



Group Whistleblower Protection Policy

Version 3.0

Subject matter	Responsibility	Date
Owner	Compliance Manager	NA
Prepared by	Compliance Manager	April 2019
Reviewed by	Executive Team	23 April 2019
Reviewed by	Audit & Risk Committee	9 May 2019
Approved by	Board	30 May 2019
Next review	Compliance Manager	May 2021
Document location	G:\Executive Manage\RISK & COMPLIANCE\Frameworks Policies Plans Strategies\TBA	

Revision History				
Version	Date	Author	Description	Approved/reviewed by
1.0	03/2016	Adrian Watkin	New Policy to address internal audit recommendations regarding who should receive and investigate reports of alleged wrongdoing.	Executive Team
2.0	06/2016	Isaacus Adzoxornu	Convert to “Group” Policy and extend right to make reports of alleged wrongdoing to Members of Group entities	Board
3.01	04/2019	Isaacus Adzoxornu	Revised to implement the whistleblowing requirements in APRA’s CPS 520 and in the <i>Corporations Act 2001</i> , as amended by the <i>Treasury Laws Amendment (Enhancing Whistleblower Protections) Act 2019</i> (Cth).	ELT on 23 April 2019.
3.02	05/2019	Isaacus Adzoxornu	Updated with comments from ELT.	Audit & Risk Committee on 9 May 2019.
3.0	05/2019	Isaacus Adzoxornu	Updated with comments from the Audit & Risk Committee.	Board on 30 May 2019

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1 INTRODUCTION

1.1 Purpose of this Document

The aim of the CBHS Group's Whistleblower Protection Policy (Policy) is to help create an environment for all CBHS Group Directors, Executives, Managers, Employees, Members, Contractors or even a Visitor to our premises, to feel safe to make a report if they believe on reasonable grounds that we have engaged in conduct that is or may be detrimental to the interests of our members or the public at large.

The CBHS Group consists of CBHS Health Fund Limited and CBHS Corporate Health Pty Ltd (together **Group** and individually, **Group Entity**).

1.2 Why Is This Policy Necessary?

Some distinct but nevertheless related reasons are to:

- (a) Support our strong values-based culture and Ethics Policy which commit us to high standards of professionalism, compliance with laws and codes, integrity and ethical behaviour;
- (b) Encourage all Directors, Executives, Managers, Employees and others to make reports about any conduct that is a Reportable Conduct;
- (c) Protect any person who makes a Reportable Conduct report (**Whistleblower**) and any person involved in the investigation of that report (**Investigator**) from being treated unfavourably because of the report;
- (d) Provide opportunities for the Group to take appropriate actions to rectify issues arising from Reportable Conduct reports;
- (e) Protect the interests of the Group's Members or policy holders;
- (f) Manage the risks posed to the Group by not having a culture that encourages whistleblowing; and
- (g) Comply with legislative and prudential standards requirements on whistleblowing.

1.3 Who Does The Policy Apply To?

This Policy applies to the Group's:

- (a) Directors;
- (b) Executives;
- (c) Managers;
- (d) Employees;
- (e) Members;
- (f) Contractors; and
- (g) Visitors.

2 MEANINGS OF TERMS AND EXPRESSIONS

The following meanings apply to the following terms and expressions used in this document.

Term	Meaning
Appointed Actuary	Person appointed as Appointed Actuary of the Group or a Group Entity under the <i>Private Health Insurance (Prudential Supervision) Act 2015</i> .
Appointed Auditor	Person, firm or company appointed as Appointed Auditor of the Group or a Group Entity under APRA's <i>Prudential Standard HPS 310 Audit and Related Matters</i> .
APRA	Australian Prudential Regulation Authority.
ASIC	Australian Securities & Investments Commission.
Board	Board of Directors of a Group Entity.
CEO	The Group Chief Executive Officer or the Chief Executive Officer of a Group Entity.
Chair	Chairperson of the Board of Directors of a Group Entity.
Contractor	Individual not being a Director or Employee of the Group or a Group Entity who provides goods or services to the Group or a Group Entity (whether paid or unpaid) or that individual's employee. "Contractors" has a corresponding meaning.
Director	Member of the Board of Directors of a Group Entity. "Directors" has a corresponding meaning.
Employee	Person who performs work, under the direction and control of the Group or a Group Entity, on an ongoing basis (whether they are permanent, temporary or casual). "Employees" has a corresponding meaning.
Executive	Member of the Executive Leadership Team. "Executives" has a corresponding meaning.
Executive Leadership Team	Group team of that name.
GCS	Group Company Secretary.
Group	CBHS Health Fund Limited and CBHS Corporate Health Pty Ltd together.
Group Entity	CBHS Health Fund Limited or CBHS Corporate Health Pty Ltd.
Investigator	Person who investigates or is appointed under section 5: PROCEDURE FOR INVESTIGATION OF REPORTS to investigate a Reportable Conduct report.

