Long Life Insurance
Complaints Management Framework

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1. Introduction

Long Life Insurance, as a licensed microinsurer, has a responsibility to conduct itself with integrity and fairness and in doing so, must ensure that its complaints management process is transparent and accessible to policyholders and that it does not impose any unreasonable post-sale barriers to complainants. The Complaints Management Framework formalises the practices required for effective management and handling of customer complaints within Long Life and its FSPs.

Because Long Life conducts its business solely through FSPs, it is most likely that complaints will be lodged at the point of contact so a framework is necessary to ensure that complaints are captured and resolved quickly, accurately and fairly and that handovers between the FSPs andLong Life are effectively handled and seamless.

This framework also describes how Long Life's complaints data will be analysed to find the root causes of complaints to ensure that enterprise-wide processes are improved to reduce complaints.

This framework seeks to ensure the fair treatment of customers and will be reviewed regularly.

2. Aim

The aims of this Complaint Management framework are the following:

2.1. To ensure effective standards of complaint management;

2.2. To ensure fair outcomes for customers;

2.3. To protect and enhance Long Life's reputation;

2.4. To empower and adequately train responsible people in Long Life and its FSPs to deal with complaints, as well as to handle the escalation of non-routine complaints, ensuring that responsible individuals at each level have the relevant experience, knowledge and skills in complaints handling, fair treatment of customers and the subject matter of the complaints;

2.5. To resolve policyholder complaints in such a way that is fair to the policyholders, our business and our staff.

2.6. To ensure the fair treatment of complainants that –

2.6.1. is proportionate to the nature, scale and complexity of Long Life's business and risk;

2.6.2. is appropriate for the business model, policies, services, policyholders, and beneficiaries of Long Life;

2.6.3. enables complaints to be considered after taking reasonable steps to gather and investigate all relevant information and circumstances with due regard to the fair treatment of complainants; and

2.6.4. does not impose unreasonable barriers to the complainants.

3. Objectives

3.1. In order to fulfil the Aims above, the following Objectives of the framework must be realised:

3.1.1. Provide processes for receiving and acknowledging complaints, and processes for effective complainant communication that allow complaints to be dealt with in a centralised manner;

3.1.2. Ensure consistency between how Long Life and its FSPs manage complaints;

3.1.3. Achieve efficient, effective and timely complaint resolution with acceptable turn-around times;

3.1.4. Allow for effective reporting, detailed analysis and identification of trends related to complaints as per reporting processes described below;

3.1.5. Ensure improvement of organisational effectiveness through learning from client feedback and conducting root cause analysis;

3.1.6. Ensure effective engagement between Long Life and the relevant Ombudsman scheme;

3.1.7. Ensure requirements are met for reporting to the Registrar and / or the public (if required);

3.1.8. Restore and enhance relationships with complainants and non-complainants to ensure customer retention and growth;

3.1.9. Ensure objectivity and proper consideration by the complaints handling staff when dealing with and resolving a complaint;

3.1.10. Make Complaint Management procedures available to all policyholders and potential policyholders;

3.1.11. Ensure that a variety of Complaint Management access points are available and accessible;

3.1.12. Ensure complainants are informed of their right to refer complaints to the various Ombudsman schemes, including information on any relevant time limits;

3.1.13. Offer appropriate remedies where a complaint is resolved in favour of a policyholder;

3.1.14. Regularly review the Complaints Management Framework and document any changes thereto;

3.1.15. Establish a complaints escalation and review process that is not complicated or onerous and provides a mechanism for the complainant or complaint handler to allocate complaints to senior management in the case of complex or unusual complaints;

4. Definitions

4.1. **"Advice"** means, subject to subsection (3)(a) the FAIS Act, any recommendation, guidance or proposal of a financial nature furnished, by any means or medium, to any client or group of clients-

4.1.1. in respect of the purchase of any financial product, including a funeral policy; or

4.1.2. in respect of the investment in any financial product; or

4.1.3. on the conclusion of any other transaction, including a loan or cession, aimed at the incurring of any liability or the acquisition of any right or benefit in respect of any financial product; or

4.1.4. on the variation of any term or condition applying to a financial product, on the replacement of any such product, or on the termination of any purchase of or investment in any such product, and irrespective of whether or not such advice-

4.1.4.1. is furnished in the course of or incidental to financial planning in connection with the affairs of the client;

4.1.4.2. or results in any such purchase, investment, transaction, variation, replacement or termination, as the case may be, being effected;

