

BUSINESS USE



Complaints Management Policy

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Complaint Management Policy

Policy Statement

This policy establishes the principles for the efficient and fair resolution of all Complaints received by Avant.

Avant is committed to promoting a positive complaint management culture which acknowledges our members' and clients' right to complain and which actively seeks feedback.

The Policy has been developed to incorporate the principles outlined in the Australian Standard AS ISO 10002-2022 "Guidelines for complaint management in organisations" and ASIC Regulatory Guide 271 "Internal Dispute Resolution" (RG271).

This Policy will be reviewed every 2 years, or from time to time as required.

Purpose

The purpose of this Policy is to:

- a. Protect our members' and clients' rights to complain;
- b. Provide information about the Complaint Management System, including the principles underpinning the system;
- c. Provide an appropriate means for resolving Complaints; and
- d. Monitor Complaints and provide insights to management.

Scope

This Complaint Management Policy relates to the activities of Avant Mutual Group Limited (ABN 50 123 154 898) and its related bodies corporate (collectively referred to as 'Avant'). This includes:

- Avant Insurance Limited, ABN 82 003 707 471;
- The Doctors' Health Fund Pty Limited, ABN 68 001 417 527 ; and
- Doctors Financial Services Pty Limited ABN 56 610 510 328
- Avant Doctors' Finance Pty Limited (ACN 637 769 361); and
- Avant Doctors' Finance Brokers Pty Limited (ACN 640 406 784).

References to the Board(s) and to officers and staff of Avant are references to the Board(s), officers and staff of each company at Avant.

Complaint Management System

This Policy has been developed in accordance with the following key principles of Avant's Complaint Management System:

- a. Commitment to the efficient and fair resolution of Complaints;
- b. Fairness to both the Complainant and the person complained about;
- c. Facilitating access;
- d. Publicising the Complaint Management System to members, clients and staff;
- e. Responsiveness in dealing quickly and courteously with Complaints; and
- f. Actively seeking to provide solutions and remedies.

All Complaints received by Avant are treated seriously and in the strictest confidence.

What can you complain about?

A Complaint may relate to any aspect of Avant's services or products and may include any one of the following:

- a. failure to provide adequate disclosure, including failure to provide a financial services guide, statement of advice or product disclosure statement;
- b. incorrect, insufficient or misleading information about costs or fees, or about the product or services provided to you;
- c. failure to provide membership or insurance cover;
- d. failure to indemnify a claim;
- e. unlawful cancellation of membership or an insurance contract;
- f. changes to premium and risk rating assessments;
- g. conditions imposed in an insurance contract, loan contract or other contract in relation to a product or service you have with Avant;
- h. advice you received or that was not provided to you about a credit, loan or finance product or service that may have been inappropriate or misleading;
- i. transactions such as incorrect or dishonoured transactions, mistaken payments or unauthorised transactions or charges that were incorrectly applied, or costs that were calculated or charged incorrectly in connection with a loan – such as break costs, fees or commissions;
- j. instructions you gave that we did not follow or delayed in following;
- k. credit-related matters such as failure to respond to a request for a hardship variation on your loan or in relation to a default notice;
- l. privacy and confidentiality including Complaints about credit reporting, or where you were refused access to personal information, and other privacy breaches including inappropriate collection or use (including disclosure) of personal information; or
- m. fraud.

How you can complain

Complainants may make a Complaint in whichever way they feel most comfortable.

If you have a Complaint about the products or services provided to you by Avant, you can contact Avant using any of the following:

- Telephone: (02) 9260 9000
- Freecall: 1800 128 268
- In writing to: Avant Mutual Group
PO Box 746
Queen Victoria Building NSW 1230
- Email: complaints@avant.org.au

For matters relating to Avant Insurance Limited specifically please contact

- Freecall: 1800 128 268
- Email: memberservices@avant.org.au

For matters relating to Doctors Financial Services Pty Limited specifically please contact

- Freecall: 1800 128 268
- Email: advice@avant.org.au

For matters relating to Doctors' Health Fund specifically please contact

- Freecall: 1800 226 126
- Email: info@doctorshealthfund.com.au

For matters relating to Avant Finance (Avant Doctors' Finance Pty Limited or Avant Doctors' Finance Brokers Pty Limited) specifically please contact:

- Telephone: 1300 99 22 08
- Email: AFSComplaints@avant.org.au

If you need assistance

If you require assistance or wish to have another person or organisation assist or represent you to make and progress your Complaint, let us know. We will need to confirm in writing the details of your representative and that you agree for us to share information about you and your Complaint with them. This person is known as your authorised representative.

In order to clarify the exact nature of your Complaint, it is usually preferable for you to put the Complaint in writing, however we acknowledge that some Complainants may need assistance to make their Complaint. Should you require any assistance in bringing your Complaint to our attention, please let us know.

How and when Avant will respond

When a Complaint is received, we will acknowledge it, either verbally or in writing (taking into account the method used by the Complainant or any preference expressed) within 24 hours of receipt (or as soon as reasonably practicable).

If the Complaint cannot be resolved immediately, we aim to resolve most Complaints received within 5 business days and endeavour to finalise all Complaints considered under this policy within thirty (30) calendar days of our receipt of your Complaint.

For Complaints about credit-related default notices, financial hardship or requests to postpone enforcement proceedings, within twenty one (21) calendar days of our receipt of your Complaint unless a legally permitted exception applies.

