

COMPLAINTS HANDLING

UNITRUST INSURANCE BROKER LLC



UniTrust[®]
Insurance Broker LLC
Your trusted business partner

HEALTH INSURANCE COMPLAINTS HANDLING POLICY

□ INTRODUCTION

It is recognized that all clients have the right to complain and therefore Unitrust has accordingly put in place this document that outlines the procedures to be followed for complaints handling for health (medical) insurance complaints in line with the guidelines and instructions provided by the Dubai Health Authority (DHA). This is done to ensure a speedy resolution of any complaint made to Unitrust. In this regard, complaints should be fully resolved within 4 weeks of receipt.

The complaints to Unitrust can be made using the following channels:

- Register a complaint through our 'contact us' tab on our official website
- Call us on this number to register a complaint- +971 4 386 2828
- Send an email of the complaint at- compliance@unitrustib.com

□ DEFINITION

Definition of a Complaint

Any expression of dissatisfaction by a customer, potential customer or other business partner or any regulatory body made to the company either directly or indirectly which is related to the service provided by the company or which is related to an employee of the company or which is related to a service provided by an intermediary acting on behalf of the company or provided by another business partner of the company such as but not limited to a health claims management company, hospital, clinic or physician.

What is not a complaint?

Any expression of dissatisfaction concerning denial of coverage for a consultation, treatment or procedure which is clearly not covered under the policy or where the cost of the treatment exceeds the monetary limits under the terms of the policy are not complaints. However, where the cause of the complaint relates wholly or in part to vague wording or unclear definitions in the policy wording, terms and conditions or table of benefits this will be considered a complaint.

□ COMPLAINTS LOGGING

All complaints must be logged, preferably in an automated system. As a minimum, the complaints log must detail the following:

- Name of complainant
- Name of patient (where applicable)
- Date of complaint
- Name of staff member receiving and registering the complaint

- Name of staff member to whom the complaint has been directed
- Identification of a repeat complaint (that is a repeat of an earlier complaint made by the same complainant)
- Policy detail (if an existing insured member) including Policy Number, Member Number, Company name (if a corporate scheme)
- Intermediary name (if applicable)
- Category of complaint (defined below)
- Detail of the complaint
- Source of complaint (telephone, email, personal visit, online facility, via a third party, etc)

Complaints from multiple members of the same group scheme relating to the same subject are allowed to be logged as a single complaint.

□ CATEGORIES OF COMPLAINT

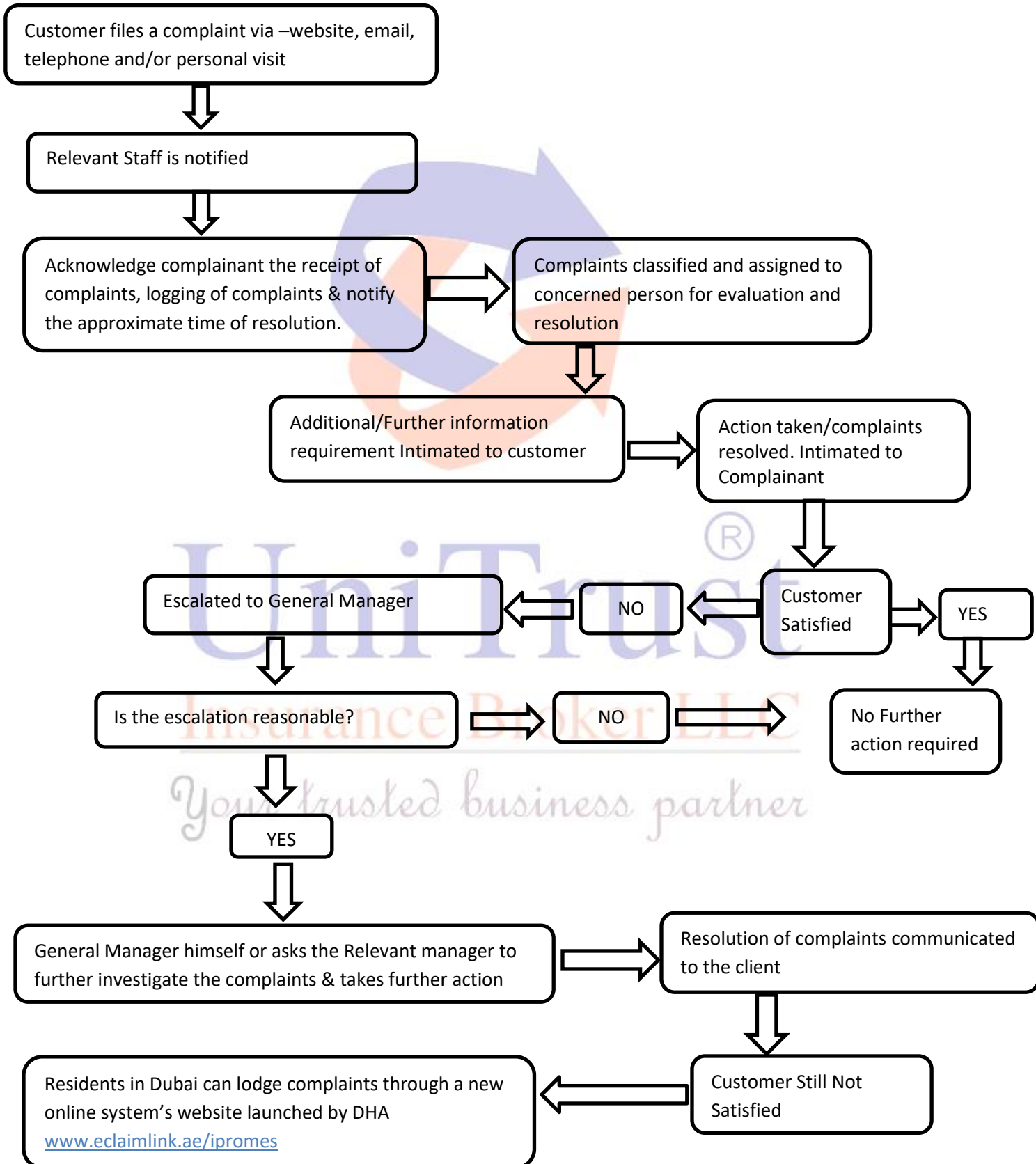
All complaints must be categorized in the complaints log as relating to one of the following:

