



New Identification  
Page

SELECT LANGUAGE

ANNUAL STATEMENT ON MARKET CONDUCT

Life and Health Insurance

(01)

Name of insurer:

Insurer number:

Name of the contact person:

Email of the contact person:

For fiscal year ended:

(DD-MM-YY)

Jurisdiction of incorporation:

*\*Other provinces and territories in which the company is licensed:*

(01)

Alberta ☐

(02)

Northwest Territories ☐

(03)

Quebec ☐

British Columbia ☐

Nova Scotia ☐

Saskatchewan ☐

Manitoba ☐

Nunavut ☐

Yukon ☐

New Brunswick ☐

Ontario ☐

Newfoundland and  
Labrador ☐

Prince Edward Island ☐

090 Are you active in the sale of life and health insurance?

*Insurers that do not sale or provide life and health insurance policies (only existing policies) are required to complete only Governance and Complaint reporting sections (11 and 11.5)*

# 13. Attestation

Insurers will no longer have to provide an electronic signature. The attestation will be made when submitting the statement through AMF online services.

I (name) [ ] OF THE ( city/town) [ ]

BEING (title) [ ] RESPECTIVELY OF (name of insurer) [ ]

HEREINAFTER CALLED ("THE INSURER") DO MAKE OATH AND SAY AS FOLLOWS:

I HAVE MADE SUCH INQUIRIES, AS I BELIEVE REASONABLY REQUIRED OR APPROPRIATE TO ATTEST THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE FOREGOING ANNUAL STATEMENT ON MARKET CONDUCT, TOGETHER WITH THE RELATED EXPLANATIONS FILED OR TO BE FILED AS PART THEREOF, IS TRUE AND ACCURATE FOR THE INSURER IN RESPECT OF ITS BUSINESS OF INSURANCE, AS

OF THE [ ] DAY OF (mm/yy) [ ] AND FOR THE YEAR ENDED ON THAT DAY; AND

ASPECTS OF THE INFORMATION BEING FILED ARE CONSIDERED COMMERCIALY SENSITIVE IN NATURE AND HAVE BEEN PROVIDED AS CONFIDENTIAL AND PRIVILEGED INFORMATION. IT IS EXPECTED THAT THE CANADIAN COUNCIL OF INSURANCE REGULATORS ("CCIR") AND ITS MEMBERS WILL TREAT AND PROTECT THIS INFORMATION AS CONFIDENTIAL AND PRIVILEGED INFORMATION AND WILL NOT BE DISCLOSED UNLESS, TO THE BEST OF THE CCIR AND ITS MEMBERS'S KNOWLEDGE:

- A. THE INFORMATION IS PUBLICLY AVAILABLE;
- B. THE INFORMATION IS DISCLOSED IN A MANNER THAT DOES NOT DIRECTLY OR INDIRECTLY IDENTIFY THE REGULATED ENTITY OR ANY INDIVIDUAL;
- C. THE INFORMATION DISCLOSED IS NOT HARMFUL TO THE REGULATED ENTITY OR INDIVIDUAL'S BUSINESS OR FINANCIAL INTERESTS;
- D. THE ENTITY OR INDIVIDUAL TO WHICH THE INFORMATION RELATES HAS CONSENTED TO THE DISCLOSURE;
- E. THE DISCLOSURE IS NECESSARY FOR THE PURPOSE OF CARRYING OUT AN INVESTIGATION, ENFORCEMENT PROCEEDING OR A REGULATORY PURPOSE OF THE APPLICANT SIGNATORY; OR
- F. THE DISCLOSURE IS OTHERWISE AUTHORIZED UNDER APPLICABLE LAW.

ANY SITUATION IN WHICH THIS INFORMATION WILL BE DISCLOSED, THE CCIR AND ITS MEMBERS ARE EXPECTED TO PROVIDE PRIOR WRITTEN NOTICE TO THE INSURER.

Signature [ ]

SEVERALLY SWORN TO BEFORE ME [ ]  
AT [ ] IN THE PROVINCE OF [ ]  
THIS [ ] DAY OF (mm/yy) [ ]

