



LionHealth is a division of **LionLife**

COMPLAINTS MANAGEMENT FRAMEWORK

**LION HEALTH IS A DIVISION OF LION OF AFRICA LIFE
ASSURANCE COMPANY LIMITED**

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1. OVERVIEW

Document history

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August 2018	V1- CP2015	Approved	Compliance
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Operational Approvals

Date	Version	Action	Name
April 2020	V2- CP2020	Approval and Recommendation	MANCO

Governance Approvals

Date	Version	Action	Executor
August 2018	V1- CP2018	Approved	Board of Directors
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2. DEFINITIONS

- 2.1 **Complainant:** means a person who submits a complaint that has a direct or indirect interest in the agreement, policy or service to which the complaint relates, and includes a –
- 2.1.1 Policyholder or the policyholder's successor in title;
 - 2.1.2 Beneficiary or the beneficiary's successor in title;
 - 2.1.3 Person whose life is insured under a policy;
 - 2.1.4 Person that pays a premium in respect of a policy;
 - 2.1.5 Member; or
 - 2.1.6 Potential policyholder or potential member whose dissatisfaction relates to the relevant application, approach, solicitation or advertising or marketing material;
- 2.2 **Complaint:** means an expression or dissatisfaction by a person to an insurer or, to the knowledge of Lion Life, to Lion Life's service provider relating to a policy or service provided or offered by Lion Life which indicates or alleges, regardless of whether such an expression or dissatisfaction is submitted together with or in relation to a policyholder query, that Lion Life –
- 2.2.1 Has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding upon Lion Life or to which it subscribed.
 - 2.2.2 Has wilfully or negligently or through a failure to act or maladministration, has caused the person harm, prejudice, distress or substantial inconvenience; or
 - 2.2.3 Has treated the complainant unfairly;
- 2.3 **Compensation payment:** means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of an insurer to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of Lion Life's contravention, noncompliance, action, failure to act, or unfair treatment forming the basis of the complaint, where Lion Life accepts liability for having caused the loss concerned, but excludes any –
- 2.3.1 goodwill payment;
 - 2.3.2 payment contractually due to the complainant in terms of a policy; or
 - 2.3.3 refund of an amount paid by or on behalf of the complainant to Lion Life where such payment was not contractually due;
 - 2.3.4 and includes any interest on late payment of any amount referred to in 2.3.2 and 2.3.3;
- 2.4 **Goodwill payment:** means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of an insurer to a complainant as an expression of goodwill aimed at resolving a complaint, where Lion Life does not accept liability for any financial loss to the complainant as a result of the matter complained about;

- 2.5 **Policyholder query:** means a request to Lion Life or Lion Life's service provider by or on behalf of a policyholder, for information regarding Lion Life's policies, services or related processes, or to carry out a transaction or action in relation to any such policy or service;
- 2.6 **Rejected:** in relation to a complaint means that a complaint has not been upheld and Lion Life regards the complaint as finalised after advising the complainant that it does not intend to take any further action to resolve the complaint and includes complaints regarded by Lion Life as unjustified or invalid, or where the complainant does not accept or respond to Lion Life's proposals to resolve the complaint;
- 2.7 **Reportable complaint:** means any complaint other than a complaint that has been – upheld immediately by the person who initially received the complaint;
- 2.7.1 upheld within Lion 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
- 2.7.2 submitted to or brought to the attention of Lion Life in such a manner that Lion Life does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints;
- 2.8 **Upheld:** means that a complaint has been finalised in that wholly or partially in favour of the complainant and that-
- 2.8.1 the complainant has explicitly accepted that the matter is fully resolved; or
- 2.8.2 it is reasonable for Lion Life to assume that the complainant has so accepted; and
- 2.8.3 all undertakings made by Lion 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 Lion Life within a time acceptable to the complainant;
- 2.9 **Complaints Management :** means the management of the entire complaints procedure, from its lodgement through to its resolve and ultimate recording of the necessary information for data management purposes;
- 2.10 **FAIS Complaint:** means a specific complaint relating to a financial service rendered by the FSP or Representative to the complainant in which it is alleged that the FSP or Representative:
- 2.10.1 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; or
- 2.10.2 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
- 2.10.3 has treated the complainant unfairly;
- 2.11 **FAIS Ombud:** means the Ombud for Financial Services Providers referred to in section 20(2) of the FAIS Act;
- 2.12 **Intermediary:** means an independent intermediary or representative, respectively and includes reference to a binder holder;

2.13 **Long-Term Insurance Ombud:** means the Ombud for Long-Term Insurance;

3. INTRODUCTION

3.1 In terms of the Policyholder Protection Rules as amended (“PPR”) for the Long-term Insurance Act, 1998, Lion Life is obligated to create, enforce and sustain a viable complaints management framework that is suited to Lion Life’s scale, nature of business, clientele and complexities. This framework must set out the entire life cycle of the complaint process, including the responsibilities of those involved in this process, the timeline from the inception of the complaint to its resolve or escalation, as well as the steps that need to be taken in order to investigate and address any complaints made.

