CIB-GN(4)
(issued on 22 June 2007)

Guidance Note on Conducting Needs Analysis for Long Term Insurance Business (Including Linked Long Term Insurance)

According to Membership Regulation 3.5, the General Committee is issuing this Guidance Note on Conducting Needs Analysis.

Background

CIB Membership Regulation 14.7.2 requires our Members and their Chief Executive and Technical Representatives to use a suitable confidential questionnaire to conduct a "needs analysis" for prospective policyholders in the selling process of long term insurance business.

Prior to the incorporation of this requirement in the Membership Regulations, CIB has promulgated this practice via General Circular back in October 2002 and provided a sample Confidential Questionnaire for adoption. The said Confidential Questionnaire has been circulated again in September 2006 in response to a recent revision of their Needs Analysis Initiative by the Life Insurance Council of the Hong Kong Federation of Insurers.

Sample Confidential Questionnaire

CIB provides herewith a sample Confidential Questionnaire which is meant to set out the minimum requirements for such a confidential questionnaire to be used for conducting the "needs analysis". This sample is almost identical to the one we have previously circulated with the exception of some minor amendments in Section 5. A word format of this sample is available in the Download Corner of the CIB website.

This sample is not intended to be the standard form prescribed for insurance brokers. Some insurers may provide their own needs analysis form while some broker members may develop their own.

Completing the Questionnaire

No matter which format is adopted, the questionnaire shall be properly completed, dated and signed by both the clients and the intermediary with his/her identity (including the full name and registration number) clearly disclosed.

There may be cases where client does not provide any or all parts of the information required in the questionnaire. If the Member would continue to serve the client by arranging any contract of long term insurance, it shall insert the following Warning into the Confidential Questionnaire and shall ask the client to acknowledge its implications by reading, signing and dating:

"If you (the client) have declined to provide full disclosure of information requested, you accept that our (the broker's) advice to you is based on a limited knowledge of your circumstances. There may be material information you have not disclosed to us which may render the advice we provide to you inappropriate."

註冊有限公司 Incorporated with Limited Liability
香港炮台山電氣道183號友邦廣場3407室 Room 3407, AIA Tower, 183 Electric Road, Fortress Hill, Hong Kong
電話 Tel: (852) 2882 9943 傳真 Fax: (852) 2890 2137 電郵 E-mail: info@hkcib.org 網址 Website: www.hkcib.org

Filing Requirement

Completed questionnaire should form part of the client's record to be kept and maintained by the Members. CIB would inspect the questionnaire at site visits or when dealing with complaints. Members should cooperate by furnishing with CIB a copy of such when it is required for the purpose of compliance audit or investigation.

Any filing requirement of such questionnaire by insurers is a matter of commercial arrangement governed by any terms of business agreed between insurance brokers and insurers, which is beyond the mandate of CIB, unless any such terms are in breach of provisions in the Membership Regulations or the Code of Conduct.

===

註冊有限公司 Incorporated with Limited Liability
香港炮台山電氣道183號友邦廣場3407室 Room 3407, AIA Tower, 183 Electric Road, Fortress Hill, Hong Kong
電話 Tel: (852) 2882 9943 傳真 Fax: (852) 2890 2137 電郵 E-mail: info@hkcib.org 網址 Website: www.hkcib.org

The Hong Kong Confederation of Insurance Brokers
香港保險顧問聯會

(SAMPLE CONFIDENITAL QUESTIONNAIRE)

1. PERSONAL DETAILS

Name				Spouse			
Date of Birth		ANB		Date of Birth		ANB	
Smoker	Yes/No	Has Will	Yes/No	Smoker	Yes/No	Has Will	Yes/No

Correspondence Address		Tel		Fax	
		Mobile		Email	

Nationality		Nationality	
ID Number		ID Number	
Passport No		Passport No	
Marital Status	Married / Single / Separated / Divorced	Marital Status	Married / Single / Separated / Divorced

2. DEPENDANTS

Name		Name	
1.	Date of Birth	2.	Date of Birth
3.	Date of Birth	4.	Date of Birth

Education Costs

Nursery:-	Starting at age		Until Age		Annual Cost	
Primary:-	Starting at age		Until Age		Annual Cost	
Secondary:-	Starting at age		Until Age		Annual Cost	
University:-	Starting at age		Until Age		Annual Cost	

3. RISK PROFILE

Regular Savings		Lump Sum	
Defensive	☐	Defensive	☐
Cautious	☐	Cautious	☐
Balanced	☐	Balanced	☐
Growth	☐	Growth	☐
Aggressive	☐	Aggressive	☐

4. EMPLOYMENT

Employer				Employer			
Occupation				Occupation			
Address				Address			
Telephone No.		Fax No.		Telephone No.		Fax No.	
Email Address				Email Address			

5. MONTHLY CASHFLOW

INCOME			OUTGOINGS		
	1st Life	2nd Life		1st Life	2nd Life
Salary	HK$	HK$	Mortgages	HK$	HK$
Investment Income	HK$	HK$	Rent	HK$	HK$
Other Income	HK$	HK$	Other Expenditure	HK$	HK$
			Regular Payments	HK$	HK$
TOTALS	HK$		TOTALS	HK$	

