001 SELECT LANGUAGE English

ANNUAL STATEMENT ON MARKET CONDUCT

Life and Health Insurance

010	**Insurer name:**	
020	**Client number:**	
030	**Name of the contact person:**	
040	**Email of the contact person:**	
050	**For fiscal year ended:**	
060	**Jurisdiction of incorporation:**	Federal
070	**If "Foreign", Country or State:**	

Provinces and territories in which the organization is licensed:

		(01)		(02)		(03)
080	Alberta	☐	Northwest Territories	☐	Quebec	☐
081	British Columbia	☐	Nova Scotia	☐	Saskatchewan	☐
082	Manitoba	☐	Nunavut	☐	Yukon	☐
083	New Brunswick	☐	Ontario	☐		
084	Newfoundland and Labrador	☐	Prince Edward Island	☐		

090 **Are you currently offering insurance products?**

You are offering insurance products if you are issuing new insurance contracts. Insurers that are only servicing existing policies are only required to complete sections on governance (2.0) and complaints (11.0 and 11.6).

ANNUAL STATEMENT ON MARKET CONDUCT

Life and Health Insurance

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Validation	Validation

Note that, during the transmission of your form via the e-services, the system proceeds to validations of the data given in the Annual Statement (mandatory sections, Yes / No questions, respect of format required, etc.)

The "Validation" tab allows you to ensure that your Annual Statement form can be submitted without problems in the system.

There are two types of validation messages:
E = Error. Means that you need to correct this data before submitting your form. Blocking.

A = Alert. Means that this response may not be consistent with what is requested. Just make sure your answer is correct. Not blocking.

"Error" or "Alert" messages are reported by the red color in the "Result" column. You can filter by color to more easily identify all the messages.

In order to transmit the Annual Statement, you must complete the form in the language of your data software (Excel). You must keep this same language for the entire form.

LEGEND	
	Dropdown Menu
	Locked Field - Automatic Calculation
	Enterable Field
	Locked Field - Leave Empty
Underlined	Hyperlink

LINK	
DEFINITIONS	The definitions are also accessible from each tab by clicking on the pictogram provided for this purpose.
INSTRUCTIONS	**Please read the general instructions carefully before completing the Annual Statement.**

2. GOVERNANCE

DEFINITIONS

Question 1: This individual is often the CCO or CEO for smaller organization. It is not the Ombudsperson.

Question 2: Total number of employees includes all types of employees (full time, contractual, etc.).

Questions 7.1 and 7.2: "Reviews and audits" refers to those conducted by the insurer and include, but are not limited to, examinations, compliance reviews, internal audits and other assessments of market conduct.

Question 9: "Organizational or operational changes" includes mergers and acquisitions or other material changes within the insurer that may impact or affect the outcomes associated with FTC as described by the International Association of Insurance Supervisors (AICA).

	1. Identify the senior officer(s) in charge of ensuring the development, implementation and enforcement of policies and practices related to the fair treatment of consumers at the end of the reference period:	
		(01)
001	Check this box if no senior officer is in charge:	☐
010	a) Name of the senior officer:	
020	b) Title:	
030	c) Address:	
040	d) Telephone number:	
050	e) Email:	
060	a) Name of the senior officer:	
070	b) Title:	
080	c) Address:	
090	d) Telephone number:	
100	e) Email:	
110	a) Name of the senior officer:	
120	b) Title:	
130	c) Address:	
140	d) Telephone number:	
150	e) Email:	

	1.1 Provide an overview of the processes and responsibilities regarding the development, implementation and enforcement of policies and practices related to the fair treatment of consumers within your organization:
	(01)
160	

		(01)
170	**2. Please indicate the total number of employees in your organization:**	
180	**2.1 Please indicate the total number of employees whose primary responsibilities (50% or more) are related to the oversight of fair treatment of consumers:**	

		(01)
190	**3. Do you have a code or policy that specifically addresses the fair treatment of consumers?**	
	If yes, please answer the questions below:	
200	a) When was the last time you reviewed your code or policy (YYYY-MM-DD) whether or not the review resulted in a change?	
210	b) Have you communicated this code or policy to all of your staff?	
	If no, please answer the question below:	
220	d) Do you intend to develop such a document within the next year?	

