



A LIFE WELL LIVED

MHA MANAGEMENT HOLDINGS (PTY) LTD

FSP No: 10134



NATIONAL HEALTH BENEFITS (PTY) LTD

FSP No: 5070

NHB ADMINISTRATORS (PTY) LTD

FSP No: 11314

(collectively referred to as “MHA”)

Policy Name

COMPLAINTS MANAGEMENT FRAMEWORK




Version Number

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Policy Sponsor

Head: Legal, Risk and Compliance

Approval process

DESIGNATION	NAME	SIGNATURE	DATE
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1. Purpose and Objectives of the Complaints Management Policy

We value our clients and hereby state our commitment to handling all complaints effectively and timeously. The purpose of this framework is to ensure the effective functioning of MHA Management Holdings (Pty) Ltd (“MHA”) complaints management policy, process and systems to:

- Describe MHA complaints management framework to ensure the fair treatment of complainants;
- To inform MHA staff;
- Support MHA’s client-centric strategy;
- Ensure that complainants are treated fairly and in line with market conduct requirements;
- Resolve complaints as quickly as possible;
- Ensure consistency in resolutions;
- Build a positive relationship with complaints adjudicators – The Ombudsman for Long-term Insurance, The Office of the Ombud for Financial Services Providers (FAIS Ombud) and the Financial Sector Conduct Authority; and
- Comply with regulatory and industry requirements on complaints handling.

The following legislation sets out the requirements for the maintenance of a complaint management framework:

- Rule 18 of the Policyholder Protection Rules issued under Section 62 of the Long-term Insurance Act (Act No 52 of 1998); and
- Sections 16 – 19 of the General Code of Conduct issued under the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS Act).

The Financial Sector Conduct Authority (“FSCA”) is the market conduct regulator of financial institutions. The FSCA aims to enhance and support the efficiency and integrity of financial markets and to protect financial customers by promoting the fair treatment by financial institutions, as well as providing financial customers with financial education. One way of

ensuring fair treatment is through the implementation of a Treating Customers Fairly (“TCF”) policy.

There are six TCF Outcomes (principles) that financial services companies need to adhere to:

Outcome 1: Customers are confident that they are dealing with firms where the fair treatment of customers is central to the firm culture.

Outcome 2: Products and services marketed and sold in the retail market are designed to meet the needs of identified customer groups and are targeted accordingly.

Outcome 3: Customers are given clear information and are kept appropriately informed before, during and after the time of contracting.

Outcome 4: Where customers receive advice, the advice is suitable and takes account of their circumstances.

Outcome 5: Customers are provided with products that perform as firms have led them to expect, and the associated service is both of an acceptable standard and what they have been led to expect.

Outcome 6: Customers do not face unreasonable post-sale barriers to change product, switch provider, submit a claim or make a complaint.

This document, in line with MHA’s regulatory universe, summarises MHA’s complaints management policy. This framework and policy, is aligned to the objectives stated in MHA’s TCF Policy. In accordance with MHA’s regulatory obligations, it maintains both internal and external complaint resolution procedures, addressing internal and external queries and complaints.

2. Definitions

“**Complainant**” means a person who submits a complaint and includes a –

- (a) policyholder or the policyholder’s successor in title;
- (b) beneficiary of the beneficiary’s successor in title;
- (c) person whose life is insured under a policy;
- (d) person that pays a premium in respect of a policy;
- (e) member; or
- (f) potential policyholder or potential member whose dissatisfaction relates to the relevant application, approach, solicitation or advertising or marketing material, who

has a direct interest in the agreement, policy or service to which the complaint relates, or a person acting on behalf of a person referred to in (a) to (f).

