

COMPLAINTS HANDLING MANUAL

Integrated Services Department
Sun Life of Canada (Philippines), Inc.

Version 5.4

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1. COMPLAINTS HANDLING POLICY	6
2. OBJECTIVES	6
3. SCOPE	7
4. SOURCES OF COMPLAINTS	7
5. DEFINITION OF A COMPLAINT	8
6. TYPES OF COMPLAINTS	8
7. CLASSIFICATION OF COMPLAINTS AND RESOLUTION TURNAROUND TIME	9
8. WORKFLOWS AND PROCEDURES	9
8.1 FLOW OF A COMPLAINT.....	9
8.2 LOGGING PROCEDURE.....	9
8.3 HANDLING AND ESCALATION PROCEDURES.....	11
8.4 CRITERIA/PROCEDURES FOR FACE-TO-FACE AND WRITTEN RESPONSE.....	13
8.5 INVESTIGATION PROCEDURES.....	14
8.6 TURNAROUND TIME.....	15
9. ROLES AND RESPONSIBILITIES OF BUSINESS UNITS	16
9.1 CLIENT CARE/INTEGRATED SERVICES DEPT.....	16
9.2 COMPLIANCE/LEGAL.....	17
9.3 MARKETING/SALES.....	17
9.4 ACTUARIAL/PRODUCT DEVELOPMENT.....	17
9.5 COMPLAINT MANAGEMENT TEAM.....	17
10. HANDLING PREMIUM OFFSET RELATED COMPLAINTS	19
10.1 INITIAL HANDLING PROCEDURES (FIRST LEVEL STAFF).....	19
10.2 SECOND LEVEL HANDLING PROCEDURES (SUPERVISOR, MANAGER OR HEAD).....	19
10.3 THIRD LEVEL HANDLING PROCEDURES (RESPONSE TEAM).....	19
10.4 FOURTH LEVEL HANDLING PROCEDURES (ADJUDICATION TEAM).....	21
10.5 INVESTIGATION PROCEDURES.....	21
10.6 TURNAROUND TIME.....	22
10.7 TEAM COMPOSITIONS.....	24
11. SERVICE RECOVERY PROCESS	25
11.1 SCOPE.....	25
11.2 PROCEDURES.....	26
11.3 SERVICE RECOVERY PROCESS STEPS.....	26
11.4 REPORTING.....	27
11.5 ANALYSIS AND RECOMMENDATION.....	27
11.6 SAMPLE AMENDS MATRIX AND RECOVERY KIT.....	27
11.7 IMPACT MATRIX.....	28
11.8 SERVICE RECOVER SCRIPT (TELEPHONE CALL).....	29
11.9 SERVICE RECOVERY LETTER.....	30
12. COMPLAINT TRACKING/MONITORING/REPORTING	31
12.1 COMPLAINT TRACKING AND MONITORING.....	31
12.2 MANAGEMENT REPORTING.....	31
12.3 LIST OF REPORTS.....	32
12.4 REPORT FORMATS.....	32
12.5 CONFIDENTIALITY OF INFORMATION.....	32
13. STAFF TRAINING	33

14. REVIEW AND APPROVAL ERROR! BOOKMARK NOT DEFINED.
15. APPENDIX 34
 15.1 COMPLAINT HANDLING FLOW CHART 34

Change History

<i>Version</i>	<i>Creation/ Revision Date</i>	<i>Created/ Revised By</i>	<i>Comments/ Reason for Change</i>
.01	18 July 2005	Lisa Marin	Initial draft
.02	01 August 1, 2005	Lisa Marin	Revised draft based on K. Casas' comments and additional inputs on July 20, 2005
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.04	25 August 2005	Karen Casas	Additional edits
1.0	14 November 2008	Jon Sabido	Updated to include MF transaction, members of ISD Management, Resolution and Adjudication Teams,
2.0	11 December 2009	Jon Sabido	Updated: with some RO guidelines
3	5 April 2010	Jon Sabido	Updated members of Complaints Response Team
3.1	23 June 2010	Jon Sabido	Updated the following sections: 3.5, 10.7, 12.1.2, 12.2.3, 12.2.4
3.2	28 June 2010	Karen Casas	Various edits
3.3	22 July 2010	Karen Casas	Finalized updates
4	11 January 2013	Jo Alegre	Various edits and updates
4.1	5 March 2013	Jo Alegre	Finalized updates
5.0	1 September 2014	Yonkee Villamor	Various edits and updates - Service Recovery Section - Premium Offset - Attached sample reports - Minor edits in the format and typos
5.1	27 May 2016	Yonkee Villamor	- Department name changed from Call Center to Customer Care Center. - Chief Administration Officer changed to Chief Operations Officer. - Changed all reference in the document.
5.2	8 June 2017	Yonkee Villamor	- Department name changed from Customer Care Center to Client Care. - Department name changed from Customer Center to Client Service Center. - Changed all reference in the document. - Section 4: Added 4.6 Sun Life websites; 4.7 Social Media - Updated Section 10 - Handling Premium Offset

			<p>Related Complaints. Removed procedure to closely monitor and report. Obtain approval from CEO last Feb 2017 to stop monitoring and reporting given minimal complaints/inquiries received involving PO for the past few years.</p> <ul style="list-style-type: none"> - Updated Section 12 – removed reporting of the Premium Offset report - Changed all reference using ‘customer’ to ‘client’.
5.3	18 July 2017		<ul style="list-style-type: none"> - Updated attached Complaints – Detailed document. Removed client specific information as per direction of the BUCO.
5.4	17 April 2018		<ul style="list-style-type: none"> - Updated attached List of Complaints spreadsheet – section 7. Classification of Complaints and Resolution Turnaround Time - Removed reference to Group Admin team

1. Complaints Handling Policy

At Sun Life of Canada (Philippines), Inc., we are committed to fair dealing, honesty and integrity in the conduct of our business. We take our responsibilities to our clients very seriously and seek to provide them with the highest quality of service and products. If clients have questions, concerns or complaints about our service, products or representatives, we strive to ensure that these are handled fairly and efficiently.

