



COMPLAINTS MANAGEMENT FRAMEWORK

Functional Area:

Compliance

Process:	Compliance		
Document type:	Framework		
Document title:	Complaints Management Framework		
Reference number:			
Revision number:	01		
Frequency of review:	Annually		
Sign-off, implementation and review			
Compiled by:	Nicky Maseko		
Reviewed by:	Audit committee		
Approved by:			
Date of Approval			
Implementation:			
DISTRIBUTION	All operations and divisions		
Version History:			
Date:	Version:	Originator:	Description:
November 2020	1.0		Complaints Management Framework

Table of Contents

1. Definitions	3
2. The objective of this framework.....	5
3. Application	6
4. Key Principles	6
5. Internal Complaints Handling	7
6 How to submit a complaint	8
7.Record Keeping.....	13
8.Monitoring and Reporting.....	13
9. Complaints Relating to the Product Suppliers	14
10. Referral to the Ombudsman	14
11. Engagement with Ombudsman	15
Long-Term Insurance Ombudsman.....	15
12. Complaints Handling Process	16

1. Definitions

“Complaint” means an expression of dissatisfaction by a person to a provider or, to the knowledge of the provider, to the provider’s services supplier relating to a financial product or financial services provided or offered by that provider which indicates or alleges, regardless of such an expression of dissatisfaction is submitted together with or in relation to a client query

- (a) the FSP or its service provider has contravened or failed to comply with an agreement, a law, or a rule, or a code of conduct which is binding on the FSP or to which it subscribes;
- (b) the FSP or its service provider’s maladministration or wilful or negligent action or failure to act has caused the complainant harm, prejudice, distress or substantial inconvenience; or
- (c) the FSP or its service provider has treated the complainant unfairly.

“Complainant” means a person who has submitted a complaint and includes a:

- (a) client;
- (b) a person nominated as the person in respect of whom a product supplier should meet financial product benefits or that person’s successor in title;
- (c) a person whose life is insured under a financial product that is an insurance policy;
- (d) a person that pays a premium or an investment amount in respect of a financial product; (e) member;
- (f) a person whose dissatisfaction relates to the approach, solicitation marketing or advertising material or an advertisement in respect of a financial product, financial service or related service of the provider.

“Compensation payment” whether in monetary form or in the form of a benefit or service, by or on behalf of a provider to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of the provider's contravention, non -compliance, action, failure to act, or unfair treatment forming the basis of the complaint, where the provider accepts liability for having caused the loss concerned, but excludes an

- (a) goodwill payment;
- (b) payment contractually due to the complainant in terms of the financial product or financial service concerned; or

- (c) refund of an amount paid by or on behalf of the complainant to the provider where such payment was not contractually due;

and includes any interest on late payment of any amount referred to in (b) or (c);

“Goodwill payment” means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of a provider to a complainant as an expression of goodwill aimed at resolving a complaint, where the provider does not accept liability for any financial loss to the complainant as a result of the matter complained about;

"Member" in relation to a complainant means a member of a -

- (a) pension fund as defined in section 1(1) of the Pension Funds Act, 1956 (Act 52 of 1956);
- (b) friendly society as defined in section 1(1) of the Friendly Societies Act, 1956 (Act 25 of 1956);
- (c) medical scheme as defined in section 1(1) of the Medical Schemes Act, 1998 (Act 131 of 1998); or
- (d) group scheme as contemplated in the Policyholder Protection Rules made under section 62 of the Long-term Insurance Act, 1998, and section 55 of the Short-term Insurance Act, 1998;

“Rejected” in relation to a complaint means that a complaint has not been upheld and the provider 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 the provider as unjustified or invalid, or where the complainant does not accept or respond to the providers proposals to resolve the complaint;

“Reportable complaint” means any complaint other than a complaint that has been

- (a) upheld immediately by the person who initially received the complaint;
- (b) upheld within the provider's ordinary processes for handling client queries in relation to the type of financial product or financial service complained about, provided that such process does not take more than five business days from the date the complaint is received; or

- (c) submitted to or brought to the attention of the provider in such a manner that the provider does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints; and

“**Upheld**” means that a complaint has been finalised wholly or partially in favour of the complainant and that -

- (a) the complainant has explicitly accepted that the matter is fully resolved; or
(b) it is reasonable for the provider to assume that the complainant has so accepted; and
(c) all undertakings made by the provider 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 the provider within a time acceptable to the complainant.

