



Complaint Management Policy

MSH INTERNATIONAL (CANADA) LTD. (“MSH Americas”)



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Purpose

Our complaints policy is designed to ensure that all complaints are handled promptly, fairly, and effectively. We value feedback and are committed to addressing concerns to improve our services. The purpose of this procedure is to establish a consistent and systematic approach to identifying, assessing, and managing risks at MSH International (Canada) Inc. herein known as MSH Americas (“the Company”).

Scope

This policy applies to all employees who wish to resolve a complaint about our services or operations. This procedure must be read in together with the following related policies:

- Complaint Management Guideline
- MSH Americas Website, Complaints Section
- MSHP and MSH for all other carrier and also plan clients
- MSHC for Lloyd’s of London as a carrier

Key Contacts

The following are the key contacts for this procedure:

- **Cheryl Wilkinson:** Senior Manager Compliance
- **Florent Secula:** COO

Principles

- **Fairness:** Ensure complaints are handled impartially.
- **Confidentiality:** Complainants’ privacy will be protected.
- **Timeliness:** Specify to the Complainant clear timelines regarding when complaints will be acknowledged and resolved.
- **Accessibility:** Ensure the information is assessible to the clients and easy to access and understand.

Definitions

Complaint: A complaint is an expression of dissatisfaction or concern raised by an individual or entity regarding a product, service, or situation.

Complainant: A complainant is an individual or entity who formally expresses dissatisfaction or concern about a product, service, or situation. This person raises a complaint with the intention of seeking resolution, redress, or improvement regarding the issue they are dissatisfied with.

Complainant Management Tool: Tool aiming at ensuring traceability of communications with customers. Each complaint recorded in the tool is identified by a unique reference number. This is used to track resolution and generate data used to analyze and identify deficiencies and refine processes.

Vulnerable persons are individuals who are at a higher risk of experiencing harm, exploitation, or discrimination due to certain factors that affect their ability to protect themselves or to have their needs and rights met. These factors can vary widely, but typically include aspects related to their physical, mental, or social conditions.

Procedure for Making a Complaint

- **Submission:** Complaints can be submitted through the following formats:
 - in writing to: 2900, 605 – 5 Avenue SW, Calgary, AB T2P 3H5, Canada
 - via email to: claimsamerica@msh-intl.com
 - by phone: + 1 866 767 7959 within North America or + 1 403 537 8823 collect
- **Information Required:** Please provide details of the complaint, including date, time, and any relevant documentation.
- **Vulnerable Persons:** We encourage and foster a culture where empathy and respect are central to interactions with all individuals, especially those who are vulnerable. Accepting complaints from vulnerable individuals requires a combination of empathy, sensitivity, and practical support. We must ensure we have assessable supports to meet the individual's needs to effectively communicate their complaint.
- **Acknowledgment:** We will acknowledge receipt of your complaint within 5 business days of receiving the complaint.

Procedure for Handling a Complaint

- **Complaint Received:** All complaints received must be recorded in the complaint management log.
 - All complaints received in writing should be scanned and attached to Magenta under the relevant reference number. A history entry should be included under the complaint category and escalated to the Manager.
 - All complaints received by email must be logged in Magenta under the Complaint category in the history section.
 - All complaints received by phone must be logged in Magenta under the Complaint category in the history section.
 - Complaints received by departments outside of claims and assistance should be sent to the respective manager and the internal complaint management mailbox complaintmanagment@americas.msh-intl.com.

- **Levels of Complaints:**
 - **Level 1:** simple complaints, which may be resolved at the level they are received.
 - **Level 2:** any complaint which cannot be resolved upon receipt and needs the manager involvement.
 - **Level 3:** any complaint which involves a legal or media threat or any other risk to MSH. These complaints are handled by Senior Management and may involve our Legal Department or Underwriters if necessary.
- **Investigation:** In all cases, the Agent is responsible to identify the Complaint, assure the Complainant that their concerns will be heard and addressed, and escalate if required.
- Complaints will be investigated thoroughly, and a resolution will be provided within 21 business days unless the client contract states otherwise.
 - When the complaint is received by phone and a staff member resolved the complaint immediately during the phone call, the complaint needs to be logged.
- **Closed Complaint:** Once a Resolution has been reached, the Complaint may be marked as closed in the Complaint Management Log. If there is further dispute given as to the resolution, a new complaint is opened and addressed using the previously described process.
- **Appeal:** If you are not satisfied with the resolution, you may request an appeal where the complaint will be escalated to management for further investigation, unless the client contract states otherwise.
- **Regulator:** In the event, the complainant disagrees with the response or solution provided, they have the right to contact their provincial and/or national Ombudsman service.

General Insurance OmbudService (GIO) assists in the resolution of conflicts between insurance customers and their insurance companies.

The GIO can be reached at:
Toll free number: 1-877-225-0446
www.giocanada.org

Ombudsman Life and Health Insurance

401 Bay Street, PO Box 7
Toronto, Ontario, M5H 2Y4
Web: <https://www.olhi.ca/complaints/submit-a-complaint/>

Autorité des marchés financiers (AMF). The regulation of insurance companies in Québec is administered by the AMF.

Toll Free: 1-877-525-0337
Québec: (418) 525-0337
Montréal: (514) 395-0311
www.lautorite.qc.ca

Financial Consumer Agency of Canada (FCAC) provides consumers with accurate and objective information about financial products and services, and informs Canadians of their rights and responsibilities when dealing with financial institutions.

The FCAC can be reached at:
427 Laurier Avenue West,
6th Floor, Ottawa ON K1R 1B9
Service in English: 1-866-461-FCAC (3222)
Service in French: 1-866-461-ACFC (2232)
www.fcac-acfc.gc.ca

Procedure for Escalations

- Any complaints about Agents or includes an Agent will not be processed by the Agent, it will be escalated to management for investigation.
- Any complainant making a legal or media threat will be escalated to management for investigation and the legal team notified.
- Any complaint escalated to management will have a response within two business days.
- Resolving some complaints may involve the Underwriter or insurer to provide final approval.
- All escalations must be addressed within two business days of receipt and addressed fully within 3 weeks from the receipt of all pertinent information. All cases must have a final resolution within 2 months.

Roles, Responsibilities & Training

Our Complaints Officer is responsible for managing and resolving complaints. Staff are trained to handle complaints in accordance with this policy. Training is given upon onboarding and as required.

Monitoring and Review

We track all complaints and review the policy annually to ensure its effectiveness.

Continual Improvement & Root Cause Analysis

The quality management team is responsible for the reporting and analysis of the causes of complaints and is in contact with the managers of other processes when needed. This analysis of causes enables the identification of potential incorrect practices, aiming at implementing or suggesting corrective actions.

QA receives daily the Complaints log report, which will be tracked in the Complaint Management file. A root cause analysis is performed by the QA team, and the analysis with corrective actions are shared with the concerned Agents/Managers, in order to fix the issue if still open, and follow-up with the complainant to close the loop. Any opportunities for improvement will be identified and shared as best practices. QA team ensures all Complaints are closed by following-up with the internal concerned departments.

Conclusion

By following this comprehensive complaint policy, MSH Americas can establish a proactive complaint management approach, enabling the organization to identify and address complaints efficiently and effectively.

Document Details

Version	Name of Owner	Date	Brief description of change(s)
V1	Cheryl Wilkinson	September 5, 2024	Procedure created