# 1. General Instructions

1. Introduction	
a)	This form is to be completed for each licensed insurance entity. Each insurer within a group of companies is required to complete the form for the policies it has issued.
b)	The information that is collected will be subject to and administered in accordance with the provisions of the Memorandum of understanding and Protocol on Cooperation and the Exchange of Information ("MOU") and the applicable law. This includes the privacy and confidentiality provisions included with the MOU and the applicable law.
c)	MOU signatories have entered into agreements with the Autorité des marchés financiers (AMF) to collect information on the insurer's Canadian operations and consumers.
d)	Aspects of the information that is collected are considered commercially sensitive and will be treated as such by the CCO or CEO for smaller firms.
e)	The information that is sought relates to the insurer's Canadian operations and/or Canadian consumers. Information requested is not to be used for purposes other than those stated in the MOU.
f)	The data provided must cover the most recent fiscal year end.
g)	This form relates <u>only to life and health insurance</u> , including individual and group products. Reinsurance is excluded as is the information requested in the Annual Statement on Market Conduct. Licensed insurers that are not active (i.e., do not sell or provide life and health insurance) are not required to complete this form.
h)	The information requested is required to establish trends and evaluate the means implemented by the industry regarding the handling and examination of complaints.
i)	The obligations contained or imposed by the Annual Statement on Market Conduct do not in any way supersede any reporting requirements under applicable law.
2. Filling requirements	
a)	All amounts reported should be in thousands of dollars (\$000s).
b)	Some fields will only accept a numeric response.
c)	You must complete this form respecting as much as possible the choices available in the dropdown menus.
d)	You must provide a response to all questions. If the response options do not apply or relate to your company, please select "Other" and provide details in the appropriate space.
e)	At the end of each section, a general comments section has been provided for any additional comments you may wish to provide.
3. Definitions	
a)	Agent means a licensed life and/or accident and sickness insurance agent.
b)	Breaches (of privacy) reported in this form are those that have a significant impact on the customer and require disclosure under applicable privacy legislation.
c)	<p>A complaint is the expression of at least one of the following elements that persists after being considered and examined at the operational level capable of making a decision on the matter:</p> <ul style="list-style-type: none"><li>• a reproach against an organization;</li><li>• the identification of a real or potential harm that a consumer has experienced or may experience;</li><li>• a request for a remedial action.</li></ul> <p>Complaints are generally expressed in writing through correspondence, email, fax or other form that allows a complaint to be kept on file. Where a consumer makes a complaint by phone or in person and the complaint is handled and examined by the person responsible for the examination of complaints and designated as such in the organization's policy, the complaint must be documented so that it can be kept on file.</p> <p>The initial expression of dissatisfaction by a consumer, whether in writing or otherwise, will not be considered a complaint where the issue is settled in the ordinary course of business. However, in the event the consumer remains dissatisfied and such dissatisfaction is referred to the person who is responsible for the examination of complaints and designated as such in the organization's policy, then it will be considered as a complaint.</p> <p>However, organizations must refrain from any undue delay in referring a matter to a higher level solely for the purpose of avoiding reporting requirements.</p> <p>Where a consumer remains dissatisfied after a reasonable attempt has been made to settle the issue, organizations without a multilevel complaint examination structure are then considered to have received a complaint.</p>
3. Definitions (suite)	
d)	Consumer means all current and prospective customers of insurance products.
e)	Employee means any salaried employee of an insurer working more than 25 hours per week, but does not include an employee paid primarily by commission.
f)	<p>FTC is a principle that focuses on consumer outcomes, in particular, having due regard for the interests of the consumer and treating the consumer fairly. It refers to the consumer-related conduct of insurers and how insurers treat consumers at each stage of the life cycle of a product. The lifecycle of the product begins with its design to after-sales services and from the moment obligations under the contract arise until the point at which all obligations under the contract have been fulfilled.</p> <p>The outcomes associated with FTC as described by the International Association of Insurance Supervisors (IAIS) include the following:</p> <ul style="list-style-type: none"><li>• developing and marketing products in a way that pays due regard to the interests of customers;</li><li>• providing customers with clear information before, during and after the point of sale;</li><li>• reducing the risk of sales which are not appropriate to customers' needs;</li><li>• ensuring that any advice given is of a high quality;</li><li>• dealing with customer complaints and disputes in a fair manner;</li><li>• protecting the privacy of information obtained from customers; and</li><li>• managing the reasonable expectations of customers.</li></ul> <p>Areas within an insurer and its operations that can influence and help ensure the FTC include:</p> <ul style="list-style-type: none"><li>• Board and senior management responsibility;</li><li>• Strategy and decision making;</li><li>• Internal processes and mechanisms (controls);</li><li>• Performance management;</li><li>• Remuneration; and</li><li>• Policies and procedures.</li></ul> <p>The CCIR notes that while these outcomes are intended to be a key component of a globally accepted regulatory framework, the IAIS notes that context and conditions within a given jurisdiction, including legal, regulatory and financial considerations, will ultimately affect the implementation and application of FTC and its associated outcomes.</p>
g)	Lapse refers to the termination of a policy for nonpayment of the premium. This occurs when the policy owner does not pay the premiums on time or the value of the policy (cash value) is insufficient for the payment requirements.
h)	Lawsuit means a court case involving a dispute between the insurer and the insured, based on an insurance product.
i)	Market conduct encompasses any product or service relationship between the insurance industry (insurers or intermediaries) and the public, specifically the risks to customers that arise if an insurer or intermediary fails to treat customers fairly and in accordance with applicable Law, and includes the terms "conduct of business" and "commercial practices" as used in some jurisdictions.
j)	Material change refers to any change that may materially impact or affect the outcomes associated with FTC as described by the International Association of Insurance Supervisors and listed above.
k)	Product means all insurance protections marketed under the same name and sold as a whole, although some options are possible. For purposes of this disclosure, an endorsement is not considered an insurance product if it cannot be sold alone.
l)	Regulatory action means any action that results in an order, penalty, fine, or other sanction.
m)	Sales management means either an employee of an insurer, a managing general agent, or a third-party administrator, responsible for oversight of the sales force.
n)	Sales force means those who offer the product to the consumer (for example agents, exempt sellers, restricted licensees and those who offer the product through Quebec's "without a representative" regime).
o)	Senior officer in charge of fair treatment of consumers means the person in charge of ensuring the development, implementation and enforcement of fair treatment of consumers-related operational policies and practices.
p)	Travel and "travel insurance" is limited to products that insure against risk that are specific to traveling. They do not include group health policies and coverages that may include out-of-country claims.
4. Detailed instructions	
General Information and Governance (2)	
a)	"Reviews and audits" refers to those conducted by the insurer and include, but are not limited to, examinations, compliance reviews, internal audits and other assessments of market conduct.
b)	"Organizational or operational changes" includes mergers and acquisitions or other material changes within the insurer that may impact or affect the outcomes associated with FTC as described by the International Association of Insurance Supervisors and listed above.
c)	"Reviews and audits of licensees and third-party distributors" refers to the reviews and audits conducted by the insurer for the reporting period.
Policies (3)	
a)	Information provided in the table "Group" is in relation to group master contracts.
Products changes (4) and (5)	
a)	"Product family" refers to a series of related insurance products that may include variations, but have no material differences. Include/list all the products you have sold during the last fiscal year. Products reported in this table include new coverages offered to consumers.
b)	In the product category column, please indicate the main guarantee only.
c)	Changes to be reported are limited to material changes initiated by the insurer or are the result of a decision made by the insurer. Excludes regulatory required changes.
d)	"Products covered" includes, but are not limited to, life insurance, annuities, short-term disability, long-term disability, critical illness, long-term care and travel insurance that are sold in the reporting period.
Distributors (8)	
a)	Information on your top 25 firms (determined by amount of direct written premium) is to be reported in this section.
b)	Percentage of total business is based upon sales in the reporting period.
c)	"Loan" does not include advancement of commissions.
Sales and incentives management (9)	
a)	List the types of variable remuneration (e.g. cash prizes, training that includes travel, bonuses).
b)	List only the incentives that are provided by the insurer. Do not report on incentives provided through other sources, such as those provided by MGAs.
c)	For "Lapses by distribution channel", identify the number of policies.
d)	For tables marked 2 and 3, insurers are expected to only include information regarding their direct compensation practices. Compensation practices of any entity to which distribution and sales have been outsourced to are not expected to be reported.
Claims (10)	
a)	The information requested in this section is limited to claims that have been initiated for policies that are or were in force at the time the claim was incurred.
b)	"Amount paid in benefits during the period" is limited to claims that have been closed.
c)	"Average days to final payment" does not include periodic payment or payments made in instalments.
d)	For "Number of claims closed within (period) days from date of claim reported", the initial payment of a periodic payment / first installment of a payment is to be reported.
e)	"Accident and Sickness" is limited to short-term disability, long-term disability and travel insurance-related information.
f)	The information sought in the tables marked 2 and 3 is limited to complete denials of claims.
g)	Only lawsuits related to policies are to be reported in this section.
Protection of Personal Information (12)	
a)	"Number of breaches" refers to incidents and occurrences based on applicable privacy legislation and provincial insurance legislation. It does not include the number of individuals impacted by the breach.
Attestation (13)	
a)	The Attestation is to be signed by a senior officer in charge of ensuring the development, implementation and enforcement of policies and practices related to the fair treatment of customers. (This individual is often the CCO or CEO for smaller firms. It is not the Ombudsperson).

