

Reference No.																	
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SELF-ASSESSMENT GUIDE

Qualification Title:	MICROINSURANCE (MUTUAL BENEFIT) SERVICES NC II		
Units of Competency Covered	<ul style="list-style-type: none"> • Promote Microinsurance Product and Services • Process Membership Enrollment • Monitor Insurance Policy Status 		
Instruction: Read each question and check the appropriate box to indicate your answer.			
Can I?		YES	NO
Promote Microinsurance Product & Services			
<i>Introduce microinsurance concepts, principles and legal framework</i>			
• Discuss and introduce concepts and principles of microinsurance based on current industry standards			
• Discuss and introduce legal framework of microinsurance based on the insurance code and regulatory circulars and issuances*			
• Discuss rights and obligations of policy holders in line with existing microinsurance consumer protection framework			
• Discuss microinsurance's standards, policies and procedures prospective clients in simple and methodical manner*			
<i>Conduct orientation and briefings on microinsurance products and services</i>			
• Prepare marketing/promotional kits and orientation/briefing materials within budget and timelines			
• Present and discuss features, benefits and requirements of micro insurance products and services based on client's needs*			
<i>Gather data and feedback on evaluation of microinsurance products and services</i>			
• Prepare data and feedback forms for the respondents			
• Conduct data gathering and feedbacking within company budget and timeline			
• Collate and tabulate data with market information based on company systems and procedures			
• Submit product and service evaluation results*			
Process Membership Enrollment			
<i>Gather and verify application forms</i>			
• Gather, check and verify application forms to identify qualified members' personal data based on eligibility criteria*			
• Check completeness of the submitted application forms (signatures, information & supporting documents)*			

<i>Evaluate eligibility</i>		
<ul style="list-style-type: none"> Evaluate application forms and record the approved application in the system based on eligibility requirement* <ul style="list-style-type: none"> - Accuracy and correctness of information - Consistency of information from the submitted application forms vis-à-vis supporting documents - Payment/contribution as required for membership acceptance 		
<ul style="list-style-type: none"> Record approved application in the system 		
<i>Verify records of qualified applicants</i>		
<ul style="list-style-type: none"> Check members records for multiple availment and delinquency and specifies client reasons for cancellation of microinsurance application (auto renewal of existing microinsurance coverage or extension of microinsurance coverage)* 		
<ul style="list-style-type: none"> Create member records based on microinsurance application 		
<i>Prepare insurance policy/certificate and receiving copy for distribution</i>		
<ul style="list-style-type: none"> Generate and print screened/approved insurance policy certificate/receiving copy based on eligibility criteria 		
<ul style="list-style-type: none"> Ensure completeness of the insurance policy certificate and receiving copy (signed by the authority)* 		
<ul style="list-style-type: none"> Record the details of the issued insurance policy/certificate in underwriting logbook and ensures delivery/signature based on eligibility criteria 		
<ul style="list-style-type: none"> Ensure delivery and receiving of insurance policy certificate/receiving copy documents by the appropriate personnel in accordance with eligibility criteria* 		
<ul style="list-style-type: none"> Distribute microinsurance policy certificate copies to designated offices/policy holder and secure signature in the monitoring log by the receiver (designated offices/policy holder)* 		
Monitor Insurance Policy Status		
<i>Update existing members records</i>		
<ul style="list-style-type: none"> Gather and check existing member's records vis-à-vis current documents 		
<ul style="list-style-type: none"> Record changes in member's records to the system for updating in accordance with the procedure* 		
<ul style="list-style-type: none"> File updated forms with the existing member's documents 		
<i>Prepare notice/s for lapse, retirement, and cancellation</i>		
<ul style="list-style-type: none"> Generate, print and endorse member's policy status in accordance with the systems and procedures 		
<ul style="list-style-type: none"> Distribute notices for lapse and cancellation in accordance with the systems and procedures 		

<i>Process remittance and payments</i>		
• Record member's remittance based on summary of contribution report		
• Check member's record of remittance for consistency based on general ledger*		
• Generate and print microinsurance remittance reports in accordance with systems and procedures		
<i>Process claims</i>		
• Receive and verify notices of claim in accordance with the systems and procedures		
• Check claims forms' validity and authenticity based on supporting documents vis-à-vis existing member's records*		
• Conduct field validation in accordance with the insurance commission requirements*		
• Ensure approval for recommended actions based on the results of field validation*		
• Disburse payment of benefits in accordance to microinsurance policy coverage		
• Turn over microinsurance coverage and other services to claimant in accordance to systems and procedures		
<i>Prepare underwriting reports</i>		
• Generate microinsurance data from the system and organize data into underwriting reports and claims in accordance with the Insurance Commission and management reportorial requirements*		
• Submit microinsurance underwriting and claims reports to management based on systems and procedures		
• File the approved and signed microinsurance underwriting and claims reports based on systems and procedures		
I agree to undertake assessment in the knowledge that information gathered will only use for professional development purposes and can only access by concerned assessment personnel and my manager/supervisor.		
Candidate's signature:	Date:	

*NOTE: * Critical Aspects of Competency*