Complaint resolution is important and we take it upon ourselves to respond to complaints promptly, accurately, with courtesy and utmost confidentiality. We endeavour to train and equip our staff with the necessary skills and resources to handle, monitor and resolve client complaints at their level as appropriate.

We treat complaints presented to us as important opportunities to work with our clients and to make improvements that could enhance the client service experience for everyone doing business with us.

2. Objectives

Our complaints handling process aims to ensure that complaints are handled in a clearly defined and effective manner. Specifically, this documentation will:

- 2.1. Define what a complaint is
- 2.2. Identify various types and categories of complaints
- 2.3. Establish logging, escalation and investigation procedures in handling complaints
- 2.4. Identify remedies for resolving complaints and regain clients' trust and loyalty
- 2.5. Establish turnaround time for various types of complaints
- 2.6. Identify parties involved in a complaint handling process
- 2.7. Define the respective roles and responsibilities of identified parties
- 2.8. Identify how complaints are used as basis for continuous process improvement
- 2.9. Establish review and summarization procedures, internal/external reporting procedures, and procedures for handling confidentiality issues

3. Scope

The scope of this manual includes:

- 3.1 Oral or written complaints received within the Integrated Services Department
- 3.2 Complaints related to client service and policy/plan/investment administration
- 3.3 Complaints resolved at the first interaction or escalated to higher levels
- 3.4 Complaints in the nature of queries and or suggestions.
- 3.5 Exclusions in this scope are:
 - 3.5.1 complaints of advisors that are not related to a client's policy/plan/investment or not done on behalf of the client
 - 3.5.2 complaints that include allegations of some form of mis-selling, non-delivery of the contract, churning/twisting, replacement, failure to properly advise, misrepresentation, or unsuitability of the product. These will be referred to Compliance section for further handling
 - 3.5.3 complaints that are coursed through SEC, media, IC, etc., frontline should not attempt to resolve such complaints but should immediately escalate to the designated persons as follows:

Business	Contact Persons	
	Media-Related	Regulatory-Related
Life Mutual Fund Preneed	Chief Marketing Officer, or appointed representative	General Counsel, or appointed representative

4. Sources of Complaints

A complaint may come directly from the client or through his/her authorized representative. It may be received through:

- 4.1 Phone call
- 4.2 Postal mail
- 4.3 Electronic mail
- 4.4 Client Feedback Form or Net Promoter Score (NPS) survey
- 4.5 Walk-in visit to one of our Client Service Center or at our Head Office
- 4.6 Sun Life websites
- 4.7 Social Media

5. Definition of a Complaint

- 5.1. A complaint is an expression of dissatisfaction (oral or written) that uses strong words and an angry tone. It is very insistent and/or may involve a threat to bring the matter to media or to regulatory bodies.
- 5.2. A complaint **INCLUDES** any grievance related to client service or general administration of a policy/plan/investment, e.g. complaint that it is taking too long to process an address change, a premium payment, a change in policy features and similar transactions
- 5.3. A **complaint** also **INCLUDES** allegations of some form of mis-selling, non-delivery of the policy contract, churning/twisting, replacement, failure to properly advise, misrepresentation, or unsuitability of the product.

6. Types of Complaints

Type of Complaint	Definition	Example
6.1 Non- Escalated complaint	A complaint, which is immediately resolved at the frontline or resolved by the person who initially handled the complaint.	Policyholder complains to the Client Service Center regarding the paying period of her policy. She was made to believe that the paying period is only 10 years. The Client Service Associate (CSA) reviews the complaint and provides explanation about the different options as to the paying period client can avail of. At this point, the client is satisfied with the explanation given.
6.2 Escalated Complaint	<p>A complaint which is reviewed and dealt with at least "one level higher" than the level which routinely handles and makes operational decisions about the subject matter of a complaint.</p> <p>An escalated complaint is not necessarily a "serious" complaint. It is primarily defined by how high up in the organization the complainant takes his/her complaint before being satisfied with the fairness of the response.</p> <p>Other criteria for escalation:</p> <ul style="list-style-type: none"> - Further investigation is required beyond the frontline staff - Potential fraud/misrepresentation - Where discretionary decisions need to be made - Possible litigation - Compliance issues - Public relations issues 	A policyholder complains to the Client Care (CC) that she was made to believe that the paying period of her policy is 10 years. The CSA reviews the complaint and provides explanation about the different options as to the paying period client can avail of. Policyholder angrily does not accept explanation and wishes to talk to the next level or to an officer of the company. The CSA escalates the case to her Supervisor.

Type of Complaint	Definition	Example
<p style="text-align: center;">6.3</p> <p style="text-align: center;">Further escalated complaint</p>	<p>A complaint that is escalated to and dealt with by any specific Committee (e.g., committee formed with representatives of different functions or different heads under one function).</p>	<p>A policyholder writes to the Insurance Commission (IC) and the IC in turn forwards complaint of policyholder to the Sun Life Country Head and CEO. The complaint is regarding his advisor not accurately and completely explaining the features of his policy which has resulted in his policy lapsing. Client demands the following: (1) policy be put back in force; (2) waive insurability requirements and interest payments; and (3) only pay the back premiums.</p> <p>The Head of Account Services will investigate the policy details, and will coordinate with the Head of Compliance regarding the complaint against the advisor. If complex computation is required, Head of Account Services may also involve Actuarial.</p>

7. Classification of Complaints and Resolution Turnaround Time

Attached spreadsheet contains the classification and the corresponding turnaround times (in days).



List of Complaints and TAT as of March

****The turnaround time is for each CRM Activity log created for a Complaint Service Request.**

8. Workflows and Procedures

8.1 Flow of a complaint

A complaint will flow through the Integrated Services Dept. via phone call, mail or e-mail correspondence, feedback in the Client Feedback Form or Net Promoter Score (NPS) survey, via social media, or walk-in visit to the one of the Client Service Centers or to the Head Office.

8.2 Logging Procedure.

All complaints as defined in Section 4 are logged in the Customer Relationship Management (CRM) system regardless of where they are received (i.e. from the Client Care, Client Service Centers, New Business & Underwriting Services, Claims, Accounts Services, Client Management, Investor Services, Worksite and Office of the Chief Administration Officer).