2. Governance

Instructions added regarding the total number of employees. This was in the FAQ last year.

Question 4: Total number of employees includes all types of employees (full time, contractual, etc.)

Question 9.1: independent agents (brokers) also include distribution contracts with brokerage firms.

Questions 9.1 and 9.2: "Reviews and audits" refers to those conducted by the insurer and include, but are not limited to examinations, compliance reviews, internal audits and other assessments of market conduct.

Question 11: Organizational or operational changes includes mergers and acquisitions or other material changes within the insurer that may impact or affect the outcomes associated with FTC as described by the International Association of Insurance Supervisors and listed above.

1. Identify the senior officer(s) in charge of ensuring the development, implementation and enforcement of policies and practices related to the fair treatment of customers at December 31 (This individual is often the CCO or CEO for smaller firms. It is not the Ombudsperson):

Check this box if no senior officer is named

☐

(01)

a) Name of the senior officer:

b) Title:

c) Address:

d) Telephone number:

e) Email:

a) Name of the senior officer:

b) Title:

c) Address:

d) Telephone number:

e) Email:

a) Name of the senior officer:

b) Title:

c) Address:

d) Telephone number:

e) Email:

1.1 Provide an overview of the processes and responsibilities regarding the development, implementation and enforcement of policies and practices related to the fair treatment of customers within your organization:

(01)

This question will be Moved to the identification page.

(01)

2. Please indicate the date for your organization's fiscal year end:

If other, please specify the date of your organization's fiscal year end (MM-YY)

Moved to the identification page

3. Are you active in the sale and provision of personal lines insurance?

Will be replaced by:

Please indicate the total number of employees whose primarily responsibilities (50% or more) are related to the oversight of fair treatment of consumers

Change made to facilitate understanding

4. Please indicate the total number of employees in your organization

4.1 Please indicate the total number of employees whose responsibilities are primarily for facilitating and monitoring risk management practices over market conduct risk:

treating customer fairly will be removed. It was repetitive

5. Do you have a code or policy that specifically addresses the fair treatment of consumers/treating consumers fairly?

If yes, please answer the questions below:

a) When was the last time you reviewed/evaluated the code or policy? (MM-YY)

b) When was the last time you modified the code or policy? (MM-YY)

c) Have you communicated this code or policy to all of your staff?

Questions (5 a) and b) will be merged.

Will be replaced by:

When was the last time you reviewed your code or policy (MM-YY) whether or not the review resulted in a change.

