

BENCHMARK

2016 RESULTS BY QUARTER

First rate service is key to our business success

When our customers buy our products, they are also purchasing a promise. The promise is that Combined Insurance will be there when our customers need us most. Knowing this helps give our customers some financial peace of mind.

Fulfilling this promise is most tangible when making a claim. Whether the coverage is for life, disability, critical illness or accident, our desire is to provide prompt, courteous claim service to help customers through those rough situations.

However, our service commitment starts long before the claim process. Actually it is rooted in the principles of W. Clement Stone who founded Combined Insurance more than 90 years ago. He understood the need to join vision and action—and he was a firm proponent of striving to achieve more. One of his more famous quotes is: “Success is achieved and maintained by those who try and keep trying.”

One way we attempt to demonstrate our service commitment is to regularly perform service audits and publish the results. The standards you see listed on the following page (*Case Set-up, Application Processing, Premium Processing, Service Calls, Claims Processing and Enrollment*) are some of the key standards that show how well we are achieving our service goals.

Our desire is to meet or exceed these



Combined Worksite Solutions Employee of the Quarter, Elizabeth Chow.

service goals. We continually review all of our workflows to identify further improvement opportunities. Our pledge to our customers is to always look for ways to improve our service. That improvement could be centered on the current goals or aligned with a new capability to make the customer experience more satisfying. It's our heritage and our commitment to you.

THE COMBINED INSURANCE MISSION

As a leading supplemental insurance provider, our mission is to provide personal service and exceptional products tailored to help protect our policyholders.

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SERVICE STANDARDS	2015 AVG.	1Q 2016	2Q2016	3Q2016	4Q2016
CASE SET-UP					
Case set-up timeliness and accuracy is comprised of contacting the new client (initial call), setting up the billing, providing the confirmation, and setting up the case in the system. Objective: 95% complete within 5 days	98%	98%			
APPLICATION PROCESSING					
The receiving of clean applications, system data entry, underwriting, issuing and mailing of policies timely and accurately. Objective: 90% within 10 days	94%	91%			
PREMIUM PROCESSING					
Entails timely and accurate processing and reconciliation of premiums received. Objective: 90% within 5 days	92%	90%			
SERVICE CALLS					
Answer all client and policyholder telephone inquiries quickly and provide accurate resolution. Abandon Rate—Client Calls Objective: Abandon rate of 6% or less (12-month rolling average)	5.0%	5.6%			
Abandon Rate—Policyholder Calls Objective: Abandon rate of 6% or less (12-month rolling average)	4.3%	1.9%			
CLAIMS PROCESSING					
Speed of service is the average time elapsed from the date we receive proof of claim to the date of payment. All Claims Objective: 5 day average speed of service	4.3 DAYS	4.0 DAYS	DAYS	DAYS	DAYS
ENROLLMENT					
Educate employees and enroll them in voluntary benefits based on their needs and budget. Policy Cancellation Rate Objective: 15% or lower cancellation rate by the first premium deduction	11.7%	10.6%			