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1. Introduction

The Company, as an authorised financial services provider, has a responsibility to conduct itself honestly, with integrity, fairness, dignity and ethically wherever it operates, with due regard to the environment, the societies in which it operates and its other stakeholders. The Complaints Management Framework serves to meet the requirements of Section 42 of the Long-Term Insurance act, referred to as the Policyholder Protection Rules, Rule 20 and the requirements of the FAIS act in terms of the requirement for a Complaints Policy. It needs to ensure fair treatment of policyholders and beneficiaries and must be reviewed regularly.

2. Objective

The Complaints Management Framework must be maintained, operated adequately and effectively and ensure that:

- (a) It is proportionate to the nature, scale and complexity of the insurer's business and risks;
- (b) Is appropriate for the business model, policies, services and policyholders and beneficiaries of the insurer;
- (c) Enables complaints to be considered after taking reasonable steps to gather and investigate all relevant and appropriate information and circumstances, with due regard to the fair treatment of complainants;
- (d) Does not impose unreasonable barriers to claimants.

The objective of this framework is to ensure that customers are provided with the best possible complaint resolution service and to align the actions of the personnel of the Company with the prescriptions of the law regarding Complaints management in a Financial Service Industry, as regulated by the Financial Services Conduct Authority ("FSCA") of South Africa. The FAIS General Code of Conduct furthermore requires every FSP to maintain and manage a complaints process in order to ensure resolution of complaints.

This framework will be binding on all employees of the Company, working within the borders of South Africa, who deal in the financial services environment, as it pertains to the jurisdiction of the FSCA and in accordance with the Insurance Act.

The framework, also meets the requirements of the Financial Advisory and Intermediaries Act, 2002 ("FAIS"), which requires a Complaints Policy. Accordingly, there is not a separate Complaints Policy.

We are committed to:

- (a) Resolving customer complaints in fair manner for customers, our business and our employees;
- (b) Ensuring that customers are fully informed of complaints procedures;
- (c) Ensuring access to our complaints resolution facilities by way of email, telephone or post;
- (d) Ensuring the training of employees to deal with complaints, and escalate any matters where required;
- (e) Dealing with complaints in a timely manner, with each complaint being treated on a case by case basis, based on the merits of the matter;
- (f) Where a complaint is upheld wholly/partially in favour of the client, we will offer

- full and appropriate redress;
- (g) Informing clients of their right to refer their complaints to the FAIS Ombud should a complaint not be resolved to their satisfaction;
- (h) Maintaining records of all complaints received for a minimum period of 5 years.

3. Definitions

In this Policy, unless inconsistent with or otherwise indicated by the context, the following terms will have the meanings assigned to them hereunder:

“Company” means HomeChoice Proprietary Limited with registration number 1985/002759/07, a private company with limited liability duly incorporated in accordance with the laws of the Republic of South Africa;

“Complaint” 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, 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 contrived 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 wilful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience; or the insurer or its service provider has treated the person unfairly.


“Complainant” means a person who has submitted a specific complaint to a financial institution or, to the knowledge of the financial institution, to the financial institution’s service provider and who –

- (a) is a customer or prospective customer of the financial institution concerned and has a direct interest in the agreement, product or service to which the complaint relates; or
- (b) has submitted the complaint on behalf of a person mentioned in (a), provided that a prospective customer will only be regarded as a complainant to the extent that the complaint relates to the prospective customer’s dissatisfaction in relation to the application, approach, solicitation or advertising or marketing material contemplated in the definition of “prospective customer”.

“Customer” of a financial institution means any user, former user or beneficiary of one or more of the financial institution’s financial products or services, and their successors in title.

“Customer query” means a request to the financial institution by or on behalf of a customer or prospective customer, for information regarding the financial institution’s products, services or related processes, or to carry out a transaction or action in relation to any such product or service. A query will not be treated as a complaint unless some form of dissatisfaction is expressed.

“Framework” means this Complaints Management Framework.



4. Allocation of duties

The Operations Manager is responsible within the Financial Services Provider to ensure that all complaints lodged are treated in line with this framework. He/she will ensure that adequate resources are allocated to complaints handling and that any person dealing with complaints are:

- (a) Adequately trained;
- (b) Experienced in complaints handling and appropriately qualified;
- (c) Not be subject to a conflict of interest and
- (d) Be adequately empowered to make impartial decisions or recommendations.

5. The complaints process

5.1 Lodging a complaint

- (a) Complaints can be submitted telephonically or in writing to the below:

Telephone: 0861 346 246

Email: insurance.complaints@homechoice.co.za

Postal Address: Private Bag X150, Claremont, Cape Town 7735, South Africa

- (b) The complaint must contain the following information:

- I. Name, surname and identity number of the customer;
- II. Name, surname and contact details of the complainant, including a mandate to
- III. act on behalf of the customer;
- IV. Specific details of the complaint, including dates, examples, supporting documentation;
- V. Intended resolution of the complaint. How would the customer want the matter resolved?