4. OBJECTIVES:

4.1 The Complaints Management Framework aims to achieve the following objectives:

4.1.1 To provide a complainant with a complaints handling process that is transparent, visible and easily accessible through channels that are appropriate to Lion Life’s policyholders and beneficiaries.

4.1.2 Enhance the company’s ability to effectively resolve complaints in a timeous, consistent, organized and responsive manner to the satisfaction of both the complainant and insurer;

4.1.3 Enable Lion Life to identify trends and consequently learn from them so as to improve the company’s operations procedures;

4.1.4 Assist the company in developing a customer focused approach to resolving complaints, and;

4.1.5 To provide a structured review and analysis of the complaints handling process and the resolution of complaints.

4.2 This framework sets out a conscious set of guidelines that dictate how complaints will be managed and resolved by Lion Life.

4.3 This framework will be reviewed annually and tabled to board of directors for approval.

5. SCOPE:

5.1 This legislative framework upholds the provisions of the PPR’s as amended as well as the FAIS Act.

6. KEY PRINCIPLES AND STANDARDS FOR EFFECTIVE COMPLAINTS

MANAGEMENT:

- 6.1 Lion Life resolves to abide by the following key principles and standards when applying the framework for the complaints management process:
- 6.1.1 **EFFECTIVE RESOLVING OF COMPLAINTS:** Resolve client complaints in such a way that it fair, just and reasonable for all parties involved.
- 6.1.2 **KEEPING CLIENTS INFORMED:** Lion Life undertake to inform all our clients of the procedures established for the internal resolution of their complaints, details of which will be given to them in writing.
- 6.1.3 **EASY ACCESS TO COMPLAINTS RESOLUTION PROCESS:** Lion Life undertake to ensure easy access to its complaints resolution process at its offices, or by way of post, e-mail or telephone.
- 6.1.4 **TRAINING OF STAFF:** Empower and properly train its staff within its complaints department to effectively and successfully deal with complaints, as well as the escalation of non-routine complaints.
- 6.1.5 If necessary, appoint an independent mediator to resolve the complaint to the benefit of the client and service provider.
- 6.1.6 Deal with complaints in a timely and fair manner, with every complaint receiving proper consideration in a process that is managed appropriately and effectively by the responsible staff member.
- 6.1.7 **REMEDY:** Offer appropriate remedy in all cases where a complaint is resolved in favour of a client.
- 6.1.8 **ADVISING CLIENTS ABOUT OMBUDSMAN:** Inform clients of their right to refer their complaints to the necessary Ombud, should a complaint not be resolved to their satisfaction within six weeks from the date on which the complaint is received.
- 6.1.9 **MAINTAINING RECORDS:** Maintain records of all complaints received for a period of 5 years, which will specify the outcome of all the complaints lodged.
- 6.1.10 **FOLLOW UP PROCEDURES:** Implement follow up procedures to :
- 6.1.10.1 Implement remedial actions to prevent similar complaints from occurring;
- 6.1.10.2 Improve services and procedures where necessary.

7. ALLOCATION OF RESPONSIBILITIES:

RESPONSIBILITY	STRUCTURE:	RESPONSIBILITIES:
7.1.Supervision	7.1.a. Board of directors 7.1.b.Executive management (CEO) 7.1.c. Committee of the board	7.1.1. Responsible for the effective management of complaints and must approve and oversee the effectiveness of the implementation and sign off of Lion Life's complaints management framework. 7.1.2. This effectiveness of framework is regularly reported on an annual basis to the board
7.2.Operational/Policy owner	7.2.a.Executive:Operations Management	7.2.1. Ensures the effective implementation of the complaints management framework by staff. 7.2.2. Assesses the framework on a regular basis to ensure its effective implementation and update. 7.2.3. Ensures data management processes are effectively implemented. 7.2.4. Ensures staff is adequately trained and has 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. 7.2.5. Ensures staff are not subject to a conflict of interest and are adequately empowered to make impartial decisions or recommendations. 7.2.6. Ensure that appropriate performance standards and remuneration and reward strategies (internally and where any functions are outsourced) for complaints management to ensure objectivity and impartiality. 7.2.7. Ensures appropriate processes are in place for appropriate complaint record keeping, monitoring and analysis of complaints, and reporting (regular and ad hoc), as noted in paragraph 10, to Lion Life's board of directors, executive management or relevant committee of the board.

