



# Annual statement on market conduct

**Life and Health Insurance Industry**

**Deadline May 1, 2017**

# 1. General Instructions

1. Introduction	
a)	This form is to be completed for each licensed insurance entity. Each insurer within a group of companies is required to complete the form for the policies it has issued.
b)	The information that is collected will be subject to and administered in accordance with the provisions of the Memorandum of understanding and Protocol on Cooperation and the Exchange of Information (“MOU”) and the applicable law. This includes the privacy and confidentiality provisions included with the MOU and the applicable law.
c)	MOU signatories have entered into agreements with the Autorité des marchés financiers (AMF) to collect information on behalf of the provincial and territorial regulatory authorities where applicable.
d)	Aspects of the information that is collected are considered commercially sensitive and will be treated as such by the CCIR and its members.
e)	The information that is sought relates to the insurer’s Canadian operations and/or Canadian consumers. Information regarding activities or developments abroad is limited to that which may impact Canadian operations and consumers.
f)	The data provided must cover the most recent fiscal year end.
g)	This form relates <u>only to life and health insurance</u> , including individual and group products. Reinsurance is excluded and insurers dealing exclusively in reinsurance are not required to complete the Annual Statement on Market Conduct. Licensed insurers that are not active (i.e., do not sell or provide life and health insurance policies) are required to complete only those sections addressing governance and consumer complaints.
h)	The information requested is required to establish trends and evaluate the means implemented by the industry regarding fair treatment of consumers ("FTC").
i)	The obligations contained or imposed by the Annual Statement on Market Conduct do not in any way supersede any relevant law or regulation within Canada or any of the CCIR member jurisdictions.
2. Filling requirements	
a)	All amounts reported should be in thousands of dollars (\$000s).
b)	Some fields will only accept a numeric response.
c)	You must complete this form respecting as much as possible the choices available in the dropdown menus.
d)	You must provide a response to all questions. If the response options do not apply or relate to your company, please select "Other" and provide details in the appropriate space.
e)	At the end of each section, a general comments section has been provided for any additional comments you may wish to provide.
3. Definitions	
a)	Agent means a licensed life and/or accident and sickness insurance agent.
b)	Breaches (of privacy) reported in this form are those that have a significant impact on the customer and require disclosure under applicable privacy legislation.
c)	<p>A complaint is the expression of at least one of the following elements that persists after being considered and examined at the operational level capable of making a decision on the matter:</p> <ul style="list-style-type: none"><li>• a reproach against an organization;</li><li>• the identification of a real or potential harm that a consumer has experienced or may experience;</li><li>• a request for a remedial action.</li></ul> <p>Complaints are generally expressed in writing through correspondence, email, fax or other form that allows a complaint to be kept on file. Where a consumer makes a complaint by phone or in person and the complaint is handled and examined by the person responsible for the examination of complaints and designated as such in the organization’s policy, the complaint must be documented so that it can be kept on file.</p> <p>The initial expression of dissatisfaction by a consumer, whether in writing or otherwise, will not be considered a complaint where the issue is settled in the ordinary course of business. However, in the event the consumer remains dissatisfied and such dissatisfaction is referred to the person who is responsible for the examination of complaints and designated as such in the organization’s policy, then it will be considered as a complaint.</p> <p>However, organizations must refrain from any undue delay in referring a matter to a higher level solely for the purpose of avoiding reporting requirements.</p> <p>Where a consumer remains dissatisfied after a reasonable attempt has been made to settle the issue, organizations without a multilevel complaint examination structure are then considered to have received a complaint.</p>

