



GRIEVANCE REDRESSAL POLICY

ADITYA BIRLA HEALTH INSURANCE CO. LIMITED

Revision History

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Approval

Name	Sign-Off Date
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Document Control

Role	Designation
Owner	Head Operations

GRIEVANCE REDRESSAL POLICY

1. PURPOSE

1.1 IRDAI Regulations for Protection of Policyholders Interests provides for insurers to have in place speedy and effective grievance redressal system. Further the IRDA has also issued specific guidelines pertaining to minimum time-frames and uniform definitions and classifications with respect to grievance redressal by insurance companies.

2 DEFINITIONS

2.1 Query:

Customer contacts the Company primarily for information about the policy and/ or its services and/ or follows up on a status of a particular request within the stipulated regulatory time frame.

e.g. Information related to policy features, premium due date, issue date, claim details etc.

2.2 “Complaint” or “Grievance” means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities;

Explanation: An inquiry or request would not fall within the definition of the “complaint” or “grievance”

2.3 Request:

Communication received from a Customer soliciting a service such as a change or modification in the policy

e.g. Free-look cancellation, correction in name, addition of insured member etc.

2.4 Critical Request: Request/ Query received from Customer has been processed by the Company as per regulatory guidelines and is in line with the Company’s policy/ process; however, the Customer does not acknowledge the same. These cases would be categorised as “Critical Requests” for re-execution/ re-investigation of the request/ query

e.g. Customer perceives that there has been an error in data captured in the policy. However, it is found that the data entry is as per ‘application form’.

2.5 Reopen Complaint: A complaint will be reopened if a customer writes back on the resolution with the same concerns within 8 weeks of closure. In case there is no reply from the customer within the timeline of 8 weeks, then the complaint will be termed as completely closed and will not be reopened.

2.6 Bank Rate: The bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which the claim has fallen due.

2.7 Complainant: A policyholder or prospect or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer or a distribution channel.

2.8 Proposal Form: A form to be filled in by the prospect in written or electronic or any other format as approved by the IRDAI, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

2.9 Prospect: Any person who is potential customer of an insurer and likely to enter into an insurance contract either directly with the insurer or through a distribution channel.

2.10 Insurance Awareness: The Management shall refer to Insurance Awareness Policy approved and reviewed from time to time by the Board of Directors of the Company.

3 MODES OF REGISTERING A COMPLAINT:

3.1 Call:

Contact centre: Customer may call the contact centre of Aditya Birla Health Insurance Co. Limited at our toll free number 1800 270 7000 (Available 24/7).

Landline Number: 022-68847000(Grievance Redressal Officer- Available during office Hours 9:30 am to 6:30 pm) or any of our TPA's, Banks and intermediaries.

A grievance will be registered by the Grievance Team after authenticating the customer details by asking the relevant security questions on call over a recorded line post which a mail will be requested to be sent from the registered email

3.2 E-mail: Customer may send an e-mail to care.healthinsurance@adityabirlacapital.com from his/her registered e-mail id with complete details of the concern faced or any of the TPA's, Banks and intermediaries with whom we have a tie-up with. A grievance will be registered by the Grievance Team after authenticating the customer details by asking the relevant security questions on call over a recorded line.

3.3 Company website: Customer may register a grievance on the Company website by following the below process:

- Type the below link
<https://www.adityabirlacapital.com/healthinsurance/#!/faqs>
- Click on Complaints and Grievances – How to file a Complaint?

3.4 Letter: Complaint letter duly signed by the proposer/policy holder may be submitted at any Aditya Birla Health Insurance branches, TPA's, Banks, Intermediaries or corporate office. A grievance will be registered by the Grievance Team after authenticating the customer details by asking the relevant security questions on call over a recorded line.

3.5 Social media: Customers can raise a complaint on any social media platform which is resolved by Grievance team

Apart from above, complaints received from any other future portals/ interfaces mandated by IRDAI or any other Regulatory authorities

4 GRIEVANCE REDRESSAL PROCEDURE:

- 4.1 Registration of the complaint in the system post analysis of the concerns;
- 4.2 The acknowledgement shall contain the name and designation of the officer who will deal with the grievance. It shall also contain the details of the Company's grievance redressal procedure and the time taken for resolution of disputes;
- 4.3 Where the Company resolves the complaint within 3 days, it will communicate the resolution along with the acknowledgement. Where the grievance is not resolved within 3 working days, the Company shall resolve the grievance within 2 weeks of its receipt and send a final letter of resolution;
- 4.4 Where, within 2 weeks, the company sends the complainant a written response which offers redress or rejects the complaint and gives reasons for doing so;
- 4.5 The Company shall inform the complainant about how he/she may pursue the complaint, if dissatisfied.
- 4.6 The Company shall inform that it will regard the complaint as closed if it does not receive a reply within 8 weeks from the date of receipt of response by the insured/policyholders.

5 Steps taken to prevent Mis-selling:

- 5.1 Complaints will be logged in its tracking system and monitored for resolution and turnaround;
- 5.2 All complaints and grievances would go through a Root cause analysis (RCA);
- 5.3 The RCA would be conducted by the specific departments but the governance would be carried by the Grievance Redressal team to ensure requisite steps are taken to prevent mis-selling or for Service related issues requisite measures are initiated.

