
Complaints Handling Policy

Future Insurance Broker
Services LLC

Complaints Handling Procedures

Objectives:

- Improve customer confidence in the health insurance market.
- Improve customer confidence, satisfaction and loyalty in respect of market participants.
- Promote the dealing by companies with customer dissatisfaction in a swift, effective and fair manner.
- Provide a clear escalation process regarding complaints received both internally and externally.
- Use complaints to enhance procedures and correct procedural or policy deficiencies.
- To allow customers to report instances where parties are not complying with the Health Insurance Law.

Complaints Channels:

The complaint policy and procedure of Future Insurance Broker Services L.L.C is openly and actively publicized for clients on the company's website: www.future-insurance.ae. Clients can also use the company's website to raise their complaints.

Future Insurance Broker Services L.L.C has the capability to communicate with customers in the following languages: English, Arabic, Tagalog/Filipino and various Indian languages. This ensures covering close to 100% of the company's member population.

Owner of the complaints:

1. Name of the staff : **Shibi Varghese**

Contact Telephone no: 04-4432030

Email ID: Shibi Varghese shibi.varghese@future-insurance.ae

2. Name of the staff: **Bhoomi Doshi**

Contact Telephone no: 04-4432030

Email ID: Bhoomi Doshi bhoomi.doshi@future-insurance.ae

Reporting Line of the owners of complaint:

Both owners report to the **Chief Operating Officer (COO) – Mr. Raghu Iyer.**

Escalation of complaints:

Level 1 Escalation

Chief Operating Officer: **Mr. Raghu Iyer**

Contact Telephone no: 04-4432030

Email ID: Raghu Iyer raghu.iyer@future-insurance.ae

Directing Manager: **Mr. Imad Amro**

Contact Telephone no: 04-4432030

Email ID: Imad Amro imad.amro@future-insurance.ae

Level 2 Escalation

Dubai Health Authority (DHA)

Residents in Dubai can lodge complaints through a new online system's website - www.eclaimlink.ae/ipromes

Health Authority of Abu Dhabi (HAAD)

Members residing / working in Abu Dhabi may contact Health Authority – Abu Dhabi (HAAD) on the toll free 800555, or send an email to contact@abudhabi.ae

Location Address – Head office, Abu Dhabi Airport Road, P.O.Box – 5674, office hours 7am to 3 pm (Sunday – Thursday).

Reporting:

Monthly to COO (Internal):

A monthly report of the complaints received and their status is submitted in the format recommended by DHA to the chief operating officer (COO) - Mr. Raghu Iyer for assessment and review.

Annual to DHA (External) - Deadline 7th January

An annual report should be submitted each year to Dubai Health Authority. This report should meet the following key performance indicators (KPIs).

KPIs:

- 1) TAT by number of days to complaint resolution or point of referral to third party deliberation.
- 2) Number of outstanding complaints at end of each calendar month.
- 3) Number of unresolved complaints after 15, 30 and 90 days at the end of each calendar month.
- 4) Number of escalated complaints for outside deliberation or arbitration.
- 5) Complainant satisfaction with outcome of internal dealing with the complaint using a scoring system (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).

Complaints Handling Policy

1.1 Turnaround Time (TAT):

In the event Future Insurance Broker Services LLC (FIBS) receives a complaint, whether oral or written, whether justified or not, from or on behalf of an external party (including policyholders, customers and third parties/claimants) about the services provided (or not provided) by FIBS:

- a written acknowledgement of a complaint shall be sent within three working days of its receipt and must include a copy of FIBS' internal complaints procedure, details of telephone numbers and email ID where complaints should be logged and expected TAT for complaint resolution.

- The assigned staff will make all required actions up to his knowledge and expertise to resolve the complaint within 10-15 working days. In case the complaint is not resolved, a response is sent to the complainant explaining why the issue is not solved and an indication of when a further contact or final response can be expected.

1.2 Staff Training:

All departments of FIBS shall ensure that:

- a. throughout the complaints handling process, a complaint is treated fairly and efficiently, consistent with FIBS' ethics and values which are designed to ensure that our business activities and decision-making are carried out with integrity and in an open, transparent and honest manner;
- b. the employees assigned to handle complaints are trained *via* an internal training program which is aligned with DHA guidelines on how to identify, resolve and record complaints. The training program is recorded in the company's training log identifying the staff and the date of the training session;
- c. a suitable individual who is defined as owner of complaint, where appropriate and is not directly involved in the subject matter of the complaint, is nominated to undertake investigations and respond to a complaint;
- d. the person nominated to handle the complaint has sufficient knowledge and experience to investigate the complaint and has the authority to settle complaints (including the offering of redress where appropriate) or access to someone with the appropriate authority;
- e. each individual who deals with a complaint is aware of, and understands, requirements of this policy (and any applicable procedures);
- f. there is a clear delineation of responsibility and reporting lines;

- g. all complaints are dealt with promptly and due consideration is given to the accurate interpretation of policy terms, the need to be fair and reasonable and the protection of FIBS' reputation;
- h. appropriate remedial action is taken. Consideration should be given to what action (including compensation) will satisfy the customer and maintain goodwill, whether it makes commercial sense to settle at an early stage, or whether redress can be by non-financial means;
- i. a record is kept of the complaint on relevant subject matter files and on a dedicated complaint recording and monitoring system;
- j. corrective action should be identified and implemented, where appropriate, in response to any issues identified from an analysis of complaints management information (for example, where common causes are identified) to prevent reoccurrence.
- k. A complaint log book in the format recommended by DHA is maintained yearly to keep record of the complaints received and resolved.

1.3 Documented Process of Monthly Review of Complaints:

Upon the receipt of the monthly complaint report, the COO will review the categorization and reasons of complaints and how they were dealt with. Further, the COO incorporates his comments on the monthly review in the internal staff training and recommends the necessary actions and changes that should be implemented in the company's process and procedures to avoid repetition of similar complaints in the future.

1.4 Complaints Escalation Process:

1. A customer files a complaint in person or *via* mails, telephone or company's website.
2. The employee who is assigned to handle complaints, acknowledges the receipt of the complaint, logs it in details in the company's records, and notify the customer regarding the expected turnaround time for complaint resolution.
3. The staff assigned for handling complaints classifies the complaint and evaluate it up to his knowledge and experience and take the appropriate and needed actions to resolve it.
4. If first time resolution is provided by intermediary or insurance company, the client is informed and the end result and time taken to resolve the complaint are recorded.
5. If the complaint is not resolved, the assigned staff will escalate it internally to level 1 being the Chief Operating Officer or Medical Director who will take up the matter with the insurance company to attain a fair resolution for the client.

6. If internal escalation fails to resolve the complaint, the client is advised to approach Dubai Health Authority (DHA) or Health Authority of Abu Dhabi (HAAD) to take action.

Complaints Handling Flowchart