3. Definitions (suite)	
d)	Consumer means all current and prospective customers of insurance products.
e)	Employee means any salaried employee of an insurer working more than 25 hours per week, but does not include an employee paid primarily by commission.
f)	<p>FTC is a principle that focuses on consumer outcomes, in particular, having due regard for the interests of the consumer and treating the consumer fairly. It refers to the consumer-related conduct of insurers and how insurers treat consumers at each stage of the life cycle of a product. The lifecycle of the product begins with its design to after-sales services and from the moment obligations under the contract arise until the point at which all obligations under the contract have been fulfilled.</p> <p>The outcomes associated with FTC as described by the International Association of Insurance Supervisors (IAIS) include the following:</p> <ul style="list-style-type: none"> <li>• developing and marketing products in a way that pays due regard to the interests of customers;</li> <li>• providing customers with clear information before, during and after the point of sale;</li> <li>• reducing the risk of sales which are not appropriate to customers' needs;</li> <li>• ensuring that any advice given is of a high quality;</li> <li>• dealing with customer complaints and disputes in a fair manner;</li> <li>• protecting the privacy of information obtained from customers; and</li> <li>• managing the reasonable expectations of customers.</li> </ul> <p>Areas within an insurer and its operations that can influence and help ensure the FTC include:</p> <ul style="list-style-type: none"> <li>• Board and senior management responsibility;</li> <li>• Strategy and decision making;</li> <li>• Internal processes and mechanisms (controls);</li> <li>• Performance management;</li> <li>• Remuneration; and</li> <li>• Policies and procedures.</li> </ul> <p>The CCIR notes that while these outcomes are intended to be a key component of a globally accepted regulatory framework, the IAIS notes that context and conditions within a given jurisdiction, including legal, regulatory and financial considerations, will ultimately affect the implementation and application of FTC and its associated outcomes.</p>
g)	Lapse refers to the termination of a policy for nonpayment of the premium. This occurs when the policy owner does not pay the premiums on time or the value of the policy (cash value) is insufficient for the payment requirements.
h)	Lawsuit means a court case involving a dispute between the insurer and the insured, based on an insurance product.
i)	Market conduct encompasses any product or service relationship between the insurance industry (insurers or intermediaries) and the public, specifically the risks to customers that arise if an insurer or intermediary fails to treat customers fairly and in accordance with applicable Law, and includes the terms “conduct of business” and “commercial practices” as used in some jurisdictions.
j)	Material change refers to any change that may materially impact or affect the outcomes associated with FTC as described by the International Association of Insurance Supervisors and listed above.
k)	Product means all insurance protections marketed under the same name and sold as a whole, although some options are possible. For purposes of this disclosure, an endorsement is not considered an insurance product if it cannot be sold alone.
l)	Regulatory action means any action that results in an order, penalty, fine, or other sanction.
m)	Sales management means either an employee of an insurer, a managing general agent, or a third-party administrator, responsible for oversight of the sales force.
n)	Sales force means those who offer the product to the consumer (for example agents, exempt sellers, restricted licensees and those who offer the product through Quebec's "without a representative" regime).
o)	Senior officer in charge of fair treatment of consumers means the person in charge of ensuring the development, implementation and enforcement of fair treatment of consumers-related operational policies and practices.
p)	Travel and "travel insurance" is limited to products that insure against risk that are specific to traveling. They do not include group health policies and coverages that may include out-of-country claims.

