



The EasyPay Insurance
Complaints Management Framework

Underwritten by The Smart Life Insurance Company Limited

February 2023

Version Record

Date	Version	Updated by	Change Summary
9 May 2018	Ver. 1.0	Hlayiseka Shadrack Rikhotso	First draft
2 August 2018	Ver. 1.1	Hlayiseka Shadrack Rikhotso	Incorporating Ebraim's comments
17 October 2018	Ver. 1.2	Simon Hebron	Review
29 October 2018	Ver. 1.3	Hlayiseka Shadrack Rikhotso	Final – Incorporating Board's comments
23 March 2021	Ver. 2.0	Joe Matsimbi	Minor changes
31 March 2021	Ver. 2.1	Simon Hebron	Sent to Board for approval
3 May 2021	Ver 2.1	Joe Peters	Approved by Board
29 August 2022	Ver 3	Joe Peters	Updated with recommendations from the KPMG Internal Audit review
24 October 2022	Ver 3	Joe Peters	Presented to the Board and then circulated for round-robin sign-off on 4 November 2022

Document Location

The final version of this document can be found at the following URL: [\\10.1.1.7\Smartlife\Management\Joe Peters\Risk Management Policies Updated 20190418]

Distribution

For sign-off: this document will be approved by:

Name	Title – Department	Date of Sign off
Simon Hebron	Chief Executive Officer	9 November 2022
Pieter Strydom	Chairman, Risk & Compliance Committee	9 November 2022
Derek Cohen	Chairperson of the Board	9 November 2022

For Information: this document will be distributed to:

Name	Title – Department
Other groups	All staff of Smart Life

TABLE OF CONTENTS

1. INTRODUCTION	3
2. DEFINITIONS	4
3. OBJECTIVES OF COMPLAINTS MANAGEMENT	5
4. ALLOCATION OF RESPONSIBILITIES	5
5. CONDITIONS APPLICABLE TO COMPLAINTS	6
6. INTERNAL COMPLAINTS HANDLING PROCEDURES	7
7. OBLIGATIONS OF EMPLOYEES	7
8. THE COMPLAINTS COMMITTEE	8
9. MANAGEMENT OF COMPLAINTS RECORD	8
10. COMMUNICATION WITH COMPLAINANTS	9
11. DEALING WITH OMBUD COMPLAINTS	9
12. SPECIFICATIONS REGARDING FAIS OMBUD COMPLAINTS	11

1. INTRODUCTION

- 1.1 Following the provisions of the FAIS Act read with its subordinate legislation, as well as the Policyholder protection Rules, 2017 which are framed under the Long-term Insurance Act (both herein referred to as “Applicable Legislation”), Smart Life (as an authorised financial services provider and a licensed insurer), has the duty to implement a complaint resolution processes for handling and managing all complaints received from complainants.
- 1.2 In addition, Smart Life as an insurer must, in terms of Rule 18 of Policyholder Protection Rules, 2017 (herein referred to as PPR), establish, maintain and operate an adequate and effective Board approved complaints management framework to ensure the fair treatment of the complainants. Such fair treatment –
 - must be proportionate to the nature, scale and complexity of the insurer’s business and risks;
 - must be appropriate for the business model, policies, services, policyholders, and beneficiaries of the insurer;
 - 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;
 - must not impose unreasonable barriers to complainants; and
 - must address and provide for, at least, the matters provided for in the abovementioned Rule 18.
- 1.3 Smart Life and EasyPay Insurance also has an obligation to respond to all complaints lodged by a customer in terms of the provisions of the Protection of Personal Information Act 4 of 2013 (“POPIA”). POPIA aims to promote the protection of privacy through providing guiding principles that are intended to be applied to the processing of personal information and resultant complaints.
- 1.4 The complaint resolution process must offer the client the opportunity to lodge a complaint and have the complaint resolved within six weeks from the date of receipt. In the event of the complaint not being resolved within the said six weeks, the complainant can escalate the complaint to the relevant Ombud for a final ruling. Such complaint must be lodged with the relevant Ombud within six months after the determination that the complaint could not be resolved or rejected by the financial services provider/insurer.
- 1.5 The framework must be accessible for public inspection purposes.
- 1.6 This framework must be read and understood in conjunction with the FAIS Act, the General Code of Conduct as well as the Policyholder Protection Rules framed under the Long-term Insurance Act.
- 1.7 This framework must be reviewed every 36 months or as and when there are changes or developments regarding regulatory requirements. The responsibility for the amendments lies with the Chief Executive Officer, in cooperation with the Head of Compliance Control Function.