“Complaint” means an expression of dissatisfaction by a complainant to MHA, its product supplier or any third party with whom MHA has contracted(collectively referred to as MHA for the purposes of this definition), relating to a policy or service provided or offered by MHA which indicates or alleges, regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a policyholder query, that -

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

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

- (a) goodwill payment;
- (b) payment contractually due to the complainant in terms of a policy; or
- (c) refund of an amount paid by or on behalf of the complainant to MHA 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 MHA to a complainant as an expression of goodwill aimed at resolving a complaint, where MHA does not accept liability for any financial loss to the complainant as a result of the matter complained about;

“Policyholder query” means a request to MHA by or on behalf of a policyholder, for information regarding MHA’s policies, services or related processes, or to carry out a transaction or action in relation to any such policy or service;

“Rejected” in relation to a complaint means that a complaint has not been upheld and the insurer 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 MHA as unjustified or invalid, or where the complainant does not accept or respond to the insurer's 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 MHA'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;
- (c) submitted to or brought to the attention of MHA in such a manner that MHA 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 MHA to assume that the complainant has so accepted; and
- (c) all undertakings made by MHA 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 MHA within a time acceptable to the complainant.

3. Commitment towards the fair resolution of complaints

MHA is committed to rendering financial services with proper due skill and diligence and in the best interests of clients and the integrity of the financial services industry. Despite its high standards there may be instances where a client nevertheless prefers to submit a formal complaint against MHA. In such instances, MHA will follow the complaints procedure as outlined below.

MHA is committed towards a transparent and assessable complaints resolution process that is fair to all parties involved. In order to do so, MHA undertakes as follows:

- To follow the appropriate procedures to submit complaints which will be openly disclosed and made readily available;
- To resolve complaints by means of a practical resolution process that is managed effectively;
- To empower and train all staff to facilitate and resolve complaints;

- To deal with complaints in a timely manner, with each complainant receiving proper due consideration;
- To properly investigate and respond promptly to complaints;
- Where a complaint is resolved in favour of the complainant, to offer the appropriate level of redress to the complainant without delay;
- Where a complaint is not resolved in favour of the complainant, to provide written reasons for the decision and inform the complainant of his/her rights to escalate the complaint to another forum;
- Maintain records of all complaints for a period of 5 years together with an indication of whether or not the complaint has been resolved;
- Investigate, and where necessary, take appropriate action in order to avoid and prevent similar circumstances giving cause to complaint from arising again.

4. **Key Principles**

- A complaint must be submitted in writing, if possible, with the relevant information attached. The complainant must provide valid contact detail to enable MHA to provide feedback to the complainant. MHA may request further information to fully respond to a complaint.
- The information provided and the identity of the complainant and any persons who furnish information relating to it, or assisting in an investigation of a complaint, will be kept confidential to the maximum extent possible, consistent with applicable law and fair determination of the complaint.
- Complaints are received, registered and investigated by Compliance Assistants and FAIS Compliance Specialists who report to the Head of Legal, Risk and Compliance department, situated at MHA Head Office. Complaints are reviewed with objectivity and impartiality.
- All complaints are channelled to a centralised Outlook mailbox. Complaints to info@mhasa.co.za / info@nhb.co.za / complaints@nhb.co.za or fax to **011 887-0320**. E-mails received in these mailboxes are promptly attended by the compliance assistants.

- MHA's acknowledgement of and responses to the complainant is made in writing and sent to the complainant either via SMS, post, e-mail, telephone or fax depending on the communication method preferred by the complainant, as soon as possible on receipt thereof. This is usually done within one working day of receipt of the complaint.
- MHA's complaints resolution procedure is published on the MHA website. Should a complainant not have access to the internet, a copy of the document can be faxed, e-mailed or collected from the MHA branch.
- Under no circumstances may a representative or staff member attempt to rectify a complaint in a personal capacity by monetary or other means.
- The contact detail of the complaints department and the relevant ombudsman are communicated in a clear and transparent manner to all policyholders in the communication provided to them at the different stages of the insurance relationship (example – application form, policy provisions, policy documents, rejected complaint notification and repudiated claim do documentation.)

5. **Complaint Channels**

Complaints can be submitted in the following ways and MHA strives not to impose any unreasonable barriers to submitting complaints. MHA's complaints process and procedures are transparent, visible and accessible through channels that are appropriate to our policyholders and beneficiaries. No charges are imposed on complainants to make use of MHA's complaints processes or procedures. Complaints are received at a single point of contact for client complaints (info@mhasa.co.za / info@nhb.co.za / complaints@nhb.co.za).