LIABILITIES

Loans/Debts	HK$	Taxation/ Estate Duties	HK$

6. FINANCIAL OBJECTIVES

Short Term	
Medium Term	
Long Term	

7. ASSETS

Property Address				Property Address			
Mortgaged	Yes / No	Monthly Cost		Mortgaged	Yes / No	Monthly Cost	
Lender				Lender			
Type	Interest only / Capital repayment			Type	Interest only / Capital repayment		
Value				Value			
Rental Income	Yes / No	Amount		Rental Income	Yes / No	Amount	

8. INVESTMENTS

DEPOSITS

Bank/Bldg Society	Amount	Bank/Bldg Society	Amount

STOCKS & SHARES

Name	No. of Shares	Value	Name	No. of Shares	Value

BONDS

Name	No. of Shares	Value	Name	No. of Shares	Value

9. PROTECTION

LIFE ASSURANCE

Company	Sum Assured	Premium	Term	Company	Sum Assured	Premium	Term

RETIREMENT PROVISION / PENSIONS

Company	Premium	SRA	Value	Company	Premium	SRA	Value

CRITICAL ILLNESS COVER

Company	Premium	Sum Assured	Company	Premium	Sum Assured

INCOME PROTECTION

Company	Premium	Sum Assured	Company	Premium	Sum Assured

ACCIDENT INSURANCE

Company	Premium	Sum Assured	Company	Premium	Sum Assured

MEDICAL INSURANCE

Company	Premium	Sum Assured	Company	Premium	Sum Assured

DENTAL INSURANCE

Company	Premium	Sum Assured	Company	Premium	Sum Assured

10. OTHER INFORMATION

Bankers Name	
Address	
Accountants / Solicitors Name	
Address	

11.

Name of Broker	
Name of Company	

Client Signature(s) ______________________ **Date** ______________

The Hong Kong Confederation of Insurance Brokers
香港保險顧問聯會

(保密問卷式樣)

1. 個人資料

姓名				配偶			
出生日期		下次生日年齡		出生日期		下次生日年齡	
吸煙者	是/否	定立遺囑	是/否	吸煙者	是/否	定立遺囑	是/否

通訊地址		電話號碼		傳真號碼	
		手提電話號碼		電郵地址	

國籍		國籍	
身份證號碼		身份證號碼	
護照號碼		護照號碼	
婚姻狀況	已婚 / 單身 /分居 / 離婚	婚姻狀況	已婚 / 單身 / 分居 / 離婚

2. 受養人

姓名			姓名		
1.	出生日期		2.	出生日期	
3.	出生日期		4.	出生日期	

教育成本

幼兒所:-	開始年齡		至年齡		每年成本	
小學:-	開始年齡		至年齡		每年成本	
中學:-	開始年齡		至年齡		每年成本	
大學:-	開始年齡		至年齡		每年成本	

3. 接受風險程度

	定期供款類		一次性供款類
防守性		防守性	
謹慎性		謹慎性	
均衡性		均衡性	
增長性		增長性	
進取性		進取性	

4. 職業

僱主				僱主			
職業				職業			
地址				地址			
電話號碼		傳真號碼		電話號碼		傳真號碼	
電郵地址				電郵地址			

5. 每月現金流

收入	本人	配偶	開支	本人	配偶
薪酬	HK$	HK$	抵押	HK$	HK$
投資收入	HK$	HK$	租金	HK$	HK$
其他收入	HK$	HK$	其他使費	HK$	HK$
			固定繳款	HK$	HK$
合共	HK$		合共	HK$	

債務

借貸/欠款	HK$	稅款/遺產稅	HK$

6. 財務目標

短期	
中期	
長期	

7. 資產

物業地址				物業地址			
抵押	是/否	每月款項		抵押	是/否	每月款項	
貸方				貸方			
類別	繳付利息 / 付還資本			類別	繳付利息 / 付還資本		
價值				價值			
租金收入	是/否	數額		租金收入	是/否	數額	

8. 投資

儲蓄

銀行	數額	銀行	數額

股票及股份

名稱	股數	價值	名稱	股數	價值

債券

名稱	股數	價值	名稱	股數	價值

9. 保障

人壽保險

公司名稱	總保額	保費	年期	公司名稱	總保額	保費	年期

退休金

公司名稱	保費	標準退休年歲	價值	公司名稱	保費	標準退休年歲	價值

危疾保障

公司名稱	保費	總保額	公司名稱	保費	總保額

入息保障

公司名稱	保費	總保額	公司名稱	保費	總保額

意外保險

公司名稱	保費	總保額	公司名稱	保費	總保額

醫療保險

公司名稱	保費	總保額	公司名稱	保費	總保額

牙科保險

公司名稱	保費	總保額	公司名稱	保費	總保額

10. 其他資料

銀行名稱	
地址	
會計師/律師姓名	
地址	

11.

經紀姓名	
公司名稱	

客戶簽署 ____________________ 日期 ____________