

Complaints Management Framework

for

**METROPOLITAN LIFE, A DIVISION OF MOMENTUM
METROPOLITAN LIFE LIMITED.**

Policy Owner: Executive Manager Service and Operations
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1. Overview

1.1 Document History

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1.2 Operational Approvals

This document has obtained the following approvals:

Name	Title	Doc Version	Approval Signature	Date of Approval
Thabo Molo	Executive Head: Metropolitan Life Service and Operations	4.1		Minutes Exco 29.6.2021
Mariza Schlusche	Head: Metropolitan Life Service and Operations Client Care	4.1		
Jacques Solomon	Metropolitan Life Risk Business Partner	4.1		21/06/2021
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Annari van Jaarsveld	Metropolitan Life Compliance	4.1		21/06/2021

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This document has obtained the following approvals:

Name	Title	Doc Version	Approval Signature	Date of Approval
Executive Committee	Metropolitan Life Retail Exco	4.1		Refer to Exco Minutes 29/06/2021

Risk Committee	Risk Committee	4	Refer to Risk Committee Minutes	
Board of Directors	Board	4	Refer to minutes of Board meeting	

2. Definitions:

2.1 “Advice” means, subject to subsection (3)(a) the FAIS Act, any recommendation, guidance or proposal of a financial nature furnished, by any means or medium, to any client or group of clients-

in respect of the purchase of any financial product; or

in respect of the investment in any financial product; or

on the conclusion of any other transaction, including a loan or cession, aimed at the incurring of any liability or the acquisition of any right or benefit in respect of any financial product; or

on the variation of any term or condition applying to a financial product, on the replacement of any such product, or on the termination of any purchase of or investment in any such product, and irrespective of whether or not such advice-

- i. is furnished in the course of or incidental to financial planning in connection with the affairs of the client; or
- ii. results in any such purchase, investment, transaction, variation, replacement or termination, as the case may be, being effected;
- iii. results in the purchase by the Complainant of any product based on the advice;

2.2 Complainant” means a person who submits a complaint and includes a –

- (a) policyholder or the policyholder’s successor in title;
- (b) beneficiary or 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 of a funeral plan; or
- (f) potential client or potential member of a funeral plan 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);

2.3 “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 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;

- 2.4 “Compensation payment”** means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of an insurer to a complainant to compensate the complainant for a proven or estimated financial loss incurred as a result of the insurer’s contravention, non-compliance, action, failure to act, or unfair treatment forming the basis of the complaint, where the insurer 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 the insurer where such payment was not contractually due;
- and includes any interest on late payment of any amount referred to in (b) or (c);
- 2.5 “Goodwill payment”** means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of an insurer to a complainant as an expression of goodwill aimed at resolving a complaint, where the insurer does not accept liability for any financial loss to the complainant as a result of the matter complained about;
- 2.6 “Policyholder query”** means a request to the insurer or the insurer’s service provider by or on behalf of a policyholder, for information regarding the insurer’s policies, services or related processes, or to carry out a transaction or action in relation to any such policy or service;
- 2.7 “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 the insurer as unjustified or invalid, or where the complainant does not accept or respond to the insurer’s proposals to resolve the complaint;
- 2.8 “Reportable complaint”** means any complaint other than a complaint that has been – upheld immediately by the person who initially received the complaint;
- (a) upheld within the insurer’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; or
 - (b) submitted to or brought to the attention of the insurer in such a manner that the insurer does not have a reasonable opportunity to record such details of the complaint as may be prescribed in relation to reportable complaints;
- 2.9 “Upheld”** means that a complaint has been finalised in that –
- (a) the complainant has explicitly accepted that the matter is fully resolved; or
 - (b) it is reasonable for the insurer to assume that the complainant has so accepted; and all undertakings made by the insurer 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 the insurer within a time acceptable to the complainant;
- 2.10 “Complaints Management”** means the management of the entire lifecycle of a complaint. This starts with the ease of process for the client to lodge complaints and the associated communication. It includes the way complaints are handled, recorded, resolved and quality controlled; the way people involved in complaints management processes are managed and trained; the way decisions are made; the way clients’ trust is restored; the way the reports are compiled and analysed; and ultimately the way business learns from the feedback gleaned from complaints and takes corrective and proactive action accordingly;