2. DEFINITIONS

2.1 **Complainant** means a person who submits a complaint and includes a –

- policyholder or the policyholder’s successor in title;
- beneficiary or the beneficiary’s successor in title;
- person whose life is insured under a policy;
- person that pays a premium in respect of a policy;
- member; or
- 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 person referred to above.

2.2 **Complaint** means, in terms of Rule 18.1 of the Policyholder Protection Rules , POPIA, an expression of ~~dis~~ 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 -

- the insurer or its services 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;
- the insurer or service provider’s maladministration or willful or negligent action or failure to act, has caused the complainant harm, prejudice, distress or substantial inconvenience; or
- the insurer or its service provider has treated the complainant unfairly.

2.3 **Information Officer** means the person responsible for ensuring that Smart Life and EasyPay Insurance complies with the provisions of POPIA

2.4 **Internal complaint resolution system and procedures** means the system and procedures established and maintained by the FSP in accordance with the General Code of Conduct for the resolution of complaints by clients.

2.5 **Ombud** means the Ombud for Financial Services Providers referred to in section 20(2) of the FAIS Act.

2.6 **Resolution or Internal Resolution** in relation to a complaint and an FSP, means the process of the resolving of a complaint through and in accordance with the internal complaint resolution system and procedures of the FSP.

2.7 **Rules** means the Rules on Proceedings of the Office of the Ombud for Financial Services Providers, as published in the Gazette.

3. OBJECTIVES OF COMPLAINTS MANAGEMENT

3.1 In line with the Applicable Legislation, Smart Life and EasyPay Insurance is committed to providing its clients with quality service and undertakes to manage their affairs in such a manner that it would not be necessary to have a complaint about Smart Life and EasyPay Insurance’s products or services, integrity and commitment. However, should it happen that a client does have a complaint, we (Smart Life and EasyPay Insurance) undertake to:

- resolve client complaints in such a way that is fair to our clients, our organisation and our staff;
- inform all our clients of the procedures established for the internal resolution of their complaints, details of which will be provided to them in writing;
- ensure easy access to our complaints resolution process at our offices, or by way of fax, post, e-mail and/or telephone;
- empower and properly train the people in our organization to deal with complaints, as well as with the escalation of non-routine complaints;
- if necessary, appoint an independent mediator to resolve the complaint;
- deal with complaints in a timely and fair manner, with every complaint receiving proper consideration in a process that is managed appropriately and effectively by responsible staff members;
- offer appropriate remedy in all cases where a complaint is resolved in favour of a client;
- inform clients of their right to refer their complaints to the relevant Ombud offices, should a complaint not be resolved to their satisfaction within six weeks from the date on which the complaint is received;
- maintain records of all complaints received for a period of five years, which will specify the outcome of all the complaints lodged; and
- implement follow-up procedures to:
 - Implement remedial actions to prevent similar complaints from occurring; and
 - Improve services and procedures where necessary within Smart Life and EasyPay Insurance .

4. ALLOCATION OF RESPONSIBILITIES

4.1 The Smart Life Board of directors has delegated the management of complaints and the oversight for implementation of this framework to the Chairperson of the Risk and Compliance Committee (herein referred to as “RISCO”). The Chief Financial Officer (herein referred to as “CFO”) is the person to whom RISCO has delegated the management and oversight of complaints handling and ensuring that processes and procedures to deal with complaints are consistent with the framework. The CFO provides quarterly reports on complaints to RISCO. The Information Officer will assist the CFO in dealing with POPIA related complaints.

4.2 The CFO meets the requirements of the PPR in so far as training is concerned, experience, knowledge and skills in handling complaints as well as fair treatment of customers. He possesses a good understanding of

relevant legal and regulatory matters which relates to complaints and complaints management. As a CFO of the organisation, he is empowered to make impartial decisions or recommendations. Initial decision-making regarding complaints rest with the Operational Manager and thereafter the Complaints Management Committee.