		<p>7.2.8. Maintains specific records and carry's out specific analysis of complaints referred to them by the ombud and outcomes of such complaints.</p> <p>7.2.9. Monitors determinations, publications and guidance issued by any relevant ombud with a view to identifying failings or risks in their own policies, services or practices.</p>
	7.2.b. Complaint Handlers	7.2.10. They capture, process, handle and resolve all complaints and supporting information, and if necessary, escalate complaints according to the structures set out in the framework.
7.3.Ensuring Adherence	7.3.Compliance and legal	<p>7.3.1. Compliance and legal are responsible for:</p> <p>7.3.1.1. Ensuring that the framework is in line with relevant legislation.</p> <p>7.3.1.2. Ensuring that the requirements of the framework are adhered to.</p> <p>7.3.1.3. Ensuring compliance with any prescribed requirements for reporting complaints information to any relevant designated authority or to the public as may be required by the Registrar.</p>

8. COMPLAINT MANAGEMENT PROCEDURES AND CATEGORISATION OF COMPLAINTS:

- 8.1. Lion Life will ensure that its complaint processes and procedures are transparent, visible and accessible through channels that are appropriate to its policyholders and beneficiaries.
- 8.2. Lion Life will not impose a charge for a complainant to make use of complaint processes and procedures.
- 8.3. Lion Life will ensure that all communications with a complainant will be in plain language, reduced to writing, and that all complainants are advised to submit any complaints in writing.

- 8.4 Lion Life will ensure that wherever feasible, policyholders will be provided with a single point of contact for submitting complaints, and that complainants are accordingly advised of the following:
- 8.4.1 the type of information required from a complainant;
 - 8.4.2 where, how and to whom a complaint and related information must be submitted;
 - 8.4.3 expected turnaround times in relation to complaints; and
 - 8.5.4 any other relevant responsibilities of the complainant.
- 8.5 Lion Life will ensure that the date and contents of a complaint are logged in its Complaints Register within 24 hours of its receipt.
- 8.6 After the complaint is logged, Lion Life will categorise and accordingly group, where possible, the complaint in accordance with the following categories:
- 8.6.1 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;
 - 8.6.2 complaints relating to information provided to policyholders;
 - 8.6.3 complaints relating to advice;
 - 8.6.4 complaints relating to policy performance;
 - 8.6.5 complaints relating to service to policyholders, including complaints relating to premium collection or lapsing of policies;
 - 8.6.6 complaints relating to policy accessibility, changes or switches;
 - 8.6.7 complaints relating to complaints handling;
 - 8.6.8 complaints relating to insurance risk claims, including non-payment of claims; and
 - 8.6.9 other complaints.
- 8.5 When acknowledging receipt of the complaint in writing within 5 days of receipt, Lion Life will promptly inform the complainant of the process to be followed in handling the complaint, which will include the following:
- 8.5.1 contact details of the person or department that will be handling the complaint;
 - 8.5.2 indicative timelines for addressing the complaint;
 - 8.5.3 details of the internal complaints escalation and review process if the complainant is not satisfied with the outcome of a complaint; and
 - 8.5.4 details of escalation of complaints to the office of a relevant ombud where applicable.

- 8.6 Lion Life will ensure that complainants are kept adequately informed of :
- 8.6.1 the progress of their complaint;
 - 8.6.2 causes of any delay in the finalisation of a complaint and revised timelines; and
 - 8.6.3 Lion Life's decision in response to the complaint.
- 8.7 Lion Life will then investigate the complaint to ascertain whether the complaint is legitimate and/or can be resolved immediately.
- 8.8 If the complaint is deemed capable of being resolved immediately after investigation, Lion Life will take the necessary action and inform the client accordingly.
- 8.9 If the complaint cannot be resolved immediately, Lion Life will request supporting documentation (if any) from the client that may be necessary to resolve the matter and indicate the expected date of resolution.
- 8.10 Where the complaint is upheld Lion Life will ensure that any commitment made in terms of compensation payment, goodwill payment or to take any other action will be carried out without undue delay and within the agreed timelines.
- 8.11 Where the complaint is however rejected, the complainant will be provided with clear and adequate reasons for the decision and will be advised of the applicable escalation or review processes, as well as how to use them and any relevant time frames. This information will be communicated to the complainant if the complaint is not resolved within 6 weeks.
- 8.12 The complaints register will be updated with all developments/activities.
- 8.13 Lion Life will ensure that all complaints related information is accurately recorded and kept secure for purposes of scrutinizing and analysis by Lion Life on an ongoing basis. This information will be used to assess and improve upon risk management techniques in the framework and will be reported to the board of directors on a monthly basis.
- 8.14 In addition to the above, Lion Life will ensure that appropriate performance standards and remuneration and reward strategies are put in place, both internally and where functions are outsourced, for complaints management to ensure objectivity and impartiality.