4.1.4.3. results in the purchase by the Complainant of any product based on the advice;

4.2. **"Business Day"** means any day except a Saturday, Sunday or public holiday;

4.3. **"Compensation payment"** means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of Long Life to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of Long Life's contravention, non-compliance, action, failure to act, or unfair treatment forming the basis of the complaint, where Long Life accepts liability for having caused the loss concerned, but excludes any –

4.3.1. goodwill payment;

4.3.2. payment contractually due to the complainant in terms of a policy; or

4.3.3. refund of an amount paid by or on behalf of the complainant to Long Life where such payment was not contractually due;

and includes any interest on late payment of any amount referred to in 4.3.2 or 4.3.3. Interest accrued at 5% per annum;

4.4. **"Complainant"** means a person who submits a complaint and includes a –

4.4.1. policyholder or the policyholder's successor in title;

4.4.2. beneficiary or the beneficiary's successor in title;

4.4.3. person whose life is insured under a policy;

4.4.4. person that pays a premium in respect of a policy;

4.4.5. member of a group scheme; or

4.4.6. potential policyholder or potential member of a group scheme whose dissatisfaction relates to the relevant application, approach, solicitation or

advertising or marketing material, who has a direct interest in the agreement, policy or service to which the complaint relates,

or a person acting on behalf of a person referred to in (a) to (f);

4.5. **"Complaint"** means a formal serious expression of dissatisfaction by a person to Long Life or, to the knowledge of Long Life, to Long Life's service provider relating to a policy or service provided or offered by Long Life which indicates or alleges, regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a policyholder query, that –

4.5.1. Long Life or its service provider has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding onLong Life or to which it subscribes;

4.5.2. Long Life or its service provider's maladministration or willful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience; or

4.5.3. Long Life or its service provider has treated the person unfairly;

4.6. **"Complaint Handling Staff"** Any person that is responsible for making decisions or recommendations in respect of complaints generally or a specific complaint must –

4.6.1. be adequately trained;

4.6.2. have an appropriate mix of experience, knowledge and skills in complaints handling, fair treatment of customers, the subject matter of the complaints concerned and relevant legal and regulatory matters;

4.6.3. not be subject to a conflict of interest; and

4.6.4. be adequately empowered to make impartial decisions or recommendations.

4.7. **"Complaints handling"** The process of attending to and resolving complaints including ongoing interaction with Complainants. It is expected that this process meets certain minimum standards.

4.8. **"Complaints Management"** means the management of the entire lifecycle of a complaint. This starts with the ease of process for the client to lodge complaints and the associated communication. It includes the way complaints are handled, recorded, resolved and quality controlled; the way people involved in complaints

management processes are managed and trained; the way decisions are made; the way clients' trust is restored; the way the reports are compiled and analysed; and ultimately the way business learns from the feedback gleaned from complaints and takes corrective and proactive action accordingly;

4.9. **"Complaints Management System"** The section of the Long Life preferred software system that is used by Long Life and its FSPs for capturing, classifying, routing, escalating and resolving individual complaints received by the business/es. This system allows the business to monitor, analyse and report on the performance of Long Life and its FSPs in relation to Complaints Management.

4.10. **"Customer Services Manager"** The individual appointed by the COO to serve as head of the complaints management function within Long Life;

4.11. **"Evidence"** means the information Long Life has obtained in order to review, adjudicate and resolve a complaint and shall include all information submitted by an entity as well as from the Complainant and shall be stored and recorded on the complaints management system or other repositories for storing and recording information. This shall include, but is not limited to, claims forms, administration documentation, sales and other recordings, application forms, policy documentation, premium payment history etc.

4.12. **"FAIS complaint"** means a specific complaint, submitted by a Complainant to the FAIS Ombudsman or Long Life for purposes of resolution by Long Life, relating to a financial service rendered by Long Life or its FSP to the Complainant on or after the date of commencement of the FAIS Act, and in which complaint it is alleged that Long Life or its representative has:

4.12.1. has contravened or failed to comply with a provision of the FAIS Act and that as a result thereof the Complainant has suffered or is likely to suffer financial prejudice or damage;

4.12.2. has wilfully or negligently rendered a financial service to the Complainant which has caused prejudice or damage to the Complainant or which is likely to result in such prejudice or damage; or

4.12.3. has treated the Complainant unfairly;

4.13. **"FAIS Ombud Complainant"** means a client who submits a complaint to the FAIS Ombudsman in relation to the application of a policy and includes advice rendered;