The staff that receives the complaint creates a Service Request in CRM. The type of complaint (as defined in Section 6) is logged.

Complete details about the complaints are logged in the appropriate CRM fields as follows:

CRM FIELD	CONTAINS THE FOLLOWING INFORMATION
Inbound Media	How the complaint was received i.e. via: Call, Email, Postal, CFF, Walk-in
Requestor Name	Name of caller : Policyholder, Plan holder, Investor Advisor, MF Representative, Client's Representative, Company Representative, BSO, SL/SLGFI staff
Requestor Type	Type of Client : Agent, Agent secretary, Client, Client representative, Company Representative, BSO/B-Secure Salesforce, B-secure Sales support, Prospective client, SL/SLGFI Staff, Others
Reference Number	Policy/Plan/Client No.
SR Narrative	Complaint details: <ul style="list-style-type: none"> Contact Nos. (if callback required)/Email address (as needed) Brief background of the complaint Policyholder's/Plan holder's/ Investor's request to resolve the complaint
Number of Policies/Plans/Accounts	Total number of Accounts being complained
Is VUL Policy	Account being complained is a VUL policy
Number of VUL Policies	Total number of VUL policies being complained
Line of Business	Type of Line of Business: General, Individual, Pre- need, Mutual Funds
Activity Type	Type of Complaint: Non-Escalated, Escalated or Further Escalated
Nature	Complaint category: See Table on Nature of Complaints for reference
Sub nature	Complaint category: See Table on Sub-nature of Complaints for reference
Comments Field	Special circumstances, if any, that need to be taken into account

CRM FIELD	CONTAINS THE FOLLOWING INFORMATION
Description	Continuation of information from Comments field, if necessary
Resolution	Brief description of final resolution taken
Attachment Folder (Activity Level)	Email exchanges, computations, worksheets, letters, etc. that are related to the case

The CRM Log is updated by either the personnel who created the initial log or the personnel to whom the case is referred to. If the assigned personnel has no CRM access, he/she should inform the initial CRM Log creator to update the log until it is resolved.

8.3 Handling and Escalation Procedures

1st LEVEL HANDLING		2ND LEVEL HANDLING INTEGRATED SERVICES MANAGEMENT (ISD)		3rd LEVEL HANDLING COMPLAINT RESOLUTION TEAM
Composition: All Frontline Staff or the staff who initially received the complaint		Composition: All ISD Supervisors All ISD Managers		Composition: Chairman: Chief Operations Officer Members: ISD Section Heads Compliance Head, Sales Channel Head, General Counsel, and others as required
1. Explains/responds using standard scripts/letters.		1. Tries to resolve complaint (phone, face-to-face or written).		1. Provides final resolution of the complaint.
2A. If client's complaint is resolved, logs in CRM and closes case.	2Bi. If client remains dissatisfied, determines appropriate escalation procedure (i.e. immediate pass-on to the second level through warm transfer, callback, email to back end, CRM assignment, etc.)	2A. If client concern is resolved, updates CRM log or informs the initiating staff to update and close CRM log.	2Bi If client remains dissatisfied, determines next appropriate response – written or face –to-face meeting. (Refer to Section 8.4 for details)	2. Supervisor/ Manager from Second Level Handling coordinates between the client and Complaint Resolution Team for the resolution of the complaint. (Refer to Section 8.5 for details).
3. Appropriate Service Recovery steps will be taken as required. See Section 11	2Bii. Escalates to the next level.	3. Appropriate Service Recovery steps will be taken as required. See Section 11.	2Bii. Supervisor or Manager prepares background of the case, gathers additional data and seeks additional inputs from other units within the organization	3. Supervisor/Manager from Second Level Handling ensures CRM is updated for additional steps taken until the complaint is resolved
	2Biii. Monitors and follows through resolution of the case.		2Biii. Upon recommendation of higher management, Supervisor or Manager refers the case to the Complaint Resolution Team for final resolution.	4. Appropriate Service Recovery steps will be taken as required. See Section 11.
	2Biv. Updates CRM log based on action taken		2Biv. Ensures further escalation and additional handling are logged in CRM	

	2Bv. Closes CRM upon resolution of the case.		3. Appropriate Service Recovery steps will be taken as required. See Section 11.	
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8.4 Criteria/Procedures for Face-to-Face and Written Response

CRITERIA FOR FACE-TO-FACE INTERACTION	FACE-TO-FACE MEETING PROCEDURES	WRITTEN RESPONSE PROCEDURES
1. If client himself/herself has expressed preference for a face-to-face meeting	1. Supervisor/Manager determines the appropriate person to send from the 2 nd Level team and sets appointment with the client.	1. Supervisor/Manager sends a reply to the client. The response should include a summary of what was initially discussed, including but not limited to, additional information required by the client, illustrations, computations and alternative options
2. If there is a language difficulty and the client would be better served by someone who speaks the client's language (e.g. Chinese-speaking or purely Filipino-speaking)	2. Supervisor/Manager meets with client to try to resolve client's concerns. Maximum allowable number of meetings to resolve a case is two (2).	2. Supervisor/Manager waits for the client's response; if no response is received within 2 weeks from date of written reply, case is considered resolved.
3. If the circumstances of the case are particularly complex or technical, very difficult to explain over the phone, and needs some time to gather data to be able to explain the circumstances of the case.	3. If unresolved, Supervisor/Manager collects additional information/documents the client might have to support his/her complaint.	3. If unresolved, Supervisor/Manager prepares background of the case and refers to the Third Level team for resolution.
4. If there is extreme anger and it is impossible to deal with the individual over the phone.	4. Supervisor/Manager prepares documentation and background of the case and escalates the case to the Third level upon the recommendation of the Officer or Director	4. Supervisor/Manager coordinates inputs from other units in the organization to resolve the case. Supervisor/Manager serves as the point person between client and other units in the organization to resolve the case
5. If the client indicates that there are several clients all equally distressed and threatens to take his case to the media and regulatory bodies	5. Supervisor/Manager coordinates inputs from other units and members in order to resolve the case. Supervisor/Manager serves as the point person between client and other units in the organization to resolve the case	5. Second line member ensures resolution of the case within the agreed upon turnaround time