2. The objective of this framework

The Complaints Management Framework provides a procedure that is required for effective management and handling of customer complaints by Atlehang Life (Pty) Ltd (Atlehang). The objective is to ensure effective standards of complaints management in order to:

- ensure fair outcomes for customers;
- allow easy accessibility by customers to the complaints process implemented by the FSP;
- improve customer services and customer satisfaction from feedback received from clients;
- achieve effective and timely resolution of complaints in respect of acceptable turnaround times;
- provide guidelines for the submission of complaints and appeal (escalation) process;
- ensure effective management of complaints, in line with this framework;
- provide the process and engagements with the relevant Ombudsman scheme;
- ensure requirements are met for reporting to the Registrar and/or the public (if required);
- ensure objectivity by the complaints handling staff in attending to and resolving a complaint;

This framework will be reviewed by the Audit & Risk Committee at least annually and presented to the Board of Directors/Management Committee for approval.

3. Application

This Policy applies to all complaints made by customers in response to the service or services received from the FSP or from the service provider. in terms of a Service Level or Intermediary Agreement that is in place between the Service Provider and Atlehang.

This Framework is issued in terms of the provisions of the Financial Advisory and Intermediary Services Act of 2002 (FAIS) and the Policyholder Protection Rules, 2017 (“PPR”).

4. Key Principles

The Framework provides for the following key principles in ensuring that the complaints handling process is fair to Complainants:

- **Accessibility:** Atlehang makes complaints reporting visible to customers on all key documents provided to them as well as on its website.
- **Client-centricity:** Complaint handling staff are expected to demonstrate the right attitude toward every client.
- **Quality of investigation:** Atlehang will take reasonable steps to gather and investigate all relevant information and circumstances when handling complaints.
- **Timely resolution:** Atlehang’s quality standards recognise that all complaints must be resolved in a timely manner and in line with the timelines set out in this framework.
- **Consistent and objective decision-making:** Atlehang will ensure that employees and decision makers avoid bias when handling complaints so that principles of fairness and objectivity are upheld.
- **Independent review:** Through the Atlehang MANCO, Atlehang will provide additional opportunities for an 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.
- **Confidentiality of Client Information and Data:** As far as possible, Atlehang will maintain the confidentiality of customers’ personal information and comply with the relevant legislation to ensure that internal controls are in place for the safeguarding of data.

- **Accuracy of record-keeping:** Complaints must be accurately, efficiently and securely recorded.
- **Communication before, during and after complaint:** Atlehang will provide customers with clear upfront communication concerning how they can complain and how their complaint will be handled.
- **Quality Assurance:** Atlehang 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.
- **Meaningful Management Information and Analysis:** Useful management information reports pertaining to complaints will be developed and implemented, subject to regulatory requirements and business needs.

5. Internal Complaints Handling

Parties	Responsibilities
Complaints Handling Officer	The CHO is typically responsible for the day-to-day management of complaints at the operational level. Their primary role is to receive, investigate, and resolve complaints from customers or stakeholders. This includes logging complaints, conducting investigations, communicating with complainants, and ensuring that complaints are resolved in a fair and timely manner.
First line of escalation: MANCO	The MANCO is typically composed of senior managers and executives who oversee various departments or functions within the organization. When a complaint is escalated to the MANCO level, the CHO may be responsible for presenting the complaint, along with relevant details and findings, to MANCO members. The CHO may collaborate with MANCO members to determine appropriate actions and resolutions for escalated complaints. This could involve revising policies, allocating resources, or making strategic decisions to address systemic issues that have led to the complaint.

Referral to the ombudsman	Referring a complaint to the ombudsman is an important step in the complaints handling process, especially when the complainant is dissatisfied with the resolution provided by the organization and wishes to pursue an
	independent and external review of their complain

6 How to submit a complaint

A complaint must be submitted in writing by a complainant to letstalk@atlehanglife.co.za or call at 010 312 6191. If the complaint is not resolved satisfactorily, the complaint can be reported to the FAIS Ombud at P.O Box 74751, Lynwood Ridge, 0040, Telephone number: 021 762 5000, Email: info@ombud.co.za and or Ombudsman for Long Term Insurance at Private Bag X45, Claremont, 7735, Telephone number: 021 657 500 or info@ombud.co.za. The complaint must be addressed for the attention of the Complaints Handling Officer. The complainant must give a detailed description of the event that caused them to suffer any prejudice. Where applicable the complainant will need to attached documentation in support of your allegations made against FSP or service provider and the service received.