4.14. **"Goodwill payment"** means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of Long Life to a complainant as an

expression of goodwill aimed at resolving a complaint, where Long Life does not accept liability for any financial loss to the complainant as a result of the matter complained about;

4.15. **"Intermediary service"** means, subject to subsection (3)(b) the FAIS Act, any act other than the furnishing of advice, performed by a person for or on behalf of a client or product supplier –

4.15.1. the result of which is that a client may enter into, offers to enter into or enters into any transaction in respect of a financial product with a product supplier; or with a view to-

4.15.1.1. buying, selling or otherwise dealing in (whether on a discretionary or non-discretionary basis), managing, administering, keeping in safe custody, maintaining or servicing a financial product purchased by a client from a product supplier or in which the client has invested;

4.15.1.2. collecting or accounting for premiums or other moneys payable by the client to a product supplier in respect of a financial product; or

4.15.1.3. receiving, submitting or processing the claims of a client against a product supplier;

4.16. **"Intermediary Agreement"** means any arrangement between Long Life and another person registered as an FSP in terms of which that party renders services as an intermediary on behalf of Long Life.

4.17. **"non-Complainants"** Customers who have been treated fairly and who did not submit a complaint;

4.18. **"OLTI"** refers to the Ombudsman for Long Term Insurance;

4.19. "**OLTI complaint"** for the purpose of this policy, a complaint submitted to the Ombudsman for Long Term Insurance ("OLTI") in relation to any matter other than the application of a policy relating to advice rendered;

4.20. **"Outsourcing Agreement"** means any arrangement of any form between Long Life and another person, whether that person is regulated or supervised under any law or not, in terms of which that party performs a function that is integral to the nature of the Long Life business, which would otherwise be performed by Long Life

in conducting insurance business, but excludes rendering services as intermediary (Outsourced business partner will have a corresponding meaning).

4.21. **"Policyholder query"** means a request to Long Life or its FSP by or on behalf of a policyholder, for information regarding Long Life's policies, services or related processes, or to carry out a transaction or action in relation to any such policy or service;

4.22. **"Rejected"** in relation to a complaint means that a complaint has not been upheld and Long Life regards the complaint as finalised after advising the complainant that it has rejected the complaint;

4.23. **"Reportable complaint"** means any complaint other than a complaint that has been –

4.23.1. upheld immediately by the person who initially received the complaint;

4.23.2. upheld within Long Life's ordinary processes for handling policyholder queries in relation to the type of policy or service complained about, provided that such process does not take more than five business days from the date the complaint is received; or

4.23.3. submitted to or brought to the attention of Long Life in such a manner that Long Life does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints;

4.24. **"Reports (or reporting)"** means any periodic or ad-hoc reports (and related documents) obtained from the complaints management system and other sources in the business which shall be used for analysis, monitoring, submissions to regulatory authorities, and the making of recommendations to the business.

4.25. **"Upheld"** means that a complaint has been finalised in that –

4.25.1. the complainant has explicitly accepted that the matter is fully resolved; or

4.25.2. it is reasonable for Long Life to assume that the complainant has so accepted, and all undertakings made by Long Life to resolve the complaint have been met or the complainant has explicitly indicated its satisfaction with any arrangements to ensure such undertakings will be met by Long Life within a time acceptable to the complainant.

5. Scope

This framework provides principles to guide how complaints are managed by Long Life and its FSPs. Where any intermediary of Long Life has documentation concerning complaints handling or resolution or record keeping, it must comply with this framework and must ensure that it has the same Aims as those described above.

6. Key Principles and Standards for Effective Complaints Management

The following Principles and Standards shall apply to the Complaints Management Process:

6.1. **Accessible:** Long Life and its FSPs will endeavour to make complaints processes easily accessible to Policyholders through accessible channels, including on key documents provided to them as well as on the relevant websites.

6.2. **Client-centric:** Fair treatment of customers is a top priority at every point of the complaints management process.

6.3. **Timeous resolution:** Long Life endeavours to ensure that all complaints are resolved in a timely manner and in line with timelines set out in this Framework. Complainants must be kept informed of any delays and or revised timelines.

6.4. **Consistent and impartial decision-making:** Long Life will take reasonable steps to ensure that employees and decision-makers avoid bias when handling complaints so that principles of fairness, equity and objectivity are upheld.

6.5. **Quality of investigation:** Long Life and its FSPs / product distributors must take reasonable steps to gather and investigate all relevant information and circumstances when handling complaints.

