CignaTTK Health Insurance Company Limited

Customer Grievance Redressal Policy

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Approver: CignaTTK Board of Directors
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Review History

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Confidentiality Clause:

All information held about the procedure or in connection with the procedure and any of the above is to be regarded as confidential. One will not at any time during tenure of employment or afterwards, disclose to any person any information as to the business, dealings, practice, accounts, finances, trading, software, know-how, affairs of the procedure or otherwise connected with the procedure. Any breach of this clause would constitute very serious disciplinary action.
1. Introduction

1.1. Scope

- This Customer Grievance policy is prepared with the aim to articulate IRDA requirements which are to be carried out by CignaTTK Health Insurance Company Limited.
- This Policy covers the complaints/grievances received from all the customers relating to issuance, servicing, claims and other issues pertaining to insurance policies. *(Customers, hereafter, refer to both internal and external customers of the company in this policy)*
- This policy covers the guidelines issued by the IRDA for handling customer grievances.

1.2. Objectives

The objectives of this Policy are summarized below:

- To ensure that all aggrieved customers are treated fairly.
- To ensure that all grievances raised by the customers are dealt with courteously, accurately and resolved in a timely manner to their satisfaction.
- To ensure that customers are made aware of their rights to enable them to opt for alternate remedies, in the event that they are not satisfied with the resolution.
- Document internal and regulatory reporting requirements to be complied within the applicable timelines.

1.3. Target Audience

- This Policy is strictly for internal use and shall be made available to all personnel across the Company.

1.4. Key Terms Used

- IRDA – Insurance Regulatory and Development Authority
- CEO/MD – Chief Executive Officer/ Managing Director
- COO – Chief Operating Officer
- CRM – Customer Relationship Management
- SR – Service Request
- IGMS – Integrated Grievance Management System
2. Synopsis of Regulatory Guidelines

2.1. Key Definitions

Grievance/Complaint
A 'Grievance/Complaint' is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard service/deficiency of service of an insurance company and/or any intermediary or asks for remedial action.

Inquiry
An Inquiry can be defined as any communication from the customer for the primary purpose of requesting information about a company and/or its services.

Requests
A Request can be defined as any communication from a customer soliciting a service such as change or modification in the policy.

Redressal
'Redressal' means the resolution or disposal of the grievance and communication to the complainant. In the event of non-redressal/delay in redressal the company shall communicate the reason to the complainant.

Origination of Grievance
Grievance may originate because of one of the following reasons:

- Gap between the actual product or service offered and the understanding of the customer about the product. This may be due to incomplete information about the product/service.
- Failure to deliver a product or service as per the expectations of the customer.
- Experience of some malpractice by customer.

2.2. IRDA Mandate

IRDA vide its circular no. 3/CA/GRV/YPB/10-11 dated 27th July, 2010 has issued guidelines on "Grievance Redressal-Guidelines for Life & General Insurers". The Guidelines mandates insurance companies to put in place a comprehensive Customer Grievance Redressal Policy.
3. Grievance Redressal Frame

3.1. Grievance Officer

A designated Grievance Officer shall be appointed as part of Senior Management. Every office other than the corporate office shall also have an officer nominated as grievance officer for that particular office. Accordingly the hierarchy of the grievance officers in CignaTTK will be as under:

- Chief Compliance Officer as Chief Grievance Redressal Officer
- Customer Service Head as Grievance Redressal Officer
- One Grievance Redressal Officer at each branch office

3.2. Receiving Grievances

Customers can approach the company through the following mediums for registering their grievances:

- Calling on helpline number: 1800 10 24462
- Email at complaints@cignattk.com
- Logging on the website www.cignattkinursance.in
- Insurance Regulator(s)
- Ombudsman
- Visiting any of the nearest branch (Branch Address mentioned on the website)
- Contact the broker/agent
- Send letter to CignaTTK

The relevant contact details are provided in the policy document and on the CignaTTK website.

CignaTTK Health Insurance Company Limited
10th Floor (South side) – Commerz, International Business Park Oberoi Garden City, Off Western Express Highway, Goregaon (East) Mumbai – 400 063

If not satisfied with the resolution of the complaint, the Customer can contact the customer care desk at CignaTTK branch.

3.3. Registration of Grievances

The grievance received from the Customer shall be registered in iPRO system (CRM) and unique number known as Service Request number will be allotted to the grievance.

As per the regulatory guidelines, CRM system shall be followed...
number is generated in real time. Similarly, Grievances logged at IGMS are mirrored in CRM for registration of these grievances.

