

**NATIONAL FINANCIAL SYSTEM SUPERVISORY
COUNCIL (CONASSIF)**

**SUGESE AGREEMENT 06-13
REGULATIONS FOR THE DEFENSE AND PROTECTION OF
INSURANCE CONSUMERS**

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SUGESE 06-13

REGULATIONS FOR THE DEFENSE AND PROTECTION OF INSURANCE CONSUMERS

TITLE I

OBJECT AND SCOPE OF APPLICATION

SINGLE CHAPTER

General Provisions

Article 1. Object

The object is to define the minimum requirements for preserving the right of insurance consumers to receive a timely response to all notices of incident, complaints, claims, or requests submitted to entities pursuant to the provisions of Article 4 of Law No. 8653, and Articles 4, 12, and 48 of the Insurance Policy Regulatory Law (Ley Reguladora del Contrato de Seguros), Law No. 8956, and to define the workings and operation of a unit that can protect the interests of policyholders and the mechanisms for resolving disagreements with insurers regarding the performance of insurance contracts, including supervision of the claim filing procedure in the event of an incident.

Article 2. Scope of Application

The regulations contained herein are applicable to insurance entities. The regulations regarding the obligations to communicate notices of incident, provide assistance, process claims and provide advisory on insurance policies shall apply to insurance intermediaries.

Article 3. Terms

All the terms set forth herein run as of the next business day following notification. Pursuant to Article 4 of the Insurance Market Regulatory Law (Ley Reguladora del Mercado de Seguros), Law No. 8653, and Article 48 of the Insurance Policy Regulatory Law (Ley Reguladora del Contrato de Seguros), Law No. 8956, insurance entities must respond to insurance consumers when a notice of incident, complaint or claim is received, within thirty calendar days from the date all document requirements are met, in accordance with the respective policy.

Likewise, they must keep consumers informed, providing a timely and reasoned response to their requests, regarding the progress being made on investigations into reported incidents.

Article 4. Definitions

The following definitions apply for these provisions:

Notice of Incident: Document or notification whereby the policyholder, insured, or beneficiaries inform the insurer or its insurance intermediaries, in accordance with Articles 42 and 86 of Law No. 8956, the general procedures herein, and the contractual conditions in the policy, of the occurrence of a specific event or accident, the characteristics of which are related, in principle, with the circumstances foreseen in the insurance policy, such that it can then determine whether or not indemnification is appropriate.

Consumer Bill of Rights: Instrument for advising, exercising, and claiming persons' rights at entities supervised by the General Insurance Superintendency. This bill of rights also sets forth their rights before the aforementioned Office of the Superintendent and the commitments this office has to insurance consumers.

Commission: National Consumer Commission (Comisión Nacional del Consumidor) pursuant to Law No. 7472, Promotion of Competition and Effective Consumer Protection (Ley de Protección de la Competencia y Defensa Efectiva del Consumidor).

Office of the Superintendent Queries: Requests for information on matters of general interest regarding the insurance market and insurance consumers' rights, as well as the legal channels for exercising them.

Insurance Consumer: Pursuant to the scopes of the definition set forth in Law No. 8653, Insurance Market Regulatory Law (Ley Reguladora del Mercado de Seguros), and Law No. 7472, Promotion of Competition and Effective Consumer Protection (Ley de Protección de la Competencia y Defensa Efectiva del Consumidor), this is any natural or legal person, in fact or in law, who as the end recipient purchases, enjoys, uses, and/or subscribes to an insurance policy and the services deriving from same, or who receives information or proposals for such. All the rights proclaimed in said laws and herein for the consumer will also be recognized for policy beneficiaries, when they differ from the consumer, in accordance with the common personal, family, or economic interest connection with the insured or policyholder and the incident that has occurred.

Also considered an insurance consumer is any small industry or artisan – in the terms defined in the Bylaws to the Law for the Promotion of Competition and Effective Consumer Protection (Ley de Protección de la Competencia y Defensa Efectiva del Consumidor) – who purchases, enjoys, uses, and/or subscribes to an insurance policy and the services deriving from same in the

processes for producing, transforming, marketing, or providing services to third parties.