9. COMPLAINTS PROCESS FOR SERVICE PROVIDERS OF LION LIFE

- 9.1 Lion Life will ensure that it has a process in place for managing complaints relating to its service providers, insofar as such complaints relate to services provided in connection with Lion Life's policies or related services.
- 9.2 Such process will:
- 9.2.1 enable Lion Life to reasonably satisfy itself that the service provider has adequate complaints management processes in place to ensure fair treatment of complaints;
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- 9.2.2 provide for monitoring and analysis by the Lion Life of aggregated complaints data in relation to complaints received by the service provider and their outcomes;
- 9.2.3 include effective referral processes between Lion Life and the service provider for handling and monitoring complaints that are submitted directly to either of them and enquire referral to the other for resolution and;
- 9.2.4 include processes to ensure that complainants are appropriately informed of the process being followed and the outcome of the complaint.
- 9.3 Lion Life will ensure that all its contracted service providers are regularly advised, via written notice, of these processes.

10. RECORD KEEPING AND COMPLAINTS ANALYSIS

- 10.1 Lion Life will ensure accurate, efficient and secure recording of all complaints and secure recording of all complaints received, irrespective of whether the complaint is valid or not. Lion Life must maintain the following complaints related information in respect of each reportable complaint:
 - 10.1.1 All relevant details of the complainant and the subject matter of the complaint;
 - 10.1.2 Copies of all relevant evidence, correspondence and decisions;
 - 10.1.3 The complaint categorisation as set out in 8.6 above, and
 - 10.1.4 Progress and status of the complaint, including whether such progress is within or outside any set timelines.
- 10.2 In addition to the above, Lion Life will maintain the following data in relation to reportable complaints categorised in accordance with 8.6 above, on an ongoing basis:
 - 10.2.1 Number of complaints received;
 - 10.2.2 Number of complaints upheld;
 - 10.2.3 Number of rejected complaints and reasons for the rejection;
 - 10.2.4 Number of complaints escalated by complainants to the internal complaints escalation process;
 - 10.2.5 Number of complaints referred to an ombud and their outcome;
 - 10.2.6 Number and amounts of compensation payments made;
 - 10.2.7 Number and amounts of goodwill payments made; and
 - 10.2.8 Total number of complaints outstanding.
- 10.3 Complaints information recorded in accordance with the above specifications will be scrutinised and analysed by Lion Life on an ongoing basis and utilised to manage conduct risks and affect

improved outcomes and processes for its policyholders, and to prevent recurrences of poor outcomes and errors.

- 10.4 The above information will be reported to the board of directors, executive management or relevant committee of the board on an annual basis through the use of a risk management report.
- 10.5 Lion Life will ensure that all requirements are met for the reporting to the Register and public reporting in accordance with this framework.

11. COMPLAINT ESCALATION AND REVIEW PROCESS

- 11.1 Lion Life will ensure that it has an appropriate internal escalation and review process.
- 11.2 Lion Life will ensure that procedures within the complaints escalation and review process will not be overly complicated or impose undue burdensome paperwork or other administrative requirements on complainants.
- 11.3 The complaints escalation and review process will:
 - 11.3.1 follow a balanced approach, bearing in mind the legitimate interests of all parties involved, including the fair treatment of complainants;
 - 11.3.2 provide for internal escalation of complex or unusual complaints at the instance of the initial complaint handler;
 - 11.3.3 provide for complainants to escalate complaints not resolved to their satisfaction, and;
 - 11.3.4 be allocated to an impartial senior functionary within Lion Life or be appointed by Lion Life for managing the escalation or review process of Lion Life.
- 11.1 Lion Life will ensure that should a complainant request that the complaint be escalated or the complaint's nature and complexity requires it to be escalated, the complaint will be escalated to either the complaints department manager, operations manager, or head of legal & compliance on duty at the time, who will acknowledge receipt of the complaint within 48 hours of its referral.
- 11.2 Upon receipt, the department manager/operations manager/ legal & compliance will assess all complaint related information and accordingly communicate any additional findings or requests for information to the complainant, as well as expected turnaround times to finalise the complaint escalation process.
- 11.3 The necessary manager will within 15 working days after receipt of the complaint and all relevant requested information advise the complainant in writing about the outcome of the complaint.
- 11.4 Should the complainant still be unsatisfied with the outcome of the investigation conducted by the above-mentioned parties, then he/she will be advised in writing about their right to seek legal redress by the relevant Ombudsman's services and accordingly provided with the relevant contact details and availability of said Ombudsman.

