



Mapfre Malta p.l.c.
Middle Sea House
Floriana - Malta

E-mail: info@mapfre.mt
Website: <http://www.mapfre.com.mt>

HEALTH INSURANCE POLICY

Thank you for choosing Mapfre Malta p.l.c.

Please read these documents and check them carefully to ensure they provide you with the cover you require. It is important that you advise us immediately of any changes to what you have told us.

This policy, table of benefits, proposal form, schedule, and any endorsement(s) together are evidence of the contract between you and Mapfre Malta p.l.c. based on the information given to us, including where applicable the declaration made on the proposal form. In return for receiving and accepting the premium, we will provide insurance cover in accordance with the terms and conditions of this policy.

Unless both you and we agree otherwise, this contract of insurance is subject to Maltese law and to the exclusive jurisdiction of the Maltese courts.



ETIENNE SCIBERRAS
PRESIDENT &
CHIEF EXECUTIVE OFFICER



OLIVIA DARMANIN
CHIEF OFFICER - TECHNICAL

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SECTION 1 - DEFINITIONS

The following words or phrases are defined as shown and will appear in bold print throughout this document. Any word or expression given a specific meaning retains that meaning, unless the context requires otherwise:

Accidental injury: a sudden, unexpected and unintentional event that causes bodily injury.

Acute medical condition: a **medical condition** which lasts a short time and can be treated and cured quickly by medical **treatment**; or immediately responds to **treatment** and reduces in intensity; or is not a chronic **medical condition**.

Alternative treatment: **treatment** provided by an acupuncturist, homeopath, osteopath or chiropractor. This does not include **treatment** that lies outside mainstream therapies such as aromatherapy, ayurvedic **treatment**, naturopathy, traditional Chinese medicine, and the like.

Approved fee: the amount **we** agree to pay:

- for a specific **treatment** in Malta, as published in **our** Schedule of Approved Healthcare Provider Fees, available at www.mapfre.com.mt/individuals/health-insurance/documents/; or
- for a specific **treatment** overseas, determined at the time of **your** claim and based on the average cost in the country where **you** receive the **treatment**.

Chronic medical condition: a **medical condition** that:

- fails to respond to **treatment**; or
- is ongoing or consistently recurring; or
- requires long periods of medical supervision; or
- leads to permanent disability; or
- needs continuous or regular **treatment**; or
- requires **you** to be specially trained or rehabilitated; or
- has no known cure and requires palliative **treatment**.

Consultant: a physician who is registered in terms of local requirements is recognised by the relevant authorities in the country in which the **treatment** takes place as having specialised qualification in the field of, or expertise in, the **treatment** of the **medical condition** being treated.

Day-case treatment: **treatment** **you** receive when **you** are admitted to a **hospital** ward, occupy a bed and are discharged on the same day.

Dependent: **your insured** spouse or partner and any children living with **you** as part of the same household, listed on the **schedule**.

Emergency: a sudden and unexpected **acute medical condition** which, without **treatment** within 48 hours of onset, could result in death or cause serious bodily impairment.

Endorsement: any alteration made to the **policy** which has been agreed by **us** in writing.

General practitioner (GP): a medical practitioner in general practice and/or a **specialist** in family medicine, who is registered in terms of local requirements.

Healthcare professional complementary to medicine: a medical professional who is registered

in terms of local requirements and is practising as an **alternative treatment** provider, optometrist, physiotherapist, podiatrist, psychologist or psychotherapist, and the like.

Hospital: a state or private **hospital**, clinic or nursing home which is registered in terms of local requirements to provide the **treatment you** require.

In-patient treatment: **treatment you** receive when **you** are admitted to a **hospital** ward, occupy a bed and stay for one or more nights.

Insured: the person or organisation named in the **schedule**, who has the contract of insurance with **us**.

Medical condition: any disease, illness, injury or related symptoms, regardless whether **treatment** is being received.