CRITERIA FOR FACE-TO-FACE INTERACTION	FACE-TO-FACE MEETING PROCEDURES	WRITTEN RESPONSE PROCEDURES
6. If the coverage is Ps5M and above, the client is an influential person, or has multiple policies/plans/investments with the company	6. Supervisor/Manager ensures resolution of the case within the agreed upon turnaround time	6. Supervisor/Manager communicates decision to client. Signatory is the Officer, Director or any member of the Complaint Resolution Team depending on how high the complaint was escalated to and the nature of the complaint.
7. If there is allegation of poor sales practices or behavior suggesting inappropriate market conduct by one of the company's former or current agents/representative.	7. Appropriate Service Recovery steps will be taken as required. See Section 11	7. Appropriate Service Recovery steps will be taken as required. See Section 11

8.5 Investigation Procedures

8.5.1 When a case is referred to the Complaint Resolution Team for proper action, the Supervisor/Manager compiles and sends all complaint documentation to the team. The documentation includes the following:

- A copy of the complaint (if in writing) or a full written documentation of the complaint (if verbal)
- Contact history, copies of all reply letters, or any documentation relevant to the complaint
- Details of the policy and client information (other policy coverage, personal info, selling/servicing agent, etc.)
- All other relevant facts about the complaint and highlights on anything that may have material impact on the case.

8.5.2 Upon receipt of the files, the Complaint Resolution Team reviews the documents.

8.5.3 If the Complaint Resolution Team needs further clarification, they contact the Supervisor/Manager for additional details. The Supervisor/Manager then retrieves or prepares additional information as requested. The Supervisor/Manager, in consultation with higher management, determines if there is a need for any member of the Complaint Resolution Team to meet the client.

8.5.4 As required, the Supervisor/Manager coordinates the meeting with the client and a member (or members) of the Complaint Resolution Team to discuss and try to resolve the complaint.

8.5.5 The Supervisor/Manager, upon completion of the interview/meeting with the client, submits meeting documentation to the Complaint Resolution Team. The document should include factual information, observations, and extenuating circumstances or

relevant considerations. Document should not contain any personal assessment or opinion.

- 8.5.6 The Complaint Resolution Team reviews the additional information provided and makes a final decision.
- 8.5.7 The final decision is relayed to the head of the Second Level Team. The head of the second level team will release a formal reply to the client.
- 8.5.8 Upon resolution of the complaint, all documentation will be returned to the initiating Second line member for filing and safekeeping.
- 8.5.9 If the resolution/recommendation involves release forms to be sent and filled out, special handling procedures to be set up, etc., the Supervisor/Manager will coordinate with the appropriate sections.
- 8.5.10. The Supervisor/Manager ensures that all actions done are properly logged in CRM and the log is immediately closed once the complaint has been fully resolved and addressed.
- 8.5.11. Appropriate Service Recovery steps will be taken as required. See Section 11.

8.6 Turnaround Time

All complaints should be dealt with as quickly as possible. The turnaround time to resolve a complaint is embedded in CRM. (*See section 7 - Classification and Turnaround Time of a Complaint*).

When a case is escalated to the 3rd Level (Complaint Resolution Team), the investigation and reply to the client should be completed within 4-8 weeks. The first four weeks are for the administrative and acknowledgement process, and for the conduct of the investigation. The remaining 4 weeks are for any action required by the Complaint Resolution Team and for the reply to be sent to the client.

In order to meet this target, below is the suggested turnaround time per activity:

- 8.6.1 Supervisor/Manager should forward all documentation to the Complaint Resolution Team within 5 working days from case escalation
- 8.6.2 Supervisor/Manager should ensure that Complaint Resolution Team reviews files, acknowledges receipt of documents, clarifies and requests for additional information and confirms available time for meeting with client (as needed) within 5 working days from receipt of documents.
- 8.6.3 After the Supervisor/Manager sets an appointment and meets with client, he/she then prepares meeting documentation and sends to the Complaint Resolution Team within 2 working days from meeting with the client.

- 8.6.4 The Supervisor/Manager secures additional information from advisor, as applicable; prepares his/her report and submits it to Complaint Resolution Team within 2 working days from receipt of all additional documents, if any.
- 8.6.5 The Complaint Resolution Team considers the Second Level's report and may require additional information to arrive at a final decision. The Complaint Resolution Team should inform Second level team member within 2 days from receipt of the report if they need further information.
- 8.6.6 If no further information is required, the Complaint Resolution Team provides final decision within 5 working days from receipt of the report. If additional information is required, the Complaint Resolution Team provides the final decision within 5 working days from receipt of the additional information.
- 8.6.7 The Complaint Resolution Team informs Second Level member of final decision within 1 working day after the decision is made.
- 8.6.8 Supervisor/Manager sends reply to client within 5 working days from receipt of the final decision.
- 8.6.9 Where resolution of the case cannot be completed within 8 weeks, Second Level member will inform the complainant of the progress. Moreover, to ensure that cases are not overlooked, Supervisor/Manager will monitor progress and will issue reminders as appropriate.