- 2.11 “Complaints Management Head”** The individual appointed by the CEO to serve as head of the complaint’s management function within Metropolitan.
- 2.12 “Complaints Reporting System”** The set of electronic applications and related case management software used by Metropolitan for recording, classifying, routing, escalating, and resolving individual complaints received by the business.
- 2.13 “Complaints handling”** The process of attending to and resolving complaints including ongoing interaction with Complainants.
- 2.14 “Complaint Handling Staff”** Any person that is employed by Metropolitan, reports into the complaint team, and responsible for making decisions or recommendations in respect of complaints.
- 2.15 “Complaint Handling Staff Training”** A complaint handler must –
- (a) be adequately trained;
 - (b) have an appropriate mix of experience, knowledge and skills in; complaints handling, fair treatment of customers, the subject matter of the complaints concerned and relevant legal and regulatory matters;
 - (c) not be subject to a conflict of interest; and
 - (d) be adequately empowered to make impartial decisions or recommendations.
- 2.16 “Evidence”** means all the information Metropolitan has obtained to review, adjudicate and resolve a complaint.
- 2.17 “FAIS complaint”** means a specific complaint, submitted by a Complainant to the FAIS Ombudsman for purposes of resolution by Metropolitan, relating to a financial service rendered by Metropolitan or its representative to the Complainant on or after the date of commencement of the FAIS Act.
- 2.18 “FAIS Ombud Complainant”** means a client who submits a complaint to the FAIS Ombudsman.
- 2.19 “Intermediary service”** means, subject to subsection (3)(b) the FAIS Act, any act other than the furnishing of advice, performed by a person for or on behalf of a client or product supplier –
- (a) the result of which is that a client may enter into, offers to enter into or enters into any transaction in respect of a financial product with a product supplier; or
 - (b) with a view to-
 - (c) buying, selling or otherwise dealing in (whether on a discretionary or non-discretionary basis), managing, administering, keeping in safe custody, maintaining or servicing a financial product purchased by a client from a product supplier or in which the client has invested;
 - (d) collecting or accounting for premiums or other moneys payable by the client to a product supplier in respect of a financial product; or
 - (e) receiving, submitting or processing the claims of a client against a product supplier;
- 2.20 “Non-Complainants”** Customers who have been treated fairly and who did not submit a complaint;

- 2.21** “**OLTI**” refers to the Ombudsman for Long-Term Insurance
- 2.22** “**OLTI Complaint**” for the purpose of this policy, is a complaint submitted to the Ombudsman for Long-Term Insurance (“OLTI”).
- 2.23** “**Outsourcing Agreement**” means any arrangement of any form between Metropolitan and another person, whether that person is regulated or supervised under any law or not, in terms of which that party performs a function that is integral to the nature of the Metropolitan business, which would otherwise be performed by Metropolitan in conducting insurance business, and includes rendering services under a binder agreement, but excludes rendering services as intermediary (**Outsourced business partner** will have corresponding meaning).
- 2.24** “**Reports (or reporting)**” means any periodic or ad-hoc reports (and related documents) obtained from the complaints management system and other sources in the business which shall be used for analysis, monitoring, submissions to regulatory authorities, and the making of recommendations to the business.

3. Objectives:

- 3.1** The Complaints Management Framework formalises the practices required for effective management and handling of client complaints within the Metropolitan Group of Companies (“Metropolitan”). The objective is to ensure effective standards of complaints management in order to:
- (a) ensure fair outcomes for clients;
 - (b) protect and enhance Metropolitan’s reputation;
 - (c) allow for effective reporting, detailed analysis and identification of trends related to complaints;
 - (d) achieve effective and timely resolution of complaints in respect of acceptable turn-around times;
 - (e) provide guidelines for acknowledging complaints (and complainant communication) and for recording client complaints in a centralised manner;
 - (f) improve organisational effectiveness through learning from client feedback and root cause analysis;
 - (g) ensure effective management of complaints, in line with this framework;
 - (h) ensure effective engagement between the insurer and the relevant Ombudsman scheme;
 - (i) ensure requirements are met for reporting to the Registrar and / or the public (if required);
 - (j) restore and enhance relationships with complainants and non-complainants for the purpose of on-going business retention and growth;
 - (k) ensure objectivity by the complaints handling staff in attending to and resolving a complaint.
- 3.2** This framework provides general principles to guide the way complaints are managed within Metropolitan. Where an outsourced partner or a company or business within Metropolitan has a policy, process or procedures, guide or training manual relating to complaints management, all such documents must comply with, and not contradict, this framework.
- 3.3** This framework sets out Metropolitan’s philosophy concerning the way complaints are handled, resolved, and maximised (maximised refers to conducting analysis of complaints for root cause analysis to ensure processes are improved to reduce complaints where necessary).

