COMPLAINT PROCESSING AND DISPUTE RESOLUTION POLICY

JULY 2025

CORPORATION :	Canassurance Insurance Company
REVISION CYCLE :	3 years
ACCESS LEVEL:	Public
OWNER :	Complaints Officer

TABLE OF APPROVED VERSIONS

VERSION*	DATE OF APPROVAL (AND APPROVING BODY)	NAME OF THE APPROVED POLICY
1.0	January 2006	Complaints Management Policy
2.0	December 2016	Complaints Management Policy
2.1	September 2018	Complaints Management Policy
3.0	September 2019	Complaints Management Policy
4.0	July 2025 (Adoption by the Governance and ethics committee in September 2025)	Complaint Processing and Dispute Resolution Policy

*The subsequent version voids and replaces the previous version, which may have a different name. For example, version 3.0 replaces version 2.0, even if the policy had a different name.

CONTENTS

1. OBJECTIVES

Canassurance Insurance Company, operating under Quebec Blue Cross and Ontario Blue Cross brand names (hereinafter “Blue Cross”) has implemented the present Complaint Processing and Dispute Resolution Policy (hereinafter the “Policy”) in accordance with the *Regulation respecting complaint processing and dispute resolution in the financial sector* of the Autorité des marchés financiers (hereinafter the “AMF”).

The purpose of this Policy is to enable a client to have a complaint about a product or service handled promptly and fairly.

This Policy is intended to establish a framework for :

- Implementing a complaint processing service that is free, accessible and easy to use for our clients ;
- Providing detailed information to clients so they understand how their complaints are processed ;
- Managing complaints, from receipt to resolution.

The Policy is also intented to help improve the services provided by Blue Cross by enabling us to identify causes common to the complaints we receive and implement solutions to correct problem situations.

Clients may consult a summary of this Policy on our website or obtain a copy by contacting us.

2. SCOPE OF APPLICATION

This Policy applies to Blue Cross as well as to assistance services rendered by CanAssistance on behalf of Blue Cross.

3. DEFINITION OF A COMPLAINT

A complaint expresses a client’s reproach or dissatisfaction in respect of the services or products offered by Blue Cross and the client’s expectation that Blue Cross will take steps to address the complaint (e.g., when they expect compensation or an apology from us or ask us to take steps to address or put a stop to the situation giving rise to the complaint).

Certain communications are not considered complaints

The following are not complaints:

- A request for information or materials in respect of an offered product or service ;
- A claim for an indemnity or an insurance claim ;
- A request for correction of a clerical error or mistake in calculation, such as an error transcribing information or mistake in calculating an amount owed ;
- A request for access or amendment of personal information ;

- Comments or feedback about our firm.

Please note that we do, however, consider a request to correct a clerical error or mistake in calculation to be a complaint when the error or mistake has further consequences for the client or for several clients.

4. COMPLAINTS OFFICER

Our Complaints Officer makes sure the complaints received by Blue Cross are processed fairly and that the Policy is respected and implemented, in particular so that :

- Our management and staff understand and apply our complaint processing Policy;
- Our clients can readily obtain information on how we deal with complaints and the processing of their complaints;
- Our staff does the necessary follow-up to ensure our clients' complaints are processed properly;
- The persons tasked with processing complaints have the necessary competence to process the complaints assigned to them;
- Each complaint is treated objectively and processed in a manner that considers the client's interests.

5. STEPS IN THE COMPLAINT PROCESS

We process each complaint objectively while considering the interests of the complainant, and we communicate with complainants in clear and plain language.

5.1. TO FILE A COMPLAINT

You can contact us at any time to obtain information on how complaints are handled, to formulate a complaint or to obtain assistance in making your complaint.

As a first step, we suggest that you contact Customer Service for an explanation of any dissatisfaction with a service or product.

Customer service
Quebec : 1-888-822-5383
Ontario : 1-866-732-2583

If you remain dissatisfied, send your complaint or request for assistance in formulating your complaint to the following address:

By mail
Complaints Officer

Blue Cross Canassurance
1981, McGill College avenue, suite 105
Montreal, (Quebec) H3A 0H6

OR

By email
responsableplaintes@qc.croixbleue.ca
disputeofficer@ont.bluecross.ca
Mailing is recommended, as e-mail is not a secure transmission method.

