ORACLEMED HEALTH

CONSTANTIA
Insurance made personal

Complaints Resolution Policy

For

OracleMed Health Proprietary Limited

Oraclemed Health Proprietary Limited, an authorized FSP 8369, underwritten by Constantia Insurance Company Limited, an authorized FSP 31111

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Introduction and Objective

Oraclemed Health Proprietary Limited is committed to a high service standard, rendering financial services with integrity, the speedy resolve of complaints and the overall improvement of processes even in the instance where a complaint may be viewed as 'invalid' in terms of the relevant policy wording. In this regard each and every concern counts as valuable feedback that requires addressing in a meaningful manner.

The object of this complaints resolution policy is to formalize the process in which dissatisfaction is lodged, acknowledged, investigated, resolved and leads to overall improvement/s.

It is furthermore important that each and every staff member receives extensive training in this regard, that this complaints resolution policy is made easily accessible to all policyholders, that this complaints resolution policy is continuously reassessed by senior management and that overall improvement/s are actioned as a consequence of feedback received from policyholders.

Please note that TCF and PPR (especially with regards to complaints) form part of each and every employee's annual performance evaluation report, which is to be completed prior to any potential salary increase and/ or promotion.

Important and guiding material/ bodies include all six Treating Customers Fairly (TCF) Outcomes, the Financial Sector Conduct Authority (FSCA) and the Policyholder Protection Rules (PPR).

Definitions

The Definition of a Complaint

A Complaint in terms of the Policyholder Protection Rules (PPR) means an expression of dissatisfaction by a person to an insurer or, to the knowledge of the insurer, to the insurer's service provider relating to a policy or service provided or offered by that insurer 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) the insurer or its service provider has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding on the insurer or to which it subscribes;
- (b) the insurer or its service provider's maladministration or willful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience; or
- (c) the insurer or its service provider has treated the person unfairly;
- Regardless whether submitted together with or in relation to a policyholder query.

All complaints lodged with the Ombudsman/ FAIS/ FSCA is to be dealt with by OracleMed Health (Pty) Ltd. All documents and information relating to such a complaint, must be sent to OracleMed Health (Pty) Ltd within 24hours of receipt of the complaint.

Note that there is no service fee charged for registering a complaint.

The Treating Customers Fairly (TCF) Outcomes include:

1. Customers need to feel confident that TCF is central to our culture;
2. Products are designed, marketed and sold to the right customer, meeting their needs;
3. Customers receive clear information that is timely and relevant to them;
4. Customers receive suitable product/ sales advice that takes their circumstances into account;
5. Products and services perform as expected and the service is of an acceptable standard;
6. There are no unreasonable barriers for customers to change or switch products, claim or complain.

The definition of a Complainant – who may complain?

A complainant is a person who has a direct interest in the policy/ service or someone acting on behalf of a person with a direct interest in the policy/ service.

For example: a policyholder/ a person that pays a premium, his/ her beneficiary, a policyholder's spouse or registered dependents, a potential policyholder whose satisfaction relates to the relevant application, approach, solicitation, advertising or marketing material.

Outcomes of a Complaint

1. **Rejected:** complaint was rejected, and FSP regards the complaint as **finalized** after advising the complainant that FSP does not intend to take any further action to resolve the complaint. A formal repudiation letter with all complaint details will be sent. There are two variations of a rejected complaint:

    a) **Invalid**: the complainant does not accept or respond to proposals to resolve the complaint within 7 days. This includes sending relevant documentation, acting upon the advice of FSP as well as not being able to reach the complainant via telephone, SMS and E-mail (if applicable);
    b) **Unjustified**: the policy has been met, complainant has been treated fairly as far as possible, there is no legal leg to stand on to assist complainant, complainant refuses to accept outcome of merit assessment and nothing further can be done to assist complainant.

2. **Upheld:** complaint was successful either
   - **i.** **Wholly** (complainant got exactly what he/ she was looking for);
   - **ii.** **Partially** (complainant and FSP found middle ground).

There are also two variations of a wholly or an upheld complaint:

a) **Compensation Payment:** to compensate a complainant for a proven or estimated financial loss incurred as a result of the FSP's wrongdoing. This is either:

   - i. **Payment Contractually due:** the complainant should have received the assistance and help from the start, a justified complaint;
   - ii. **Payment not Contractually due:** the complainant does not have legal standing or a legal argument, however, due to the poor handling by FSP in the form of negligence, FSP for example refunds the complainant his/ her premiums and cancels the complainant.

b) **Goodwill Payment:** the complainant is not covered in terms of the policy, but FSP is willing and able to sponsor the matter due to extraordinary circumstances.