Denouncement: A denouncement may be defined as an expression of dissatisfaction with a service provided by an insurer or intermediary. It may involve a claim for a financial loss and does not entail a simple request for information. It is divided into complaints and claims.

Insurance Intermediary: The natural and legal persons provided in Article 22 of Law 8653, Insurance Market Regulatory Law (Ley Reguladora del Mercado de Seguros), as well as self-issue insurance operators.

Complaint: denouncement concerning violations of the insurance consumers' rights, contained in Articles 4, 5, 6, and subsequent and concordant articles of the Insurance Market Regulatory Law and other regulations on the promotion of competition and effective protection of consumers, committed by insurers, ancillary insurance service providers, insurance intermediaries, self-issue insurance operators, and cross-border insurance providers in the provision of their services. It also refers to the operation of services provided by those economic agents to insurance consumers and is submitted due to delays, lack of attention, or any other type of action observed in their operation.

Claims: Denounces deriving from substantial aspects of the insurance policy such as its formulation, validity, nullity, stipulations, uses or customs, or denounces concerning the potential effects produced by the policy on the loss or damage of goods or assets, or those concerning the life, physical integrity and health of a person.

Office of the Superintendent: General Insurance Superintendency, pursuant to Law No. 8653.

TITLE II
HANDLING OF NOTICES OF INCIDENT AND APPLICATIONS FOR
INDEMNIFICATION
SINGLE CHAPTER
Procedures for Notice of Incident and Application for
Indemnification

Article 5. *Ways of Filing Notices of Incident*

Notices of Incident may be filed under any of the following non-exhaustive manners and under the handling scheme defined in the Policies and Procedures Manual defined in Article 15 hereof.

- a. ***In Person.*** Consumers will provide the required information by filling out the form defined by the insurer. The insurer will receive the notices and must give the consumers their claim processing numbers in order to follow up on them.
- b. ***By Internet or E-mail.*** Consumers should fill out the form defined by the insurer on their Internet site. Once all the fields have been filled out, the form may be sent telematically to the insurer, who will confirm receipt and assign it a claim processing number. Consumers may print out the respective form.
- c. ***By Phone.*** Consumers should provide the required information and data by calling the telephone numbers enabled for such purpose. The insurer will receive the notices and must give the consumers their claim processing numbers in order to follow up on them.
- d. ***In Writing or by Fax.*** Consumers may file their notice in writing or by fax, following the format defined by the insurer. The insurer must give the consumers their claim processing numbers in order to follow up on them.

By means of these mechanisms, consumers should be able to file their notices of incident around the clock every day of the year. Personalized attention will be available during the supervised entity's business hours. The entity must have trained staff, telephone lines, and a technological platform for this purpose. When a notice is submitted, the entity must acknowledge receipt and provide a claim processing number and notice date and time for processing indemnification.

Article 6. Recording of Cases

The processing of notices of incident must be documented at all stages. To do so, the entities must implement adequate recording and preservation mechanisms for the respective files of the notices of incidents, whether by physical or legally valid electronic means which should be available to the Office of the Superintendent.

These files must contain the following minimum requirements:

- a. Name and surnames of the policyholder, insured, or beneficiary, as relevant, and, if applicable, of the duly accredited person representing him or her, and their identification card or residency identification card number.
- b. When the policyholder, insured, or beneficiary is a legal person, proof of the legal representative's capacity to act as set forth in the respective policy's procedure for filing claims. In all cases, if appropriate, any document proving representation and accompanying the application must have been issued within three months before being added to the claim file.
- c. Date of incident.
- d. Identification of the insurance policy against which the notice of incident is being filed.
- e. Documents and means of proof as contractually defined in the policy.
- f. Place, date, and office at which the notice was filed, along with a copy of the acknowledgement of receipt of the documents and notice submitted by the policyholder, insured, or beneficiary.
- g. Internal communications of the operational departments regarding the processing of the application for indemnification.
- h. Reasoned resolution of the application.

