



Birla Sun Life
Insurance

BIRLA SUN LIFE INSURANCE COMPANY LIMITED

POLICY TITLE	<i>Grievances Redressal Policy</i>
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POLICY DETAILS

Policy Owner	<i>Complaints Management Team</i>
Policy Author	<i>Complaints Management Team</i>
Approved by	<i>Policyholders' Protection Committee (PPC) & BSLI Board</i>
Approved date	<i>January 29, 2016</i>
Version Number	<i>1.2</i>
Reason for Last change	<i>Annual review of Grievance Redressal policy</i>

Version 1.2

Jan 2016

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PREFACE:

IRDA has enacted the Protection of Policyholders' Interests (PPI) Regulations, 2002 for safeguarding the interests of policy holders. Accordingly, Insurance companies are required to have in place, a speedy and effective Grievance Redressal Mechanism. On July 27, 2010, IRDA has subsequently issued guidelines to all insurance companies under 'Guidelines for redressal of grievances' regarding time frames for complaint resolution and definition/classifications with respect to grievance redressal to be followed by insurance companies. Accordingly, Birla Sun Life Insurance (BSLI) had defined a grievance redressal policy for resolving complaints, which is reviewed periodically to ensure adherence to IRDA guidelines and approved its policy in 2010.

As a practice, the policy must be reviewed regularly. Accordingly, the policy has been reviewed and some changes have been made

1) COMPLAINT MANAGEMENT PHILOSOPHY:

In FY 2014-15, BSLI embarked on a mission of creating Customer trust surplus. Our endeavour is to provide Customers with a superior Customer experience, which is achieved by being:

- **Insightful:** Engage with our Customers, build loyalty and deepen relationships
- **Innovative:** Create differentiation in market through technological innovations and providing convenience for Customers
- **Integrating:** Processes/functions integration and usage of effective communication

At BSLI, we believe that our unhappy Customers are a very important source of learning.

Our Philosophy:

- **Accessibility:** Be easily accessible to ours Customer. All interactions to be dealt with high sensitivity, accuracy and resolved in time
- **Transparency:** Be fair and consistent in all decisions
- **Solution oriented & open to appeal:** Present all solutions/options for escalation to the Customer
- **Feedback oriented:** Learn and improve from each complaint/feedback

2) DEFINITION OF A CUSTOMER:

Based on our experience, Customer is defined as the following:

- Prospective Customer
- Applicant
- Policyholder

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- Representative of Customer (relative or Authorised person by Customer)
- Customer's Agent (Distributor)
- Claimant

Please note: All interactions would need to satisfy the security procedures defined by the Company for any information

3) CATEGORISATION OF CUSTOMER INTERACTIONS:

- **Query:** Customer contacts the Company primarily for information about the policy and/or its services and/or follows up on a status of a particular request within the stipulated regulatory time frame.
e.g. Information related to policy features, premium due, fund value, claim procedure, follow up on status of policy within regulatory timeframe as prescribed in the IRDA servicing TATs.
- **Request:** Communication received from a Customer soliciting a service such as a change or modification in the policy/requests for statement.
e.g. change in nomination, increase / decrease in sum assured, placing of a surrender request, request for a duplicate renewal premium receipt, request for unit statement (Policy account statement), etc
- **Grievance: Customer communicates and expresses dissatisfaction as there has been a lapse / deficiency in service**
Company has defined its 'service delivery standards' for its core service delivery processes in line with the regulatory guidelines. This would be a base to ascertain deficiency of service.
- **Critical Request:** Request /Query received from Customer has been processed by the Company as per regulatory guidelines and in line with the Company's policy/process; however, the Customer does not acknowledge the same. These cases would be categorised as "Critical Requests" for re-execution / re-investigation of the request/query.
e.g. Customer perceives that there has been an error in data entry. However, it is found that the data entry is as per 'application form'.

Depending on the categorization of the complaint, the TATs and work groups assisting in resolution of the case defers.

4) MULTI-CHANNEL SERVICE ARCHITECTURE:

In line with our philosophy, customers have several options to interact with the Company and register a grievance. It is our endeavor to be easily accessible and Customers may opt for any channel based on customer convenience.