<b>4.</b>	<b>Detailed instructions</b>
<b>General Information and Governance (2)</b>	
a)	“Reviews and audits” refers to those conducted by the insurer and include, but are not limited to, examinations, compliance reviews, internal audits and other assessments of market conduct.
b)	“Organizational or operational changes” includes mergers and acquisitions or other material changes within the insurer that may impact or affect the outcomes associated with FTC as described by the International Association of Insurance Supervisors and listed above.
c)	“Reviews and audits of licensees and third-party distributors” refers to the reviews and audits conducted by the insurer for the reporting period.
<b>Policies (3)</b>	
a)	Information provided in the table “Group” is in relation to group master contracts.
<b>Products changes (4) and (5)</b>	
a)	“Product family” refers to a series of related insurance products that may include variations, but have no material differences. Include/list all the products you have sold during the last fiscal year. Products reported in this table include new coverages offered to consumers.
b)	In the product category column, please indicate the main guarantee only.
c)	Changes to be reported are limited to material changes initiated by the insurer or are the result of a decision made by the insurer. Excludes regulatory required changes.
d)	“Products covered” includes, but are not limited to, life insurance, annuities, short-term disability, long-term disability, critical illness, long-term care and travel insurance that are sold in the reporting period.
<b>Distributors (8)</b>	
a)	Information on your top 25 firms (determined by amount of direct written premium) is to be reported in this section.
b)	Percentage of total business is based upon sales in the reporting period.
c)	“Loan” does not include advancement of commissions.
<b>Sales and incentives management (9)</b>	
a)	List the types of variable remuneration (e.g. cash prizes, training that includes travel, bonuses).
b)	List only the incentives that are provided by the insurer. Do not report on incentives provided through other sources, such as those provided by MGAs.
c)	For “Lapses by distribution channel”, identify the number of policies.
d)	For tables marked 2 and 3, insurers are expected to only include information regarding their direct compensation practices. Compensation practices of any entity to which distribution and sales have been outsourced to are not expected to be reported.
<b>Claims (10)</b>	
a)	The information requested in this section is limited to claims that have been initiated for policies that are or were in force at the time the claim was incurred.
b)	“Amount paid in benefits during the period” is limited to claims that have been closed.
c)	“Average days to final payment” does not include periodic payment or payments made in instalments.
d)	For “Number of claims closed within (period) days from date of claim reported”, the initial payment of a periodic payment / first installment of a payment is to be reported.
e)	“Accident and Sickness” is limited to short-term disability, long-term disability and travel insurance-related information.
f)	The information sought in the tables marked 2 and 3 is limited to complete denials of claims.
g)	Only lawsuits related to policies are to be reported in this section.
<b>Protection of Personal Information (12)</b>	
a)	“Number of breaches” refers to incidents and occurrences based on applicable privacy legislation and provincial insurance legislation. It does not include the number of individuals impacted by the breach.
<b>Attestation (13)</b>	
a)	The Attestation is to be signed by a senior officer in charge of ensuring the development, implementation and enforcement of policies and practices related to the fair treatment of customers. (This individual is often the CCO or CEO for smaller firms. It is not the Ombudsperson).

2. Governance	
1. Identify the senior officer(s) in charge of ensuring the development, implementation and enforcement of policies and practices related to the fair treatment of customers at December 31 (This individual is often the CCO or CEO for smaller firms. It is not the Ombudsperson):	
a) Name of the senior officer:	
b) Title:	
c) Address:	
d) Telephone number:	
e) Email:	
a) Name of the senior officer:	
b) Title:	
c) Address:	
d) Telephone number:	
e) Email:	
a) Name of the senior officer:	
b) Title:	
c) Address:	
d) Telephone number:	
e) Email:	
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. Please indicate the date for your organization’s fiscal year end:	December 31
If other, please specify the date of your organization's fiscal year end (DD/MM)	
3. Are you active in the sale and provision of life and health insurance?	Yes
4. Please indicate the total number of employees in your organisation:	
4.1 Please indicate the total number of employees whose responsibilities are primarily for facilitating and monitoring of risk management practices over market conduct risk:	
5. Do you have a code or policy that specifically addresses the fair treatment of consumers/treating consumers fairly?	Yes
If yes, please answer the questions below:	
a) When was the last time you reviewed/evaluated the code or policy? (DD/MM)	
b) When was the last time you modified the code or policy? (DD/MM)	
c) Have you communicated this policy to all of your staff?	Yes
If no, please answer the questions below:	
d) Do you intend to develop such a document in the next year?	Yes
6. Is the fair treatment of consumers a priority at each stage of the product life cycle and in every area of your operations?	Yes
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) Develop 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 operations in the space below:	

