

HBCF

Complaint and Dispute Handling Procedures for Eligibility and Premiums

This document has been prepared by icare HBCF.

Insurance and Care NSW (icare) provides services in the administration of the Home Building Compensation Fund for the NSW Self Insurance Corporation.

Printed copies of this document are uncontrolled. Please visit our website for the latest version.

ABN 97 369 689 650

Post GPO Box 4052
Sydney NSW 2001

Phone (02) 8378 0560

Email enquiries.hbcf@icare.nsw.gov.au

Web www.icare.nsw.gov.au

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| 6.0 | Revision for 2020 SIRA submission | 1 January 2021 | HBCF claims manager HBCF Underwriting Manager |
| 7.0 | <p>Updates based on Customer Advocate recommendations to rewrite content in plain English.</p> <p>Changed service standards to claim manager's response time from two to five days for:</p> <ul style="list-style-type: none"> • Receipt of claim if prescribed claims information is complete • Receipt of claim if prescribed claims information is incomplete requirements | June 2021 | icare HBCF Technical Writer |
| 1.0 | <p>Note: On 3 August 2021, icare HBCF management agreed to split HBCF Complaints and Disputes Handling Procedures into separate Claims and Eligibility (Underwriting) documents, as their processes are different.</p> <p>The new versions will be published simultaneously, and the previous version archived.</p> <p>This is the first version of the new HBCF Complaint and Dispute Handling Procedures for Eligibility.</p> | November 2021 | icare HBCF Technical Writer |
| 1.1 | Updates to reflect 2022 underwriting model—without CSC participation and with auto-assessment for the System Reviewed Builder segment. | February 2022 | icare HBCF Technical Writer |
| 1.2 | <p>Updates to address feedback from SIRA, including changing the name of this document to: HBCF Complaint and Dispute Handling Procedures for Eligibility and Premiums.</p> <p>Added Complaint and dispute service levels, as defined by the icare Customer Advocate.</p> | June 2022 | icare HBCF Technical Writer |

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1 Home building compensation insurance

Home building compensation (**HBC**) insurance protects homeowners having building work done in New South Wales. It provides a safety net when their Builder¹ can't meet their building contract obligations due to insolvency, disappearance, or death.

The HBC safety net also protects homeowners if a Builder has their licence suspended because they failed to comply with an NSW Civil and Administrative Tribunal (**NCAT**) or Court order to pay compensation to the homeowner.

The State Insurance Regulatory Authority (**SIRA**) regulates the market for this insurance, including the licensing of providers and oversight of the home building compensation scheme operations.

1.1 Home Building Compensation Fund—HBCF

Insurance and Care NSW (**icare**) manages the Home Building Compensation Fund (**HBCF**) for the NSW Self Insurance Corporation (**SI Corp**). Together, they are icare HBCF. **icare HBCF** is deemed a licensed provider of home building compensation (HBC) insurance under Part 6 of the *Home Building Act 1989* and is currently the sole provider of HBC insurance in NSW.

1.2 Document objectives and scope

This document describes our Complaint and Dispute Handling Procedures for Eligibility. At icare HBCF we follow a consistent set of guidelines and procedures to:

- handle reviews and disputes about eligibility and premium determination decisions
- handle complaints about service standards and compliance
- handle enquiries about eligibility and premiums.

This document also defines:

- how to access SIRA's complaint resolution process.

Note: For complaints and disputes regarding claims decisions, service, or compliance, please refer to: HBCF Complaint and Dispute Handling Procedures for Claims, available on the icare website:
<https://www.icare.nsw.gov.au/builders-and-homeowners/disputes/lodge-a-dispute>.

1.3 Audience

This document is for Builders, brokers, homeowners, and other stakeholders in the Builder Eligibility process. This document will help guide you through the Complaint and Dispute Handling Procedures.

1.4 Definitions

1.4.1 BEAT and CIMS

The icare HBCF Builder Eligibility Assessment Tool and Claims Information Management System.

¹ References in this document to Builders and building work include and apply to work undertaken by trade contractors and other building contractors such as electricians, plumbers, carpenters, swimming pool Builders, etc.

1.4.2 Broker or Distributor

This document uses broker in place of Distributor. icare HBCF requires brokers to be approved icare HBCF Distributors before they can act on behalf of Builders. Brokers help Builders to apply to icare HBCF for eligibility and Certificates of Insurance for projects. A broker acts as a Builder advocate in dealing with HBCF. Brokers use the CIMS and BEAT systems to manage and record all relevant information and communications.

Note: Brokers act on behalf of Builders. Where this document mentions broker, it assumes that the broker is acting on behalf of the Builder.

1.4.3 CDHP

Complaint and Dispute Handling Procedures. This document is the CDHP for Eligibility and Premiums. There is also a CDHP for Claims.

1.4.4 Complaint

A complaint is an expression of dissatisfaction made to, or about icare, our products, services, staff, or the handling of a complaint where a response or resolution is explicitly or implicitly expected or legally required.

