

Chapter 8: Supporting enduring change in the travel insurance industry

8.1 Introduction: A focus on action

Although the Commission's Investigation revealed discriminatory policies and practices in the travel insurance industry during the Investigation Period, it also demonstrated that this is an industry willing to change. In the last few years, the travel insurance industry has taken a number of practical steps to improve practices and outcomes for people with a mental health condition. For example:

- in February 2017, the Insurance Council of Australia (ICA) commenced a review of its Code of Practice. The revised code includes specific guidance for insurers on mental health, including in the design of policies and claims.
- in October 2017, the Actuaries Institute released a Green Paper on mental health and insurance.¹ The paper explores the “systemic difficulties” facing the insurance industry in the way it considers mental health coverage.
- During the course of the Investigation, some party insurers took steps to remove blanket mental health exclusions and to introduce fairer policy terms for specific mental health conditions, including pre-existing ones.

LESSONS LEARNED TO DRIVE PRACTICAL CHANGE

The lessons learned from the Investigation provide a strong foundation for practical action to drive enduring change in the industry. This includes:

- the need to listen to consumer experience (part 8.2)
- the need for better use and analysis of data (part 8.3)
- the need for stronger regulation (part 8.4)
- the need for better education and support (part 8.5).

The lessons learned from the Investigation have the potential for broader application to all travel insurers and across the insurance industry more generally (noting that the *Equal Opportunity Act 2010* (Vic) applies in the same way to the provision of all forms of insurance). These lessons reveal the critical need for the insurance industry to work together to address discrimination as a shared responsibility.

While the Equal Opportunity Act places a direct positive duty on insurers to eliminate discrimination as far as possible,² regulators and peak industry bodies such as the ICA and the Actuaries Institute also have an important role to play in supporting insurers to understand and comply with the law, and to facilitate best practice.

In 2016 the Australian Human Rights Commission (AHRC) reissued its guidance, *Guidelines for providers of insurance and superannuation under the Disability Discrimination Act 1992 (Cth) (DDA Guidelines)*.³ The *DDA Guidelines* provide detailed and expert guidance for insurers on

the application on anti-discrimination law to the insurance industry. The Commission does not seek to amend or duplicate that guidance. Rather, positive change needs to be driven by the practical application of existing guidance and the lessons learned from the Investigation set out below.

8.2 The need to listen to consumer experience

The Commission's Investigation focused on potential systemic discrimination in the travel insurance industry, including in the design, issue and application of insurance policies. Although the Investigation did not directly consider the lived experiences of consumers with mental health conditions, the Commission considered personal experiences through complaints made to bodies such as the Australian Financial Complaints Authority (formerly the Financial Ombudsman Service), as well as case studies provided to public inquiries, including the Royal Commission and case law.

It is important to remember the impact of discriminatory conduct on the individuals who have been denied travel insurance cover or claims, or experienced other discriminatory conduct, because of a mental health condition. Discrimination can result in financial hardship, can discourage people from seeking support, and embeds a stigma about mental health issues in the broader community.

In practice, putting consumers at the heart of an insurer's business means ensuring that the lived experiences of consumers with a mental health condition inform future policies and practices. Insurers should also provide reasons to consumers about a decision to refuse travel insurance cover or deny indemnity because of a mental health condition. The Commission considers that there needs to be better information about complaint outcomes related to mental health. For this reason, we recommend that the ICA publish information and reasons regarding investigation outcomes of breaches of its code (discussed in part 8.4).

In light of the Commission's finding that three major Australian insurers – Allianz, Suncorp and World Nomads Group – issued discriminatory policies, the Commission

recommends in this report that those insurers contact consumers who had their claims denied during the Investigation Period because of a mental health condition to advise them of the Investigation and its outcomes.

External agencies, including the Commission and the AHRC, provide an avenue for consumers to make a complaint about discrimination in the insurance industry and insurers should advise consumers about these independent complaints mechanisms.

The Commission acknowledges the tireless work of consumers and their advocates (including the Public Interest Advocacy Centre, Mental Health Australia, Beyond Blue and SANE) in advocating for better practices and outcomes for people with a mental health condition in the insurance industry. The work of these advocates continues to shine a light on the impact of discrimination on everyday Victorians and Australians. Giving a voice to people who have experienced discrimination can create a vehicle for change.