9. Roles and Responsibilities of Business Units

- 9.1 Client Care /Integrated Services Dept.
 - 9.1.1 Investigates and handles resolution of policyholder/plan holders' client service and administration-related complaints
 - 9.1.2 Acts as the company spokesman to and contact point for clients or their personal representatives for policyholder/plan holders'/investor's client service and administration- related complaint
 - 9.1.3 Coordinates investigative actions among operating sections and distribution channel representatives.
 - 9.1.4 Works with the other operating sections to determine resolutions.
 - 9.1.5 Exercises discretion to escalate complaints to the Complaint Resolution Team as necessary.
 - 9.1.6 Undertakes Service Recovery steps and ensures preventive and/or improvement measures are set up *to avoid future recurrence of complaints and improve client satisfaction.*

9.1.7 Prepares regular complaint reports to management.

9.2 Compliance/Legal

9.2.1 Investigates and determines resolutions for compliance-related complaints

9.2.2 Acts as the company spokesman and contact point for the regulatory bodies or clients' representatives

9.2.3 Provides oral statement to police and attends court hearings.

9.2.4 Reviews resolutions proposed by the other business units or Complaint Resolution Team

9.2.5 Provides compliance and legal advice to management upon escalation of complaints by Integrated Services.

9.3 Marketing/Sales

9.3.1 Investigates and determines resolutions for marketing/sales-related complaints

9.3.2 Handles complaints involving threats of media exposure, or complaints coming from the media.

9.3.3 Acts as the company spokesperson to and contact point for members of media.

9.3.4 Coordinates investigative actions among sales members, which may include submission of intermediary's statement or conducting interviews

9.3.5 Coordinates among channel heads service recovery steps and actions within sales and/or marketing contexts.

9.4 Actuarial/Product Development

9.4.1 Provides complex policy/plan value calculations and projections

9.4.2 Provides inputs for complaints with financial and actuarial risks

9.4.3 Helps review the investigation findings, analysis, and resolutions for complaints upon escalation of complaints.

9.4.4 Determines resolutions to complaints jointly with other business units within the organization.

9.5 Complaint Management Team

9.5.1 First Level Members

These refer to all frontline staff and members of Integrated Services who initially handle complaints.

9.5.2 Second Level Members

All Supervisors, Managers and Dept. Heads of Integrated Services who handle escalated complaints.

9.5.3 Complaint Resolution Team **

- Chief Operations Officer
- Chief Agency Distribution Officer
- Head, Client Care
- Head, Compliance
- Legal Counsel
- Head, Risk Management

** Other Officers of the Company who may be included as required.

** The Complaint Resolution Team provides resolutions to complaints escalated from the Second Level Members. This is an adhoc team. Members are identified and called upon depending on the type of case escalated for senior management handling.

10. Handling Premium Offset Related Complaints

Procedures for handling and the level of escalation for related complaints are more detailed and specific. Note, however, that the procedures outlined below (10.1 to 10.7) have been documented for the purpose of business preparedness. *They will be invoked only as required in the future.* Currently, Premium Offset-related complaints follow the regular handling of complaints.

10.1 Initial Handling Procedures (First Level Staff)

- 10.1.1 Client calls/writes/visits Sun Life with Premium Offset-related inquiries. Staff explains or responds with letter and/or brochure using standard scripts/letters.
- 10.1.2 If client inquiry is resolved, staff logs in CRM and closes case.
- 10.1.3 If client remains dissatisfied, staff determines next appropriate response (i.e. immediate pass-on to the second level or written correspondence) and logs case in CRM.

10.2 Second Level Handling Procedures (Supervisor, Manager or Head)

- 10.2.1 Supervisor/Manager/Head tries to resolve complaint (on the phone, face-to-face for walk-in clients, or written response for mailed concerns). If resolved, logs additional handling in CRM.
- 10.2.2 If unresolved, determines next appropriate response – written or face-to-face meeting. Logs additional handling in CRM.

10.3 Third Level Handling Procedures (Response Team)

10.3.1 Criteria for Face-to-Face Interaction

Refer to Section 8.4

10.3.2 Face-to-Face Meeting Procedures

- 10.3.2.1 Head, Client Care determines appropriate person to send from a pool of identified individuals (Response Team)
- 10.3.2.2 Identified Response Team member sets appointment with client.
- 10.3.2.3 Response Team meets with client to try to resolve client's concerns. Maximum allowable no. of meetings to resolve case is two (2).
 - 10.3.2.3.1 If resolved
 - 10.3.2.3.1.1 Response Team sends meeting documentation to Head, Client Care
 - 10.3.2.3.1.2 Client Care - E-services team updates CRM and sends closure letter to client.

10.3.2.3.2 If unresolved

- 10.3.2.3.2.1 Response Team collects further information and documents the client might have to support his/her complaint.
- 10.3.2.3.2.2 Response Team provides a Client Statement form for client to outline his/her complaint(s) and provide details about his/her experience when the policy was sold.
- 10.3.2.3.2.3 Response Team submits meeting documentation to Client Care for input to CRM.
- 10.3.2.3.2.4 Client Care sends an Advisor Statement form to selling advisor. *(In case the selling advisor cannot be reached or is no longer connected with the Company, the servicing advisor will be informed about the status of the complaint.)*
- 10.3.2.3.2.5 Client Care consolidates all case documents and, classifies cases based on collected documents and/or prepares the case file for adjudication.

10.3.3 Written Response – Client Care E-services team

- 10.3.3.1 Sends a reply to the client. The response should include the following:
 - A summary of what was initially discussed, including additional client requests for further explanations, illustrations, computations and alternative policy options.
 - Dividends and Premium Offset brochure
 - A note that in case the client remains dissatisfied with the information provided, client is requested to fill out an enclosed Client Statement form to outline complaint and provide details about his/her experience when policy was sold. Client will also be requested to provide additional documents to support his/her complaint.
 - Date when the client should reply or send the forms back to the Company. Non-receipt of the forms will mean case will be treated as closed.
- 10.3.3.2 Sends an Advisor Statement form to selling advisor *(In case the selling advisor cannot be reached or is no longer connected with the Company, the servicing advisor will be informed about the status of the complaint.)*

- 10.3.3.3 Consolidates all documents and classifies cases based on collected information. Cases are classified as follows:
- a) Cases that do not qualify for further consideration because of lack of supporting evidence
 - b) Cases that are entitled to a remedy based on defined guidelines
 - c) Cases that do not fall under any of the above categories.
- 10.3.3.4 Head, Client Care, sends cases classified as “a)” and “b)” to the Chief Operations Officer for review and approval. If approved, decision is communicated to the client (with Chief Operations Officer as signatory). For cases classified as a “c)”, they are escalated to the Adjudication team.