Note: Disputes, Enquiries and Feedback are not captured by this definition.

1.4.5 Dispute

A dispute is an issue, or part of an issue raised by a customer, that is recognised as a 'dispute' or equivalent by relevant scheme legislation or regulation and has a prescribed process for resolution involving parties external to icare but does not include complaints escalated to SIRA.

Disputes include requests to review eligibility and premium determination decisions to have the outcome amended.

1.4.6 Enquiry

A request for information or assistance which does not contain an expression of dissatisfaction, but which explicitly or implicitly requires a response.

1.4.7 HBCF UWC

HBCF Underwriting Committee. icare HBCF establishes, constitutes, and operates an Underwriting Committee to handle escalated disputes and complaints. The HBCF UWC is an important part of the icare HBCF CDHP for Eligibility and Premiums.

1.4.8 Regulator—SIRA

The State Insurance Regulatory Authority (SIRA) regulates the State Home Building Compensation scheme. For information about the SIRA regulatory compliance review and complaint processes, please refer to Request a regulatory compliance review on page 13 and SIRA's website: <https://www.sira.nsw.gov.au>.

1.4.9 Review

Please see Dispute. When you request a review, you are disputing a previous decision or outcome.

1.4.10 Service standards

SIRA's Home building compensation insurance guidelines require HBCF to meet certain service standards. Customer service should also be in line with the Customer Service Conduct Principles that SIRA implemented in November 2019. For more information about the guidelines and principles, please refer to Supporting references on page 5.

Service standards define time frames for each step in the complaint and dispute management process, from acknowledgement through to resolution or determination or response.

1.5 Supporting references

Table 1 contains supporting reference materials relevant for the icare HBCF Eligibility model. The SIRA guidelines and icare HBCF manuals and procedures define the how icare HBCF manages claims and eligibility and meet their obligations under the Home Building Act 1989 and the Home Building Regulation 2014.

Table 1: Supporting reference materials for Eligibility model

| Provider | Reference material | Location |
|---|---|--|
| HBCF | HBCF Eligibility Manual | Published by icare HBCF and available at www.icare.nsw.gov.au |
| HBCF | HBCF Complaint and Dispute Handling Procedures for Eligibility | Published by icare HBCF and available at www.icare.nsw.gov.au |
| NSW Fair Trading | Guide to Standards & Tolerances Consumer Building Guide | Published by NSW Fair Trading and available at www.fairtrading.nsw.gov.au |
| Law and Justice | NSW Government's Model Litigant Policy | Published by the NSW Department of Justice and available at www.lawlink.nsw.gov.au |
| State Insurance Regulatory Authority (SIRA) | <ul style="list-style-type: none"> Home Building Compensation (claims handling) insurance guidelines Home Building Compensation (eligibility) insurance guidelines Home Building Compensation (premium) insurance guidelines Home Building Compensation (prudential) insurance guidelines HBC standard licence conditions for insurers NSW Self Insurance Corporation conditions – Home Building Compensation regulation Customer Service Conduct Principles | Published by SIRA and available at www.sira.nsw.gov.au |

2 Overview of complaint and dispute handling procedures

icare HBCF follows agreed processes to address complaints and review decisions fairly and quickly. We have defined service standards for complaint and dispute (review) handling so you can see how long each step takes, from acknowledgement through to resolution, determination, or response. Please refer to the Service standards (on page 14) for details.

You can make a complaint about any failure to meet the defined service standards or comply with the guidelines. You can also ask SIRA to review our performance against the legislation, standards, and guidelines, though this will not overturn the outcome of a decision. Please refer to Request a regulatory compliance review on page 13

2.1 Eligibility complaints and disputes (decision reviews)

If you don't agree with an eligibility decision, you can dispute the decision and ask for a review (treated as a Level 2 dispute). Your broker must submit the dispute in writing together with supporting documentation in BEAT.

Once an Eligibility dispute is lodged with icare HBCF, the HBCF Underwriting review panel will perform the initial review. The Underwriting review panel will make a recommendation to the Underwriting Manager for a decision. If an eligibility dispute is within the scope of the Eligibility Manual or any of HBCF's instructions, guidelines, or written directions, the HBCF Underwriting Manager usually considers the recommendation made by the Underwriting review panel and determines the dispute (Level 2).

In rare cases and complex matters, particularly where there are novel issues or elements of subjective judgement, the HBCF Underwriting Manager will refer the dispute to the HBCF UWC to make a recommendation. The General Manager of insurance for NSW and HBCF usually considers the recommendation made by the HBCF UWC and determines the dispute (Level 3).

Note: The outcome of the Level 2 or Level 3 icare HBCF Underwriting Review process is the final decision and there is no further avenue for review.