- 3.4 This framework will be reviewed by Compliance at least annually and presented to the Board of Directors for approval.

4. Scope

- 4.1 This framework applies to Metropolitan, a division of Momentum Metropolitan Life Limited.
- 4.2 Where any business units within Metropolitan have agreements with outsourced business partners that have any part to play in the complaints handling or resolution or record keeping process, it is recommended that those agreements may state minimum standards necessary for complaints management.
- 4.3 Each entity that has entered into a shareholders agreement with Metropolitan must ensure that they and/or their outsourced business partners have a complaint management process that:
- (a) is proportionate to the nature, scale and complexity of their business and risks;
 - (b) clearly sets out the responsibilities of any binder holders in relation to the handling and reporting of complaints;
 - (c) is appropriate for their business model, policies, services, policyholders, and beneficiaries;
 - (d) 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;
 - (e) does not impose unreasonable barriers to complainants; and
 - (f) is fully compliant with the Financial Advisory and Intermediary Services Act (FAIS as well as the Policy Holder Protection Rules (PPR's) (as amended).

5. *Legislative framework*

This framework upholds the provisions of the FAIS Act as well as the Policy Holder Protection Rules as amended.

6. *Principles*

The following principles apply to complaints management within Metropolitan:

- 6.1 **Accessibility:** Metropolitan makes complaint reporting visible to clients on all key documents provided to them as well as on its website.
- 6.2 **Client-centricity:** Focuses on creating the best experience for the customer by being fair and professional.
- 6.3 **Quality of investigation:** Metropolitan will take reasonable steps to gather and investigate all relevant information and circumstances when handling complaints.

- 6.4 Timely resolution:** Metropolitan’s quality standards recognise that all complaints must be resolved in a timely manner.
- 6.5 Consistent and objective decision-making:** Employees and decision-makers in Metropolitan must handle complaints fairly and objectively.
- 6.6 Independent review:** Through the Head of Client Care, Metropolitan will provide additional opportunities for independent review of complaints in line with the escalation and review process contained in this framework. Where required, segregation of duties and escalation procedures will be utilised to maintain and safeguard independence of employees responsible for handling complaints.
- 6.7 Confidentiality of client information and data:** As far as is reasonable, Metropolitan will maintain the confidentiality of clients’ personal information and comply with the relevant legislation to ensure that internal controls are in place for safeguarding of data.
- 6.8 Accuracy of record-keeping:** Complaints must be accurately, efficiently and securely recorded.
- 6.9 Communication before, during and after complaint:** Metropolitan will provide clients with clear communication concerning how they can complain and progress throughout the complaint handling process.
- 6.10 Quality Assurance:** Metropolitan will ensure that there is an appropriate level of quality assurance in place to monitor that the standards referred to in this framework are adhered to.
- 6.11 Meaningful Management Information and Analysis:** Useful management information reports pertaining to complaints will be developed and implemented, subject to regulatory requirements and business needs.

7. Allocation of Responsibilities

The table below outlines the roles and responsibilities of the stakeholders responsible for governance of the framework:

Responsibility	Structure	Interest, Duties and Responsibilities
Supervision	Board of Directors	The Board is ultimately responsible for the requirements of this framework but delegates some functions to board committees, management committees, other forums, managers, and any other persons.