We recommend using our complaint form. If you do not use this form, please indicate the word “complaint” at the top of your letter.

5.2. WE DETERMINE IF THE COMMUNICATION RECEIVED BY US IS A COMPLAINT

When a client expresses a reproach or dissatisfaction, we determine whether what is communicated is a complaint by considering and assessing all the elements provided by the client. If there is any uncertainty, we contact the client to better understand the situation and assess whether the client is making a complaint.

We assist clients in properly filing their complaints by, for example, asking them questions to better understand the situation. We also make sure we understand what they are expecting from us so that, among other things, we know what they are asking for (e.g., a correction, a refund, an apology, etc.).

When the complaint involves another stakeholder

When analyzing a complaint, if we find that the complaint affects another stakeholder, we :

- Inform the client of this fact;
- Explain the extent to which the stakeholder’s contact information, if any;
- Provide the client with the stakeholder’s contact information, if any;
- Invite the client to also file their complaint with the other intermediary or insurer (without withdrawing it for our firm).

5.3. WE TAKE CHARGE OF THE COMPLAINT

Each time a complaint is received, it is entered in our complaints register.

We make sure complaints are assigned quickly and processed in a timely manner.

Depending on the complexity of your complaint, we may be able to handle it using the simplified process. If we are unable to resolve your complaint using this process, or if the

nature or complexity of your complaint does not lend itself to this, it will be handled using the regular process.

5.4. SIMPLIFIED PROCESS

This process is used for complaints that we can resolve to the satisfaction of clients within 20 days.

We consider a complaint to be resolved to the satisfaction of the client when the client accepts our proposed solution to their complaint or when the explanations we provide are sufficient to resolve the complaint.

Under the simplified process, complaints may be referred to a member of our help desk team. In addition, a written acknowledgment of receipt or written final response does not have to be sent to the client. The person that handles the complaint can process it verbally (e.g., in a phone call).

The person who processes the complaint, must, for each complaint ;

- Inform the client that their complaint has been received and that they have the right to request to have their complaint record transferred to the AMF (within 10 days);
- Provide the client with our response and the proposed solution to their complaint (within 20 days).

These exchanges may be summarized in a document placed in the complaint record or may be recorded in full in the complaint record. The complaint record, including the information used in processing and resolving the complaint, may be kept in the client record.

If we determine that a complaint cannot be resolved to the client's satisfaction within 20 days, the client is informed of this by way of a written notice sent before the end of the 20-day period.

5.5. HANDLING BY THE COMPLAINT HANDLING TEAM

Written acknowledgement of receipt

The Complaints Officer, or a member of his team, confirms receipt of the complaint in writing within 10 days, and informs the client of his right to have his complaint file examined by the AMF. They will also provide information enabling the client to be informed of the deadline for a response or for requesting information concerning the handling of his complaint.

Complaint file

We create a record for each complaint and make sure it remains current by adding the relevant documents and information to it as the complaint is being processed.

The complaint record is kept for the same retention period as the client record and in accordance with our Privacy Policy.

Complaint analysis

The person who analyzes the complaint must obtain all the information required to process the complaint by requesting additional information from the client or asking members of our staff or the representative to provide the information or documents required to analyze the complaint.

Written final response

A final response is provided in writing within 60 days.

Our final response can take one of three forms, We may:

- Offer the client what they are asking for (e.g., correct a situation, provide a refund, apologize, etc.);
- Propose a solution that gives the client some of what they are asking for or offer an alternative solution: we try to seek common ground;
- Reject the client's complaint if our analysis shows that the complaint has no merit or cannot be resolved.

In our response to the client, we explain how we analyzed the complaint and what led to our response and the proposed solution to the complaint. The client is also reminded of their right to request to have their complaint record examined by the AMF.

Communications with the client do not end when we provide our response. If the client contacts us, we continue to respond by, among other things, answering their questions, following up on their comments or allowing them to submit new facts that are relevant to the processing of their complaint.

Extension of the period for providing our response

The person analyzing the complaint may find that the complaint is taking more time or is more complex to process than anticipated and may therefore determine that additional time is required for the analysis. The additional time may not exceed 30 days.

