



PPS Complaints Handling Procedure

PPS is the only mutual financial services group in South Africa that focusses exclusively on graduate professionals. PPS is not listed on the stock exchange and has no external shareholders – instead, PPS operates under the ethos of mutuality and all PPS' profits are allocated to PPS members with qualifying products on an annual basis by way of allocations to their PPS Profit-Share Accounts.

Please note that you have a period of 90 calendar days from the date of communication received, to appeal or dispute a decision with PPS. It is however recommended that you lodge any dispute as soon as possible, to facilitate a speedy resolution to your concerns.



PPS Service Commitment

PPS recognises your right to fair treatment and undertakes to use each opportunity to improve our service. PPS endeavours to acknowledge, and resolve complaints with comprehensive feedback timeously, aligned with the Treating Customers Fairly principles.

As a valued policyholder you can expect:

- To have your feedback heard.
- To be treated fairly and with respect.
- To be advised of additional information needed to resolve your complaint.
- To receive a comprehensive response to your complaint.
- To be informed of the PPS complaints process where appropriate.

Your feedback is valued

- Please contact our Member Services Contact Centre on 0860 123 777 or email managersfeedback@pps.co.za **directly**. Your feedback will be registered and acknowledged within eight working hours and provide you with a reference number. The time period for resolution is eight working days. In the unlikely event that PPS cannot provide feedback within the eight working days, you will be provided with a new date for resolution.



Lodge a complaint with the Independent Internal Arbitrator

If you are not satisfied with the response, you can lodge a complaint with the Independent PPS Internal Arbitrator. The function of the Independent Internal Arbitrator is to mediate in disputes between PPS and its policyholders.

PPS Insurance Company	PPS Short-Term Insurance Company
The Internal Independent Arbitrator Name: Adv TJ Ferreira Tel: +27 (0) 11 644 4601 Fax: +27 (0) 11 644 4598 Email: arbitrator2@pps.co.za Postal: P.O Box 1089, Houghton, 2041	The Internal Independent Arbitrator Name: Mr Jeff Mc Key Tel: +27 (0) 11 644 4407 Email: sticarbitrator@pps.co.za Postal: P.O Box 1089, Houghton, 2041



Staying Informed

- *Your detailed appeal should be addressed to the respective Independent Internal Arbitrator of PPS, listing the reasons for your appeal, with all relevant substantiating documentation.*
- The Independent Internal Arbitrator will acknowledge receipt of the formal complaint in writing within 3 working days. **A final determination should be reached within 30 calendar days.**
- In order to make a fair assessment the Independent Internal Arbitrator will investigate the complaint thoroughly, by gathering all the relevant facts and may request further information from yourself, or other sources, where necessary.
- In some instances, the time period for a determination or proposed solution may need to be extended due to additional information required and timeous receipt of such information. In these instances the Independent Internal Arbitrator should keep you informed of the progress and discuss the timeframe required.
- If a final solution has not been reached within the agreed time period or 8 weeks from receipt of the complaint, you may refer the complaint to the relevant Ombud.

Contact details of the relevant Ombudsman:

Ombudsman for Long Term Insurance Tel: 0860 OMBUDS (662837) Email: info@ombud.co.za Web: www.ombud.co.za	Pension Funds Adjudicator Tel: +27 (0) 12 3461738 / +27 (0) 12 748 4000 Email: enquiries@pfa.org.za Web: www.pfa.org.za
Ombudsman for Short-term Insurance Tel: +27 (0) 11 726 8900 / 0860 726 890 Email: info@osti.co.za Web: www.osti.co.za	Financial Advisory and Intermediary Services Ombudsman Tel: +27 (0) 12 762 5000 / +27 (0) 12 470 9080 Email: info@faisombud.co.za Web: www.faisombud.co.za

Important Note for Financial Advisory and Intermediary Services Ombudsman

- Independent brokers or brokerages are responsible for the nature and quality of advice they render. If the complaint is about a financial service rendered by a representative of or an independent Financial Services Provider, it may be referred to the Financial Advisory and Intermediary Services Ombudsman. You have six months after receipt of the final response from PPS to submit your complaint to the FAIS Ombudsman.
- The FAIS Ombudsman will assist you in all instances where you believe that you have suffered, or may be likely to suffer, financial prejudice or damage because the provider or intermediary has *"contravened or failed to comply with a provision of the FAIS Act, willfully or negligently rendered an unsuitable financial service to you or treated you unfairly"*.

Timelines for instituting legal action

Please note that in terms of the Prescription Act, you have three years from the date on which a final decision has been communicated to you, to institute legal action. The Prescription period will only commence after all the PPS review processes have been exhausted, which may include the periods of appeal to the Independent Internal Arbitrator and the Ombudsman for Long-Term Insurance.

Ethos of Mutuality

- PPS is focused on creating and sustaining long-term growth and wealth for our members' future.
- PPS is a company with a mutual character. This means that PPS has no external shareholders and that PPS members share in all of its profits. Profit and investment returns are allocated to members with qualifying products to their PPS Profit-Share Account™ each year.
- Our primary responsibility is to provide the best cover for all our members, any feedback received by PPS is given due consideration. All claims and underwriting decisions must comply with the respective scheme rules.
- In order to ensure fairness, each application is assessed on its individual merit and PPS' decisions are based on the policy rules and assessment criteria.
- PPS has a team of qualified medical officers and assessors who oversee medical related information extensively during the application and claims process. All documentation and information received pertaining to your application are considered throughout the decision making process.
- PPS would not unfairly disqualify any condition or application without valid reason and careful consideration, company and industry standard practice guidelines are adhered to. The application validation process and decision making must also comply with independent scrutiny.