	Risk Committee	<p>The Risk Committee must approve changes to this framework and monitor adherence to this framework.</p> <p>The Risk Committee is responsible for ensuring that all committees, forums and individuals who have responsibility under the Policy fulfil their responsibilities in a timely and diligent manner.</p>
	Audit Committee	<p>The Audit Committee is responsible for the governance of the applicable assurance provider's assessment of compliance with a framework. It is responsible for assigning and monitoring remediation of any non-compliance or other findings by the assurance provider.</p>
Operational Implementation	Metropolitan Executive Committee	<p>Approves and oversees the effectiveness of this framework.</p>
	Market Conduct Steering Committee	<p>Assists the Board by:</p> <ul style="list-style-type: none"> • Implementing the requirements of this framework • Providing ongoing guidance to the business on matters relating to this framework • Monitoring ongoing operating effectiveness of the framework and • Reporting to Exco, the business and other forums on the business performance and adherence in relation to requirements, procedures and standards set out in this framework

	Head: Client Care	The Head of Client Care is responsible for: <ul style="list-style-type: none"> Operational implementation of this framework and processes developed in accordance with this framework; Ensuring the execution of agreed standards including quality assurance.
	Complaint Assessors	Respond to all complaints in accordance with this framework
Consulted	Risk Management	Risk Management is responsible for reviewing adherence to the requirements outlined by this framework.
	Compliance	Compliance is responsible for: <ul style="list-style-type: none"> Reviewing adherence to the requirements outlined by this framework. Ensuring that this framework remains in line with legislation.
Informed	Executive Committee Risk Committee Combined Assurance Forum (CAF)	Are kept informed of complaints received and whether or not there was compliance with this framework in the resolution thereof.

8. Complaint Management Process and categorisation of complaints

Metropolitan categorises its complaints into three different levels.

Level 1, is an entry level complaint resolved at first point of contact;

Level 2, is an escalation of a more complex complaint, where level one has not been resolved and;

Level 3, is all complaints from a regulatory body.

All communications with complainants must be in plain language. Metropolitan will ensure that regular monitoring is done on compliance as well as the effectiveness of this framework generally.

Categorisation of complaints:

Level 1 Complaints:

Are entry level complaints, often not complex, and can be resolved at first point of contact.

All complaints must be centralised to email: info@metropolitan.co.za, contact centre 0860 724 724, face-to-face at client service offices (Points of Presence) or for self-service to the Metropolitan website: www.metropolitan.co.za.

Complaints are escalated as follows:

- Consultant
- Team leader
- Contact Centre or Client Service Manager
- Head of service

Level 2 Complaints:

All unresolved Level 1 complaints, social media complaints, media house complaints and executive suite complaints are escalated to a centralised team, Client Care. All complaints must be emailed to: clientcare@metropolitan.co.za

Complaints are escalated as follows:

- Complaint Assessor
- Complaints Manager
- Head of Client Care

Level 3 Complaints:

All regulatory body complaints are centralised to Client Care. All complaints must be emailed to: clientcare@metropolitan.co.za

Complaints are escalated as follows:

- Complaint Assessor
- Complaints Manager
- Head of Client Care

Performance measurement and incentivisation principles

Complaints assessors are remunerated according to the Metropolitan's Human Capital standards which includes role profiling and regular benchmarking. Complaint assessors do not get incentivised for successful complaint handling nor do they earn commission or bonuses.

Process

Metropolitan must within a reasonable time (48 hours) after receipt of a complaint acknowledge receipt thereof and promptly inform a complainant of the process to be followed in handling the complaint, including:

- contact details of the person or department that will be handling the complaint;
- indicative timelines for addressing the complaint;
- details of the internal complaint's escalation and review process if the complainant is not satisfied with the outcome of a complaint; and

- details of escalation of complaints to the office of a relevant Ombud where applicable.

Complainants must adequately be informed of:

- the progress of their complaint;
- causes of any delay in the finalisation of a complaint and revised timelines; and
- the insurer's decision in response to the complaint.