8.3 The need for better use and analysis of data

The importance of data informing insurance policies and practices is clear. As the Actuaries Institute identifies:

Data and information is required in order to appropriately design products, underwrite them, inform claims processes, provide transparency of decision-making and evaluate the performance of the product, the players and the processes.⁴

Data is also at the centre of the exception under the Equal Opportunity Act that allows insurers to lawfully discriminate in the provision of insurance if the discrimination is based on “actuarial or statistical data”, which it is reasonable for the insurer to rely on and is reasonable having regard to that data and any other relevant factors (the data exception).⁵ Where no such data is available or can be reasonably obtained, the discrimination may be lawful if it is reasonable having regard to any other relevant factors.⁶

In order to rely on the data exception, it is critical that insurers:

- use appropriate data that is up to date and relevant (part 8.3.1)
- undertake quality analysis of available data (part 8.3.2)
- consider alternatives to discrimination where risk is assessed as high (part 8.3.3)
- document the data relied on for a decision to discriminate (part 8.3.4).

THE COMMISSION’S OBSERVATIONS ABOUT THE USE OF DATA

The Investigation revealed concerning practices related to data including:

- insurers using outdated data (when more up-to-date and relevant data existed)
- insurers using data that was not sufficiently relevant
- insufficient analysis of data to justify discrimination
- the failure to perform available analysis (such as considering the range of mental health conditions that could be treated differently)
- the failure to consider alternatives where risk is assessed as high.

The Commission encourages better use and analysis of data, and better transparency from insurers about the data they rely on to lawfully discriminate. This will help to ensure that insurers meet their positive duty to eliminate discrimination and will drive best practice in providing insurance cover to as many Victorians as possible.

8.3.1 USING APPROPRIATE DATA

In order to support a decision to discriminate against people with a mental health condition, insurers must use appropriate data.

EXISTING GUIDANCE FOR INSURERS ON THE USE OF DATA⁷

The *DDA Guidelines* provide guidance to insurers about the application of the data exception.

In determining whether it is reasonable to rely on particular actuarial or statistical data, the *DDA Guidelines* note that insurers should consider whether:

- the data is applicable to the particular decision in question
- the data is subject to any qualifications
- there is a sufficient sample for reliable use
- the data is complete
- the data is up to date
- the use of the data set has been discredited.

Importantly, relevant data that is available or could reasonably be obtained must not be ignored by insurers.

The challenges with sourcing appropriate data

The Actuaries Institute recently identified the lack of reliable and relevant data to inform coverage for mental health conditions as a key issue in the insurance industry.⁸ Insurers including Allianz, Suncorp and World Nomads Group also raised the challenge of sourcing appropriate data, noting that:

- in the context of not previously offering insurance cover for mental health conditions, they did not have their own internal claims data to assess the likelihood and costs of future claims
- there were difficulties with collecting accurate data on a broader scale
- there were issues with consistency across data sources.

The ICA told the Commission that, in its view:

in order to create the right conditions for improved access to general insurance for those with a mental illness, more granular data is essential to accurately assess the risk of providing cover for mental illness related claims.⁹

The ICA noted that “while there is a wide availability of statistical data on mental health”, it is “not currently in a form that is useful for individual underwriting purposes”.¹⁰ The ICA explained that constraints include the limited insights into the likelihood of mental health conditions recurring and challenges in capturing the different severities of mental health conditions.¹¹

The opportunities with data

The Commission acknowledges the concerns raised with the Investigation about sourcing appropriate data. However, the Commission also considers that there are opportunities for insurers to consider the existing *DDA Guidelines* to make better use of available data and to better manage any data limitations.

The Commission observes that quality, accessible data about mental health conditions, their prevalence, severity and treatment, will continue to increase, including through the collection of data by insurers themselves. For this reason, it is critical that insurers regularly review the data they rely on and ensure that appropriate data informs the decisions they make that impact on people with mental health conditions.

Where an insurer faces data limitations, the independent actuary advising the Commission explained that it is possible for insurers to understand the potential impact to their profitability or viability of a product by modelling changes, stress testing and using monitoring strategies. These practical strategies can support insurers to meet their obligations under the Equal Opportunity Act.

Finally, the Commission notes that insurers including Columbus Direct¹² and Cover-More introduced coverage for people with a mental health condition more than five years ago. The Commission encourages all insurers to actively consider available data and ensure

that decision-making complies with their anti-discrimination legal obligations.

