

POLICY OF COMPLAINT MANAGEMENT OF UNIQA LIFE INSURANCE PLC.

Chapter One – Definitions

1. The current policy is aimed at ensuring an adequate process of complaint management, guaranteeing the necessary internal flows of information and reports on complaint management, control over the efficient and effective handling of complaints, in accordance with the terms provided for in the Insurance Code (IC), as well as protection of the interests of the users of insurance services of UNIQA LIFE INSURANCE Plc. (“**the Company**”).

2. For the purpose of the current policy application, the following definitions are given.

2.1. A complaint is any written endorsement and/or expression of dissatisfaction (complaint) in connection with products, services, processes or other activities of UNIQA LIFE INSURANCE Plc., employees or insurance intermediaries. Subject of the current rules are also complaints made through or by institutions: regulatory bodies, judicial and investigative bodies, the Prosecutor’s Office, Ministry of the Interior, state institutions, etc.

2.2. Signal: verbal endorsement and/or expression of dissatisfaction, submitted through the contact center.

2.3. Complainant: can be both a user of an insurance service or its authorised representative, and any other entity making a complaint relating to the activity of UNIQA LIFE INSURANCE Plc., its employees or insurance intermediaries.

2.4. User of insurance services: the insurer, the insured, the third benefiting entity, the third damaged entity, other entities for whom rights have arisen under an insurance contract.

Submission and consideration of complaints is free.

Chapter Two – Types of complaints and responsible Directorates for preparation of response

3. Depending on the type and specifics of the complaint, set down in the complaint, the latter can be:

3.1. Complaint on liquidation case (damage). The response is commissioned to an expert of Technical processing and complaints and for all complaints for damages to the amount of over 10,000 leva (ten thousand leva), the complaint response is agreed with the Insurance Legal Department, and at the discretion of the expert preparing the response, the response can be agreed for smaller amounts as well, as well as for complaints that are not related to claims.

3.2. Complaint against rude and/or improper behaviour of an insurance intermediary. Responsible for the provision of the whole relevant information for preparation of the response is the competent

directorate, the response being prepared by the expert of Technical processing and complaints and, if necessary, it is agreed with the General Secretariat Directorate the Internal Audit Directorate.

3.3. Complaint from an insurer or re-insurer. Responsible for the provision of the whole relevant information for preparation of the response is the competent directorate, the response being prepared by the expert of Technical processing and complaints and, if necessary, it is agreed with the General Secretariat Directorate the Internal Audit Directorate.

3.4. Complaints, submitted to the registry of the Central Administration, meeting the criteria for high risk, shall be agreed and referred by the General Director to the competent unit.

3.4.1. High-risk complaints:

a) Complaints addressed to the General Director, members of the Management Board and the Supervisory Board;

b) Complaints received through or by regulatory bodies (Financial Supervision Commission, Commission for Consumer Protection, Commission for Personal Data Protection, State Agency “National Security”, etc.), judicial and investigative bodies, the Prosecutor’s Office, Ministry of the Interior, Ombudsman or other financial or non-financial institutions;

c) Complaints that have acquired publicity (in the media);

d) Complaints with a wide range of impact (a large number of affected customers, requiring considerable coordination, since a large number of units have been affected);

e) High-risk complaints are also those related to indemnification over 50,000 lv.

f) Complaints, containing signals of potential fraud, committed by employees or representatives of the company.

The responses to all high-risk complaints shall be agreed with jurists irrespective of the case. The high-risks complaints shall be sent to the responsible unit with a copy to the General Director.

3.4.2. Complaints with a signal for potential fraud.

Any complaint for which the registering person, the processing person or the complaint expert believes to be related to a potential fraud on the part of the company’s employee or intermediary, shall be referred to the manager of the functions of compliance, internal audit and risk management.

The responsible employees from the Compliance and Lawfulness Directorate, the Risk Management Directorate and the Internal Audit Directorate shall, within 3 business days, confirm whether the case sent is within their competences.

When the Compliance and Lawfulness Directorate, the Risk Management Directorate and the Internal

Audit Directorate confirm that the complaint pertains to a fraud, the case is examined by them and is reported to the General Director.