		(01)
230	**4. Is the fair treatment of consumers a priority at each stage of the product life cycle and in every area of your operations?**	
	If yes, please indicate if you engage in each of the following practices to ensure the fair treatment of consumers:	
240	a) Develop strategies, objectives and initiatives to promote the fair treatment of consumers	
250	b) Embed the fair treatment of consumers in the organization's policies and code of ethics	
260	c) Develop mechanisms and procedures to identify and address any conflicts that could impact the fair treatment of consumers	
270	d) Develop measures and reports to inform management of the organization's performance in the fair treatment of consumers	

	If no, please explain why the fair treatment of consumers is not a priority at each stage of the product life cycle and in every area of your operations in the space below:
	(01)
280	

	5. Please provide an overview of the type and length of training employees receive on hiring and on an ongoing basis with respect to the fair treatment of consumers:	
		(01)
290		

	6. During the past year, have you been the subject of any regulatory action of significance by a regulator outside of Canada that relates to market conduct that could have a material impact on market conduct practices in Canada?	(01)
300		
	If yes, please provide details (which regulator, product concerned, outcomes, etc.):	
		(01)
310		

	7. Please select the option that reflects the method of distribution adopted by your organization:	(01)
320		Both independent channels and direct or exclusive agents

If you distribute your products exclusively through independent channels, answer question 7.1
If you distribute your products exclusively through direct or exclusive agents, answer question 7.2
If you distribute your products through both independent channels and direct or exclusive agents, answer questions 7.1 and 7.2

"Other distribution channels" are not covered by this question

	7.1 Independent Channels	(01)
330	a) Please indicate the total number of independent agents you engage for the distribution of your products	
340	b) Please indicate the total number of entities (MGAs, national accounts, etc.) you engage for the distribution of your product	
350	c) Please indicate the total number of independent agents and entities within your distribution channel that were the subject of a review or audit that included a focus on market conduct practices	
360	d) Please identify the scope of the audit(s)/review(s) conducted over the independent agents and entities	
370	e) Please identify the three most pervasive/frequent market conduct activities and/or conditions (“triggers”) that led to targeted, risk-based audits or reviews of independent agents and/or entities	

	7.2 Direct or Exclusive Agents	
380	a) Please indicate the total number of direct or exclusive agents included within your distribution network	
390	b) Please indicate the total number of direct or exclusive agents that were reviewed or audited	
400	c) Please indicate the total number of direct or exclusive agents within your distribution network channel that were the subject of a review or audit that included a focus on market conduct practices	
410	d) Please identify the scope of the audit(s)/review(s) conducted over the direct or exclusive agents	
420	e) Please identify the three most pervasive/frequent market conduct activities and/or conditions ("triggers") that led to target, risk-based audits or reviews of direct or exclusive agents	

	8. Please indicate if each element listed below is provided or addressed before or at the time of purchase and if you have processes / mechanisms in place to ensure that it is disclosed or address:	(01)
430	a) Insurer name and contact information	Information not disclosed or not complied with
440	b) Product and its main features	Information disclosed or complied with but no mechanism in place
450	c) Suitability risks associated with the product	Information disclosed or complied with and mechanism in place
460	d) Right of termination or rescission	Non applicable
470	e) Clear, plain language communication that is not misleading	
480	f) Formatting that is easy to read and understand	
490	g) Up-to-date information provided in a timely manner	
500	h) Potential conflicts of interest	

	9. Please indicate if each type of information listed below is provided after the sale and if mechanisms are in place to ensure that it is provided:	
		(01)
510	a) Confirmation of any after-sale transactions	Information provided and mechanisms in place
520	b) Annual statements for IVICs and life products with variable elements	Information provided but no mechanisms in place
530	c) Contract amendements	Information not provided
540	d) Customer rights and obligations in connection to any material changes in the product that was sold or offered	Non applicable
550	e) Changes in the environment that may impact the product (e.g., legislative changes)	
560	f) Organizational or operational changes that may impact the customer, product or related services	