Ensuring that data is applicable to a particular mental health condition

The growth in data on mental health conditions means that it is increasingly possible for insurers to consider and adjust insurance policies for particular mental health conditions (rather than treating all mental health conditions in the same way regardless of the type and severity of different conditions). Just as physical conditions are distinguished by their nature, incidence, prevalence and prognosis, mental health conditions should increasingly be considered in the same way. This perspective was supported by the independent actuary, and was considered part of good actuarial practice to ensure the 'spectrum of risk' and differences between conditions is properly taken into account.

For this reason, the Commission recommends in this report that insurers develop and implement appropriate coverage for different mental health conditions within their travel insurance policies, as they do with different physical conditions.

8.3.2 UNDERTAKING QUALITY ANALYSIS OF DATA

The quality analysis of available actuarial and statistical data is critical to ensure that an insurer's decision to discriminate is lawful under the Equal Opportunity Act.

The important role of actuaries

Actuaries perform an important function for insurers by identifying and evaluating risk through the application of mathematical, statistical, economic and financial analysis. Actuaries assist insurers by providing expert analysis on the use of actuarial and statistical data to estimate the expected number of claims and the expected size of those claims in order to establish an appropriate risk premium.

In undertaking risk analysis for insurers, it is critical that actuaries are aware of and understand insurers' legal obligations under anti-discrimination law. Part 8.4 of this report discusses the need for better education for actuaries to ensure that insurers' legal obligations inform the analysis of actuarial and statistical data.

The Actuaries Institute noted "the inadequacies of available data as one of the root causes of the difficulties with insurance responses" to mental health conditions.¹³ The Actuaries Institute advised the Commission that based on anecdotal evidence from its members that it is not easy to understand the 'other relevant factors' limb of the data exception, "there is a clear need for informed professional judgment in exercising the exemption, in respect of both 'actuarial and statistical data' and 'other relevant factors'".¹⁴ The Actuaries Institute explained that:

Information, understanding and expectations in this area are evolving. These aspects are therefore part of the Institute's ongoing public policy program, with a clear goal that the actuarial profession can serve the community in achieving effective application of the relevant anti-discrimination laws.¹⁵

THE ACTUARIES INSTITUTE

The Actuaries Institute is the sole professional body for actuaries in Australia and represents the interests of more than 2400 actuaries.¹⁶

The Actuaries Institute represents and supports its members by providing education. It also contributes to the safeguarding of professional standards by establishing and monitoring the conduct of its members. Members of the Actuaries Institute are subject to a Code of Professional Conduct, which provides minimum standards of professional conduct. The standards acknowledge the importance of compliance with the law.

The Actuaries Institute has a longstanding interest in the application of anti-discrimination law to the provision of insurance, demonstrated by its participation in a 2014 steering group on anti-discrimination law facilitated by the Australian Human Rights Commission and the publication of two Green Papers: *The impact of big data on the future of insurance* (2014) and *Mental health and insurance* (2017).¹⁷

8.3.3 CONSIDERING ALTERNATIVES TO DISCRIMINATION

The Investigation found that the party insurers also failed to consider alternatives (such as establishing higher premiums) that would allow for the provision of insurance where the risk of providing cover was assessed as high. We observed that in some cases an insurer's commercial priorities appeared to override compliance with anti-discrimination law, unnecessarily limiting the provision of insurance for certain mental health conditions that may have otherwise been financially viable.

The *DDA Guidelines* emphasise the need for insurers to consider alternatives to refusing to provide cover. They note that the existence of the data exception "acknowledges that in some cases risks associated with a person's disability may be too high, or too uncertain, for an insurer to accept".¹⁸ However, as the Federal Court has determined:

[B]efore declining to offer insurance to a person with a disability, an insurer or superannuation provider should consider whether risks can be reduced by restricting the cover, using an exclusion clause, applying a premium loading, or some other means. Discrimination will only be accepted as reasonable if the consequences of the discrimination are limited as far as reasonably possible.¹⁹

8.3.4 DOCUMENTING THE USE AND ANALYSIS OF DATA

In order to rely on the data exception, it is critical for insurers to document the reasons for a decision to discriminate including the actuarial and statistical data relied on to discriminate. As demonstrated in *Ingram v QBE Insurance (Australia) Ltd (Human Rights)* [2015] VCAT 1936 (*Ingram v QBE*), the data used by an insurer must have been available at the time of the discrimination and the insurer must be able to show that the data was actually considered and relied on to discriminate:

