

| 2024 |

Stratum Benefits⁺



COMPLAINTS RESOLUTION PROCESS

1. INTRODUCTION AND OBJECTIVE

Stratum Benefits actively upholds a high service standard, ensuring financial services are delivered with integrity and complaints are resolved swiftly. We view every complaint, even those deemed invalid according to policy wording, as an opportunity to enhance our processes. Every concern is valuable feedback that we address meaningfully.

This **Complaints Resolution Policy** aims to formalise how dissatisfaction is lodged, acknowledged, investigated, and resolved, leading to overall improvements.

Our staff members undergo rigorous training to master this policy, ensuring they are well-equipped to handle complaints proficiently. We also guarantee that this policy is readily available to all policyholders and regularly reviewed by senior management to incorporate policyholder feedback and enhance our service quality.

Treating Clients Fairly (TCF) Outcomes and the **Policyholder Protection Rules (PPR)**, especially concerning complaints, form part of each employee's annual performance evaluation report completed before any potential salary increase or promotion.

Essential guidelines include all six **TCF Outcomes**, the **Financial Sector Conduct Authority (FSCA)** and **PPR**.

GUARDRISK
TAILORED RISK SOLUTIONS

Stratum Benefits (Pty) Ltd, an authorised FSP 2111, is underwritten by Guardrisk Insurance Company Limited, a licensed non-life insurer and authorised FSP 75. Health insurance is administered by Unity Health, a division of Ambledown Financial Services (Pty) Ltd, FSP (10287). Underwritten by Bryte Insurance Company Limited, a licensed insurer & authorised FSP (17703). Terms and conditions apply.

Bryte

Stratum Benefits⁺

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UNITYHEALTH

www.stratumbenefits.co.za

2. THE DEFINITION OF A COMPLAINT

The PPR definition of a complaint is crucial as it defines 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 about a policyholder query, that 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;
- has mistreated the person, regardless of whether submitted together with or about a policyholder query; or
- that the insurer or its service provider's maladministration, wilful or negligent action or failure to act has caused the person harm, prejudice, distress or substantial inconvenience.

A service fee isn't charged for registering a complaint. Clients should voice their concerns without any financial burden.

The TCF Outcomes stipulate that:

- clients must feel confident that TCF is central to **Stratum Benefits'** culture.
- products are designed, marketed, and sold to the right clients, meeting their needs.
- clients receive clear information that is timely and relevant to them.
- clients receive suitable products and sales advice that consider their circumstances.
- products and services perform as expected, and services are acceptable.
- there aren't unreasonable barriers for clients to change, switch products, claim, or complain.

3. DEFINITION OF A COMPLAINANT

A complainant has a direct interest in the policy or service or acts on behalf of a person with a direct interest in the policy or service.

For example, a policyholder that pays a premium, their beneficiary, a policyholder's spouse or registered dependants, or a potential policyholder whose dissatisfaction relates to the relevant application, approach, solicitation, advertising or marketing material.

4. OUTCOMES OF A COMPLAINT

• Rejected

Stratum Benefits regards the complaint as finalised after advising the complainant that we don't intend to take further action to resolve the complaint. A formal rejection letter with all complaint details will be sent.

There are two variations of a rejected complaint:

- Invalid

The complainant doesn't accept or respond to proposals to resolve the complaint within **7 days**. This includes sending relevant documentation, acting upon our advice, and being unable to reach the complainant via telephone, SMS, or email, if applicable.

- Unjustified

The policy has been met, the complainant has been treated as fairly as possible, there isn't a legal leg to stand on to assist the complainant, the complainant refuses to accept the outcome of the merit assessment, and nothing further can be done to assist the complainant.

• Upheld

The complaint was successful either:

- Wholly

The complainant got precisely what they were looking for.

- Partially

The complainant and **Stratum Benefits** found a middle ground.

There are two variations of an upheld or wholly complaint:

• Compensation Payment

Compensating a complainant for a proven or estimated financial loss due to our wrongdoing. This is either:

• Payment contractually due

The complainant should've received assistance and help for a justified complaint.

• Payment not contractually due

The complainant doesn't have legal standing or a legal argument. However, due to negligence, **Stratum Benefits**, for example, refunds the complainant their premiums and cancels the policy.