6.6. **Complaints handling responsibility:** Long Life will take reasonable steps to ensure that any person that is responsible for making decisions or recommendations in respect of complaints generally or a specific complaint is -

6.6.1. adequately trained;

6.6.2. experienced in complaint handling and appropriately qualified where necessary;

6.6.3. not subject to a conflict of interest; and

6.6.4. adequately empowered to make impartial decisions or recommendations.

6.7. **Independent review:** Through the Long Life Executive Management and Complaints Management Team, Long Life will provide additional opportunities for independent review of complaints in line with the escalation and review process contained in this framework. Where required, segregation of duties and escalation procedures will be utilised to maintain and safeguard the independence of employees responsible for handling complaints.

6.8. **Confidentiality of Client Information and Data:** As far as possible, Long Life will maintain the confidentiality of customers' personal information in connection with a complaint and comply with the relevant legislation to ensure that internal controls are in place for safeguarding of data.

6.9. **Accuracy of record-keeping:** Complaints must be accurately, efficiently and securely recorded as required by relevant legislation and as set out below.

6.10. **Communication:** Long Life and / or its FSPs must provide customers with clear upfront communication concerning how they can lodge a complaint, and how their complaint will be handled.

6.11. **Quality assurance:** Long Life will ensure that there is an appropriate level of quality assurance in place to monitor that the standards referred to in this framework are adhered to.

6.12. **Reporting:** Useful management information reports pertaining to complaints will be developed and implemented, subject to regulatory requirements and business needs. Complaint information will be analysed and scrutinised on an on-going basis to identify trends of poor customer treatment and findings will be referred to the relevant parties for remedial action.

7. Allocation of Responsibilities

Person / Department / Body	Entity	Role
Board of Directors	Long Life	• Responsible for effective Complaints Management but may delegate some functions to other committees, managers or persons. • Approves this framework and changes thereto. • Oversees and supervises effectiveness of implementation.
Risk & Audit Committee	Long Life	• Approve this framework and changes thereto.

		• Monitor adherence to this framework. • Ensure bodies and individuals who have responsibility under this framework fulfill their responsibilities in a timely and diligent manner. • Govern the applicable internal or external auditor's assessment of compliance with this framework. • Assign and monitor remediation of any non-compliance or other findings by the internal or external auditor. • Are kept informed of complaints received and whether or not there was compliance with this framework in the resolution thereof.
Chief Operations Officer	Long Life	• Approves and oversees the effectiveness of this framework. • Is responsible for operational implementation of this framework but delegates administration of this framework to the Customer Services Manager to address or monitor operational matters.
Risk & Compliance Manager	Long Life	• Ensures framework remains in line with legislation. • Monitoring on-going operating effectiveness of the framework and ensuring the execution of agreed standards, including quality assurance. • Reviewing adherence to the requirements outlined by this framework.
Fraud Detection Team	Long Life	• Fraud detection and prevention informed by the complaints process.
Customer Services Manager	Long Life	• Operational implementation of the requirements of this framework and processes developed in accordance with this framework. • Providing on-going guidance to the business on matters relating to this framework. • Reporting to the Executive Committee and other internal bodies on the business performance and adherence in relation to requirements, procedures and standards set out in this framework. • Ensure adequate resources allocated to complaint handling and that any person dealing with complaints is adequately trained, experienced in complaint handling, not subject to conflict of interest and adequately empowered to make impartial decisions or recommendations. • Reviews complaints process and monitors effectiveness of and adherence to this

		framework.
		• Ensures the execution of agreed standards including quality assurance.
		• Ensures that clearly defined parties are responsible for:
		  ○ Decision-making authority
		  ○ Complaint Escalation
		  ○ Complaint Monitoring
		  ○ Complaint Reporting
		  ○ Regular Analysis of Complaints Data
		• Ensures efficient engagement with relevant Ombudsman schemes.

Complaints Management Department	Long Life	• Resolution of escalated complaints. • Review & Escalation of Complaints. • Engage with relevant Ombudsman schemes.
Complaints Call Centre	Long Life	• Captures complaints received via the call centre. • Manages complaints received via digital channels - either referring them to the relevant FSP, resolving them alone or escalation to Long Life. • Ensure complaints are managed in accordance with this framework.
Senior Employees	FSP	• Manages complaints received via digital channels. • Resolves complaints at FSP level where appropriate, while still notifying Long Life of the complaint and its resolution. • Ensure complaints are managed in accordance with this framework.
Frontline Employees	FSP	• Captures complaints received in the FSP branch, and resolves where possible, in accordance with stipulated guidelines.