Complaints are received through the following channels:

Clients Directly;

Clients report complaints in person at the MHA branch, in writing or telephonically to MHA. The client can be provided with a copy of the Complaints Management Framework complaints on request. This document explains MHA's complaints handling procedure and timelines.

Social Media;

When a complaint is identified on this platform, it is reported to the FAIS Compliance Specialist. The complainant is encouraged to divert the complaint through one of our standard complaint channels. The complaint follows the normal complaints process, but such a complaint must be resolved on the same day of receipt. Where a complaint is received via social media after 14:00 of a business day or at any time outside operational hours, the complaint must be resolved by 12:00 on the next business day.

MHA website;

Clients can submit complaints online on our website. On submission, a complaint notification is sent to complaints@mhasa.co.za. The complaint follows the normal complaints process.

Service providers;

Clients can submit complaints with an MHA service provider. Service providers are required to send complaints to MHA to resolve through its complaint's management framework.

6. **Complaint Categorisation**

MHA categorises complaints according to nine (9) main complaints categories and should it be required, will in due course expand with appropriate sub-categories, in line with the TCF outcomes noted below.

<p>Outcome 1</p>	<p>There is no complaint category aligned to TCF Outcome 1</p> <p>Customers are confident that they are dealing with firms where the fair treatment of customers is central to the firm culture</p>
<p>Outcome 2</p> <p>Products and services marketed and sold in the retail market are designed to meet the needs of identified customer groups and are targeted accordingly.</p>	<p>The design of product or service</p> <p><i>Complaints indicating that <u>specific features of the product or service</u> are unfair, inadequate, confusing or overly complex, or unsuitable for the clients at which they have been targeted. Complaints regarding the features or operation of bundled products or add-on / value added services, customer incentives or loyalty benefits is included.</i></p>
<p>Outcome 3</p> <p>Customers are given clear information and are kept appropriately informed before, during and after the time of contracting</p>	<p>Information provided to clients or potential clients</p> <p><i>Complaints about any documentation provided to clients or prospective clients, or other communications with clients or prospective clients are inaccurate, unsuitable, misleading, incomplete, confusing, unclear, etc. It will cover both advertising and marketing material as well as specific product or service related communications. It will also cover information provided at all stages of the product life cycle, not only at or before point of sale. Complaints regarding such information 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 that <u>information was provided at an inappropriate time.</u></i></p>
<p>Outcome 4</p> <p>Where customers receive advice, the advice is suitable and takes account of their circumstances</p>	<p>Advice</p> <p><i>MHA Representatives are not licensed to offer financial advice to clients. If a MHA Representative offers clients any advice, this must be reported to the Compliance Department.</i></p>
<p>Outcome 5 (a)</p> <p>Customers are provided with products that</p>	<p>Product performance</p> <p><i>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. The category would include complaints indicating</i></p>

<p>perform as firms have led them to expect, and the associated service is both of an acceptable standard and what they have been led to expect.</p>	<p><i>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 would also fall under this category.</i></p>
<p>Outcome 5 (b) Customers are provided with products that perform as firms have led them to expect, and the associated service is both of an acceptable standard and what they have been led to expect.</p>	<p>Client service <i>Complaints expressing dissatisfaction with the <u>firm's administration of requests and transactions (including complaints regarding the firm's technological support)</u> and complaints relating to the way in which the firm's staff have dealt with the customer (for e.g. complaints of rudeness, incompetence or non-responsiveness). This would include complaints regarding the <u>administrative processing of payments to or by the customer (not claims related)</u>. Complaints relating to breaches of privacy or confidentiality also fall under this category. It is important to note that complaints relating to the customer service standards of third party or outsourced service providers are included in this category and should be specifically identified. Complaints arising from alleged fraudulent activity by the firm or a third party, where the customer is <u>dissatisfied with the manner in which the firm has handled the matter or with the assistance provided by the firm in attempting to resolve the matter</u>, would typically also fall under this category. It is recommended that fraud related complaints of this type be specifically identified. Service complaints relating to the complaints handling process itself or to the administration of insurance risk claims, should not be included in this category but in category 6b or c.</i></p>
<p>Outcome 6 (a) Customers do not face unreasonable post-sale barriers to change product, switch provider,</p>	<p>Complaints handling <i>This includes complaints regarding the process of handling customer complaints, enquiries and transactions and how customers are treated or dealt with (e.g. complaints of rudeness, incompetence or non-responsiveness). Complaints regarding the administration of the complaints process, such as delays, poor communication regarding processes and decisions, cumbersome or inaccessible processes,</i></p>

