



DRAFT ANNUAL STATEMENT ON MARKET CONDUCT

Life and Health Insurance Industry

July 12, 2016

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.
b)	MOU signatories have entered into agreements with the Autorité des marchés financiers (AMF) to collect on behalf of the provincial and territorial regulatory authorities where applicable.
c)	The information that is collected will be subject to and administered in accordance with the provisions of the MOU and the applicable law. This includes the privacy and confidentiality provisions included with the MOU and the applicable law.
d)	The information that is sought relates to the insurer's Canadian operations and/or Canadian consumers. Information regarding activities or developments abroad are limited to those that may impact Canadian operations and consumers.
e)	The data provided must cover the most recent fiscal year end.
f)	This form relates <u>only to life and health insurance</u> , including individual and group products. Reinsurance is excluded and commercial insurance are excluded for all sections except for the Complaint Reporting Sections.
g)	The information requested is required to establish trends and evaluate the means implemented by the industry regarding fair treatment of consumers.
2. Filing 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)	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:

	<ul style="list-style-type: none"> • a reproach against an organization; • the identification of a real or potential harm that a consumer has experienced or may experience; or • a request for a remedial action. <p>Complaints are generally expressed in writing through correspondence, e-mail, 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>
d)	Consumer means all current and prospective customers of insurance products.
e)	<p>Distribution channels refers to the following methods of distribution:</p> <ul style="list-style-type: none"> • Independent Agent – A representative authorized to act in the life and health insurance sector who offers a range of life and health insurance product from several insurers and/or contracts with one or more Managing General Agencies or Associated General Agencies for access to insurers. • Direct and Exclusive Agent: A representative authorized to act in the life insurance sector who is bound by an exclusive contract with a single life and health insurer to act on behalf of a firm that is an insurer.
f)	Employee means any salaried employee working more than 25 hours per week, but does not include an employee paid primarily by commission.

g)	<p>Fair treatment of consumers ("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 include the following:</p> <ul style="list-style-type: none"> • developing and marketing products in a way that pays due regard to the interests of customers; • providing customers with clear information before, during and after the point of sale; • reducing the risk of sales which are not appropriate to customers' needs; • ensuring that any advice given is of a high quality; • dealing with customer complaints and disputes in a fair manner; • protecting the privacy of information obtained from customers; and • managing the reasonable expectations of customers. <p>Areas within an insurer and its operations that can influence and help ensure the FTC include:</p> <ul style="list-style-type: none"> • Board and senior management responsibility; • Strategy and decision making; • Internal processes and mechanisms (controls); • Performance management; • Remuneration; and • Policies and procedures.
h)	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.
i)	Lawsuit means a court case involving a dispute between the insurer and the insured, based on an insurance product.
j)	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.
k)	Material change refers to any change that may impact or affect the outcomes associated with FTC as described by the International Association of Insurance Supervisors and listed above.
l)	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.
m)	Regulatory action means any action that results in an order, penalty, fine, or other sanction.

n)	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.
o)	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).
p)	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.
4. Detailed instructions	
General Information and Governance (2)	
a)	"Risks associated with the product" includes any potential risks associated with the product. This could include stated exclusions and deductibles.
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.
Product changes (4) and (5)	
a)	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 business line 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.
Distribution channels (8)	
a)	For each distribution channel, list your 25 largest distributors (determined by amount of direct written premium) within the channel.
b)	The information collected in this table is intended to be in regards to independent agents.
Sales and incentives management (9)	
a)	List the types of variable remuneration (e.g. cash prizes, training, 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.

Claims (10)	
a)	“Accident and Sickness” is limited to short-term disability, long-term disability and travel insurance-related information.
b)	“Original amount claimed relating to denied claims during the period” does not apply to monthly benefits paid for short-term disability and long-term disability insurance.
Complaint Reporting (11)	
a)	“Unique Identifier” refers to the customer’s and/or complaint’s reference number or file number provided after the complaint has been reported into the system.
Protection of Personal Information (12)	
a)	“Number of breaches” refers to incidents and occurrences. It does not include the number of individuals impacted by the breach.