If no, please answer the questions below:

d) Do you intend to develop such a document in the next year?

Added code.

6. Is the fair treatment of consumers a priority at each stage of the product life cycle and in every area of your operations?

If yes, please indicate if you engage in each of the following practices to ensure the fair treatment of consumers:

a) Develop strategies, objectives and initiatives to promote the fair treatment of consumers

b) Embed the fair treatment of consumers in the organization's policies and code of ethics

c) Develop mechanisms and procedures to identify and address any conflicts that could impact the fair treatment of consumers

d) Develop measures and reports to inform management of the organization's performance in the fair treatment of consumers

Changed the wording to fit the Yes No answer:

Indicate if instead of indicated in which...

If no, please explain why the fair treatment of consumers is not a priority of each stage of the product life cycle and in every area of your operations in the space below:

(01)

2. Governance

Instructions added regarding the total number of employees. This was

7. Please provide an overview of the type and length of training employees receive on hiring and on an ongoing basis with respect to the fair treatment of consumers:

8. During the past year, have you been the subject of any regulatory action of significance by a regulator outside of Canada that relates to market conduct that could have a material impact on market conduct practices in Canada?

If yes, please provide details (which regulator, product concerned, outcome, etc.):

9. Please select the option that most closely reflects the method of distribution adopted by your organization:

If you distribute your products exclusively through independent channels answer questions in section 9.1

If you distribute your products exclusively through direct or exclusive agents, answer questions in section 9.2

If you distribute your products through both independent channels and direct or exclusive agents , answer questions

Other distribution channels are not covered by this question.

9.1

a) Please indicate the number of distribution contracts you have with independent agents (licensee)

b) Please indicate the numbers of distribution contract you have with entities (MGA, firms, national account)

c) Please indicate the number of independent agents (brokers) and brokerage firms within your distribution channel that were the subject of a review or audit that included a focus on market conduct practices

d) Please identify the scope of the audit(s)/review(s) conducted over the independent agents (licensee).

e) Please identify the three most pervasive/frequent market conduct activities and/or conditions ("triggers") that led to targeted, risk-based audits or reviews of independent agents (licensee).

9.2

a) Please indicate the total number of direct or exclusive agents included within your distribution network

b) Please indicate the total number of direct or exclusive agents that were reviewed or audited

c) Please indicate the total of direct or exclusive agents within your distribution network channel that were the subject of a review or audit that included a focus on market conduct practices

d) Please identify the scope of the audit(s)/review(s) conducted over the direct or exclusive agents

e) Please identify the three most pervasive/frequent market conduct activities and/or conditions ("triggers") that led to targeted, risk-based audits or reviews of direct or exclusive agents

10. Do you have processes/mechanisms in place to ensure that the information, as noted below, is provided at the point of sale (provided before or at the time of purchase)?

If yes, please indicate which of the following information is disclosed to consumers before or at the time of purchase:

a) Insurer name and contact information

b) Product and its main features

c) Suitability risks associated with the product

d) Right of termination or rescission

e) Clear, plain language communication that is not misleading

f) Formatting that is easy to read and understand

g) Up-to-date information provided in a timely manner

h) Potential conflicts of interest

Will be removed:

Most closely

We received a lot of questions about the method of distribution used in question 9. The term third party arrangement is not a term used in the industry.

Third-party arrangement is replaced by independent channels

The definitions document indicate that independent channels include independent agents, MGAs and National accounts.

Non third-party arrangement is replaced by direct or exclusive agents.

Question will be split in two:

Agents and entities can both be contracted by insurers. For year one, insurer included in all in third party arrangements.

Removed files since it is not the number of file but rather the number of agents.

Do we want to have the total of agents plus brokerage firms? This information could be relevant.

The word files was removed. We want to know the number of agent and not the number of files reviewed with a fair treatment of consumer approach.

Will be replaced by:

Please indicate if each element listed below is provided or addressed before or at the time of purchase and if you have processes/mechanisms in place to ensure that it is disclosed or address.

New drop-down menu

- information disclosed or addressed and mechanisms in place

- information disclosed or adressed but no mechanisms in place

2. Governance

11. Please identify from the list below the after-sale information provided to the customer:	
a) Substitutions or replacement of a product	
b) Annual statements for IVICs and life products with variable elements	
c) Contract amendments	
d) Customer rights and obligations in connection to any material changes in the product that was sold or offered	
e) Changes in the environment that may impact the product (e.g., legislative changes)	
f) Organizational or operational changes that may impact the customer, product or related services	
12. Do you engage in advertising campaigns directed toward consumers?	
If yes, please indicate if you have processes/mechanisms in place to ensure/address the following in your advertising campaigns:	
a) Advertising satisfies all applicable legal and regulatory requirements	
b) Ensure the name of the insurer is clearly indicated	
c) Advertising is appropriate for the target consumer group	
d) Written advertisements are presented in a format that is easy to read and understand	
e) Advertising is truthful and authentic with respect to the use of statistics and testimonials	
f) Unclear, misleading or inaccurate advertisements are promptly modified or withdrawn	
g) Advertising is reviewed independently of the person who designed or prepared the advertisement prior to its dissemination	
13. Do you conduct customer satisfaction surveys?	
If yes, please indicate how often:	
a) Sale	
b) Claim	
c) Complaint	
d) Other:	
14. General comments:	
(01)	

Instructions added regarding the total number of employees. This was in the FAQ last year

**Will be replaced by:**

Please indicate if each type of information listed below is provided after the sale and if processes /mechanisms are in place to ensure that it is provided.