In *Ingram v QBE*, QBE accepted that it had no actuarial data to rely on when it included a mental illness exclusion in a travel insurance policy. QBE submitted an actuarial report at the hearing in 2015, but this could not be relied upon ... because it was not available to QBE at the time it made the decisions in relation to the content of the policy and Ms Ingram's claim

for indemnity. Instead, QBE referred to other contemporaneous data and asked the tribunal to infer that QBE took this data into account in making the relevant decisions. The tribunal refused to make the inference sought by QBE, noting that QBE had not produced any evidence to establish that any person involved in the drafting or approval of the policy wording had any knowledge of or regard to that contemporaneous data.²⁰

EXISTING GUIDANCE FOR INSURERS ON DOCUMENTATION²¹

The *DDA Guidelines* provide that insurers should document the reasons for a decision to discriminate including the actuarial and statistical data relied on to support the decision. Failure to keep accurate records of data may mean that an insurer cannot rely on the data exception even if the data was publicly available at the time.

8.4 The need for stronger regulation

Committed leadership across the insurance industry is required to ensure that travel insurers comply with their anti-discrimination law obligations and achieve best practice. As discussed below, while the insurance industry is regulated by a code of practice, the code does not incorporate anti-discrimination law requirements as mandatory matters that can be effectively enforced. The Commission considers that effective regulation and enforcement is fundamental to sustained industry change.

THE INSURANCE COUNCIL OF AUSTRALIA

The Insurance Council of Australia (ICA) is the peak body for general insurance companies in Australia. The ICA represents the interests of more than 90 per cent of all insurance business transacted in Australia.²² The ICA plays an important role in representing, promoting, assisting and guiding the culture and actions of its members, including providers of travel insurance.²³

The ICA's aims include to "encourage improved service standards across the insurance sector and promote appropriate self-regulation".²⁴ As part of its industry leadership role, the ICA administers the General Insurance Code of Practice.

The General Insurance Code of Practice

The ICA's General Insurance Code of Practice (Code) governs individual insurers and sets standards that general insurers must meet when providing services. Consumers wishing to make a complaint about an insurer can also refer to a complaint to the Code Governance Committee (CGC). The CGC's powers and functions are set out in its charter, which notes that the CGC is to:

- be responsible for the independent administration and enforcement of the ICA Code and to monitor and enforce Code compliance
- receive reports of possible Code breaches from the Australian Financial Complaints Authority (formerly the Financial Ombudsman Service)
- investigate, at its discretion, reports of alleged Code breaches and to make determinations, including setting corrective measures
- monitor the implementation of any measures and impose sanctions.²⁵

In 2017, the ICA commenced a process to update the Code. The ICA advised the Commission that it considered mental health to be an industry priority that had seen significant policy change following the "turning point" of the landmark decision in *Ingram v QBE*²⁶ in 2015. Following a significant consultation process, including with leading consumer advocates, the ICA released the Final Report of the Code, which contained Draft Guidance on Mental Health (Guidance on Mental Health).²⁷

GUIDANCE ON MENTAL HEALTH

The ICA's Guidance on Mental Health includes new 'best practice principles' including that:

- when designing general insurance products, the needs of those who have a past or current mental health condition should be considered
- where possible, insurers should provide cover to people with a past or current mental health condition and manage risk through policy pricing, exclusions, limits or caps based on actuarial and statistical data and other relevant factors rather than not provide cover at all
- the risk assessment of people with past or current mental health conditions must be centred on available statistical or actuarial data on which it is reasonable for an insurer to rely, and the risk assessment must be reasonable having regard to the data and other relevant factors.²⁸

Enforcement of the Code and the Guidance of Mental Health

The Commission commends the ICA for its industry leadership in the consultative review of the Code and development of its Guidance on Mental Health. This demonstrates a proactive step towards increasing insurer knowledge about anti-discrimination law. However, the Commission is concerned that the Guidance on Mental Health does not form a part of the revised Code and is therefore not enforceable through CGC oversight and sanction powers.

