



2018

001

SELECT LANGUAGE

English

**ANNUAL STATEMENT ON MARKET CONDUCT**

**Life and Health Insurance**

010 Insurer name:

020 Client number:

025 Financial Group, if applicable:

030 Name of the Market Conduct contact person:

040 Email of the Market Conduct contact person:

050 For fiscal year ended:

060 Jurisdiction of incorporation:

070 If "Foreign", Country or State:

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

- |     |  |  |                                       |
|-----|--|--|---------------------------------------|
| 080 | Alberta <input type="checkbox"/>                   | Northwest Territories <input type="checkbox"/> | Quebec <input type="checkbox"/>       |
| 081 | British Columbia <input type="checkbox"/>          | Nova Scotia <input type="checkbox"/>           | Saskatchewan <input type="checkbox"/> |
| 082 | Manitoba <input type="checkbox"/>                  | Nunavut <input type="checkbox"/>               | Yukon <input type="checkbox"/>        |
| 083 | New Brunswick <input type="checkbox"/>             | Ontario <input type="checkbox"/>               |                                       |
| 084 | Newfoundland and Labrador <input type="checkbox"/> | Prince Edward Island <input type="checkbox"/>  |                                       |

090 Are you offering new insurance contracts?

**What classes of insurance are you offering?**

110 Life  Accident & Sickness  Annuities

**What Distributions Channels are you using?**

(01)

- 120 Direct or exclusive agents
- 121 Independent agents
- 122 Other






# ANNUAL STATEMENT ON MARKET CONDUCT

2018-L

## Life and Health Insurance

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LEGEND	
	Dropdown Menu
	Locked Field - Automatic Calculation
	Conditional Locked Field
	Enterable Field
	Locked Field - Leave Empty
<b>Text / Number</b>	Invalid Entry - read cell information and correct if needed
<a href="#"><u>Underlined</u></a>	Hyperlink

LINK	
<a href="#">DEFINITIONS</a>	The definitions are also accessible from each tab by clicking on the pictogram provided for this purpose.
<a href="#">INSTRUCTIONS</a>	<b>Please read the general instructions carefully before completing the Annual Statement.</b>



## 2. GOVERNANCE

DEFINITIONS

2018-L

Question 1: This individual is often the CCO or CEO for smaller organization. It is not the Ombudsperson.

Question 2: "Total number of employees" includes all types of employees (full time, contractual, etc.). Doesn't include employees from other organizations of your Financial Group.

Questions 7.1 and 7.2: "Audit(s)/review(s)" 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.

Question 9: "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 (AICA).

### 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 consumers at the end of the reference period:

(01)

001 Check this box if no senior officer is in charge:

010 a) Name of the senior officer:

020 b) Title:

030 c) Address:

040 d) Telephone number:

050 e) Email:

060 a) Name of the senior officer:

070 b) Title:

080 c) Address:

090 d) Telephone number:

100 e) Email:

110 a) Name of the MC contact person:

0

120 b) Title:

130 c) Address:

140 d) Telephone number:

150 e) Email:

0

### 1.1 Provide an overview of the processes and responsibilities regarding the development, implementation and enforcement of policies and practices related to the fair treatment of consumers within your organization:

(01)

160

### 2. Indicate the total number of employees\* in your organization:

(01)

170  
180 2.1 How many of them have primary responsibilities (50% or more) related to the oversight of fair treatment of consumers:

### 3. Do you have a documented code or policy that specifically addresses the fair treatment of consumers?

(01)

Drop-down menu:  
-Yes  
-No

If yes, answer the questions below:

200 a) When was the last time you reviewed your code or policy (YYYY-MM-DD) whether or not the review resulted in a change?

210 b) Have you communicated this code or policy to all of your staff?

If no, answer the question below:

220 d) Do you intend to develop such a document within the next year?

Drop-down menu:  
-Yes  
-No

### 4. Is the fair treatment of consumers a priority at each stage of the product life cycle and in every area of your operations?