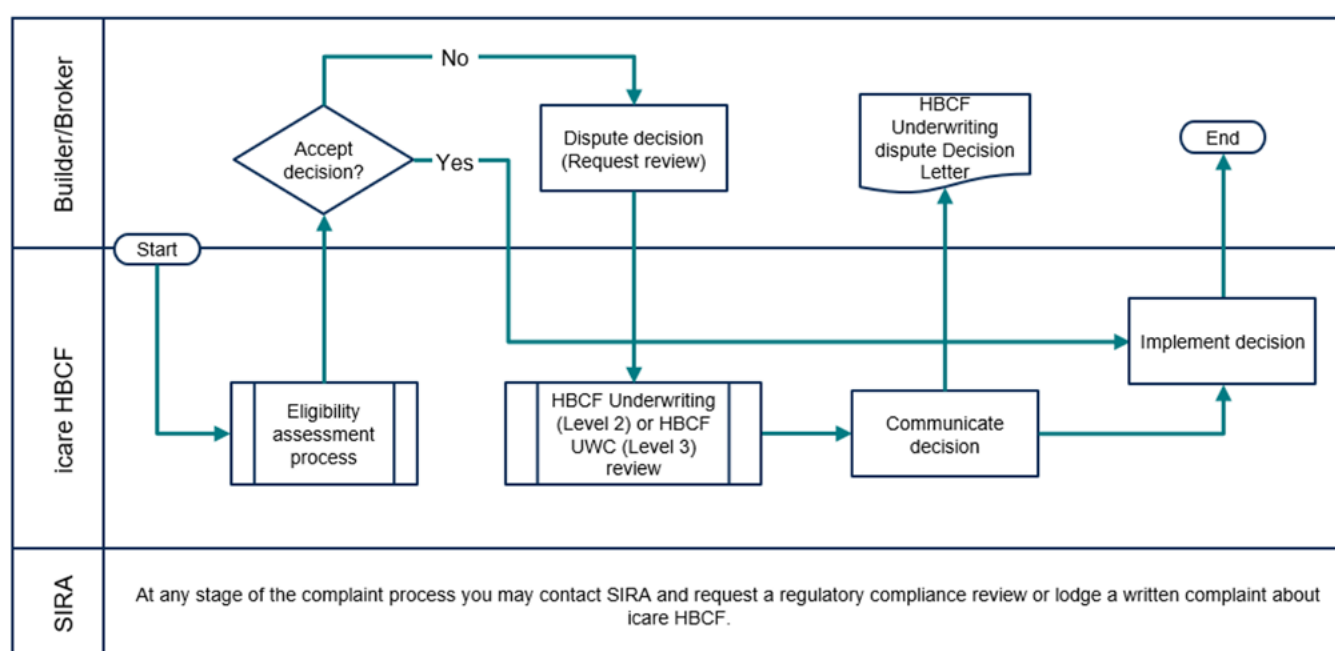


Figure 1: Eligibility decision dispute process flow with service levels

Typical examples of Eligibility decisions:

- HBCF eligibility decisions made by underwriters via BEAT on builder's Eligibility Profile, Construction Profile and or conditions attached to the decision
- HBCF eligibility decisions made by underwriters on restricting, cancelling, suspending, reinstating Eligibility Profile, or changing builder's Eligibility status (Active, 10 Day Notice, Not Active, etc)
- HBCF project application decisions made by underwriters and triggered by Certificate of Insurance Underwriting issues in accordance with section 20 of the HBCF Eligibility Manual
- Complaints or disputes regarding builder's eligibility service levels from Builders, or Stakeholders (for example, Ministerial or SIRA)

2.2 Premium determination reviews (disputes)

If you don't agree with the premium we determined for your project, you can dispute the decision and ask us to review the determination. For builders, your broker must submit the dispute in BEAT. For homeowners, you can lodge your dispute by email or phone to an HBCF Distribution Team member directly.

If your dispute is one that an HBCF Distribution Team member can resolve, they will review the details and provide a decision within five business days (Level 1). If you're not happy with the Distribution Team member's original decision, you can ask the HBCF Distribution Team to escalate the issue to the HBCF Compliance Officer (Level 2).

A HBCF Compliance Officer will make a recommendation to the Manager of the Distribution and Customer Support team, or the General Manager of Insurance for NSW & HBCF General Line Underwriting, depending on who holds the authority necessary to make a determination based on premium value.

The Distribution and Customer Support Manager, or the General Manager, Insurance for NSW and HBCF will make their decision and advise the broker or the complainant in writing. For builders or homeowners, you can also dispute premium decisions by lodging your dispute by phone or email:

- Email: enquiries.hbcf@icare.nsw.gov.au
- Phone: (02) 8378 0560

Note: The outcome of the Level 2 Distribution Team Review process is the final decision and there is no further avenue for review.

