



2019

001

SELECT LANGUAGE

ANNUAL STATEMENT ON MARKET CONDUCT

Life and Health Insurance

010

Insurer name:

#N/A

020

Client number:

025

Financial Group, if applicable:

030

Name of the Market Conduct
contact person:

031

Title:

032

Address:

033

Telephone number:

040

Email:

060

Jurisdiction of incorporation:

070

If "Foreign", Country or State:

**Provinces and territories in which the organization is licensed:*

080

Alberta

(01)
☐

Northwest Territories

(02)
☐

Quebec

(03)
☐

081

British Columbia

☐

Nova Scotia

☐

Saskatchewan

☐

082

Manitoba

☐

Nunavut

☐

Yukon

☐

083

New Brunswick

☐

Ontario

☐

084

Newfoundland and
Labrador

☐

Prince Edward Island

☐

090

Are you offering new insurance contracts (including renewals)?

What classes of insurance are you offering?

110	Life - Individual	(01)	Accident & Sickness - Individual	(02)	Annuities - Individual	(03)
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
111	Life - Group	<input type="checkbox"/>	Accident & Sickness - Group	<input type="checkbox"/>	Annuities - Group	<input type="checkbox"/>

Are you offering Travel Health Insurance?

115	Travel Health Insurance - Individual	(01)
		<input type="checkbox"/>
116	Travel Health Insurance - Group	<input type="checkbox"/>

What Distribution Channels are you using?

121	Independent Channels	(01)
		<input type="checkbox"/>
120	Direct or Exclusive Channels	<input type="checkbox"/>
122	Other Distribution Channels	<input type="checkbox"/>
123	Sold by Internet (Full Online Sale Process)	<input type="checkbox"/>

General comments:

140	



2. GOVERNANCE

DEFINITIONS

2019-L&H

The "reference period" is the fiscal year for which the statement is filled.

Question 2: "Total number of employees" includes all types of employees (full time, contractual, etc.). It does not include employees from other organizations in your Financial Group.

Questions 7.1 and 7.2: "Audit(s)/review(s)" refer 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 7.4: A product is considered to be "sold by Internet" if the entire sale process is completed through the Internet. Obtaining an online quote is not considered an Internet sale. If a sale is completed by a licensed agent after the customer obtains information/price from a website, it is not considered an Internet sale either.

Question 9: "Organizational or operational changes" include mergers and acquisitions or other material changes within the insurer that may impact or affect the outcomes associated with Fair Treatment of Customers as described by the International Association of Insurance Supervisors (IAIS).

170	2. Indicate the "total number of employees" in your organization:	(01)
185	Do you have employees with primary responsibilities related to the oversight of Fair Treatment of Customers:	Yes

190	3. Do you have a standalone documented code or policy that specifically addresses the Fair Treatment of Customers?	(01)
If yes, answer the questions below:		
200	When did the board of directors last review and approve your code or policy?	<div>Drop-down menu</div> <div>Less than a year</div> <div>Between 1 to 2 years</div> <div>More than 2 years</div> <div>Not planned</div>
210	When did you last communicate this code or policy to all of your staff?	
If no, answer the question below:		
220	When do you intend to develop such a code or policy?	

230	4. Is the Fair Treatment of Customers a priority at each stage of the product life cycle and in every area of your operations?	(01)
If yes, indicate if you document the following practices:		
240	Develop strategies, objectives and initiatives to promote the Fair Treatment of Customers	
250	Embed the Fair Treatment of Customers in the organization's policies and code of ethics	
260	Develop mechanisms and procedures to identify and address any conflicts that could impact the Fair Treatment of Customers	
270	Develop measures and reports to inform management of the organization's performance in the Fair Treatment of Customers	
If no, explain why the Fair Treatment of Customers is not a priority of each stage at the product life cycle and in every area of your operations in the space below:		
280		

285	5. Do you train employees with respect to the Fair Treatment of Customers:	(01)
		Yes