The official response on the case is prepared by the expert on technical processing and complaints, in agreement with directorates Compliance and Lawfulness, Risk Management and Internal Audit. If the directorates Compliance and Lawfulness, Risk Management and Internal Audit response that the complaint is not related to fraud, the complaint is examined by the ordinary procedure.

3.4.3. Other complaint. The expert on Technical processing and complaints is responsible for the consideration of the complaint and for the preparation of the response.

Chapter Three – Submission and registration of complaints

4. Any interested party can submit a complaint in:

4.1. The Registry of Central Administration at the address: Sofia, 18 Todor Alexandrov Blvd.;

4.2. Call Center – customer's telephone: 0700 111 50;

4.3. Territorial Structure of UNIQA LIFE INSURANCE Plc.;

4.4. Feedback form on the internet page of the company at the address:

www.uniqa.bg;

4.5. Electronic feedback address with the Company: feedback@uniqa.bg;

The complaints shall contain detailed description of the complainant's complain and the number of the insurance contract and/or the number of the claim if the complaint is related to an insurance contract; written documents and evidence which the complainant has at its disposal.

5. When a complainant calls the Call Center of the company at telephone number 0700 111 50, the call center operator gives the person full and accurate guidelines regarding the procedure of complaint submission, the requirements with respect to their content, as well as regarding the procedure and terms of their consideration and the preparation of responses to them.

6. When the complaint is sent to the e-mail address: feedback@uniqa.bg or by the feedback form on the company's internet page: www.uniqa.bg, the whole submitted information via electronic mail or to the internet page is sent promptly to the registry for registration and distribution, as well as for consideration in accordance with the current policy.

7. If the complaint is submitted over telephone number 0700 111 50, the call center operator notifies the

complainant to lodge a written complaint on paper or electronically.

8. When a complaint from a user of insurance service is received by an insurance agent with whom the company has concluded a contract for insurance intermediation, the insurance agent shall forward it to the Central Administration of the company or to the following electronic address: feedback@uniqa.bg within one day of its receipt.

8.1. When the complaint is submitted into an office of UNIQA LIFE INSURANCE Plc., the responsible employees in the office shall send the complaint immediately within the same workday to the e-mail address: feedback@uniqa.bg.

9. On every complaint submitted in one of the foregoing ways, the employee in the registry affixes an ingoing number and date, the term for preparation of a response to the complaint starts running from the first workday following the date of the incoming number.

10. The complaints received are entered into an Electronic platform – Salesforce (called hereinafter "Electronic Platform").

11. All complaints are registered in the Electronic Platform in which the expert on Technical processing and complaints enters:

11.1. the consecutive incoming number of the complaint;

11.2. the date of entry of the complaint into the Electronic Platform;

11.3. the location of submission of the complaint;

11.4. the responsible directorate to which the complaint is distributed.

12. The complaints that are distributed to the responsible directorates are entered into the Electronic Platform, the following information being written for each complaint:

12.1. complainant;

12.2. insurance type;

12.3. insurance policy number;

12.4. number of damage in case the complaint relates to a damage;

12.5. short description of the subject of the complaint and complainant's claim; when the complaint is against an insurance intermediary, the latter's name is entered;

12.6. correspondence with the complainant or other persons;

12.7. insurer's decision (description and satisfaction of the claim – fully, in part, not satisfied);

12.8. date of notification of the complainant of the decision taken;

12.9. date of implementation of the decision (if the claim is satisfied);

13. If the complaint is not related to a concrete insurance contract, the whole information on the subject of the complaint is entered into the Electronic Platform, and some of the foregoing data may not be required and may not be entered into the platform, if it is not related to the concrete complaint.

14. Responsible for keeping and timely entry of data into the Electronic Platform, as well as for the timely sensing of the responses to the complaints within the terms, specifies in Chapter Six of the current policy, is the expert on Technical processing and complaints. Another control is carried out regularly by the Customer Servicing Directorate.

Chapter Four: Competences and principles of work

15. While considering the complaints, the following principles are followed:

Orientation to the customer

The complaints are treated as a possibility of retaining the customers and of improving the services and processes in UNIQA LIFE INSURANCE Plc., the customers should be encouraged to express their opinion, as well as be able to easily submit complaints in case of dissatisfaction.

The complainants must receive polite responses within good manners. The customer should not be burdened with internal information and the names of the persons, engaged with solving the complaint, should not be mentioned. The response should be clear, with minimum use of terminology and abbreviations and exhaustive.