In accordance with Article 25, section (ñ) of Law No. 8653, Insurance Market Regulatory Law (Ley Reguladora del Mercado de Seguros), insurers are obligated to provide the information expressly requested by the policyholder, insured, beneficiary, or duly legitimated person pursuant to common law, with regard to their interests and rights deriving expressly from the policy and other contractual documents, or when involving a query about their rights in matters of insurance consumer protection and the existing legal channels for exercising said rights.

Article 7. Procedure

Notices of incident will be processed in accordance with the time periods set forth by Law No. 8956, Insurance Policy Regulatory Law (Ley Reguladora del Contrato de Seguros), and by the means set forth in the respective insurance policy. Such notices will be processed by the insurer and the insurance agents and agencies. They may also be submitted to the insurance brokers with whom the insurers have contractual ties for the purpose of receiving assistance and advisory in processing the claim.

Once notices of incident have been filed, claimants must submit the documents and proof set forth in the policy's contractual conditions, along with any other document deemed necessary as backing for their application for indemnification.

Article 8. Notice to Intermediaries and Group Policyholders

The insured's duty of notifying of the event will be deemed met when the insured does so to the insurance agent or agency, insurance broker, self-issue insurance operator, or group insurance policyholder. In this last case, this applies as long as the insured is not a party to the policyholder's contract.

In all cases, said notice must be transferred immediately to the insurer. Said delegation does not release the insurer from liability for noncompliance with such functions.

Article 9. Rejection of the Application for Indemnification, Partial Agreement, and Appeal Channels

In cases of rejection or partial payment, insurers must give consumers information to provide a clear and adequate understanding of the reasons for the decisions, explaining the facts and contractual provisions on which they are based. They must also provide convincing evidence for the rejection, safeguarding the entities' sensitive, undisclosed information. For this they must inform in detail, by means of a written communication addressed to the consumer, of the grounds for the rejection, especially when it originates from exclusions foreseen in the policy. In this communication, insurers must inform consumers of the different appeal channels to which they have recourse should they not agree with the grounds substantiating rejection of the incident.

Payment of the indemnification amount or execution of the benefit shall adhere to the stipulations of Article 48 of the Insurance Policy Regulatory Law (Ley Reguladora del Contrato de Seguros).

Article 10. *Procedure at the Insurance Consumer Protection and Assistance Unit created in these Regulations*

Should consumers disagree with the notified response, prior to the regular expiration of their insurance policy or the expiration agreed in non-member policies, they may recur to the unit made available by the insurer for such assistance, in accordance with the provisions hereof.

**TITLE III
INSURANCE CONSUMER ASSISTANCE SERVICES
CHAPTER I
General Provisions**

Article 11. *The Right to Submit Complaints and Claims*

All duly identified natural or legal persons, as insurance consumers, may submit complaints or claims, in person or through a representative, as long as such grievances refer to their legally recognized rights and interests, whether deriving from policies or from consumer protection regulations.

Likewise, associations and organizations representing the legitimate group interests of the insurance consumers may also submit complaints or claims, as long as such grievances affect a specific consumer and their representation is verified, or as long as they affect group interests and the associations or organizations are legally empowered to defend and protect those interests and meet the requirements established in Article 54 of Law No. 7472, Promotion of Competition and Effective Consumer Protection.

Article 12. *Duty to Handle and Resolve Issues*

Insurers must handle and resolve issues concerning their own claim settling actions, the ancillary services in their networks, and their accredited insurance intermediaries, as well as those insurance brokers and brokerage firms with which they have contractual ties.

Article 13. *Creation of an Insurance Consumer Assistance Unit*

Insurers, under Article 25, section (n) and Article 29, section (n) of the Insurance Market Regulatory Law (Ley Reguladora del Mercado de Seguros), must create a unit to handle and settle complaints and claims arising from the insurers' operational bodies and their related entities and submitted to them by insurance consumers.