8. Categorisation of Complaints

8.1. Long Life categorises complaints, and requires that its FSPs categorise complaints in accordance with the following minimum categories:

8.1.1. complaints relating to the design of a policy or related service, including the premiums or other fees or charges related to that policy or service;

8.1.2. complaints relating to information provided to policyholders;

8.1.3. complaints relating to advice;

8.1.4. complaints relating to policy performance;

8.1.5. complaints relating to service to policyholders, including complaints relating to premium collection or lapsing of policies;

8.1.6. complaints relating to policy accessibility, changes or switches;

8.1.7. complaints relating to complaints handling;

8.1.8. complaints relating to insurance risk claims, including non-payment of claims; and

8.1.9. other complaints - which in the case of Long Life refers to the following two categories:

8.1.9.1. Complaints relating to technical or software issues; and

8.1.9.2. Complaints relating to the FSP's dissatisfaction with any aspect of Long Life's association with them.

8.2. Grouping of reportable complaints according to category must be done as soon as possible in the complaints management process and must be as accurate as possible in order to be used for reporting purposes.

9. Complaint Management Processes

9.1. Process for complaints relating to a Long Life error, employee or service

9.1.1. Complaints submitted via email, social media, ombudsman schemes to Long Life or that Long Life is made aware of by other means, must be captured into the Long Life Complaints Management System within 24 hours after receipt. These complaints channels must be monitored by complaint handling staff daily.

9.1.2. Complaints must be categorised as per the categories described in this document.

9.1.3. Complaints must be captured as per the record keeping requirements described in this document.

9.1.4. Complainant communication must happen in line with the requirements described in this document.

9.1.5. A decision must be made on each complaint as soon as is reasonably possible, but within a period not exceeding 15 business days after relevant appropriate information and circumstances have been gathered and investigated.

9.1.6. Long Life will ensure that customers who are financially prejudiced as a result of its contravention, non-compliance, action, failure to act, or unfair treatment are fairly compensated.

9.1.7. Once a decision has been made and the complaint finalised, a written response will be sent to the complainant.

9.1.7.1. If the complaint is upheld, any commitment to take any action or make a compensation or goodwill payment must happen without undue delay, and within agreed upon timeframes.

9.1.7.2. If a complaint is rejected, the complainant must be provided with clear and adequate reasons for the decision. Information regarding the escalation or review process must also be provided, including any relevant time limits.

9.2. Process for complaints relating to a Long Life product or related service offered in terms of an intermediary agreement

9.2.1. Long Life's intermediary agreements must clearly state its minimum requirements for complaints handling and reporting.

9.2.2. Long Life will ensure that each FSP has access to the Complaints Management System to ensure the accurate recording of all reportable complaints and the fair treatment of complainants.

9.2.3. FSPs must ensure that complaints are captured as prescribed and in the required format that would allow Long Life to analyse and aggregate complaints data i.e. via the Complaints Management System, and the intermediary agreement must stipulate as such.

9.2.4. Complaints received by Long Life will be referred to the relevant FSP for consideration within 48 business hours after receipt. Complaint channels must be monitored by the designated FSP's employee/s daily.

9.3. Social media complaints

9.3.1. Social media complaints are monitored by the Complaints Management Department and must be captured immediately onto the Complaints Management System as described above.

9.3.2. Once the complaint has been captured onto the system, the staff member handling the complaint will liaise with the relevant outsourced business partner / Long Life department to formulate a response that will be posted to the relevant social media platform within 24 hours.

9.3.3. The complaint will then be dealt with according to the usual processes.

9.4. Complaint Escalation and Review Process

9.4.1. Long Life must maintain appropriate internal complaints escalation and review process.

9.4.2. Procedures within the complaints escalation and review process should not be overly complicated, or impose unduly burdensome paperwork or other administrative requirements on complainants.

9.4.3. The Customer Services Manager must monitor that decisions made are impartial and have due regard to the fair treatment of customers at all times.

9.4.4. The complaints escalation and review process -

9.4.4.1. follows a balanced approach, bearing in mind the legitimate interests of all parties involved including the fair treatment of complainants;

9.4.4.2. provides for internal escalation of complex or unusual complaints at the instance of the initial complaint handler;

9.4.4.3. provides for complainants to escalate complaints not resolved to their satisfaction; and

9.4.4.4. is allocated to an impartial, senior functionary within Long Life or appointed by Long Life for managing the escalation or review process of Long Life.