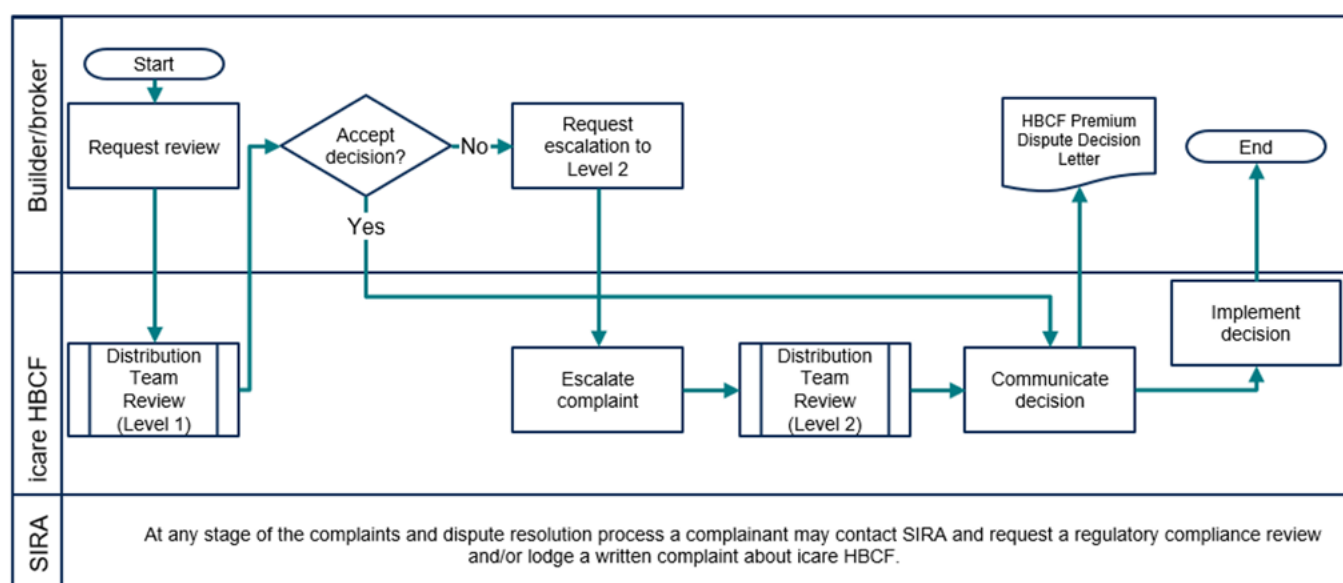


Figure 2: Premium determination dispute process flow

Typical examples of Premium determinations:

- Builder's risk-based factors and overall discount/loading applied (for Builders only)
- Contract variation, including cancellation of an existing HBCF policy (if a cancellation is triggered by underwriting rules, the HBCF Underwriting team will review it . Please refer to section 2.1 above)
- Issuing retrospective cover or reinstating a policy which was cancelled
- Premium adjustments (Refund or Waivers)
- Customers (including Homeowners') premium related disputes

