

Policy on Protection of Policyholders' Interests

Niva Bupa Health Insurance Company Limited

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Policy Owner:	Head - Customer Services
Reviewed by:	Director - Operations & Customer Service Director and Head – Legal Compliance and Regulatory Affairs

1. Introduction

- 1.1 At Niva Bupa Health Insurance Co. Ltd. (“Company”, “Niva Bupa”), our vision is ‘To become India’s most admired health Insurance Company’. Our mission is ‘To help customers live healthier and more successful lives’. We are committed to treating our customers fairly by providing them with exemplary service.
- 1.2 The IRDAI (Protection of Policyholders’ Interests) Regulations, 2002 and clarifications/guidelines issued there under have been superseded by the recent IRDAI (Protection of Policyholders’ Interests) Regulations, 2017 dated June 22nd, 2017 (“**Regulation, 2017**”). Regulation 2017 requires Insurers to have a Board approved policy for the ‘Protection of Interests of Policyholders’.

2. Ownership of the Policy

The said policy shall be owned by Head - Customer Services of Niva Bupa Health Insurance Company and will have the responsibility to implement and ensure compliance to this Policy.

3. Definitions

“**Board**” means the Board of directors of the Company.

“**Bank Rate**” means “Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due”;

“**Complainant**” means a policyholder or prospect or any beneficiary of an insurance policy who has filed a Complaint or Grievance.

“**Complaint**” or “**Grievance**” means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities.

Explanation: An inquiry or request would not fall within the definition of “Complaint” or “Grievance”.

Policyholders Protection Committee (PPC) means the Company’s Board appointed committee to oversee the various compliance requirements in relation to the protection of policyholders’ interests.

4. Scope

The scope of this policy shall include the following:

- Steps taken by the Company for enhancing insurance awareness so as to educate prospects and policyholders about insurance products, benefits and their rights and responsibilities (Section 5 below).
- Service parameters for various services rendered by the company (Section 6 below).
- Procedure for expeditious resolution of complaints/grievances (Section 7 below).
- Steps taken by Niva Bupa to prevent mis-selling and unfair trade practices at point of sale and service (Section 8 A below).
- Steps taken to ensure that during a policy solicitation and sale, the prospects are fully informed

and made aware of the benefits of the product being sold vis-a-vis the product features attached thereto and the terms and conditions of the product so that the benefits / returns of the policy are not mis-stated / mis-represented (Section 8 E below).

The supporting policies and practices to meet the above requirements have been detailed in the ensuing sections.

5. Insurance awareness

Insurance Awareness has been an area of focus for Niva Bupa since inception and special attention has been given to this initiative.

Niva Bupa insurance awareness policy was formulated in April 2014 and gets renewed periodically , with the aim to improve awareness and understanding of health insurance for its – customers, distribution intermediaries, employees and amongst people in general.

The awareness policy includes campaigns and new initiatives to be taken by Niva Bupa to spread awareness amongst prospects and policyholders about insurance products, benefits and their rights and responsibilities. Such activities and their effectiveness shall be reviewed quarterly by the PPC.

The policy not only aims to educate consumers on the health insurance category and its increasing relevance in modern unhealthy lifestyle, but also focuses on educating them on the importance of having “adequate coverage” for them and their families. The company is committed to being customer-focused, equitable and fair in dealing with its stakeholders. It believes in continuously educating consumers on the importance of leading healthier and hence more successful lives and at the same time understand health insurance need basis their life stage. The policy includes the steps taken for raising awareness about health insurance product benefits to the customers and the insurance awareness schedule that the company will follow all through the year.

6. Services parameters and turn-around-time

Niva Bupa adheres to the following policyholder servicing turnaround times which are in line with regulatory requirements. These turnaround times are displayed on the corporate website as well as every branch office of Niva Bupa. All these turnaround times are monitored on a regular basis, outages if any, are tracked by management on a monthly basis.