5. CONDITIONS APPLICABLE TO COMPLAINTS

- 5.1 For a complaint to be valid, there must have been an act or omission of an act. All complaints received by Smart Life and EasyPay Insurance , irrespective of the channel followed to bring it to the attention of Smart Life and EasyPay Insurance , will be regarded as a complaint resulting from an act or omission regarding to one of the following categories:
- The design of a policy or related service, including the premiums or other fees or charges related to that policy or service;
 - The information provided to policyholders;
 - The advice provided to the policyholders, including potential policyholders;
 - Performance of the policy;
 - Provision of service to policyholders, including premium collection and lapsing of policies;
 - Policy accessibility, changes or switches;
 - Insurance risk claims, including non-payment of claims;
 - Privacy and POPIA related complaints.
- 5.2 Smart Life and EasyPay Insurance 's Complaints Register has been designed in such a manner that all the above-mentioned categories are catered for and complaints are recorded in accordance with these categories.
- 5.3 All Ombud complaints must be received by the Ombud within 3 years of the act or omission that resulted in the complaint – if the complainant was unaware of the act or omission, the 3 years begins from the date on which the complainant became aware, or from the date on which the reasonable person in his/her circumstances would have become aware, whichever date is earliest. If the complainant already instituted an action in a court of law relating to the matter forming the subject of the complaint submitted to the Ombud, the Ombud will not consider the complaint.
- 5.4 The FSP must attempt to first resolve the complaint. Should the FSP fail to resolve the complaint to the satisfaction of the complainant within 6 weeks of receipt of the complaint, the complainant may then take the matter to the Ombud. The complainant has up to 6 months after receipt of the response, to go to the Ombud.

6. INTERNAL COMPLAINTS HANDLING PROCEDURES

6.1 To ensure a quick and appropriate response to complaints, the following process should be used at all times by all relevant staff:

- Log the date and contents of the complaint in the Complaints Register.
- If a complaint is not in writing, ask the client to lodge the complaint in writing.
- Appoint a staff member (one of the head of departments) responsible for the resolution of the complaint.
- Acknowledge receipt of the complaint in writing within 24 hours (applies to weekdays) of receipt and give the complainant the name(s) and contact details of the staff responsible for the resolution of the complaint.
- Investigate the complaint to ascertain whether the complaint is legitimate and/or can be resolved immediately (within five working days from the date of receipt).
- If the complaint cannot be resolved immediately and supporting documentation (if any) is required to resolve the complaint, communicate to the complainant the expected date of resolution.
- Upon expiry of these timelines, a complaint may be escalated to the complaints committee.
- If unable to resolve the complaint within 6 weeks of logging the complaint in the Complaints Register or where the complaint is rejected, notify the complainant, accordingly, stating clear and adequate reasons for the decision and advise him/her of his/her right to:
 - proceed in terms of Rule 6(a) and 6(b) of the Rules on Proceedings of the Office of the Ombud for Financial Services Providers (see below); or
 - seek legal redress in another forum.
- Update the register with all developments/activities.

6.2 Where a complaint has been referred or escalated to the Ombud, Smart Life and EasyPay Insurance is committed to collaborate and cooperate with the Ombud concerned and will submit any fact, information or documentation required by the Ombud to reach its decision on the complaint. If required, Smart Life and EasyPay Insurance will discuss the complaint with the Ombud to assist where required. Smart Life and EasyPay Insurance will act professionally and with the view of ensuring efficient resolution of the complaint.

7. OBLIGATIONS OF EMPLOYEES

- 7.1 Should any employee, including supervisors, representatives and administrators, receive a complaint directly from a customer, this must be forwarded to complaints@smartlife.co.za