10.4 Fourth Level Handling Procedures (Adjudication Team)

- 10.4.1 Adjudication Team meets to review and assess all relevant documents submitted and/or information gathered vs agreed upon grading system.
- 10.4.2 Makes decision with corresponding remedy, if any
- 10.4.3 Informs the Client Care on the decision and remedy, if any. Client Care to communicate the decision to the client
- 10.4.4 Head, Client Care ensures decision is logged in CRM

10.5 Investigation Procedures

- 10.5.1 When a case is referred to the 3rd level for handling, Head, Client Care, compiles and sends all complaint documentation to the Response Team. The documentation includes the following:
- A copy of the complaint (if in writing) or a full written documentation of the complaint (if verbal)
 - Contact history, copies of all reply letters, or any documentation relevant to the complaint.
 - Details of the policy and client information (other policy coverages, personal info, etc.)
 - Details of the original selling agent (active or inactive, etc.), if any
- 10.5.2 Upon receipt of the files, Response Team reviews the details of the complaints.
- 10.5.3 If the Response team needs further clarification, they contact the Head, Client Care and request for additional details. The Head, Client Care provides the needed information.
- 10.5.4 A member of the Response Team meets with the client to discuss and try to resolve the complaint. If a resolution is not possible during the meeting, the team will collect all the relevant facts about the complaint using questions in the Client Statement form as a guide. The team will also highlight information that became evident in the course of the discussion, which may have material impact in the investigation of the case.

The Response team will also ask the client to fill out the Client Statement form to further substantiate his complaint. The client should fill out the form personally. If the client is unable to fill out the form during the meeting, he/she can fill it out later and send back within an agreed timeframe. The team will inform the client that non-receipt of the forms will mean his case will be considered as closed and no further action will be made.

10.5.5 The Response team, upon completion of the interview/meeting with the client, submits meeting documentation to the Head, Client Care. The role of the Response team is purely fact-finding and is not to make any judgement call about the validity of the complaint. Therefore, their report should include factual information, observations, and extenuating circumstances or relevant considerations. Document should not contain any personal assessment or opinion.

10.5.6 The Head, Client Care consolidates and classifies cases based on collected information. Cases are classified as follows:

- a. Cases that do not qualify for further consideration because of lack of supporting evidence
- b. Cases that are entitled to a remedy based on defined guidelines
- c. Cases that do not fall under any of the above categories.

Head, Client Care, sends cases classified as "a)" and "b)" to the Chief Operations Officer for review and approval. If approved, decision is communicated to the client (with Chief Administration Officer as signatory) by Integrated Services. For cases classified as a "c)", they are escalated to the Adjudication team.

Head, Client Care prepares and sends all documents for adjudication. Full documentation for adjudication includes the following:

- a. Complaint - A summary of the complaint/concern raised by the complainant.
- b. Background – The full details of the case or events to which the complaint refers.
- c. Investigation - An account of the inquiries and interviews undertaken by the Response Team.

10.5.7 The Adjudication Team reviews case based on the documentation provided and makes final decision.

10.5.8 The final decision is relayed to Chief Operations Officer. E-services team will draft reply with the head of Adjudication team as the signatory.

10.5.9 Upon resolution of the complaint, all the documentation will be returned to the Head, Client Care for filing and safekeeping.

10.6 Turnaround Time

All complaints should be dealt with as quickly as possible.

Once the case is escalated to the 3rd level (Response Team), the investigation procedures and reply to the client should be completed within 4-8 weeks. The first four weeks are allotted for the administrative and acknowledgement process, and for the investigation to be conducted. The remaining 4 weeks are for any action required by the Adjudication team and for the reply to be sent to the client.

In order to meet this target, below is the suggested turnaround time:

- Head, Client Care should forward all documentation to the Response Team within 5 working days from case escalation
- Response Team should review files, acknowledge receipt of documents, clarify and request for additional information and confirm available time for meeting with client (as needed) within 5 working days from receipt of documents.
- The Response Team sets the appointment with the client.
- A member of the Response Team meets with the client
- The Response Team prepares meeting documentation and sends it to Head, Client Care within 2 days after meeting with the client.
- The Head, Client Care secures additional information from agent, if applicable; prepares his/her report and submits it to Adjudication Team within 2 working days from receipt of all additional documents, including Client and Agent Statement forms.
- The Adjudication Team then considers the Response Team's report and may require additional information to arrive at a final decision. The Adjudication Team should inform Integrated Services within 2 days from receipt of the report if they need further information.
- If no further information is required, the Adjudication Team provides final decision within 5 working days from receipt of the report. If additional information is required, the Adjudication Team provides the final decision within 5 working days from receipt of the additional information.
- The Adjudication Team informs Integrated Services of final decision immediately after the decision is made.
- The E-services team will send reply to client within 5 working days from receipt of Adjudication Team's decision.
- Where resolution of the case cannot be completed within 8 weeks, Head, Client Care will inform the complainant of progress. Moreover, to ensure that cases are not overlooked, Head, Client Care will monitor progress and will issue reminders as appropriate.

- This timetable will be regularly reviewed based on actual experience and volume of work received.

10.7 Team Compositions

A. Integrated Services Management

All Client Service Center Supervisors and Managers
 All Client Service Center Hub Heads
 Head, Client Service Center
 All Client Care Supervisors and Managers
 Head, Client Care
 All New Business & Underwriting Services Supervisors and Managers
 Head, New Business & Underwriting Services
 Head, Claims Services
 All Account Services Supervisors and Managers
 Head, Account Services
 Manager, Investor Services
 Head, Investor Services and Project Management
 Chief Operations Officer

B. Response Team

The following individuals are suggested to be members of the Response Team reporting to the Chief Operations Officer.

<u>Member</u>	<u>Language</u>	<u>Location</u>
Head of Compliance	English/Tagalog	Metro Manila
Luzon Client Service Center Hub Heads	English/Tagalog	Metro Manila, Luzon South Luzon
VisMin Client Service Center Hub Heads	English/Tagalog	Visayas Mindanao
ISD personnel	Chinese	Nationwide

A Ps.2,000.00 allowance per meeting with client is allowed. This is intended for either retired advisors/employees subject to liquidation. If Response Team to be sent is a regular employee, this should cover cost of travel by land and other business-related expenses. This allowance is exclusive of cost of travel by air plus cost of accommodations outside Metro Manila.

