

The Pillar of Death is not Insurance

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ABSTRACT

Purpose – This paper seeks to provide a new model in the development of the Pillars of Death that occurs in the community to be incorporated in the basic principle of mutual cooperation and the ability of community contributions to be facilitated in BPJS Health and Death with implications for health care costs and death benefits.

Methodology/approach – The method used in this research is a Research Literature Study with qualitative analysis based on secondary data that occurred in the last five years in Indonesia.

Findings – It was found that. The findings obtained in this scientific work are a model of solutions faced by many people in dealing with health and death within a framework of achieving the Mandate of People's Prosperity Ideals that are socially just and reduce the economic burden on society and harmony.

Novelty/value – As the sustainability of the Death Law Program which has similarities and differences with Insurance, in the solution to the merger of BPJS Health and Death due to the community's ability to pay contributions in the spirit of mutual cooperation.

Keywords Pillars of Death

Keywords: Pillars of Death, Insurance, Contributions, BPJS, Insurance, Contributions, BPJS.

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INTRODUCTION

In the development of a life, it is unavoidable that there are births, health and death of a person so that many policies and programs are carried out by the government to regulate the existence of a Justice and Welfare Program for its people so that the BPJS Health Program was born for the Indonesian nation. According to the "Directory of Community Organizations, Non-Governmental Organizations and Other Non-Profit Organizations in 2010", it is stated that the number of organizations that have registered their existence at the Ministry of Home Affairs from 1995 to 2010 was 8,632 community organizations. This number does not include community organizations that are only registered in each province and district/city. Of this number, only 724 mass organizations, including NGOs and LNLs, still have valid Certificates of Registration (Lamo, 2010).

The data above can illustratively provide an overview of the many mass organizations – including religious organizations – in Indonesia, both registered and unregistered at the Directorate General of Kesbangpol, Ministry of Home Affairs. In addition to mass organizations there are also groups in the community that are not registered. Its existence and formation are usually based on the similarity of the wishes and ideas of its members compared to the existence of a formal leadership structure.

Groups that tend to be more of a social movement are more informal. Social groups like this exist in almost every area.

The history of insurance in Indonesia has existed since the Dutch colonial era. At that time the Dutch government formed a loss insurance company called *Bataviasche Zee End Brand Asrantie Maatschappij* in 1843. The existence of *Bataviasche Zee End Brand Asrantie Maatschappij* encouraged the birth of several insurance companies, such as *N.V. Assurantie Mij Nederlandsche Lloyd*, *Assurantie Mij Langeyeld Schroeder*, and *Assurantie Mij Blom van der Aa*. In addition to loss insurance, there is also life insurance offered by the *Nederlandsche Indische Levensverzekering en Lijfrente Maatschappij (NILMIJ)* in 1859 there were insurance companies in Indonesia until the formation of *PT Asuransi Jiwasraya* (Ghazali et al., 2015, 2015; Ghazali & Mohd, 2012; Iskanto, 2012, 2021).

In the last decade, according to Alifah (2020) Currently, the development of insurance in Indonesia is illustrated by the increase in insurance industry assets from IDR 807.7 trillion in 2014 to IDR 1,325.7 trillion in December 2019. Reporting from Kompas, commercial insurance premium income also increased by 6.1 percent from 2018 to 2019, from Rp. 169.86 trillion to Rp. 261.65 trillion. Companies engaged in the insurance service industry offer a variety of insurance products ranging from loss insurance services, life insurance, health insurance, labor insurance to other insurance products that have savings elements such as unit-linked life insurance. Seeing this, it can be assumed that the average ability of the Indonesian people to pay insurance premiums is around Rp. 4,846,747,- per year from a total population of 273,523,615, if supported by a third of the productive population who work, it means that 64 million means only 23.45% of the total productive population. However, it means that the real ability of insurance contributions is Rp. 1,136,562,- per year if the monthly Ability Contribution (AIK) is Rp. 94.713,-. This shows the price of a definite figure in the ability of risk contributions for the Indonesian people.