Out-patient treatment: **treatment you** receive in a **hospital**, consulting room or **out-patient** clinic, without being admitted as an **in-patient** or **day-case** patient.

Period of insurance: any length of time which **we** have accepted **your** premium for, as shown on **your** latest **schedule**.

Policy: this document, the **schedule**, **endorsement(s)** and the **table of benefits**, all of which are to be read together.

Pre-existing medical condition: any **medical condition** which **you** already had before taking out the **policy** and which **you** should have informed **us** of. This includes any **medical condition** or symptoms whether they were being treated or not, and any previous **medical condition** which recurs or which **you** should have reasonably known about even if **you** did not consult a doctor.

Schedule: the document attaching to this **policy** showing **your**, and where applicable, **your dependents'** details, the **period of insurance**, **scheme** and extensions, and the premium. The document is alternatively referred to as a membership certificate if **you** are **insured** on a group contract.

Scheme: the medical insurance coverage plan **you** are **insured** under, as specified in the **schedule** and detailed on the **table of benefits**.

Specialist: a medical practitioner (excluding specialists in family medicine) who is registered in terms of local requirements and is practising in the speciality for which **you** need **treatment**; or is approved by **us**.

Table of benefits: the document attaching to this **policy** showing the benefits covered by **your scheme**, and respective limits payable each **period of insurance**.

Treatment: any medically necessary consultation, diagnostic test or procedure carried out to diagnose, relieve or cure an **acute medical condition**.

Waiting period: the period from **your policy** start date during which **treatment** for specific conditions is not covered.

We / us / our: Mapfre Malta p.l.c.

You / your: **you** as a person eligible for cover under the **policy** issued under an individual or group contract.

SECTION 2 - WHAT IS COVERED

The purpose of the **policy** is to provide cover for medically necessary **treatment** of **acute medical conditions** that are:

- carried out under the care of or on referral by a **GP** or **specialist**, and controlled by a **specialist**;
- charged at **approved fees**; and
- recognised for use by regulatory authorities.

By medically necessary **we** mean **treatment** that is effective in accordance with the standards of care, clinical guidelines and evidence-based practices, and if not given would have serious and adverse effect on **your** health.

Claims will be paid for those items specified in the **table of benefits** up to the amounts stated. If the benefit does not cover the full cost of **treatment**, **you** will be liable for paying the balance.

Some conditions fall outside the scope of this **policy** and are listed in the General Exclusions section. **Your** coverage may also be subject to specific personal exclusions or restrictions, which would be detailed in the **endorsement** document.

SECTION 3 - GENERAL EXCLUSIONS

We cannot pay claims for any of the following, unless otherwise specified in an **endorsement** to **your** policy or **table of benefits**.

1. **Addiction and abuse** of alcohol, drug or other substances, and any resulting diseases, poisoning and accidental injury.
2. **Administrative fees** such as fees charged for providing medical reports and prescriptions; clinic and waiting room fees; membership packages or advance payments.
3. **Advanced therapy medicinal products (ATMPs)** and any **treatments** that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell **treatment**.
4. **Allergy** tests, including immune and food intolerance investigations.
5. **AIDS / HIV: treatment** arising from human immune deficiency virus (HIV) or acquired immune deficiency syndrome (AIDS).
6. **Aids and appliances** including contact lenses, hearing aids, orthotics, spectacles, stair lifts, wheelchairs and the like, or any **treatment** related to their implantation or maintenance.
7. **Assistant surgeon and assistant anaesthetist fees: we** will only pay benefit in respect of the lead surgeon and anaesthetist who practice in the speciality for which **you** need **treatment**.
8. **Birthcontrol** including family planning, sterilisation, termination of pregnancy, investigations into the causes of infertility, any form of assisted reproduction.
9. **Chronic medical conditions: treatment** or monitoring of **chronic medical condition** or palliative **treatment** of a terminal **medical condition**.

