

ManipalCigna Health Insurance Company Limited**Customer Grievance Redressal Policy****Owner: Customer Service Head****Approver: Board of Directors****Date of Review**

Date of Review	Changes to Section	Review initiated by	Review signed off by	Review Approved by	Effective from
29th May 2018	Annual Review	Customer Service	Compliance and Legal Head Service Delivery	Board	10th August 2018
10th Apr 2019	Annual Review	Shruti Vyas	Tahira Patel	Board	2nd May 2019
27th May 2019	Annual Review	Shruti Vyas	Tahira Patel	Board	2nd August 2019
17th Jan 2020	Annual Review	Shruti Vyas	Priya Gilbile	Board	6th February 2020
24th July 2020	Annual Review	Shruti Vyas	Priya Gilbile	Board	5th August 2020
18th April 2023	Annual Review	Rakhee Desousa	Priya Gilbile	Board	18th April 2023
13 th July 2023	Grievance escalation Matrix	Rakhee Desousa	Priya Gilbile	Board	3 rd Aug 2023
17 th April 2024	Annual Review Grievance escalation Matrix (addition of CGRO) PPHI name changed to PPGR&CM	Rakhee Desousa	Ashish Yadav	Board	8 th May 2024

15 th July 2024	Grievance Mailing address	Rakhee Desousa	Ashish Yadav	Board	2 August 2024
16 th Oct 2024	Grievance TAT updated as per Master circular IRDAI/PP&GR/CIR/MISC/117/9/2024	Rakhee Desousa	Ashish Yadav	Board	28 th Oct 2024
29 th April 2025	Policy references as per updated circular and Grievance Definition and procedure updated As per Protection of Policyholders’ Interests 2024 Inclusion of process for managing Senior Citizen queries/ request/ complaint.	Rakhee Desousa	Ashish Yadav	Board	29 th April 2025
7 th May 2025	Inclusion of process for managing Senior Citizen queries/ request/ complaint.	Rakhee Desousa	Ashish Yadav	Board	7 th May 2025
30 th July 2025	Annual Review Inclusion of TAT under Grievances definition	Rakhee Desousa	Ashish Yadav	Board	30 th July 2025
27 th Jan 2026	Grievance Mailing address	Rakhee Desousa	Ashish Yadav	Board	27 th Jan 2026

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Confidentiality Clause:

All information held about the procedure or in connection with the procedure and any of the above is to be regarded as confidential. One will not at any time during tenure of employment or afterwards, disclose to any person any information as to the business, dealings, practice, accounts, finances, trading, software, know-how, affairs of

the procedure or otherwise connected with the procedure. Any breach of this clause would constitute very serious disciplinary action.

Introduction

1.1. Scope

- (a) This Customer Grievance policy is prepared with the aim to articulate IRDA requirements which are to be carried out by ManipalCigna Health Insurance Company Limited.
- (b) This Policy covers the grievances received from all the customers relating to issuance, servicing, claims and other issues pertaining to insurance policies. *(Customers, hereafter, refer to external customers of the company in this policy)*
- (c) This policy covers the guidelines issued by the IRDA for handling customer grievances.

1.2. Objectives

The objectives of this Policy are summarized below:

- (a) To ensure that all aggrieved customers are treated fairly.
- (b) To ensure that all grievances raised by the customers are dealt with courteously, accurately and resolved in a timely manner to their satisfaction.
- (c) To ensure that customers are made aware of their rights to enable them to opt for alternate remedies as per the terms and condition of the policy, in the event that they are not satisfied with the resolution.
- (d) Document internal and regulatory reporting requirements to be complied within the applicable timelines.

1.3. Target Audience

This Policy is strictly for internal use and shall be made available to all personnel across the Company.

1.4. Key Terms Used

- (a) IRDA – Insurance Regulatory and Development Authority of India
- (b) CEO/MD – Chief Executive Officer/ Managing Director
- (c) SR – Service Request
- (d) IGMS – Integrated Grievance Management System (Bima Bharosa)
- (e) CRM – Customer Relationship Management

2. Synopsis of Regulatory Guidelines

Key Definitions

Query

Customers contacting any touch points for enquiring about any product / process / service. Customer contacting to enquire about earlier Request or where parent call is open and within TAT.