7. Please provide an overview of the type and length of training employees receive on hiring and on an ongoing basis with respect to the fair treatment of consumers:	
8. During the past year, have you been the subject of any regulatory action of significance by a regulator outside of Canada that relates to market conduct that could have a material impact on market conduct practices in Canada?	Yes
If yes, please provide details (which regulator, product concerned, outcome, etc.):	
9. Please select the option that most closely reflects the method of distribution adopted by your organization:	Exclusively through non-third party arrangements (direct and exclusive agents)
If you distribute your products exclusively through third-party arrangement, answer the questions in sections 9.1 only	
If your distribute your products exclusively through non third-party arrangements (direct sales), answer questions in section 9.2 only	
If you distribute your products through both third-party and non-third-party arrangements, answer questions in sections 9.1 and 9.2	
9.1	
a) Please indicate the number of third-parties you engage for the distribution of your products:	
b) Please indicate the number of third-party entities within your distribution channel that were the subject of a review or audit that included a focus on market conduct practices:	
c) Please identify the scope of the audit(s)/review(s) conducted over the third-party entities:	
d) Please identify the three most pervasive/frequent market conduct activities and/or conditions (“triggers”) that led to targeted, risk-based audits or reviews of third-party entities:	
9.2	
a) Please indicate the total number of licensees (agents) included within your distribution network	
b) Specifically, please indicate the total number of licensee files (“agent files”) that were reviewed or audited	
c) Please indicate the number licensees (agents) within your distribution channel that were the subject of a review or audit that included a focus on market conduct practices	
d) Please identify the scope of the audit(s)/review(s) conducted over the licensees (agents)	
e) Please identify the three most pervasive/frequent market conduct activities and/or conditions (“triggers”) that led to targeted, risk-based audits or reviews of licensees	
10. Do you have processes/mechanisms in place to ensure that the information, as noted below, is provided at the point of sale (provided before or at the time of purchase)?	Yes
If yes, please indicate which of the following 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) Suitability 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 provided in a timely manner	<input type="checkbox"/>
h) Potential conflicts of interest	<input type="checkbox"/>
11. 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"/>

12. Do you engage in advertising campaigns directed toward consumers?		Yes
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 testimonials	<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"/>	
13. Do you conduct customer satisfaction surveys?		Yes
If yes, please indicate how often:		
a) Following a sale	Annually	
b) Following a claim	More frequently than annually	
c) Following a complaint	Annually	
d) Other:	Less frequently than annually	
14. General comments:		





## 4. Products - Individual Insurance

1. How many individual insurance products do your have?	
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2. How many of these products were reviewed with a focus on fair treatment of consumers and suitability in the reporting period?	
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*\*All products sold within the reporting period are to be listed in the first column “Product family” below.*

[illegible]

### 3. General comments:

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## 5. Products - Group Insurance

1. How many group insurance products do you have?

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

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

[illegible]

### 3. General comments:

6. Products - Individual and Group Variable Insurance Contracts

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

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

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

Individual							
Product family	Currently available? (as of Fiscal Year End)	Product category	Material changes in the offer or product?	If yes, list the Initial date of change	Type of change	Did the change in product result in a change in the target market?	Comments or any additional information
	Yes	Annuities	Yes		Product features	Yes	
	No	Segregated funds	No		Pricing	No	
		Scholarship plans			Product features & pricing	Non applicable	
		Garanteed investments			New product		
					Discontinued product		
					Non applicable		
Group							
Product family	Currently available? (as of Fiscal Year End)	Product category	Material changes in the offer or product	If yes, list the Initial date of change	Type of change	Did the change in product result in a change in the target market?	Comments or any additional information
	Yes	Annuities	Yes		Product features	Yes	
	No	Segregated funds	No		Pricing	No	
		Scholarship plans			Product features & pricing	Non applicable	
		Garanteed investments			New product		
					Discontinued product		
					Non applicable		

3. General comments:

7. Premiums and commissions

1. Premium and commissions by distribution channel consolidated (\$000)								
Line 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								
Individual								
Group								
Subtotal - Life	0	0	0	0	0	0	0	0
Annuity								
Individual								
Group								
Subtotal - Annuity	0	0	0	0	0	0	0	0
Accident & Sickness								
Individual								
Group								
Subtotal - Accident & Sickness	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0
2. Do you sell your products through third parties or affinity arrangements?				Yes				
If yes, indicate the number of entities or arrangements that are used to sell your products:								
3. Do you sell products through the Internet?				Yes				
If yes, please provide the following information for direct sales, excluding third party aggregators:								
a) Number of policies sold								
b) Direct premiums								
4. General comments:								