Escalation

An appropriate internal complaints escalation and review process is established which:

- is not overly complicated and does not impose unduly burdensome paperwork or other administrative requirements on complainants;
- follows a balanced approach which considers the legitimate interests of all parties involved including the fair treatment of complainants;
- provides for internal escalation of complex or unusual complaints at the instance of the initial complaint handler;
- provides for complainants to escalate complaints not resolved to their satisfaction; and

8.1 Process for Complaints relating to a Metropolitan error, employee or service:

- 8.1.1 The complaint channels above will be monitored by the complaint handling staff daily;
- 8.1.2 Each complaint will be recorded on the complaints reporting system by the complaints handling staff member within 48 hours of receipt;
- 8.1.3 The following details will be captured in respect of each reportable complaint:
- (a) all relevant details of the complainant and the subject matter of the complaint;
 - (b) copies of all relevant, evidence, correspondence & decisions;
 - (c) the complaint categorisation as set out below:
 - i. complaints relating to the design of a policy or related service, including the premiums or other fees or charges related to that policy or service;
 - ii. complaints relating to information provided to policyholders;
 - iii. complaints relating to advice;
 - iv. complaints relating to policy performance;
 - v. complaints relating to service to policyholders, including complaints relating to premium collection or lapsing of policies;
 - vi. complaints relating to policy accessibility, changes or switches;
 - vii. complaints relating to complaints handling;
 - viii. complaints relating to insurance risk claims, including non-payment of claims; and
 - ix. other complaint categories relevant to our business model, policies, services and policyholder base.

- (d) progress and status of the complaint, including whether such progress is within or outside any timelines set out in this framework.
- 8.1.4 An acknowledgement of receipt will be sent to the complainant on the day that the complaint is recorded and the acknowledgement will contain the following information:
- (a) contact details of the person or department that will be handling the complaint;
 - (b) indicative timelines for addressing the complaint;
 - (c) details of the internal complaints escalation and review process if the complainant is not satisfied with the outcome of a complaint; and
 - (d) details of escalation of complaints to the office of a relevant Ombud where applicable.
- 8.1.5 A decision will be made on each complex complaint within **15 working days** after taking reasonable steps to gather and investigate all relevant and appropriate information and circumstances, with due regard to the fair treatment of complainants. Should additional time be required, Metropolitan will consult and notify the client.
- 8.1.6 Each complainant must be kept adequately informed of
- (a) The progress of their complaint;
 - (b) Causes of any delay in the finalisation of a complaint and revised timelines.
- 8.1.7 Metropolitan may consider and offer compensation to a complainant who is financially prejudiced as a result of our contravention, non-compliance, action, failure to act, or unfair treatment after all facts and submissions have been taken into account.
- 8.1.8 A written response will be sent to a complainant or their authorised representative once the complaint is finalised:
- (a) Where a complaint is upheld, any commitment to make a compensation payment, goodwill payment or to take any other action will be carried out without undue delay and once the complainant has accepted the offer
 - (b) Where a complaint is rejected, the complainant will be provided with clear and adequate reasons for the decision and be informed of the escalation or review process, including how to use it and any relevant time limits.
- 8.1.9 Metropolitan shall make available the following information in our offices, website and through our contact centres:
- (a) Details of information required from complainants;
 - (b) Where, how and to whom the complaints and related information must be submitted;
 - (c) Expected turnaround times in relation to complaints; and
 - (d) Any other relevant responsibilities of complainants.
- 8.1.10 Metropolitan will analyse complaint reports extracted from the complaint reporting system monthly. Findings on identified risks, trends and actions taken will be contained in dashboards and market conduct reports that are presented to executive forums, product solutions and other business units and the Board.

8.2 Process for complaints relating to a Metropolitan product or related service offered in terms of an outsourced agreement:

- 8.2.1 Metropolitan will ensure that each outsource agreement clearly state what our minimum requirements are for complaint handling and reporting;
- 8.2.2 Metropolitan will ensure that each service provider or outsourced business partner has adequate complaints management processes in place to ensure the accurate recording of all reportable complaints and the fair treatment of complainants;
- 8.2.3 Metropolitan will ensure that each outsource agreement includes an obligation on the outsourced business partner to submit complaints data to Metropolitan as prescribed and in the format required by Metropolitan that would allow Metropolitan to analyse and aggregate complaints data;
- 8.2.4 Complaints received by Metropolitan will be referred to the outsourced business partners for resolution within 48 business hours after receipt.
- 8.2.5 Metropolitan will aggregate and analyse complaints reports received from outsourced business partners monthly. Findings on identified risks, trends and actions taken will be contained in market conduct reports that are presented to executive forums and the Board.