- 10. Congenital** structural or functional anomalies which are present at birth, whether diagnosed or not, that can cause physical disability and developmental disorders.
- 11. Cosmetic treatment** to change **your** physical appearance; or which relates to or is needed as a result of previous cosmetic **treatment**; or involves the removal of healthy tissue (that is tissue which is not diseased), removal of surplus or fat tissue, whether or not it is needed for medical or psychological reasons.
- We** will pay for surgery needed to restore appearance following an **accidental injury** or as a direct result of cancer intervention, either of which must have been eligible for cover under this **policy**; and where the surgical intervention takes place during an active **period of insurance**, and not later than 24 months from such **accidental injury** or cancer intervention.
- 12. Criminal act: treatment** arising in any way and associated with a criminal act, violation or attempted violation of law and resistance to lawful arrest or any resultant imprisonment where **you** are the perpetrator.
- 13. Developmental disorders** such as learning and educational difficulties.
- 14. Dental or orthodontic conditions** except for the following surgical procedures:
- replantation of natural tooth/teeth following trauma
 - surgical removal of impacted/buried tooth/teeth
 - surgical removal of complicated retained buried roots
 - enucleation of cyst of jaw
- Emergency dental treatment – the benefit excludes damage to crowns, implants and orthodontics; and any damage to teeth whilst eating.
- 15. Dialysis:** regular or long-term kidney dialysis or end stage renal failure.
- 16. Drugs, dressings, surgical or dental appliances** when prescribed on an out-patient basis or while as an in-patient but for use as an out-patient, unless included in your table of benefits.
- 17. Experimental or unproven treatment** unless the recommended treatment is:
- approved by the European Medicines Agency (EMA) and the Medicines & Healthcare Products Regulatory Agency (MHRA), or
 - approved by the Food and Drug Administration (FDA), or
 - approved by The National Institute for Health and Care Excellence (NICE);
- and is used within the terms of its licence.
- Before we can decide if your proposed treatment is eligible, your specialist must provide us with all the necessary information and documentation we require.
- 18. Eyesight correction**, including surgical treatment, for myopia (shortsightedness), hypermetropia (longsightedness), astigmatism or any other refractive error or treatment which results from, or is in any way related to, these conditions.
- 19. Fees** incurred when you are admitted to hospital as an in-patient or day-case:
- prior to the date treatment began; or
 - as part of recuperation which otherwise could have satisfactorily taken place away from the hospital at no additional expense.

Where there is no specific medical necessity to perform treatment on an in-patient basis, as this could have been carried out as out-patient treatment, benefit will be paid out of the

out-patient benefit.

20. Genetic testing except when necessary following the diagnosis of cancer.

21. Organ transplant treatment if **you** were the donor.

22. Pre-existing medical condition(s) which we may have specifically excluded as detailed in the exclusions **endorsement**.

We will cover **pre-existing conditions** if **you** have been insured with **us** continuously for five years, and provided that during that five-year period **you** have not:

- consulted any doctor for **treatment** or advice (including check-ups); or
- taken any medication (including drugs, medicines, special diets and injections)

for **your pre-existing medical condition**.

Pre-existing cardiac or cancer conditions will be covered if at the time when the condition recurs **you** have been free from active **treatment**, advice or medication for that **medical condition** during the previous ten years.

23. Pregnancy or childbirth other than for related complications, arising at least ten months after **you** (the expectant mother) joined the **policy**. In the case of a Caesarean section, **we** will pay the difference between the approved fee for the operation and the cost for a normal delivery.

24. Preventive treatment - routine or screening investigations and tests, health check-ups, sight and hearing tests, and vaccinations, unless **you** are covered under the Preventive Care optional extension.

25. Sanctions: any claim or benefit if this would expose **us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, the United Kingdom or the United States of America.

26. Self-inflicted injury or attempted suicide.

27. Sexual dysfunction, gender dysphoria, sex change or follow-up **treatment** resulting from **treatment** for these conditions.