2. Governance

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 <i>not</i> the Ombudsperson):	
a) Name of the senior officer(s):	
b) Title	
c) Address:	
d) Telephone number:	
e) Email:	
a) Name of the senior officer(s):	
b) Title	
c) Address:	
d) Telephone number:	
e) Email:	
a) Name of the senior officer(s):	
b) Title	
c) Address:	
d) Telephone number:	
e) Email:	
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:	

2. Total number of employees whose responsibilities are solely for facilitating and monitoring of risk management practices over market conduct risks (i.e.,	
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second line of defence):	
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3. Do you have a code or policy that specifically addresses the fair treatment of consumers/treating consumers fairly ?	Y/N
If yes, please answer the questions below:	
a) When was the last time you reviewed/evaluated the code or policy?	Month/Year
b) When is the last time you modified the code or policy?	Month/Year
c) Have you communicated this policy to all of your staff?	Y/N
If no, please complete question below:	
d) Do you intend to develop such a document in the next year?	Y/N

4. Is the fair treatment of consumers a priority at each stage of the product life cycle and in every area of your operations?	Y/N
If yes, please indicate which of the following practices you engage in to ensure the fair treatment of consumers:	
a) Develop strategies, objectives and initiatives to promote the fair treatment of consumers	<input type="checkbox"/>
b) Embed the fair treatment of consumers in the organization's policies and code of ethics	<input type="checkbox"/>
c) Develop mechanisms and procedures to identify and address any conflicts that could impact the fair treatment of consumers	<input type="checkbox"/>
d) Development measures and reports to inform management of the organization's performance in the fair treatment of consumers	<input type="checkbox"/>
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 operation in the space below.	

5. 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.

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6. 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?

Y/N/NA

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

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7. Please indicate the number of licensees within your distribution channel that were the subject of a market conduct audit/review in the reporting period.

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a) Please identify the scope of the audit(s)/review(s):

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b) How often is the effectiveness of the audit process assessed?

- Annually
- More frequently than annually
- Less frequently than annually

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8. Do you have processes/mechanisms in place to ensure that the information, as noted below, is properly given at the point of sale (before or at the time of purchase)?	Y/N
If yes, please indicate the information is disclosed to consumers before or at the time of purchase (check all that apply):	
a) Insurer name and contact information	<input type="checkbox"/>
b) Product and its main features	<input type="checkbox"/>
c) Risks associated with the product	<input type="checkbox"/>
d) Right of termination or rescission (if applicable)	<input type="checkbox"/>
e) Clear, plain language communication that is not misleading	<input type="checkbox"/>
f) Formatting that is easy to read and understand	<input type="checkbox"/>
g) Up-to-date information and provided in a timely manner	<input type="checkbox"/>
h) Potential conflicts of interest	<input type="checkbox"/>

9. Please identify from the list below the after sale information provided to the customer.	
a) Confirmation of any after-sales transactions	<input type="checkbox"/>
b) Annual statements for IVICs and life products with variable elements	<input type="checkbox"/>
c) Contract amendments	<input type="checkbox"/>
d) Customer rights and obligations in connection to any material changes in the product that was sold or offered (if applicable)	<input type="checkbox"/>
e) Changes in the environment that may impact the product (e.g., legislative changes)	<input type="checkbox"/>
f) Organizational or operational changes that may impact the customer, product or related services	<input type="checkbox"/>

10. Do you engage in advertising campaigns directed toward consumers?	Y/N
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	<input type="checkbox"/>
b) Ensure the name of the insurer is clearly indicated	<input type="checkbox"/>

c) Advertising is appropriate for the target consumer group	<input type="checkbox"/>
d) Written advertisements are presented in a format that is easy to read and understand	<input type="checkbox"/>
e) Advertising is truthful and authentic with respect to the use of statistics and testimonial	<input type="checkbox"/>
f) Unclear, misleading or inaccurate advertisements are promptly modified or withdrawn	<input type="checkbox"/>
g) Advertising is reviewed independently of the person who designed or prepared the advertisement prior to its dissemination	<input type="checkbox"/>