Requests

A Request can be defined as any communication from a customer soliciting a service such as change or modification in the policy.

Grievance

“Complaint” or “Grievance” means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel. Explanation: An inquiry or service request would not fall within the definition of the “complaint” or “grievance”.

Redressal

Redressal’ means the resolution or disposal of the grievance and communication to the complainant. In the event of non-redressal/delay in redressal the company shall communicate the reason to the complainant.

Origination of Grievance

Any lapse in service, resulting to policyholder dis-satisfaction is classified as ‘grievance’ Lapse in service would be defined as instances where the company has not been able to meet the defined ‘Service Delivery Standards’ i.e. process failures / breach of regulatory TAT.

3. Grievance Redressal Frame

3.1. Grievance Officer

A designated Grievance Officer shall be appointed as part of Senior Management. Every office other than the corporate office shall also have an officer nominated as grievance officer of the respective office. Accordingly, the hierarchy of the grievance officers in ManipalCigna will be as under:

- (a) Complaints Head as Grievance Redressal Officer
- (b) One Grievance Redressal Officer at each branch office

3.2. Receiving Grievances

Customers can approach the company through the following mediums for registering their grievances: As prescribed by the Regulator, you will receive a resolution within 14 days of us receiving your communication.

Level 1: Customers can connect with our Health Relationship Managers by

1. Calling our Toll-Free Helpline: 1800-102-4462
2. Or write to us at: headcustomercare@manipalcigna.com
3. Can submit letter to us at:
Grievance Management Cell
ManipalCigna Health Insurance Company Limited
Raheja Titanium Unit 401 & 402 4th floor Western
Urban Rd, Geetanjali Railway Colony, Ram Nagar,
Goregaon,
Mumbai, Maharashtra 400060
4. Visit us at any of our Branches (address of branches available on our website)

Process of Senior Citizen Support:

The Company has a dedicated support system for our Senior Citizen Policyholders. The process is detailed below:

Option 1: When an email is written regarding Senior Citizen on Seniorcitizensupport@ManipalCigna.com

- The email is managed by a dedicated member of the Grievance Management Team.
- The customer is attended on priority.

Option 2: When the customer calls at our toll-free number (currently 1800 102 4462 or on the contact number if the no is changed in future) from the registered mobile number.

- The call gets directed to a dedicated Health Relationship Manager without any waiting.

Option 3: When the customer calls at our toll-free number from an unregistered mobile number.

- The customer on our IVR can select the option exclusively made available for Senior Citizen. In this case, with additional authentication of last 6 digits of policy number or Application number, the call will get diverted to a dedicated Health Relationship Manager without any waiting.

Escalation Mechanism

If the resolution provided does not meet customer's expectations, he may escalate the grievance at the levels mentioned below.

Level 2

The customer can write to our Grievance Redressal Officer at complaints@manipalcigna.com

Level 3

If the customer is not satisfied with the resolution provided, then the customer can write to our Chief Grievance Redressal Officer at compliance@manipalcigna.com

Level 4

If the channels above have still not met the expectations, the customer may approach the insurance ombudsman, the office Name and address details applicable for their state's can be obtained from the CIO (Council of insurance ombudsman) website.

The customer may also approach the Insurance ombudsman if the complaint is open for more than 30 days at any of the above levels.

3.3. Registration of Grievances

The grievance received from the Customer shall be registered in CRM system and unique number known as Complaint number will be allotted to the grievance.

Effective 29th December 2017, we have transitioned to CRM, the complaints received at IGMS, are auto synchronized to the company CRM. Similarly, all the grievances received at company touch points and registered in CRM are auto synchronized with IGMS.

IGMS has been replaced by Bima Bharosa effective 17th July 2022.

3.4. Acknowledgement of Complaints

- (a) All grievances will be given acknowledgement receipt immediately on receipt of grievance.
- (b) All couriers will be answered/acknowledged from the Grievance Management Cell

3.5. Process for Disposal of Grievances

- (a) Once the Grievance is logged into the CRM system with a unique SR number, the grievance will be reviewed in detail and a resolution will be provided as per the nature of the grievance and the following procedure shall be followed: A written acknowledgment shall be sent to the complainant immediately from the date of receipt of grievance.
- (b) The acknowledgment letter shall be signed by the authorized official along with his/her name, designation and contact details.