8. Distributors												
Individual												
Top 25 firms		Licensed?	% of total business	Distribution type	Exclusivity clause?	Loans to firm (\$000)	% participating in firm's equity	Minimum volume clause?	First refusal right over firm?	Other types of advantage? (resource loan, marketing, etc.) If yes, list in #2 below	Date of most recent compliance review	Comments or any additional information
1		Yes	0-5%	Independent Agent	Yes			Yes	Yes	Yes		
2		No	5-10%	Direct or exclusive Agent	No			No	No	No		
3			11-15%	MGA								
4			16-20%	National account								
5			21-40%	Other								
6			41-60%									
7			61-75%									
8			76-85%									
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25												
2. Other type of advantage:												
3. General comments:												

8. Distributors												
Group												
Top 25 firms		Licensed?	% of total business	Distribution type	Exclusivity clause?	Loans to firm (\$000)	% participating in firm's equity	Minimum volume clause?	First refusal right over firm?	Other types of advantage? (resource loan, marketing, etc.) If yes, list in #2 below	Date of most recent compliance review	Comments or any additional information
01		Yes	0-5%	Independent Agent	Yes			Yes	Yes	Yes		
02		No	5-10%	Direct of exclusive Agent	No			No	No	No		
03			11-15%	MGA								
04			16-20%	National account								
05			21-40%	Other								
06			41-60%									
07			61-75%									
08			76-85%									
09												
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25												
2. Other type of advantage:												
3. General comments:												

# 9. Sales and Incentives Management

1. THIS QUESTION IS RELATED TO DIRECT SALES ONLY (EXCLUDES THIRD-PARTY ARRANGEMENTS):  
Excluding sales force whose remuneration is fully variable, identify the variable proportion of the remuneration in the rows below:

a) List by product below, the 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. For all sales force and sales management, list the compensation methods other than fixed commission and base salary (Please, check all that apply to you):

Type of variable remuneration:	Sales force	Sales management	
a) Cash prizes or other gifts	<input type="checkbox"/>	<input type="checkbox"/>	
b) Money loan	<input type="checkbox"/>	<input type="checkbox"/>	
c) Profit sharing	<input type="checkbox"/>	<input type="checkbox"/>	
d) Bonus	<input type="checkbox"/>	<input type="checkbox"/>	
e) Other, specify in the space below:	<input type="checkbox"/>	<input type="checkbox"/>	

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

	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 by sales force	<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:

9. Sales and Incentives Management

5. Lapses

Line of Business	First Year				Second Year			
	Direct & Exclusive Agent	Independent Agent, Broker, or MGA	Other	Total	Direct & Exclusive Agent	Independent Agent, Broker, or MGA	Other	Total
Life								
Individual								
Group								
Subtotal	0	0	0	0	0	0	0	0
Accident & Sickness								
Individual								
Group								
Subtotal	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0



10. Claims						
1. Complete the table	Life		Annuity		Accident-Sickness	
	Individual	Group	Individual	Group	Individual	Group
Number of claims opened 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"/> 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. Lawsuits:						
a) Number of lawsuits outstanding at beginning of the period						
b) Number of new lawsuits						
c) Number of closed lawsuit, by pre-court settlements						
d) Number of closed lawsuits, by Court judgement						
e) Number of class action lawsuits:						
5. General Comments:						

11. Complaint Reporting	
1. Identify the senior officer(s) responsible for complaint handling at Fiscal Year end:	
a) Name of the senior officer:	
b) Title:	
c) Address:	
d) Telephone number:	
e) Email:	
a) Name of the senior officer:	
b) Title:	
c) Address:	
d) Telephone number:	
e) Email:	
a) Name of the senior officer:	
b) Title:	
c) Address:	
d) Telephone number:	
e) Email:	
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. Do you have any complaint information to be filed for the reporting period? (If yes, please complete the complaint reporting table the next tab)	Yes
5. Does your report (next tab) contain new complaints for the reporting period?	Yes