		(01)
570	**10. Do you engage in advertising campaigns directed toward consumers?**	
	If yes, please indicate if you have processes / mechanisms in place to ensure/address the following in your advertising campaigns:	
580	a) Advertising satisfies all applicable legal and regulatory requirements	
590	b)Name of the insurer is clearly indicated	
600	c) Advertising is appropriate for the target consumer group	
610	d) Written advertisements are presented in a format that is easy to read and understand	
620	e) Advertising is truthful and authentic with respect to the use of statistics and testimonials	
630	f) Unclear, misleading or inaccurate advertisements are promptly modified or withdrawn	
640	g) Advertising is reviewed independently of the person who designed or prepared the advertisement prior to its dissemination	

		(01)
650	**11. Do you conduct customer satisfaction surveys?**	
	If yes, please indicate the frequency at which you conduct customer satisfaction surveys for each of the following:	
660	a) Sale	Immediately after each event
670	b) Claim	Annually
680	c) Complaint	On an ad-hoc basis
690	d) Other	No satisfaction survey done

	12. General comments:
	(01)
700	

3. POLICIES

DEFINITIONS

Please note that the data must be entered according to the type of product in each table provided for this purpose: individual policies and group policies.

All fields must be completed. If you do not offer products in a class of insurance, simply indicate 0.

Except for the "Number of Policies in Force at the End of the Previous Reference Period", all of the information requested is for the reference period.

The reference period is the fiscal year for which the statement is filled.

"Annuities", includes all types of annuity contracts, such as :
-Variable Annuity (Segregated Funds);
-Certain Annuity;
-Deferred Annuity;
-Guaranteed Anuity;
-Indexed Annuity;
-Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

INDIVIDUAL POLICIES

	Class of Insurance	Number of Policies in Force at the End of the Previous Reference Period	Number of Applications for Insurance Received	Number of Policies Renewed	Number of Applications Declined by Insurer	Number of Customer Initiated Cancellations During the "Free Look" Period	Number of Customer Initiated Cancellations or Non-renewals Excluding the "Free Look" Period	Number of Insurer Initiated Cancellations Without any Refund of Premium	Number of Insurer Initiated Cancellations with Refund of Premium	
									Fully Refunded	Prorated and Short-rated
		(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)
010	Life									
020	Accident & Sickness									
030	Annuity									
049	TOTAL	0	0	0	0	0	0	0	0	0

GROUP POLICIES

	Class of Insurance	Group Master Contracts		
		Number of Policies in Force at the End of the Previous Reference Period	Number of Policies Renewed	Number of New Policies
		(01)	(02)	(03)
060	Life			
070	Accident & Sickness			
080	Annuity			

099	TOTAL	**0**	**0**	**0**

	General comments:
	(01)
110	

4. PRODUCTS - INDIVIDUAL LIFE AND ACCIDENT AND SICKNESS

DEFINITIONS

(01) Product families to be reported are the ones that were available for sale during the reference period.

(02) In the "Class of Insurance" column, please indicate the main guarantee.

(03) Material changes to be reported are limited to material changes initiated by the insurer or are the result of a decision made by the insurer. Excludes regulatory required changes.

		(01)
010	1. How many product families do you have?	

		(01)
020	2. How many product families were reviewed with a focus on fair treatment of consumers and consumers' needs in the reference period?	

	Product Family	Class of Insurance	Material Change(s) in the Offer or in the Product?	If yes, Indicate the Initial Date of Change	Type of Change	Did the Change Result in a Change in the Target Market?	Comments or Additional Information
	(01)	(02)	(03)	(04)	(05)	(06)	(07)
030		Life	Yes		Product features	Yes	
040		Accident & Sickness			Pricing	No	
050					Product features & pricing		
060					New product		
070					Discontinued product		
080					Non applicable		
090			No				
100							
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	3. General comments:
	(01)
730	

5. PRODUCTS - GROUP LIFE AND ACCIDENT AND SICKNESS

DEFINITIONS

(01) Product families to be reported are the ones that were available for sale during the reference period.

(02) In the "Class of Insurance" column, please indicate the main guarantee.

(03) Material changes to be reported are limited to material changes initiated by the insurer or are the result of a decision made by the insurer. Excludes regulatory required changes.

		(01)
010	1. How many product families do you have?	

		(01)
020	2. How many product families were reviewed with a focus on fair treatment of consumers and consumers' needs in the reference period?	