As for the growth in the period 1998 – 2003, the growth of the insurance industry in Asia is much higher than developed countries. According to a report by Swiss Re Economic Research and Consulting, during that period, life insurance premium growth averaged 10.2% every year. Developed countries only grew 2.6%. Countries in Southeast Asia, including Indonesia, recorded significant premium growth driven by increased economic growth and relatively low interest rates. One of the factors triggering the growth of the Asian insurance industry, is the still low penetration of insurance policies compared to developed countries, the awareness of protection for companies and families has matured. There has been a large accumulation of funds in life insurance and pension funds

From the two explanations, experts regarding the Pillars of Death and Insurance have similarities and differences both in terms of their nature and movements whose purpose is to meet the needs of the community in the event of misfortune and unforeseen risks that befall family members and both the Pillars of Death and Insurance each make a withdrawal of a certain amount. funds from the public to cover risks.

To build and develop the Pillars of Death, which have begun to be in great demand in the last 20 years by many groups in the Rukun Tetangga and Kampung as well as in other religious groups in Indonesia, we need a model of the Pillars of Death whose activities are similar to insurance, including:

- 1) The Pillars of Death are a manifestation of the principle of mutual cooperation in the culture of the Indonesian people, which has taken root so that it is very easy to form and a sense of unity and justice that is mandated to help others and the interests of the citizens whose presence this activity will continue.

- 2) Government support is needed legally and coordinated in programs that support the Pillars of Death including Health and Death Fund Aid which is part of the BPJS program and assistance in the form of other Pillars of Death facilities.
- 3) The high mortality rate of 0.65% per year in 2020-2021 shows the importance of the Pillars of Death as a source of inspiration to join the BPJS Health and Death Program
- 4) Population density in one Neighborhood Association or Village causes the number of Death and Health which in the BPJS Program encourages the existence of Death compensation in the contribution that is incorporated in the BPJS Health.
- 5) Every citizen who has an ID card and family card requires a data collection system that is carried out online, which has been carried out by many pillars of death, which is the starting point in the management of the pillars of death in Indonesia.

The Demographic Bonus is a huge potential that is impacted by the Pillars of Death in the BPJS Health and Death Program.

LITERATURE REVIEW

Group Formation Theory

According to Sudjarwo (2011), the process of group formation can be seen from a number of theories that explain what reasons and why someone enters the group so that it has relevance to the formation of the Death and Insurance Pillars. or unexpected risk of life.

Social Exchange Theory

The theory of reward and cost (reward and sacrifice) is often translated into the theory of exchange, namely the interaction occurs because of existence. Rewards do not have to be in the form of objects, but can be in the form of levels of satisfaction or in other immaterial forms. Likewise, costs can be in the form of compliance with something.

In their book entitled *The Social Psychology of Groups*, this theory was first developed by Homans which was later popularized by Thibaut and Kelley focusing mainly on groups of 2 or more people. The group feels confident that efforts to understand the complex behavior of large groups may be obtained by exploring the pattern of dyadic relationships (two people). Although group explanations of dyadic behavior patterns are not simply a discussion of the communication process in two-member groups, some of their formulations have direct relevance to group communication.

According to Thibaut and Kelly (2016), the last reward and cost theory was developed by Peter Blau who stated that if someone enters a group, then in them there will always be a calculation of profit aspects in each of their alternative choices (comparison level of alternatives). While past experience is always used as a reference to decide what to do in the group.

Pillars of Death

The death pillar group is a group formed based on the needs of the local community, which is always needed in the event of a death accident. When the accident occurred, the group immediately moved to carry out their function, namely to prepare everything needed in the process of burying the body. The activities carried out are, preparing equipment for bathing the corpse to preparing a shroud to wrap the corpse. Prepare a bathing place, prepare a stretcher for the body, prepare an ambulance, and prepare a grave. This death pillar group is very beneficial for the surrounding community, because it is very helpful in the event of a death accident

According to Ika et al (2020) the results of the analysis in the pillars of death are: (1) internalization of the values of *ukhuwah Islamiyah* through the activities of the Death Pillar of Nurud Dholam, which has been going well but there is a lack of public awareness in religious matters. (2) The forms of activities of the Pillars of Death for Nurud Dholam are taking care of the bodies, cleaning the grave