New drop-down menu

- information provided and mechanisms in place
- information provided but no mechanisms in place

The wording will be changed but the question remains the same:

**Will be replaced by:**

If yes, Please indicate the frequency at which you conduct customer satisfaction surveys for each of the following

**The drop-down menus will be changed to have more relevant information.**

**New drop-down menu:**

- Immediately after each event
- Annually
- On an ad-hoc basis
- No satisfaction survey done



3. Policies

a) Information provided in the table “Group” is in relation to group master contract

b) Annuities includes all types of annuity contracts, such as:

- Variable annuity (segregated funds )
- Annuity certain
- Deferred annuity
- Guaranteed annuity
- Indexed annuity
- Life annuity

Annuities includes GICs

Individual											
	Number of policies in force as of December 31 of the last fiscal year	Number of applications for insurance	Number of new policies issued	Number of customer initiated cancellations or non-renewals during the "free look" period	Number of customer initiated cancellations or excluding the "free look" period non-renewal	Number of insurer initiated cancellations without any refund of premium	Number of insurer initiated cancellations with refund of premium		Number of insurer initiated cancellations for non-payment or non-sufficient funds	Number of applications from consumers declined by insurer	
			(01)	(02)	(03)	(04)	Fully refunded	Prorated and short-rated	(07)	(08)	
001	Life	Column added	Column added to be able to calculate de refusal rate.								
002	Annuity										
003	Accident & Sickness										
Group											
	Number of policies in force as of December 31 of the last fiscal year	Number of applications for insurance	Number of policies issued	Number of customer initiated cancellations or non-renewals during the "free look" period	Number of customer initiated cancellations or non-renewal excluding the "free look" period	Number of insurer initiated cancellations without any refund of premium	Number of insurer initiated cancellations with refund of premium		Number of cancellations for non-payment or non-sufficient funds	Number of applications from consumers declined by insurer	
			(01)	(02)	(03)	(04)	Fully refunded	Prorated and short-rated	(07)	(08)	
004	Life					The cells in yellow will be grayed. They do not apply for annuities.					
005	Annuity										
006	Accident & Sickness										
General comments:											
007	A		The rescission right applies only to individual life insurance contracts as well as A&S insurance contracts. It does not apply to group contracts.		(01)						

4. Products - Individual Insurance

(01)

The title of the tab will be changed to:

Products - Individual Life and Accident and Sickness

Annuities (including CIG) will be included in section 6

- a) Product families to be reported are the ones that were available for sale during the reporting year.
- b) In the product category column, please indicate the main guarantee only.
- c) Material changes to be reported are limited to material changes initiated by the insurer or are the result of a decision made by the insurer. Excludes regulatory required changes.

001 1. How many individual insurance products do you have?

002 2. How many of these products were reviewed with a focus on fair treatment of consumers and suitability in the reporting period?

*\*All products sold within the reporting period are to be listed in the first column “Product family” below.*

Product family	Currently available? (as of Fiscal Year End)	Product category	Material changes in the offer or in the product?	If yes, list the initial date of change	Type of change	Did the change in result in a change in the target market?	Comments or any additional information
(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)
003		Disability			Product features		
004		Extended health			Pricing		
005		Life			Product features & pricing		
006		Mortgage			New product		
007		Travel			Discontinued product		
008		Other			Non-applicable		
009							
010							
011							
012							
013							
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023							
024							
025							
026							
027							
028							
029							
030							
031							



	Product family	Currently available? (as of Fiscal Year End)	Product category	Material changes in the offer or in the product?	If yes, list the initial date of change	Type of change	Did the change in result in a change in the target market?	Comments or any additional information
032								
033								
034								
035								
036								
037								
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039								
040								
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043								
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068								
069								
070								
071								
072								
	3. General comments:							
	(01)							
073								

5. Products - Group Insurance

(01)

- a) Product families to be reported are the ones that were available for sale during the reporting year.
- b) In the product category column, please indicate the main guarantee only.
- c) Material changes to be reported are limited to material changes initiated by the insurer or are the result of a decision made by the insurer. Excludes regulatory required changes.

The title will be changed to:

Product - Group life and health

001 1. How many group insurance products do you have?

(01)

002 2. How many of theses products were reviewed with a focus on fair treatment of consumers and suitability in the reporting period?

*\*All products sold within the reporting period are to be listed in the first column “Product family” below.*

Product family		Currently available? (as of Fiscal Year End)	Product category	Material changes in the offer or in the product?	If yes, list the initial date of change	Type of change	Did the change result in a change in the target market?	Comments or any additional information
(01)		(02)	(03)	(04)	(05)	(06)	(07)	(08)
003			Disability					
004			Extended health					
005			Life	The categories will be changed to:  Life  Accident and sickness  Travel insurance, disability and extended health will be in cluded in A&S				
006			Mor					
007			Tra					
008			Oth					
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022								
023								
024								
025								
026								
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029								
030								
031								
032								
033								
034								
035								
036								

	Product family	Currently available? (as of Fiscal Year End)	Product category	Material changes in the offer or in the product?	If yes, list the initial date of change	Type of change	Did the change result in a change in the target market?	Comments or any additional information
037								
038								
039								
040								
041								
042								
043								
044								
045								
046								
047								
048								
049								
050								
051								
052								
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067								
068								
069								
070								
071								
	3. General comments:							
	(01)							
072								

