

Thorough, fair and objective evaluation of disability claims

Customer Care Centre

For advisor use only.

Our Customer Care Centre adheres to a well-defined philosophy to guide its daily activities. An important component of its philosophy centres on the thorough, fair and objective evaluation of claims. The Customer Care Centre commits significant resources to ensure the effectiveness of its claim evaluation process.

Our Customer Care Centre philosophy

The key elements of the Customer Care Centre philosophy are strongly emphasized to all Customer Care Centre employees through training and ongoing communication:

- Evaluating all claims thoroughly, fairly and objectively
- Paying valid claims promptly and with a high level of service
- Assisting claimants, when appropriate, in their return to work efforts

Disability claim evaluation processes

Employee training. Training is a major focus for our Customer Care Centre employees. New Customer Care Specialists participate in a comprehensive training program that covers all aspects of claim management. The full curriculum focuses on clinical, vocational and contractual components. All of our Customer Care Centre employees benefit from ongoing training sessions as well.

Impairment-based focus. For longer-term disability claims, the Customer Care Centre claims management process is organized around specific types of injuries and illnesses, providing focused expertise in orthopedic, general medical and psychiatric impairments.

Our Customer Care Specialists have access to a team of experts to assist in the evaluation of each claim and return to work opportunity. This team includes doctors, clinical specialists, rehabilitation specialists and their managers. If appropriate, independent assessments may also be conducted to assist us with our evaluation of disability claims.

Multidisciplinary forums. These forums bring together the experience and perspectives of medical, clinical, rehabilitation and claims professionals to allow a comprehensive discussion of complex claims. The result is better, more informed decisions.

Claim decisions. Our Customer Care Managers, who each have an average of 10 years of technical claims experience, review and sign off on key decisions. In addition, a review by a doctor is required on all non-compensable claim decisions that are based on medical issues. We recognize the importance of clearly communicating these decisions and the rationale for them. In fact, a Customer Care Specialist will call the claimant to discuss our decision before sending a written confirmation. If the policy is part of a group plan, we will also advise the employer, ensuring personal claimant information is kept strictly confidential.

Appeal process. The claimant has the right to appeal our decision. If they choose to pursue this option, the claimant should refer to our appeals process, which is outlined in the written confirmation of our decision.

For more information, please contact your RBC Insurance Sales Consultant or call 1-866-235-4332 or visit us online at www.rbcinsurance.com/salesresourcecentre

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