



Complaints Management Policy and Regulation

Responsability Identification

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Approval

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NONCOMMITTAL TRANSLATION. THIS IS A FREE TRANSLATION INTO THE ENGLISH LANGUAGE FROM THE ORIGINAL PORTUGUESE VERSION AND IS INTENDED ONLY FOR SUPPORTING PURPOSES. THE ONLY BINDING WORDING IS THE ONE IN THE PORTUGUESE LANGUAGE.

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1. Scope

The Complaints Management Policy and Regulation (hereinafter “Policy”) aims to define the principles of action to be observed by all employees of insurance companies belonging to the Fidelidade Group (hereinafter “Fidelidade Group”, “Company” or “Companies”), in the management of complaints received from customers.

Compliance with the rules and principles is complementary to the rest of the regulatory framework, whether this results from internal instructions or from legal and regulatory mandatory rules inherent to the insurance sector.

This Policy, in addition to complying with a legal and regulatory obligation of the Insurance and Pension Funds Supervisory Authority (Autoridade de Supervisão de Seguros e Fundos de Pensões, hereinafter “ASF”), regarding the obligation to approve a regulation for complaints management presented to insurance companies, has the main purpose of contributing to an improvement in the quality of service and products that the Company is committed to offering its customers, employees and partners.

This Policy applies to the insurance companies of the Fidelidade Group, namely:

- Fidelidade - Companhia de Seguros, S.A.,
- Via Directa – Companhia de Seguros, S.A.,
- Multicare – Seguros de Saúde, S.A.,
- Fidelidade Assistência – Companhia de Seguros, S.A.

The rules of this Policy will be applied, with the necessary adaptations, to complaints received by non-insurance companies belonging to the Fidelidade Group.

1.1. Objectives

This Policy has as main objectives that:

- All complaints are analysed and treated in a fair, prompt and appropriate manner;
- All complaints have a response;
- All complaints are assessed in particular with regard to the decision on the need to implement future corrective actions;
- The treatment and response to all complaints is centralized in a single organic unit.

1.2. Competence

The autonomous function responsible for managing complaints is carried out by the Centro de Gestão de Reclamações (“CGR”).

The CGR is an organic unit transversal to the groups' insurers and to the companies controlled by them.

The CGR's mission is to ensure the management of submitted complaints by centralizing their reception and response and articulating their treatment with the various units of the companies that are subject of a complaint.

The CGR is also articulated with the autonomous function responsible for Market Conduct in matters that fall within the competence of the latter.

1.3. Guidance Documents

The guidance documents of this Policy are:

- Regulatory Standard ("Norma Regulamentar") n.º 7/2022, of 7 June, issued by ASF, in its formulation at each moment in force;
- Decree ("Decreto-Lei") n.º 156/2005, of 15 September, with the corresponding changes;
- The legal framework for the business of insurance and reinsurance (Regime Jurídico de Acesso e Exercício da Atividade Seguradora e Resseguradora), approved by Law n.º 147/2015, of 9 September, with the corresponding changes;
- ISO 10002:2004 (Quality Management, Customer Satisfaction, Orientation guidelines for complaints treatment in organizations);

2. Definitions

ASF: Insurance and Pension Funds Supervisory Authority ("Autoridade de Supervisão de Seguros e de Fundos de Pensões").

Customers: the policyholders, insured persons, beneficiaries and injured third parties, within the scope of the insurance activity or other clients within the scope of the activity of other group's company.

Centro de Gestão de Reclamações: Fidelidade's organic unit to whom policyholders, insured persons, beneficiaries and injured third parties can submit complaints regarding the activity of the Fidelidade Group insurance companies or other customers of non-insurance Group companies.

Claimed Entity: the entity against which the complaint is filed.

The Fidelidade Group: the set of insurance companies in the group (Fidelidade - Companhia de Seguros, S.A., Via Directa – Companhia de Seguros, S.A., Multicare – Seguros de Saúde, S.A. e

Fidelidade Assistência – Companhia de Seguros, S.A.) and the companies controlled by them.

Customer Ombudsman: individual of recognized prestige, qualification, suitability, and independence, designated by the Company, whose mission is to analyse the complaints submitted by policyholders, insured persons, beneficiaries and third parties injured by acts or omissions of insurance companies since that they have not been answered within the period established in this document or resolved by the CGR.

The Customer Ombudsman has advisory powers and can make recommendations to the insurance company as a result of the complaints analysis.

Complaint: disagreement demonstration in relation to the position taken by insurance companies or of dissatisfaction with the services provided by them, as well as any allegation of possible non-compliance, presented by customers.

Recommendation: the guidance issued by the Customer Ombudsman that results from an analysis of the insurance company's procedures and decisions and which, consequently, foresees some corrective measures or that aims to adjust one or more of the procedures implemented by the same.

3. General Principles Applicable to Complaints Management

3.1. General Principles

The insurance companies of the Fidelidade Group and the companies controlled by them manage the processes relating to complaints, rapidly and efficiently, through a specific organic unit responsible for the management (Centro de Gestão de Reclamações) which acts as a centralized point of reception and response, duly identified internally and externally, and which ensures full accessibility to complainants.