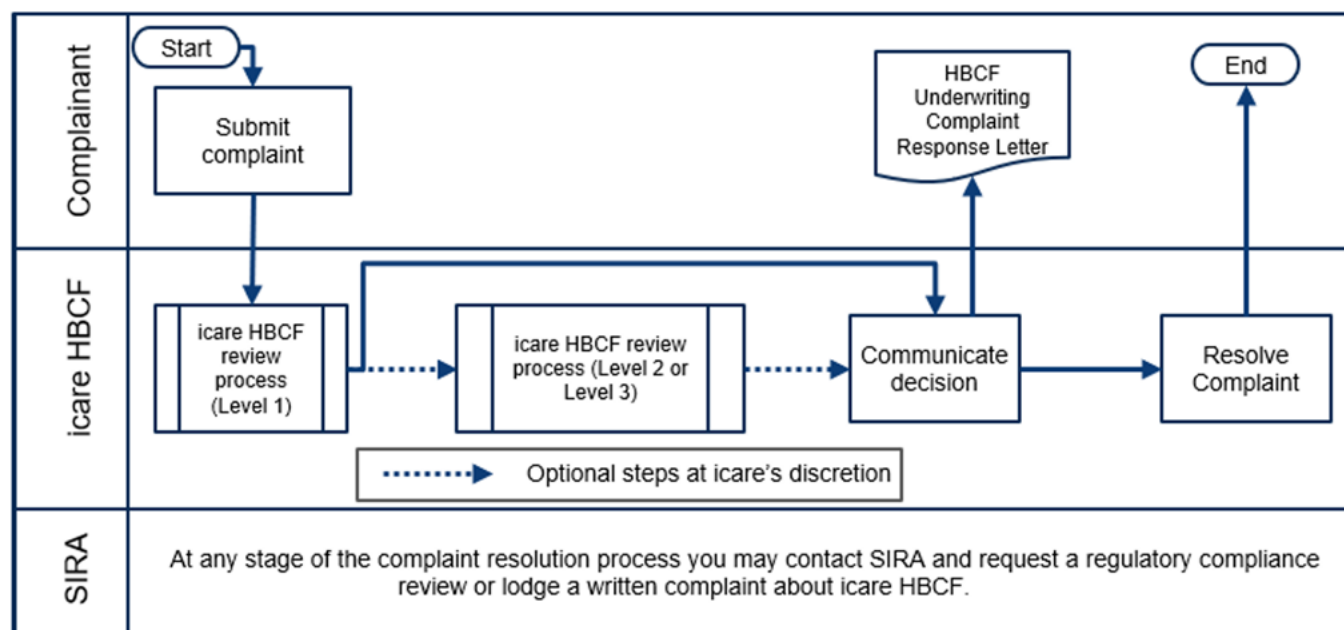
2.3 Service or compliance complaints

We must provide our services according to legislative and regulatory guidelines and relevant icare HBCF manuals and processes (please refer to Supporting references on page 5).

If you don't like the way we conducted ourselves, you think we have not followed the guidelines, or you think we've failed to meet our service standard requirements, you can complain to us directly or request a regulatory compliance review from SIRA. Please refer to Request a regulatory compliance review on page 13.

- Email: enquiries.hbcf@icare.nsw.gov.au
- Phone: (02) 8378 0560

Our Service standards (on page 14) define deadlines for completing various steps in the eligibility assessment, premium determination, and Complaint and Dispute Handling Processes.



3 Dispute a decision or make a complaint

3.1 Request a review of (dispute) an eligibility decision

Note: Brokers dispute a decision by initiating a review in BEAT.

3.1.1 Auto-assessment decisions

Note: Builders who use the auto-assessment process will receive an outcome within two business days of submitting their eligibility application. If they disagree with the decision, they have five business days to dispute the decision and request a review.

Because auto-assessment is based on the icare HBCF Eligibility Score², there are usually four options for dispute:

1. We have mistaken the Builder for a different Builder with the same, or a similar name. Once we confirm the identity of the Builder, we will obtain a new Eligibility Score.
2. The credit rating agency has used incorrect or invalid data in calculating its Eligibility Score. In this case, the Builder must contact credit rating agency to resolve the issue in the first instance.
3. If we identify an unacceptable risk, we may decline the eligibility application. For detailed information about unacceptable risks, please refer to the Eligibility Manual section, Unacceptable Risk Scenarios.
4. Where a Builder's eligibility score is low due to adverse considerations, icare HBCF can, at its discretion, initiate a manual review and give careful consideration to the Builder rather than applying the score without further consideration. This will protect the Scheme against deteriorating scenarios when icare HBCF identify them. When we schedule a manual review, the Builder must provide financial and non-financial information within a reasonable timeframe to facilitate our manual review. Please refer to the Eligibility Manual, section 11 Eligibility Assessment information requirements.

Note: If a Builder disputes something not covered by the four points above, icare HBCF will not dismiss it, but will give it careful consideration.

Note: The Builder or Distributor on behalf of Builder, will be able to reapply for eligibility at any time after 30 days from the finalisation of previous disputed assessment.

3.1.2 Manual assessment decisions

Note: Builders who are manually assessed should dispute a decision within 20 business days of their broker receiving the decision.

Your broker can initiate the review process in BEAT. The relevant icare team member will consider the submission and make their recommendation. Based on that recommendation, the HBCF Underwriting Manager, or the General Manager, Insurance for NSW and HBCF Underwriting will make their decision and advise the broker in writing.

We will provide you with an outcome as soon as we can. This is typically within 15 business days, but complicated issues may take longer to research and review. Significant or ambiguous matters can be recommended to the HBCF Underwriting Committee at icare HBCF's discretion, where a decision will be delivered within 30 business days of the receipt of the dispute. The outcome of this eligibility review process is our final decision. If you're not happy with the outcome of the review you can request a regulatory compliance review.

Note: HBCF Underwriting decisions are final and there is no further icare review process.

² For more information about the icare HBCF Eligibility Score, please check the Equifax website: <https://www.equifax.com.au>

3.2 Request a review of (dispute) a premium determination decision

You must request a review no later than 20 business days after the project application is approved and certificate of insurance quoted in CIMS. Your broker can contact us directly or initiate the review process in BEAT.

If your dispute is one that an HBCF Distribution Team member can resolve, they will review the details and provide a decision within two business days (Level 1). If you're not happy with the Distribution Team member's decision, you can ask your broker to escalate the issue to the HBCF Compliance Officer (Level 2). The HBCF Compliance Officer will make a recommendation to the Manager of the Distribution and Customer Support team.

Based on that recommendation, the Distribution and Customer Support Manager, or the General Manager, Insurance for NSW and HBCF will make their decision and advise the broker in writing.

We will provide you with an outcome as soon as we can, usually within 15 business days. If you need more information about the decision, the notification includes our contact details. We will implement the decision as soon as practicable.

icare HBCF will also provide information about SIRA's service and compliance complaint mechanisms available on its website at www.sira.nsw.gov.au.