### 3.4. Process for Disposal of Grievances

Once the Grievance is logged into the iPRO system with a unique SR number, the grievance will be reviewed in detail and a resolution will be provided as per the nature of the grievance and the following procedure shall be followed:

- A written acknowledgment shall be sent to the complainant within 3 working days from the date of receipt of grievance. In case the grievance is resolved within 3 days, resolution letter shall be sent to the complainant.
- The acknowledgment letter shall be signed by the authorized official along with his/her name, designation and contact details.
- The acknowledgement letter will detail the grievance redressal procedure and the time needed to resolve the grievance.
- In respect of grievances not resolved within 3 working days the same shall be resolved within 2 weeks of its receipt and CignaTTK shall arrange to forward the final resolution letter to the complainant.
- The resolution letter will redress or reject the grievance and the reasons for the same will be advised to the client.
- The complainant will also be advised that if no reply is received from the complainant within 8 weeks from the date of receipt of response from CignaTTK the grievance will be treated as closed.
- Once the grievance is closed, a brief summary of the resolution shall be recorded in iPRO system. This will help in tracking the grievances logged along with the resolution comments.

The complaint shall be considered as disposed of and closed when CignaTTK:

- Has acceded to the request of the complainant fully
- Where the complainant has indicated in writing, acceptance of response.
- Where the complainant has not responded within 8 weeks from the date of company's written response.
- Where the Grievance Officer has certified that CignaTTK has discharged its contractual, statutory and regulatory obligations thus closing the complaint.

### 3.5. Escalation Process

If the complainant is not satisfied with the resolution, the customer will have the option to escalate the matter as below:
• For the Grievances not resolved at the branches, the option to escalate the matter to the Grievance Cell at the Head Office of the company is available.
• For Grievances not resolved at the Grievance Cell, option for escalating to Customer Service - Head is available to the complainant.
• For Grievances not resolved at the level of Customer Service - Head, option for escalating to Chief Grievance Redressal Officer is available to the complainant.
• For Grievances not resolved at the level of Chief Grievance Redressal Officer, option for escalating to Ombudsman's office.

3.6. Categorization of Grievances

Grievances shall be categorized as prescribed by the regulatory authority from time to time and the same shall be incorporated in the system.

Though all the grievances will be treated fairly and transparently, some grievances require special attention and shall be categorized as well as prioritized for prompt attention.

• **Major Grievances**: A grievance shall be categorized as Major if received through IRDA or addressed to CEO/MD CignaTTK etc. These shall be handled by a specialized team.
• **Legal Grievances**: Grievances received through consumer forums, courts, ombudsman's office and legal notices shall be separately handled by our legal cell.

3.7. Review Mechanism

The Grievances which are addressed directly to the CEO/MD of CignaTTK, and issues brought to the forefront are serious; a detailed report on the issue shall be prepared and submitted to the top management. The report will consists of the reason for grievance, action taken and any further action which needs to be initiated. Detailed report on grievances should be submitted to the policyholder protection committee of CignaTTK.

A Monthly report shall be sent to the top management, which consists of total grievances received/resolved and pending along with their category.

3.8. Root Couse Analysis

Root cause analysis shall be performed on quarterly basis with a view to evaluate the processes and systems and to find out any areas of improvement. Appropriate actions shall be taken based on the results of the root cause analysis.
3.9. Increasing Awareness about Grievance Redressal Process

- Proper training and regular updates regarding the grievance process shall be provided to all, to empower them to service customers in the most empathetic manner.
- Responsibilities shall be assigned at every level of the organization to ensure uniformity in the resolutions provided at each touch point.
- IRDA has prescribed minimum service level Turnaround Time for various service related activities and the same shall be displayed to the customers in all the offices as per the requirements of the regulator.
- The Grievance Redressal Policy shall be publicised properly and shall be made available on the CignaTTK website.
- The policy shall be reviewed annually to ensure regulatory compliance.

3.10. Claim Payment and Claim Review Committee

Grievances received post repudiation of claims shall be processed and placed before the Claim Review Committee constituted by the CEO, COO, Head of Underwriting, Head of Claims and Head of Legal & Compliance. The Claims Review Committee shall meet every month to deliberate on representations received against denial of claims.

3.11. Policyholders Protection Committee

Policyholder Protection Committee shall be formed with a view to address various compliance issues relating to protection of the interests of policyholders, and also to keep the policyholders well informed and educated about insurance products and grievance-handling procedures. The Committee shall meet quarterly or at a lesser frequency if required.
4. Bare Act

Ref: 3/CA/GRV/YPB/10-11

Re: GUIDELINES FOR GRIEVANCE REDRESSAL BY INSURANCE COMPANIES

Further to Regulation 5 of IRDA Regulations for Protection of Policyholders Interests, 2002 which provides for insurers to have in place speedy and effective grievance redressal systems, and in terms of the Authority’s powers and functions as enunciated in Section 14 of IRDA Act, 1999, the IRDA hereby issues the following guidelines pertaining to minimum time-frames and uniform definitions and classifications with respect to grievance redressal by insurance companies.

These guidelines are applicable for disposal of “grievances/complaints” as defined herein. All insurers shall ensure that the guidelines of the Authority are followed strictly.

1. Definition of “Grievance/Complaint”:

There shall be a uniform definition of “Grievance or Complaint”. Grievances shall be clearly distinguished from Inquiries and Requests, which do not fall within the scope of these guidelines.

