Time up for CommInsure?

Even though the end of life is inevitable, a fact that many have accepted, humans still place a high sense of hope for a quality long life. It takes significant sacrifices to secure a decent life, particularly in the advanced stages of life such as after retirement. In most cases, people do not just think about insuring their lives, but also make such commitments as signing up for insurance covers with trusted companies. It is in the hope that they secure a decent life, or at least their families in the event of the worst such as death or a terminal condition. However, the paradox of it all originates from where such trusted companies turn against their customers when such ‘worst’ actually happen. CommInsure has made headlines for delaying and denying dying claims made by dying patients in their darkest hours (Safi 2016). If the management makes deliberate efforts to deny legitimate claims from its customers, it will define lack of ethics, unprofessionalism, fraud, malice and an unpalatable act of insensitivity. Boyd (2016) highlights that it has CommInsure has failed the compassion test.

If there is a question seeking to establish the possibility of The Australian Securities and Investments Commission (ASIC) launching an investigation into Commonwealth Bank’s fraud allegations, time for an answer may be long overdue. ASIC has already indicated that it will carry out very thorough investigations into the conduct of CommInsure (Ryan 2016). Members of the public, including the customers and other stakeholders hope to find answers to their recent worries from recommendations obtained from any investigations. Some clients have expressed their dejection at the denial of their claims by the insuring branch of Commonwealth Bank, causing animosity across Australia.

Considering the magnitude of the matter, Commonwealth Bank has had to face a series of questioning of its officials and staff by different authorities, including the press. For instance, a joint Fairfax-ABC investigation made an observation that the managers handling customer claims had participated in purposeful delay of claims made by dying customers (Safi 2016). In cases where the claims were certified as urgent, the managers would reject them, citing unsubstantiated reasons of outdated data, or unobtainable data for the customers (Ferguson, Christodoulou and Toft 2016). These tactics and many others have been identified through independent and verifiable reports, and that served as dubious means through which the company would retain all the customer’s money to optimize profits.

Everyone is aware that when faced with an ethical issue to handle, the management at CommInsure would have a task to convince the public that all is well. The company may have to engage their public relation instruments in accomplishing this task. However, the truth is that the wounds of pain resulting from the feeling of betrayal among the customers would take a lifetime to start any healing. It would not matter even if external investigative authorities recommended and implemented the compensation of such clients; it would still stand that their insurer intended to harm them after the many years of investment in life insurance. There is no shortcut to massive wealth accumulation. The company has to develop profit making ventures through legitimate business, other than using unscrupulous tactics (Ferguson, Toft and Christodoulou 2016). Otherwise, customers would have to pull out in favor of its rival insurance companies.

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