3.3 Register a complaint

When an icare HBCF review process cannot resolve the issue you raised, or when you only wish to have your complaint recorded, we will record your complaint in our complaint register. You do not have to take any further action and your complaint will not be subject to any review. Examples of complaints that we cannot resolve could include licensing issues handled by NSW Fair Trading and risk-based premiums which are approved by SIRA.

All other complaints will follow the procedures in this section.

Note: When we receive a complaint, we must ask you if you want to register the complaint and have the complaint referred to the review process. When someone makes a complaint about a builder, icare will ask the person making the complaint if they give consent to their complaint being disclosed to the Builder. In some cases, we cannot proceed with the complaint process if consent is not given.

3.3.1 Complaints registers

icare HBCF maintains a complaints register where we record the nature of each complaint and how and when it was resolved. icare HBCF analyses complaint register information and creates reports for compliance and as guidance for making enhancements, reducing complaints, and improving the customer experience.

Note: Brokers can flag an issue for review in BEAT. Doing so will trigger the review process.

| Service or product | Contact details |
|---|--|
| <ul style="list-style-type: none"> • Eligibility • Certificates of insurance • Premium determination • Service • Legislation • Policy • Guidelines | <ul style="list-style-type: none"> • Email: enquiries.hbcf@icare.nsw.gov.au • Phone: (02) 8378 0560 <p>You can ask your authorised broker to request a review in our Builder Eligibility Assessment Tool (BEAT) system.</p> <p>You can make a complaint directly to icare HBCF:</p> <ul style="list-style-type: none"> • Phone: 13 99 22 • Website: https://www.icare.nsw.gov.au/contact-us/complaints |
| <ul style="list-style-type: none"> • Service • Legislation • Policy • Guidelines | <p>Although SIRA cannot overturn an individual decision, you can ask SIRA to review icare HBCF's compliance with service standards, legislation, guidelines, and policy.</p> <p>SIRA</p> <ul style="list-style-type: none"> • Phone: 13 10 50 • Email: contact@sira.nsw.gov.au • Website: https://www.sira.nsw.gov.au/disputes-and-complaints/home-building-compensation-disputes |

3.4 Request a regulatory compliance review (Level 3)

If you are not satisfied with our conduct when making a decision about your eligibility or your premium for home building compensation insurance, you can ask SIRA to conduct a regulatory compliance review. SIRA can review icare HBCF's compliance with the legislation, guidelines, and policy. The regulatory compliance review will determine whether we have followed these regulations and guidelines:

- *Home Building Act 1989*
- *Home Building Regulation 2014*
- *Home Building Compensation (eligibility) insurance guidelines* (section 9.1.7 plus the explanatory note)
- *Home Building Compensation (premium) insurance guidelines*
- *HBCF Eligibility Manual*
- *HBCF Premium filings*
- icare HBCF's complaint management guidelines under the HBC scheme.

Under Section 10.2 of the *SIRA Home building compensation (eligibility) insurance guidelines*, a contractor may request that SIRA undertake a regulatory compliance review to investigate potential breaches. A regulatory compliance review, however, is not a mechanism of appeal to review the merits of a particular icare HBCF decision and does not overturn the decision. If you would like to make a complaint about icare HBCF's service or conduct, please contact SIRA:

- Phone: 13 10 50
- Email: contact@sira.nsw.gov.au
- Website: <https://www.sira.nsw.gov.au/disputes-and-complaints/home-building-compensation-disputes>

3.5 Lodge a complaint with SIRA

You can lodge a complaint with SIRA about how we handled your Eligibility or Premium Determination or any other aspect of our service.

SIRA contact details:

- Phone: 13 10 50
- Email: contact@sira.nsw.gov.au
- Online: fill out the online enquiry form at <https://www.sira.nsw.gov.au/>

4 Service standards

Service standards define information requirements and time constraints for various steps in HBCF processes, such as eligibility assessment, premium determination, review, and complaint handling. For example, icare HBCF must acknowledge receipt of an eligibility application or an enquiry about eligibility within two business days of receiving it.

4.1 Complaint and dispute levels

4.1.1 Level 1 – Standard complaints and disputes

- Standard complaints and disputes are those where the issues are clearly defined, a detailed investigation or a detailed written response is not required, and the issues do not have wider consequence beyond the customer.
- Standard complaints and disputes may be resolved at first point of contact, on a call back with the customer, or by a short, written response.
- Standard complaints and disputes must be resolved within 5 business days of receipt (can be resolved earlier).
- Standard complaints and disputes must be escalated to Level 2 if determined to be a Complex complaint.