Term	Meaning
Manager	Employee to whom another Employee reports. "Managers" has a corresponding meaning.
Member	Member or policy holder of a Group Entity. "Members" has a corresponding meaning.
Party	Whistleblower, Investigator, person whose conduct gave rise to a Reportable Conduct report or person who has an interest in the outcome of a Reportable Conduct report. "Parties" has a corresponding meaning.
Reportable Conduct	Examples of conduct set out in section 3: EXAMPLES OF REPORTABLE CONDUCT below.
Visitor	Person who is not a Director, Employee or Contractor of the Group or Group Entity who is lawfully present at a place of business of a Group Entity. "Visitors" has a corresponding meaning.
Whistleblower	Person who makes a Reportable Conduct report on reasonable grounds. "Whistleblowing" has a corresponding meaning.

3 EXAMPLES OF REPORTABLE CONDUCT

Examples of Reportable Conduct include but are not limited to conduct by any Group Director, Executive, Manager or Employee that the Whistleblower has reasonable grounds to suspect:

- (a) Concerns misconduct, or an improper state of affairs or circumstances, in relation to the Group or a Group Entity;
- (b) Constitutes an offence under the *Corporations Act 2001* or the *Financial Sector (Collection of Data) Act 2001*;
- (c) Constitutes an offence under any other law of the Commonwealth of Australia that is punishable by imprisonment for a period of 12 months or more;
- (d) Represents or has the potential to represent a danger to the public or the financial system;
- (e) Indicates a Director, Executive, Appointed Auditor or Appointed Actuary is not fit and proper under APRA's *Prudential Standard CPS 520 Fit and Proper*;
- (f) Indicates a breach of the Group's Fit and Proper Policy;
- (g) Has endangered or has the potential to endanger the health and safety of an Employee, Contractor or Visitor;
- (h) Is dishonest, fraudulent or corrupt conduct;
- (i) Is improper behaviour relating to Group's accounting, internal accounting controls, actuarial or audit processes;
- (j) Is material mismanagement of the Group's resources; and
- (k) Is detrimental to the Group's or a Group Entity's financial position or reputation.

4 HOW TO MAKE A REPORT

4.1 Who Can Make a Report?

Any of the following is a Whistleblower and can make a report under this Policy:

- (a) Director;
- (b) CEO;
- (c) Executive;
- (d) Manager;
- (e) Employee;
- (f) Member of, or policy holder with, a Group Entity;
- (g) Contractor; and
- (h) Relative or dependent of any of the above (this includes a spouse, parent or other linear ancestor, child or grandchild, and sibling).

4.2 Who Can You Make a Report To?

You can make a report to any of the following persons without having to make the report to anyone of them first:

- (a) The Chair;
- (b) A Manager or Executive;
- (c) The Appointed Auditor or the Appointed Actuary; or
- (d) APRA and/or ASIC.

4.3 Tricky Situations

The following are examples of situations in which you may have to decide who would be the most appropriate person or body to make a report to.

- (a) If you feel uncomfortable making a report to your immediate Manager or if your immediate Manager is involved in the Reportable Conduct, you can make the report to the next level Manager.
- (b) If an Executive is involved in the Reportable Conduct, you can make the report to the CEO.
- (c) If the CEO is involved in the Reportable Conduct, you can make the report to the Chair.
- (d) If the Chair is involved in the Reportable Conduct, you can make the report to APRA, ASIC, the Appointed Auditor or the Appointed Actuary.

4.4 Members

The Group believes that the internal complaints resolution procedure under its Complaints Handling and Disputes Resolution Policy is also capable of being used to investigate a Reportable Conduct report.

However, if a Member considers that that procedure has been unable, or is unsuitable, to deal with their Reportable Conduct report, they may make their report to the Chair, APRA, ASIC, the Appointed Auditor or the Appointed Actuary.

4.5 Contractors

A Contractor can make a report to any persons or body mentioned in section 4.2: [Who Can You Make a Report To?](#) above.