The following definition of grievance shall be adopted:

Grievance/Complaint: A “Grievance/Complaint” is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard of service/deficiency of service of an insurance company and/or any intermediary or asks for remedial action.

On the other hand, an Inquiry and Request would mean the following:

Inquiry: An “Inquiry” is defined as any communication from a customer for the primary purpose of requesting information about a company and/or its services.

Request: A “Request” is defined as any communication from a customer soliciting a service such as a change or modification in the policy.

2. Grievance Redressal Policy:

Every insurer shall have a Board approved Grievance Redressal Policy which shall be filed with IRDA.

3. Grievance Officer/s:

Every insurer shall have a designated Grievance Officer of a senior management level. Senior Management would mean either the CEO or the Compliance Officer of the company. Every office other than the Head/Corporate/Principal officer of an insurer shall also have an officer nominated as the Grievance Officer for that office.

4. Grievance Redressal System/Procedure:

Every insurer shall have a system and a procedure for receiving, registering and disposing of grievances in each of its offices. This and all other relevant details along with details of Turnaround Times (TATs) shall be clearly laid down in the policy. While insurers may lay down their own TATs, they shall ensure that the following minimum time-frames are adopted:
(a). An insurer shall send a written acknowledgement to a complainant within 3 working days of the receipt of the grievance.

(b). The acknowledgement shall contain the name and designation of the officer who will deal with the grievance.

(c). It shall also contain the details of the insurer’s grievance redressal procedure and the time taken for resolution of disputes.

(d). Where the insurer resolves the complaint within 3 days, it may communicate the resolution along with the acknowledgement.

(e). Where the grievance is not resolved within 3 working days, an insurer shall resolve the grievance within 2 weeks of its receipt and send a final letter of resolution.

(g). Where, within 2 weeks, the company sends the complainant a written response which offers redress or rejects the complaint and gives reasons for doing so,

(i). the insurer shall inform the complainant about how he/she may pursue the complaint, if dissatisfied.

(ii). the insurer shall inform that it will regard the complaint as closed if it does not receive a reply within 8 weeks from the date of receipt of response by the insured/policyholder.

Any failure on the part of insurers to follow the above-mentioned procedures and time-frames would attract penalties by the Insurance Regulatory and Development Authority.

It may be noted that it is necessary for each and every office of the insurer to adopt a system of grievance registration and disposal.

5. Turnaround Times:

There are two types of turnaround times involved.

(i). The service level turnaround times, which are mapped to each classification of complaint (which is itself based on the service aspect involved).

(ii). The turnaround time involved for the grievance redressal.

As to (i), the TATs are as mapped to the classification and prescribed by the Authority to insurers. These TATs reflect the time-frames as already laid down in the IRDA Regulations for Protection of Policyholders Interests and more, as, wherever considered necessary (for certain service aspects not getting specifically reflected in the Regulations), specific TATs are indicated in the classification and mapping provided by the Authority.

As regards (ii) above, the minimum TATs required to be followed shall be as prescribed in guideline 4 (a) to (g) as prescribed above.

6. Closure of grievance:

A complaint shall be considered as disposed of and closed when

(a). the company has acceded to the request of the complainant fully.
(b). where the complainant has indicated in writing, acceptance of the response of the insurer.

(c). where the complainant has not responded to the insurer within 8 weeks of the company's written response.

(d) where the Grievance Redressal Officer has certified that the company has discharged its contractual, statutory and regulatory obligations and therefore closes the complaint.

7. Categorisation of complaints:

a). Categorisation of complaints as prescribed by the Authority from time to time shall be adopted by insurers and incorporated in their systems.

b). The present classification prescribed by the Authority is placed at Annexure A. All insurers shall provide for these classification categories in their respective systems.

8. Minimum software requirements:

It is necessary for insurers to have automated systems that will enable online registration, tracking of status of grievances by complainants and periodical reports as prescribed by IRDA. The system should also be one which can integrate seamlessly with the Authority's system in the manner prescribed by the Authority. The Authority shall define these requirements from time to time and insurers shall ensure that they provide for such software/system modifications as may be required. The objective is to create the required industry level database and systems that would enable speedy and effective redressal of complaints.

9. Calls relating to grievances:

Insurers shall also have in place a system to receive and deal with all kinds of calls including voice/e-mail, relating to grievances, from prospects and policyholders. The system should enable and facilitate the required interfacing with IRDA's system of handling calls/e-mails.

10. Publicizing Grievance Redressal Procedure:

Every insurer shall publicize its grievance redressal procedure and ensure that it is specifically made available on its website.

11. Policyholder Protection Committee:

Every insurer that ensure that the Policyholder Protection Committee, as stipulated in the guidelines for Corporate Governance issued by the Authority, is in place and is receiving and analysing the required reports from the management and is carrying out all other requisite monitoring activities.