12. ENGAGEMENT WITH OMBUDS SYSTEMS

- 12.1 Lion Life will ensure that appropriate process is in place for engagement with any relevant ombud in relation to complaints, and that where appropriate, the Ombud's contact information is displayed at the premises of Lion Life and/or on the company's website for easy access.

- 12.2 Complainants will at all relevant stages of the insurance relationship, including at point of sale, in appropriate periodic intervals, and when a claim is rejected or repudiated, be made aware of their right to consult an Ombud should Lion Life be unable to resolve the complaint in a satisfactory manner.
- 12.3 Lion Life ensures that it will maintain open and honest communication and co-operation between itself and any ombud it deals with.
- 12.4 Lion Life will maintain specific records and carry out specific analysis of complaints referred to them by the ombudsman and the outcomes of such complaints.
- 12.5 Lion Life ensures that it will monitor determinations, publications and guidance issued by any relevant ombud with a specific view to identifying risks and failings in their own policies, practices or services.
- 12.6 Finally, Lion Life endeavours to resolve a complaint before a final determination or ruling is made by an ombud, or through its internal escalation process, without hindering or unduly delaying a complainant's access to an ombud.

13. COMPLAINTS REFERRED TO THE LONG-TERM INSURANCE OMBUD

- 13.1 Before a matter is referred to the Ombudsman for Long-term insurance, Lion Life should be given the opportunity to resolve the problem or complaint.
- 13.2 If the complainant is not satisfied with the outcome of the investigation conducted, then he/she will be advised by Lion Life to approach the Ombudsman for remedy.
- 13.3 In order for the complaint to be submitted to the Ombudsman it has to be in writing, or with the Ombud's assistance, via telephone.
- 13.4 The following information needs to be included in the complaint in order for it to be effectively handled by the Ombud:
 - 13.4.1 policy number/s;
 - 13.4.2 insurance company;
 - 13.4.3 policyholder contact details;
 - 13.4.4 factual summary of your complaint; and
 - 13.4.5 letter of mandate if you are writing on behalf of the policyholder or beneficiary.
- 13.5 All supporting documentation for the complaint as well as correspondence with Lion Life must be copied and sent as well to the Ombud.
- 13.6 Once the complaint is received by the Ombud, the complainant will be provided with a letter of acknowledgement advising him/her about the course of action the Ombud intends to take.
- 13.7 Should the complaint fall within the ambit of the Ombud's rules, Lion Life will be contacted by them and requested to investigate the matter. Lion Life will be requested to respond within six weeks of this initial contact. Upon receipt of Lion Life's written response, the Ombud will either decide on the matter and the complainant advised accordingly, or further information or comment might be requested from either or both parties.
- 13.8 This is a service free of charge to the public.

- 13.9 The operating costs of the office are met by subscribing members of the long-term insurance industry.

14. FAIS ACT AND ITS APPLICATION

- 14.1 Given that Lion Life is an authorised financial service provider (FSP) it also has an obligation to comply with the complaints procedures set out in the Financial Advisory and Intermediary Services Act 37 of 2002 (FIAS Act). As an FSP Lion Life has an obligation to provide a complaints procedure that offers the client the opportunity to lodge a complaint and have that complaint resolved within 6 weeks. In the event of the complaint not being resolved within 6 weeks the complainant can escalate the complaint to the FAIS Ombud for a final ruling. Such complaint must be lodged within 6 months after the determination that the complaint could not be resolved by Lion Life.

15. DEFINITION OF FAIS COMPLAINT

- 15.1 Complaint means a specific complaint relating to a financial service rendered to the client on or after the 30th of September 2004, being the commencement of FAIS, alleging that the FSP:
- 15.1.1 Contravened or failed to comply with a provision of FAIS and that, as a result, the client has suffered or is likely to suffer financial prejudice or damage;
- 15.1.2 Wilfully or negligently rendered a financial service to the client which has caused prejudice or damage to the client or which is likely to result in such prejudice or damage; or
- 15.1.3 Treated the client unfairly
- 15.2 The complaint must not be about the investment performance of the product unless the financial performance was guaranteed, or the financial performance was so deficient that it creates the presumption that there has been misrepresentation, negligence or maladministration.