area, socialization, fundraising, and maintaining the assets of the Pillars of Death in the form of a sengon tree. (3) The supporting factor for the activities of the Death Pillar of Nurud Dholam is the encouragement from both the village government and the community to work together. While the inhibiting factors for Nurud Dholam's RUKEM activities are the lack of public awareness, and the very lack of community empowerment. According to Jirhanuddin, Dakhoir, & Sulistyaningsih, (2016) Pillars of death are an organization or forum for social activities that provide services to residents of housing or villages who are members, where the services provided to its members are in the form of inseparable death services, care of the corpse (bathing, shrouding, and performing the funeral prayer), to the delivery of the corpse to the cemetery and the management of the funeral According to Ramdhani et al (2020) in the pillars of death there are contributions which are contributions mandatory every month per family based on mutual agreement (Muslimah, 2018) The goal is that residents can work together in collecting donations for families who have had misfortunes to help ease the burden on families affected by disasters (Hutarsaya, 2018). Furthermore, the Al-Hamidiyah Foundation located in Cisaat Sukabumi manages death contributions by using a form of information system that is more integrated by applying the waterfall model so that information bars can produce information more quickly, precisely and accurately with citizen data, (Widodo & Herlawi, 2011) data on payment of contributions, and monthly accountability reports for the results of their activities can be viewed on the website or online web (Sari & Nuri, 2017). Thus this website can be used as a black box for citizens and become an example for other communities.

Insurance

If a person who has made insurance for himself, or if a person, for whom an insurance has been held, at the time the insurance is held does not have an interest in the goods being insured, then the insurer is not obliged to provide compensation. There must be an insurable interest (interest that can be insured) to prevent a policy contract from being traded or as betting material. If there is no insurable interest in an insurance contract, then the insurance will be considered invalid (void). Therefore, the insurer will periodically review the appointment of heirs whether it is appropriate or not. 15 Principles of Utmost Good Faith (UGF) states that the insured must disclose all material facts correctly, completely, and voluntarily on the object of insurance, whether requested or not. On the other hand, insurance companies are also required to show good faith to the insured. The legal basis for this principle can be seen in Articles 251, 252, 276, 277 of the Commercial Code. Very often there is a misunderstanding over the application of this principle in the insurance business. UGF seems to only be the responsibility of the insured, where the insurer does not need to show good faith to the insurer.

The Pillars of Death and Insurance have the same characteristics, namely awareness in contributions as members based on mutual cooperation in the hope of overcoming problems that come suddenly in the form of misfortune or distress or death. The difference between the Pillars of Death and Insurance. Pillars of Death and Insurance have different characteristics, namely they are not guarantees in one collateral in the form of goods or property or life or misfortune that befalls due to personal or unexpected risks, each of which is separated based on a contract or agreement from the start. Pillars of Death only provide compensation or assistance whose time comes at any time and the amount of assistance is based on the number of groups registered as contribution members. Insurance provides compensation based on the number of collateral agreed upon at the beginning of the contract based on the freedom of setting the contribution based on the risk of death or non-refundable life as long as there is no accident or death.

The Principle of Mutual Cooperation (AGR)

According to Febrina (2019), Indonesia is a country that is characterized by a mutual cooperation culture that has existed since time immemorial. Gotong royong itself is an expression of Pancasila. As a country, the Indonesian state also makes various efforts to improve the welfare of its people and one of them is by establishing a cooperative. Cooperative is a form of joint venture that

uses the principle of mutual cooperation and kinship. With the two principles contained in a cooperative activity, it is hoped that the Indonesian people can help each other and work together to achieve common interests other than personal interests. In cooperatives, good cooperation is also required between one person and another so that there is no room for being an individualist.

Citizen Contribution Capability (KIW)

According to Sulistyarningsih (2016) the Pillar of Death is the ability to provide assistance as much as the agreement of the citizens based on mutual cooperation, trust and justice in an organization or social activity forum that provides services to housing residents who are members, where the services provided to members are in the form of death services. such as, taking care of the corpse (bathing, shrouding, and performing the funeral prayer), to the delivery of the corpse to the cemetery and the management of the funeral. In carrying out its role for its members, the administrators of the death pillars (RKM) together with other residents work hand in hand to provide services to those who have experienced disasters under the coordination of the rukem management. The pillars of death are very beneficial for the community, because the existence of these pillars of death can help reduce the burden on the families left behind. In addition, the pillars of death can also strengthen the relationship between residents

BPJS Health and Death

According to Permana (2021) there is a delay in the handling of patients participating in BPJS Health which causes death due to differences in the handling of general patients and patients who are BPJS Health participants, hospitals prioritize general patients over patients participating in BPJS Health.