submit a claim or make a complaint.	<i>failure to inform complainants of their rights regarding escalation or Ombud, etc. <u>It does not include dissatisfaction regarding the outcome of a complaint</u>, which would be regarded as a continuation of the original complaint.</i>
<p>Outcome 6 (b)</p> <p>Customers do not face unreasonable post-sale barriers to change product, switch provider, submit a claim or make a complaint.</p>	<p>Insurance risk claims</p> <p><i>This category should be used for the above types of complaints only. 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. In the case of non-payment of claims, reporting requirements in relation to this category are likely to require the relevant firms to further sub-categorise these complaints in respect of the reasons for non-payment, such as: Required claim documentation / evidence not submitted, Criteria for insured event not met, Waiting period not expired, Exclusion applies, Non-disclosure or misrepresentation, Policy / benefit not in force, Claimant is not the person entitled to the benefits, Other reasons.</i></p> <p><i>This category should be used for complaints regarding insurance risk claims (ie. death benefits) and the non-payment or repudiation of claims. These complaints would include complaints relating to the administration of the claim process (such as delays, poor communication regarding processes and decisions, cumbersome or inaccessible processes, etc.); complaints relating to actual non-payment of claims.</i></p>

7. Roles & Responsibilities

The following parties are involved in MHA's complaints resolution process:

Complainant

As defined above.

Sales representative

The sales representative involved in a misrepresentation complaint shall, after being requested to do so by the sales or regional manager, provide such manager with a

written statement regarding the complaint, stating his or her version of the sequence of events. It is preferable for a representative not to, after the complaint was formally lodged by the complainant, liaise with the complainant regarding the complaint or request the complainant to withdraw the complaint or make an offer to the complainant in an effort to settle the claim with the complainant unless requested to do so.

MHA key individual (KI)

The MHA key individual may be requested to briefly investigate misrepresentation complaints, obtain a statement from the sales representative concerned and provide a recommendation. The key individual may, at his/her discretion, request the sales representative to consult with the complainant to resolve the complaint.

Compliance Assistant

The Compliance Assistant generally captures and manages non-complex complaints from receipt to resolution. This person is responsible for managing the complaint tasks and communicate with the complainant and relevant business unit assisting in the resolution of the complaint. They conduct an assessment of the complaint, liaises with the complainant and other internal or external stakeholders and escalates complex complaints to the FAIS Compliance Specialist. Key Performance Indicators in the job profile and performance review and guides the assistant in ensuring that complaints are managed professionally and with objectivity and impartiality.

Head of Legal, Risk and Compliance

Is responsible for establishing and managing an efficient complaints function for the MHA. The person so appointed is mandated to take decisions regarding compensation pay-outs in conjunction with the applicable key individual, depending on the complexity of the complaint or alternatively refer the complaint to the complaints committee for recommendation.

Complaints committee

The committee comprises of the following mandated individuals and operates according to the provisions of this framework:

- Head of Legal, Risk and Compliance
- FAIS Compliance Specialist
- Customer Experience and QA Manager

- Key Individual/s
- General Manager

The committee convenes monthly or as-and-when required and has the following goals:

- To consider complex complaints to propose solutions to resolve the complaint;
- To consider award for distress and inconvenience suffered by a complainant for a non-financial loss as a result of MHA's action;
- To review statistics to identify and monitor trends;
- To analyse complaint root causes common to categories of complaints and instances where such root causes are likely to affect other clients, products or processes and recommend improvements;
- To identify failings in control systems and recommend corrective action;
- To detect poor staff or service provider performance, lack of skills or misconduct;
- To track the success of the company's TCF delivery or risks thereof;
- To refer cases of transgression identified to the relevant forum for further investigation.

