

**Please read these instructions carefully:**

## **Application Process**

- A submission of this Request for Span of Control Deviation form does not amount to an approval.
- Approval is subject to fulfilment of all requirements and the discretion of management of PIAS.
- This application form must be submitted to Business Development ["BD"] Department at least 1 month before the intended commencement of the Span of Control deviation.
- The respective Supervisor (Tier 2 or Tier 3) would need to submit their own deviation application.
- Each application shall be assessed separately & independently from other units within the same Group.
- You will be notified by your BDM of the approval of your application in writing.
- In case of a failed assessment, a new application may be submitted again 12-months from the date of the failure and subject to prevailing requirements.

## **Allowable Deviation**

- Whilst keeping within the 176 (overall), the allowable deviation is up to a further five persons, i.e.
  - A Tier-2 Supervisor shall not exceed 20 Tier-1 Representatives
  - A Tier-3 Supervisor shall not exceed 20 direct Tier-1 Representatives or 15 Tier-2 Supervisors
- A Tier-3 Supervisor would only be allowed to deviate either the number of direct Tier-1 Representatives or the number of Tier-2 Supervisors, but not both.
- The deviation shall not exceed the period of one (01) year and must revert back to the standard span of control model of 1:10:15 by the approved expiry date.
- It is the Supervisor's responsibility to notify in writing to both BD and RM&C departments should the deviation of the Span of Control be removed earlier than the expiry date.
- Extension to the deviation period is subject to new application and assessment.

## Details of Applicant

<b>Name of Applicant:</b>		<b>PIAS Rep Code:</b>	
<b>Designation:</b>	<input type="checkbox"/> Tier-3, _____ <input type="checkbox"/> Tier-2, _____	<b>Branch:</b>	
<b>Supervisory Experience:</b>	<i>Date Last Appointed as Supervisor in PIAS:</i> _____		
	<i>Supervisory Experience in Industry:</i> _____	Years	Months
<b>Latest BSC Grade</b>	Measurement Quarter _____ <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Unsatisfactory		

		At Direct Unit Level	At Branch level*
<b>Persistency Rate</b>	As at (dd/mm/yy) _____	%	%
<b>Quality of Business</b> (within the past 12 months)	<i>Total No. Of Letters Of Warning Issued In Your Unit / Branch:</i> <i>Total No. Of Suspension/Termination Issued In Your Unit / Branch:</i>	(≤ 2 LOWs) _____	(≤ 4 LOWs & across ≤ 2 units) _____

\* Applicable to deviation to the number of Tier-2 Supervisors by a Tier-3 Supervisor only

## Details of Deviation

<b>Date of Request:</b>		<b>Period Required:</b>	
<b>Start Date:</b>		<b>End Date:</b>	

  

	Standard Model	Deviation Allowed	Current No.	Proposed No.
<b>No. of Tier-1 <u>Direct</u> Representatives</b>	15	Up to 5		
<b>No of Tier-2 <u>Direct</u> Supervisors<sup>^</sup></b>	10	Up to 5		
<b>Total No. of Reps in Branch</b>	176	0		

<sup>^</sup> Applicable to deviation to the number of Tier-2 Supervisors by a Tier-3 Supervisor only.

**Note:** A Tier-3 Supervisor would only be allowed to deviate either the number of direct Tier-1 Representatives or the number of Tier-2 Supervisors, but not both.

<b>Signature of Applicant:</b>		<b>Date:</b>	
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## TO BE COMPLETED BY TIER-3 SUPERVISOR

### Span of Control Deviation History

Was there a failed assessment in the past 12-months for the applicant?

☐ No ☐ Yes, Date of assessment \_\_\_\_\_ (dd/mm/yyyy)

*Note: In case of a failed assessment, a new application may be submitted again 12-months from the date of the failure and subject to prevailing requirements.*

Is there any existing deviation to the Span of Control for the applicant?

☐ No ☐ Yes

### Tier-3 Supervisor Acknowledgement and Declaration

☐ I declare that I have reviewed the information in this application.

☐ I agree with the proposed Span of Control deviation made in this application.

<b>Name and Signature of Tier-3 Supervisor:</b>		<b>Date:</b>	
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## FOR OFFICIAL USE

### Verifications on Span of Control Deviation Records by AMU Department

Remarks:

### PIAS INTERNAL ASSESSMENT PRIOR TO DEVIATION APPROVAL

Per LIA Guidelines on Span of Control (Ref No. 65/15):

*A Supervisor/Manager would need to meet (all) **at least three industry benchmarks** before approval for deviation would be considered.*

S/No.	Dept	Industry Benchmarks	P / F	Remarks
1.	BD	<p>Overall persistency rate of at least 1% higher than the insurer's standard requirement for promotions/incentives, etc.</p> <p>For a Tier-2 Supervisor, the persistency rate measured would be his/her unit. For a Tier-3 Supervisor, the persistency rate being measured would be his/her own direct unit for a deviation application for additional Tier-1 Representatives, and his entire Branch if the deviation application is for additional Tier-2 Supervisors.</p> <p>Persistency Rate : _____ %</p>		
2.	RM&C	<p><u>Letter of Warnings:</u></p> <ul style="list-style-type: none"> <li>- At a Direct Unit Level - No more than two Letters of Warning within the previous 12 months. For a Tier-2 Supervisor, the measure would be his/her unit (himself/herself + his/her Tier-1 Representatives);</li> <li>- At a Group Unit Level - No more than 4 Letters of Warning issued to his/her entire Branch (and spread across no more than 2 units)</li> </ul>		
3.	RM&C	A minimum of 24 months supervisory experience.		

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**APPROVAL BY HOD**

I approve / do not approve the Span of Control deviation application.

Remarks (for non-approval):

**Name of BD HOD /**

**Signature**

**Date**

I approve / do not approve the Span of Control deviation application.

Remarks (for non-approval):

**Name Of RM&C HOD /**

**Signature**

**Date**

**FOR OFFICIAL USE**

**APPROVAL BY PIAS CEO**

I approve / do not approve the Span of Control deviation application.

Supporting Remarks:

**Name of CEO /**

**Signature**

**Date**