



At RWAM, we believe that our fundamental strength lies in our people and that our success is measured by customer satisfaction. By fostering a culture of professionalism and empowerment, RWAM prides itself in providing exceptional customer experiences. If however, you are not satisfied with the service, or a product you receive from RWAM Insurance Administrators Inc. ("RWAM"), the following process is in place to acknowledge and address your concerns or complaint in a timely and confidential manner.

Send any Privacy-related matters to PrivacyOfficer@rwam.com or view our policy online at: [RWAM Privacy Policy](#)

Step 1: You must first contact a Customer Service Representative in the applicable RWAM department (e.g., Group Claims, Group Administration, Disability Claims), who will attempt to resolve your concern.

Step 2: If after Step 1, your concern has not been addressed to your satisfaction, you may request that your concern be transferred to the applicable RWAM Manager, who will review your concern and again attempt to resolve it.

Generally, most requests and concerns are resolved quickly at either the first or second step.

Step 3: If your complaint remains unresolved, you may then escalate your concerns in writing to RWAM's Complaints Officer, who will review the matter and provide a written response. Complete this form - if there is additional information you wish to share that is not included in the form, you may attach a separate page or letter.

PART 1 – COMPLAINANT INFORMATION

Your Name			
Certificate Number		Group Number	
Address	#, Street	City, Prov.	PC
Contact Phone Number(s)	Daytime	Evening	
Personal Email Address			

PART 2 – COMPLAINT DETAILS

1. Nature of complaint

- Claim Type:
 Extended Health Care
 Dental
 Critical Illness
 Out of Canada
 Short Term Disability
 Long Term Disability
 Life/Dependent Life
 ADD

Other, please detail _____

2. Describe in detail the nature of your complaint. State the grounds for your complaint and provide all relevant details to help us understand the reason for your dissatisfaction.



3. Indicate the RWAM representatives or others with whom you have dealt with so far, and any steps taken by you, RWAM or others to date to try to resolve this matter.

4. Provide details as to why you disagree with the decision that has been made or the handling of this matter to date.

5. What outcome do you seek, or in what manner could this problem be resolved to your satisfaction?

6. Attachments: Please list the documents you are attaching that you think could assist us in reviewing your complaint. If you are mailing supporting documents, please send us copies only, not originals.

Next Steps

After receiving your complaint, the Complaints Officer will aim to acknowledge its receipt within two (2) business days. They will then attempt to provide an initial response within eight (8) business days after receiving all information. The goal will be to resolve your complaint within thirty (30) days after all necessary information is received. If you are not satisfied with the outcome, you may escalate it in writing to the applicable insurer. We can assist by providing the contact information.

PART 3 - COMPLAINANT CONSENT

In order to thoroughly review and resolve your complaint, RWAM may need to collect information from other involved parties (internal and external to RWAM) and likewise share with them, relevant information you provide to us or which is on record with RWAM.

By signing below, I certify that the information set out on this form (or otherwise provided) is true, full and complete; I understand that the information, including personal information or other sensitive information, I provide to RWAM will be used for purposes of addressing my complaint, and I authorize RWAM to release and/or exchange any information, including personal information, relating to this complaint to or by RWAM and to or by any other parties, including any applicable regulatory body, as may be required. This authorization shall remain valid until I revoke it in writing.

Name			
Signature		Date	

Please return by: Email: Complaints@rwam.com
 Mail/Courier: Attn: Complaints Officer, RWAM Insurance Administrators Inc., 49 Industrial Dr., Elmira, ON N3B 3B1

NOTE: Please consider internet security if sending sensitive personal information by e-mail. Regular mail or courier may be advisable for sensitive documents. To maintain your privacy and confidentiality, please do not send complaints via fax.