	Product Family	Class of Insurance	Material Change(s) in the Offer or in the Product?	If yes, Indicate the Initial Date of Change	Type of Change	Did the Change Result in a Change in the Target Market?	Comments or Additional Information
	(01)	(02)	(03)	(04)	(05)	(06)	(07)
030		Life	Yes		Product features	Yes	
040		Accident & Sickness			Pricing	No	
050					Product features & pricing		
060					New product		
070					Discontinued product		
080					Non applicable		
090			No				
100							
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	3. General comments:
	(01)
730	

6. PRODUCTS - INDIVIDUAL AND GROUP ANNUITIES

DEFINITIONS

Please note that the data must be entered according to the type of product in each table provided for this purpose: individual policies and group policies.

(01) Product families to be reported are the ones that were available for sale during the reference period.

(02) In the "Class of Insurance" column, please indicate the main guarantee only.

(03) Material changes to be reported are limited to material changes initiated by the insurer or are the result of a decision made by the insurer. Excludes regulatory required changes.

"Annuities", includes all types of annuity contracts, such as :
-Variable Annuity (Segregated Funds);
-Certain Annuity;
-Deferred Annuity;
-Guaranteed Anuity;
-Indexed Annuity;
-Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

		(01)
010	1. How many product families do you have?	

		(01)
020	2. How many product families were reviewed with a focus on fair treatment of consumers and consumers' needs in the reference period?	

INDIVIDUAL POLICIES

	Product Family	Class of Insurance	Material Change(s) in the Offer or in the Product?	If yes, Indicate the Initial Date of Change	Type of Change	Did the Change Result in a Change in the Target Market?	Comments or Additional Information
	(01)	(02)	(03)	(04)	(05)	(06)	(07)
030		Annuities	Yes		Product features	Yes	
031		Guaranteed investment account (GIA)			Pricing	No	
032		Segregated funds			Product features & pricing		
033		Other			New product		
034					Discontinued product		

035					Non applicable		
036			No				
037							
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	GROUP POLICIES						
	Product Family	Class of Insurance	Material Change(s) in the Offer or in the Product?	If yes, Indicate the Initial Date of Change	Type of Change	Did the Change Result in a Change in the Target Market?	Comments or Additional Information
	(01)	(02)	(03)	(04)	(05)	(06)	(07)
130		Annuities	Yes		Product features	Yes	
131		Guaranteed investment account (GIA)			Pricing	No	
132		Segregated funds			Product features & pricing		
133		Other			New product		
134					Discontinued product		
135					Non applicable		
136			No				
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	3. General comments:
	(01)
230	

7. PREMIUMS AND COMMISSIONS

DEFINITIONS

All amounts are to be reported in thousands of dollars.

Question 1:
The information requested in this section must be in accordance with that provided in the Quarterly Return/ Annual Return - Life for the fiscal year covered.

The premiums and commissions requested in this section exclude business outside Canada.

All premiums and commissions must be provided solely for the entity of insurance submitting the form (non-consolidated data).

Reinsurance must be excluded from the numbers provided.

For increased clarity, references to the Quarterly Return / Annual Supplement is provided for each type of information requested. Please note that the nature of the required information in the Annual Statement on Market Conduct may differ from the reference given (e.g. Consolidated information is requested in the Quarterly Return / Annual Supplement as the information requested here must be non-consolidated, information must be provided for each distribution channel in the Annual Statement on Market Conduct as it does not in the Quarterly Return / Annual Supplement).

Question 3:
A product is considered to be sold by Internet if the entire sale process is done by Internet. Obtaining an online quote is not considered an Internet sale. If a sale is completed by a licensed agent after the consumer obtains information or a price from a website, it is not considered as an Internet sale either.

All fields must be completed. If you do not offer products in a class of insurance, simply indicate 0.