5 PROCEDURE FOR INVESTIGATION OF REPORTS

- (a) A person who receives a Reportable Conduct report must refer the report to the Company Secretary (**CS**), the CEO or Chair.
- (b) The CS, CEO or Chair will determine the most appropriate process for investigating the report, including investigating the report themselves or appointing another Executive, Manager, the Appointed Auditor, Appointed Actuary or the police as **Investigator** of the report.
- (c) The Investigator must take reasonable steps to obtain all relevant information about the report.
- (d) The Investigator must give all Parties reasonable opportunity to state their case, attend relevant meetings or interviews and produce relevant documents.
- (e) If requested, a Party must be allowed to be accompanied by a support person during a meeting or interview.
- (f) The Investigator may, for confidentiality reasons, arrange interviews or meetings at an off-site location.
- (g) If necessary, the Group must provide paid transportation to an Employee Whistleblower who needs to attend an off-site interview or meeting connected with the investigation.
- (h) The Investigator must ensure interviews and meetings in connection with the investigation are arranged to take place during an Employee Whistleblower's normal working hours.
- (i) Relevant feedback on the progress or outcome of the investigation must be given to all Parties in a timely manner.
- (j) The Investigator must treat confidentially, all information and documents obtained or created directly or indirectly for the purposes of the investigation.
- (k) During and after the investigation, the Investigator, a Party or any person who has become aware of the report, must not disclose the identity of the Whistleblower or information that may lead to the identification of the Whistleblower unless the disclosure is:
 - (i) Reasonably necessary for the purposes of the investigation of the report and the person disclosing the information takes all reasonable steps to reduce the risk that the Whistleblower will be identified;
 - (ii) Made to APRA or ASIC;
 - (iii) Made to the Australian Federal Police;
 - (iv) Made to a legal practitioner for the purpose of obtaining legal advice or legal representation in relation to report or its investigation; or
 - (v) Made with the consent of the Whistleblower.
- (l) After the investigation, the Investigator must prepare a preliminary report documenting the process of the investigation, its findings and recommendations on what actions the Group should take.
- (m) The Investigator must give all Parties reasonable opportunity to comment on the report.
- (n) The Investigator must give proper consideration to any comments made by the Parties on the preliminary report.
- (o) The Investigator must then issue a final report containing the findings from the investigations, the conclusions reached on the findings and if necessary, recommendations on the actions the Group should take to remedy issues identified from the report.

- (p) The recommendations must be implemented by the person or body approved by the Board.

6 IMMUNITIES FOR WHISTLEBLOWER

As a Whistleblower under this Policy, the law gives you the following immunities:

- (a) You will not be subject to any civil, criminal or administrative liability (including disciplinary action) for making a report under this Policy;
- (b) No contractual or other remedy may be enforced against you and no contractual or other right is exercised against you; and
- (c) Information from the report is not admissible in evidence against you in criminal proceedings or in proceedings for the imposition of a penalty other than proceedings in respect of the falsity of the information.

However, the above immunities may not be available in relation to your role (if any) in the Reportable Conduct.

7 NO VICTIMISATION OF WHISTLEBLOWER

As a Whistleblower, the Group will ensure that you are not caused any detriment or threatened any detriment (whether expressly, impliedly, conditionally or unconditionally) because you have made a report under this Policy.

In this context, “detriment” includes:

- (a) Dismissal from employment;
- (b) Injury to you in your employment;
- (c) Alteration of your position or duties to your disadvantage;
- (d) Discrimination between you and other Employees;
- (e) Harassing or intimidating you at or outside work hours;
- (f) Harm or injury to you including psychological harm;
- (g) Damage to your property;
- (h) Damage to your reputation;
- (i) Damage to your business or financial position; and
- (j) Any other damage to you.

Any person who considers they have suffered a detriment or have been threatened a detriment, may take their case to the Federal Court for orders for compensation and/or other remedies.

8 SEPARATE EMPLOYEE GRIEVANCE PROCEDURE

This Policy does not apply to grievances that relate to your individual personal situations, including harassment, discrimination or bullying you suffered and that are not related to a report you have made under this Policy. Such grievances must be handled under the Internal Complaints Handling Procedure.

9 COMMUNICATION OF POLICY

Following its approval, the Compliance Manager must effectively communicate this Policy and its subsequent revised versions to all Employees including requiring Employees to certify that they have understood the key requirements of this Policy and can locate a copy on the Policy on the Group's information systems.

10 APPROVAL OF POLICY

The Board is responsible for approving this version of Policy and any subsequent revised version that implements a significant legislative or regulatory change.

If a subsequent revised version does not implement a significant legislative or regulatory change, that version must be approved the Executive Leadership Team.

11 REVIEW OF POLICY

The Compliance Manager will review this Policy at least once every two years.