The policyholders, insured persons, beneficiaries or injured third parties, or customers of non-insurance companies, may submit, under the terms indicated below, complaints relating to companies covered by this Policy which, for this purpose, have the organic unit identified above.

Communications that are part of the contractual negotiation process, communications inherent to the claims settlement process and any requests for information or clarification are not considered complaints.

Regarding the insurance business, complaints can be submitted directly to the insurance companies of the Fidelidade Group, as well as through other entities, namely the ASF.

Complaints can also be submitted in the Complaints Book - electronic or "physical" - or addressed to the Customer Ombudsman, when the requirements are fulfilled, in legal terms and in the respective regulation.

Regardless of the organizational model adopted, the the Fidelidade Group ensures that the

respective organic units provide the necessary information for exercising the complaint management function.

3.2. How to file a complaint

Complaints addressed to Fidelidade

Centro de Gestão de Reclamações

Address: Largo do Calhariz, 30, 1249-001 Lisboa

Email: ggr.reclamacoes@fidelidade.pt

Complaints addressed to Multicare

Centro de Gestão de Reclamações

Address: Largo do Calhariz, 30, 1249-001 Lisboa

Email: reclamacoes@multicare.pt

Complaints addressed to Via Directa

Centro de Gestão de Reclamações

Address: Largo do Calhariz, 30, 1249-001 Lisboa

Email: reclamacoes@viadirecta.pt

Complaints addressed to Fidelidade Assistência – Companhia de Seguros,
S.A.

Centro de Gestão de Reclamações

Address: Largo do Calhariz, 30, 1249-001 Lisboa

Email : reclamacoes@fidelidade-assistance.pt

Complaints can be filed at any Company Agency or intermediary. They can also be sent to the address or email indicated above. Complaints may also be submitted in the physical or “electronic” complaints book.

Regarding complaints against non-insurance companies, they can be filed using one of its contacts, being the complaint subsequently forwarded internally to CGR.

Complaints addressed to Customer Ombudsman

Provedor do Cliente

Address: Largo do Calhariz, 30, 1249-001 Lisboa

Emails to be considered for sending complaints to the Fidelidade Group
Customer Ombudsman:

Fidelidade - Companhia de Seguros, S.A.:
provedor.cliente@fidelidade.pt Multicare - Seguros

de Saúde, S.A.: provedor.cliente@multicare.pt

Via Directa – Companhia de Seguros, S.A.: provedor.cliente@viadirecta.pt

Fidelidade Assistência - Companhia de Seguros, S.A.: provedor.cliente@fidelidade-assistance.pt

3.3. Necessary requirements for filing a complaint

- (i) Submission in writing, or by another means in a durable medium, preferably digital;
- (ii) Full name of the complainant and, if applicable, the person representing him;
- (iii) Reference to the quality of the complainant, namely as policyholder, insured client, beneficiary or injured third party or person representing him, when the claim is addressed to an insurance company;
- (iv) Contact details of the complainant and, if applicable, of the person representing him;
- (v) Complainant's identification document number;
- (vi) Description of the facts that motivated the complaint, with identification of the intervening parties and the date on which the facts occurred, unless this is manifestly impossible;
- (vii) Date and place of the complaint.

3.4. Non-acceptance of complaints

Complaints are not accepted whenever:

- (i) Essential data is omitted that makes managing the claim unviable and that has not been duly provided within 20 working days from the Company's communication informing of such omission;
- (ii) It intends to file a complaint regarding a matter that is within the competence of arbitral or legal bodies or when the subject matter of the claim has already been resolved by those bodies;
- (iii) The complaint reiterates a previous complaint presented by the same complainant related to the same matter and which has already been replied, unless it contains new facts;
- (iv) The complaint has not been submitted in good faith or its content is qualified as vexatious.

Whenever the complaint presented is not admitted under the terms referred to above, the Company must inform the complainant of this fact, justifying the non-admission.

4. Complaints Management

4.1. Reception, registration and complaints treatment

Upon receipt of a complaint, a communication (“acceptance letter”) is always sent to the complainant, acknowledging its reception.

The CGR ensures the registration of all complaints received, opening a separate process for each one, with the attribution of a sequential number, as well as their classification according to the structure established by the ASF in the reporting maps and including the product code, when applicable.

After opening the process on the IT platform dedicated to managing complaints, a detailed and impartial analysis of the content of the complaint presented is carried out, with clarifications being requested, whenever justified, from the internal technical area or areas involved and with the final objective of preparing a response to be sent to the complainant.

The computer platform produces information that allows the control of response times for each area to collect the necessary information and to meet deadlines for responding to the complainant.

In order to ensure the quick and efficient management of complaints, groups of interlocutors were set up in each of the organic units of each the Fidelidade Group company, designated in the application as “Technical Areas”, which must provide the CGR with the necessary information to the exercise of the complaints management function.