6. Products - Individual and Group Variable Insurance Contracts

(01)

- a) Product families to be reported are the ones that were available for sale during the reporting year.
- b) In the product category column, please indicate the main guarantee only.
- c) Material changes to be reported are limited to material changes initiated by the insurer or are the result of a decision made by the insurer. Excludes regulatory required changes.
- d) Annuities includes all types of annuity contracts, such as:
- Variable annuity (segregated funds )
  - Annuity certain
  - Deferred annuity
  - Guaranteed annuity
  - Indexed annuity
  - Life annuity

Annuities includes GICs

Will be changed to:  
individual and group annuities

The title of the tab will be changed to:  
  
Products - Individual and group annuities  
  
Will include segregated funds, CIG as well as annuities.

001 1. How many Individual and Group Variable Insurance Contract products do you have?

(01)

002 2. How many of these products were reviewed with a focus on fair treatment of consumers and suitability in the reporting period?

\*All products sold within the reporting period are to be listed in the first column “Product family” below.

Individual							
Product family	Currently available? (as of Fiscal Year End)	Product category	Material changes in the offer or product?	If yes, list the initial date of change	Type of change	Did the change in product result in a change in the target market?	Comments or any additional information
(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)
003		Garanteed investments					
004		Segregated funds					
005		Annuities					
006		Scholarship plans					
007							
008							
009							
010							
011							
012							
013							
014							
015							
016							
017							
018							
019							
020							
021							
022							
023							
024							
025							
026							

The catetories that will be  
available will be:

Annuities  
Segregated funds  
Garanteed investments (GIC)  
Other

	Product family	Currently available? (as of Fiscal Year End)	Product category	Material changes in the offer or product?	If yes, list the initial date of change	Type of change	Did the change in product result in a change in the target market?	Comments or any additional information
027								
028								
029								
030								
031								
032								
033								
034								
035								
036								
037								
038								
039								
040								
041								
042								
043								
044								
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046								
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056								
057								
058								
059								
060								
061								
062								
063								
064								
065								
066								
067								
068								
069								
070								
071								
072								
	Group							

	Product family	Currently available? (as of Fiscal Year End)	Product category	Material changes in the offer or product?	If yes, list the initial date of change	Type of change	Did the change in product result in a change in the target market?	Comments or any additional information
	Product family	Currently available? (as of Fiscal Year End)	Product category	Material changes in the offer or product	If yes, list the initial date of change	Type of change	Did the change in product result in a change in the target market?	Comments or any additional information
073								
074								
075								
076								
077								
078								
079								
080								
081								
082								
083								
084								
085								
086								
087								
088								
089								
090								
091								
092								
093								
094								
095								
096								
097								
098								
099								
100								
101								
102								
103								
104								
105								
106								
107								
108								
109								
110								
111								
112								
113								
114								
115								
116								
117								
118								
119								

	Product family	Currently available? (as of Fiscal Year End)	Product category	Material changes in the offer or product?	If yes, list the initial date of change	Type of change	Did the change in product result in a change in the target market?	Comments or any additional information
120								
121								
122								
123								
124								
125								
126								
127								
128								
129								
130								
131								
132								
133								
134								
135								
136								
137								
138								
139								
140								
141								
142								
	3. General comments:							
	(01)							
143								



7. Premiums and commissions

a) The information requested in this tab must be expressed in an accounting basis as in the Annual Supplement/Quarterly Returns - Life

b) The Premiums and commissions requested in this section excludes business outside Canada

c) All premiums and commissions must be provided solely for the entity of insurance submitting the form (non-consolidated information)

d) Reinsurance must be excluded from the numbers provided

e) To facilitate understanding, references to the Annual Supplement/Quarterly Returns - Life are provided below for each type of information requested. Please note that the nature of the required information in the Annual Statement on Market conduct may differ from the reference given. (ex. Consolidated information is requested in the Annual Supplement/Quarterly Returns as the information requested here must be non-consolidated, information must be given by class of products in the Annual Statement on market conduct as it does not in the LIFE form).

f) Direct or exclusive agent includes commissions paid to agents as well as firms for the sales or service of any product

g) Annuities includes all types of annuity contracts, such as:

• Variable annuity (segregated funds )

• Annuity certain

• Deferred annuity

• Guaranteed annuity

• Indexed annuity

• Life annuity

Annuities includes GICs

h) A product is considered to be sold by internet if the entire sale process is done by Internet. Obtaining an online quote is not considered an Internet sale. If a sale is completed by a licensed representative after the customer obtains information/price from a website, it is not considered an internet sale either.

The CCIR received a lot of questions regarding the informaiton requested in this tab.

We added links with the P&C Annual return for better understanding.

1. Premium and Commissions by Distribution Channel (\$000)

Title will be changed to:

Class of insurance

Line of Business

Direct Premiums Written

Reference to the LIFE form: Schedule 95.010

Independent Agent

Direct and Exclusive Agent

Other

Total

Independent Agent

Direct and Exclusive Agent

Other

Total

Total of Commissions in Relation to Direct Premiums Written

Reference to LIFE form: Schedule 45.010

Independent Agent

Direct and Exclusive Agent

Other

Total

Life

001 Individual

002 Group

003 Subtotal - Life

Annuity

004 Individual

005 Group

006 Subtotal - Annuity

Accident & Sickness

007 Individual

008 Group

009 Subtotal - Accident & Sickness

010 Total

2. Do you sell your products through third parties or affinity arrangements?

012 If yes, indicate the number of entities or arrangements that are used to sell your products:

013 3. Do you sell products through the Internet?