We may exceed these timeframes if the Complaint is complex, or there are circumstances beyond our control.

For Complaints about financial hardship or requests to postpone enforcement proceedings, we may exceed the prescribed timeframe if we do not have sufficient information to make a decision (refer to “Complaints regarding hardship notices or requests to postpone enforcement proceedings” section below for further information), or if we reach an agreement with you.

If we require more time, we will provide the reasons for the delay and let you know when you will receive our response.

Our final response will include:

- a. the final outcome of our investigation of the Complaint, including confirmation of actions taken to fully resolve the Complaint or reasons for a full or partial rejection of the Complaint;
- b. your right to take the Complaint to an External Dispute Resolution (EDR) agency if you are not satisfied with our final response; and
- c. the contact details for the relevant EDR agency.

If you are not satisfied with our final response, you can take your Complaint to an EDR agency.

Complaints resolved within 5 business days

We do not need to provide a response if we close the Complaint by the end of the fifth business day after receipt if we have:

- a. resolved the Complaint to the Complainant’s satisfaction; or

- b. given the Complainant an explanation and/or apology in situations where we can take no further action to reasonably address the Complaint.

When determining whether a Complaint has been resolved to a Complainant's satisfaction, we must consider whether:

- a. the Complainant has confirmed (verbally or in writing) that they are satisfied with the action(s) we have taken in response to the Complaint and do not wish to take the matter further; or
- b. it is reasonable for us to form the view that the Complaint has been resolved to the Complainant's satisfaction.

But, we must still provide a written response to the Complainant even where the Complaint is closed by the end of the fifth business day, if:

- i. the Complainant requests a written response; or
- ii. the Complainant is about hardship, a declined insurance claim or the value of an insurance claim.

Complaints regarding credit related default notices

We will consider that a Complaint involves a credit related default notice if the client:

- a. alleges that the credit related default notice was not served;
- b. disputes the amount specified in the credit related default notice or whether the default was rectified; or
- c. has a dispute about our communications leading up to the issue of the credit related default notice.

A response for Complaints involving credit related default notices must be provided no later than 21 calendar days after receiving the Complaint. Unless the statute of limitations is about to expire, we will refrain from commencing or continuing with legal proceedings or any other enforcement action (i.e. debt collection activity) against the client during the Complaint process being:

- i. while the Complaint is being handled by our Complaints process (during the 21 calendar days); and
- ii. for a reasonable time thereafter.

Allowing a 'reasonable time thereafter' will ensure that the Complainant has the opportunity to lodge their Complaint with the Australian Financial Complaints Authority (AFCA) if the Complaint cannot be resolved to their satisfaction through our Complaint's process. Usually a period of at least 14 calendar days after the receiving our response will be considered a sufficient timeframe for a Complainant to lodge a complaint with AFCA. If you have not proceeded further with your Complaint, we may take further action with legal proceedings or any other enforcement action.

Complaints regarding credit related hardship notices or requests to postpone enforcement proceedings

The provision of a credit related hardship notice or a request to postpone enforcement proceedings is not considered a Complaint, however if you are not satisfied with the response we provide in relation to the credit related hardship notice or request to postpone enforcement proceedings, you may make a Complaint.

We will provide our final response involving credit related hardship notices or requests to postpone enforcement proceedings within 21 calendar days unless we don't have sufficient information to make a decision, or if we reach an agreement with the Complainant.

If we do not have sufficient information about a hardship notice to make a decision, we will request the information no later than 21 calendar days after receiving the Complaint. The Complainant must provide the information within 21 calendar days of receiving the request. Once we have received the requested information, we have a further 21 calendar days to provide our response. If we do not receive the requested information within 21 calendar days of our requesting the information, we will provide our response after 7 calendar days.

If agreement is reached about a hardship notice or request to postpone enforcement proceedings, we have 30 calendar days after such agreement to confirm the terms or conditions in writing.

IF YOUR COMPLAINT IS NOT RESOLVED

External Disputes Resolution Agencies

Each of Avant Insurance Limited, The Doctors' Health Fund Pty Limited, Doctors Financial Services Pty Limited, Avant Doctors' Finance Pty Limited and Avant Doctors' Finance Brokers Pty Limited are required to be a member of an EDR agency and maintain membership to ensure our Complaint Management System reflects membership requirements and regulatory obligations.

INSURANCE AND FINANCIAL ADVICE DISPUTES

Avant Insurance Limited, Doctors Financial Services Pty Limited, Avant Doctors' Finance Pty Limited and Avant Doctors' Finance Brokers Pty Limited are members of the EDR Agency operated by the Australian Financial Complaints Authority (AFCA):

AFCA can be contacted at:

Website: www.afca.org.au

Email: info@afca.org.au

Telephone:	1800 931 678 (free call)
In writing to:	Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

THE DOCTORS' HEALTH FUND

The Doctors' Health Fund Pty Limited is a member of the EDR Agency operated by The Private Health Insurance Ombudsman (PHIO) and may be contacted at:

The PHIO can be contacted at:

Website:	www.ombudsman.gov.au
Email:	phio.info@ombudsman.gov.au
Telephone:	1300 362 072
Post:	Private Health Insurance Ombudsman, Office of the Commonwealth Ombudsman, GPO Box 442, Canberra ACT 2601

Contact Person	Governance, Risk & Resilience
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