6.1 Complaints Handling Officer

The FSP has pointed a dedicated Complaints Handling Officer (CHO) who is responsible for the investigation of all complaints and queries received from customers or clients and to ensure partial resolution to a complaint. The CHO has complaints handling experience and a better understanding of Treating Customers Fairly. The CHO is independent and receives no incentives for the performance of their duties.

6.2 Complaints Resolution Process

As soon as the complaint is acknowledged to the complainant, the CHO will start the investigation process which will include determining the nature of the complaint or the category under which the complaint falls in order to follow the correct process for that complaint. A decision will be made on each complaint as soon as is reasonably possible but within a period not exceeding a maximum of 21 working days after taking reasonable steps to

gather and investigate all relevant and appropriate information and circumstances, with due regard to the fair treatment of complainants.

Each complainant must be kept adequately informed of:

- The progress of their complaint;
- Causes of any delay in the finalisation of a complaint and revised timelines not exceeding 7 days of receipt of the complaint. Atlehang's decision in response to the complaint

6.3 Categorisation of Complaints

As soon as the complaint is acknowledged to the complainant the CHO will start the investigation process which will include determining the nature of the complaint or the category under which the complaint falls in order to follow the correct process for that complaint.

Complaints received should be categorised according to the following:

6.3.1 Outcome 2: Complaints relating to the design of a product or service or related service, including the fees, premiums or other charges related to that financial product or financial service

This category includes complaints indicating that the service towards the complaint was unfair, inadequate, confusing or overly complex, or unsuitable for the customers at which they have been targeted. Complaints regarding unfair or confusing pricing, costs or charges will be dealt with under this category.

6.3.2. Outcome 3: complaints relating to information provided to clients

This includes complaints that any documentation provided to customers or prospective customers, or other communications with customers or prospective customers are inaccurate, unsuitable, misleading, incomplete, confusing, unclear, etc. It covers both advertising and marketing material as well as specific product or service related communications. It also covers information provided at all stages of the product life cycle. Such complaints could apply to either the content of the information or the manner or medium in which it is provided. It will

also include complaints regarding a failure to provide information or complaints that information was provided at an inappropriate time.

6.3.3 Outcome 4: Complaints relating to advice

This category relates to complaints that advice provided did not take adequate account of the customer or prospective customer's needs and circumstances (including affordability), was factually incorrect or misleading, or that advice was not provided when the complainant believes it should have been provided. Complaints indicating that the consultant was subject to a conflict of interest, or was lacking in knowledge, skill, experience or integrity are dealt with in this category.

6.3.4 Outcome 5(a): Complaints relating to product performance

This category includes complaints indicating a customer's disappointment in becoming aware of limitations relating to the product or service that are not in line with their expectations. Where applicable, this would include (but is not limited to) complaints indicating that the customer was not kept adequately informed during the life of the product of matters that affect the product's ability to meet expectations. Complaints regarding a product supplier's exercise of any contractual right to terminate a product or amend its terms are dealt with in this category.

6.3.5 Outcome 5(b): Complaints relating to customer service including complaints relating to premium or investment contribution collection or lapsing of a financial product

Customer service complaints are those expressing dissatisfaction with FSP's administration of requests and transactions (including complaints regarding FSP's technological support) and complaints relating to the way in which FSP's staff have dealt with the customer (for e.g. complaints of rudeness, incompetence or non-responsiveness). This would include complaints regarding the administrative processing of payments to or by the customer. Included are complaints relating to breaches of privacy or confidentiality. It is important to note that complaints relating to the customer service standards of the third party or outsourced service providers are included in this category. Complaints arising from alleged fraudulent activity by

FSP or a service provider, where the customer is dissatisfied with the manner in which FSP has handled the matter or with the assistance provided by the FSP in attempting to resolve the matter.

6.3.6 Outcome 6(a): Complaints relating to product accessibility, changes or switches

This category relates to complaints in respect of barriers or limitations on access to funds, or in the ability to transfer products or services to another provider, or on the ability to make changes to the product or service. Types of barriers or limitations covered would include penalties, termination charges, lengthy notice periods, complex “red tape” administrative hurdles when trying to access funds, etc.

6.3.7 Outcome 6(b): Complaints relating to complaints handling

This includes complaints regarding the administration of the complaints process, such as delays, poor communication regarding processes and decisions, cumbersome or inaccessible processes, failure to inform complainants of their rights regarding escalation or Ombudsman mechanisms, etc. It does not include dissatisfaction regarding the outcome of a complaint, which would be regarded as a continuation of the original complaint.