Drop-down menu:  
-Yes  
-No

If yes, indicate if you document the following practices:

240 a) Develop strategies, objectives and initiatives to promote the fair treatment of consumers

250 b) Embed the fair treatment of consumers in the organization's policies and code of ethics

260 c) Develop mechanisms and procedures to identify and address any conflicts that could impact the fair treatment of consumers

270 d) Develop measures and reports to inform management of the organization's performance in the fair treatment of consumers

Drop-down menu:  
-Yes  
-No

If no, explain why the fair treatment of consumers is not a priority at each stage of the product life cycle and in every area of your operations in the space below:

(01)

280

<b>5. 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:</b>	
	(01)
290	

<b>6. During the past year, have you been the subject of any regulatory action of significance by a regulator outside of Canada that relates to fair treatment of consumers that could have an impact on market conduct practices in Canada?</b>		(01)
		Drop-down menu: -Yes -No
<b>If yes, provide details (which regulator, product concerned, outcomes, etc.):</b>		
(01)		
310		

<b>7. Select the option that reflects the method of distribution adopted by your organization:</b>		(01)
<p>If you distribute your products exclusively through independent channels, answer question 7.1          If you distribute your products exclusively through direct or exclusive agents, answer question 7.2          If you distribute your products through both independent channels and direct or exclusive agents, answer questions 7.1 and 7.2</p> <p>"Other distribution channels" are not covered by this question</p>		Drop-down menu: -Exclusively through independent channels -Exclusively through direct or exclusive agents -Both independent channels and direct or exclusive agents -Non applicable
<b>7.1 Independent Channels</b>		
		(01)
330	a) Indicate the total number of independent agents you engage for the distribution of your products	
340	b) Indicate the total number of entities (MGAs, national accounts, etc.) you engage for the distribution of your product	
350	c) Indicate the total number of independent agents and entities within your distribution channel that were the subject of a review or audit that included a focus on market conduct practices	
360	d) Identify the scope of the audit(s)/review(s)* conducted over the independent agents and entities	
370	e) Identify the three most pervasive/frequent market conduct activities and/or conditions ("triggers") that led to targeted, risk-based audits or reviews of independent agents and/or entities	
<b>7.2 Direct or Exclusive Agents</b>		
380	a) Indicate the total number of direct or exclusive agents included within your distribution network	
390	b) Indicate the total number of direct or exclusive agents that were reviewed or audited	
400	c) Indicate the total number of direct or exclusive agents within your distribution network channel that were the subject of a review or audit that included a focus on market conduct practices	
410	d) Identify the scope of the audit(s)/review(s)* conducted over the direct or exclusive agents	
420	e) Identify the three most pervasive/frequent market conduct activities and/or conditions ("triggers") that led to target, risk-based audits or reviews of direct or exclusive agents	

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

**9. Indicate if each type of information listed below is provided after the sale and if mechanisms are in place to ensure that it is provided:**

		(01)
510	a) Confirmation of any after-sale transactions	Information provided and mechanisms in place
520	b) Annual statements for IVICs and life products with variable elements	Information provided but no mechanisms in place
530	c) Contract amendments	Information not provided
540	d) Customer rights and obligations in connection to any material changes in the product that was sold or offered	Non applicable
550	e) Changes in the environment that may impact the product (e.g., legislative changes)	
560	f) Organizational or operational changes* that may impact the customer, product or related services	

**10. Do you engage in advertising campaigns directed toward consumers?**

Drop-down menu:  
-Yes  
-No

If yes, indicate if you have processes / mechanisms in place to ensure/address the following in your advertising campaigns:

580	a) Advertising satisfies all applicable legal and regulatory requirements	
590	b) Name of the insurer is clearly indicated	
600	c) Advertising is appropriate for the target consumer group	
610	d) If used, written advertisements are presented in a format that is easy to read and understand	
620	e) If used, advertising is truthful and authentic with respect to the use of statistics and testimonials	
630	f) Unclear, misleading or inaccurate advertisements are promptly modified or withdrawn	
640	g) Advertising is reviewed independently of the person who designed or prepared the advertisement prior to its dissemination	

Drop-down menu:  
-Yes  
-No

**11. Do you conduct customer satisfaction surveys?**

Drop-down menu:  
-Yes  
-No

If yes, indicate the frequency at which you conduct customer satisfaction surveys for each of the following:

660	a) Sale	Immediately after each event
670	b) Claim	Annually
680	c) Complaint	On an ad-hoc basis
690	d) Other	No satisfaction survey done

**12. General comments:**

		(01)
700		



### 3. POLICIES

DEFINITIONS

2018-L

Please note that the data must be entered according to the type of product in each table provided for this purpose: individual policies and group policies.

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.

