

ONE PLAN™

Health Insurance

Underwritten by



Complaints Resolution Policy

Effective Date: 1 April 2017

Version: 2.0

The purpose of the Complaint Resolution Policy is to ensure compliance with the Short-Term Insurance Act, Financial Advisory and Intermediary Services Act (FAIS), the Policy Holder Protection Rules for Short-Term Insurance and any other applicable legislation. We have embedded the principles of TCF (Treating Customers Fairly) into our culture and it forms the foundation of our commitment to our policyholders.

1 OUR COMMITMENT TO YOU

Our complaints policy is available to you on request, published on our website and contained in our policy documentation. All complaints will be dealt with timeously and fairly and all the relevant staff receive training on a regular basis with regards to our complaints policy in accordance with the provisions of FAIS. All our records are kept for a minimum period of 5 years and this is a statutory requirement in terms of FAIS.

All your personal information (as per the Protection of Personal Information ACT–POPI) will be held for this period. The information submitted by you will be made available to and processed by our staff where required, as well as our external compliance practice for audit purposes, the Regulator (FSB) and any Ombud /Ombudsman who has jurisdiction. It is our business practice to retain records indefinitely so that we can identify possible trends and avoid similar complaints going forward.

This information is kept in accordance with our PAIA policies. Corrective measures are taken to ensure that problems and shortcomings are identified and that the same complaint will not occur again. Our staff and representatives adhere to the requirements of FAIS at all times.

2 COMPLAINT HAS TO BE IN WRITING

In order for a complaint to receive the attention that it deserves, we request that your complaint is submitted to us in writing. Please ensure, that where the complaint is delivered by hand or by any other means, that you retain proof of delivery.

Please address your written complaints to: The Complaints Officer
complaints@oneplan.co.za

The following information must be provided in order for us to assist you:

- 1 Your name, surname, contact details and confirmation of where communication must be sent to
- 2 A complete and detailed description of your complaint. Please include any supporting documentation.
- 3 Expected outcome / resolution

3 COMPLAINT HAS TO BE RELEVANT

The financial services environment is complex. We will endeavour to address all reasonable requests from our clients, but may also refer you to a more appropriate facility. Where the complaint pertains to any aspect of our service, rejected claims or any disclosures that ought to be made by us, we will endeavour to address those complaints in writing, within 21 days.

4 PROCEDURE

The following is a step-by-step guideline of how a complaint will be dealt with, once received by us:

1. The complaint will be acknowledged within one business day of receipt.
2. The complaint will be assessed and, if a valid complaint, will be logged into our central complaints register.
3. The complaint will be allocated to a trained and skilled person who specialises in that type of complaint. This may not necessarily be the person to whom you addressed the complaint.
4. The complaint will be investigated and we will revert to you with our findings within 21 (twenty one) days. You may be requested to provide additional information before we provide you with a final resolution. If we require further time to investigate the complaint, this will be communicated to you in writing.
5. You will receive a response in writing with full reasons.
6. In the event that you are not satisfied with our solution, you may refer the complaint to the Managing Director

South Africa

Tel: 010 001 0141 **Web:** www.oneplan.co.za

Address: 54 Maxwell Drive, Woodmead North Office Park, Woodmead 2021

Oneplan is administered by Oneplan Underwriting Managers (PTY) Ltd an authorised financial services provider 43628. Oneplan is not a Medical Aid Scheme but a short-term insurance product underwritten by Bryte Insurance Company Limited.



of our business. The Managing Director may amend the solution or confirm it. Please be informed that certain decisions may have to be approved by the Board or Management committee of the company. In such a case, we will communicate that fact to you, as well as the date on which a decision will be taken.

7. If, after having referred the complaint to the Managing Director, you are still not satisfied with the outcome, we will regard the complaint as being unsatisfactorily resolved. In such a case, you may approach the office of the FAIS Ombud for Financial Services Providers, Ombudsman for Short Term Insurance or take such other steps as may be advised by your legal representatives.
8. For rejected claims, you will be provided with the reasons in writing and the external complaints avenues available. If a claim is rejected, representation must be made within 90 (ninety) days of the date of the letter of rejection. If a dispute is not satisfactorily resolved after following the above steps, legal action may be instituted. Summons must be served within 180 (one hundred and eighty) days from the date of original letter of rejection.
9. You must, if you wish to refer a matter to the Ombud or Ombudsman, do so within a period of six months. The Ombud will not adjudicate in matters exceeding a value of R800 000.00 and the Ombudsman will not adjudicate matters exceeding R2 000 000.00.
10. The Ombud / Ombudsman Offices may be contacted as follows:

Ombudsman for Short-Term Insurance

Sunnyside Office Park
5th Floor, Building D
32 Princess of Wales Terrace
Parktown, JHB

Tel: 011 726 8900
0860 726 890 (Sharecall)
Email: info@osti.co.za

FAIS Ombud

Celtis House,
Eastwood Office Park
Lynwood, Pretoria

Tel: 0860 324 766
Email: info@faisombud.co.za

Council for Medical Schemes

Block A
Eco Glades 2 Office Park
420 Witch - Hazel Avenue
Eco Park, Centurion

Tel: 012 431 0500
Email: information@medicalschemes.com

11. In the event of us not reverting to you within the time periods indicated above, kindly contact Irene Willis for an explanation as to why we have not yet communicated with you. Please do not accept any communication from any person until it has been confirmed in writing.

The policy has been accepted by the Board of Directors and will be reviewed annually

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