28. Sexually transmitted infections (STIs) or those which according to generally accepted classification are classified as STIs.

29. Sleep disorders such as sleep apnoea or snoring, including sleep studies.

30. Social or domestic fees for accommodation and ancillary items, home nursing and rehabilitation, which are for or related to social and domestic reasons or are for reasons not related to **treatment** of an **acute medical condition**.

31. Sport activities for which **you** are paid or receive benefit.

32. Unrecognised medical facilities: treatment performed in aesthetic, cosmetic, laser and beauty centres, lens and optical centres, healthy living centres and spas, anti-aging centres, slimming centres, sports centres or life coaching centres, even if registered as a **hospital**; **treatment** provided by a medical practitioner, **hospital** or healthcare facility which are not

licensed by the relevant authorities in the country where the **treatment** takes place as having specialised knowledge, or expertise in, the treatment of the medical condition being treated; or **treatment** given by a first degree relative.

33. War and like risks, including invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; any act of terrorism; and nuclear or chemical contamination.

34. Weight management including surgical treatment and complications; consultations with a dietician, nutritionist or the like and weight loss / gain programmes.

SECTION 4 - HOW TO CLAIM

Out-patient treatment

Pay and claim

Step 1 - When to contact us

Contact **us** before receiving any of the following **treatment**:

- MRI/CT/PET scans
- Home nursing
- Mental health **treatment**

Step 2 - Claim form

Ask **your** medical provider to complete the relevant sections of **your** claim form. Complete all other sections of the claim form, attach the receipt(s) and itemised invoice and submit the claim online at <https://www.mapfre.com.mt/health-claims/>. If this is not possible, send **us** the original documents bypost. Claims must be submitted within 3 months of **your** first **treatment** date.

Step 3 - Reimbursement

Your claim will be processed and reimbursed by direct credit to **your** bank account or by cheque. Note that amounts under €20 cannot be paid by cheque.

In-patient treatment, surgical procedures, CT/MRI/PET scans

Pre-approval of direct settlement with your treatment provider

Step 1 - When to contact us

Advise **us** in advance of your treatment – **you** or **your** provider can contact **us** with the necessary information.

In case of emergency treatment, **you** must contact **us** within 24 hours of **your** admission.

Step 2 - Information we will need

- A medical report detailing **your** medical history, diagnosis and recommended **treatment**
- The procedure code (in case of surgery)
- A quotation for the planned **treatment**

You or **your** medical provider can send **us** the information on healthclaims@mapfre.mt

Step 3 - Treatment guarantee

We will confirm in writing how **you** are covered and, when approved, direct settlement.

Our approvals are valid for 30 days from the confirmation date.

Step 4 - Bill payment

On the day of **your treatment** complete a claim form which the hospital will send to **us** with other documentation.

We pay the medical provider directly.

General information

Payment will be made at **our** discretion to:

- the claimant if they are 18 years or over; or
- the **insured** in respect of claimants under the age of 18; or
- the **treatment** provider; or
- in the event of the insured's death, to the executors or the legal heirs of the relative estate

You will need to directly pay any fees, including any excess, that are not covered by the **policy** to the medical provider.

We will pay claims if at the time of **treatment**:

- **Your policy** is in force
- **Your treatment** is covered
- **Your** premium payments are paid up to date

Claims can only be considered for payment once **we** have all the necessary information and documentation **we** require.

We can ask for additional information when this is required to assess if **your** claim is covered. Failure to provide this information may result in partial or no benefit being paid.

We are entitled to appoint an independent medical **consultant** to examine **you** and to review **your** claim. This will be at our expense.

If **you** pay for eligible overseas **treatment** in another currency, **we** will pay the equivalent in Euro at the rate of exchange at the time of claim settlement.

In certain situations, **we** may make discretionary payments for **your treatment**. Making these payments does not oblige **us** to pay them in the future. **We** do not have to pay for **treatment** that is not covered by the **policy**, even if **we** have paid an earlier claim for a similar or identical **treatment**.