Competence

The dedicated directorate for the response to a complaint is determined according to the essence of the case. The employees responsible for the consideration of complaints, shall possess the necessary knowledge and expertise, as well as skills and competence for communication and work with customers. This includes profound knowledge in the field in which they work, as well as skills to express themselves comprehensively and in a plain language.

Systematic approach

Registration and processing of complaints from customers should be duly documented. All complaints and their responses are registered and archived with the aim of timely analysis, problem identification and decision taking.

Impartiality

The employees and members of managing and control bodies, any other person in a managing position, as well as any other person, authorised to manage or represent UNIQA LIFE INSURANCE Plc., **do not have the right** to take part in the processing of a complaint pertaining to a case in which the person, a member of his family, company, in which the person, a member of his family participate directly or indirectly (as a customer, as a third party or as a representative of UNIQA LIFE INSURANCE Plc.) or the complaint relates to a case in which his independence may be put at stake (personal interest, personal relations (kinship) with the affected customer, contract that he has negotiated or advice that he has given, etc.

The complaints cannot be resolved by the bodies, structural units or employees, against whose actions they have been lodged and that is specifically stressed in the contents of the complaint. Responsible for abiding by this principle in order to prevent conflict of interests are the directors of the dedicated directorates in the Central Administration.

Four-eyes principle

The objective consideration of the complaints demands that the provision of information be assigned to an employee, other than the responsible person in the initial settlement of the claim.

Chapter Five: Distribution and consideration of complaints

16. After the complaint is received and registered, the registry of the Company distributes to the relevant responsible directorate that has the competence to consider it according to Appendix 2 and Chapter Two of the current policy.

17. If the employee in the registry is unable to determine to which directorate to distribute a specific complaint, he sends an inquiry by e-mail to the expert on Technical processing and complaints, the General Secretariat Directorate and the Internal Audit Directorate, which, within the same workday direct him to the directorate for coordination of the complaint.

18. If complaints are received for incorrect behaviour of intermediaries, the employee in the registry shall forward a copy of the complaint to the Director of the Internal Audit Directorate, so that a check is conducted independently of the dedicated directorate. If improper practices are established, the Director of Internal audit notifies the General Director and the director of the unit to which the complaint is distributed, in order to eliminate the omissions.

19. The expert on Technical processing and complaints prepares a response to the complaint and sends it in time to the complainant, reflecting all data

and the up-to-date status of the complaint in the Electronic Platform. The expert on Technical processing and complaints is entitled to require all data and information, relating to the complaint, from the competent directorates.

19.1. Each directorate appoints at least one expert and its deputy who will be responsible for the provision of data and information needed for the timely consideration and preparation of responses to the complaints.

19.2. When the expert, responsible for the provision of information, has prepared or participated in the preparation of a response or opinion in any case (damage claim, etc.) and the complaint of the complainant is based just on that response or opinion, the expert shall report to the director of the corresponding responsible directorate and the latter shall appoint another expert for consideration and provision of information on the specific complaint.

20. When a complaint is received in the Customer Service Directorate, Liquidation Department, the documents on claims are considered in the electronic archive of the company. When the documents are not deposited in the electronic archive, the complaint and the response are attached to the claim file on paper.

21. When a complaint is received, distributed to another directorate, the response is archived and kept in the corresponding responsible directorate.

22. The expert on Technical processing and complaints prepares and signs a written motivated response to the complaint and documents it as follows:

22.1. Complaints on claims – The response prepared is sent with a registered letter with delivery note to the address specified by the complainant. The delivery note is attached to the case together with a copy of the response. When the complaint is received via e-mail and there is no correspondence address, the response to the complaint is scanned and sent via e-mail and after that it is attached to the case by the responsible employees in the Liquidation Department.

22.2. Complaints against misconduct of intermediaries (agents, general agents and brokers) – after collecting all relevant evidence, the responsible experts from the competent directorates send the information to the expert on Technical processing and complaints who checks them and prepares a written motivated response that shall be coordinated with the directors of the Internal Audit Directorate and the General Secretariat Directorate. The response is signed by the expert on Technical processing and complaints and is sent with a registered letter with delivery note to the address, specified by the complainant, or via e-mail. The responses are archived in the competent directorates.