9.4.5. When complaints regarding an FSP are escalated or referred within the Complaints Management System to a senior or executive employee of the FSP, an SMS or email will be sent to notify them and if the complaint is not picked up within the prescribed time, a member of the Complaints Management Department of Long Life will follow up.

9.4.6. Complaint handling staff, FSPs and complainants may refer complex or unresolved complaints to the Complaints Management Department of Long Life for consideration.

9.4.6.1. A member of the department must pick up the complaint within 24 business hours. If the complaint is not picked up in this time then the Customer Services Manager will be notified.

9.4.6.2. The individual handling the complaint must notify the relevant parties of the following:

9.4.6.2.1. Information required from the referrer or complainant;

9.4.6.2.2. Where, how and to whom the complaints and related information must be submitted;

9.4.6.2.3. Expected turnaround times to finalise the complaint escalation or review;

9.4.6.2.4. Any other relevant responsibilities of the referrer.

9.4.6.3. The referrer will be informed of the outcome of the referral within 15 working days after receipt.

9.4.7. When complaints are escalated to or within Long Life within the Complaints Management System, an email will be sent to the appropriate individual / shared email address. If it is not picked up within the specified period of time, an email will be sent to the Customer Services Manager to follow up.

10. Engagement with Ombud Schemes

10.1. All complaints lodged with the Ombudsman for Long-term Insurance or the FAIS Ombudsman, and all legal proceedings in respect of Long Life, its Policies and/or Insurance Business will be dealt with exclusively by Long Life.

10.2. The FSP will give all assistance and co-operation to Long Life in respect of any of the above and promptly furnish all documents / information and give all representations required in order to enable Long Life to defend any such legal proceedings, claims, potential claims, complaints or potential complaints.

10.3. Long Life does the following with regards to its engagement with Ombud schemes, and requires its FSPs to do the same -

10.3.1. Have appropriate processes in place for engagement with any relevant ombud in relation to its complaints;

10.3.2. Clearly and transparently communicates the availability and contact details of the relevant ombud services to complainants at all relevant stages of the insurance relationship, including at point of sale, in relevant disclosure documents, in relevant periodic communications, and when a complaint is rejected;

10.3.3. Display and/or make available information regarding the availability and contact details of the relevant ombud services at the premises and/or on the Long Life and FSP web sites;

10.3.4. Maintain specific records and carry out specific analysis of complaints referred to them by the ombud and the outcomes of such complaints; and

10.3.5. Monitor determinations, publications and guidance issued by any relevant ombud with a view to identifying failings or risks in their own policies, services or practices.

10.4. Although Long Life cannot control when a client will escalate a complaint to the respective Ombudsman, Long Life will do the following:

10.4.1. maintain open and honest communication and cooperation between itself and any ombud with whom it deals; and

10.4.2. endeavour to resolve a complaint before a final determination or ruling is made by an ombud, or through its internal escalation process, without impeding or unduly delaying a complainant's access to an ombud.

10.5. Complaints referred to the office of the Ombudsman for Financial Services in accordance with the FAIS Act

10.5.1. While Long Life is not itself an FSP, it distributes its products solely through FSPs who are required to be authorised Financial Services Providers (FSPs) in terms of the FAIS Act. The following standards will apply to FAIS related complaints, in addition to the other standards described in this document.

10.5.2. Where complaints are received from the Ombudsman for Financial Services regarding a matter concerning one of Long Life's FSPs, Long Life will require the assistance of the FSP in question to resolve the matter in accordance with the requirements of this framework.

10.5.3. Complaints may be referred to the Ombudsman for Financial Services when the complaint is submitted in respect of advice or intermediary services provided at any time after the 1st of October 2004 and it is alleged that a financial services provider -

10.5.3.1. has contravened or failed to comply with the FAIS Act and that as a result thereof the complainant has suffered or is likely to suffer financial prejudice or damage;

10.5.3.2. has willfully or negligently rendered a financial service to the complainant which has caused prejudice or damage to the complainant or which is likely to result in such prejudice or damage; or

10.5.3.3. has treated the complainant unfairly.

10.5.4. Long Life shall have 6 weeks in which to respond to a complaint received from the FAIS Ombudsman.

10.5.5. All attempts to resolve the complaint will be undertaken and the final decision will be communicated to the complainant in writing once a final decision is made. Such outcome must also be communicated to the FAIS Ombudsman.