The acknowledgement letter will detail the grievance redressal procedure and the time needed to resolve the grievance.

In respect of grievances shall be resolved within 14 days of its receipt and ManipalCigna shall arrange to forward the final resolution will be communicated to the complainant.

The resolution letter will redress or reject the grievance and the reasons for the same will be advised to the complainant.

The complainant will also be advised that if no reply is received from the complainant within 60 days from the date of receipt of response from ManipalCigna the grievance will be treated as closed.

The company will advise the complainant to approach the Insurance ombudsman if his/her complaint is open for more than 30 days from the date of filing the complaint.

Once the grievance is closed, a summary of the resolution shall be recorded in CRM system. This will help in tracking the grievances logged along with the resolution comments.

The complaint shall be considered as disposed of and closed when ManipalCigna:

- (a) Has acceded to the request of the complainant fully.
- (b) Where the complainant has indicated in writing, acceptance of response.
- (c) Where the complainant has not responded within 60 days from the date of company's written response.
- (d) Where the Grievance Officer has certified that ManipalCigna has discharged its contractual, statutory and regulatory obligations thus closing the complaint.

3.6. Categorization of Grievances

Grievances shall be categorized as prescribed by the regulatory authority from time to time and the same shall be incorporated in the system.

Though all the grievances will be treated fairly and transparently, some grievances require special attention and shall be categorized as well as prioritized for prompt attention.

- (a) Sales related complaint: Any malpractice or misrepresentation done by the sale representative will be classified as sales related complaint.
- (b) Service related complaint: Any deficiency of service and deviation of service level will be classified as service-related complaint.

3.7. Review Mechanism

The Grievances which are addressed directly to the CEO/MD of ManipalCigna, and issues brought to the forefront are serious; a detailed report on the issue shall be prepared and submitted to the top management. The report will consist of the reason for grievance, action taken and any further action which needs to be initiated. Detailed report on grievances should be submitted to the Policy for Policyholder Protection, Grievance redressal and claims monitoring committee of ManipalCigna.

A Monthly report shall be sent to the top management, which consists of total grievances received/resolved and pending along with their category.

3.8. Root Cause Analysis

Root cause analysis shall be performed on quarterly basis with a view to evaluate the processes and systems and to find out any areas of improvement. Appropriate actions shall be taken based on the results of the root cause analysis.

3.9. Increasing Awareness about Grievance Redressal Process

- (a) Proper training and regular updates regarding the grievance process shall be provided to all, to empower them to service customers in the most empathetic manner. IRDA has prescribed minimum service level Turnaround Time for various service related activities and the same shall be displayed to the customers in all the offices as per the requirements of the regulator.
- (b) The policy shall be reviewed annually or as per change in IRDA regulation to ensure regulatory compliance.
- (c) Providing escalation matrix to the customer in case the customer dissatisfied with the decision provided.

4. Regulatory references

Ref: IRDAI/Reg/11/205/2024, IRDAI/PP&GR/CIR/MISC/117/9/2024 and IRDAI/PP&GR/CIR/MISC/117/9/2024

Re: Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024. (as amended time to time)

- Master Circular on Protection of Policyholders' Interests, 2024

Master Circular on operations and allied matters on Insurers

1. Definition of "Grievance/Complaint":

"Complaint" or "Grievance" means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel. Explanation: An inquiry or service request would not fall within the definition of the "complaint" or "grievance".

On the other hand, an Inquiry and Request would mean the following:

Inquiry: An "Inquiry" is defined as any communication from a customer for the primary purpose of requesting information about a company and/or its services.

Request: A "Request" is defined as any communication from a customer soliciting a service such as a change or modification in the policy.

2. Grievance Redressal Policy:

Every insurer shall have a Board approved Grievance Redressal Policy which shall be filed with IRDA.