The Commission understands that the ICA is seeking to register the Code with the Australian Securities and Investment Commission (ASIC) meaning that systemic breaches of the Code and serious misconduct must be reported to ASIC by the CGC.²⁹ In order to meet the requirements for ASIC approval, the Code will need to be amended to clarify that it is enforceable through CGC oversight and sanction powers and through the Australian Financial Complaints Authority

taking into account breaches of the Code when determining disputes.³⁰

The ICA advised the Commission that the Guidance on Mental Health is intended to reflect a public commitment by the industry to continue to make progress on improving access to insurance. The ICA considered that continual progress by industry would be better served by “aspirational principles” in the Guidance on Mental Health, which was a more flexible approach to allow for benefits to competition in the insurance markets – including where systems and product changes would have a disproportionate impact on smaller insurers.³¹

The Commission is concerned that viewing the best practice principles as ‘aspirational’ is misleading and may undermine the importance of anti-discrimination law. This is because the best practice principles reflect the standards already required of insurers to comply with anti-discrimination law, rather than aspirational principles.

The Commission considers that the Guidance on Mental Health should be incorporated into the Code as mandatory matters, rather than standalone ‘best practice principles’. This will ensure that ICA members understand, value and comply with anti-discrimination law. The Commission considers that the ICA should not submit the revised Code to ASIC for consumer accreditation without incorporating the Guidance on Mental Health to ensure that it is both mandatory and enforceable.

RECOMMENDATIONS

Regarding the Insurance Council of Australia Code of Practice:

- The Insurance Council of Australia should incorporate the Guidance on Mental Health as mandatory matters within the Code, rather than ‘best practice’ standards.
- The Insurance Council of Australia should not submit the Code to Australian Securities and Investments Commission for consumer accreditation without stronger and enforceable mental health guidelines which reflect anti-discrimination law requirements.
- The Code Governance Committee should publish information and reasons regarding investigation outcomes of serious breaches of the Code against parties on its website as well as in Annual Reports.

Transparent information about complaint outcomes

As part of the Investigation, we also considered existing complaints information and outcomes regarding complaints under the Code that are reported to the CGC. The Commission considers that transparent reporting on the number, nature and outcomes of complaints can promote better outcomes by insurers. It also assists consumers by providing transparent information about complaint processes and possible outcomes. To this end, we encourage the CGC to publish information and reasons regarding outcomes of serious breaches of the Code.

RECOMMENDATION

The Insurance Council of Australia develop an education program to inform insurers about their legal obligations under anti-discrimination law (or arrange for appropriate training to be provided).

8.5 The need for better education and support

The Investigation observed that there was a range of different approaches to insurers' anti-discrimination law obligations. The Commission commends insurers that had proactive compliance strategies, with policies that allow claims for mental health conditions and initiatives to better understand and price insurance for existing conditions. However, the Commission also observed:

- insurers that did not actively consider their legal obligations, and instead relied on outdated data or failed to provide evidence to support their policies and practices
- a limited understanding of anti-discrimination law by insurers
- limited documented evidence of the actions taken by insurers to comply with anti-discrimination law.

These concerning practices are despite the existing *DDA Guidelines* providing detailed and practical guidance to insurers on compliance with anti-discrimination law.

To drive better compliance with the law, it is critical that insurers, actuaries and relevant regulators (including the ICA and the Actuaries Institute) understand insurers' legal obligations under anti-discrimination law. The Commission considers that this can be effectively achieved through targeted education on anti-discrimination law and relevant guidance, such as the *DDA Guidelines*, including:

- insurers providing targeted education on anti-discrimination law to their staff, including executives and senior management, underwriters, complaint handlers, staff who draft policy terms and conditions and staff who handle claims
- the ICA providing education on anti-discrimination law to its insurer members
- the Actuaries Institute providing education on anti-discrimination law to its members.

RECOMMENDATIONS

The Actuaries Institute should develop a strategy for educating members regarding anti-discrimination laws, which:

- outlines insurers' obligations regarding anti-discrimination laws
- outlines actuaries' role and obligations to comply with these laws as part of their professional obligations
- provides guidance on the standards of actuarial analysis required, having regard to the Australian Human Rights Commission's *Guidelines for providers of insurance and superannuation under the Disability Discrimination Act 1992 (Cth)*.