6 Steps taken to prevent mis-sale during policy solicitation and sale stages:

- 6.1 The Company has a separate Insurance Awareness Policy to educate prospects and policyholders about Insurance Products, benefits and their rights and responsibilities. The Policy is placed at "Annexure 1";
- 6.2 The Company ensures that the all prospective customers are fully informed on the policy details via email, SMS's and calls;
- 6.3 This is done to ensure that customers are fully informed and made aware of the benefits of the product being sold vis-a-vis the product features attached thereto, the terms and conditions of the product so that the benefits / returns of the product are not mis-stated / mis-represented.

7 Letters/ Notice received from Legal authority

- 7.1 Customer can approach a legal authority if his complaint is not resolved in his favor/ addressed within a reasonable TAT and the severity of complaint is very high;
- 7.2 In this case, the responsibility to resolve lies with the legal department;

- 7.3 The Customer Service Department will only receive and scan the notice/letter in the system;
- 7.4 The Customer Service dept. will hand over the case to legal dept. for taking it up with respective authorities;
- 7.5 The Customer Service will be informed that we will replying to the relevant source from where the notice has been received.

8 TAT FOR RESPONSES:

8.1 TAT for Grievance response

Details	Timelines
Acknowledgement to the customer	Within T+2 days
Respond with full closure/ resolution	Within 15 calendar days

8.2 To know about our Service Level TAT's please follow the below steps

- Type to the below link
<https://www.adityabirlacapital.com/healthinsurance/#!/faqs>
- Click on Complaints and Grievances – How to file a Complaint?
- Click on Service Turn Around Time

9 GRIEVANCE MECHANISM:

Please find below the method to be followed for redressal of your Grievance

Company Name	Aditya Birla Health Insurance Co. Limited	
Level 1	Call	Call: 1800 270 7000
	Email	care.healthinsurance@adityabirlacapital.com
	Email for Senior Citizen	seniorcitizen.healthinsurance@adityabirlacapital.com
	Web site	https://www.adityabirlacapital.com/healthinsurance/
	Branch	Branch office
	HO Back Office/ Servicing Office	MBC Park, 5th A, 6th & 7th A-B Floor, C Bldg, Ghodbunder Rd, Kasarwadavli, Thane, Maharashtra 400615
Level 2	In case you are not satisfied with the resolution you may write to Head – Customer Care	carehead.healthinsurance@adityabirlacapital.com
Level 3	Escalate to Grievance Redressal Officer	gro.healthinsurance@adityabirlacapital.com



10 CLOSURE OF COMPLAINTS:

10.1 As mandated by IRDAI's Guidelines for Grievance Redressal by Insurance Companies dated July 27, 2010, a complaint will be considered as closed when:

- a) ABH accepts the request of the complainant fully OR
- b) Complainant indicates in writing acceptance of ABH's response OR
- c) Complainant has not responded to ABH within 8 weeks of ABH's response OR
- d) Grievance Redressal Officer has certified that the company has discharged its contractual, statutory and regulatory obligations and therefore closes the complaint

11 MONITORING AND REPORTING

- CRM is used to register all complaints received through medium specified above. The cases are allocated to customer grievance officer to track and resolve each complaint.
- MIS on all outstanding open complaints are tracked and monitored by Head of Department on daily basis
- On monthly basis 20 complaints are presented to CEO for his review as per regulatory requirement

12 POLICY HOLDER PROTECTION COMMITTEE

Aditya Birla Health Insurance Co. Limited has a Policy Holder Protection Committee which overlooks the implementation of various grievance/complaint redressal guidelines as prescribed by IRDAI on Quarterly basis. The Committee carries out all the other requisite monitoring activities as well.

13 INTERNAL AUDIT

13.1 Internal audit will periodically review all customer complaints and submit a report to the top management and Board of Directors highlighting operational, service and product areas that have been more frequently subjected to complaints to address any organisational shortcoming and take any corrective action as needed.

14 REVIEW AND/OR AMENDMENT OF GRIEVANCE REDRESSAL POLICY:

14.1 The review of the Grievance Redressal policy will be conducted:

Annually; or As & when necessitated due to requirements under any regulatory/governmental authority or JV partners or ABH Management.

14.2 Head- Operations and Compliance Officer may further lay down or cause to be laid down by the policy owner, such processes, guidelines or actions as may be required to ensure compliance with the objectives of this Policy. Head- Operations and Compliance Officer may also carry out or cause to carry out such changes in the policy by the policy owner, as may be required to improve the effectiveness of the Policy without changing the objectives/principles of the Policy and / or to align with any change in the regulatory guidelines.

14.3 Any Amendment made pursuant to above shall be ratified by the Protection of Policyholder's Committee.

Service Level TAT's:

Policyholder Service Turn Around Time	TAT (Calendar Days)
General	
▶ Processing of proposal and communication of decisions including requirements/issuance of policy	▶ 15 days from the date of receipt of proposal form or any requirement called for, whichever is later
▶ Copy of proposal to be sent to the Insured	▶ 30 days from the date of acceptance of the proposal
▶ Refund of proposal deposit	▶ 15 days from the date of underwriting decision/ receipt of request for cancellation of proposal, whichever is later
▶ Free look cancellation	▶ 15 days from the date of receipt of cancellation request/last necessary document, whichever is later
▶ Service requests post policy issuance	▶ 10 days from the date of receipt of the request
Claims Settlement	
▶ Settlement of claim (no investigation)	▶ 30 days from the date of receipt of last necessary document.
▶ Settlement of claim (with investigation)	▶ 45 days from the date of receipt of last necessary document.
Grievance	
▶ Acknowledge a grievance	▶ 3 working days from the date of receipt of the complaint
▶ Resolve a grievance	▶ 15 days from the date of receipt of complaint