If yes, please provide the following information for direct sales, excluding third party aggregators:

a) Number of policies sold

b) Direct premiums (\$000)

4. General comments:

016

8. Distributors

Precision added in the instructions

- a) Information on your top 25 firms (determined by amount of premium earned) is to be reported in this section.
- b) If a firm (entity) has several locations, it as to be considered as a whole and reported only once.
- b) Percentage of total business is based upon sales in the reporting period.
- c) “Loan” does not include advancement of commissions.
- d) Distributors for Individual includes those who distribute life, accident and sickness and annuities
- e) Distributors for Group include those who distribute life, accident and sickness and annuities

	Individual											
	Top 25 firms	Licensed?	% of total business	Distribution type	Exclusivity clause?	Loans to firm (\$000)	% participating in firm's equity	Minimum volume clause?	First refusal right over firm?	Other types of advantage? (Resource loan, marketing, etc.) If yes, list in #2 below	Date of most recent compliance review	Comments or any additional information
	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)	(11)	(12)
001		Yes	0-5%	Independent Agent	Yes			Yes	Yes	Yes		
002		No	11-15%	Direct or exclusive Agent	No			No	No	No		
003				MGA								
004				National account								
005			76-85%	Other								
006												
007												
008												
009												
010												
011												
012												
013												
014												
015												
016												
017												
018												
019												
020												
021												
022												
023												
024												
025												
	2. Other type of advantage:											
	(01)											
026												
	3. General comments:											
027												

8. Distributors

Precision added in the instructions

Group (all classes)											
Top 25 firms	Licensed?	% of total business	Distribution type	Exclusivity clause?	Loans to firm (\$000)	% participating in firm's equity	Minimum volume clause?	First refusal right over firm?	Other types of advantage? (Resource loan, marketing, etc.) If yes, list in #2 below	Date of most recent compliance review	Comments or any additional information
(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)	(11)	(12)
028											
029											
030											
031											
032											
033											
034											
035											
036											
037											
038											
039											
040											
041											
042											
043											
044											
045											
046											
047											
048											
049											
050											
051											
052											
2. Other type of advantage:											
(01)											
053											
3. General comments:											
054											

## 9. Sales and Incentives Management

a) List the types of variable remuneration (e.g. cash prizes, training that includes travel, bonuses).

b) List only the incentives that are provided by the insurer. Do not report on incentives provided through other sources, such as those provided by MGAs.

d) For tables marked 2 and 3, insurers are expected to only include information regarding their direct compensation practices. Compensation practices of any entity to which distribution and sales have been outsourced to are not expected to be reported.

**1. THIS QUESTION IS RELATED TO DIRECT SALES ONLY (direct or exclusive agents)**

Excluding sales force whose remuneration is fully variable, identify the variable proportion of the remuneration in the rows below:

a) List by product below, the average of commissions paid (% of first annual premium) within the first year of policy force:

**Direct or exclusive agents instead of third party.**

		(01)
	<b>Life</b>	<b>(%)</b>
001	Individual	
002	Group	
	<b>Annuity</b>	<b>(%)</b>
003	Individual	
004	Group	
	<b>Accident &amp; Sickness</b>	<b>(%)</b>
005	Individual	
006	Group	

b) List by product below, the average of commissions paid (% of renewal premium) within the second year of the policy being in force:

		(01)
	<b>Life</b>	<b>(%)</b>
007	Individual	
008	Group	
	<b>Annuity</b>	<b>(%)</b>
009	Individual	
010	Group	
	<b>Accident &amp; Sickness</b>	<b>(%)</b>
011	Individual	
012	Group	

		(01)	(02)
	<b>Type of variable remuneration:</b>	Sales force	Sales management
013	a) Cash prizes or other gifts		
014	b) Money loan		
015	c) Profit sharing		
016	d) Bonus		
017	e) Other, specify in the space below:		

**Will be replaced by:**

For all sales force and sales management, indicate if your organization offers each type of compensation method other than fixed commission and base salary listed below.

(01)

018

**3. For sales force only, indicate whether performance measures and incentives or commissions consider the following:**

		(01)	(02)
		Performance Measures	Incentives or Commissions
019	a) Lapses		
020	b) Number of complaints		
021	c) Premium volume		
022	d) Claims volume		
023	e) Consumer satisfaction		
024	f) Number of post-sale consumer touches by sales force		

g) Provide details of any other sales force performance measures and incentives or commissions you have that are based on the fair treatment of consumers:

(01)

025

#### 4. Other comments on variable remuneration:

026

9. Sales and Incentives Management

- a) For “Lapses”, identify the number of policies.
- b) First-year lapses include policies that lapsed during the first 365 days of the policies being in force. The lapse has to have occurred in the reporting period.

