classification should be given if appropriate:
- (f) For work-related personal injuries, the classification under the Occupations code.

10. Consequences of personal injury—Every return required by regulation 4 (1)(d) must specify, for each personal injury,—

- (a) When the injured person's incapacity began:
- (b) The expected duration of the incapacity:

- (c) The date when the injured person returns to work for the same number of hours that the person regularly worked before the injury:
- (d) The date when the injured person returns to work but for less than the number of hours that the person regularly worked prior to the injury:
- (e) Where a person dies,—
 - (i) The date of death; and
 - (ii) The ICD-10 code or Read code for the cause of death.

11. Disputes—Every return required by regulation 4 (1)(e) must specify, for each dispute,—

- (a) The reasons for the dispute:
- (b) The date of any review application:
- (c) The category of person making the review application, in terms of section 135 of the Act:
- (d) The date the reviewer commences conducting the review:
- (e) The date any review decision is made:
- (f) The review decision:
- (g) The date of filing any notice of appeal (or further appeal) from a review decision or an earlier appeal:
- (h) The category of person filing an appeal, in terms of section 152 of the Act:
- (i) The date of decision of an appeal:
- (j) The appellate decision:
- (k) Reviews and appeals that are withdrawn.

Returns by Manager

12. Returns about non-competitive accounts—(1) The manager must give the Regulator returns relating to claims against the following accounts:

- (a) Self-Employed Work Account:
- (b) Earners' Account:
- (c) Residual Claims Account:
- (d) Non-Earners' Account:
- (e) Motor Vehicle Account:
- (f) Medical Misadventure Account.

(2) Regulations 4 and 7 to 11 apply to the manager, in all respects as if the manager were the insurer, for the returns required of the manager by—

- (a) Subclause (1) (a); and
 - (b) Subclause (1) (b), for claims against the Earners' Account by self-employed persons and private domestic workers.
- (3) The returns under subclause (1) (c) to (f), and under subclause (1) (b) for claims other than by self-employed persons and private domestic workers,—

- (a) Must be given quarterly in 1 single return, by the 10th working day after the end of a quarter unless the manager and the Regulator agree to some other timing; and
- (b) Must contain information relating to the matters described in this subclause,—

- (i) That occur or become known in the quarter preceding the return; and
- (ii) As to a particular claim, for so long as the claim is active; and
- (c) Must contain the information specified in regulation 14; and
- (d) Must repeat information provided in previous returns and update that information so that information is given cumulatively.

13. Returns about self-employed persons and private domestic workers—(1) The manager must give the Regulator returns relating to—

- (a) Self-employed persons who do not have accident insurance contracts; and
 - (b) Private domestic workers who do not have accident insurance contracts.
- (2) Returns under subclause (1)—
- (a) Must be given weekly in 1 single return, by the second working day of each week unless the manager and Regulator agree to some other timing; and
 - (b) Must contain the information specified in regulation 15, being information about matters that occur or become known in the week preceding the return; and
 - (c) Need not repeat information given in previous returns, unless that is necessary to satisfy regulation 15 (k).

Content of Returns by Manager

14. Non-competitive accounts—Every return referred to in and required by regulation 12 (3) must specify details of—

- (a) Claims lodged;
- (b) Personal injuries suffered;
- (c) Persons who suffered the personal injuries;
- (d) Consequences of the personal injuries suffered;
- (e) Disputes about claims.

15. Self-employed persons and private domestic workers—Every return required by regulation 13 must specify, for each self-employed person or private domestic worker,—

- (a) The insurer identification number;
- (b) The name of the self-employed person or private domestic worker;
- (c) The usual address of the self-employed person or private domestic worker;
- (d) The number or other identifying reference assigned by the manager to the self-employed person or private domestic worker;
- (e) The manager's estimate of the amount of premium payable under section 300 of the Act;
- (f) The amount of premium paid under section 300 of the Act;
- (g) The ANZSIC industrial classification, at the 7-digit level, of the self-employed person or private domestic worker;
- (h) The manager's estimate of the earnings as a self-employed person, for the self-employed person or private domestic worker;
- (i) The date that an accident insurance contract with a self-employed person or private domestic worker comes into force, as specified

in any notice sent to the manager by an insurer under section 177 (1) (c) or 182 (1) (c) of the Act:

- (j) The date that an accident insurance contract with a self-employed person or private domestic worker terminates, as determined under section 179 of the Act:
- (k) Amendments or revisions of information returned previously.

General Provisions about Returns

16. Making returns—(1) All returns under these regulations must be provided—

- (a) On a CD-ROM as an ASCII text file with fields separated by a tab delimiter, and records separated by a carriage return; or
- (b) In such other manner as may be agreed to by the insurer and the Regulator.

(2) The Regulator may specify the format for, or how information is to be described in, returns required by these regulations.

(3) If the information required to be returned under these regulations is with more than 1 insurer, all insurers with the information required must make the appropriate return under these regulations.

17. Purpose of regulations—Returns under these regulations are required for the purposes specified in section 194 of the Act.

18. Public health acute services—(1) The Regulator may use the information returned under these regulations to determine amounts payable under the Accident Insurance (Insurers' Payments for Public Health Acute Services) Regulations 1999, in accordance with those regulations.

(2) At the Regulator's request, an insurer must adjust information provided under these regulations, or provide additional returns, to facilitate the Regulator exercising its role under the Accident Insurance (Insurers' Payments for Public Health Acute Services) Regulations 1999.

19. Goods and services tax—Amounts returned under these regulations exclude goods and services tax.

Consequential Revocations

20. Revocation—(1) Regulation 4 of the Accident Insurance (Compliance Information) Regulations 1999 (S.R. 1999/60) is consequentially revoked.

(2) Regulations 1 and 2 and the Schedule of the Accident Insurance (Compliance Information) Regulations 1999 are revoked on 1 July 1999.

MARIE SHROFF,
Clerk of the Executive Council.

EXPLANATORY NOTE

This note is not part of the regulations, but is intended to indicate their general effect.

These regulations require insurers and the manager to return, to the Regulator of accident insurance, information for purposes specified in section 194 of the Accident Insurance Act.

Issued under the authority of the Acts and Regulations Publication Act 1989.
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These regulations are administered in the Department of Labour.