7. Fill sections that reflect the methods of distribution used by your organization:		
7.1 Independent Channels		
	Agents	Firms
	(01)	(02)
330	Indicate the total number of distribution contracts	
350	Indicate the total number of reviews or audits conducted during the "reference period" that included a focus on Fair Treatment of Customers	
7.2 Direct or Exclusive Channels		
	Agents	Firms
	(01)	(02)
380	Indicate the total number of distribution contracts	
400	Indicate the total number of reviews or audits conducted during the "reference period" that included a focus on Fair Treatment of Customers	
7.3 Other Distribution Channels		
Provide details on the other distribution channels		
422		
		(01)
423	Indicate the total number of distribution contracts	
424	Indicate the total number of reviews or audits conducted during the "reference period" that included a focus on Fair Treatment of Customers	
7.4 Distribution of products sold through Internet (full online sale process)		
		(01)
425	Indicate the total number of reviews or audits conducted during the "reference period" that included a focus on Fair Treatment of Customers	

8. Is each element listed below provided before or at the time of sale and do you have processes / mechanisms in place to ensure that it is addressed:		
		(01)
430	Insurer name and contact information	Information not disclosed or not complied with
440	Product and its main features	Information disclosed or complied with but no mechanism in place
450	Suitability risks associated with the product	Information disclosed or complied with and mechanism in place
460	Right of termination or rescission	Not active in sale
470	Clear, plain language communication that is not misleading	Not applicable
480	Formatting that is easy to read and understand	
490	Up-to-date information provided in a timely manner	
500	Potential conflicts of interest	

9. Is each type of information listed below provided after the sale and do you have processes / mechanisms in place to ensure that it is addressed:		
		(01)
510	Confirmation of any after-sale transactions	
520	Annual statements for IVICs and life products with variable elements	
530	Contract amendments	
540	Customer rights and obligations in connection to any material changes in the product that was sold or offered	
550	Changes in the environment that may impact the product (e.g., legislative changes)	
560	Organizational or operational changes* that may impact the customer, product or related services	

		(01)
570	10. Do you engage in advertising campaigns directed towards customers?	Yes

		(01)
650	11. Do you conduct customer satisfaction surveys?	
	If yes, were the following conducted?	
660	Sale	Yes
670	Claim	No
680	Complaint	
690	Other	

General comments:		
700		



3. POLICIES

DEFINITIONS

2019-L&H

The "reference period" is the fiscal year for which the statement is filled.

Enter data for individual policies and group policies in their respective tables.

Except for the "Number of Policies in Force at the End of the Previous Reference Period", all of the information requested is for the reference period.

"Annuities", includes all types of annuity contracts, such as :

- Variable Annuity (Segregated Funds);
- Certain Annuity;
- Deferred Annuity;
- Guaranteed Annuity;
- Indexed Annuity;
- Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

"Main guarantee": indicate the number of insurance contracts according to the main guarantee (e.g. 1 individual long-term care insurance policy with life insurance = Only 1 policy for the purposes of this table).

INDIVIDUAL POLICIES										
Class of Insurance (Main Guarantee)*	Number of Policies in Force at the End of the Previous "Reference Period"	Number of New Policies Issued	Number of Insurance Applications Received	Number of Applications Declined by Insurer	Number of Customer Initiated Cancellations During the "Free Look" Period	Number of Customer Initiated Cancellations Excluding the "Free Look" Period (Including Lapses)	Number of Insurer Initiated Cancellations			Number of Policies in Force at the End of the "Reference Period"
							Without any Refund of Premium	With Fully Refunded Premiums	With Prorated and Short-rated Premiums	
	(01)	(03)	(02)	(04)	(05)	(06)	(07)	(08)	(09)	(10)
010 Life										
020 Accident & Sickness										
030 Annuity*										
049 TOTAL	0	0	0	0	0	0	0	0	0	0

GROUP POLICIES				
	Number of Certificates in Force at the End of the Previous "Reference Period**"	Number of New Certificates Issued	Number of Certificates Cancelled or Terminated due to Contract	Number of Certificates in Force at the End of the "Reference Period**"
	(01)	(03)	(04)	(05)
060 Life				
070 Accident & Sickness				
080 Annuity*				
099 TOTAL	0	0	0	0

General comments:	
110	



(08) Examples of review with a focus on Fair Treatment of Customers: disclosure to customers, distribution strategies, promotional material, etc.

4.0

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General comments:

730



5. PRODUCTS - GROUP LIFE AND ACCIDENT AND SICKNESS

DEFINITIONS

2019-L&H

- (01) List the name of the products offered for sale during the reference period.
- (02) Indicate the main guarantee* of the product offered.
- (05) Main Type of Change to be reported are limited to material changes initiated by the insurer or are the result of a decision made by the insurer. It excludes regulatory required changes. The "reference period" is the fiscal year for which the statement is filled.
- (08) Examples of review with a focus on Fair Treatment of Customers: disclosure to customers, distribution strategies, promotional material, etc.