5.2 Internal complaints resolution process

Upon receipt of the written complaint, HomeChoice will log the complaint on the relevant system, and provide a reference number to the complainant. Based on the nature of the complaint, a detailed investigation will commence, with all support documents, account information and whatever additional information may be required. Should additional clarity or information be required, the complainant or other related stakeholders may be contacted. The estimated time to resolve the matter will be communicated to the complainant.

Final resolution of the complaint will be communicated to the complainant in writing. In the event that the complaint cannot be resolved to the satisfaction of the complainant, the reasons therefore will be provided along with the details of escalation and further steps available to the complainant.

Complaints will be categorised based on the nature of the complaint and will be acknowledged within 48 hours of receipt (working hours). Within 5 working days, a formal response will be provided. The complaint may be referred to the Insurer for comment, investigation or resolution.

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Upon expiry of these timelines, a complaint may be escalated to senior management. Records of all complaints will be kept for five years as required by the FAIS act. Complaints will be reported on as per the requirements of the act and provided to the Insurer. All formal responses to complaints will be reviewed by the Operations Manager.

Outcome of a complaint:

Rejected: complaint was rejected, and HomeChoice regards the complaint as finalized after advising the complainant that HomeChoice does not intend to take any further action to resolve the complaint. A repudiation letter with all the 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 5 working days. This includes sending relevant documentation as well as not being able to reach the complainant via telephone, email and sms.
- (b) **Unjustified:** the policy has been met, complainant has been treated fairly as far as possible, complainant refuses to accept outcome of merit assessment and nothing further can be done to assist complainant.

Upheld: Complaint was successful either

- I. Wholly (complainant got exactly what he/she was looking for)
- II. Partially (complainant and HomeChoice found middle ground)

There are two variations of a wholly or an upheld complaint


- (a) **Compensation Payment:** to compensate a complainant for a proven financial loss incurred as result of HomeChoice wrong doing.
- (b) **Goodwill Payment:** the complainant is not covered in terms of the policy, but HomeChoice is willing and able to sponsor the matter due to extraordinary circumstances.

Should the complainant be dissatisfied with the outcome of the complaint he/she may direct the dissatisfaction to the insurer on the below details:

Guardrisk Life Limited
Postal Address: PO Box 786015
Sandton, 20196
Tel: (011) 669-1000
Email: info@guardrisk.co.za

6. Record keeping, monitoring and analysis

- (a) All complaints received, reportable and non-reportable, will be kept for a minimum period of 5 years
 - a. The documents are filed physically or
 - b. Electronically on the internal network drives;



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- (b) Trends, risks and remedial actions to review will be considered; and the
- (c) Effectiveness of the Complaints Management Framework will be reviewed annually.

7. Representative obligations

Should any employee or representative receive a complaint directly from a customer, this must be forwarded to insurance.complaints@homechoice.co.za

8. Contact details

All complaints should be addressed to:

HomeChoice

Email: insurance.complaints@homechoice.co.za

Contact: 0861 346 246

Fax: 021 680 8260

Postal Address: Private Bag X150, Claremont, Cape Town 7735, South Africa

9. Referral to the Ombudsman

If HomeChoice has not resolved the complaint within the stipulated minimum resolution time communicated, or where the complainant was not satisfied with the final resolution outcome communicated, the complainant may within a period of 6 months, refer the complaint to the applicable Ombudsman.

FAIS Ombud Details

Name: Ms Noluntu Bam
Postal Address: PO Box 74571
Lynnwood Ridge
Telephone: +27 12 470 9080
Fax: +27 12 348 3447
Email: info@faisombud.co.za
Website: www.faisombud.co.za

Long Term Insurance Ombud Details

Share call number: 0860 662 837
Telephone: +27 21 657 5000
Fax: +27 21 674 0951
Email: info@ombud.co.za
Website: www.ombud.co.za



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FAIS Ombud Complaint Specifications

Before submitting a complaint to the Office, the complainant must endeavour to resolve the complaint with the responding party. The responding party has six weeks in which to resolve the complaint with the complainant. After receipt of the final response of the responding party, the complainant has six months within which to submit a complaint to the FAIS Ombud.

The complaint must not constitute a monetary claim in excess of R800 000.00 unless the responding party has agreed in writing to this limitation being exceeded.

The complaint must not relate to the investment performance of a financial product which is subject to the complaint, unless such performance was guaranteed in express terms or such performance appears to the FAIS Ombud to be so deficient as to raise a prima facie presumption of fraud, negligence or maladministration on the part of the responding party.

10. FAIS Act requirements of Complaints management:

The provider must-

- (a) Request that any client who has a complaint against the provider must lodge such a complaint in writing;
- (b) Maintain a record of such complaints for a period of five years;
- (c) Handle complaints from clients in a timely and fair manner;
- (d) Take steps to investigate and respond promptly to such a complaint; and
- (e) Where such a complaint is not resolved to the client's satisfaction, advise the client of any further steps which may be available to the client in terms of the Act or any other law.