23. When preparing the responses to complaints, the relevant responsible experts shall:

23.1. Collect and investigate all relevant evidence and information concerning the complaint and provide them to the expert on Technical processing and complaints and to the directors of the Internal Audit Directorate, the General Secretariat Directorate and the Compliance and Lawfulness Directorate on request.

23.2. Communicate with the complainant in a clear and easily comprehensible language.

23.3. Provide the information without undue delay in order to keep the deadlines under Item 14.

23.4. Provide full explanation regarding the company's position, the factual and legal grounds on which it is based, if the response to the complaint does not fully satisfy the complainant's request.

23.5. The responses to complaints are prepared only in a written form. A response sent over e-mail is also considered to be in a written form. A response over the telephone with no written trace shall not be considered valid.

The process of replying to the complaint is completed by entering the response into the Electronic Platform by the expert on Technical processing and complaints in accordance with Appendix 1 to the policy, completing all necessary data.

24. If, while examining the complaints, offenses of the Insurance Code are established, another normative act, internal rules or policies of the company, clauses in intermediation contract or other improper practices, the director of the responsible directorate shall send a report to the General Director and the dedicated executive director with recommendations for corrective action.

Chapter Six: Deadlines for preparation and provision of response

25. In the case of complaints on insurance claims, when the complaint relates the sum of the insurance indemnification, the deadline for preparation of a response and provision of factual and legal justification for the sum of the indemnity determined is 6 (six) calendar days.

26. For all other complaints the deadline for preparation and provision of a response is 15 (fifteen) calendar days as of the date of receiving the complaint in the Central Administration of the company.

Chapter Seven: Periodic reports and analyses and staff training

27. Any complaint from users of customer services is a chance of gaining knowledge and conclusions with which UNIQA LIFE INSURANCE Plc. can improve its

products, processes and activities. Regular inquiries for the complaints by claims and key indicators are prepared by the expert on Technical processing and complaints. Regular reports are sent to:

27.1. Risk Management Commission – every 3 months (or more often on request by the Commission) analysis of all submitted complaints for the past quarter, key indicators and measures undertaken.

27.2. Management Board – annual generalised report.

27.3. The Director of the relevant responsible directorate presents its report, agreed with the expert on Technical processing and complaints, to the Management Board of the Company for a decision to be taken by the Management Board, if necessary.

28. UNIQA LIFE INSURANCE Plc. provides and conducts annual training of the employees, involved in consideration of complaints within the company.

Chapter Eight: Provision of information

29. In accordance with Ordinance 53 of 23.12.2016 of the Financial Supervision Commission (FSC) on the requirements to accountability, assessment of assets and liabilities and formation of technical reserves of insurers, reinsurers and Guarantee Fund, the Company provides FDC with quarterly and annual information on the complaints submitted.

29.1. Preparation and provision of quarterly information is performed under the following terms and conditions: until 20th day of each month, next reporting quarterly period (20 April, 20 July, 20 October and 20 January), the responsible expert Analyst of insurance techniques from the Customer Service Directorate prepares and coordinates with the

expert on Technical processing and complaints a generalised register of complaints to the chief accountant of the company who is responsible to send it to the Financial Supervision Commission before the 30th day of the month following the reporting quarter.

29.2. Preparation and provision of annual inquiries is performed under the following terms and conditions: until the 20th day of March, following the reporting annual period, the responsible expert Analyst of insurance techniques from the Customer Service Directorate prepares and coordinates with the expert on Technical processing and complaints and sends a generalised register of complaints to the chief accountant of the company who is responsible to send it to the Financial Supervision Commission before the 30th day of March of the current year.

Chapter Nine: Final provisions

30. The current policy is issued pursuant to Article 290 of the insurance Code and Guidelines on Complaints-Handling by Insurance Undertakings (EIOPA-Bos-12/069), adopted by the European Insurance and Occupational Pensions Authority (EIOPA).

31. The current policy was adopted at a meeting of the Management Board of the Company on 27.04.2022 and supersedes the Policy of Complaint Management of UNIQA LIFE INSURANCE Plc. of 04.08.2021.

32. The current policy of the Company is subject to regular revision with subsequent amendment and additions in accordance with the changes in legal and economic context with regards to management of complaints against insurance undertakings.