8.3 Social media complaints:

- 8.3.1 Metropolitan outsources social media monitoring.
- 8.3.2 Social media complaints received will be centralised to the complaint channels in 8. above.
- 8.3.3 Complaint handling staff will log the complaint on the complaint management system immediately once notification has been received and liaise with the relevant outsourced business partner / department to formulate a response that will be posted to the relevant social media platform within **24 hours**.
- 8.3.4 The complaint will then be investigated and registered.

8.4 Complaint Escalation and Review Process

- 8.4.1 Complaint handling staff, outsourced partners and complainants may refer complex or unresolved complaints to Metropolitan Life Client Care Head for consideration and review.

Contact details are as follows:

Email: clientcare@metropolitan.co.za

Head: Mariza Schlusche

- 8.4.2 Client Care will acknowledge receipt of the complaint escalation within **48 hours** and inform the referrer of:
 - (a) Details of information required from referrer;
 - (b) Where, how and to whom the complaints and related information must be submitted;
 - (c) Expected turnaround times to finalise the complaint escalation or review;
 - (d) Any other relevant responsibilities of the referrer.

8.4.3 Client Care will inform the referrer of the outcome of the referral within **15 working days** after receipt.

8.4.4 Client Care staff will ensure that decisions are impartial with due regard to the fair treatment of customers at all times by;

- Conducting a thorough investigation;
- Applying TCF principles to each complaint;
- Discuss complexity at a complaint forum with representation from relevant business units that may include subject matter experts, legal, risk and compliance.

8.4.5 The Head of Client Care may decline to consider or may dismiss a complaint, at any stage of the complaints handling process, if it appears to him/her that:

- the complaint is being pursued in a dishonest, frivolous, vexatious, abusive or unreasonable manner; or
- the complainant refuses to provide any additional information that may be requested or required by Metropolitan in order to effectively assess the legitimacy of the complaint.

9. Engagement with Ombud Schemes

General:

- (a) Metropolitan must clearly and transparently communicate the availability and contact details of the relevant Ombudsman schemes to customers on all applicable disclosure documentation.
- (b) Provide information regarding the availability and contact details of the relevant Ombudsman services on our websites.
- (c) Although Metropolitan cannot control when a client will escalate a complaint to the respective Ombudsman, Metropolitan will always:
 - i. Maintain open and honest communication and co-operation between ourselves and any Ombud with whom we deal; and
 - ii. Endeavour to resolve a complaint before a final determination or ruling is made by an Ombud, without impeding or unduly delaying a complainant's access to an Ombud.
- (d) Metropolitan will maintain specific records and carry out specific analysis of complaints referred to the Ombudsman and their outcomes by;

Nature of complaint:

1. Claims Declined (non*disclosure)
 2. Claims Declined (policy terms and conditions not recognised or met)
 3. Dissatisfaction with policy performance and maturity values
 4. Dissatisfaction with surrender or paid-up values
 5. Miscellaneous
 6. Misrepresentation
 7. Miss- selling
 8. Poor Service which includes, communications/documents or information not supplied
- (e) The Head of Client Care within Metropolitan monitors determinations (whether involving our business or others), publications and guidance issued by the relevant Ombudsman with a view to identifying failings of risks in Metropolitan's products, services or practices and to be aware

of such rulings or determinations in relation to claims process and interpretation of policy provisions across the board.

9.1 Complaints referred to the office of the Ombudsman for Financial Services in accordance with the FAIS Act:

9.1.1 Introduction

Momentum Metropolitan Life Limited (hereinafter referred to as “Metropolitan Life”), is an authorised Financial Services Providers (hereinafter referred to as “FSPs”) in terms of the Financial Advisory and Intermediary Services Act No. 37 of 2002 (“the FAIS Act”).

As an FSP we are obliged to maintain an Internal Complaints resolution process which includes the maintenance of a comprehensive complaints framework outlining our commitment to and procedures for internal resolution of complaints which are required to be handled in accordance with the FAIS Act.