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- **Contact centre:** Customer may call the contact centre between 9 am – 9 pm, Monday through Saturday. A grievance is registered after authenticating the customer by asking the relevant security questions. All the calls are recorded and stored in line with the Company policy
- **E-mail:** Customer may send an e-mail to Customerservice@birlasunlife.com from registered e-mail id with complete details of the concern faced by the Customer.
- **Company website:** Customer may register a grievance on the Company website - www.insurance.birlasunlife.com by clicking on the 'Grievance Redressal' link
- **Branch office/Other Service Partner office:** Customer may visit any BSLI/other service partner branch office and submit complaint letter duly signed by the policy holder
- **Letter:** Complaint letter duly signed by the policy holder may be dispatched to any BSLI corporate office
- **Social media:** If a customer raises concerns on any BSLI social media platform, the complaint is addressed and resolution is provided to the customer after due verification of the Customer

In case of any escalated grievances, the authentication is obtained from the policy holders by Complaints Management Team through an outbound call by asking the relevant security questions.

5) CUSTOMER RELATIONSHIP MANAGEMENT (CRM):

The Company has an automated CRM in place. All the customer contact points use this system to register every interaction with the customer. The CRM enables the customer service teams to get a single view of the customer. For complaints, this system is integrated with IRDA's IGMS portal and provides history of all interactions.

6) GRIEVANCE HANDLING AND RESOLUTION PROCESS:

The grievance redressal mechanism ensures that policy holders are provided with a quick and fair resolution by establishing a robust resolution process as elaborated below:

- All touch points are equipped to understand and address customer concerns. Based on the categorization norms, a grievance is registered by the respective touch point. The customer is provided with a unique reference number on registering the grievance, which can be quoted for ascertaining the resolution status. This reference number is an auto generated number by the CRM system.
- Complaint resolution is handled by a dedicated team designated as Complaints Management Team who specialize in grievance redressal role and are empowered to take decisions
- Written acknowledgment is sent to policy holders within 3 working days containing a timeline for resolution, name & designation of the officer addressing the grievance, details of BSLI's grievance redressal procedure
- The complaint decisions are taken according to the authority matrix in place where monetary limits for various types of approvals have been prescribed for each approver
- After resolving the complaint, Complaints Management Team communicates the response (i.e. acceptance/ rejection) to the complainant as early as possible and within 15 days from the date of the receipt of the complaint. The response sent contains the following:

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- a) The process by which the complainant may pursue the complaint, if dissatisfied with the resolution communicated
- b) BSLI will consider the complaint as closed if the complainant does not revert to BSLI within 8 weeks from the date of BSLI's response communicated
- The complaints are disposed fairly and swiftly within a maximum of 15 days maximum turnaround as per IRDA guidelines. The Company has also defined internal TATs for resolution based on the complaint category. Accordingly, the TAT communicated to the customer is based on the TAT defined by the Company for the relevant complaint category

7) ESCALATION MECHANISM:

To ensure that Customers are provided with fair resolution for their grievances and have access to an appropriate appeal mechanism if not satisfied, a 4-tier escalation mechanism has been set up. Accordingly, the escalation mechanism comprises of the following 4 levels:

➤ **Basic Redressal:**

First time complaints are received at the Basic Redressal level, which is the 1st tier of the Grievance Redressal mechanism.

➤ **Grievance Redressal Officer:**

Policy holders can pursue the complaint with the Grievance Redressal Officer, which is the 2nd tier of the Grievance Redressal mechanism. All offices of Birla Sun Life Insurance have a designated Grievance Redressal Officer appointed. At the branch level, the senior most official viz. Branch Manager/Branch head etc. has been appointed as Grievance Redressal Officer. At central level, Head – Service Assurance is designated as the GRO.

➤ **Chief Grievance Redressal Officer:**

Policy holders can pursue the complaint with the Chief Grievance Redressal Officer, which is the 3rd tier of the Grievance Redressal mechanism.