You or **we** may apply an excess on the claims at inception of the **policy** or its renewal. This is a percentage of the payable claim which **you** will incur. When **you** claim, **we** will first calculate that amount **you** are covered for by **your policy**, deduct the excess amount from the covered amount and reimburse the balance. The excess is applied to each **insured**, for each claim.

You must advise **us** if **you** are entitled to claim for the same **treatment** under another insurance **policy**. In this case, **we** will only pay **our** proportion of the total amount of those expenses which are eligible for payment under this **policy**.

If the expenses can be claimed from a third party, **we** may exercise **our** subrogation rights to recover from the third party the amount of benefit **we** had paid. In these circumstances, **you** must:

- tell **us** as soon as reasonably possible that the expenses being claimed result from the actions of a third party who is at fault, and provide **us** with information which **we** may ask for; and
- do everything **we** may reasonably and practically need to ensure that the benefits are recovered from the third party.

If any facts relating to **your** proposal form, **policy** or claim are misrepresented, or if **we** are provided with inaccurate, false, or incomplete information, or expenses claimed were unjustified, **we** can:

- refuse to pay **your** claim and any further claims;
- recover any payments **we** have already made; and/or
- cancel the **policy** from inception or from the date of that claim, for **you** or all members on the **policy**. **We** will not refund any premium already paid to **us**.

Notes relating to specific treatment

Alternative treatment must be received on referral and overall control of a **specialist**.

Dental claims must be supported by an X-ray image.

Diagnostic tests must be referred by a **general practitioner** or **specialist**.

Funeral expenses can be paid on submission of the death certificate of the deceased **insured**. This must be submitted with 3 months. Benefit will be paid to the heirs of the deceased or executive of the relative estate.

Home nursing must:

- immediately follow a period of **in-patient** or **day-case treatment** covered by the **policy**;
- be approved by a **specialist** as being medically necessary;
- be for skilled nursing care which would otherwise be provided on an **in-patient** basis in **hospital**;
- be on a full-time basis (that is at least 7 hours a day);
- be given by a qualified nurse under the direction of a **specialist**.

In-patient or **day-case** and **treatment** must be carried out by a **specialist**.

Maternity cash benefit is payable to the mother who has given birth, providing she has been eligible for this benefit for at least 10 months. Benefit is limited to one payment each pregnancy.

Mental health **treatment** must be given by a psychiatrist, psychotherapist or psychologist; and must be pre-authorised. **GP** referred **treatment** with a psychotherapist or psychologist is limited to 5 visits. Referral from a psychiatrist will be needed for further consultations.

MRI, CT and PET scans must be referred by a **specialist**.

Physiotherapy must be referred by a **general practitioner** or **specialist**. When referred by a **general practitioner**, we pay up to 10 sessions. Any further sessions must be under the control of a **specialist**.

Road ambulance is covered for transfer to the nearest available facility if:

- it is needed in connection with **treatment** as an **in-patient** or **day-case** that is covered by **your policy**; and
- **you** travel between **hospitals** as part of **your treatment** as an **in-patient** or **day-case**; and
- it is medically necessary for **you** to travel by ambulance in a medical **emergency**.

Evacuation & Repatriation benefit

This cover applies only for life-threatening **emergencies** and must be pre-authorised by **us**. We pay for **your** repatriation to **Malta** or to a country that you hold a passport for, following **your** evacuation. Repatriation of **your** mortal remains is covered if death occurs while **you** are away from **Malta**.

In the event of a bodily injury or illness, we reserve the right to relocate **you** from one hospital to another and arrange for **your** repatriation to **Malta** at any time during the trip. **We** will do this if,

in the opinion of the **medical practitioner** in attendance or World-Wide Assistance, **you** can be moved and/or travel safely to continue receiving **treatment**. Transport methods may include air ambulance, commercial flights with medical escort, or other suitable means as determined by the **medical practitioner**.

