

Instructions

Please note that before filling out a complaint form, you must have contacted the employee or department head with whom you have a disagreement.

If you are not satisfied with his or her response, you may fill out this form.

- You will receive an acknowledgement of receipt within five (5) working days of the date the Company receives your complaint.
- We will contact you should we require more information.
- **Since there is no guarantee that information sent via the Internet will remain confidential, we recommend that you mail the form to Humania Assurance.**

Part 1 - Identification of parties to the complaint**A) Personal information**

Ms./Mrs Mr

Last name: _____ First name: _____

Date of birth: _____

Address: _____

City: _____ Province: _____

Postal code: _____

Telephone number (home): _____ Telephone number (work): _____

Time when you can be reached: _____

B) Information About the Company in Question

Humania Assurance Inc. _____

Name of Complaint Officer Mr. Marc Peliel _____

Title: President and Chief Executive Officer _____

Address: 1555, Girouard Street West, St-Hyacinthe (Québec) J2S 2Z6 _____

Telephone: 450 771-1334, Montreal : 514 485-1334, Toll free: 1 800 363-1334 _____

Policy/certificate number: _____

Part 2 - Description of your complaint

A) What type of contract is involved?

Individual Group Loan Annuity

B) Description of your complaint

- Please describe the nature of your complaint. In chronological order, list the facts leading up to your complaint.
- If possible, specify the exact dates and times, as well as the names of the people who you contacted.
- Briefly describe the steps you took.
- Please attach any additional pages, if necessary.

C) As part of your complaint process, which of the following people did you contact:

- the head of the department: Yes No
- your insurance agent: Yes No
- a lawyer: Yes No
- another organization: Yes No

If you answered yes to any of the above, what was the outcome of that process?

Part 2 - Description of your complaint

D) By filling out this Complaint Form, what outcome are you expecting? What solution do you propose?

Part 3 - Documents for complaint review

To help us review your complaint, please enclose photocopies of all the documents you can provide to help us examine your complaint.

For example: an insurance policy, a statement of account, a form, an advertisement or marketing document, correspondence with the company, or any relevant document.

Please send us a copy of all relevant documents. It is important that you retain the originals.

Part 4 - Date and signature of your complaint

Date: _____

Signature: _____