"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 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 Applications for Insurance Received	Number of New Policies	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 Without any Refund of Premium	Number of Insurer Initiated Cancellations with Refund of Premium	
								Fully Refunded	Prorated and Short-rated
	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)
010 Life									
020 Accident & Sickness									
030 Annuity*									
049 TOTAL	0	0	0	0	0	0	0	0	0

GROUP POLICIES			
Class of Insurance (Main Guarantee)*	Group Master Contracts		
	Number of Policies in Force at the End of the Previous "Reference Period**"	Number of New Policies	Number of Policies Cancelled or Terminated due to Contract
	(01)	(03)	(04)
060 Life			
070 Accident & Sickness			
080 Annuity*			
099 TOTAL	0	0	0

General comments:	
	(01)
110	





# 4. PRODUCTS - INDIVIDUAL LIFE AND ACCIDENT AND SICKNESS

DEFINITIONS

2018-L

(01) Product families to be reported are the ones that were available for sale during the reference period.

(02) Indicate the main guarantee\* of your product family.

(03) Material 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.

010	1. How many product families do you have?	(01)

020	2. How many product families were reviewed with a focus on fair treatment of consumers and consumers' needs in the reference period? (e.g. changes related to consumers needs, documentation or website update in order to provide appropriate information to the target market)	(01)

## 3. List of existing product families.

	Product Family	Class of Insurance (Main Guarantee)*	Material Change(s) in the Offer or in the Product?	If yes, Indicate the Initial Date of Change	Type of Change	Did the Change Result in a Change in the Target Market?	Comments or Additional Information
	(01)	(02)	(03)	(04)	(05)	(06)	(07)
030		Life	Yes		Product features	Yes	
040		Accident & Sickness	No				
050					Pricing	No	
060					Product features & pricing		
070					New product		
080					Discontinued product		
090					Non applicable		
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**4. General comments:**

(01)

730



# 5. PRODUCTS - GROUP LIFE AND ACCIDENT AND SICKNESS

DEFINITIONS

2018-L

(01) Product families to be reported are the ones that were available for sale during the reference period.

(02) Indicate the main guarantee\* of your product family.

(03) Material 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.

010	<b>1. How many product families do you have?</b>	(01)

020	<b>2. How many product families were reviewed with a focus on fair treatment of consumers and consumers' needs in the reference period? (e.g. changes related to consumers needs, documentation or website update in order to provide appropriate information to the target market)</b>	(01)

### 3. List of existing product families.

	Product Family	Class of Insurance (Main Guarantee)*	Material Change(s) in the Offer or in the Product?	If yes, Indicate the Initial Date of Change	Type of Change	Did the Change Result in a Change in the Target Market?	Comments or Additional Information
	(01)	(02)	(03)	(04)	(05)	(06)	(07)
030		Life	Yes		Product features	Yes	
040		Accident & Sickness	No				
050					Pricing	No	
060					Product features & pricing		
070					New product		
080					Discontinued product		
090					Non applicable		
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**4. General comments:**

(01)

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# 6. PRODUCTS - INDIVIDUAL ANNUITIES

DEFINITIONS

2018-L

(01) Product families to be reported are the ones that were available for sale during the reference period.

(02) In the "Class of Insurance" column, please indicate the main guarantee only.

(03) Material 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.

"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).

010 1. How many product families do you have?	(01)

020 2. How many product families were reviewed with a focus on fair treatment of consumers and consumers' needs in the reference period? (e.g. changes related to consumers needs, documentation or website update in order to provide appropriate information to the target market)	(01)

3. List of existing product families.						
Product Family	Class of Insurance (Main Guarantee)*	Material Change(s) in the Offer or in the Product?	If yes, Indicate the Initial Date of Change	Type of Change	Did the Change Result in a Change in the Target Market?	Comments or Additional Information
(01)	(02)	(03)	(04)	(05)	(06)	(07)
030	Annuities	Yes		Product features	Yes	
031	Guaranteed investment account (GIA)	No				
032	Segregated funds			Pricing	No	

033	Other			Product features & pricing		
034				New product		
035				Discontinued product		
036				Non applicable		
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**4. General comments:**

(01)

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# 6.5 PRODUCTS - GROUP ANNUITIES

DEFINITIONS

2018-L

(01) Product families to be reported are the ones that were available for sale during the reference period.

(02) In the "Class of Insurance" column, please indicate the main guarantee only.

(03) Material 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.

"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).

