

COMPLAINTS AND DISPUTE RESOLUTION PROCESS

MECON is committed to meeting and exceeding our clients' expectations whenever possible and would like to know if your expectations haven't been met. You are entitled to make a complaint about any aspect of your relationship with MECON including the conduct of its agents and authorised representatives. MECON will attempt in good faith to resolve any complaint/dispute in a fair, transparent and timely manner.

This policy complies with the General Insurance Code of Practice.

What is a complaint: A complaint is an expression of dissatisfaction relating to our products or services or our complaints handling process itself, where a response or resolution is explicitly or implicitly expected.

The complaints process described below does not apply to your complaint if MECON resolve it to your satisfaction by the end of the 5th business day after your complaint was received by MECON, and you have not requested a response in writing. The exemption to the complaints process does not apply to complaints regarding a declined claim, the value of a claim or financial hardship.

Financial Hardship

We will review any Financial Hardship application in accordance with Section 8 of the General Insurance Code of Practice and any applicable guidelines.

1. COMPLAINTS PROCESS (STAGE 1)

1.1 What to do if you have a complaint

Complaints should be referred by either email, telephone or mail:

E: customerservice@mecon.com.au
T: + 61 2 9252 1040
M: Service Feedback - PO Box R1789, ROYAL EXCHANGE NSW 1255

To allow MECON to consider your complaint the following information needs to be provided (where available):

- Name, address, email and telephone number of the policyholder;
- Policy number, claim number and product type;
- Name and address of the insurance intermediary through whom the policy was obtained;
- An explanation of the situation that led to the complaint; and
- Copies of any supporting documentation you believe may assist MECON in addressing your complaint appropriately.

1.2 How MECON handle your complaint

MECON aim to acknowledge receipt of your complaint by either telephone, email or letter within 2 business days and advise the name and contact details of the employee assigned to liaise with you.

MECON will respond to your complaint in writing within 15 business days of first being notified of the complaint, provided MECON have all the necessary information and have completed any necessary investigations.

If MECON cannot respond within 15 business days, MECON will seek to agree a reasonable alternative timetable with you. MECON will keep you informed of the progress no less than every 10 business days, unless an alternate timetable is agreed. If we cannot reach a reasonable alternative timetable, MECON will advise you of your right to escalate the complaint to Stage 2 of the complaints process.

2. INTERNAL DISPUTE RESOLUTION (STAGE 2)

If MECON' Stage 1 decision does not resolve your complaint to your satisfaction, you may advise MECON that you wish to escalate your complaint to Stage 2. At this point, you will be advised if the complaint is to be handled by the relevant insurer.

Your complaint will be reviewed by members of a panel from the relevant insurer, independent of the person or persons whose decision or conduct is the subject of the complaint, or who was involved in the Stage 1 decision (where applicable). The insurer will keep you informed about the progress of the review at least every 10 business days.

The insurer will respond in writing within 15 business days of the date you advise that you wish to proceed to Stage 2, provided all the necessary information has been provided and any investigation required has been completed.

If the insurer cannot respond within 15 business days, the insurer will let you know as soon as reasonably practicable within that timeframe and agree a reasonable alternative timetable with you. If an alternate timetable cannot be agreed, the insurer will advise you of your right to take your complaint to the Australian Financial Complaints Authority where applicable.

3. EXTERNAL DISPUTE PROCESS (STAGE 3)

3.1 Australian Financial Complaints Authority

If MECON' or the insurer's decision at Stage 2 does not resolve your complaint to your satisfaction, or if the insurer have not resolved your complaint within 45 calendar days of the date MECON first received your complaint, you can seek an external review via MECON' or the insurer's external dispute resolution scheme administered by the Australian Financial Complaints Authority (AFCA). This is only relevant for retail classes of insurance which fall within AFCA's Rules.

AFCA is an independent national scheme for consumers, free of charge and aimed at resolving disputes between the insured and their insurance intermediary/insurer. AFCA can advise you if your dispute falls within their Rules.

Determinations made by AFCA are binding on the intermediary/insurer, where relevant. If you would like to refer your dispute to AFCA, you must do so within 2 years of the final decision from Stage 2. AFCA may still consider a dispute lodged after this time if AFCA considers that exceptional circumstances apply.

Australian Financial Complaints Authority contact details are:

T: 1800 931 678
E: info@afca.org.au
M: Australian Financial Complaints Authority - GPO Box 3, Melbourne VIC 3001
W: www.afca.org.au

3.2 Process

Before AFCA can consider your dispute, MECON must be given an opportunity to resolve the dispute with you directly.

After your dispute is lodged with AFCA, they will contact MECON and/or the insurer and ask for a response from both parties. Response times requested by AFCA vary depending on the situation.

If AFCA advises you that their Rules do not extend to you or your dispute, you can seek independent legal advice or access any other external dispute resolution options that may be available to you.