This service is available anywhere in the world except the USA and Canada. **Treatment** arising from a **medical condition** for which **you** have been advised not to travel, and injuries or death arising from participation in activities below are excluded.

Excluded activities include rock-climbing or mountaineering which requires the use of ropes or guides, potholing, parachuting, hand-gliding, coasteering or similar activities, rafting or canoeing involving white water rapids, bungee jumping, sky diving or similar activity, jet skiing, kayaking, tubing, or underwater diving (except scuba diving of less than 15 metres depth if suitably qualified or if supervised by a professional instructor); use of firearms; engaging in or practicing for speed or time trial, sprints or racing of any kind (other than on foot), motor rallies and motor competitions; engaging in winter sports or the use of dry ski-slopes; taking part in any flying or other aerial activities of any kind other than as a fare paying passenger in a fully licensed carrying aircraft; motorcycling as a driver or passenger on a machine in excess of 125cc; and motorcycling as a driver or passenger on a machine not in excess of 125cc unless **you** wear a crash helmet and, as a driver, **you** hold a valid driving license for the country in which it is being used.

Loss of income benefit

We pay after 6 months of you being insured with **us** if **you** or any dependant over 18 years of age and in fixed employment are diagnosed with a long-term **medical condition**.

We will need a completed claim form and **your** last three months' payslips.

Fixed employment refers to the full or part-time employment which **you** may be employed in at the time of diagnosis and which cannot be performed due to **your medical condition**.

Benefit will be paid after 12 weeks from diagnosis provided the presence of **your** same **medical condition** is uninterrupted.

Second Medical Opinion benefit

This benefit gives **you** access to a network of acknowledged international medical experts if **you** are diagnosed with a serious illness.

Instruct your doctor to compile and release **your** complete medical records – these should include the details of **your** condition and **treatment** plan from **your** treating **specialist**, and all relevant investigations (e.g. X-ray, CT / MRI reports), and must be in English. Send **us** these documents in electronic format.

The appointed medical experts will issue a second medical opinion report detailing a diagnosis and **treatment** recommendations. The report may include reference to the latest scientific papers on the topic. It is recommended that this service is used in conjunction with **your** treating **specialist**.

If **you** need **treatment** suggested on the second medical opinion, contact **us** to confirm whether **you** are covered. Cover for this **treatment** is subject to the **policy** terms and conditions.

SECTION 5 - GENERAL CONDITIONS

The terms or benefits of the **policy** can only be changed by us and will be recorded in an **endorsement**.

We may change the terms and conditions of the **policy** at the renewal date, this includes the **table of benefits** and premium rates. If there are changes to the **policy**, **we** will let **you** know before the next renewal date. If **you** decide to cancel the **policy** because of such changes, **you** must let **us** know.

You should advise **us** if there is a change in **your** risk, such as a change in **your** country of residence. **We** may alter the premiums or **policy** terms or cancel **your** cover.

We will not add interest to any money paid or due by **us** under the **policy**.

Where necessary singular words include the plural and words in the masculine apply to the feminine.

Premium payment

- **You** are responsible for paying the full annual premium for each **insured** included under the **policy**.
- Premium is payable in Euro and must be paid by the date it becomes due.
- Premium is payable annually in advance or by instalments, which will be indicated in the **schedule**.
- Instalment payments must be arranged through a direct debit.
- Charges apply for instalment payments.

This is an annual **policy**. The full annual premium is always due, irrespective of the agreed method of payment.

Making changes to your policy

Upgrades / downgrades or other changes to **your scheme** such as adding or removing optional extensions and excess can only be revised at **policy** renewal.

Dependents can be added during the **period of insurance** upon receipt of a completed proposal form. Additional pro-rated premium will be charged, based on the number of days remaining between the date of the acceptance and the first renewal date.

You can add newborn babies to the insurance **scheme** of either parent for free until the first renewal date. **You** can do this by sending **us** the baby's birth certificate within three months of the birth.