3. Grievance Officer/s:

Every insurer shall have a designated Grievance Officer of a senior management level. Senior Management would mean either the CEO or the Compliance Officer of the company. Every office other than the Head/Corporate/Principal officer of an insurer shall also have an officer nominated as the Grievance Officer for that office.

4. Grievance Redressal System/Procedure:

Every insurer shall have a system and a procedure for receiving, registering, and disposing of grievances in each of its offices. This and all other relevant details along with details of Turnaround Times (TATs) shall be clearly laid down in the policy. While insurers may lay down their own TATs, they shall ensure that the following minimum timeframes are adopted:

- (a) An insurer shall send a written acknowledgement to a complainant immediately of the receipt of the grievance.
- (b) The acknowledgement shall contain the name and designation of the officer who will deal with the grievance.
- (c) It shall also contain the details of the insurer's grievance redressal procedure and the time taken for resolution of disputes.

(d) The insurer shall resolve the grievance within 14 of its receipt and send a final letter of resolution.

Where, within 14, the company sends the complainant a written response which offers redress or rejects the complaint and gives reasons for doing so,

- (i) The insurer shall inform the complainant about how he/she may pursue the complaint, if dissatisfied.
- (ii) The insurer shall inform that it will regard the complaint as closed if it does not receive a reply within 8 weeks from the date of receipt of response by the insured/policyholder.

Any failure on the part of insurers to follow the above-mentioned procedures and timeframes would attract penalties by the Insurance Regulatory and Development Authority.

It may be noted that it is necessary for each and every office of the insurer to adopt a system of grievance registration and disposal.

5. Turnaround Times:

There are two types of turnaround times involved.

- (i) The service level turnaround times, which are mapped to each classification of complaint (which is itself based on the service aspect involved).
- (ii) The turnaround time involved for the grievance redressal.

As to (i), the TATs are as mapped to the classification and prescribed by the Authority to insurers. These TATs

reflect the time-frames as already laid down in the IRDA Regulations for Protection of Policyholders Interests and more, as, wherever considered necessary (for certain service aspects not getting specifically reflected in the Regulations), specific TATs are indicated in the classification and mapping provided by the Authority.

As regards (ii) above, the minimum TATs required to be followed shall be as prescribed in guideline 4 (a) to (g) as prescribed above.

6. Closure of grievance:

A complaint shall be considered as disposed of and closed when

- (a) The company has acceded to the request of the complainant fully.
- (b) Where the complainant has indicated in writing, acceptance of the response of the insurer.
- (c) Where the complainant has not responded to the insurer within 8 weeks of the company's written response.
- (d) Where the Grievance Redressal Officer has certified that the company has discharged its contractual, statutory and regulatory obligations and therefore closes the complaint.

7. Categorization of complaints:

- a) Categorization of complaints as prescribed by the Authority from time to time shall be adopted by insurers and incorporated in their systems.
- b) The present classification prescribed by the Authority is placed at Annexure A. All insurers shall provide for these classification categories in their respective systems.

8. Minimum software requirements:

It is necessary for insurers to have automated systems that will enable online registration, tracking of status of grievances by complainants and periodical reports as prescribed by IRDA. The system should also be one which can integrate seamlessly with the Authority's system in the manner prescribed by the Authority. The Authority shall define these requirements from time to time and insurers shall ensure that they provide for such software/system modifications as may be required. The objective is to create the required industry level database and systems that would enable speedy and effective redressal of complaints.

9. Calls relating to grievances:

Insurers shall also have in place a system to receive and deal with all kinds of calls including voice/e-mail, relating to grievances, from prospects and policyholders. The system should enable and facilitate the required interfacing with IRDA's system of handling calls/e-mails.

10. Publicizing Grievance Redressal Procedure:

Every insurer shall publicize its grievance redressal procedure and ensure that it is specifically made available on its website.

11. Policy of Policyholder Protection, grievance redressal and claims monitoring committee:

Every insurer that ensures that the Policy of Policyholder Protection, grievance redressal and claims monitoring committee, as stipulated in the guidelines for Corporate Governance issued by the Authority, is in place and is receiving and analyzing the required reports from the management and is carrying out all other requisite monitoring activities.