List all existing products offered

	Name of the Product Offered (One Line per Product)	Class of Insurance (Main Guarantee)*	Main Type of Change in the Reference Period	Reviewed With a Focus on Fair Treatment of Customers?
	(01)	(02)	(05)	(08)
030				
040				
050				
060				
070				
080				
090				
100				
110				
120				
130				
140				
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390				
400				
410				
420				
430				
440				
450				



6. PRODUCTS - INDIVIDUAL ANNUITIES

DEFINITIONS

2019-L&H

(01) List the name of the products offered for sale during the reference period.

(02) Indicate the main guarantee* of the product offered.

(05) Main Type of Change to be reported are limited to material changes initiated by the insurer or are the result of a decision made by the insurer. It excludes regulatory required changes. The "reference period" is the fiscal year for which the statement is filled.

"Annuities", includes all types of annuity contracts, such as :

- Variable Annuity (Segregated Funds);
- Certain Annuity;
- Deferred Annuity;
- Guaranteed Annuity;
- Indexed Annuity;
- Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

(08) Examples of review with a focus on Fair Treatment of Customers: disclosure to customers, distribution strategies, promotional material, etc.

List all existing products offered

	Name of the Product Offered (One Line per Product)	Class of Insurance (Main Guarantee)*	Main Type of Change in the Reference Period	Reviewed With a Focus on Fair Treatment of Customers?
	(01)	(02)	(05)	(08)
030				
040				
050				
060				
070				
080				
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100				
110				
120				
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340				
350				
360				
370				
380				
390				
400				



6.5 PRODUCTS - GROUP ANNUITIES

DEFINITIONS

2019-L&H

(01) List the name of the products offered for sale during the reference period.

(02) Indicate the main guarantee* of the product offered.

(05) Main Type of Change to be reported are limited to material changes initiated by the insurer or are the result of a decision made by the insurer. It excludes regulatory required changes. The "reference period" is the fiscal year for which the statement is filled.

"Annuities", includes all types of annuity contracts, such as :

- Variable Annuity (Segregated Funds);
- Certain Annuity;
- Deferred Annuity;
- Guaranteed Annuity;
- Indexed Annuity;
- Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

(08) Examples of review with a focus on Fair Treatment of Customers: disclosure to customers, distribution strategies, promotional material, etc.

List all existing products offered

	Name of the Product Offered (One Line per Product)	Class of Insurance (Main Guarantee)*	Main Type of Change in the Reference Period	Reviewed With a Focus on Fair Treatment of Customers?
	(01)	(02)	(05)	(08)
030				
040				
050				
060				
070				
080				
090				
100				
110				
120				
130				
140				
150				
160				
170				
180				
190				
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220				
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300				
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330				
340				
350				
360				
370				
380				
390				
400				



7. PREMIUMS AND COMMISSIONS

DEFINITIONS

2019-L&H

All amounts reported must be in thousands of dollars.

References to the Quarterly Return / Annual Supplement: To specify the nature of the requested data, you will find below references to the Quarterly Return. However, note that the data to be provided in this form are not exactly the same as the Quarterly Return. The requested information in this table is non-consolidated and must be provided by distribution channel.

The information to be reported in this tab excludes reinsurance.

Question 3: 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 agent after the consumer obtains information or a price from a website, it is not considered as an Internet sale either.

"Annuities*", includes all types of annuity contracts, such as :

- Variable Annuity (Segregated Funds);
- Certain Annuity;
- Deferred Annuity;
- Guaranteed Annuity;
- Indexed Annuity;
- Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

1. Premiums and commissions by distribution channel (in thousands of dollars - non-consolidated data)

Class of Insurance	Direct Premiums Written				Total of Commissions in Relation to Direct Premiums Written			
	Reference to the Quarterly Return / Annual Supplement: Schedule 95.010 - Row (520) "Direct" / column (23) "Total In Canada"				Reference to the Quarterly Return / Annual Supplement: Schedule 45.010 - Row (349) "Total Direct Commissions"			
	Provide non-consolidated data only							
	Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL (\$000)	Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL (\$000)
	(01)	(02)	(03)	(19)	(04)	(05)	(06)	(49)
Life								
010 Individual				0				0
020 Group				0				0
039 Subtotal	0	0	0	0	0	0	0	0
Accident & Sickness								
040 Individual				0				0
050 Group				0				0
069 Subtotal	0	0	0	0	0	0	0	0
Annuity*								
070 Individual				0				0
080 Group				0				0
099 Subtotal	0	0	0	0	0	0	0	0
109 TOTAL (in thousands of dollars)	0	0	0	0	0	0	0	0