16. CONDITIONS APPLICABLE TO FAIS COMPLAINTS

- 16.1 For a FAIS complaint to be adjudicated upon by the FAIS ombud, the following conditions must be met:
- 16.1.1 Where appropriate, a complainant refers to the client and includes the complainant's lawful successor in title or the nominated beneficiary of the financial product which is the subject of the relevant complaint.
- 16.1.2 The act or omission complained of must have been done on or after 30 September 2004.
- 16.1.3 The complaint must be received by the Ombud within 3 years of the act or omission that resulted in the complaint – if the complainant was not aware of the act or omission, the 3 years starts running from the date on which the complainant became aware, or from the date on which the reasonable person in his circumstances would have become aware, whichever date is the earliest.
- 16.1.4 If the complainant already instituted action in a court of law relating to the matter forming the subject of the complaint submitted to the Ombud, the Ombud will not consider the complaint.
- 16.1.5 The FSP must have been given the opportunity to resolve the complaint first. Only if the FSP failed to resolve the complaint to the satisfaction of the complainant within 6 weeks of receipt, may the complainant take the matter to the Ombud.
- 16.1.6 The complainant has 6 months after he received a final response from the person complained against, to go to the Ombud.

- 16.1.7 Complaints must be in writing and must be accompanied by relevant documentation.
- 16.1.8 The Ombud may refuse to consider a complaint if he believes that the complaint should be dealt with in court.

17. THE FSP'S RIGHTS AND DUTIES

- 17.1 In terms of the Rules on Proceedings of the Office of the Ombud for Financial Services Providers, 2002, the Lion Life as an FSP has the following rights and duties:
- 17.1.1 Where a complaint cannot be addressed within three weeks by the FSP, the FSP must as soon as reasonably possible after receipt of the complaint send to the complainant a written acknowledgment of the complaint with contact references of the respondent.
- 17.1.2 If within six weeks of receipt of a complaint the FSP has been unable to resolve the complaint to the satisfaction of the complainant, the FSP must inform the complainant that:
- (i) the complaint may be referred to the Office of the Ombud if the complainant wishes to pursue the matter; and
 - (ii) the complainant should do so within six months of receipt of such notification
- 17.1.3 The FSP must be informed of the complaint submitted to the Office of the Ombud to the extent necessary to respond thereto fully.
- 17.1.4 The FSP is entitled to submit any fact, information or documentation in relation to the complaint and must disclose relevant information or documentation to the Ombud.
- 17.1.5 If deemed necessary by the Ombud, the FSP must discuss the complaint with the Ombud and furnish such further relevant information as the Ombud may require.
- 17.1.6 The FSP is required to act professionally and reasonably and to cooperate with a view to ensuring the efficient resolution of the complaint.

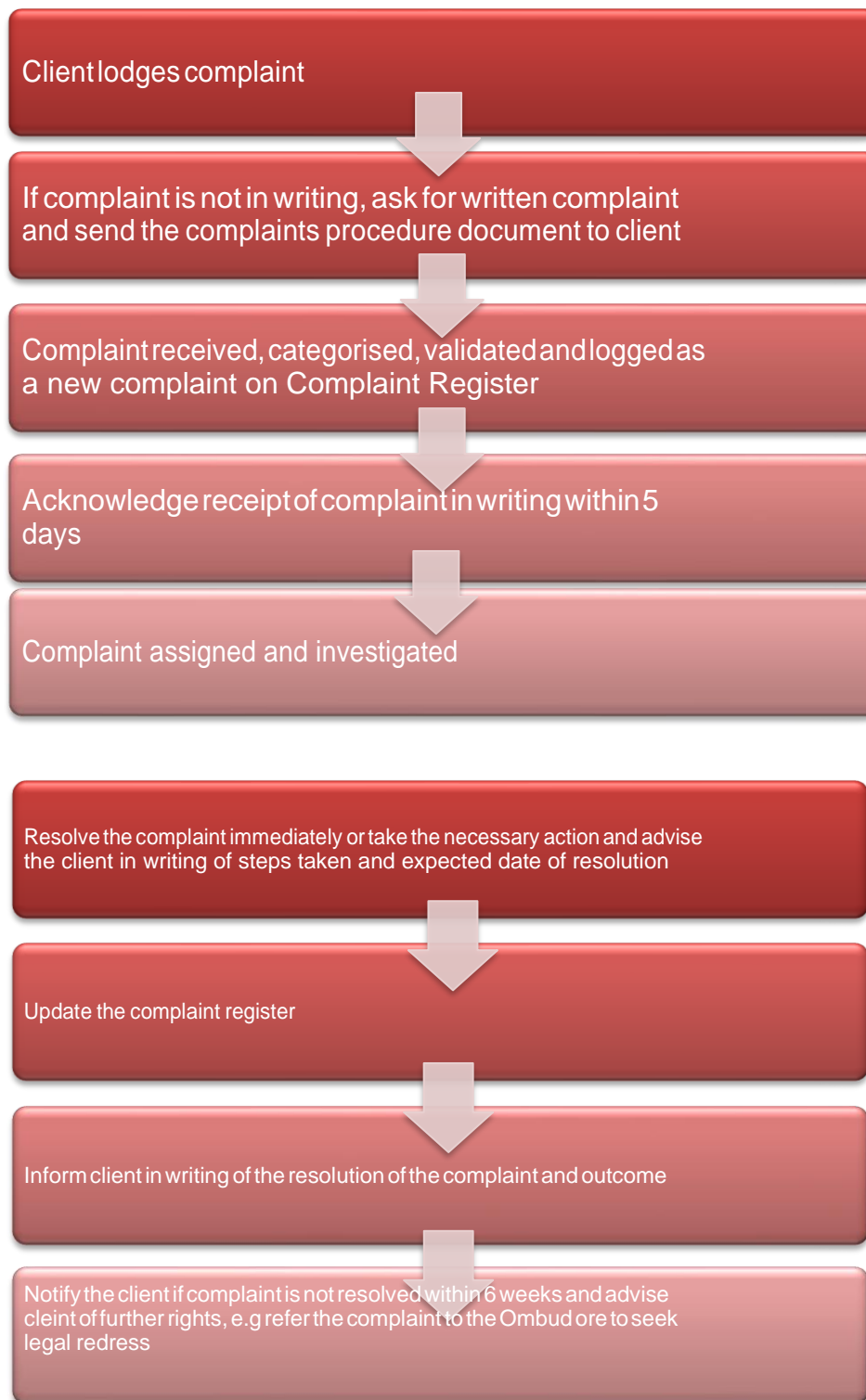
18. DETERMINATIONS BY THE FIAS OMBUD AND ITS LEGAL STATUS