- Denial of coverage
- Rejection of claim
- Accuracy of documentation provided
- Delays in process (refunds, reimbursements, approvals, issue of membership cards, additions or deletions of members)
- Administrative or operational process or procedures
- Product dissatisfaction or suitability
- Changes to policy terms (exclusions, conditions, renewal, premiums, network coverage)
- Service provided by staff or departments (efficiency, attitudinal, behavioural, knowledge)

□ COMPLAINT OWNERSHIP

Unitrust has appointed Mr. Renjith C.R. as a SPOC for all the complaints received by Unitrust and he shall be responsible for the co-ordination of complaints, ensuring resolution has been achieved on each and every complaint received by the Company as well as logging all complaints received by Unitrust in a excel sheet as per the format required by the DHA.

❑ COMPLAINTS HANDLING FLOWCHART



□ **ACKNOWLEDGING THE COMPLAINT**

The complaints will be acknowledged in a proper manner, so as to make the client be convenient.

1. The response will be personalized.
2. The complaint handling person will talk to the customer, if possible, by phone or in person.
3. Letters will be used when necessary.
4. Extra time will be given, if needed, to help consumers with special needs, such as language barriers.

□ **CATEGORIES OF COMPLAINT**

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8. Service provided by staff or departments (efficiency, attitudinal, behavioural, knowledge)

□ **RESOLVING THE PROBLEM IN A MANNER CONSISTENT WITH COMPANY POLICY**

1. The complaint will be forwarded to the appropriate level of authority for resolution.
2. The customer will be informed through progress reports.
3. The consumer will be notified promptly of a proposed settlement.
4. Follow-up will be done to find out if the consumer is satisfied with the resolution.

□ **KEY PERFORMANCE INDICATORS**

The company shall produce reports as detailed below:

1. Complaints actual TATs
2. Number of complaints outstanding at end of each calendar month
3. Number of complaints unresolved after 15, 30, and 90 days
4. Number of complaints escalated for outside deliberation or arbitration.
5. Complainant satisfaction with outcome of internal dealing with the complaint (as a minimum a scoring system with 1= fully satisfied, 2= largely satisfied, 3= largely unsatisfied, 4= completely dissatisfied)
6. Number of complaints by category
7. Number of complaints fully upheld
8. Number of complaints partially upheld
9. Number of complaints denied (prior to any external escalation)

□ **PREPARING AND FILING A REPORT ON THE NATURE OF THE COMPLAINT, AND PERIODICALLY ANALYZING AND SUMMARIZING COMPLAINTS**

1. Complaint statistics and action proposals will be circulated to appropriate departments.
2. An action plan will be developed for complaint prevention.
3. It will be ensured that the consumer viewpoint is given appropriate consideration in company decision making.