010	1. How many product families do you have?	(01)
-----	---	------

020	2. How many product families were reviewed with a focus on fair treatment of consumers and consumers' needs in the reference period? (e.g. changes related to consumers needs, documentation or website update in order to provide appropriate information to the target market)	(01)
-----	--	------

3. List of existing product families.						
Product Family	Class of Insurance (Main Guarantee)*	Material Change(s) in the Offer or in the Product?	If yes, Indicate the Initial Date of Change	Type of Change	Did the Change Result in a Change in the Target Market?	Comments or Additional Information
(01)	(02)	(03)	(04)	(05)	(06)	(07)
130	Annuities	Yes		Product features	Yes	
131	Guaranteed investment account (GIA)	No				
132	Segregated funds			Pricing	No	

133	Other			Product features & pricing		
134				New product		
135				Discontinued product		
136				Non applicable		
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**4. General comments:**

(01)

230



# 7. PREMIUMS AND COMMISSIONS

DEFINITIONS

2018-L

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 perfectly the same as the returns. The requested information in this table is non-consolidated and must be provided by distribution channel.

Reinsurance must be excluded from the numbers provided.

Question 2: "Affinity group\*" is a group for which insurers develop specific insurance packages to satisfy the group's needs. The affinity package can be sold specifically to this group's members.

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"			
	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
<b>Accident &amp; Sickness</b>									
040	Individual				0				0
050	Group				0				0
069	Subtotal	0	0	0	0	0	0	0	0
<b>Annuity*</b>									
070	Individual				0				0
080	Group				0				0
099	Subtotal	0	0	0	0	0	0	0	0
109	<b>TOTAL (in thousands of dollars)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

120	<b>2. Do you sell your products through affinity groups?</b>	(01)	<b>Drop-down menu:</b> -Yes -No
130	<b>If yes, indicate the number of arrangements in force at the end of the reporting period:</b>		

140 **3. Do you sell products through the Internet?**

(01)

Drop-down menu:  
-Yes  
-No

If yes, please provide the following information for direct sales:

	(01)
160 a) Number of policies sold	
170 b) Direct premiums (in thousands of dollars)	

**4. General comments:**

(01)

180



# 8. DISTRIBUTORS

DEFINITIONS

2018-L

Please note that the data must be entered according to the type of product in each table provided for this purpose: individual policies and group policies.

All amounts reported must be in thousands of dollars.

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 a whole.

(03) Percentage of total business is based upon new sales in the reporting period (Direct Premiums Written).

(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	Licensed?	% of Total Business	Distribution Channel	Exclusivity Clause?	Binding Authority?	Loans* to Distributor (\$000)	Participating % in Distributor's Equity	Minimum Volume Clause?	First Refusal Right Over Distributor?	Other Types of Advantages?	Compliance Review Conducted?	If yes, Date of the Last Review	Comments or Additional Information
	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)	(11)	(12)	(13)	(14)
010		Yes	0-5%	Direct or exclusive agents	Yes	Yes			Yes	Yes	Yes	Yes		
020		No	6-10%	Independent agents	No	No			No	No	No	No		
030			11-15%	MGA										
040			16-20%	Other - specify in comments										
050			21-40%	National Accounts										
060			41-60%											
070			61-75%											
080			76-85%											
090			86-100%											
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250														



**GROUP POLICIES**

Top 25 Distributors	Licensed?	% of Total Business	Distribution Channel	Exclusivity Clause?	Binding Authority?	Loans* to Distributor (\$000)	Participating % in Distributor's Equity	Minimum Volume Clause?	First Refusal Right Over Distributor?	Other Types of Advantages?	Compliance Review Conducted?	If yes, Date of the Last Review	Comments or Additional Information
(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)	(11)	(12)	(13)	(14)
260	Yes	0-5%	Direct or exclusive agents	Yes	Yes			Yes	Yes	Yes	Yes		
270	No	6-10%	Independent agents	No	No			No	No	No	No		
280		11-15%	MGA										
290		16-20%	Other - specify in comments										
300		21-40%	National Accounts										
310		41-60%											
320		61-75%											
330		76-85%											
340		86-100%											
350													
360													
370													
380													
390													
400													
410													
420													
430													
440													
450													
460													
470													
480													
490													
500													

**2. Other type(s) of advantage (resource loan, marketing, etc.):**

(01)

510

**3. General comments:**

520



# 9. SALES AND INCENTIVES MANAGEMENT

DEFINITIONS

2018-L

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\*", 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. 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 product 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)	
<b>Life</b>	(%)	
010 Individual		
020 Group		
<b>Accident &amp; Sickness</b>	(%)	
030 Individual		
040 Group		
<b>Annuity*</b>	(%)	
050 Individual		
060 Group		