Adjudicators

Complaints can be received directly from an adjudicator - FAIS Ombud, Long-term Insurance Ombudsman or Financial Sector Conduct Authority. These complaints have separate requirements and timelines, dictated by the applicable adjudicator. The complaints administrator communicates with the adjudicator, and not directly with the complainant (excluding LTI Ombud Transfer and certain FAIS Ombud or FSCA cases). No MHA staff member or representative may deal with an adjudicator office directly, unless specifically requested to by the FAIS Compliance Specialist or Head of Legal, Risk and Compliance. MHA maintains open and honest communication and co-operation with any ombudsman. It endeavours to resolve a complaint before a final determination or ruling is made by an ombudsman. MHA subscribes and is a member of the Office of the Long-Term Insurance Ombudsman and attends the bi-annual committee meetings where amongst other, complaint statistics and trends are discussed.

Board of directors

The board of directors is responsible for effective complaints management and approves and oversees the effectiveness of the implementation of the Complaints Management Framework.

8. **Complaint Process**

8.1 **Internal Complaints Resolution Procedure:**

Client service call centre

On first approach by a client, staff attempts to resolve the enquiry. The relevant manager's assistance is requested, if necessary. Applicable comments are made on system after assisting the client. No complaint is registered for client enquiries that are resolved in this manner.

If the enquiry or problem cannot be resolved and/or the client explicitly wants to lodge a complaint the following process is followed:

- The complainant is requested to submit the complaint in writing. The complainant should provide enough and all necessary information and sign the forms;
- A copy of the complaints resolution procedure document is provided to the complainant, if requested;
- The complaint documents are immediately sent to complaints Outlook mailbox (within at least 1 working day);
- Communication is sent to the client confirming receipt.

Compliance department

When an internal complaint (when a complaint has not been referred to a regulatory authority) is received, the compliance department follow the complaint resolution procedure:

- **Complaint is received:**
 - The compliance assistant receives the complaint notice in the complaint outlook mailbox.
 - He/she confirms if the complaint is valid and justified, can be resolved immediately or be classified as an enquiry only;
 - If it is an enquiry only, it is forwarded to the relevant department/s and inform the client accordingly. A note is made on system and recorded in the internal complaint management register.

- **Complaint Registration:**

- The complaint is registered on the complaint system within 1 working day of receipt;
- The complaint documents are uploaded to the complaint system;
- Once registered, an acknowledgement of receipt SMS is sent to the complainant.
- If the complaint can be resolved immediately, the assistant takes the necessary action to inform the client accordingly and close the complaint;
- If the complaint cannot be resolved immediately, additional documentation (if any) is requested from the client;
- If the complaint cannot be resolved immediately without the assistance from an MHA business unit, the necessary investigation will take place with relevant stakeholders or department heads;
- Notes of the complaint and outcome thereof is recorded on the system;
- Complex or unusual complaints are reported to the Head of Legal, Risk and Compliance immediately. The HOD will review the complaint and escalate it to the relevant stakeholders or complaints committee, if necessary.

- **Complaint Analysis:**

- The Compliance Assistant conducts a complaint analysis by:
 - Obtaining feedback and technical information from the system and/or relevant business section/s involved in the complaint;
 - Obtaining the relevant documentation in support of the complaint resolution; and
 - Analysing the information received in comparison with the original complaint submitted to establish if a suitable complaint resolution can be reached;
 - Compiling and sending the complaint resolution response to the complainant or adjudicator.