When the CGR deems it necessary, given the subject matter and complexity of the complaint or explanations for its response, the Legal Affairs Department and/or the Autonomous Function responsible for Market Conduct are requested to intervene.

4.2. Appropriate Qualification

The Fidelidade Group ensures that the employees who intervene in the management of complaints processes relating to complaints are suitable and have adequate professional qualifications.

4.3. Conflicts of Interest

Employees must communicate to the Company all situations that could potentially create conflicts of interest, refraining from intervening in such situations.

A conflict of interest is considered to exist whenever the employee is an interested party, directly or indirectly, in the complaint under management or even if their spouses, relatives or first-degree relatives or even companies or collective entities in which any of them participate, directly or indirectly.

4.4. Communication

Communications with policyholders, insured persons, beneficiaries and injured third parties must be made in writing, or by means of a durable medium accessible to the claimant, preferably digital, and written in a clear and understandable manner.

4.5. Confidentiality and personal data

The Company guarantees the processing of personal data collected from customers, in accordance with the principles relating to the processing of personal data and other applicable obligations, as well as the indication of the location of the policy on data protection and information on the rights of the holders.

4.6. Response deadlines

Upon reception of a complaint, a communication is sent acknowledging the receipt, within a maximum period of 5 working days, and a written response will be received within a maximum period of 20 working days from the complaint reception, provided that it meets the minimum requirements indicated in point 3. The response period may be extended to 30 days, in cases that are particularly complex.

For complaints submitted in the Complaints Book, the Company responds to the claimant within a maximum period of 15 working days from the date of submission of the complaint in the complaints book.

In the case of complaints addressed to the Customer Ombudsman, the complainant will receive a written response within a maximum period of 30 working days (with a maximum response period of 45 working days in cases of particular complexity).

4.7. Response channels

The response to be sent to each complainant will follow, whenever possible, the same channel by which the complaint was received (for example, email or letter).

4.8. Costs

Access to the complaint's treatment process is free of charge for complainants. The Company guarantees that the complaints management does not involve any costs or charges for the claimant towards the Company, nor any charges that are not effectively indispensable for the presentation of the claim.

4.9. Customer Ombudsman

Communications addressed to the Customer Ombudsman must also comply with the minimum requirements for the admissibility of the complaint as described above (3.3 and 3.4).

For the purposes of assessment by the Customer Ombudsman, are considered eligible complaints that:

- (i) Have not received a response from the Company within a maximum period of 20 working days, or 30 working days when they are of particular complexity, counted from the date of reception;
- (ii) Having been given a response within the indicated period, the claimant disagrees with it;
- (iii) No legal or arbitration proceedings or extrajudicial dispute resolution mechanisms have been instituted.

4.10. Colaboration duty

The Company guarantees the duty of collaboration with the Customer Ombudsman, providing him with all the information and support he deems necessary.

The same duty of collaboration exists regarding mechanisms for the extrajudicial resolution of disputes to which the Company has adhered or to which it is legally bound.

4.11. Supervisory Authority for insurance companies

Autoridade de Supervisão de Seguros e
de Fundos de Pensões ("ASF") Avenida da
República, n.º 76
1600-205 Lisboa

4.12. Regular reporting on complaints management

Annually, until the end of February, the Company prepares, for the purposes of behavioral supervision, a report on complaints management with reference to the previous year, which includes, namely:

- (i) Elements of statistical nature;
- (ii) Qualitative analysis of the complaints management process, including conclusions drawn and any measures implemented or to be implemented.

4.13. Complaints management process audit

The Company regularly performs audits that assess the performance of the complaints management process. Audits provide, in particular, information on:

- (i) Compliance of the process with the complaints management procedures;
- (ii) The adequacy of the process to achieve the objectives of complaints management.

4.14. Continuous improvement

The Company seeks to continuously improve the effectiveness and efficiency of the complaints management process and, for this purpose, namely:

- (i) Analysing, identifying and applying best practices in complaints management;
- (ii) Fostering a client-focused approach to the organization;
- (iii) Encouraging innovation and development of complaints management.

4.15. Archive

The Company has adequate systems, namely secure electronic systems, for recording the information and managing complaints processes, as well as for archiving the corresponding documentation. These files are kept for a minimum period of five years.

The Company has a multi-brand computer application that allows the management of complaints from the various Group companies to be carried out on a single platform, as well as enabling interaction with all departments of all companies, operating in a workflow logic.

5. Complaints Management Policy and Regulation Approval

The Executive Committee is responsible for approving the Complaints Management Policy and Regulation.

6. Disclosure

This Policy is disclosed internally to the entire Company, and is permanently available and accessible through external disclosure, namely on the corresponding website where other relevant information related to the complaints management can be consulted. It can also be requested using any of the contacts for submitting complaints.

7. Policy review and update

The CGR is responsible for reviewing and updating the Complaints Management Policy and Regulation and will do so on an annual basis or whenever any significant change, namely legislative or regulatory, justifies it.