1.2 List by product 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)	
<b>Life</b>	(%)	
070 Individual		
080 Group		
<b>Accident &amp; Sickness</b>	(%)	
090 Individual		
100 Group		
<b>Annuity*</b>	(%)	
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 a) Cash prizes or other gifts	Yes	Yes	
140 b) Money loan	No	No	
150 c) Profit sharing			
160 d) Bonus			
170 e) Other, specify in the space below:			

(01)

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 a) Lapses	Yes	Yes
200 b) Number of complaints	No	No
210 c) Premium volume		
220 d) Claims volume		
230 e) Consumer satisfaction		
240 f) Number of post-sale consumers touches by sales force		

**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 consumers:**

(01)

250

**4. General comments:**

260



# 9.5 SALES AND INCENTIVES MANAGEMENT (LAPSES)

DEFINITIONS

2018-L

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 reporting period.

## 5. Lapses

Class of Insurance (Main Guarantee)*	Distribution Channel							
	FIRST YEAR				SECOND YEAR			
	Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL	Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL
	(01)	(02)	(03)	(19)	(04)	(05)	(06)	(49)
<b>Life</b>								
010 Individual				0				0
020 Group				0				0
039 Subtotal	0	0	0	0	0	0	0	0
<b>Accident &amp; Sickness</b>								
050 Individual				0				0
060 Group				0				0
079 Subtotal	0	0	0	0	0	0	0	0
099 TOTAL	0	0	0	0	0	0	0	0

**6. General comments:**

(01)

110



## 10. CLAIMS

**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 box "General Comments" 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.

**Questions 2 and 3:**

The information sought is limited to complete denials of claims.

**Question 4:**

Only lawsuits between a consumers 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", 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. Complete the table	Life		Accident & Sickness		Annuity*	
	Individual	Group	Individual	Group	Individual	Group
	(01)	(02)	(03)	(04)	(05)	(06)
010	Number of claims opened* at the beginning of the period					
020	Number of new claims opened* during the period					
030	Number of claims closed* with an indemnity payment during the period					
035	Amount paid in benefits during the period					
040	Number of claims denied* in the period					
050	Number of claims opened* at the end of the period					
060	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 in the reporting period and the total number of denials for the three reasons selected:**

	(01)	(02)
110 a) Exclusions and limitations in the policy	<input checked="" type="checkbox"/>	
120 b) Delay in submitting claim	<input type="checkbox"/>	
130 c) Not covered, except for exclusions and limitations in the policy	<input type="checkbox"/>	
140 d) Failure to disclose or misrepresentation of a material fact upon subscription	<input type="checkbox"/>	
150 e) Other, please specify in the space below	<input type="checkbox"/>	

**3. Other main reasons for claims denial:**

	(01)
160	

**4. Lawsuits:**

		(01)
170	a) Number of lawsuits outstanding at beginning of the period	
180	b) Number of new lawsuits	
190	c) Number of closed lawsuits, by pre-court settlements	
200	d) Number of closed lawsuits, by Court judgment	
210	e) Number of certified class actions lawsuits outstanding at the beginning of the period	
220	f) Number of new certified class actions lawsuits during the period	

**5. General comments:**

		(01)
230		



# 11. COMPLAINT EXAMINATION

DEFINITIONS

2018-L

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

(01)	
001	Check this box if no senior officer is in charge: <input type="checkbox"/>
010	a) Name of the senior officer:
020	b) Title:
030	c) Address:
040	d) Telephone number:
050	e) Email:
060	a) Name of the senior officer:
070	b) Title:
080	c) Address:
090	d) Telephone number:
100	e) Email:
110	a) Name of the senior officer:
120	b) Title:
130	c) Address:
140	d) Telephone number:
150	e) Email:

## 2. Please indicate if the following are present within your organization:

(01)		
160	a) Complaints handling policies and procedures guideline	
170	b) Complaints handling unit or department	
180	c) Reporting mechanism that is sent to management and the board regarding aggregate complaints on a periodic basis	
190	d) Ongoing training program regarding complaints handling for staff whose activities include complaint handling	

Drop-down menu:  
-Yes  
-No

## 3. Please indicate in the space below at what stage of your complaint process you report a complaint to the regulator:

(01)	
200	

## 4. Do you have complaints to report (new complaints or complaints opened during a previous reporting period)? If yes, please complete the next tab

(01)	
210	

Drop-down menu:  
-Yes  
-No

## 5. General comments:

(01)	
220	



# 11.6 COMPLAINT REPORTING

DEFINITIONS

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

However, it is your responsibility to ensure that all your Opened complaints are reflected in the Annual Statement for the period of reference.