This unit will perform its functions in absolute independence from the insurers' operational bodies and their related entities, and their resolutions to the complaints and claims submitted to them for hearing will be dictated with full impartiality and objectivity. In this process, the unit may collect from both consumers and the entities' different departments and services as much data, clarification, reports, or evidence deemed pertinent to its decision.

Article 14. *Delegation of the Consumer Assistance Unit's Functions*

The insurance consumer assistance unit's key operational functions may be delegated to third parties as an ancillary service, pursuant to Article 18 of Law No. 8653, Insurance Market Regulatory Law (*Ley Reguladora del Mercado de Seguros*), and the obligations deriving from Article 27 of said law shall apply, in addition to the obligations established herein.

Said delegation shall be absolutely prohibited should any of the following potential situations derive:

- a.* Noticeable detriment to the quality of handling of denouncements and claims of the entity involved.
- b.* Substantial increase in the entity's operational risk.
- c.* Impairment of the Office of the Superintendent's capacity to perform its functions. All contracts must stipulate unrestricted access by the Office of the Superintendent to the operational information of the entity involved and the information established herein.
- d.* Impairment to service continuity and satisfaction.
- e.* Conflicts of interest between consumers, insurers, and the customer assistance unit.
- f.* *Grouped assistance by a unit to provide services to two or more insurance entities at the same time. (REVOKED)*¹

In any of these situations, the Office of the Superintendent will order a corrective measure to be taken, and if the infringement persists it may order the insurance consumer assistance unit to be organized within the entity's administrative structure, without prejudice to enforcement of the sanctions regime of the Insurance Market Regulatory Law.

¹ REVOKED by Article 13 of the minutes of meeting 1089-2014 on February 11, 2014, published in *La Gaceta* No. 46 of March 6, 2014.

Insurers will report to the Office of the Superintendent by the formally established means of communication if the unit is contracted to a third party. Likewise, it will report any later significant change in such activities.

Article 15. *Manual of Policies and Procedures for Handling Notices of Incident and Consumer Assistance*

The insurers' steering bodies will approve a manual of policies and procedures for handling notices of incident and applications for indemnification; this manual should be auditable and revised at least once a year. The policies and procedures should guarantee to consumers:

- a. Definition of objective time periods for assistance, which may not exceed thirty calendar days, as established in Article 4 of Law No. 8653, Insurance Market Regulatory Law (Ley Reguladora del Mercado de Seguros), and based on Article 48 of Law No. 8956, Insurance Policy Regulatory Law (Ley Reguladora del Contrato de Seguros).
- b. Definition of clear and objective requirements for processing of notices of incident.
- c. Definition of the modalities and hours for submitting notices of incident in accordance with the provisions herein.
- d. Definition of the role of intermediaries in this processing.
- e. Implementation of the "single window" principle for submitting issues to the entity and receiving its response. To submit notices of incident and applications for indemnification, consumers will submit the matter only once, without being required to submit it repeatedly to different departments or offices of the entity or company involved.
- f. Administrative and control structure for the process of complaint and claim handling.
- g. Design of forms for submitting complaints and claims and following up on them.
- h. System for monitoring and evaluation of the claim and complaint process.
- i. Institutional policy for applying alternative dispute resolution methods.
- j. Institutional policy for consumer data protection in accordance with the provisions of Article 6 of Law No. 8653.
- k. Prevention and resolution of conflicts of jurisdiction between the different internal administrative authorities.
- l. Profile and duration of the appointment of the head of the insurance consumer assistance unit, as well as his or her hours, which should be full time.
- m. Causes for incompatibility, ineligibility, and dismissal of this head.

Article 16. Quarterly Report

Insurers must render accounts of their consumer assistance activity through a public quarterly report in accordance with Article 25, sections (a), (c), (r), and (t) of Law No. 8653, Insurance Market Regulatory Law. This must be presented to the Office of the Superintendent General of Insurance (SUGESE) and shall contain at least:

- a. Statistical summary of the cases processed with information on the number, origin of the incident, type of decision, insurance lines, type of claim, and amount of claim.
- b. Cases that have been settled in favor or against the consumer, along with the number of withdrawn claims and a summary of rejected claims.
- c. Summary of the general criteria applied in the resolution of complaints or claims when of general interest.
- d. Follow-up on corrections made by the entities in those cases where the decision has been made in favor of the consumer.