140	3. Do you sell products through the Internet?		(01)
	If yes, please provide the following information for direct sales:		
		(01)	
160	Number of policies sold		
170	Direct premiums (in thousands of dollars)		

180	General comments:		



8. DISTRIBUTORS - LIFE AND ACCIDENT AND SICKNESS

DEFINITIONS

2019-L&H

All amounts reported must be in thousands of dollars.

Enter data for individual policies and group policies in their respective tables.

Information on your top 25 distributors (determined by Direct Premiums Written amount) is to be reported in this section.

If a distributor has several locations, those should be considered and reported as one distributor.

(03) New Direct Premiums Written during the reference period (Individual policies) or Direct Premiums Written during the reference period (Group policies). Indicate the percentage of the insurer's premium volume attributed to the distributor.

(07) "Loan" does not include advancement of commissions. If no loan is granted to a distributor listed, please indicate 0.

(08) If you are not participating in the distributor's equity, please indicate 0.

INDIVIDUAL POLICIES

	Top 25 Distributors	% of Total New Direct Premiums Written	Distribution Channel	Exclusivity Clause?	(\$000) Loans* to Distributor	Participating % in Distributor's Equity	Minimum Volume Clause?	First Refusal Right Over Distributor?	Other Types of Advantages?	Last Compliance Review Conducted
	(01)	(03)	(04)	(05)	(07)	(08)	(09)	(10)	(11)	(13)
010		0-5%	Direct or exclusive agents	Yes			Yes	Yes	Yes	Not applicable
020		6-10%	Independent agents	No			No	No	No	Less than a year
030		11-15%	MGA							Between 1 to 2 years
040		16-20%	Other - specify in comments							More than 2 years
050		21-40%	National Accounts							
060		41-60%								
070		61-75%								
080		76-85%								
090		86-100%								
100										

110									
120									
130									
140									
150									
160									
170									
180									
190									
200									
210									
220									
230									
240									
250									

GROUP POLICIES										
	Top 25 Distributors	% of Total Direct Premiums Written	Distribution Channel	Exclusivity Clause?	(\$000) Loans* to Distributor	Participating % in Distributor's Equity	Minimum Volume Clause?	First Refusal Right Over Distributor?	Other Types of Advantages?	Last Compliance Review Conducted
	(01)	(03)	(04)	(05)	(07)	(08)	(09)	(10)	(11)	(13)
260										
270										
280										
290										
300										
310										
320										
330										
340										
350										
360										

370									
380									
390									
400									
410									
420									
430									
440									
450									
460									
470									
480									
490									
500									

520	General comments:



8.4 DISTRIBUTORS - ANNUITIES

DEFINITIONS

2019-L&H

All amounts reported must be in thousands of dollars.

Enter data for individual policies and group policies in their respective tables.

Information on your top 25 distributors (determined by Total Assets under administration) is to be reported in this section.

If a distributor has several locations, those should be considered and reported as a whole.

(03) Total Assets under administration during the reference period. Indicate the percentage of the insurer's assets attributed to the distributor.

(07) "Loan" does not include advancement of commissions. If no loan is granted to a distributor listed, please indicate 0.

(08) If you are not participating in the distributor's equity, please indicate 0.

INDIVIDUAL POLICIES

	Top 25 Distributors	% of Total Assets Under Administration	Distribution Channel	Exclusivity Clause?	(\$000) Loans* to Distributor	Participating % in Distributor's Equity	Minimum Volume Clause?	First Refusal Right Over Distributor?	Other Types of Advantages?	Last Compliance Review Conducted
	(01)	(03)	(04)	(05)	(07)	(08)	(09)	(10)	(11)	(13)
010										
020										
030										
040										
050										
060										
070										
080										
090										
100										
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180									
190									
200									
210									
220									
230									
240									
250									