Opened complaints must be updated and reported each year until closed. No Opened complaint downloaded must 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 (as of the end of the period)?	Was the Complaint Transferred to a Regulatory Authority (as of the end of the period)?	Comments or any additional information
(01)	(02)	(03)	(04)	(06)	(07)	(08)	(09)	(10)	(11)	(12)	(13)	(14)	(15)
001				Life		Individual	Direct or exclusive channels	Underwriting	Premium	Settled	Yes	Yes	
002				Accident & Sickness		Group	Independent channels	Underwriting	Policy provisions	Not settled	No	No	
003				Annuities			Other distribution channels	Underwriting	Refusal	Complaint withdrawn			
004				Guaranteed investment account (GIA)				Underwriting	Customer service				
005				Segregated funds				Underwriting	Change in risk category				
006				Other				Underwriting	Alleged discrimination				
007								Underwriting	Credit scoring				
008								Underwriting	File confidentiality of insured				
009								Underwriting	Information collection and needs analysis				
010								Underwriting	Reporting to client				
011								Underwriting	Performance of mandate				
012								Underwriting	Other (fill comments section)				
013								Administration	Administrative procedures				
014								Administration	Customer service				
015								Administration	Statements				
016								Administration	Fees / commissions				
017								Administration	Preauthorized debit / payment plan				
018								Administration	Transfers				
019								Administration	Credit rating				
020								Administration	Non-authorized transaction				
021								Administration	Personal information protection				
022								Administration	Collection				
023								Administration	Other (fill comments section)				
024								Marketing and Sales	Advertising				
025								Marketing and Sales	Illustration of cost or return				
026								Marketing and Sales	Alleged misleading statement or misrepresentation				
027								Marketing and Sales	Replacement disclosure form				
028								Marketing and Sales	Delivery of policy				
029								Marketing and Sales	Tied selling				



# 11.6 COMPLAINT REPORTING

DEFINITIONS

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

However, it is your responsibility to ensure that all your Opened complaints are reflected in the Annual Statement for the period of reference.

Opened complaints must be updated and reported each year until closed. No Opened complaint downloaded must 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 (as of the end of the period)?	Was the Complaint Transferred to a Regulatory Authority (as of the end of the period)?	Comments or any additional information
(01)	(02)	(03)	(04)	(06)	(07)	(08)	(09)	(10)	(11)	(12)	(13)	(14)	(15)
030								Marketing and Sales	Discontinuation / termination of service				
031								Marketing and Sales	Other (fill comments section)				
032								Product	Policy value				
033								Product	Availability / accessibility				
034								Product	Renewal				
035								Product	Rate of return (ror)				
036								Product	Policy provisions				
037								Product	Prospectus				
038								Product	Adequacy of product				
039								Product	Other (fill comments section)				
040								Claims / Settlement	Claim procedure				
041								Claims / Settlement	Delay in settlement				
042								Claims / Settlement	Refusal of claim				
043								Claims / Settlement	Customer service				
044								Claims / Settlement	Suspension of benefit				
045								Claims / Settlement	Reporting to client				
046								Claims / Settlement	Performance of mandate				
047								Claims / Settlement	Other (fill comments section)				
048													
049													
050													
051													
052													
053													



# 12. PROTECTION OF PERSONAL INFORMATION

DEFINITIONS

2018-L

The information to be reported in this tab excludes commercial insurance products.

The breaches reported in this form are those that have a significant impact on the customer and require disclosure under applicable privacy legislation.

"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.

010	<b>1. Do you have policies and procedures in place regarding breaches* in confidentiality and the protection of personal information?</b>	(01)
	<b>If yes, please indicate if the following are addressed by your policies and procedures:</b>	Drop-down menu: -Yes -No
020	a) Timely notification to consumers of any breaches that could impact their interests or rights	
030	b) Timely notification to the appropriate authorities of any breaches that could impact the consumer's interests or rights	
040	c) Timely notification to the responsible and appropriate individuals within your organization	

050	<b>2. Have you had any breaches in the protection of personal information in the reference period?</b>	(01)
060	<b>If yes, indicate the number of breaches:</b>	Drop-down menu: -Yes -No

070	<b>3. Were the breaches reported to the proper authorities where required by law (e.g., Privacy Commissioner, regulatory authority)?</b>	(01)
	<b>If no, please provide details as to why the incident(s) was not reported to the appropriate authority:</b>	Drop-down menu: -Yes -No
080	(01)	

090	<b>4. General comments:</b>	(01)