"Annuities", includes all types of annuity contracts, such as :
-Variable Annuity (Segregated Funds);
-Certain Annuity;
-Deferred Annuity;
-Guaranteed Anuity;
-Indexed Annuity;
-Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

1. Premiums and commissions by distribution channel (in thousands of dollars - non-consolidated data)

	Class of Insurance	Direct Premiums Written Reference to the Quarterly Return / Annual Supplement: Schedule 95.010				Total of Commissions in Relation to Direct Premiums Written Reference to the Quarterly Return / Annual Supplement: Schedule 45.010			
		Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL ($000)	Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL ($000)
		(01)	(02)	(03)	(19)	(04)	(05)	(06)	(49)
	Life								
010	Individual				0				0
020	Group				0				0
039	Subtotal	0	0	0	0	0	0	0	0
	Accident & Sickness								
040	Individual				0				0
050	Group				0				0
069	Subtotal	0	0	0	0	0	0	0	0
	Annuity								
070	Individual				0				0
080	Group				0				0
099	Subtotal	0	0	0	0	0	0	0	0
109	**TOTAL (in thousands of dollars)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

	2. Do you sell your products through affinity groups?	(01)
120		
130	**If yes, indicate the number of arrangements in force at the end of the reporting period:**	

	3. Do you sell products through the Internet?	(01)
140		

If yes, please provide the following information for direct sales:

		(01)
160	a) Number of policies sold	
170	b) Direct premiums (in thousands of dollars)	

	4. General comments:
	(01)
180	

8. DISTRIBUTORS

DEFINITIONS

Please note that the data must be entered according to the type of product in each table provided for this purpose: individual policies and group policies.

All amounts are to be reported in thousands of dollars.

Information on your top 25 distributors (determined by Direct Premiums Written amount) is to be reported in this section.

If a distributor has several locations, it as to be considered and reported as a whole.

(03) Percentage of total business is based upon sales in the reporting period (Direct Premiums Written).

(07) "Loan" does not include advancement of commissions. If no loan is granted to a distributor listed, please indicate 0.

(07) and (08) If you are not participating in the distributor's equity or have no loan, please indicate 0.

INDIVIDUAL POLICIES

	Top 25 Distributors	Licensed?	% of Total Business	Distribution Channel	Exclusivity Clause?	Binding Authority?	Loans to Distributor ($000)	Participating % in Distributor's Equity	Minimum Volume Clause?	First Refusal Right Over Distributor?	Other Types of Advantages?	Compliance Review Conducted?	If yes, Date of the Last Review	Comments or Additional Information
	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)	(11)	(12)	(13)	(14)
010		Yes	0-5%	Independent agents	Yes	Yes			Yes	Yes	Yes	Yes		
020		No	6-10%	Direct or exclusive agents	No	No			No	No	No	No		
030			11-15%	MGA										
040			16-20%	Other - specify in comments										
050			21-40%	National Accounts										
060			41-60%											
070			61-75%											
080			76-85%											
090			86-100%											
100														
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GROUP POLICIES

	Top 25 Distributors	Licensed?	% of Total Business	Distribution Channel	Exclusivity Clause?	Binding Authority?	Loans to Distributor ($000)	Participating % in Distributor's Equity	Minimum Volume Clause?	First Refusal Right Over Distributor?	Other Types of Advantages?	Compliance Review Conducted?	If yes, Date of the Last Review	Comments or Additional Information
	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)	(11)	(12)	(13)	(14)
260		Yes	0-5%	Independent agents	Yes	Yes			Yes	Yes	Yes	Yes		
270		No	6-10%	Direct or exclusive agents	No	No			No	No	No	No		
280			11-15%	MGA										
290			16-20%	Other - specify in comments										
300			21-40%	National Accounts										
310			41-60%											
320			61-75%											
330			76-85%											
340			86-100%											
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490														
500														

2. Other type(s) of advantage (resource loan, marketing, etc.):	
	(01)
510	

3. General comments:	
520	

9. SALES AND INCENTIVES MANAGEMENT

DEFINITIONS

All fields must be completed. If you do not offer products in a class of insurance, simply indicate 0.

For all questions: list only the incentives that are provided by the insurer. Compensation practices of any entity distributing the product of the insurer are excluded.