9.1.2 Communication and Escalation Process pertaining to “FAIS” related complaints

Internal Communication

The table in section 7 above outlines the roles and responsibilities of the stakeholders responsible for governance of this framework.

- Each governance structure specified above will receive routine feedback and communication related to the functioning of this framework on a periodic basis.
- Ad-hoc or non-routine communication may be performed from time to time.

External Communication:

- Reporting to the Financial Sector Conduct Authority (“FSCA”) must be done on an annual basis in respect of all FAIS complaints received for the reporting period, or as requested by the FSCA.
- From time to time, there may be a need to request information from external FSPs with respect to FAIS complaints received, in order to obtain information that will ensure a proper resolution of any such complaints.

9.1.3 Elements of a Complaint: Pertaining to “FAIS” related complaints

In terms of the FAIS Act, a complaint must relate to a financial service rendered by Metropolitan to the complainant, in which it is alleged that Metropolitan:

- has contravened or failed to comply with the FAIS Act and that as a result thereof the complainant has suffered or is likely to suffer financial prejudice or damage;
- has wilfully or negligently rendered a financial service to the complainant which has caused prejudice or damage to the complainant or which is likely to result in such prejudice or damage; or
- has treated the complainant unfairly.

The elements of a complaint are –

- It must be in respect of advice or intermediary services provided at any time after the 1st of October 2004; and
- The complainant must have suffered, or is likely to suffer, a financial loss as a result of failure on the part of Metropolitan to comply with the FAIS Act; or
- The complainant must have suffered, or is likely to suffer, financial loss as a result of Metropolitan having wilfully or negligently rendered advice or intermediary service to the complainant, which has caused prejudice or damage to the complainant, or which is likely to result in such prejudice or damage; or
- Metropolitan treated the complainant unfairly.

9.1.4 Metropolitan's FAIS Complaints Resolution Principles

The following are Metropolitan principles which must be followed by all employees involved in the management and resolution of FAIS complaints for Metropolitan:

- 9.1.4.1 This framework will at all times be available to complainants upon request, and/or may be accessed at any time through the Metropolitan website;
- 9.1.4.2 FAIS complaints must be submitted in writing and must contain all relevant information, and copies of all relevant documentation must be attached thereto.
- 9.1.4.3 All FAIS complaints will be logged on the complaint management system by the complaint handling staff member within **48 hours** after receipt;
- 9.1.4.4 The complaint handling staff member will also send a written acknowledgement of receipt to the complainant within **48 hours**.
- 9.1.4.5 The complaint handling staff member will assess the merits of the complaint to make a determination, either wholly or partially in favour of the complainant or the company.
- 9.1.4.6 Metropolitan shall have **6 weeks, or as stipulated by the regulator**, in which to respond.
- 9.1.4.7 All attempts to resolve the complaint will be undertaken and the final decision will be communicated to the complainant in writing once a final decision is made.
- 9.1.4.8 Such outcome must also be communicated to the FAIS Ombudsman.
- 9.1.4.9 As stipulated in the FAIS act, where a complaint cannot be resolved within six (6) weeks of receipt, Metropolitan will send a written correspondence to the complainant informing the complainant that the complainant may refer the complaint to the Office of The Ombudsman for Financial Services Providers (FSCA) within **six (6) months** of the date of the final correspondence from Metropolitan.
- 9.1.4.10 In the event of a dismissal of a complaint by Metropolitan, the complainant, if unsatisfied with the dismissal, may pursue further proceedings before the Office of The Ombudsman for Financial Services Providers in respect of such complaint.
- 9.1.4.11 Where a complainant remains unreasonable, and /or rejects any offer made, this too must be communicated to the FAIS Ombudsman. Any offer made that is accepted by the complainant must also be communicated to the FAIS Ombudsman by the complaints handling staff member.
- 9.1.4.12 There will be adequate training of all relevant staff, including imparting and ensuring full knowledge of the provisions of the FAIS Act, the Rules of the Office of The Ombudsman for Financial Services Providers and the FAIS Act General Code of Conduct, with regard to the management and resolution of FAIS complaints;

Internal analysis will be done on trends to avoid re-occurrence of similar FAIS complaints, and/or to improve services and complaints systems and procedures where necessary.

