

Procedures

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.

- If you wish to file a complaint with Tour+Med travel insurance, please 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.**

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

Tour+Med travel insurance _____

Name of Complaint Officer Mr Jean-Patrice Dozois _____

Title: Senior Director, Compliance _____

Address: Humania Assurance Inc, 1555 Girouard Street West, P.O. Box 10000, Saint-Hyacinthe (Quebec) J2S 7C8 _____

Telephone: 1 800 363-1334 or from Montreal: 514 485-1334, extension 307 _____

Policy/certificate number: _____

Part 2 - Description of your complaint

A) Description of your complaint

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

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

- the head of the department in question: Yes No
- the representative in question, where applicable: 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

C) 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 along with the form.

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 document originals.

Part 4 - Date and signature of your complaint

Date: _____

Signature: _____

Humania Assurance Inc, 1555 Girouard Street West, P.O. Box 10000, Saint-Hyacinthe (Quebec) J2S 7C8