Members of the Response Team will undergo extensive training in the following areas:

- Dividends and Premium Offset

- Other Dividend-based policy features
- Interaction Management
- Standard Escalation procedures

C. Adjudication Team (suggested)

The following are suggested to be members of the Adjudication Team:

- Chief Finance Officer or appointed representative
- General Counsel or appointed representative
- Head of Compliance or appointed representative
- Chief Marketing Officer or appointed representative
- Chief Agency Distribution Officer or appointed representative

This team will be chaired by the Chief Operations Officer.

11. Service Recovery Process

11.1 Scope

11.1.1 Oral or written Complaints received within Integrated Services.

11.1.2 Complaints related to policy/plan administration matters and client service issues.

11.1.3 Complaints resolved at the first interaction or escalated to level/s higher

11.1.4 Excluded in the scope are:

- a. Complaints that include allegations of some form of mis-selling, non-delivery of the contract, churning/twisting, replacement, failure to properly advise, misrepresentation, or unsuitability of the product. These will be referred to Compliance section for further handling
- b. Premium Offset-related complaints.
- c. Claims and Underwriting decision-related complaints
- d. Complaints coursed through SEC, media, IC, etc. Frontliners should not attempt to resolve such complaints but should immediately escalate to the designated persons as follows.

Business	Contact Persons	
	Media-Related	Regulatory-Related
Life Mutual Fund Preneed	Chief Marketing Officer, or appointed representative	General Counsel, or appointed representative

- e. Non-escalated Billing Notices (temporarily)

11.2 Procedures

Service Recovery staff will use CRM's Complaint Summary Report as basis for service recovery activities.

11.2.1. Non-Escalated Complaints – resolved at the First Level Staff (Phone, Face-to-Face, Correspondence)

- Service Recovery staff generates a monthly report through CRM on all non-escalated and resolved complaints every end of the month.
- Service Recovery staff makes two follow-up calls to all clients within 7 days from receipt of CRM report. (See Service Recovery Script)
- Service Recovery staff sends a follow-up letter if two follow-up calls were unsuccessful (See Service Recovery Letter)

11.2.2. Escalated Complaints - Resolved at the Next level & Further Escalated Complaints – Resolved at the Committee Level (Phone, Face-to-Face, Correspondence)

Service Recovery staff generates CRM report on all escalated and further escalated complaints received in her section on a daily basis. Each department head in ISD assigns a Service Recovery staff who will monitor pending complaints handled by his/her area.

For Pending Escalated and Further Escalated Complaints

- Monitors and follows up pending and aging complaints within his/her section.

For Resolved Escalated and Further Escalated Complaints

- Makes two follow-up calls to all clients with escalated complaints within 48 hours from resolution of the case
- Sends a follow-up letter if 2 follow-up calls were unsuccessful.

** If there are several designated service recovery staff in a specific area, the number of complaints reported for the month will be divided equally among them.

11.3 Service Recovery Process Steps

- 11.3.1 Apologize/Acknowledge - Apologize sincerely to the client right away. There is no need to ask the client to formally write his/her complaints. The complaint report will serve as supporting document

11.3.2 Listen, empathize and ask open-ended questions. Empathize and reassure client. Take action and tell the client what is going to be done. Expedite solutions.

11.3.3 Fix the Problem quickly and fairly - Send a letter to the client (within the agreed turnaround time) after the promised action was done (See Service Recovery Letter)

- Offer atonement (if applicable) – see Amends Matrix
- Keep your promises.

Note:

Service Recovery staff to determine which is the fastest way of contacting the client: e-mail, snail mail, phone, etc. to make sure the client receives our service recovery-related correspondences the soonest.

11.3.4 Document all service recovery steps taken in CRM.

11.4 Reporting

11.4.1 Service Recovery staff generates the Service Recovery report monthly.

11.4.2 A copy of the report is included in the Integrated Services’ monthly Response Report.

11.5 Analysis and Recommendation

Process Management tracks trends in complaints, makes general recommendations for improvements and provides monthly report to the Integrated Services Management group.

11.6 Sample Amends Matrix and Recovery Kit

(NOTE: This is not an exhaustive list. Table below is just meant to provide an idea of possible amends to offer clients.)

LOB	TYPE OF COMPLAINT	NATURE OF COMPLAINT	SUBNATURE OF COMPLAINT	SEVERITY OF ERROR*	PROPOSED AMENDS/TOKENS	APPROVERS
LIFE INSURANCE	ESCALATED	POLICY/ PLAN HOLDER SERVICES	BANK NOT ACCEPTING PAYMENT	LOW	- Personal apology through phone	Requires no approval
			DELAYED/ UNPOSTED PAYMENT	MEDIUM	- Personal apology through phone - Tokens Cost range: Ps. 100.- Ps. 300.	Supervisor

LOB	TYPE OF COMPLAINT	NATURE OF COMPLAINT	SUBNATURE OF COMPLAINT	SEVERITY OF ERROR*	PROPOSED AMENDS/TOKENS	APPROVERS
			DISPUTES OVER POLICY QUOTES	HIGH	<ul style="list-style-type: none"> - Personal apology through phone - Follow up letter signed by Head or Client Management Manager with special token - Special considerations such as waiver of interest charges, accommodations beyond the usual business practice, i.e. PO backdating, reinstate even beyond allowed time limit, etc. - Special amends such as Accidental Death Benefit worth Ps.20, 000.00. 	Manager or Head

• **Legend:**

Low : Error committed once, low impact on client

Medium : Error committed is associated with another error; second occurrence of the same error regardless of impact

High : Error committed is compounded by another error or several errors committed; 3rd or more occurrences of the same error; involved "influential" or "VIP" client

11.7 Impact Matrix

IMPACT OF ERROR	FIRST OCCURENCE	SECOND OCCURENCE	THIRD OCCURENCE	MORE THAN 3 OCCURENCES
Caused change in policy values (e.g. lapsed status, underwent APL, inaccurate div amounts, etc.)	Medium	High	High	High
Caused client to doubt integrity of records of the company	High	High	High	High
Caused client to doubt professionalism of staff and agents	High	High	High	High
Caused inconvenience and hassle to the client	Low	Medium	High	High

Note:

This Matrix should be used in conjunction with Amends Matrix to determine the severity and impact of the error. Together, they should serve as a guide to Service Recovery staff in determining the kinds of service recovery steps to make.