- 18.1 The Ombud may, when accepting a complaint in terms of section 27(5) of the Act, require the FSP to pay a case fee to the Office not exceeding R1 000.00.
- 18.2 If the complaint was not resolved through conciliated settlement, the Ombud will make a determination which has the legal status of a civil judgement of court.
- 18.3 The determination can be a monetary award (not exceeding R800 000, unless the person complained against agrees to it), or any other order that can be made by a court.
- 18.4 An award of costs may be made against the person complained against.
- 18.5 An award of costs may be made against a complainant if the conduct of the complainant was improper or unreasonable, or if the complainant caused an unreasonable delay in the finalisation of the investigation.

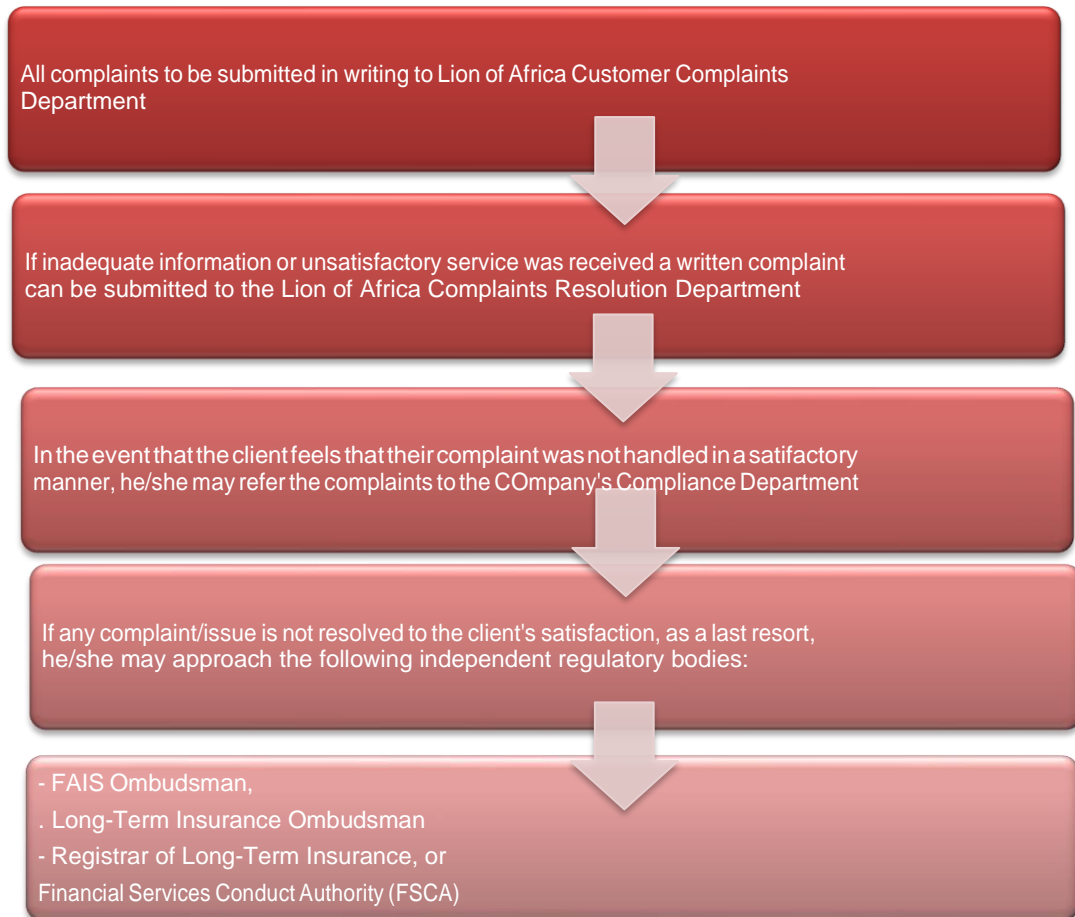
19. APPEALS TO BOARD OF APPEAL FIAS OMBUD

