Aditya Birla Health Insurance Co. Ltd.

ADITYA BIRLA CAPITAL HEALTH INSURANCE

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PROTECTION OF POLICYHOLDERS' INTEREST AND GRIEVANCE REDRESSAL POLICY

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Approval

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Aditya Birla Health Insurance Co. Ltd.

ADITYA BIRLA CAPITAL HEALTH INSURANCE

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 voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.
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 nominee or assignee or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer or a distribution channel.

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2.8 Proposal Form: means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, 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. Explanation: (i) "Material Information" for the purpose of these regulations shall mean all important, essential and relevant information and documents explicitly sought by insurer in the proposal form. (ii) The requirements of "disclosure of material information" regarding a proposal or policy, apply both to the insurer and the prospect, under these regulations.

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 involved.

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: 022-68847007 (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/grievances-complaints
- 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 will be send immediately and 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 In case of any requirement during complaint evaluation same will be communicated once within 7 days from receipt of the complaint. 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;

4.4 The Company shall inform the complainant about how he/she may pursue the complaint, if dissatisfied.

4.5 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.

4.6 For expeditious settlement of claims the company have state of art systems in place to ensure cases are settled well within defined TAT and for claim settlement related grievances and complaints. The Company also has dedicated team for resolution and maintaining transparent communication. The objective of the team is to address issues promptly, providing updates on progress. The Company prioritize efficiency and effectiveness, aiming to resolve claim settlement related grievances within a defined timeframe while implementing measures to prevent recurrence. Our goal is to uphold trust and satisfaction, fostering a positive environment for all customers.

4.7 As per our Underwriting philosophy, no proposal is denied under specific Product for Persons with Disabilities (PWD), Persons afflicted with HIV/AIDS, and those with Mental Illness for sole reason of mentioned category/categories. The company facilitate recording of the grievances on Bima Bharosa received from prospects / policyholders in any form including telephone calls, e-mail, physical posts/couriers, in-person complaint at the insurers places of business

4.8 Designated officers are appointed to deal with grievances at every place of business and a proper internal escalation matrix in case grievances are not addressed to the satisfaction of the complainant. The details of the grievance redressal mechanism is displayed prominently on the websites of the insurer and in all branches.

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 misselling 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 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

a. Customer can approach a legal authority if his complaint is not resolved in his favour/ addressed within a reasonable TAT and the severity of complaint is very high;
b. In this case, the responsibility to resolve lies with the legal department;
c. The Customer Service Department will only receive and scan the notice/letter in the system;
d. The Customer Service dept. will hand over the case to legal dept. for taking it up with respective authorities;
e. 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 To know about our Service Level TAT's please follow the below steps

- Type to the below link https://www.adityabirlacapital.com/healthinsurance/grievances-complaints
- 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	11th Floor, G-Corp, Near Hypercity Mall, Ghodbunder Road, Kasarvadavali, Thane (West) Maharashtra - 400615
	In case you are not satisfied	

Level 2	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 in Master Circular on Operations and Allied Matters of Insurers dated June 19, 2024, 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

a) 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.
b) MIS on all outstanding open complaints are tracked and monitored by Head of Department on daily basis
c) On monthly basis 20 complaints are presented to CEO for his review as per regulatory requirement
d) Adoption of suitable service and process efficiencies including implementing technology solutions for grievance redressal.

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

Internal audit will periodically review all customer complaints or grievance 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 or grievance to address any organisational shortcoming and take any corrective action as needed.

14 REVIEW AND/OR AMENDMENT OF GRIEVANCE REDRESSAL POLICY:

a) 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.

b) 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.

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

Service Level TAT's :

Sr. No.	SERVICE	DESCRIPTION OF ITEM OF SERVICE	Regulatory Turnaround Time
1	New Business Proposal Processing	Processing of Insurance Proposal and seeking further requirements for consideration of the proposal	7 days
		Decision on proposal from the date of receipt of proposal or from the date of receipt of additional requirement whichever is later	
		Providing copy of the policy along with the proposal form	15 days
		Free look cancellation and refund of deposit from the date of receipt of the request	7 days
2	Post Policy Service Request	Post Policy Service Requests concerning mistakes / corrections in the Policy document	7 days
3	Policy Servicing (from the date of receipt of request for the service specified)	Change of Address (KYC Norms to be complied)	
		Registration /Change of Nomination, Assignment.	
		Alteration in Original Policy Conditions (where applicable)	
		Issuance of duplicate policy	7 days
		Inclusion of new member in case of group policies	
		Any other non-claim related changes	
		Cancellation of policy and refund of premium	
4	Claims	Acceptance of cashless claims by TPA /company to Hospital and communicate to them	1 hour
		TPA's offer of settlement to the Insurer / Hospital after submission of document	3 hours
		Settlement of claims (other than cashless)	15 days

Sr. No.	SERVICE	DESCRIPTION OF ITEM OF SERVICE	Regulatory Turnaround Time
5	Auto Action by the Insurer	Premium Due Intimation	One month before due date

6	Complaints	Acknowledge to complaint	Immediately
		Seek and obtain further details, if any, from the complainant (permitted only once)	Within one week
		Action on Complaint & Intimation of Decision to the complainant	14 days
		If complaint is NOT resolved by the Insurer, communicate the details to the Policyholder of options including referring the complainant to Insurance Ombudsman / Consumer Court	14 days from original date of receipt of complaint.*
		Closure of grievance on non-receipt of reply from the complainant	Within eight weeks

*(The policyholder may approach the Insurance Ombudsman if his / her complaint is not resolved within 30 days or if the decision of the company is not acceptable to the policyholder.)