At least one summary of the report will be included in the entities' annual reports.

Article 17. Duty to Provide Consumer Information

Insurers will make the following information available to their customers on their websites:

- a. The existence of a consumer assistance unit, along with its telephone and fax numbers, mailing address, and e-mail
- b. The entity's obligation to handle and resolve submitted issues within thirty calendar days from their receipt
- c. Procedure for notices of incident and processing of indemnification, clearly indicating the requirements and any information needed for their processing in accordance with Article 12 of Law No. 8956

Article 18. Other Channels

The use of consumer assistance services is understood as being without prejudice to the use of other channels of protection provided by current law.

The filing of complaints or claims under these regulations will neither suspend nor interrupt the

time periods established for the interested parties involved to exercise their actions or rights pursuant to law.

Article 19. *Alternative Dispute Resolution*

At any time, by mutual accord the parties may submit hearing of the disagreement originating the complaint or claim to the rules, procedures and regulations established in Law 7727, Alternative Dispute Resolution and Promotion of Social Peace (Ley Sobre Resolución Alternativa de Conflictos y Promoción de la Paz Social).

Article 20. *Denouncements before the National Consumer Commission*

Should the Office of the Superintendent find indications – either from the remitted reports or its supervisory efforts – of noncompliance or violation of the consumer protection and defense regulations pursuant to the provisions of Article 29, section (p) of Law No. 8653, Insurance Market Regulatory Law (Ley Reguladora del Mercado de Seguros), and Article 2 of Law No. 7472, Promotion of Competition and Effective Consumer Protection (Ley de Protección de la Competencia y Defensa Efectiva del Consumidor), it will transfer the respective complaint or claim to the National Consumer Commission (Comisión Nacional del Consumidor).

CHAPTER II

Procedure for Handling Denouncements at the Office of the Superintendent General Insurance

Article 21. *Handling of Denouncements*

The Office of the Superintendent General of Insurance will hear, through denouncements, the reports and decisions of each insurer's internal consumer assistance unit created herein pursuant to the provisions of Article 25, section (n) and Article 29, section (n) of the Insurance Market Regulatory Law (Ley Reguladora del Mercado de Seguros), under the following considerations:

1. It will not hear claims, understood as those deriving from substantial aspects of the insurance policy, such as its structure, validity, nullities, stipulations, uses or customs, or from aspects concerning the policy's effects on the loss or damage of goods or assets, or from aspects concerning the lives, physical integrity, and health of persons, all of which will be heard by courts or arbitration tribunals that can ensure, through hearings, an interpleader and analysis of technical evidence, aspects over which the Office of the Superintendent has no

jurisdiction.

2. The use by insurance consumers of this review body is voluntary and is understood not to prejudice the use of other channels of protection provided in current law, with the exception of the provisions in point 4 of this article.
3. Pursuant to the definition set out in Article 4 hereof, the Office of the Superintendent will hear written complaints concerning violations of insurance consumer rights, particularly:
 - a. Right to protection of their legitimate economic interests
 - b. Right to freedom of choice among insurers, intermediaries, products and ancillary services
 - c. Right to have adequate and truthful information before taking out a policy and during the lifetime of the policy
 - d. Right to equitable and nondiscriminatory treatment
 - e. Right to in dubio pro consumer
 - f. Right to quick settlement by means of a written, reasoned resolution of insurance consumer claims, complaints, and petitions, delivered within thirty calendar days
 - g. Rights to information and confidentiality, especially the right to protection of consumer information
 - h. Right to education and dissemination of proper consumption of insurance market products and services
 - i. Compliance by supervised entities with the formal duties established in Articles 25, 26, and 27 of Law No. 8653, Insurance Market Regulatory Law (Ley Reguladora del Mercado de Seguros).
 - j. Any other right or guarantee deriving from the Insurance Market Regulatory Law (Ley Reguladora del Mercado de Seguros), Law for the Promotion of Competition and Effective Consumer Protection (Ley de Protección de la Competencia y Defensa Efectiva del Consumidor), and other norms concerning the promotion of competition and effective consumer protection in the treaties and international conventions to which Costa Rica is party.
4. For written complaints to be admitted and processed at the Office of the Superintendent General of Insurance (SUGESE), a final response from the unit created by the insurer pursuant hereto must be verified.
5. The hearing of complaints under these regulations will neither suspend nor interrupt the time periods established for the interested parties involved to exercise their actions or rights pursuant to law.
6. They may be submitted on paper, or by means of information technology or electronic or