- **Complaint Resolution:**

- Where a complaint is upheld wholly or partially in favour of the complainant, any commitment by MHA to make compensation payment, goodwill payment or any other action are carried out without undue delay and within any agreed timelines;
- Where a complaint is rejected and the outcome is not in favour of the complainant, the complainant is provided with clear and adequate reasons for the decision. The complainant is informed of the review process and the applicable Ombudsman's contact detail and its relevant timelines;

- MHA will revert to the complainant with a proposed solution with the option of escalating the matter, within 14 working days of receipt of the complaint;
- The complaint is closed on the complaints system.
- The complainant will receive written or telephonic communication on the outcome of the complaint and will be advised of his/her rights to refer the complaint to an external regulatory body within 6 weeks from date of receipt of outcome.
- In all instances, MHA will provide reasons for any decisions taken and communicate any anticipated deviation from the specified timelines;
- MHA's response may comprise of the following:
 - Any proposed settlement deemed to be appropriate
 - Suggested remedy for complaint
 - Apology and if applicable, any disciplinary action that has been taken against any member of staff involved
 - How this problem has been resolved

8.2 External Complaints Management Procedure:

Compliance department

When an external complaint (when a complaint has been received via a regulatory authority) is received, the compliance department follow the complaint resolution procedure:

- **Complaint is received:**

- The compliance assistant receives the complaint notice in the complaint outlook mailbox.
- Within 1 day of receipt of the complaint, forward a written confirmation of receipt to the regulatory authority from who the complaint was received.

- **Complaint Registration:**

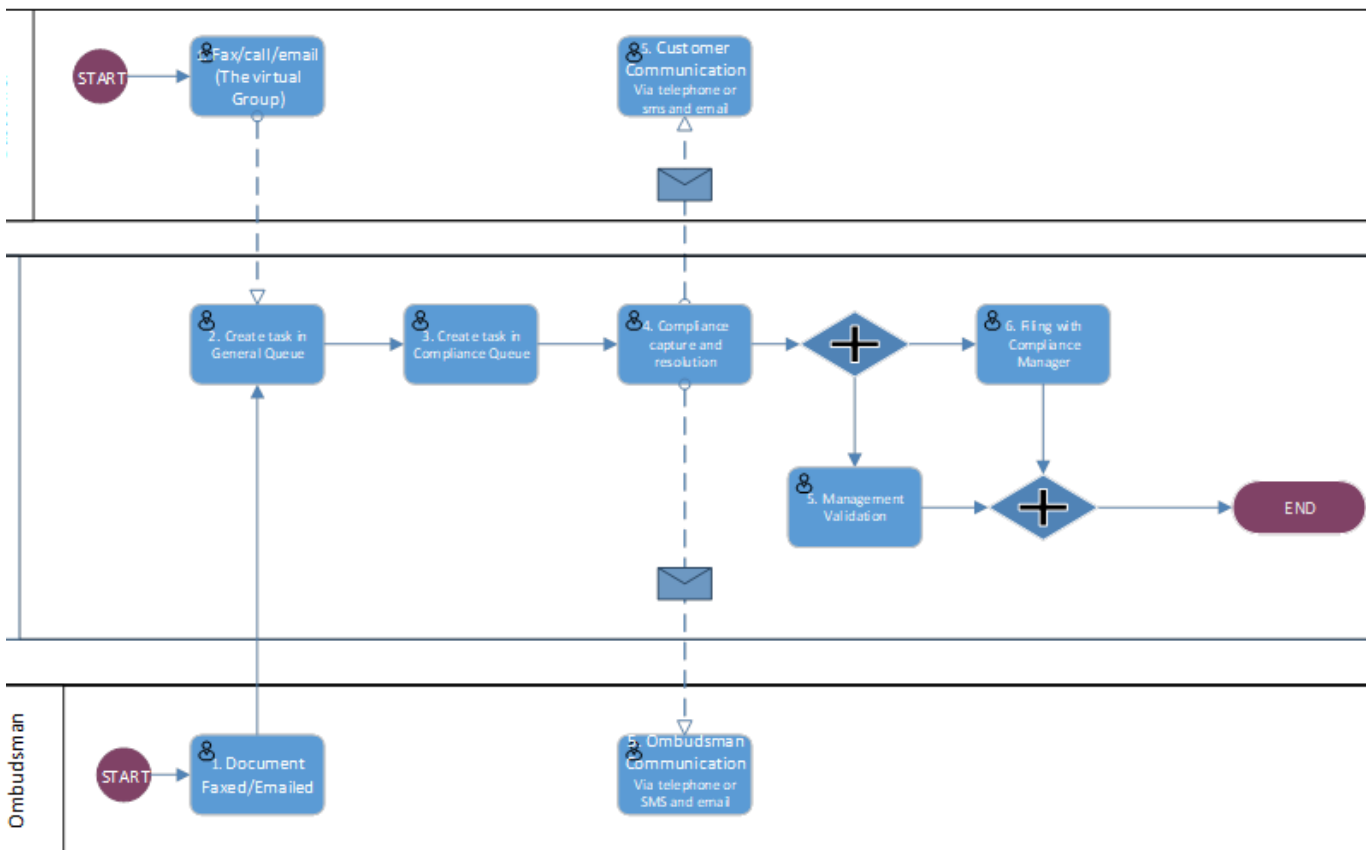
- The complaint is registered on the complaint system within 1 working day of receipt;
- The complaint documents are uploaded to the complaint system;
- Once registered, an acknowledgement of receipt SMS is sent to the complainant.
- If the complaint can be resolved immediately, the assistant takes the necessary action to inform the regulatory authority accordingly and close the complaint;