4.1.2 Level 2 – Complex complaints and disputes

- Complex complaints and disputes are those which involve a greater depth of investigation of customer circumstances, documents, regulation or process, or where multiple contacts with the customer, other teams/senior staff are required to resolve the issue.
- Complex complaints and disputes include those where there are multiple issues raised, there is an issue which affects more than one customer, or where a review of a previous decision or a negotiated outcome with the customer is required. Also includes complaints about icare staff members.
- Complex complaints and disputes must be resolved within 15 business days of receipt.

4.1.3 Level 3 – External complaints and disputes

- External complaints and disputes are those that are escalated to an external agency, such as IRO, SIRA, NSW Ombudsman, or the Information and Privacy Commission NSW.
- External complaints and disputes exclude those that fall within Level 4, and requests made by customers under the Government Information (Public Access) Act 2009.
- For external complaints and disputes where the external body has its own complaint and dispute categorisation, these categories will be captured within icare Level 3 complaints and disputes. HBCF eligibility disputes referring to HBCF UWC will be captured within Level 3 disputes.
- External complaints and disputes must be resolved within 30 business days of receipt.

4.1.4 Level 4 – Ministerial complaints and disputes

- Ministerial complaints and disputes are those made to icare’s ministerial representative about icare
- This includes:
 - correspondence from a State or Federal MP or Minister
 - correspondence addressed to icare’s ministerial representative
- The complaint or dispute is managed by MAPS³ in accordance with parliamentary requirements, with input from the relevant scheme or Customer Advocate if required
- Responses to Ministerial complaints and disputes must be provided within **15 business days** (resolution dependent on subsequent ministerial actions)

4.2 Complaint and dispute standards

These standards define how icare HBCF manages complaints about decisions, service, or compliance and disputes (requests for reviews of decisions).

Note: We will confirm all communications and decisions in writing and record them in BEAT. icare written communications include information about how to lodge regulator (SIRA) service complaints and request regulatory compliance reviews.

| Service standard | Requirement for completion |
|--|--|
| icare HBCF will acknowledge receipt of the request for review, or the complaint, and provide the person that lodged it with a contact name for enquiries | Within two business days of receiving a complaint or review request |
| icare HBCF will conduct the review or determine the complaint and provide written notification of the decision to the person that lodged it | <p>Level 1: Within five business days of receipt of the complaint or dispute.</p> <p>Level 2: Within 15 business days of receipt of the complaint or dispute.</p> <p>*Note: icare HBCF tries to meet the 15 business-day timeframe, but complicated issues may take longer. You will be advised of the delay.</p> <p>Level 3: If we need to convene a meeting of the HBCF UWC to determine the dispute or complaint, we will reach a decision within 30 business days of receipt of the complaint or dispute.</p> <p>Level 4: We will generally respond to Ministerial complaints and disputes within 15 business days of receipt of the complaint or dispute (resolution dependent on subsequent ministerial actions). We will provide responses through the Ministerial office the issue was raised with.</p> |

³ Ministry and Parliamentary Support

| Service standard | Requirement for completion |
|---|---|
| icare HBCF will advise the person that lodged the dispute or complaint about SIRA's (Level 3) processes for handling disputes and complaints about service and compliance | icare correspondence will include details of regulator (SIRA) review and complaint options. |

*In cases where it will take longer to determine the dispute (for example difficulty obtaining a quorum for an icare HBCF UWC meeting, or further information or investigations being required), icare HBCF will communicate reasonable alternative timeframes to you and keep you informed of the progress of the complaint or dispute.

Our Quality Assurance Framework enables us to continually assess the quality of our decisions. We identify large numbers of reviews or complaints coming from an individual consultant's or service provider's decisions and investigate opportunities to improve accuracy.

Note: icare HBCF decisions on complaints and disputes are final and binding and we will implement them as soon as practicable.

4.3 Eligibility assessment standards

Table 2: Service standard for Eligibility Assessment and Review

| Eligibility assessment and review | Requirement for completion |
|---|--|
| Issue notice to the Builder commencing an Eligibility Assessment process asking them to provide information and documentation by a specified due date (only Programmed Eligibility Reviews—PERs) | Notice issued at least 40 business days before the due date . |
| Acknowledge receipt of Eligibility application or Eligibility Assessment documents | Within two business days of receipt of the documents. |
| The application or review documents have been received but are deficient. The underwriter must ask the Builder for additional information to progress the application or review. | Within seven business days of receipt of the documents. Note: Not applicable for auto-assessment. No separate financial information is required for Builders who are entitled to an auto-assessment. |
| Complete Eligibility Assessment and communicate Eligibility Profile, terms, and conditions to the Builder (through the Distributor). A completed Eligibility Assessment is one where icare HBCF has offered terms to the builder, but the builder has not yet accepted them. | Within 10 business days of receipt of complete information. Note: For auto-assessment—within two business days. |

| Eligibility assessment and review | Requirement for completion |
|--|--|
| <p>Finalise an Eligibility Assessment</p> <p>A finalised Eligibility Assessment is one where the builder has accepted the terms so that icare HBCF can then issue the COE.</p> | <p>Within 40 business days of communicating Eligibility Profile, terms, and conditions to the Builder (through the Distributor) unless:</p> <ul style="list-style-type: none"> the Builder provides evidence they are taking steps to meet one or more conditions of Eligibility but will not satisfy the condition(s) within this timeframe the Builder has lodged a complaint about the Eligibility decision in accordance with the CDHP for Eligibility <p>Note: For auto-assessment—within 10 business days.</p> |