Policyholder Service turnaround time	Turnaround Time	Turn Around time to be calculated from
	(Calendar Days)	
General		
Processing of proposal and communication of decisions including requirements/issuance of policy and/or cancellations	15 days	Date of receipt of the proposal or any requirement called for, whichever is later
Obtaining copy of the proposal form post acceptance of proposal	30 days	Date of acceptance of the proposal

Post policy issuance service requests concerning mistakes/refund of proposal deposit and also non-claim related service requests	10 days	Date of identification of error/receipt of request, whichever is later
Proposal refund in case of cancellation	15 days	Date of underwriting decision/receipt of request for cancellation of proposal, whichever is later
Request for policy cancellation with free-look period	15 days	Date of receipt of request/last necessary document, whichever is later
Health Insurance Claims – Reimbursement		
From the date of receipt of last necessary document (no investigation)	30 days	Date of receipt of all relevant papers and clarifications under death claim
From the date of receipt of last necessary document (with investigation)	45 days	Date of receipt of last necessary document
Grievances		
Acknowledge a grievance	3 Working days	Date of receipt of Grievance
Resolve a grievance	15 days	Date of receipt of Grievance

In case the request does not get processed within the above mentioned timelines, a policyholder can contact at <https://rules.nivabupa.com/customer-service/>

The Company shall display the above service parameters and turnaround times in its website and keep the same updated as and when the service parameters are revised.

In case of delay in the payment of a claim beyond the stipulated regulatory TAT mentioned in above table as mentioned in the Regulations 2017, the insurer shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

7. Procedure for expeditious resolution of Grievances and Complaints

Niva Bupa Grievance Management Policy is formulated and reviewed regularly with the aim to define effective grievance redressal procedure and mechanism to resolve complaints and grievances of policyholders, claimants efficiently and with speed.

8. Strengthening market conduct

A. Curbing mis-selling and explaining benefits of products:

To reduce mis-selling of insurance policies, Niva Bupa shall take the following steps, as applicable:

- All Agents shall be trained on market conduct during on-boarding to help them understand diligence norms to be followed during policy solicitation.
- Intermediaries and agents are being trained to recommend need based product solutions to customers.
- Periodic workshops to be conducted on compliance awareness for sales employees
- Insurance advisor's report shall be a part of proposal form to further enhance the quality standards of policy solicitation and advice given to prospects.

- Disciplinary actions against distributor/salesperson if mis-selling is found. These mechanisms shall undergo continuous evolution and modifications against the changing backdrop of sales practices, customer on-boarding processes and mis-selling related grievances.

B. Steps in case of misconduct or mis-selling complaint and consequence management:

- A process for investigation of a mis-selling allegation should be followed.
- There is a whistle blower policy, code of conduct policy and fraud & abuse policy in place, action is taken in accordance with the consequence management defined in these policies.

Niva Bupa may also conduct mystery shopping from time to time on the solicitation process to identify improvement areas in its significant channels of distribution.

C. Steps taken to ensure full disclosure during policy solicitation:

- Prospectus and policy document (Terms and Conditions) are readily available on Niva Bupa’s website with UIN details. All the product features, benefits, waiting periods, exclusions and claim related requirements are explained in these documents.
- Brochures are also prepared in electronic & physical copies; simple & petite formats so that prospects can quickly read and understand the key benefits, waiting periods and exclusions in the product before concluding a sale.

9. Governance

To protect the interests of policyholders and in-line with the prescribed guidelines, Niva Bupa has set up a Policyholder Protection Committee (PPC), reporting to the Board. The PPC would review trends on all these aspects as per frequency below and recommend improvements in processes and controls to address policyholders’ protection. The Committee is also responsible for ensuring compliance to statutory requirements as laid down in the regulatory framework and adequacy of disclosing of ‘material information’ to the policy holders.

Item	Frequency of review and noting
Insurance awareness activities	Quarterly
Services parameters and turn-around-time and any exceptions to these parameters with root cause analysis	Quarterly
Grievance resolution trends	Quarterly
Strengthening market conduct	Quarterly

Management shall also conduct ‘Customer Council’ meetings, chaired by the CEO focusing on issues impacting policyholders’ interests. The objective of this council shall be to define the architecture of customer experience management, explore disruptive innovation to build customer experience as a competitive advantage, define the purpose and behavioral building blocks for related functions, oversee effective employee engagement and equip and empower employees.

The executive leadership team of Niva Bupa, including the CEO and the company’s Grievance Officer, shall review grievance details (e.g. number, nature of grievance and resolution).