6.3.8 Outcome 6(c): Complaints relating to insurance risk claims including non payment of claims

These complaints would include:

- (i) complaints relating to the administration of the claim process (such as delays, poor communication regarding processes and decisions, cumbersome or inaccessible processes, etc.)
- (ii) complaints relating to actual non-payment of claims and; where applicable
- (iii) complaints regarding the quality of workmanship where claim settlement entails repair or similar services.

In the case of non-payment of claims, reporting requirements in relation to this category are likely to require further sub-categories in respect to the reasons for non-payment, such as:

- Required claim documentation/evidence not submitted

- Criteria for the insured event not met
- Waiting period not expired
- Exclusion applies
- Excess applies
- Non-disclosure or misrepresentation
- Policy/benefit not in force
- A claimant is not the person entitled to the benefits (beneficiary disputes)
- Dispute re quantum of a claim
- Other reasons.

6.3.9 Other complaints

A catch-all category for any complaints not falling within one of the above TCF aligned complaints categories or sub-categories. This category should however not be treated as a “default” reporting category.

6.4 Investigation and Resolution of the Complaint

The CHO must conduct an investigation using all the information received from the complainant and from consultation with the employee(s) or the department that the complaint is laid against. The process must also take into account the customer services charter and commitments to customer service in order to arrive at a decision that may be favourable to all affected parties.

When necessary, the CHO may delegate this function to an employee who is adequately trained and has an appropriate mix of experience and skill in handling complaints and has a good understanding of the business and TCF outcomes. Should the process take longer than six weeks, the complainant must be advised of the extended period.

6.4.1 Decision to dismiss the complaint

If after the investigation it appears that the service was rendered according to the adopted processes and procedures within the organization, and no fault on the conduct of an employee or the FSP was found, the decision will be to dismiss the complaint.

The complainant will be advised in writing of the decision arrived at during the investigation process and reasons for arriving at that decision and be advised of further available recourse within the business.

The appeal process will involve the review of the evidence submitted and the processes followed when arriving at the decision to reject the complaint. Should the decision of the appeal board still be to reject or dismiss the complaint, the complainant will be advised in writing of the decision of the appeal board and be advised to submit a complaint to the Ombudsman who is available to assist the complainant.

Should the appeal board arrive at a decision to grant the complaint, this decision will be communicated to the complainant together with the commitment to make the compensation payment.

6.4.2 Decision to uphold the Complaint

Where a complaint is upheld, the complainant will be advised of the decision by the FSP and of the commitment, if any to make a compensation payment, goodwill payment.

6.5 Feedback to the Complainant

The complainant must be given feedback on the progress on the complaint resolution process. The feedback referred to here could be in a form of a SMS or a telephone call advising the complainant of the status of the complaint.

7. Record Keeping

A complaint must be recorded in the complaints register, supporting documents must be scanned and be kept for a period of five years. The complaints register must be made available for monitoring purposes.

8. Monitoring and Reporting

Complaints must be monitored for nature and root cause in order to identify the trends. The monitoring process will include complaints analysis and the categorisation of the complaint according to the TCF Outcomes as discussed above. Feedback from monitoring will be used as feedback to improve on the standard of service rendered to customers.

Complaints monitoring reports must be presented to all business forums including governance committees. The reports must include management information collected during the performance of the monitoring exercise and customer feedback surveys on complaints handling. Reports must indicate improvement from one quarter to another

9. Complaints Relating to the Product Suppliers

Complaints against product supplier must be referred to the product supplier concerned however the FSP is responsible for ensuring the complaint is attended to and resolved to the satisfaction of all parties, if not that the complainant was advised of the available recourse.

Where complaints are referred to the product supplier, the complainant must be appropriately informed of the process being followed and that the FSP will take reasonable steps to monitor the outcome of the complaint.

10. Referral to the Ombudsman

Should the decision not be to the satisfaction of the customer, the customer has a right to refer the complaint to either:

FAIS Ombudsman Details:

If any complaint with regard to advice given or intermediary services rendered to you was not resolved to your satisfaction, you can contact the FAIS Ombudsman.

