

Avant Group Complaint Management Policy

Approved: 29th September 2021 | Effective: 5th October 2021

1. Context

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

Avant is committed to promoting a 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 10002-2014 "Guidelines for complaint management in organisations" and ASIC Regulatory Guide 271 "Internal Dispute Resolution" (RG271).

This Policy will be reviewed from time to time as required, but not less than every 2 years.

2. Purpose

The purpose of this Policy is to:

- (a) Increase member satisfaction;
- (b) Protect our members' and clients' rights;
- (c) Provide an appropriate means for resolving Complaints;
- (d) Provide information about the Complaint Management System; and
- (e) Monitor Complaints.

3. 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 (AIL);
- The Doctors' Health Fund Pty Limited, ABN 68 001 417 527 (DHF); and
- Doctors Financial Services Pty Ltd ABN 56 610 510 328 (DFS)

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

4. 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.

4.1 Key Steps in Avant's Complaint Management System

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

4.2 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) failure to provide membership or insurance cover;
- (c) failure to indemnify a claim;
- (d) unlawful cancellation of membership or an insurance contract;
- (e) changes to premium and risk rating assessments;
- (f) conditions imposed in an insurance contract; or
- (g) fraud.

4.3 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, contact Avant using any of the following:

- Telephone: (02) 9260 9000
- Freecall: 1800 128 268
- In writing to Avant at Level 6, 201 Sussex Street, Sydney 2000
- 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 specifically please contact

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

For matters relating to Doctors' Health Fund specifically please contact

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

4.4 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 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.

4.5 How and when Avant will respond

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

We aim to resolve most Complaints received within 5 business days and endeavour to finalise all Complaints considered under this within thirty (30) calendar days of our receipt of your Complaint. Our final response will include:

- 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;
- your right to take the Complaint to an External Dispute Resolution (EDR) agency if you are not satisfied with our final response; and
- 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.

5. If your complaint is not resolved

5.1 External Disputes Resolution Agencies

All members of the Avant Group are required to be a member of an EDR agency, must maintain membership and ensure our Complaint Management System reflects membership requirements.

Insurance and financial advice disputes

AIL and DFS are a member of the EDR Agency operated by 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

DHF 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