Health Cost Assistance (BKK)

According to Suhartoyo (2018), the regulation of hospital claims to the Health Social Security Administration Agency (BPJS) is related to hospitalization with the INA-GBGs system. Permenkes No. 27 of 2014 concerning the technical guidelines for the Indonesian Case Base Groups system and Permenkes No. 28 of 2014 concerning Guidelines for the Implementation of the National Health Insurance Program, the availability of technical instruments for the implementation of payment instructions.

Death Benefit (SK)

The Regent as the Regional Head in the Regency area which is an extension of the Central Government in forming and determining a policy with the aim of welfare and justice for the community can form a decision in the Death Compensation Assistance Policy. Perbup (2021) Ansharuddin, Regulation of the Regent of Balangan 2021, concerning Compensation for the Death of Residents of Balangan Regency, South Kalimantan Province that every citizen who has an ID card and family card, even a newborn baby who dies, is entitled to receive assistance of Rp. 1.000.000,- (one million rupiah) per person.

Findings of the New BPJS Health and Death Model, based on the instructions from several references and data on the background above, the researchers observed that the government's ability to handle BPJS Health claims can be combined with Death Compensation so that they can find a New Model in the implementation of BPJS Health and Death in Indonesia.

Variable X1 = Principle of Mutual Cooperation (AGR)

Variable X2 = Citizen Contribution Ability (KIW)

Variable Y = BPJS Health and Death (BPJS-KK)

Variable Z1 = Health Cost Assistance (BBK)

Variable Z2 = Death Compensation (SK)

METHOD

This study uses a Research Literature Study by conducting studies based on literature related to the desired theme and research model so that the form of Qualitative Research is more in line with this scientific work, by presenting a new hypothesis in the BPJS Health and Death Model, namely the Allegedly Mutual Cooperation Principle (X_1) and the ability of Citizen Contributions (X_2) affect the formation of BPJS Health and Death (Y) with implications for Health Cost Assistance (Z_1) and Death Compensation (Z_2).

RESULT AND DISCUSSION

The results of this study refer to building and developing the Pillars of Death which have begun to be in great demand in the last 20 years by many groups in the Rukun Tetangga and Kampung as well as in other religious groups in Indonesia.

- 1) The legality of the formation of the Pillars of Death based on the principle of mutual cooperation and willingness based on the size of the community's ability on the basis of a meeting to determine the amount of contributions that are affordable and capable, is known and reported to the local officials of the Lurah, Camat and the Kesbangpolinmas Agency so that its existence becomes an existence and stability and sustainability activities in society.
- 2) The legality of the formation of the Pillars of Death does not require a NPWP because it is a Consumable Fund in helping misfortunes, as well as if the Pillars of Death get government assistance opportunities in the form of ambulances or equipment for organizing bodies, they are not subject to taxes and deductions.
- 3) Data on the Highest Average Mortality Rate is 0.65% in 2020-2021 showing the importance of the Pillars of Death as a source of inspiration to join the BPJS Health and Death Program (AIK) which has been obtained (AIK) is Rp. Rp. 94,713. Per Indonesian Citizen.
- 4) If the assumption of the Average Population Density in one Neighborhood Rukun or Kampung is 120 Heads of Families, it means that the Compensation Receipt for every misfortune for members of the BPS Health and Death is Rp. 11,365,560 per resident.
- 5) The data collection system that has been carried out at this time, either manually or via online, which has been carried out by many Pillars of Death, is the starting point in the management of the Pillars of Death in Indonesia.
- 6) The Demographic Bonus is a huge potential that is impacted by the Pillars of Death in the BPJS Health and Death Program.

CONCLUSION

Based on the results of the discussion and discussion of the researchers, this research provides a conclusion and hope for the Government to make changes in the system and practice in the field for the BPJS and Death programs for the benefit of a more prosperous society.

- 1) The merger of the Pillars of Death with BPJS Health into BPJS Health and Death is a new solution in alleviating poverty, justice and welfare for Indonesian citizens to make BPJS Health and Death Participation Mandatory.
- 2) Seeing the high birth and death rates in the State of Indonesia, it encourages the Government to regulate every citizen who is required to become a member of BPJS and will achieve a level of welfare through health and death insurance for every soul of the Indonesian nation.

The high capacity for absorption of insurance contribution funds in the community and the ability to work together and trust in the handling of the Death Column and BPJS Health insurance have encouraged the merging of these functions to create one BPJS Health and Death contribution.

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