11. Do you conduct consumer satisfaction surveys?	
If yes, please indicate how often	<ul style="list-style-type: none"> -Following a sale -Following a claim -Following a complaint -Other: <ul style="list-style-type: none"> -Annually -More frequently than annually -Less frequently than annually

General comments:

Group

	Number of new policies issued	Number of rescissions	Number of lapses	Number of cancellations	Number of insurer-initiated non-renewals of policies in the period	Number of cancellations with full refund of premium	Number of cancellations without full refund of premium	Number of cancellations for non-payment or non-sufficient funds	Number of applications from plan sponsor declined by insurer
Life									
Annuity									
A&S									

General comments:

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4. Products – Individual

1. In the past year, have you conducted a periodic review of your products?	Y/N
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**All products sold within the reporting period are to be listed in the first column "Product name" below.*

Product name	Currently available (as of Fiscal Year End)	Product category (A&S insurance, Disability, Extended health, Life insurance, Mortgage, Travel, Other)	Material changes in the offer or in the product	If yes, list the initial date of change	Type of change, if applicable (Change to product features, Change to pricing, Change to product features & pricing, New product, Discontinued product)	Comments or any additional information you wish to provide	If yes, did the change in product result in a change in the target market?
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N

General comments:

5. Products – Group

1. In the past year, have you conducted a periodic review of your products?	Y/N
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**All products sold within the reporting period are to be listed in the first column "Product name" below.*

Product name	Currently available (as of Fiscal Year End)	Product category (A&S insurance, Disability, Extended health, Life insurance, Mortgage, Travel, Other)	Material changes in the offer or in the product	If yes, list the initial date of change	Type of change, if applicable (Change to product features, Change to pricing, Change to product features & pricing, New product, Discontinued product)	Comments or any additional information you wish to provide	If yes, did the change in product result in a change in the target market?
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N

General comments:

**All products sold within the reporting period are to be listed in the first column "Product name" below.*

Group							
Product name	Currently available (as of Fiscal Year End)	Product category (Annuities, Guaranteed investments, Mutual funds, Segregated funds, Scholarship plans)	Material changes in the offer or in the product	Initial date of change	Type of change, if applicable (Change to product features, Change to pricing, Change to product features & pricing, New product, Discontinued product)	Comments or any additional information you wish to provide	Did the change in product result in a change in the target market?
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N
	Y/N		Y/N	date/province			Y/N

General comments:

7. Premiums and Commissions by Distribution Channel

1. Premium and claims by distribution channel consolidated (\$000)

Lines of Business		Direct Premiums Written				Commissions, including all types of variable remuneration			
		Independent Agent	Direct and Exclusive Agent	Other	Total	Independent Agent	Direct and Exclusive Agent	Other	Total
	Life								
1	Individual				0				0
2	Group				0				0
3	Subtotal - Life	0	0		0	0	0		0
	Annuity								
4	Individual				0				0
5	Group				0				0
6	Subtotal - Annuity	0	0		0	0	0		0
	Accident & Sickness								
7	Individual				0				0
8	Group				0				0
9	Subtotal - A&S	0	0		0	0	0		0
	TOTAL	0	0		0	0	0		0

2. Do you market products via telesales or a call centre?		
If yes, please complete the table below:		
	# of Policies Sold	Direct Premiums (\$'000s)
Insurer		
Affinity Arrangements		
Other Third Party Arrangements		

3. Do you market 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	(\$'000s)

General comments:

8. List of Distribution Channels

The information collected in this table is considered competitive in nature

Individual											
1. Name of firm (list 25 main firms)	Licensed	Percentage of total business (drop down citing ranges (i.e., 0-20%, 21-40%, 41-60%...))	Distribution channels	Exclusivity clause	Loans to firm (\$000)	Percentage 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	Additional information (optional)
Firm 1	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 2	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 3	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 4	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 5	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 6	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 7	Y/N			Y/N			Y/N	Y/N	Y/N		

Firm 8	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 9	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 10...	Y/N			Y/N			Y/N	Y/N	Y/N		

Group											
1. Name of firm (list 25 main firms)	Licensed	Percentage of total business (drop down citing ranges (i.e., 0-20%, 21-40%, 41-60%...))	Distribution channels	Exclusivity clause	Loans to firm (\$000)	Percentage 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	Additional information (optional)
Firm 1	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 2	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 3	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 4	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 5	Y/N			Y/N			Y/N	Y/N	Y/N		

Firm 6	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 7	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 8	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 9	Y/N			Y/N			Y/N	Y/N	Y/N		
Firm 10...	Y/N			Y/N			Y/N	Y/N	Y/N		

2. Other type of advantage:

3. General Comments:

9. Sales and Incentives Management

1. THIS QUESTION IS RELATED TO DIRECT WRITERS ONLY: Excluding personnel whose remuneration is fully variable, the variable proportion of the remuneration of staff:		
a) List by product below, the range of commissions paid (% of first annual premium) within the first year of the policy being in force:		
Life		
Individual		(%)
Group		(%)
Annuity		
Individual		(%)
Group		(%)
Accident & Sickness		
Individual		(%)
Group		(%)
b) List by product below, the range of commissions paid (% of renewal premium) within the second year of the policy being in force:		
Life		
Individual		(%)
Group		(%)
Annuity		
Individual		(%)
Group		(%)
Accident & Sickness		
Individual		(%)
Group		(%)
2. List of compensation methods other than fixed commission and base salary (Please, check all that apply to you):		
Sales force	Sales management	Type of variable remuneration:
<input type="checkbox"/>	<input type="checkbox"/>	Cash prizes or other gifts
<input type="checkbox"/>	<input type="checkbox"/>	Money loan
<input type="checkbox"/>	<input type="checkbox"/>	Profit sharing
<input type="checkbox"/>	<input type="checkbox"/>	Bonus
<input type="checkbox"/>	<input type="checkbox"/>	Other, please specify in the space below:

3. Indicate whether sales force performance measures and incentives or commissions consider the following

	Sales Force Performance Measures	Incentives or Commissions	
a) Lapses	<input type="checkbox"/>	<input type="checkbox"/>	
b) Number of complaints	<input type="checkbox"/>	<input type="checkbox"/>	
c) Premium volume	<input type="checkbox"/>	<input type="checkbox"/>	
d) Claims volume	<input type="checkbox"/>	<input type="checkbox"/>	
e) Consumer satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	
f) Number of post-sale consumer touches	<input type="checkbox"/>	<input type="checkbox"/>	

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:

4. Other comments on variable remuneration:

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10. Claims

1. Complete the table						
	Life		Annuity		Accident & Sickness	
	Individual	Group	Individual	Group	Individual	Group
Number of claims open at the beginning of the period						
Number of new claims opened during the period						
Number of claims closed with payment during the period						
Amount paid in benefits during the period						
Number of claims denied in the period						
Number of claims open at the end of the period						
Average days to final payment						
Number of claims closed within 0-90 days from date of claim reported						
Number of claims closed within 91-180 days from date of claim reported						
Number of claims closed within 181-365 days from date of claim reported						
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.						
<input type="checkbox"/> Exclusions and limitations in the policy						
<input type="checkbox"/> Policy not in force						

<input type="checkbox"/> Delay in submitting claim	(#)	
<input type="checkbox"/> Not covered, except for exclusions and limitations in the policy	(#)	
<input type="checkbox"/> Failure to disclose or misrepresentation of a material fact	(#)	
<input type="checkbox"/> Other, please specify in the space below	(#)	
3. Other main reasons for claims denial:		
4. General comments:		