	GROUP POLICIES									
	Top 25 Distributors	% of Total Assets Under Administration	Distribution Channel	Exclusivity Clause?	(\$000) Loans* to Distributor	Participating % in Distributor's Equity	Minimum Volume Clause?	First Refusal Right Over Distributor?	Other Types of Advantages?	Last Compliance Review Conducted
	(01)	(03)	(04)	(05)	(07)	(08)	(09)	(10)	(11)	(13)
	260									
	270									
	280									
	290									
	300									
	310									
	320									
330										
340										
350										
360										
370										
380										
390										
400										

410									
420									
430									
440									
450									
460									
470									
480									
490									
500									

General comments:									
520									



For all questions: list only the incentives that are provided by the insurer. Compensation practices of any entity distributing the product of the insurer are excluded.

"Annuities*", include all types of annuity contracts, such as :
-Variable Annuity (Segregated Funds);
-Certain Annuity;
-Deferred Annuity;
-Guaranteed Annuity;
-Indexed Annuity;
-Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

1. This question is limited to the direct sales force (direct or exclusive channels)

Excluding sales force whose remuneration is fully variable:

1.1 List by the classes of insurance, the average of commissions paid (% of first annual premium) to your direct salaried sales force within the first year of the policy being in force:

	(01)	
Life	(%)	
010 Individual		
020 Group		
Accident & Sickness	(%)	
030 Individual		
040 Group		
Annuity*	(%)	
050 Individual		
060 Group		

1.2 List by the classes of insurance, the average of commissions paid (% of renewal premium) to your direct salaried sales force within the second year of the policy being in force:

	(01)	
Life	(%)	
070 Individual		
080 Group		
Accident & Sickness	(%)	
090 Individual		
100 Group		
Annuity*	(%)	
110 Individual		
120 Group		

Questions 2. and 3. apply to all distribution channels

2. For sales force and sales management, indicate if your organization offers the following incentives:

	(01)	(02)	
	Sales Force	Sales Management	
130 Cash prizes or other gifts			
140 Money loan			
150 Profit sharing			
160 Bonus			
170 Other, specify in the space below:			

180

3. For sales force only, indicate whether performance measures and incentives or commissions consider the following:			
	(01)	(02)	
	Performance Measures	Incentives or Commissions	
190	Number of lapses		
200	Number of complaints		
210	Premium volume		
220	Claims volume		
230	Consumer satisfaction		
240	Number of post-sale consumers touche points		
3.1 Provide details of any other sales force performance measures and incentives or commissions you have that are based on the Fair Treatment of Customers:			
250			

General comments:	
260	



9.5 SALES AND INCENTIVES MANAGEMENT (LAPSES)

DEFINITIONS

2019-L&H

For "Lapses", identify the number of policies.

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 reference period.

5. Number of lapses								
Class of Insurance (Main Guarantee)*	Distribution Channel							
	FIRST YEAR				SECOND YEAR			
	Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL NUMBER	Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL NUMBER
	(01)	(02)	(03)	(19)	(04)	(05)	(06)	(49)
Life								
010 Individual				0				0
020 Group				0				0
039 Subtotal	0	0	0	0	0	0	0	0
Accident & Sickness								
050 Individual				0				0
060 Group				0				0
079 Subtotal	0	0	0	0	0	0	0	0
099 TOTAL NUMBER	0	0	0	0	0	0	0	0

General comments:

110



10. CLAIMS

DEFINITIONS

2019-L&H

Question 1:

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.

A claim is considered opened* or reported when the insurer has all the documents required to process the claim. The purpose of this question is to determine the processing time of a claim. If the date of receipt of the documents is not available, please use your average time to receive the documents to determine when the claim is "opened" or "reported" and indicate in the "General Comments" box the method used to determine the date of receipt of the documents.

"Amount paid in benefits during the period" is limited to claims that have been closed*.

A claim is considered 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.

"Average days to final payment" does not include periodic payments (ex. long-term disability) or payments made in installments.

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.

"Accident and Sickness" is limited to short-term disability, long-term disability and travel insurance-related information.

Annuity is limited to death benefit payments.

Question 2:

The information sought is limited to complete denials of claims.

Question 4:

Only lawsuits between a customers and an insurer regarding an insurance policy must be reported in this section. Subrogation proceedings are excluded, i.e. the proceedings taken to recover the amount of indemnity paid against the person responsible for the loss or his/her insurer.