4.4 Project applications standards

Table 3: Service standards for Project Applications

| Project Applications service standards | Requirement for completion |
|---|--|
| Assess whether additional information or a Builder Profile Change (BPC) is required. If required, request additional information, or initiate a BPC review. | Within two business days of receipt of the application for a Certificate |
| Underwrite application for Certificate of Insurance (CoI) and advise the Builder's broker of the decision, including any proposed conditions on the approval, for example, security, Building Contract Review Program (BCRP). | Within five business days of receipt of complete information or completion of review (whichever is later) |
| Issue decision through CIMS to Distributor | Within two business days of receipt of Builder accepting underwriting conditions |

4.5 Enquiries standards

Table 4: Service standard for responses to enquiries

| Enquiries Service Standards | Requirement for completion |
|---|---|
| Enquiries from builders, brokers, or homeowners | <p>Level 1: Acknowledge receipt within 2 business days or receiving the enquiry</p> <p>Level 1: Respond to the enquiry within 5 business days of receiving the enquiry.</p> <p>Level 2: Respond to the enquiry within 15 business days of receiving the enquiry.</p> <p>Level 3: Respond to the enquiry within 30 business days of receiving the enquiry.</p> |

| Enquiries Service Standards | Requirement for completion |
|--|---|
| <p>Respond to queries from HBCF, SIRA or Fair Trading (Level 4)</p> <p>For example, the underwriter may receive enquiries from HBCF, SIRA or Fair Trading. Some may be of an Eligibility-specific nature while others may be related to scheme policy.</p> | <p>Acknowledge receipt within four business hours for urgent queries (such as where there is ministerial involvement)</p> <p>Respond to queries within two business days for general requests</p> <p>Respond to queries within 15 business days for other requests</p> |

4.6 Notice periods standards

Table 5: Service standards for Notice periods

| Type of notices | Requirement for notice period |
|---|---|
| Expiry of Eligibility | At least 60 business days' written notice is issued |
| Suspension of Eligibility | <p>At least 10 business days' written notice is issued</p> <p>Immediate suspension applies under certain circumstances</p> |
| Cancellation of Eligibility | <p>At least 30 business days' written notice is issued</p> <p>Immediate cancellation applies under certain circumstances</p> |
| Modification or Restriction of existing Eligibility Profile and Terms | <p>At least 30 business days' notice is issued including:</p> <ul style="list-style-type: none"> • Immediate implementation of Eligibility Profile • At least 20 business days' written notice is issued of that decision and any conditions associated with the Eligibility Profile • At least 10 business days' written notice of any decision to discontinue issuing Certificates <p>Immediate discontinuance of issuing Certificates of insurance applies under certain circumstances.</p> |
| Special Eligibility Review | <p>At least 30 business days' notice is issued including:</p> <ul style="list-style-type: none"> • Immediate implementation of Eligibility Profile • At least 20 business days' written notice is issued of that decision and any conditions associated with the Eligibility Profile • At least 10 business days' written notice of any decision to discontinue issuing Certificates of insurance, or to restrict existing approved OJL and Construction Type limits, Terms or to Suspend Eligibility <p>Immediate discontinuance of issuing Certificates of insurance applies under certain circumstances.</p> |
| Overdue Programmed Eligibility Reviews | <p>The underwriter must provide the Builder's broker with at least 40 days' notification before a specified due date for a scheduled review</p> <p>The underwriter may suspend, restrict, or cancel a Builder's eligibility if no submission or satisfactory explanation has been received from the Builder within 30 business days of the specified review due date.</p> |

Note: If icare HBCF believes we cannot meet the service standards before the due date for delivery, we must communicate immediately with the homeowner, Builder, or broker to explain why and agree on a different timeframe. Communication of a delay does not alter any rights regarding a complaint and doesn't change the processes or obligations defined in this document.

5 icare HBCF UWC operations guidelines

icare HBCF is to have an Underwriting Committee in operation. The membership of HBCF's Underwriting Committee is to include a minimum of two independent building industry experts. icare HBCF UWC Operations Guidelines provide details of how the icare HBCF UWC operates.

6 Disclaimer

Please note that this document cannot be relied upon for any purpose other than the determination of icare compliance with eligibility requirements in accordance with the *Home Building Act 1989* and associated regulations. Beyond that purpose, the intention of this document is to provide general guidance in plain language and there are a variety of documents, guidelines, legislation, and other information to which should be referred to rather than relying on this document. icare HBCF will not accept any liability arising from reliance or use of this document.