• Goodwill Payment

The complainant isn't covered in terms of the policy, but we're willing and able to sponsor the matter due to extraordinary circumstances.

5. CATEGORIES OF COMPLAINTS

- Design of policies and related services.
- Information provided or lack of information and feedback provided to policyholders.
- Advice provided by the sales representatives.
- Policy performance and servicing, including negligence.
- Administrative services, such as premium collection.
- Policy accessibility and ability to change or switch.
- Complaints handling (complaint of a complaint).
- Complaints relating to insurance claims.
- Other complaints.

6. HOW TO LODGE A COMPLAINT

You may complain if you're dissatisfied with any aspect of your dealings with **Stratum Benefits**.

Send your complaint to:

STRATUM BENEFITS (PTY) LTD

Block C & D, 367 Surrey Avenue, Ferndale, Randburg 2194

Suite 386, Private Bag X09, Weltevredenpark, 1715

e complaints@stratumbenefits.co.za

f 086 633 3761

When lodging a complaint, please include all the relevant information for a speedy resolution. This should include your policy details, the staff member involved, any supporting documents and the appropriate date and time of the complaint.

Complaints lodged using a telephone voice recording will be reduced to writing by the person assigned to attend to your complaint.

You'll receive an email confirming that your complaint has been received, the name of the person dealing with your complaint and confirmation that the relevant assigned person will contact you telephonically within **2 working days**.

7. THE INTERNAL COMPLAINTS HANDLING PROCESS

When contacting us telephonically, the person dealing with your complaint will introduce themselves and:

- ask what your preferred outcome of the complaint is. Refer to **Section 4 - Outcomes of a Complaint**. The person dealing with your complaint will listen to whatever reason you have for your dissatisfaction.
- answer any questions to the best of their ability.
- Request your availability and preferred times for follow-up calls and communication mediums for feedback, i.e., e-mail, phone calls, SMS, etc.
- advise you to expect feedback within **7 or 3 working days** if a court date is involved.
- diarise the file for **3 or 7 working days**, where applicable, to provide feedback to you but commence an investigation immediately.
- provide copies of all relevant evidence and correspondence.

If the matter still needs to be solved after **3 or 7 working days** and feedback has been provided, we'll diarise the complaints file to give input every **14 working days**.

You may escalate the matter internally and change the person dealing with your complaint who hasn't attended to it as per the relevant period mentioned above. Follow the steps discussed in **Section 6 - How to Lodge a Complaint** and advise that you wish to escalate the matter.

If the matter is rejected according to **Section 4 - Outcomes of a Complaint**, you'll be provided with all reference numbers, information and contact numbers of the Ombud or other relevant regulatory body to take the matter against us further.

8. COMPLAINTS ESCALATION AND REVIEW PROCESS

If the complainant is dissatisfied with the outcome of their complaint, the matter may be referred to our Insurer. The Insurer's details are noted in your **Policy Schedule**, and will be provided at the complaint-handling stage.

If your complaint is against us or the Insurer, please go ahead and lodge your complaint with the relevant Ombudsman.

When the complaint is about a claim or service-related matter of a non-life product, the matter will be referred to the **National Financial Ombud Scheme**.

Tel: 0860 800 900

E-mail address: info@nfosa.co.za

Website: www.nfo.co.za

Addresses: Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7708

110 Oxford Road, Houghton Estate, Johannesburg, Gauteng, 2198

If you have a complaint against the intermediary, e.g., the financial advisor or salesperson selling you the product, the complaint may be lodged with the **Financial Sector Conduct Authority (www.fsca.co.za)**.

Alternatively, a complaint may be lodged with the **FAIS Ombud**. A complaint form needs to be completed, which can be downloaded from the FAIS Ombud's website (www.faisombud.co.za). The complaints registration form is also available from the **FAIS Ombud** at the following contact numbers:

Tel: (012) 762 5000 | **Sharecall:** 086 066 3274

E-mail address: info@faisombud.co.za

Address: Menlyn Central Office Building, 125 Dallas Avenue, Waterkloof Glen, Pretoria 0010

Postal address: PO Box 41, Menlyn Park, 0063