ONTARIO BLUE CROSS™

CORPORATE POLICY FOR MANAGING COMPLAINTS AND COMMENTS

In an effort to continue providing its customers with top-quality services, Blue Cross® has introduced a complaints and comments management policy.

The purpose of this policy, which is in accordance with The Financial Services Commission of Ontario, is to ensure that all customer complaints of dissatisfaction with products or services are processed appropriately.

SCOPE OF THE POLICY

A comment is a constructive suggestion (be it positive or negative) aimed at correcting a specific problem, provided the problem is resolved in the course of the organization's normal activities. A comment is not a complaint.

A complaint is the expression of dissatisfaction with products or services provided by Blue Cross. A complaint can be filed verbally or in writing.

PROCESS AND STEPS TO FOLLOW

STEP 1: *Ask for explanations*

The first step consists of contacting the Customer Service Department for an explanation of why the specified product or service was unsatisfactory.

Customer Service Department:

- Travel insurance: 1 800 873.2583
- Health insurance: 1 866 722.3444

STEP 2: *Request a review*

In the event the explanation provided by the Customer Service Department is not satisfactory, contact the Customer Service Department or the person directly in charge of the business sector involved to request a review of your file.

STEP 3: *File a complaint*

If you are still dissatisfied with the decision made or the manner in which your file was processed, you can file a formal written complaint with the Consumer Complaint Officer at the following address:

Consumer Complaint Officer
Ontario Blue Cross
185 The West Mall, Suite 610
Etobicoke, Ontario. M9C 5P1
E-mail: complaint@ont.bluecross.ca

It is important that you file your complaint in writing and make sure you write "complaint" on the envelope. Provide your contact information and describe your complaint, the procedures you have already followed and the response you have received. Please indicate your arguments and the solution you require.

Upon receipt of a formal complaint from a customer, the file is submitted to the complaints officer.

a) An acknowledgement of receipt will be sent to the customer within five days following receipt of the written complaint.

b) The acknowledgement of receipt will include:

- a description of the complaint received;
- the expected time frame for processing the complaint;
- a notice indicating alternative dispute-resolution mechanisms available to you in the event you remain dissatisfied with the manner in which your complaint has been processed or the result of the review;

The complaints officer will ensure that the company's decision, including the reasons, is sent to you in writing.

STEP 4 : Transfer of complaint

If you are still not satisfied with the process or the response:

a) you may ask our complaints officer to forward a copy of your file to the *OmbudService for Life & Health Insurance (OLHI)* for an independent third party review.

b) the customer is entitled to exercise this right only after the deadline for receiving a final response has expired. Such action must be taken within a year of receipt of the response.

CREATION AND MAINTENANCE OF A REGISTER

A complaints register has been created in order to ensure the policy is applied. Information on complaints that comply with the Financial Services Commission of Ontario definition of a complaint has been entered into the register and will be updated by the complaints officer.

REPORTS SUBMITTED TO THE FSCO

The complaints officer submits a report on the complaints filed during the pre-determined period to the Financial Services Commission of Ontario.

EFFECTIVE DATE

The policy was reviewed on August 1, 2006.