11.8 Service Recover Script (telephone call)

OPENING

Good Morning/Afternoon! May I speak with Mr./Ms._____?

BODY

Sir/Ma'am I am _____ from Sun Life Financial. This is regarding (state details of concerns/complaints) which you brought to our attention on (date of complaint).

We are sorry for the inconvenience it has caused you. We would like to inform you that "state what has been done to resolve the concern, or if the concern is still unresolved, provide update on what has been done so far and approximate time when situation will be resolved, etc., or what has been done to prevent similar case in the future, if any"...

(Only if with token)

In addition, we would like to present you a (token or amends) as our way of saying thank you for your continued patronage and for bearing with us. **(State how we can deliver the token/gift).**

Is there anything else I can help you with?

<IF No>

Thank you very much, Mr. Mrs_____,.

<IF Yes>

Thank you for that info, Mr./Ms. I will get back to you about this on or before (state day/time).
When is the best time for us to call you?

(take note of client's preferred time).

CLOSING

If you have further concerns, please feel free to call me. My number is:

Goodbye and have a nice day.

11.9 Service Recovery Letter

Dear Ms./Mr.

This is with regards to (state details of concerns/complaints) which you brought to our attention on (date of complaint).

We are sorry for any inconvenience it has caused you. We would like to inform you that "state what has been done to resolve the concern, or if the concern is still unresolved, provide update on what has been done so far and state the approximate time when it will be resolved, etc., or state what has been done to prevent similar case in the future, if any"...

(Only if with token)

In addition, together with this letter is a (state token or amends) as our way of saying thank you for your continued patronage and for bearing with us.

We would also like thank you for letting us know your concern. We will certainly use it as springboard for continuous improvements.

Please continue to let us know how we can serve you better. Should you need further assistance, please email us at sunlink@sunlife.com. You may also contact our Client Care, SUNLINK, at telephone no. 849-9888. If you are calling from the province, you may call us using our toll-free at 1-800-10-SUNLIFE (1800- 10-78-65433) from any PLDT line. Our business hours are from 8:00 AM to 7:00 PM, Mondays to Fridays.

Sincerely yours,

12. Complaint Tracking/Monitoring/Reporting

12.1 Complaint Tracking and Monitoring

All client service and administration-related complaints are logged in and tracked through CRM.

- 12.1.1 Compliance-related complaints received through the Client Care and Client Service Centers are referred to Compliance. The complaint is logged in CRM as an “escalated” complaint with a final resolution of “escalated to Compliance”.
- 12.1.2 Complaints from regulatory bodies and/or media received through the Client Care and/or Client Service Centers are immediately directed to Marketing and/or Legal Department. The complaint is logged in CRM as an “escalated” complaint with a final resolution of “escalated to Marketing” or “escalated to Legal”. If there are additional documents related to these complaints, these are also attached to the log in CRM.
- 12.1.3 Complaints initially received at the Client Care and Client Service Centers are logged by the staff who initially handled the complaint. The Supervisor and/or Manager of these areas ensures the complaints are handled and resolved following procedures indicated in Section 8 of this manual and within the agreed upon turn-around time.
- 12.1.4 Complaints initially received by other sections within Integrated Services Department (Claims, New Business, Account Services etc.) are logged in CRM by the staff who initially handled the complaint or by an assigned staff in these areas with CRM access. The Supervisor and/or Manager of these areas ensures the complaints are handled and resolved following procedures indicated in Section 8 of this manual and within the agreed upon turn-around time.

All sections in Integrated Services Department should have at least one CRM access. If this is not possible, the staff who initially handled the complaint documents the complaint details, actions and resolution in coordination with his/her Supervisor/Manager and asks Integrated Services Dept staff who has CRM access to log the complaint in CRM.

12.2 Management Reporting

- 12.2.1 Client Care submits the Complaints and Service Recovery reports every 10th of the month to the Chief Operations Officer and Process Management Department. These reports are included in the monthly Response Report.
- 12.2.2 Client Care submits a Detailed Report on all Complaints received and frequencies for the month to the Compliance Dept.
- 12.2.3 The Process Management Department is responsible for distributing the Response Report to the appropriate parties. It is also responsible for analyzing complaints

received and making recommendations to higher management for continuous improvement processes.

12.3 List of Reports

NAME OF REPORT	SUBMITTED TO	WHEN
Details of all Complaints Received for the Month	Compliance Dept.	10 th of the following month
Service Recovery Report	Integrated Services Management	10 th of the following month

12.4 Report Formats

12.4.1 Complaints Monitoring and Details of Complaints

See attached Complaints Monitoring Report and Details of the Complaints Report



Complaints Monitoring Report



Complaints - Details

12.4.2 Service Recovery Report

See attached Service Recovery Report



Service Recovery Report

12.5 Confidentiality of Information

General guidelines in Dealing with Information are to be followed when handling complaints. These guidelines are indicated in Sun Life's Code of Business Conduct, "Acting Ethically". Specific sections relevant to complaints handling are "Keeping Information Confidential" and "Maintaining Privacy".

13. Staff Training

All frontline staff are required to undergo “Beyond Customer Service Expectation” Training. This program teaches complaint handling techniques and skills.

Senior staff (more than 1 year as an Associate) are also required to attend and undergo advanced Interpersonal training designed to effectively deal with and meet the demands of a variety of clients, including complainants and difficult clients.

All Integrated Services Department staff are given regular complaint handling-related orientations such as complaint classification, complaint logging procedures, etc. They are also given detailed orientation on this manual.

14. Review and Approval

This manual is reviewed and approved by the Integrated Services Management. It is updated annually every end of the third quarter.

15. APPENDIX

15.1 COMPLAINT HANDLING FLOW CHART