"Annuities", include all types of annuity contracts, such as : Variable Annuity (Segregated Funds); Certain Annuity; Deferred Annuity; Guaranteed Annuity; Indexed Annuity; Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

1. Complete the table		Life		Accident & Sickness		Annuity*	
		Individual	Group	Individual	Group	Individual	Group
		(01)	(02)	(03)	(04)	(05)	(06)
010	Number of open* claims at the beginning of the period	98					
020	Number of new claims opened* during the period	45					
030	Number of claims closed* with an indemnity payment during the period	15					
035	Amount paid in benefits during the period						
040	Number of claims denied* during the period	32					
049	Claims closed for other reasons during the period Explain any difference (+/-) in the general comments	-5	0	0	0	0	0
050	Number of open* claims at the end of the period	101					
060	As primary insurer, average days to final payment*						
070	Number of claims closed* within 0-90 days from date of claims reported						
080	Number of claims closed* within 91-180 days from date of claims reported						
090	Number of claims closed* within 181-365 days from date of claims reported						
100	Number of claims closed* over 365 days from date of claims reported						

2. Please indicate the three main reasons for denial of claims during the reference period and the total number of denials for the three reasons selected:		
	(01)	(02)
110 Exclusions and limitations in the policy	<input type="checkbox"/>	
120 Delay in submitting claim	<input type="checkbox"/>	
130 Not covered, except for exclusions and limitations in the policy	<input type="checkbox"/>	
140 Failure to disclose or misrepresentation of a material facts upon subscription	<input type="checkbox"/>	
150 Other, please specify in the space below	<input checked="" type="checkbox"/>	
	Specify the "other" main reasons for denial of claims:	
160		

4. Lawsuits:		
		(01)
170	Number of lawsuits outstanding at beginning of the period	
180	Number of new lawsuits opened during the period	
190	Number of lawsuits closed, by pre-court settlements	
200	Number of lawsuits closed, by Court judgment	
210	Number of certified class action lawsuits outstanding at the beginning of the period	
220	Number of new certified class action lawsuits opened during the period	

General comments:	
230	



11. COMPLAINT EXAMINATION

DEFINITIONS

2019-L&H

1. Identify the senior officer(s) responsible for complaints handling at the end of the reference period:

001	<input type="checkbox"/>	Check this box if no senior officer is in charge:
002	<input type="checkbox"/>	Check this box if one of the senior officer is also your Market Conduct contact person (no need to fill this contact)
		(01)
010	Name of the senior officer:	
020	Title:	
030	Address:	
040	Telephone number:	
050	Email:	
060	Name of the senior officer:	
070	Title:	
080	Address:	
090	Telephone number:	
100	Email:	
110	Name of the senior officer:	
120	Title:	
130	Address:	
140	Telephone number:	
150	Email:	

2. Indicate if the following are present within your organization:

	(01)	
160	Documented complaint handling policies and procedures guideline	
170	Complaint handling unit or department	
180	Reporting mechanism regarding aggregated complaints on a periodic basis to management and the board of directors	
190	Ongoing training program for staff whose activities include complaint handling	

3. At what stage of your complaint process do you report a complaint to the regulator:

200	
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210	4. Do you have complaints to report (new complaints or complaints opened during a previous reference period)? If yes, please complete the next tab (11.6)	(01) Yes
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General comments:

220	
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11.6 COMPLAINT REPORTING

DEFINITIONS

2019-L&H

Complaints declared and not closed in a previous reference period ("Opened complaints") have been downloaded into your Form, when applicable.

It is your responsibility to ensure that all your Open complaints are reflected in the Annual Statement for the period of reference.

Open complaints must be updated and reported each year until closed. A downloaded open complaint from a previous reference period, should never be erased in the Form, even if no change.