8.6 Response from the ICA and Actuaries Institute

The Commission notes that encouragingly both the ICA and the Actuaries Institute have agreed to progress the Commission's recommendations.³²

The ICA advised the Commission that:

- it is committed to working with its National Code Committee to consider the Commission's recommendations as it works to finalise the new revised Code
- it has advised its National Code Committee of the Commission's recommendation about incorporating the Guidance on Mental Health as mandatory matters within the Code for consideration in the ongoing review of the Code
- it is, at the time of writing, submitting the proposal regarding the changes to the Code to the ICA Board³³
- it has notified its members that the ICA will be working through the Commission's other recommendations in "great detail"
- it will "give thought to how the Code can play a greater role in assisting insurers' compliance with, and understanding of, disability discrimination legislation"
- it will "work with ASIC and the CGC to improve complaint handling practices and general reporting requirements across the industry"

- as part of the revised Code, the ICA will work with relevant organisations to develop a training suite to educate members on the new Code provisions, which "could provide the opportunity to develop training material specific to anti-discrimination requirements"
- it would like to continue working with the Commission to "explore the development of an industry action plan to improve the availability of general insurance for Australians with a mental health condition".³⁴

The Actuaries Institute advised the Commission that it would:

[A]sk the Council of the Actuaries Institute to consider development of an action plan to respond [to the Commission's recommendations] that will include making improvements to our continuing education program and strengthening of professional standards to enhance actuaries' understanding and application of anti-discrimination law to advice in relation to insurance contracts.³⁵

The Actuaries Institute also noted that its response to the recommendations "will be a national one covering all jurisdictions".

Notes

- 1 Actuarial Institute, *Mental Health and Insurance* (Green Paper, October 2017) ('*Mental Health and Insurance*').
- 2 *Equal Opportunity Act 2010* (Vic) s 15.
- 3 Australian Human Rights Commission, *Guidelines for providers of insurance and superannuation under the Disability Discrimination Act 1992 (Cth)* (Guidelines, November 2016) 8–10 ('*DDA Guidelines*').
- 4 *Mental Health and Insurance* (n 1) 26.
- 5 *Equal Opportunity Act 2010* (Vic) s 47(b).
- 6 *Ibid* s 47(c).
- 7 *DDA Guidelines* (n 3) 9.
- 8 *Mental Health and Insurance* (n 1) 26.
- 9 Letter from the Insurance Council of Australia to the Victorian Equal Opportunity and Human Rights Commission, 31 August 2018 ('ICA August letter').
- 10 *Ibid*.
- 11 *Ibid*.
- 12 For example, see Columbus Direct Travel Insurance Product Disclosure Statement, 'Combined FSG, PDS and Policy Wording V10', (18 June 2014).
- 13 Letter from the Actuarial Institute to the Victorian Equal Opportunity and Human Rights Commission, 18 February 2019 ('AI February letter').
- 14 *Ibid*.
- 15 *Ibid*.
- 16 Letter from the Actuarial Institute to Retirement Income Policy Division, The Treasury, 14 August 2018 <[https://www.actuarial.asn.au/Library/Submissions/Superannuation/2018/20180814SubmissionTreasuryre GregulationsFn1.pdf](https://www.actuarial.asn.au/Library/Submissions/Superannuation/2018/20180814SubmissionTreasuryre%20RegulationsFn1.pdf)>
- 17 *Mental Health and Insurance* (n 1) 26.
- 18 *DDA Guidelines* (n 3) 18.
- 19 *Ibid* 18.
- 20 *Ibid* 9.
- 21 *Ibid* 9.
- 22 Insurance Council of Australia, *About Us* (Web Page, 2019) <<http://www.insurancecouncil.com.au/about-us>> ('*ICA About us*').
- 23 IBISWorld, *Travel Insurance – Australia* (Market research report, June 2018) 28.
- 24 *ICA About us* (n 22).
- 25 Insurance Council of Australia, 'Code Governance Committee Charter', *General Insurance Code of Practice* (Web Page, 2019) <<http://codeofpractice.com.au/governance-and-monitoring>>
- 26 *Ingram v QBE Insurance (Australia) Ltd (Human Rights)* [2015] VCAT 1936.
- 27 Insurance Council of Australia, *Review of the General Insurance Code of Practice, 'Final Report'*, (Code Review, 26 June 2018).
- 28 *Ibid* 92-95.
- 29 *Ibid* 73.
- 30 *Ibid* 73. Note, the Australian Financial Complaints Authority was formerly the Financial Ombudsman Service.
- 31 ICA August letter (n 9).
- 32 Letter from the ICA to the Victorian Equal Opportunity and Human Rights Commission, 10 April 2019; AI February letter (n 13).
- 33 Email from ICA to the Victorian Equal Opportunity and Human Rights Commission, dated 10 April 2019.
- 34 AI February letter (n 13).
- 35 *Ibid*.