telematic media, in compliance with the formalities of Article 22 hereof.

Article 22. Contents of Written Complaints

The Office of the Superintendent will make a form available to consumers for submitting their complaints. In all cases, pursuant to Article 285 of the General Public Administration Law (Ley General de Administración Pública), written complaints must meet the following formal requirements:

- a. The full name of the consumer or trade name or commercial name in the case of legal persons, attaching the respective certificate of legal personality, identification number, and copy of same in the case of natural persons, address, and e-mail or fax number for receiving notices
- b. If applicable, reference to the policy related to the complaint
- c. Membership status of the policyholder, insured, or policy beneficiary, or interested party in the subscription of a policy
- d. Summary of the reasons in fact or cause for complaint, expressly confirming that the case is not pending resolution or litigation at administrative, arbitration, or jurisdictional bodies
- e. Copy of the final response from the insurance consumer assistance unit
- f. Date and signature, which could be digital pursuant to Law No. 8454, Certificates, Digital Signatures and Electronic Documents.

If the written document does not meet the established requirements, the Office of the Superintendent General of Insurance will ask the consumer to correct it within five business days from notification, except for a missing signature, which will necessarily lead to its rejection and archiving. If not corrected within this time period, the complaint will be archived. The foregoing is without prejudice to later submission of a new petition meeting the indicated requirements.

The Office of the Superintendent will have 20 business days from the time the written document meets the provided formalities and the Office has all the legal and factual evidence for resolving the complaint. Said period will not run when information requests are being processed in other bodies or at the accused parties.

In exceptionally complex cases whose execution requires strong investigative discipline, not only because of the personal investigative efforts entailed but also because of the coordination efforts

with other public or private bodies needed for effective handling of the complaint, the Office of the Superintendent must inform the consumers of this qualification within the complaint admission phase, in which case the final handling may not exceed two months once all the legal and factual evidence has been obtained for reaching a resolution.

The Office of the Superintendent will reject out of hand, by reasoned resolution, any inappropriate or obviously inadmissible complaints, such as those filed by natural or legal persons without a subjective right or legitimate interest in the case, those submitted past the deadline set in Article 17 of the Insurance Policy Regulatory Law, or those that fall under the jurisdiction of a different body.

Interested parties may withdraw their complaints at any time. Withdrawal will lead to termination of the process with respect to the relationship with the consumer, without prejudice to the possibility that the Office of the Superintendent may continue to analyze the case at its own instance in the understanding that the issues at hand are of general interest.

CHAPTER III

Procedure for Handling Queries at the Office of the Superintendent General of Insurance

Article 23. Processing and Requirements

All duly identified natural or legal persons shall be empowered to submit queries, as long as these queries do not refer to a specific transaction with a specific company or entity.

Likewise, associations and organizations representing the legitimate group interests of insurance consumers may lodge queries, as long as they meet the requirements set forth in Article 54 of Law No. 7472, Promotion of Competition and Effective Consumer Protection, and insurers and supervised insurance brokerage firms may, as well.