Precision added on thte  
Frist-year lapses

5. Lapses

Class of insurance	First Year				Second Year			
	Direct or Exclusive Agent	Independent Agent, Broker, or MGA	Other	Total	Direct or Exclusive Agent	Independent Agent Broker or MGA	Other	Total
	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)
Life								
Individual				0				0
Group	11			11				0
Subtotal	11	0	0	11	0	0	0	0
Accident & Sickness								
Individual				0				0
Group				0				0
Subtotal	0	0	0	0	0	0	0	0
TOTAL	11	0	0	11	0	0	0	0

10. Claims

- a) The information requested in this section is limited to claims that have been initiated for policies that are or were in force at the time the claim was incurred.
- b) “Amount paid in benefits during the period” is limited to claims that have been closed.
- c) “Average days to final payment” does not include periodic payment (ex. long-term disability ) or payments made in installments.
- d) A claim is considered reported when the insurer has all the documents required to process the claim
- e) For “Number of claims closed within (period) days from date of claim reported”, the initial payment of a periodic payment / first installment of a payment is to be reported.
- f) “Accident and Sickness” is limited to short-term disability, long-term disability and travel insurance-related information.
- g) Annuity is limited to death benefit payments

Questions 2 and 3

- h) The information sought at questions 2 and 3 is limited to complete denials of claims.
- i) A claim is considered completely denied if the insurer refuses to pay any amount of the claim. In those cases, no indemnity payment is made but payment of certain fees (expert fees, claim adjuster fees, etc.) may be made.

Question 4

- j) Only lawsuits related to policies are to be reported in this section.

Added precisions according to the questions asked on year one.

1. Complete the table		Life		Annuity		Accident-Sickness	
		Individual	Group	Individual	Group	Individual	Group
		(01)	(02)	(03)	(04)	(05)	(06)
001	Number of claims opened at the beginning of the period						
002	Number of new claims opened during the period						
003	Number of claims closed with payment during the period						
004	Amount paid in benefits during the period						
005	Number of claims denied in the period						
006	Number of claims open at the end of the period						
007	Average days to final payment						
008	Number of claims closed within 0-90 days from date of claim reported						
009	Number of claims closed within 91-180 days from date of claim reported						
010	Number of claims closed within 181-365 days from date of claim reported						
011	Number of claims closed over 365 days from date of claim reported						
2. Please indicate the 3 main reasons for denial of claims in the reporting period and the total number of denials for the three reasons selected:							
		(01)	(02)				
012	a) Exclusions and limitations in the policy						
013	b) Delay in submitting claim						
014	c) Not covered, except for exclusions and limitations in the policy						
015	d) Failure to disclose or misrepresentation of a material fact						
016	e) Other, please specify in the space below						
3. Other main reasons for claims denial:							
(01)							
017							
4. Lawsuits:							
			(01)				
018	a) Number of lawsuits outstanding at beginning of the period						
019	b) Number of new lawsuits						
020	c) Number of closed lawsuit, by pre-court settlements						
021	d) Number of closed lawsuits, by Court judgement						
022	e) Number of class action lawsuits:						
5. General Comments:							
(01)							
023							

9. Complaint Reporting

1. Identify the senior officer(s) responsible for complaint handling at Fiscal Year end:		
	(01)	
001	<div>Check this box is no senior officer is named for complaint handling</div> <div><input type="checkbox"/></div>	<div>For cases when no officer is named</div>
002	a) Name of the senior officer:	
003	b) Title:	
004	c) Address:	
005	d) Telephone number:	
006	e) Email:	
007	a) Name of the senior officer:	
008	b) Title:	
009	c) Address:	
010	d) Telephone number:	
011	e) Email:	
012	a) Name of the senior officer:	
013	b) Title:	
014	c) Address:	<div>Changed the wording <b>if</b> instead of which <b>since</b> the answer if Yes or No</div>
015	d) Telephone number:	
016	e) Email:	
2. Please indicate <b>if</b> the following are present within your organization:		
		(01)
017	a) Complaint handling policies and procedures guideline	
018	b) Complaint handling unit or department	
019	c) Reporting mechanism on a periodic basis that is sent to management and the board regarding aggregate complaints	
020	d) Ongoing training program regarding complaint handling for staff whose activities include complaint handling	
3. Please indicate in the space below the stage of your complaint process at which you declare the complaint to the regulator:		
	(01)	
021		<div>Changed wording for better understanding.</div> <div>Initial question: Do you have any complaint information to be filed for the reporting period (If yes, please complete the next tab)</div>
022	4. Do you have complaints to report for the reporting period (new or opened during a previous reporting period)?	(01)
023	5. Does your report (table in next tab) contain new complaints for the reporting period?	
	(01)	
024		<div>A box will be added for comments</div>



## 11.6 Complaint Reporting

[illegible]

## 11.6 Complaint Reporting

[illegible]

12. Protection of Personal Information

		01
001	1.Do you have policies and procedures in place regarding breaches in confidentiality and the protection of personal information?	
	If yes, please indicate which of the following are addressed by your policies and procedures:	
002	a) Timely notification to consumers of any breaches that could impact their interests or rights	
003	b) Timely notification to the appropriate authorities of any breaches that could impact the consumer's interests or rights	
004	c) Timely notification to the responsible and appropriate individuals within your organization	
	Comments:	
	(01)	
005		
		01
006	2. Have you had any breaches in the protection of personal information in the past year?	
007	If yes, indicate the number of breaches:	
008	3. Were the breaches reported to the proper authorities where required by law (e.g., Privacy Commissioner, regulatory authority)?	
	If no, please provide details as to why the incident(s) was not reported to the appropriate authority:	
	(01)	
009		