## 11. Complaint Reporting

Cause for complaint and outcome of the complaint						
	Complaint category	Cause for complaint	Result of complaint examination	Did the complaint result in a lawsuit	Was the complaint transferred to a regulatory authority	Comments or any additional information
1	Underwriting	Premium	Settled	Yes	Yes	
2	Underwriting	Policy provisions	Settled	No	No	
3	Underwriting	Refusal	Complaint withdrawn			
4	Underwriting	Customer service				
5	Underwriting	Challenge in risk category				
6	Underwriting	Alleged discrimination				
7	Underwriting	Credit scoring				
8	Underwriting	File confidentiality of insured				
9	Underwriting	Information collection and needs analysis				
10	Underwriting	Reporting to client				
11	Underwriting	Performance of mandate				
12	Underwriting	Other (fill comments section)				
13	Administration	Administrative procedures				
14	Administration	Customer service				
15	Administration	Statements				
16	Administration	Fees / commissions				
17	Administration	Preauthorized debit / payment plan				
18	Administration	Transfers				
19	Administration	Credit rating				
20	Administration	Non-authorized transaction				
21	Administration	Personal information protection				
22	Administration	Collection				
23	Administration	Other (fill comments section)				
24	Marketing and sales	Advertising				
25	Marketing and sales	Illustration of cost or return				
26	Marketing and sales	Alleged misleading statement or misrepresentation				
27	Marketing and sales	Replacement disclosure form				
28	Marketing and sales	Delivery of policy				
29	Marketing and sales	Tied selling				
30	Marketing and sales	Discontinuation / termination of service				
31	Marketing and sales	Other (fill comments section)				
32	Product	Policy value				
33	Product	Availability / accessibility				
34	Product	Renewal				
35	Product	Rate of return (ror)				
36	Product	Policy provisions				
37	Product	Prospectus				
38	Product	Adequacy of product				
39	Product	Other (fill comments section)				
40	Claims / settlement	Claim procedure				
41	Claims / settlement	Delay in settlement				
42	Claims / settlement	Refusal of claim				
43	Claims / settlement	Customer service				
44	Claims / settlement	Performance of mandate				
45	Claims / settlement	Suspension of benefit				
46	Claims / settlement	Reporting to client				
47	Claims / settlement	Other (fill comments section)				

12. Protection of Personal Information	
1.Do you have policies and procedures in place regarding breaches in confidentiality and the protection of personal information?	Yes
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?	Yes
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)?	Yes
If no, please provide details as to why the incident(s) was not reported to the appropriate authority:	

# 13. Attestation

I (name) , \_\_\_\_\_ OF THE ( city/town) \_\_\_\_\_ IN THE PROVINCE OF \_\_\_\_\_  
BEING (title) \_\_\_\_\_ RESPECTIVELY OF (name of insurer)

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

I HAVE MADE SUCH INQUIRIES, AS I BELIEVE REASONABLY REQUIRED OR APPROPRIATE TO ATTEST THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE FOREGOING ANNUAL STATEMENT ON MARKET CONDUCT, TOGETHER WITH THE RELATED EXPLANATIONS FILED OR TO BE FILED AS PART THEREOF, IS TRUE AND ACCURATE FOR THE INSURER IN RESPECT OF ITS BUSINESS OF INSURANCE, AS OF THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_, AND FOR THE YEAR ENDED ON THAT DAY; AND

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

- a. the information is publicly available;
- b. the information is disclosed in a manner that does not directly or indirectly identify the Regulated Entity or any individual;
- c. the information disclosed is not harmful to the Regulated Entity or individual's business or financial interests;
- d. the entity or individual to which the information relates has consented to the disclosure;
- e. the disclosure is necessary for the purpose of carrying out an investigation, enforcement proceeding or a regulatory purpose of the Applicant Signatory; or
- f. the disclosure is otherwise authorized under Applicable Law.

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

\_\_\_\_\_  
Signature

SEVERALLY SWORN TO BEFORE ME \_\_\_\_\_  
AT \_\_\_\_\_ IN THE PROVINCE OF \_\_\_\_\_  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_