➤ **Grievance Redressal Committee (GRC):**

Policy holders can pursue the complaint with the Grievance Redressal Committee, which is the 4th tier and final level of the Grievance Redressal mechanism in the Company. Claimants can also submit any claims representations/claim repudiation representations before the Grievance Redressal Committee. The Grievance Redressal Committee is a cross functional committee. It is presided by an external member with experience in the Insurance Industry. Besides, the Committee also comprised of the Chief Compliance Officer, Chief Operating Officer, Head-Legal, Head-Customer Service & Claims, functional teams. It is the apex decision making body for grievance redressal.

If the policy holder is still not satisfied after having approached all 4 tiers mentioned in the Grievance Redressal mechanism, they are directed to approach the Insurance Ombudsman

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for redressal of their grievances. The contact details of the Insurance Ombudsman based on their area of jurisdiction is provided in the resolution letter and also on the Company website – www.insurance.birlasunlife.com

8) REPEAT COMPLAINTS MANAGEMENT:

If the customer wishes to represent / pursue the complaint, he may approach the levels mentioned in the Escalation Mechanism. On the basis of the escalation level, the complaint is referred to the appropriate decision making authority.

Grievance Redressal	Decision making
Level 1	Service Assurance hierarchy based on approval limits
Level 2	Service Assurance hierarchy based on approval limits
Level 3	Compliance team
Level 4	Grievance Redressal Committee (GRC)

If after approaching all the levels mentioned in the Escalation Mechanism, the customer still wishes to pursue the complaint, he may approach the Insurance Ombudsman.

For the same type of complaint, Company would register one complaint

9) QUALITY EVALUATION:

There is a complaint evaluation process where complaints resolved by all the Service Assurance team members are evaluated on sample basis. The evaluation is done by neutral team based on various parameters impacting accuracy and quality of resolution provided. Parameters where wrong information is given are marked as fatal errors, which impact the quality scores of the team members. This is a bi-monthly process

10) TRAINING:

All customer service touch points are provided with training at regular intervals. The training sessions cover the following aspects:

- Complaint handling sensitivity & decision making process
- Soft skills enhancement
- Product knowledge

11) CUSTOMER FEEDBACK:

As a practice, we believe a capturing representative customer feedback across all the service transactions. This helps in understanding customer expectations and gaps in service delivery. Different modes such as SMS, IVR and calls are used to capture feedback. In case of complaints, at

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the end of the resolution call, Customer feedback is sought and tracked for improvement and to gather learnings.

12) REVIEW MECHANISM:

- **Root Cause Analysis (RCA):**

Grievances provide the Company with an opportunity to review processes for identifying gaps and initiating corrective action. Accordingly, Root Cause Analysis (RCA) for all complaints received is done where gaps are identified and highlighted to the respective stakeholders for initiating corrective action. Regular MIS reports are circulated and all action plans are tracked till closure.

- **Review Meetings:**

The Grievance Redressal Mechanism is reviewed periodically across various forums as mentioned below:

Forum	Members	Agenda	Frequency
Policyholder Protection Committee (PPC)	- Presided by external member - Members: MD & CEO, Chief Compliance Officer, Chief Operating Officer, Chief Distribution Officer, Chief Finance Officer, Chief Actuarial Officer	Ensure that the grievance redressal mechanism is according to the PPI Regulations, 2002	Quarterly
Sales Compliance Committee Review	- Members: Chief Compliance Officer, Chief Operating Officer, Chief Distribution Officer, Chief Finance Officer	Review compliance of sales processes, deliberate on market conduct issues and initiate appropriate remedial action	Ongoing & need based
Voice Of Customer (VOC)	- Presided by Chief Operating Officer - Members: Head – ZopsHead – Customer Service Head – POLAD	Ensure that the customer feedback & journey maps are reviewed, initiate corrective action and monitor closure of action plans initiated	Monthly

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	Head – Claims Head – Service Assurance Head - BSG		
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The Company would append its policy in case of any changes in guidelines and regulations promptly

Revised Version Control

Date	Modified by	Reviewed By	Approved By	Version #	Nature of Change
July 2013	Bashabi Ray/ Gurvinder Sehgal	Lalit Vermani	PPC & Board	1.1	Document revised
Jan 2016	Anil D'Souza/ Gurvinder Sehgal	Gayatri Nathan	PPC & Board	1.2	Document revised