8. THE COMPLAINTS COMMITTEE

- 8.1 Smart Life and EasyPay Insurance has formed a Complaints Committee which reviews all the complaints and the decisions made. It is this committee which takes decisions on all compensation payments payable to complainants ~~who~~ complaints were ruled in their favour and it can be evidenced that they have incurred financial loss due to Smart Life and EasyPay Insurance's act or omission to act, contravention, non-compliance or unfair treatment ~~on~~ the basis of the complaint.
- 8.2 The committee comprises of the Chief Executive Officer, CFO, Operations Manager, Head of Compliance and the Client Services Team Leader. The committee sits bi-monthly.
- 8.3 It is not the objective of this committee to take decisions on the resolution of the complaints, but where a need arise, certain complex complaints may be escalated to this committee for decision making. The committee is mindful of the regulated timelines and where necessary, it is able to convene to address and take decisions on the resolution of escalated complaints. Following the decision taken by this committee to make a compensation payment, goodwill payment or any other action in respect of the complainant, such decision is carried out within 24 hours.
- 8.4 In addition to the above, this committee's purpose is to monitor determinations, publications and guidance issued by any relevant Ombud with a view to keep abreast of any changes in the industry.

9. MANAGEMENT OF COMPLAINTS RECORD

- 9.1 Smart Life and EasyPay Insurance has a Data Management Framework which applies across the organisation and it is this framework which governs how business records will be handled and managed. Smart Life and EasyPay Insurance has implemented a Complaints Register through which it ensures accurate, efficient and secure recording of complaints and related information. All the information which relates to the complainant, details of the complaint, progress status, categories of complaints, etc. are catered for in the Complaint Register.
- 9.2 Reports on complaints are tabled at monthly MANCO meetings and a high-level report on number of complaints received, Ombud complaints, etc. are tabled at quarterly RISCO meetings. The complaints

committee deals with the analysis of the complaints in terms of trends, root causes, reasons for rejecting complaints, service level agreements in terms of timelines, etc.

9.3 From the Complaints Register, Smart Life and EasyPay Insurance will be able to extract data which talks to the following:

- Number of complaints received;
- Number of complaints upheld;
- Number of rejected complaints and reasons for rejection;
- Number of complaints referred to an Ombud and their outcome; and
- Number of complaints outstanding.

9.4 Where the complaints committee has taken a decision to pay the complainant a compensation or goodwill payment, such information will be available for reporting to the relevant structures. Smart Life and EasyPay Insurance continuously scrutinises and analyses the complaints information and use the outcome to identify and manage its risk and to improve its controls.

10. COMMUNICATION WITH COMPLAINANTS

10.1 Smart Life and EasyPay Insurance follows the process which allows its representatives to inform the clients, at the point of entering a transaction, indicating the channels through which the client can make or lodge complaints against Smart Life and EasyPay Insurance and/or its representatives. In line with the provisions of the applicable legislation, Smart Life and EasyPay Insurance complaints information is included as part of the statutory disclosure document and it is provided, at the point of entering a transaction, to the client as part of the terms and conditions of the policy contract.

10.2 In acknowledging receipt, the complainant is informed of the process which Smart Life and EasyPay Insurance follows to handle complaints. The complainant is kept informed during the investigation and the resolution process of the complaint.

11. DEALING WITH OMBUD COMPLAINTS

11.1 Smart Life and EasyPay Insurance has implemented five channels through which a complainant can make or lodge complaints or bring to its attention an expression of dissatisfaction in relation to its products or services. The Ombud Office contact details form part of the complaint information which is communicated (verbally and in writing) to the client at the point of entering a transaction with Smart Life and EasyPay Insurance . The Ombud offices use the email channel to bring a complainant's expression of dissatisfaction to the attention of Smart Life and EasyPay Insurance .

11.2 Smart Life and EasyPay Insurance has posters at all its branches which display the details of the Ombud and the fact that the client is free to use that information if she/he is not satisfied with the manner in which

her/his complaint was dealt with by Smart Life and EasyPay Insurance . All complaints are recorded in the Complaints Register and are reviewed and analysed accordingly by the complaints committee.

- 11.3 In advancing the fair treatment of the complainants, Smart Life and EasyPay Insurance maintains open and honest communication and co-operates with the relevant Ombud.