10.5.6. Where a complaint is not resolved within six (6) weeks of receipt, Long Life will inform the complainant in writing that the complainant may refer the complaint to the Office of The Ombudsman for Financial Services

Providers within six (6) months of the date of the final correspondence from Long Life.

10.5.7. In the event of a dismissal of a complaint by Long Life, the complainant, if dissatisfied with the dismissal, may pursue further proceedings before the Office of The Ombudsman for Financial Services Providers in respect of such complaint.

10.5.8. Where a complainant remains unreasonable, and / or rejects any offer made, this too must be communicated to the FAIS Ombudsman. Any offer made that is accepted by the complainant must also be communicated to the FAIS Ombudsman by the complaints handling staff member.

10.5.9. There will be adequate training of all relevant staff, including imparting and ensuring full knowledge of the provisions of the FAIS Act, the Rules of the Office of The Ombudsman for Financial Services Providers and the FAIS Act General Code of Conduct, with regard to the management and resolution of FAIS complaints.

10.5.10. Internal analysis will be done on trends to avoid recurrence of similar FAIS complaints, and/or to improve services and complaints systems and procedures where necessary.

10.5.11. Reporting to the Financial Services Conduct Authority ("FSCA") must be done on an annual basis in respect of all FAIS complaints received for the reporting period, or as requested by the FSCA.

10.6. Complaints referred to the Ombudsman for Long Term Insurance (OLTI)

10.6.1. In terms of this Policy, complaints referred to the Ombudsman for Long Term Insurance ("OLTI") shall be overseen by Long Life's Complaints Management Department.

10.6.2. The terms of Reference of the OLTI prescribes the procedures that insurers must follow when handling matters referred to the Ombudsman, described below:

10.6.2.1. The complaint must be handled in accordance with Policyholder Protection Rules ("PPRs") and the guidelines and definitions stipulated in the Terms of Reference for the OLTI.

10.6.2.2. Specifically, turnaround times for resolving complaints and the quality standards applied to such Ombudsman complaints must adhere to the stipulations and requirements prescribed by the OLTI.

10.6.2.3. When handling Ombudsman complaints, the responsible individuals will request comprehensive information and related documentation from the relevant Long Life division or employee or the FSP in order to ensure that all relevant facts are properly considered in the resolution of the complaint.

10.6.3. Complaint classification:

10.6.3.1. **Mini Case:** This is a simple case that is within the jurisdiction of the Ombud's office, but which insurers can handle without the office's involvement. The complainant is always advised that if the matter is not resolved he/she can revert to the Ombud. There are also some complaints which have no prospect of success. The assessing staff dismisses these complaints and explains the reasons for the dismissal to the complainants. These complaints are charged the reduced mini case fee.

10.6.3.2. **Transfer Case:** These are complaints not previously seen by insurers and referred to them to try and resolve directly with the complainant. If not resolved and if the complainant, when contacted by the Ombud office, requests the Ombud to do so, they are taken up by the Ombud office as Reviews and handled in the same manner as Full Cases.

10.6.3.3. **Full Case:** These are complaints that have already been seen by insurers and they are handled by the Ombud office from inception to finalisation.

10.6.4. Where the complaint is classified as a **Full case** Long Life, with the assistance of the relevant FSP, shall respond to the Ombudsman directly providing all supporting documentation and/or information (including but not limited to, policy documentation, recorded calls, claims

documentation, the repudiation letter) in a detailed and professional manner detailing how a decision was made.

10.6.5. Where the complaint is classified as a **Mini or Transfer Case** Long Life will have an opportunity to deal directly with the Complainant in order to resolve the matter before referring the matter back to the OLTI for mediation. The following must be considered:

10.6.5.1. It is in the best interests of Long Life to attempt to resolve any transfer case without mediation from the OLTI as this will mean a cost reduction in the annual account.

10.6.5.2. The OLTI is not concerned with the final outcome of such matters, but merely that the matter has been given due diligence and objectivity in reaching an outcome.

10.6.5.3. In instances where the complaint is resolved, Long Life must submit a copy of its response to the Complainant together with the complainant's acceptance of the resolution if finalised in favour of the Complainant.

10.6.5.4. Where the complainant accepts the decision even when the ruling is in favour of Long Life or the FSP, this too must be submitted back to the OLTI.