"Annuities", includes all types of annuity contracts, such as :
-Variable Annuity (Segregated Funds);
-Certain Annuity;
-Deferred Annuity;
-Guaranteed Anuity;
-Indexed Annuity;
-Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

1. This question is limited to the direct sales force (direct or exclusive channels)

Excluding sales force whose remuneration is fully variable, please provide the information requested below:

1.1 List by product the average of commissions paid (% of first annual premium) within the first year of the policy being in force:

		(01)
	Life	**(%)**
010	Individual	
020	Group	
	Accident & Sickness	**(%)**
030	Individual	
040	Group	
	Annuity	**(%)**
050	Individual	
060	Group	

1.2 List by product the average of commissions paid (% of renewal premium) within the second year of the policy being in force:

		(01)
	Life	**(%)**
070	Individual	
080	Group	
	Accident & Sickness	**(%)**
090	Individual	
100	Group	
	Annuity	**(%)**
110	Individual	
120	Group	

2. For sales force and sales management, indicate if your organization offers the following incentives:

		(01)	(02)
		Sales Force	**Sales Management**
130	a) Cash prizes or other gifts	Yes	Yes
140	b) Money loan	No	No
150	c) Profit sharing		
160	d) Bonus		
170	e) Other, specify in the space below:		

	(01)
180	

	3. For sales force only, indicate whether performance measures and incentives or commissions consider the following:		
		(01)	(02)
		Performance Measures	Incentives or Commissions
190	a) Lapses	Yes	Yes
200	b) Number of complaints	No	No
210	c) Premium volume		
220	d) Claims volume		
230	e) Consumer satisfaction		
240	f) Number of post-sale consumers touches by sales force		

	3.1 Provide details of any other sales force performance measures and incentives or commissions you have that are based on the fair treatment of consumers:
	(01)
250	

	4. General comments:
260	

9.5 SALES AND INCENTIVES MANAGEMENT (LAPSES)

DEFINITIONS

For "Lapses", identify the number of policies.

First-year lapses include policies that lapsed during the first 365 days of the policies being in force. The lapse has to have occurred in the reporting period.

All fields must be completed. If you do not offer products in a class of insurance, simply indicate 0.

5. Lapses

	Class of Insurance	Distribution Channel							
		FIRST YEAR				SECOND YEAR			
		Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL	Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL
		(01)	(02)	(03)	(19)	(04)	(05)	(06)	(49)
	Life								
010	Individual				0				0
020	Group				0				0
039	Subtotal	0	0	0	0	0	0	0	0
	Accident & Sickness								
050	Individual				0				0
060	Group				0				0
079	Subtotal	0	0	0	0	0	0	0	0
099	**TOTAL**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

6. General comments:
(01)
110

10. CLAIMS

DEFINITIONS

All fields must be completed. If you do not offer products in a class of insurance, simply indicate 0.

Question 1:
The information requested in this section is limited to claims that have been initiated for policies that are or were in force at the time the claim was incurred.

A claim is considered opened or reported when the insurer has all the documents required to process the claim. The purpose of this question is to determine the processing time of a claim. If the date of receipt of the documents is not available, please use your average time to receive the documents to determine when the claim is "opened" or "reported" and indicate in the box "General Comments" the method used to determine the date of receipt of the documents.

"Amount paid in benefits during the period" is limited to claims that have been closed.

A claim is considered denied if the insurer refuses to pay any amount of the claim. In those cases, no indemnity payment is made but payment of certain fees (expert fees, claim adjuster fees, etc.) may be made.

"Average days to final payment" does not include periodic payments (ex. long-term disability) or payments made in installments.

For "Number of claims closed within (period) days from date of claim reported", the initial payment of a periodic payment / first installment of a payment is to be reported.

"Accident and Sickness" is limited to short-term disability, long-term disability and travel insurance-related information.

Annuity is limited to death benefit payments.

Questions 2 and 3:
The information sought is limited to complete denials of claims.

Question 4:
Only lawsuits between a consumers and an insurer regarding an insurance policy must be reported in this section. Subrogation proceedings are excluded, i.e. the proceedings taken to recover the amount of indemnity paid against the person responsible for the loss or his/her insurer.