- If the complaint cannot be resolved immediately, additional documentation (if any) is requested from the client;
 - If the complaint cannot be resolved immediately without the assistance from an MHA business unit, the necessary investigation will take place with relevant stakeholders or department heads;
 - Notes of the complaint and outcome thereof is recorded on the system;
 - Complex or unusual complaints are reported to the Head of Legal, Risk and Compliance immediately. The HOD will review the complaint and escalate it to the relevant stakeholders or complaints committee, if necessary.
- **Complaint Analysis:**
 - The Compliance Assistant conducts a complaint analysis by:
 - Obtaining feedback and technical information from the system and/or relevant business section/s involved in the complaint;
 - Obtaining the relevant documentation in support of the complaint resolution; and
 - Analysing the information received in comparison with the original complaint submitted to establish if a suitable complaint resolution can be reached;
 - Compiling and sending the complaint resolution response to the complainant or adjudicator.
- **Complaint Resolution:**
 - Where a complaint is upheld wholly or partially in favour of the complainant, any commitment by MHA to make compensation payment, goodwill payment or any other action are carried out without undue delay and within any agreed timelines;
 - Where a complaint is rejected and the outcome is not in favour of the complainant, the complainant is provided with clear and adequate reasons for the decision, and responses will be reflected in the response to the adjudicator or regulatory authority.
 - The complaint is closed on the complaints system.
 - The complainant will receive written or telephonic communication on the outcome of the complaint, which will be sent to the adjudicator within the time period prescribed

9. Root cause analysis of complaints

The Head of Legal, Risk and Compliance will draw a monthly complaints report and compile a management report to report on the source, root causes and outcome of all complaints to be sent to the FSCA and MHA management committee as required from time to time. The root cause analysis report will provide recommendations to the applicable business units to implement remedial actions to prevent similar complaints from occurring and to improve services and procedures where necessary in the business.

10. Complaint Process Flow Charts



11. Complaints escalation and review process

- Where the complaint is rejected or not finalised to the satisfaction of the complainant, the compliance assistant informs the complainant that the complaint may be escalated to the Head of Legal, Risk and Compliance and the complaints committee for review or to the relevant adjudicator within the regulatory timeframe. Contact details of the complaints manager and relevant adjudicator's office is provided to the complainant;
- When a complaint is escalated via this process, a balanced and impartial approach is followed, focusing on the fair treatment of complaints. The complaint may be reviewed by the complaint committee or relevant Key individual/s for a final recommendation.

12. MHA Complaints Register

The MHA Complaints Register is an electronic task flow system. It is used for registering complaints, allocating complaint reference numbers, following up on unresolved complaints, recordkeeping and assigning complaint investigation tasks to the relevant role-players.

