

**GRIEVANCE PROCEDURES** - If an Insured has a concern or question regarding benefits payable under this Policy, the Insured may file a Grievance. The Insured should contact Us at [1-800-999-5382 or write Pan-American Life Insurance Company 601 Poydras St, New Orleans, LA 70130].

A. Definitions

Grievance/Appeal— means any dissatisfaction expressed by or on behalf of an Insured regarding the handling or payment of claims or matters pertaining to the contractual relationship between an Insured and Us or the Policyholder and us and for which the Insured has a reasonable expectation that action will be taken to resolve or reconsider the matter that is the subject of dissatisfaction.

Grievance Procedure- means a written procedure established and maintained by an insurer for filing, investigating, and resolving grievances and appeals.

B. Grievance Resolution

1. We will notify the Insured that the Grievance has been received within five (5) business days after receipt of the Grievance.
2. We will notify the Insured in writing or by phone of the resolution of a grievance within five (5) business days after completing an investigation. The grievance resolution notice will include the following:
  - (1) A statement of the decision reached by the insurer.
  - (2) A statement of the reasons, policies, and procedures that are the basis of the decision.
  - (3) Notice of the covered individual's right to appeal the decision.
3. We will resolve any Grievance as quickly as possible but, in no event, not more than twenty (20) business days after we receive all information reasonably necessary to complete the review. If we are unable to make a decision regarding the grievance within the twenty (20) day period due to circumstances beyond our control, we will:
  - (1) before the twentieth business day, notify the Insured in writing of the reason for the delay; and
  - (2) issue a written decision regarding the grievance within an additional ten (10) business days.

C. Appeals

An Insured has the right to Appeal any Grievance if they are dissatisfied with the resolution of the Grievance.

We will notify the Insured that the Appeal of a Grievance has been received within five (5) business days after receipt of the Appeal.

We will resolve any Appeal of a Grievance as quickly as possible but, in no event, not later than forty-five (45) days after the Appeal is submitted to us.

D. Assistance With Grievance/Appeal Procedure.

The Insured has the right to appoint someone else to represent them in the complaint and appeals process. For information, contact: Consumer Services Division, Indiana Department of Insurance, 311 West Washington Street, Suite 200, Indianapolis, Indiana 46202-2787 or by calling 317-232-2385.