10.6.5.5. Where the complainant remains dissatisfied with the outcome of the claim after the review by Long Life, then Long Life must submit all evidence back to the OLTI for mediation. Long Life will have 21 working days in either case to respond to the OLTI.

11. Record Keeping, Monitoring and Analysis of Complaints

11.1. Long Life aims to ensure accurate, efficient and secure recording of complaints-related information.

11.2. The following must be recorded in respect of each reportable complaint –

11.2.1. all relevant details of the complainant and the subject matter of the complaint;

11.2.2. copies of all relevant evidence, correspondence and decisions;

11.2.3. the complaint categorisation as set out in rule 18.5 of the Policyholder Protection Rules; and

11.2.4. progress and status of the complaint, including whether such progress is within or outside any set timelines.

11.3. The following data in relation to reportable complaints, categorised as described above, must be maintained:

11.3.1. number of complaints received;

11.3.2. number of complaints upheld;

11.3.3. number of rejected complaints and reasons for the rejection;

11.3.4. number of complaints escalated by complainants to the internal complaints escalation process;

11.3.5. number of complaints referred to an ombud and their outcome;

11.3.6. number and amounts of compensation payments made;

11.3.7. number and amounts of goodwill payments made; and

11.3.8. total number of complaints outstanding.

11.4. Complaints information gathered by Long Life and its FSPs must be scrutinised and analysed on an ongoing basis and utilised to manage conduct risks and effect improved outcomes and processes for its policyholders, and to prevent recurrences of poor outcomes and errors. Findings on identified risks, trends and actions taken will be contained in market conduct reports that are presented to executive forums and the Board.

12. Communication with Complainants

12.1. Communication with complainants must be in plain language.

12.2. Long Life will ensure that complaint processes and procedures are transparent, visible and accessible through a variety of channels as appropriate to its customers, but that they are dealt with centrally to ensure consistent treatment.

12.3. Neither Long Life nor its FSPs charges a fee for a complainant to lodge a complaint.

12.4. At every entry point for complaints, Long Life will ensure that the following is disclosed to complainants:

12.4.1. the type of information required from a complainant;

12.4.2. where, how and to whom a complaint and related information must be submitted;

12.4.3. expected turnaround times in relation to complaints; and

12.4.4. any other relevant responsibilities of a complainant.

12.5. Long Life and its FSPs must acknowledge receipt of a complaint within a reasonable time after receipt of the complaint. The Complaints Management System used by Long Life and its FSPs ensures that complainants receive an SMS or email the moment the complaint is captured. This notification includes the following information:

12.5.1. contact details of the person or department that will be handling the complaint;

12.5.2. indicative timelines for addressing the complaint;

12.5.3. details of the internal complaints escalation and review process if the complainant is not satisfied with the outcome of a complaint; and

12.5.4. details of escalation of complaints to the office of a relevant ombud where applicable.

12.6. Complainants are kept informed of the following via the Complaints Management System:

12.6.1. the progress of their complaint;

12.6.2. causes of any delay in the finalisation of a complaint and revised timelines; and

12.6.3. Long Life's decision in response to the complaint.

13. Reporting

13.1. Long Life has appropriate processes in place to ensure compliance with any prescribed requirements for reporting complaints information to any relevant designated authority or to the public as may be required by the Authority.

13.2. Reporting processes for reporting of the information gathered from complaints data to the board of directors, executive committee and relevant bodies are also in place.

14. Framework Review

Long Life will regularly review this complaints framework, at least annually, and document any changes thereto.

15. Contact Details

PARTICULARS OF THE INSURER

Long Life Insurance (Pty) Ltd

Address: 2nd Floor, Delmat House, 27-29 Jan Hofmeyr Rd, Westville, 3629

Telephone Number: 010 4480751

Email: info@longlife.co.za / customerservices@longlife.co.za

PARTICULARS OF THE LONG -TERM OMBUDSMAN

Postal Address: Private Bag X45,Claremont, Cape Town, 7700

Telephone Number: 021 657 5000

Facsimile Number: 021 674 0951

Email: info@ombud.co.za

PARTICULARS OF THE REGISTRAR OF LONG -TERM INSURANCE

Postal Address: PO Box 35655, Menlo Park, 0102

Telephone Number: 012 428 8000

Facsimile Number: 012 347 0221

Email: info@fsb.co.za

PARTICULARS OF THE FAIS OMBUDSMAN

Postal Address: PO Box 74571, Lynnwood Ridge, 0040

Telephone Number: 012 470 9080

Email: info@faisombud.co.za