The above terms may vary if **you** are insured on a group **policy**. Refer to **your** group administrator for information.

Cancelling the policy

We can cancel or amend the **policy** and/or cover immediately if:

- **you** have provided **us** with false, incorrect, or incomplete information when answering questions in the proposal form, **policy**, or claim;

- **you** have failed to fully comply with the terms and conditions of the **policy**;
- **you** do not pay the premium or a premium instalment when it is due. **You** will not get a refund for any part payments already made.
- **you** cease to reside in Malta for at least 180 days each year.

You may cancel **your**, or any of **your dependents' policy** at any time, by writing to **us**. A pro-rata refund of premium will be made by **us** provided that no claim/s (even by dependants) whether paid or outstanding shall have been made in connection with the **policy** during the **period of insurance** in which cover is to be cancelled. Subject to the above, the refund of the premium will be based on the number of days remaining between the cancellation and **policy** expiry date.

SECTION 6 - PRIVACY AND PERSONAL DATA PROTECTION POLICY

For detailed information on how **we** collect, use, and protect **your** personal data, please refer to **our** Privacy and Personal Data Protection Policy available on www.mapfre.com.mt/privacy-policy/ or from any Mapfre Malta/Mapfre Msv Life p.l.c. office.

SECTION 7 - OUR COMPLAINTS PROCEDURE

We are committed to providing good quality services. **We** recognise that a client may not be satisfied with the service provided. To deal with this **we** have a complaints procedure. For the sake of clarification, a complaint is broadly defined as being a written expression of dissatisfaction with services that **we** provide or actions **we** have taken that require a response.

HOW TO COMPLAIN

STEP 1 – CONTACTING US

The first step is to talk to a member of **our** personnel or of the intermediary if the Policy was arranged through one. This can be done informally either directly or by telephone.

Usually, the best person to talk to will be the person who dealt with the matter **you** are concerned about as they will be in the best position to help **you** promptly and to put things right. If they are not available or **you** would prefer to approach someone else, then address the matter to the manager or senior person responsible. **We** will seek to resolve the problem immediately. If **we** cannot do this, then we will take a record of the concern and arrange the best way and time for getting back to **you**. This will normally be within two working days.

STEP 2 – TAKING THE COMPLAINT FURTHER

If **you** are still unhappy the next step is to put the complaint in writing, addressing it to Complaints Officer, Mapfre Malta p.l.c., Middle Sea House, Floriana FRN 1442 or via e-mail on compofficer@mapfre.mt. **Your** communication should set out the details, explain what **you** think went wrong and what **you** feel would put things right. If **you** are not happy about writing a letter, **you** can always ask a member of **our** Company to take notes of the complaint which **you** will then be asked to sign. **You** will be provided with a copy for **your** own reference. This record will be passed promptly to the Complaints Officer to deal with.

We will promptly acknowledge **your** complaint in writing and outline the steps **we** will take to investigate and resolve it. If **we** are unable to resolve **your** complaint within 15 working days, **we** will inform **you** of the reason for the delay and provide an estimated timeframe for resolution. **Your** complaint will be handled confidentially and professionally.

TAKING YOUR COMPLAINT ELSEWHERE

If **you** are still not satisfied with the Complaints Officer's response, **you** can always seek advice elsewhere. **You** may contact:

Office of the Arbiter for Financial Services
N/S in Regional Road,
Msida MSD 1920
Malta
Telephone: 8007 2366 or 21249245
E-mail: complaint.info@financialarbiter.org.mt
Website: www.financialarbiter.org.mt

The Office of the Arbiter will expect that **you** have a final reply to **your** complaint from **us** before approaching them.

Mapfre Malta p.l.c. (C-5553) is authorised by the Malta Financial Services Authority (MFSA) to carry on both long term and general business under the Insurance Business Act, Cap. 403 of the Laws of Malta. Mapfre Malta p.l.c. is regulated by the MFSA.