The complaint supporting documentation is received via the Complaints and Ombud Outlook mailboxes and records are kept on the system in electronic format. The complaint system is used to follow up on complaints to ensure it is resolved within 14 working days.

13. Record Keeping

Complaint records are accurately, efficiently and securely stored on the company system (Dionysus) and the MHA Complaints Register. Any hard copy complaints received by our offices are scanned and attached to the client's policy on the system. Ombudsman complaints are categorised by ombudsman type and complainant surname. Copies of all relevant evidence, correspondence, progress and decisions are kept. Records are kept for a minimum period of 5 years.

The following guidelines are followed on the record keeping of reportable complaints:

- Record of all relevant details of the complainant and the subject matter of the complaint;
- Copies of all relevant evidence, correspondence and decisions are kept;
- Record of complaints categorisation is kept;
- Progress and status of complaints, including whether such progress is within or outside any set timeline are kept.

The following data is maintained in relation to reportable complaints and are categorised in accordance with the requirements of Rule 18 of the Replacement of the Policyholder Protection Rules of 1 January 2018:

- Number of complaints received;
- Number of complaints upheld;
- Number of rejected complaints and reasons for the rejection;
- Number of complaints escalated by complainants to the internal complaints escalation process;
- Number of complaints referred to an Ombudsman and their outcome;
- Number and amounts of compensation payments made;
- Number and amounts of goodwill payments made;
- Total number of complaints outstanding.

14. Monitoring, oversight, root cause analysis and corrective action

The FAIS Compliance Specialist is responsible for managing and overseeing the complaints process. This is done by monthly reporting on findings to the relevant management levels. Qualitative and quantitative analysis of client and ombudsman complaints are done. Particular complaints are used as case studies for training purposes. Positive and negative trends are identified during quantitative analysis to confirm success of initiatives or to mitigate emerging risks.

Complaints analysis is used to implement corrective action and to:

- Identify root causes common to categories of complaints and instances where such root causes are likely to affect other clients, products or processes;
- Identify failings in control systems;
- Detect poor staff or service provider performance, lack of skills or misconduct;
- Track the success of the company's TCF delivery or risks thereto;
- Demonstrate the benefit of effective complaint management by using lessons from complaint analysis to effect meaningful improvements for clients and the business;
- Refer cases of transgression identified to the relevant forum for further investigation.

15. Quality Assurance

A quality assurance process is used to ensure that the complaints service being assessed meets the required standard. It is also used to drive improvements. The quality assurance team assess a sample of all client complaints worked on for the previous day. A quality assurance checklist is used to evaluate the quality of the complaint handling, task management, complaint assessment, complaint resolution and client correspondence.

16. Reporting

Regular and ad hoc reports are compiled by the complaint manager and include date, but not limited to, relating to the complaint per source, nature category, sales, policy type, status, compensation or goodwill payments and complaint resolution.

The following reports are currently compiled:

- Monthly complaints management report provided to Manco, Exco and office managers;
- Quarterly complaints management report provided to external compliance officer;
- Bi-weekly complaints management report presented to Key Individuals;
- Ad hoc reports.

17. Training and Awareness

Training on the complaints process and awareness are provided to new staff appointed at MHA. Refresher training to existing staff is done on an ongoing basis. Training is conducted by the compliance department.

Ombudsman determinations, publications and guidance issued are monitored to identify failings or risks in MHA's own policies, services and practices. This is communicated internally to all relevant stakeholders.

MHA compliance department staff are adequately trained and have the appropriate experience and knowledge in complaints handling, the fair treatment of clients, the subject matter of the complaints concerned and the relevant legal and regulatory matters. They are not subject to a conflict of interest and are adequately empowered to make impartial decisions and recommendations. Ongoing training is done through team meetings and rotational attendance of the complaint committee meeting by compliance team.

18. Review of Complaints Management Framework

MHA's complaints management framework and supporting documents will be reviewed on an annual basis and any amendments thereto will be documented. On review thereof, it will be presented to the complaints committee and the executive sponsor for final approval.

19. Consequences of Non-Compliance;

Non-compliance to the process will be subject to disciplinary action as indicated within MHA's disciplinary framework.