

## **One-Minute Guide - EIOPA Guidelines on Complaints-Handling by Insurance Undertakings**

This guide<sup>1</sup> provides a summary of what EIOPA's Guidelines on Complaints-Handling<sup>2</sup> ("the guidelines") mean for all insurance undertakings, but with a particular focus on ensuring a proportionate approach towards small insurance undertakings<sup>3</sup>.

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### **What is the status of the guidelines?**

The guidelines apply to the authorities competent in your Member State for supervising complaints-handling by insurance undertakings. When applying the guidelines, these authorities must ensure that all insurance undertakings comply with them.

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### **What do the guidelines cover?**

The guidelines cover the minimum processes insurance undertakings should have in place to deal with complainants fairly. The guidelines cover:

1. Complaints management policy;
2. Complaints management function;
3. Registration;
4. Reporting;
5. Internal follow-up of complaints-handling;
6. Provision of information;
7. Procedures for responding to complaints.

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<sup>1</sup> N.B. This document is intended as an illustrative guide only; it is not a legal instrument and does not override or repeal existing legal instruments adopted by EIOPA. It does not constitute legal or other professional advice. Specific advice should be sought about your individual circumstances.

<sup>2</sup> EIOPA-BoS-12/069 Guidelines on Complaints-Handling by Insurance Undertakings of 14<sup>th</sup> June 2012

<sup>3</sup> EIOPA indicated in a Press Release dated 27 June 2012 that it appreciated the importance of proportionality in applying these Guidelines to different-sized insurance undertakings and aimed to consider this as part of a follow-up initiative.

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**What changes will I need to make?**

This will depend on the processes already in place in your Member State for ensuring insurance undertakings treat complainants fairly. For some Member States, few, if any, changes will be required.

Where Member States do need to make changes, the impact will depend on the processes small insurance undertakings already have in place for handling complaints fairly.

We expect the complaints process to vary depending on the size of the business and the volume and complexity of the complaints it receives.

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**How should a complaints management policy be implemented?**

We would expect small insurance undertakings to have regard to:

- the minimum standards set down in national legislation and the guidelines; and
  - the size and nature of their business.
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**How should a complaints management function be implemented?**

The approach that insurance undertakings take when developing a complaints management function will differ depending on the size and complexity of their business. This function might be, for example, a separate department, unit or a single senior individual. The key aim is to ensure that there are organisational arrangements in place that enable complaints to be investigated fairly and allow possible conflicts of interest to be mitigated.

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**What is meant by Registration?**

Insurance undertakings should register complaints internally in the manner that seems best suited to the volume of complaints they receive. This could be done electronically and must be secure.

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**To whom should insurance undertakings report on complaints?**

Insurance undertakings will need to provide complaints data on the complaints they receive to their national authorities and/or their national ombudsman. What data needs to be reported and when, will be set out by their national authority.

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### **What does internal follow-up of complaints-handling mean?**

We would expect small businesses to have in place on-going processes to:

- analyse the causes of different types of complaints;
- consider whether these causes affect other products or processes; and
- correct these causes, where reasonable to do so.

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### **What information should be provided to complainants and how?**

Written information on the complaints-handling process should:

- be provided either on request or on acknowledgement of a complaint;
- be published in an easily accessible manner; and
- set out how to complain and the processes the insurance undertaking has in place for dealing with a complaint.

The written information could, for example, be on the insurance undertaking's website, but could also be as a brochure, pamphlet or in the contract. But it must be clear, accurate and up to date.

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### **What should a response encompass?**

When investigating a complaint, the insurance undertaking should, irrespective of its size:

- gather and investigate all relevant evidence;
- communicate in plain language, which is clearly understood;
- provide a response without unnecessary delay or at least within the time limits set at national level; and, if this is not possible, inform the complainant about the causes of delay and set out when the investigation is likely to be completed;
- in the undertaking's final response, set out its position and the complainant's option to maintain the complaint (e.g. by referring to an ombudsman, other alternative dispute resolution mechanism etc.);
- the final response should be in writing, where national rules require it.