"Annuities", includes all types of annuity contracts, such as : Variable Annuity (Segregated Funds); Certain Annuity; Deferred Annuity; Guaranteed Anuity; Indexed Annuity; Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

	1. Complete the table	Life		Accident & Sickness		Annuity	
		Individual	Group	Individual	Group	Individual	Group
		(01)	(02)	(03)	(04)	(05)	(06)
010	Number of claims opened at the beginning of the period						

020	Number of new claims opened during the period						
030	Number of claims closed with an indemnity payment during the period						
040	Number of claims denied in the period						
050	Number of claims opened at the end of the period						
060	Average days to final payment						
070	Number of claims closed within 0-90 days from date of claims reported						
080	Number of claims closed within 91-180 days from date of claims reported						
090	Number of claims closed within 181-365 days from date of claims reported						
100	Number of claims closed over 365 days from date of claims reported						

2. Please indicate the three main reasons for denial of claims in the reporting period and the total number of denials for the three reasons selected:

		(01)	(02)
110	a) Exclusions and limitations in the policy	☑	
120	b) Delay in submitting claim	☑	
130	c) Not covered, except for exclusions and limitations in the policy	☑	
140	d) Failure to disclose or misrepresentation of a material fact upon subscription	☐	
150	e) Other, please specify in the space below	☐	

3. Other main reasons for claims denial:

	(01)
160	

4. Lawsuits:

		(01)
170	a) Number of lawsuits outstanding at beginning of the period	
180	b) Number of new lawsuits	
190	c) Number of closed lawsuits, by pre-court settlements	
200	d) Number of closed lawsuits, by Court judgment	
210	e) Number of certified class actions lawsuits outstanding at the beginning of the period	
220	f) Number of new certified class actions lawsuits during the period	

5. General comments:

	(01)
230	

11. COMPLAINT EXAMINATION

DEFINITIONS

	1. Identify the senior officer(s) responsible for complaints handling at the end of the reference period:	
		(01)
001	Check this box if no senior officer is in charge:	☐
010	a) Name of the senior officer:	
020	b) Title:	
030	c) Address:	
040	d) Telephone number:	
050	e) Email:	
060	a) Name of the senior officer:	
070	b) Title:	
080	c) Address:	
090	d) Telephone number:	
100	e) Email:	
110	a) Name of the senior officer:	
120	b) Title:	
130	c) Address:	
140	d) Telephone number:	
150	e) Email:	

	2. Please indicate if the following are present within your organization:	
		(01)
160	a) Complaints handling policies and procedures guideline	
170	b) Complaints handling unit or department	
180	c) Reporting mechanism that is sent to management and the board regarding aggregate complaints on a periodic basis	
190	d) Ongoing training program regarding complaints handling for staff whose activities include complaint handling	

	3. Please indicate in the space below at what stage of your complaint process a complaint is declare to the regulator:
	(01)
200	

	4. Do you have complaints to report (new complaints or complaints opened during a previous reporting period)? If yes, please complete the next tab	(01)
210		

	5. General comments:
	(01)
220	

11.6 COMPLAINT REPORTING

DEFINITIONS

Complaints declared and not closed in a previous period ("Opened complaints") have been downloaded into the Form, if applicable.

However, it is your responsibility to ensure that all your Opened complaints are reflected in the Annual Statement for the period of reference.

Opened complaints must be updated and reported each year until closed. No Opened complaint downloaded must be erased in the Form, even if no change.

	INFORMATION ABOUT THE COMPLAINT					IDENTIFICATION OF THE PRODUCT RELATED TO COMPLAINT									
	Insurer's Complaint Reference Number	Complainant's Postal Code (first three characters are required)	Complaint File Opening Date	Complaint File Status	Complaint File Closing Date (if applicable)	Class of Insurance	If Other, Specify	Type of Product	Distribution Channel	Complaint Category	Cause for Complaint	Result of Complaint Examination	Did the Complaint Result in a Lawsuit (as of the end of the period)?	Was the Complaint Transferred to a Regulatory Authority (as of the end of the period)?	Comments or any additional information
	(01)	(02)	(03)	(05)	(04)	(06)	(07)	(08)	(09)	(10)	(11)	(12)	(13)	(14)	(15)
001				Declared for the first time-Closed during current declaration period		Life		Individual	Direct or exclusive agents	Underwriting	Premium	Settled	Yes	Yes	
002				Declared for the first time-Not closed at the end of current declaration period		Accident & Sickness		Group	Independent channels	Underwriting	Policy provisions	Not settled	No	No	
003				Declared for the first time in a previous period-Voided during this declaration period		Annuities			Other	Underwriting	Refusal	Complaint withdrawn			
004				Declared for the first time in a previous period-Closed during current period		Guaranteed investment account (GIA)				Underwriting	Customer service				
005				Declared for the first time in a previous period-Not closed		Segregated funds				Underwriting	Change in risk category				
006				Closed in a previous period-Reopened during current period		Other				Underwriting	Alleged discrimination				
007										Underwriting	Credit scoring				
008										Underwriting	File confidentiality of insured				
009										Underwriting	Information collection and needs analysis				
010										Underwriting	Reporting to client				
011										Underwriting	Performance of mandate				
012										Underwriting	Other (fill comments section)				
013										Administration	Administrative procedures				
014										Administration	Customer service				
015										Administration	Statements				
016										Administration	Fees / commissions				
017										Administration	Preauthorized debit / payment plan				
018										Administration	Transfers				
019										Administration	Credit rating				
020										Administration	Non-authorized transaction				
021										Administration	Personal information protection				
022										Administration	Collection				
023										Administration	Other (fill comments section)				
024										Marketing and Sales	Advertising				
025										Marketing and Sales	Illustration of cost or return				
026										Marketing and Sales	Alleged misleading statement or misrepresentation				
027										Marketing and Sales	Replacement disclosure form				
028										Marketing and Sales	Delivery of policy				
029										Marketing and Sales	Tied selling				
030										Marketing and Sales	Discontinuation / termination of service				
031										Marketing and Sales	Other (fill comments section)				
032										Product	Policy value				
033										Product	Availability / accessibility				