An extension of time may be warranted where:

- Circumstances beyond our control delay the processing of the complaint, (e.g., when documents, such as statements or reports, need to be obtained from a third party in order to analyze the complaint);
- Exceptional circumstances arise that warrant an extension of the complaint analysis period (e.g., when we experience a sharp increase in our complaint volume following a natural disaster).

In such an event, the person analyzing the complaint will notify the client in writing on or before the date the response was expected to be provided to them.

Assessment of the offer and resolution of the complaint

When we propose a solution to a client complaint, we give the client a reasonable amount of time to assess our offer. The amount of time has to reflect the complexity of the complaint and provide the client with sufficient opportunity to seek advice for the purpose of accepting or rejecting our offer or presenting a counteroffer.

Once we reach an agreement with the client to resolve their complaint, we must give effect to the offer within 30 days. We may agree upon a different time period with the client provided it is in the client's interest.

We never require a complainant to withdraw another complaint they have filed with us. Moreover, we never attach to an offer conditions that are intended to prevent the client from:

- Exercising their right to have their complaint record examined by the AMF;
- Communicating with the AMF, the Chambre de la sécurité financière, the Chambre de l'assurance de dommages or the Canadian Investment Regulatory Organization.

Examination of the complaint record by the AMF (Quebec) or the OmbudService for Life and Health Insurance (other provinces)

Clients have the right to have their complaint reviewed by the AMF (Quebec) or the Ombudsman for Life and Health Insurance (other provinces) if they are dissatisfied with the way we handle their complaint or with the response we have provided.

Clients may ask us to transfer their complaint file, or they may contact the AMF or the Ombudsman directly. In all cases, we ensure that the file is forwarded within 15 days of receipt of the request.

6. COMPLAINTS REGISTER

When we receive complaints, we promptly enter them in a register.

We record in the register information that will enable our officers to be apprised of the complaints we receive and any follow-up we do.

We make sure to keep our register up to date.

7. CONTINUOUS IMPROVEMENT

The complaints process enables us to continuously improve our services.

We address the issues at the root of the complaints. We assess, in particular, the causes common to the complaints we receive. This enables us to better understand the concerns expressed by our clients, identify problem situations, and take appropriate corrective action.

We report on a half-yearly basis on the following elements to our officers with regard to the complaints we have received:

- the number of complaints received and processed and our responses to them ;
- the causes common to the processed complaints and the problem situations identified when determining those causes ;
- issues related to the implementation and dissemination of, and compliance with, the Policy.

We use the information to target recurring issues that are flagged.

8. ROLES AND RESPONSIBILITIES

8.1. OUR REPRESENTATIVES AND EMPLOYEES

Any representative or employee who receives a complaint must promptly send it to the persons tasked with processing complaints. The representative or employee must cooperate in the processing of any complaint and provide any documents or information required to process the complaint.

8.2. OUR STAFF ASSIGNED TO PROCESSING COMPLAINTS

A person tasked with processing a complaint must not process it if they cannot do so in an objective manner. They must ensure they have the required competence or knowledge to process the complaint and, if necessary, seek assistance from individuals who can help them ensure the processing of the complaint. They must also gather the information or documents needed to analyze the complaint from our staff. If necessary, the person contacts the client to obtain clarification regarding their expectations or the situation giving rise to the complaint.

8.3. OUR RESPONSIBILITY AND THAT OF OUR OFFICERS

We make sure all our staff are familiar with our Policy and everyone knows what their responsibilities are. For example, we provide a copy of our Policy to all staff at the beginning of their employment and inform them whenever there is a change to our policy or complaint processing practices.

We develop the procedures and implement the processes required to handle the complaints we receive and see to it our staff responsible for processing complaints receives proper training. We designate a complaints officer after ensuring that the person has the necessary competence to fulfill their responsibilities. We also ensure that

our staff and officers cooperate in the processing of complaints.

9. EFFECTIVE DATE, ACCOUNTABILITY AND REVISION

This Policy applies from the date of its approval by the appropriate Committee of the Board of Directors, and will remain in force until a subsequent amendment is formally approved by the latter.

A semi-annual report on the application of this Policy is submitted to the Committee.

The Committee will review the Policy every three (3) years, or sooner if required.