Postal Address: The Financial Services Board, PO Box 74571, Lynnwood Ridge, 0040

Telephone Number: +27 12 470 9080 **Fax Number:** +27 12 348 3447 **Email:** 0127625000

Ombudsman for Long-term Insurance:

Physical Address: 3rd Floor Sunclare Building, 21 Dreyer Street, Claremont, Cape Town, 7708

Telephone number: +27 21 657 5000

11. Engagement with Ombudsman

The FSP is required to:

- (i) have a process in place for engagements with any relevant ombudsman in relation to a complaint;
- (ii) maintain specific records and carry out specific analysis of complaints referred to them by the ombudsman and the outcomes of such complaints; and
- (iii) monitor determinations, publications and guidance issued by any relevant ombudsman with a view to identifying failings or risks in their own policies, services
- (iv) maintain open and honest communication and co-operation between itself and any ombudsman with whom it deals;
- (v) endeavour to resolve a complaint before a final determination or ruling is made by an ombudsman, or through its internal escalation process, without impeding or unduly delaying a complainant's access to an ombudsman.

Long-Term Insurance Ombudsman

Resolution Procedures for complaints referred to the Ombudsman shall be handled in accordance with the process outlined below:

- (i) The CHO shall ensure that the complaint is handled in accordance with Policyholder Protection Rules (“PPR”) and the guidelines and definitions stipulated in the Terms of Reference for the OLTl respectively.
- (ii) 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 OLTl as applicable.
- (iii) When handling Ombudsman complaints, the CHO will request comprehensive information and related documentation from an employee or the binder holder or intermediary or administrator in order to ensure that all relevant facts are properly considered in the resolution of the complaint.

- (iv) The CHO may elect to refer matters back to external administrators, intermediary or divisional heads for further consideration in order to ensure that each matter is carefully considered before a response is submitted to the respective Ombudsman.
- (v) In accordance with this policy, where Atlehang is involved in handling a complaint that has been referred to the Ombudsman, the following procedures shall apply:
 - a. Atlehang 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.

12. Complaints Handling Process

Atlehang Life follows a transparent and customer-centric approach to handling ombudsman both for FAIS and Long-Term Insurance. It does this through the following steps:

12.1 Identify the Ombudsman Complaint

The first step is to identify that a complaint has been escalated to the ombudsman. The ombudsman typically contacts the company directly and provides details of the complaint.

12.2 Designate a Complaints Handler

The second step would be for Atlehang to appoint a designated complaints handler or team within the company who will be responsible for managing the ombudsman complaint.

12.3 Acknowledge Receipt of the Complaint

The designated complaints handler will thereafter send an immediate acknowledgement of the receipt to the ombudsman's office, acknowledging the complaint and stating that the company is taking it seriously.

12.4 Gather information

Atlehang will thereafter collect all relevant information and documents related to the complaint. This includes policy documents, correspondence, claims data and any other relevant records.

12.5 Investigate the Complaint

A thorough investigation of the complaint will be conducted by Atlehang Life. This may involve speaking with the policyholder, reviewing policy terms and conditions and examining the claims process. This will assist Atlehang in determining the root cause of the issue/complaint.

12.6 Keep the Policyholder informed

During the investigation, Atlehang Life will maintain open and transparent communication with the policyholder throughout the investigation. This will be achieved through providing regular updates on the progress of the complaint and informing them of any delays or additional information required.

12.7 Resolve the complaint

Once the investigation is complete and Atlehang has a clear understanding of the issue, Atlehang will work towards a resolution. This may involve revising a claim decision, adjusting the policy, providing compensation, or taking any other necessary corrective actions.

12.8 Document Resolution

Atlehang Life will document the resolution of the complaint, including any changes made to policies, decisions, or actions taken to address the issue. This documentation is crucial for record-keeping and regulatory compliance.

12.9 Review and Approval

The next step would be to have the resolution reviewed and approved by relevant internal stakeholders, including legal and compliance teams, to ensure it aligns with company policies and regulatory requirements.

12.10 Communicate the resolution to the Ombusman

Once the resolution has been finalized, Atlehang Life will communicate it promptly to the relevant stakeholders, including legal and compliance teams, to ensure it aligns with company policies and regulatory requirements.

12.11 Close the Compliant

After the ombudsman office acknowledges the resolution and considers the case closed, ensure that all records related to the complaint are properly archived for future reference.

12.12 Learn and improve

Atlehang will use the complaint as an opportunity for continuous improvement. This includes analysing the root causes and identifying any systemic issues within the company's processes that contributed to the complaint. Atlehang will thereafter implement necessary changes to prevent similar issues in the future.

12.13 Monitor for Follow-Up

After the resolution, monitor the policyholder's satisfaction and ensure that the resolution is implemented effectively. If any follow-up actions are required, address them promptly.

12.14 Report to regulatory authorities

Depending on the jurisdiction and the nature of the complaint, ensure that all required reports are filed with the relevant regulatory authorities in compliance with local regulations.

