

## Complaints Handling Policy

Saint John's Insurance Benefit Package prides itself on its high levels of customer satisfaction for its products and will thus deal with any complaint in a professional manner and ensure that our products and services live up to the expectations of our clients. In line with our beliefs, we have a clear and concise complaint handling process, which aims to:

- Help us learn from our mistakes
- Preserve our good relationship with current and future temporary employees working for Focused Consulting Limited
- Treat each case with the same standard practice to ensure fair and proper treatment

This document summarises our complaints handling procedure. This procedure is the same for every complainant.

### Definition of a Complaint

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by Saint John's Insurance Benefit Package.

### Complaints concerning the selling of our products

If you have a complaint which concerns the manner in which one of our products was sold to you, please contact Saint John's Insurance Limited.

If you remain dissatisfied with the response to your complaint, you may also be able to refer your complaint to the **UK Financial Ombudsman Service**.

### Complaints concerning one of our Policies of Insurance

If you have a complaint which concerns one of our Policies of Insurance, please contact Saint John's Insurance Limited.

If you remain dissatisfied with the response to your complaint from Saint John's Insurance Limited you may also be able to refer your complaint to the **Customer Complaints Manager of the Malta Financial Services Authority**.

Any complaint will be subject to our internal procedures which govern the acknowledgement, investigation and response to complainants. Below is an overview of these procedures.

### Complaints Handling Procedures

We will endeavour to ensure that all complaints are resolved within 8 weeks of receipt of a complaint. If this is not possible or workable we are required to state our reasons for not being able to do so and propose a completion date.

The following describes how complaints will be dealt with:

**Acknowledgement**

Upon receipt of a complaint, we will provide written acknowledgement within 5 business days of our receipt of such complaint. This letter will contain details of our Complaints Procedure.

**Initial Response**

A letter updating the complainant, providing full details of our investigation and any offer of potential redress will be dispatched within 4 weeks of the original complaint. With this letter we aim to come to a satisfactory resolution of the complaint.

**Further Acknowledgement**

In the case of the complainant being referred back to Saint John's Insurance Benefit Package, a further letter will be sent out to acknowledge receipt within 5 business days of the latest correspondence.

**Holding Response**

If we are unable to provide a final response (see below), we will issue a Holding Response, which will seek to inform the complainant of the reasons why we are unable to give a final response and an indication as to when they will next hear from us.