9.2 Complaints referred to the Ombudsman for Long Term Insurance (OLTI):

9.2.1 Introduction

In terms of this Policy, Ombudsman complaints shall be overseen by designated officials within the Metropolitan Group.

The terms of Reference of the OLTI prescribe the procedures that insurers must follow when handling matters referred to the Ombudsman.

9.2.2 Resolution Procedures for complaints referred to the Ombudsman (Long-Term Insurance (OLTI) shall be handled in accordance with the process outlined below:

- 9.2.2.1 The designated officials shall ensure that the complaint is handled in accordance with Policyholder Protection Rules (“PPR”) and the guidelines and definitions stipulated in the Terms of Reference for the OLTI.
- 9.2.2.2 Specifically, turnaround times for resolving complaints and the quality standards applied to such Ombudsman complaints must adhere to the stipulations and requirements prescribed by the OLTI.
- 9.2.2.3 When handling Ombudsman complaints, the responsible officials will request comprehensive information and related documentation from the relevant Metropolitan division or employee or the binder holder or intermediary or administrator in order to ensure that all relevant facts are properly considered in the resolution of the complaint.
- 9.2.2.4 The designated officials within Metropolitan may elect to refer matters back to divisional heads for further consideration in order to ensure that each matter is carefully considered before a response is submitted to the respective Ombudsman.
- 9.2.2.5 In accordance with this policy, where Metropolitan is involved in handling a complaint that has been referred to the Ombudsman for Long-Term Insurance, the processes as prescribed by the OLTI will apply;
 - 9.2.2.5.1 Where the complaint is classified as a STANDARD CASE:
 - (a) Metropolitan shall respond to the Ombudsman directly providing all supporting documentation; and/or in
 - (b) Formation (including but not limited to, policy documentation, recorded calls, claims documentation, the repudiation letter) in a detailed and professional manner describing how a decision was made.
 - 9.2.2.5.2 Where the complaint is classified as a TRANSFER CASE, Metropolitan will have an opportunity of dealing directly with the Complainant in order to resolve the matter before referring the matter back to the OLTI for mediation. The following must be considered:

- (a) It is in the best interests of Metropolitan to attempt to resolve any TRANSFER CASE without mediation from the OLT I as this will mean a cost reduction in the matter in the annual account.
 - (b) Metropolitan may discuss complex matters at their complaint forum to ensure a reasonable and fair outcome for the complainant.
 - (c) The OLT I will record that that the matter has been given due diligence and objectivity in reaching an outcome.
- 9.2.2.6 In instances where the complaint is resolved, Metropolitan must submit a copy of its response to the Complainant together with the complainant's acceptance of the resolution if finalised in favour of the Complainant.
- 9.2.2.7 Where the complainant accepts the decision even when the ruling is in favour of the entity, this too must be submitted back to the OLT I.
- 9.2.2.8 Where the complainant remains dissatisfied with the outcome of the complaint, after the review process by Metropolitan, Metropolitan must submit all evidence back to the OLT I for mediation within **21 working days** in either case to respond to the OLT I.
- 9.2.2.9 Metropolitan will abide by the determinations (and related appeal processes) made by OLT I as a subscribing member.
- 9.2.2.10 Metropolitan may appeal a determination by;
- The Head of Client Care may apply to the Ombudsman for leave to appeal against it to a designated Appeal Tribunal.
 - Such an application shall be made within a period of one calendar month from the date on which the determination that is challenged has been made.
 - Please refer to Rule 6 of the OLT I

10. Website www.metropolitan.co.za

- 10.1 The Metropolitan website provides easy access to submitting a complaint by;
- Make a complaint, submit complaint online by providing you details
 - Mail us your complaint via email info@metropolitan.co.za
 - Chat to us via WhatsApp or ChatBot on 0860724724
- 10.2 The Metropolitan website provides information on our internal escalation processes, turn-around times and escalation to the regulatory bodies.
- 10.3 Contact details for the regulators:
- Long-Term Insurance Ombudsman: Info@ombud.co.za
 - FAIS Ombudsman: info@faisombud.co.za
 - Pension Funds Adjudicator: Enquiries@pfa.org.za
- 10.4 Client Care will inform Brand when information changes and an update is required.