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11. Complaint Reporting

1. Identify the senior officer(s) responsible for complaint handling at Fiscal Year end:	
a) Name of the senior officer(s):	
b) Title:	
c) Address:	
d) Telephone number:	
e) Email:	
a) Name of the senior officer(s):	
b) Title:	
c) Address:	
d) Telephone number:	
e) Email:	
a) Name of the senior officer(s):	
b) Title:	
c) Address:	
d) Telephone number:	
e) Email:	

2. Please indicate which of the following are present within your organization:	
a) Complaint handling policies and procedures guideline	<input type="checkbox"/>
b) Complaint handling unit or department	<input type="checkbox"/>
c) Reporting mechanism on a periodic basis that is sent to management and the board regarding aggregate complaints	<input type="checkbox"/>
d) Ongoing training program regarding complaint handling for staff whose activities include complaint handling	<input type="checkbox"/>

3. Please indicate in the space below the stage of your complaint process at which you declare the complaint to the regulator:

4. Does your report contain new complaints for the reporting period?	Y/N
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5. Lawsuits arising from complaints:	
a) Number of lawsuits outstanding at beginning of the period:	
c) Number of new lawsuits:	
d) Number of closed lawsuit, by pre-court settlements:	
a) Number of closed lawsuits, by Court judgement:	
c) Number of class action lawsuits:	

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Proposed drop-down menus for above table

1. Regulator having received the complaint, if applicable:

- Newfoundland & Labrador
- Prince Edward Island
- Nova Scotia
- New Brunswick
- Quebec
- Ontario
- Manitoba
- Saskatchewan
- Alberta
- British Columbia
- Northwest Territories
- Yukon
- Nunavut
- Non-applicable

2. Product category:

- a. Life and health insurance:
- b. A&S insurance
- c. Disability insurance
- d. Extended health
- e. Life insurance
- f. Mortgage
- g. Travel
- h. Other
- i. Insurance/investments
- j. Annuities
- k. Guaranteed investments
- l. Mutual funds
- m. Segregated funds
- n. Scholarship plans
- o. Other

3. Type of product (individual/group):

- Individual
- Group

4. Distribution mode of product:

- Employer's representative
- Licenced representative

Other

5. Cause Level 1:

- Underwriting
- Administration
- Marketing and sales
- Product
- Claims/Settlement

6. Causes Level 2:

a. Underwriting

- Alleged discrimination
- Change in risk category
- Credit scoring
- Customer services (timeliness, knowledge, expertise)
- File confidentiality of insured
- Information collection and needs analysis
- Other
- Performance of mandate
- Policy provisions
- Premium
- Refusal
- Reporting to client

b. Administration

- Administrative procedures
- Collection
- Credit rating
- Customer service (timeliness, knowledge, expertise)
- Fees/commissions
- Non-authorized transaction
- Other
- Personal information protection
- Preauthorized Debit / Payment Plan
- Statements
- Transfers

c. Marketing and sales

- Advertising
- Alleged misleading statement or misrepresentation
- Delivery of policy
- Discontinuation/Termination of service
- Illustration of cost or return
- Other
- Replacement disclosure form

- Tied selling

d. Product

- Adequacy of product
- Availability / Accessibility
- Other
- Policy provisions
- Policy value
- Prospectus
- Rate of Return (ROR)
- Renewal

e. Claims/Settlement

- Claim procedure
- Customer service (timeliness, knowledge, expertise)
- Delay in settlement
- Direct Compensation Agreement /Fault Determination Rules
- Other
- Performance of mandate
- Refusal of claim
- Reporting to client

Suspension of benefit

7. Outcome of the complaint:

- Agreement reached
- Agreements not reached
- Withdrawn

12. Protection of Personal Information

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