The queries should be about the Costa Rican insurance activity, services offered by insurers or insurance intermediaries according to current laws, and general information on the rights of insurance consumers, without going into specific cases. Queries must therefore be formulated in terms whereby no deductions can be drawn from them as to the eventual subjects or groups of subjects that would be affected or benefitted by the position taken by the consulting party

according to the conclusions arrived at in the official response memorandum.

Queries must meet the following requirements:

- i. They must contain the full name, trade name or commercial name in the case of legal persons, identification number, address, and e-mail or fax number for receiving notices
- ii. They may be submitted on paper, or by means of information technology or electronic or telematic media.
- iii. If appropriate, they should contain the membership status of the policyholder, insured, or policy beneficiary, or interested party in the subscription of a policy.
- iv. They should give the reason for the query and other data and items that might contribute to the opinion of the Office of the Superintendent.
- v. They should state the questions clearly and in detail.
- vi. They should have the date and signature, which could be digital pursuant to Law No. 8454, Certificates, Digital Signatures and Electronic Documents (Ley de Certificados, Firmas Digitales y Documentos Electrónicos).
- vii. Queries from insurers, insurance intermediaries, advisors and consultants in any professional area must come with the respective legal and technical opinion attached in which the institutional or professional criterion is given, as relevant, on the consulted issue.
- viii. If the request does not meet the indicated requirements, the interested party will be asked to correct the deficiency or include the data, items, and exact documents within five business days, with the indication that, should it fail to do so, the query will be archived without further processing.
- ix. The Office of the Superintendent will have 20 business days from the time the written document meets the provided formalities in order to answer the query. In exceptionally complex cases, understood as those requiring coordination with other public or private bodies in order to handle the query, the Office of the Superintendent must inform the consumer of this qualification but may not take more than two months from when all elements are on hand to answer the query.

The answer to the query shall be informative and shall have no binding effect on the persons, activities, or events contemplated in the query; nor shall it later impede the Office of the Superintendent from taking a different stance when faced with a specific, concrete case, or from asserting its authority if it finds that the activity being engaged in corresponds to an exclusive operation of one of its supervised institutions.

CHAPTER IV

Consumer Bill of Rights

Article 24. *Consumer Bill of Rights*

In order for insurance consumers to gain an awareness of their rights and a willingness to exercise them, the Office of the Superintendent, by official decision, will publish the consumer bill of rights, which will be an instrument for learning the rights of persons at entities supervised by the Office of the Superintendent General of Insurance and the mechanisms for claiming those rights at said entities. This bill of rights will also set forth consumers' rights at the Office of the Superintendent and the commitments this office has to insurance consumers.

A copy of the bill will be available at the Internet site of the Office of the Superintendent and at each insurance entity.

TITLE IV FINAL PROVISIONS

CHAPTER I Later Regulations

Article 25. *Decisions of the Office of the Superintendent*

These regulations may be developed by means of decisions issued to such effect by the Office of the Superintendent in order to specify the obligations of supervised entities pursuant to the scope of application hereof and the principles and rights deriving from the Consumer Bill of Rights and its practical application.

CHAPTER II Effectiveness

Article 26. *Effectiveness*

This regulation takes effect six months after its publication in the official journal.

CHAPTER III

Transitional Provisions

Transitional Provision I. *Creation of the Insurance Consumer Assistance Unit*²

Insurance entities must implement the consumer assistance unit within three months following the date of publication hereof in the official journal *La Gaceta*. Until that time, the functions of consumer assistance must be handled by the internal customer service units of each entity.

Transitional Provision II. *Manual of Policies and Procedures for Handling Notices of Incident and Consumer Assistance*

Insurance entities shall issue a manual of policies and procedures for handling notices of incident and consumer assistance within six months following the date of publication hereof in the official journal.

Transitional Provision III. *Deadline for Issuing the First Publication of the Quarterly Activity Report*

The first quarterly activity report will be published three months after the end of the time period established in Transitional Provision I for the creation of the consumer assistance unit.

² Amended by the CONASSIF by Article 13 of the minutes of meeting 1089-2014 on February 11, 2014, published in *La Gaceta* No. 46 of March 6, 2014.