INFORMATION ABOUT THE COMPLAINT				IDENTIFICATION OF THE PRODUCT RELATED TO COMPLAINT								
Insurer's Complaint Reference Number	Complainant's Postal Code (first three characters are required)	Complaint File Opening Date	Complaint File Closing Date (if applicable)	Class of Insurance	If Other, Specify	Type of Product	Distribution Channel	Complaint Category	Cause for Complaint	Result of Complaint Examination	Did the Complaint Result in a Lawsuit (at of the end of the reference period)?	Comments or any additional information
(01)	(02)	(03)	(04)	(06)	(07)	(08)	(09)	(10)	(11)	(12)	(13)	(15)
001												
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71.0 TRAVEL HEALTH INSURANCE

DEFINITIONS

2019-L&H

For the purposes of this Annual Statement, "Travel Health Insurance" means any product containing health coverages pertaining to out-of-country travel. Trip cancellation/interruption for health-related reasons is to be included if the claim is in respect of a health-related issue of the insured. Insurance products sold to visitors, students living temporarily in Canada and expatriates are excluded. Furthermore, Administrative Services Only (ASO) plans and trip cancellation/interruption plans that do not have a travel health component are excluded. If an individual product includes a non-health related component and it is not possible to split the premium (ex. group insurance) then the total figure should be included.

POLICIES (01) Except for the "Number of Policies in Force at the End of the Previous Reference Period", all of the information requested is for the "Reference Period". The "Reference Period" is the fiscal year for which the statement is filled.

PREMIUMS (19) Note that data reported in this column will not perfectly align with the Quarterly Return / Annual Supplement as it should be reported here by distribution channel and on a non-consolidated basis. All amounts reported must be in thousands of dollars.

Reinsurance must be excluded from the numbers provided.

PRODUCT refers to those available for sale during the "Reference Period".

Renewals of group/credit card policies are not considered to be "new". If a new policy or new certificate must be issued with a change, such as a change in credit card type, then it should be captured under "new".

PRODUCTS (090) A product is considered unique and must be reported separately if it has a distinct contract number. For example, two different credit cards that have the same group benefit contract number are considered a single product.

Directly purchased top-ups to credit card embedded travel health insurance coverages are to be captured separately under "Individual Policies".

CLAIMS information requested in this section is limited to claims that have been initiated in the "Reference Period".

A claim is considered opened* or reported upon receipt of the first document or contact by an insured wishing to submit a claim.

"Amount paid in benefits during the "Reference Period"" is limited to indemnity payouts for claims that have been closed.

A claim is considered denied* if there is no indemnity payment made in respect of any of the items claimed.

COMPLAINTS Report only complaints that have been escalated to the Ombudsperson or Chief Claims Officer.

Type of Product	POLICIES/CERTIFICATES								PREMIUMS
	Number of Policies/Certificates in Force at the End of the Previous "Reference Period"	Number of Insurance Applications Received	Number of Applications Selected for Second Line Underwriting	Number of New Policies/Certificates Issued	Number of Applications Declined by Insurer	Number of Customer Initiated Cancellations During the "Free Look" Period	Number of Insurer Initiated Cancellations with Full Refund of Premium	Number of Policies/Certificates in Force at the End of the Current "Reference Period"	Direct Premiums Written TOTAL (in thousands of dollars)
	(01)	(02)	(21)	(03)	(04)	(05)	(08)	(09)	(19)
010 Individual Policies									
029 Group Policies	0	0	0	0	0	0	0	0	0
030 Credit Card									
040 Employee Group Benefit Plans									
050 Other: specify in the box below (line 080):									
069 TOTAL	0	0	0	0	0	0	0	0	0

If other (line 050), specify in the box below:

080

PRODUCTS				
Complete the table	Individual Policies	Group Policies		
		Credit Card	Employer Benefit	Other
	(01)	(21)	(22)	(23)
090 How many Travel Health Insurance products does the company offer?				
100 Number of Travel Health Insurance products offered that have been reviewed to ensure they meet the recommendations outlined in the CCIR Travel Health Insurance Products Position Paper.				

CLAIMS				
Complete the table	Individual Policies	Group Policies		
		Credit Card	Employer Benefit	Other
	(01)	(21)	(22)	(23)
110 Number of open* claims at the end of the previous "Reference Period".				
120 Number of new claims opened* during the current "Reference Period".				
130 Number of claims closed* with an indemnity payment during the "Reference Period".				
140 Amount paid in benefits during the current "Reference Period." Please include indemnity payments only.				
150 Number of claims denied* in the current "Reference Period".				
160 Number of claims open* at the end of the current "Reference Period".				
170 As primary insurer, average days from claim opened to final payment.				

COMPLAINTS				
Complete the table	Individual Policies	Group Policies		
		Credit Card	Employer Benefit	Other
	(01)	(21)	(22)	(23)
180 How many complaints were received in respect of Travel Health Insurance products during the current “Reference Period?”				

190	<div>General comments:</div>