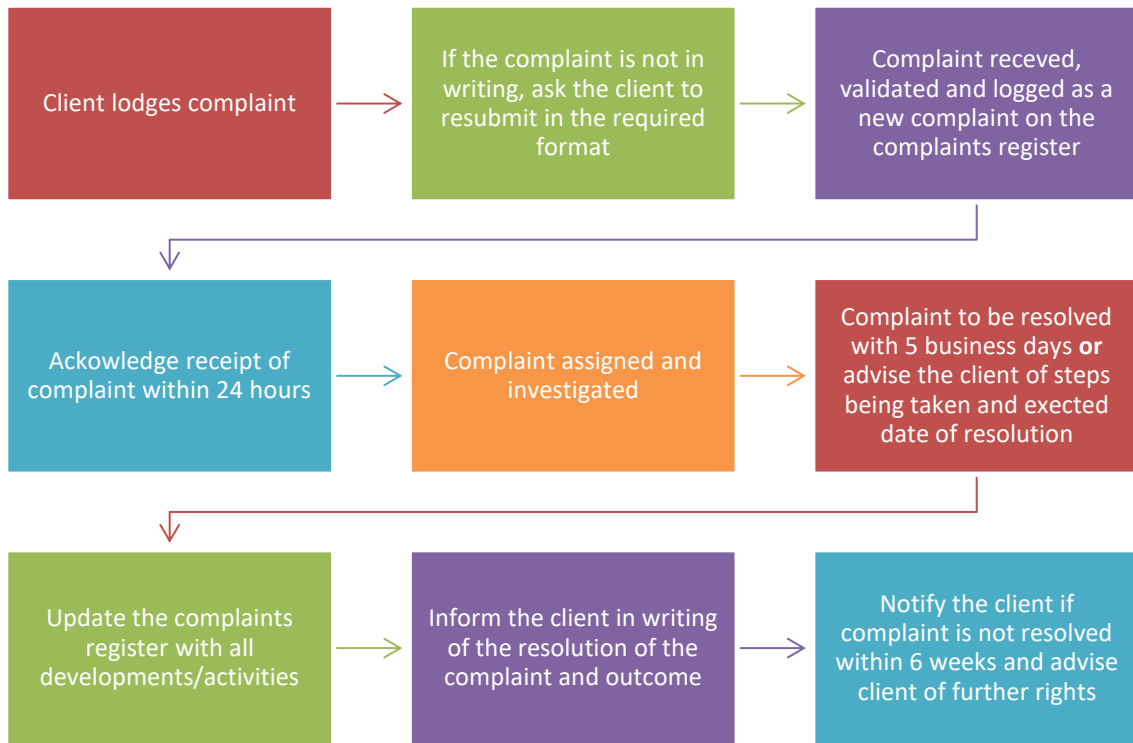
12. SPECIFICATIONS REGARDING FAIS OMBUD COMPLAINTS

- 12.1 The Complaints Resolution Policy requires clients to contact Smart Life and EasyPay Insurance , before submitting a complaint to the Ombud.
- 12.2 Smart Life and EasyPay Insurance has six weeks in which to resolve the complaint with the complainant.
- 12.3 Where the complaint is not resolved in favor of the complainant, Smart Life and EasyPay Insurance must inform the complainant that the complaint may be referred to the Ombud if the complainant wishes to pursue the matter.
- 12.4 After receipt of the final response from Smart Life and EasyPay Insurance , the complainant has six months within which to submit a complaint to the Ombud.



Easy Pay Insurance products are underwritten by The Smart Life Insurance Company Limited, a licensed life insurer and an authorised financial services provider (FSP45983)

ANNEXURE A - COMPLAINTS PROCESS FLOW CHART



ANNEXURE B - OMBUD CONTACT DETAILS

Long-term Insurance Ombudsman

Postal address: Private Bag X45, Claremont, Cape Town, 7735
Telephone: 021 657 5000 / 0860 103 236
Fax: 021 674 0951
E-mail: info@ombud.co.za
Website: www.ombud.co.za

The FAIS Ombudsman

Postal address: P.O. Box 74571, Lynnwood Ridge, Pretoria, 0040
Telephone: 012 762 5000 / 012 470 9080
Fax: 012 348 3447 / 086 764 1422
E-mail address: info@faisombud.co.za
Website: www.faisombud.co.za

The Information Regulator

Postal address: P.O. Box 31533, Braamfontein, Johannesburg, 2017
Telephone: +27 10 023 5200
E-mail address: enquiries@info regulator.org.za
Website: www.info regulator.org.za