11.6 COMPLAINT REPORTING

DEFINITIONS

Complaints declared and not closed in a previous period ("Opened complaints") have been downloaded into the Form, if applicable.

However, it is your responsibility to ensure that all your Opened complaints are reflected in the Annual Statement for the period of reference.

Opened complaints must be updated and reported each year until closed. No Opened complaint downloaded must be erased in the Form, even if no change.

	INFORMATION ABOUT THE COMPLAINT					IDENTIFICATION OF THE PRODUCT RELATED TO COMPLAINT									
	Insurer's Complaint Reference Number	Complainant's Postal Code (first three characters are required)	Complaint File Opening Date	Complaint File Status	Complaint File Closing Date (if applicable)	Class of Insurance	If Other, Specify	Type of Product	Distribution Channel	Complaint Category	Cause for Complaint	Result of Complaint Examination	Did the Complaint Result in a Lawsuit (as of the end of the period)?	Was the Complaint Transferred to a Regulatory Authority (as of the end of the period)?	Comments or any additional information
	(01)	(02)	(03)	(05)	(04)	(06)	(07)	(08)	(09)	(10)	(11)	(12)	(13)	(14)	(15)
034										Product	Renewal				
035										Product	Rate of return (ror)				
036										Product	Policy provisions				
037										Product	Prospectus				
038										Product	Adequacy of product				
039										Product	Other (fill comments section)				
040										Claims / Settlement	Claim procedure				
041										Claims / Settlement	Delay in settlement				
042										Claims / Settlement	Refusal of claim				
043										Claims / Settlement	Customer service				
044										Claims / Settlement	Suspension of benefit				
045										Claims / Settlement	Reporting to client				
046										Claims / Settlement	Performance of mandate				
047										Claims / Settlement	Other (fill comments section)				
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12. PROTECTION OF PERSONAL INFORMATION

DEFINITIONS

The breaches reported in this form are those that have a significant impact on the customer and require disclosure under applicable privacy legislation.

"Breaches" refers to incidents and occurrences based on applicable privacy legislation and provincial insurance legislation. It does not include the number of individuals impacted by the breach.

		(01)
010	**1.Do you have policies and procedures in place regarding breaches in confidentiality and the protection of personal information?**	
	If yes, please indicate if the following are addressed by your policies and procedures:	
020	a) Timely notification to consumers of any breaches that could impact their interests or rights	
030	b) Timely notification to the appropriate authorities of any breaches that could impact the consumer's interests or rights	
040	c) Timely notification to the responsible and appropriate individuals within your organization	

		(01)
050	**2. Have you had any breaches in the protection of personal information in the reference period?**	
060	**If yes, indicate the number of breaches:**	

		(01)
070	**3. Were the breaches reported to the proper authorities where required by law (e.g., Privacy Commissioner, regulatory authority)?**	
	If no, please provide details as to why the incident(s) was not reported to the appropriate authority:	
		(01)

080	

4. General comments:
(01)
090