The Category/ Categories of Complaints

a) The design of a policy or related service;
b) Information provided to the policyholders or lack of information and feedback provided to a policyholder;
c) Advice provided by the sales representative;
d) Policy performance and/ or servicing including negligence;
e) Admin services such as premium collection;
f) Policy accessibility, ability to change or switch;
g) Complaints handling (complaint of a complaint);
h) Complaints relating to insurance claims, such as a rejection of a merit assessment for litigation (in-Court) cover;
i) Other complaints.

How to lodge a complaint

Should you feel that any or all of the above, in terms of the above categories and TCF Outcomes, could have been better handled by FSP. How to lodge a complaint should you feel dissatisfied with any aspect of your dealings with Oraclemed Health Proprietary Limited

a. If you have a complaint about service, staff or products please make use of the following contact information with full details of the complaint/problem:

   Oraclemed Health Proprietary Limited
   Tel: **+27 11 326 7564**
   Email: **complaints@oraclemed.com**
   Address: **31 Impala Road, Chislehurston, Johannesburg, 2196**
   Postal Address: **P.O. Box 786741, Sandton 2146**

b. When logging the complaint ensure that you include all the relevant information for a speedy resolution; this includes the staff member/s involved, your case or product details, any supporting documents and the relevant dates/ times relevant to your dissatisfaction. The reason for your dissatisfaction must be clear in order for FSP to investigate diligently.
c. You may send your complaint to company details provided.
d. You will **receive an email confirming** that your complaint has been received; the name of the person dealing with your complaint and confirmation that the relevant assigned staff member will contact you telephonically within **2 working days**.

The Internal Complaints Handling Process

e. Upon contacting you telephonically, the person dealing with your complaint will introduce him/ herself and:

i) Ask you what your **preferred outcome** of the complaint would be? Please refer to the outcomes of a complaint mentioned in clause 4 but do not be discouraged by the terminology, the person dealing with your complaint will listen to whatever reason you have for your dissatisfaction;
ii) Answer any and all **questions** to the best of his/ her ability;
iii) Request your availability/ preferred times for follow-up calls and preferred communications medium for feedback (e-mail/ phone call/ etc.);
iv) Advise you to kindly **expect feedback within 7 days**, **alternatively 3 days** where time is of the essence such as where a Court date is involved;
v) Diarize the file for 7 or 3 days to provide feedback to you but commence investigation immediately;
vi) It is important that you cooperate by providing copies of all relevant evidence and correspondence;
vii) Should the matter remain unresolved after 7 or 3 days have passed and feedback has been provided, to diarize the complaints file in order to give feedback every 14 days;
viii) You may escalate the matter internally and change the person dealing with your complaint where he/she did not attend to your complaint as per the 3/7/14 day diary period (to receive feedback/ assistance) as mentioned above. Simply follow the same steps as per clause 6 and advise that you wish to escalate the matter;
ix) Should the matter be rejected as per clause 4, you will be provided with all reference numbers/ information and contact numbers of the Ombud/ Regulatory Body to take the matter further against us.

Complaints Escalation and Review Process

In the event that your matter/complaint is rejected, and you wish to escalate the matter, you may contact the Insurer directly or the matter may be escalated on your behalf:

Constantia Insurance Company Limited

Tel:	**011 686 4200**
Email:	complaints@constantiagroup.co.za
Address:	**Building B and Portion of Building A, Nicol Main Office Park, 2 Bruton Rd, Bryanston, Johannesburg, 2191**
Postal Address:	**P.O. Box 3518, Cramerview, 2060**

Should your complaint be against Oraclemed Health Proprietary Limited / the insurer, please lodge your complaint with the relevant Ombudsman.

When the complaint is pertaining to a Short-term (non-life) product; the matter will be referred to the **Ombud for Short-term Insurance**. The procedure for lodging a complaint may be found on the website for the Ombud for Short-term Insurance (www.osti.co.za) or you may obtain it directly from the Ombud at the following contact details:

Tel: (011) 726 8900 | Share call: 0860 726 890
Fax: (011) 726 5501
E-mail address: info@osti.co.za
Address: Sunnyside Office Park, 5th Floor, Building D,
32 Princess of Wales Terrace, Parktown
Postal Address: P O Box 32334 Braamfontein, 2017

Should you have a complaint against the intermediary (e.g. a broker/ sales person selling you the product) the complaint may be lodged with FSCA (Financial Sector Conduct Authority) online via www.fsca.co.za/Pages/Contact-Us

Alternatively, a complaint may be logged with the FAIS Ombud. A complaint form needs to be completed, which can be downloaded from the FAIS Ombud's website (**www.faisombud.co.za**). The complaints registration form is also available from the FAIS Ombud at the following contact numbers:

Telephone: (012) 762 5000 / (012) 470 9080
Fax: (086 764 1422 / (012) 348 3447
E-mail address: info@faisombud.co.za
Address: Sussex Office Park; Ground Floor, Block B; 473 Lynnwood Road Cnr Lynnwood Road & Sussex Ave, Lynnwood, 0081
Postal address: PO Box 74571, Lynnwood Ridge, 0040