- 19.1 It is possible to appeal to the Board of Appeal, provided the Ombud grants leave to appeal. If the Ombud refuses, the chairperson of the Board of Appeal can be requested for permission to appeal.
- 19.2 Application for leave to appeal must be made to the Ombud within 1 month of the Ombud's determination.
- 19.3 If the Ombud refuses leave to appeal, application for leave to appeal may be made to the Chairperson of the Board of Appeal, within 1 month of the Ombud's refusal – the applicant must inform the Ombud of his application.
- 19.4 A determination by the Board of Appeal has the same status as a judgement of a civil court.

ANNEXURE A: COMPLAINTS PROCESS



ANNEXURE B: COMPLAINTS ESCALATION PROCESS & IMPORTANT CONTACT DETAILS



ANNEXURE C: IMPORTANT CONTACT INFORMATION

<p>LION HEALTH COMPLAINTS:</p>	<p>Postal Address: Private Bag X1, Mowbray, 7705</p> <p>Street Address: Office 16, 16th Floor, The Golden Acre, Adderley Street, Cape Town, 8001</p> <p>Tel: 087 405 2001</p> <p>Fax: 021 461 7280</p> <p>E-mail: complaints@lionhealth.co.za</p>
<p>LION OF AFRICA COMPLAINTS RESOLUTION DEPARTMENT</p>	<p>Postal Address: Private Bag X1, Mowbray, 7705</p> <p>Street Address: Office 16, 16th Floor, The Golden Acre, Adderley Street, Cape Town, 8001</p> <p>Tel: 021 461 8233</p> <p>Fax: 021 461 7280</p> <p>E-mail: complaints@lionlife.co.za</p>
<p>LION OF AFRICA COMPLIANCE DEPARTMENT</p>	<p>Postal Address: Private Bag X1, Mowbray, 7705</p> <p>Street Address: Office 16, 16th Floor, The Golden Acre, Adderley Street, Cape Town, 8001</p> <p>Tel: 021 461 8233</p> <p>Fax: 021 461 7280</p> <p>E-mail: compliance@lionlife.co.za</p>
<p>FAIS OMBUDSMAN</p>	<p>Postal Address: PO Box 74571, Lynnwood Ridge, 0040</p> <p>Tel: 012 762 5000/012 470 9080</p> <p>Fax: 012 348 3447/ 012 470 9097/086 764 1422</p> <p>Email: info@faisombud.co.za</p> <p>Website: www.faisombud.co.za</p>

	<p>Complaints about their service: hestie@faisombud.co.za</p> <p>Enquiries on status of complaints: enquiries@faisombud.co.za</p> <p>Office hours: Monday to Thursday 8h00-16h30 Friday 8h00-15h30 Closed on weekends and Public holidays</p>
LONG-TERM INSURANCE OMBUDSMAN	<p>Postal Address: Private Bag X45, Claremont, Cape Town, 7735</p> <p>Tel: 021 657 5000/ 0860 103 236</p> <p>Fax: 021 674 0951</p> <p>Email: info@ombud.co.za</p> <p>Office hours: Monday to Friday 8am to 4.30pm</p>
REGISTRAR OF LONG-TERM INSURANCE	<p>Postal Address: Financial Services Conduct Authority, PO Box 35655, Menlo Park, 0102</p> <p>Tel: 012 428 8000</p> <p>Toll Free: 0800 110 443</p> <p>Fax: 012 347 0221</p>
FINANCIAL SERVICES CONDUCT AUTHORITY (FSCA)	<p>Postal Address: PO Box 35655, Menlo Park, 0102</p> <p>Tel: 012 428 8000</p> <p>Toll Free: 0800 2037 22</p> <p>Fax: 012 346 6941</p> <p>E-mail: info@fsca.co.za</p>