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Improving lead times for life insurance products and services offered by tied financial advisors at company X

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Improving lead times for Life insurance products and services offered by tied financial advisors at Company X

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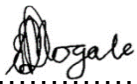
Supervisor: Sabrina Chatur

A research report submitted to the Faculty of Engineering and the Built Environment, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the degree of Master of Science in Engineering

Date: 24th March 2023

DECLARATION

I declare that this research report is my own unaided work. It is being submitted to the Degree of Master of Science to the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination to any other University.



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…24th.. day of ……March…, ……2023……

Abstract

Life insurance provides the family with security in the unfortunate event that the policyholder passes away. In order for insurers to remain competitive and profitable in today's fast-paced business environment, which is driven by consumers who have less patience with time-consuming processes, policy issuance lead times must be reduced. The purpose of this research was to evaluate the different approaches to reduce the lead times of product and service delivery at Life Insurance Company X. Existing lead times must be decreased if the company wants to grow its market share in the mass market.

Despite the insurance industry's emphasis on client-centricity and the importance of issuing policies as quickly as possible, little attention has been paid to the concept of lead times and their reduction. The study used a qualitative research design, with a sample of Life Insurance X employees being interviewed and observed. The mapping tools used in the study were guided by the results of the interviews and observations, which aided in the identification of value-adding, non-value-adding, and non-value-adding but required activities.

The study demonstrates that addressing the failure demand experienced in the process, ensuring minimal touch points, and ensuring employees spend time productively rather than waiting on office equipment are beneficial to reducing lead times.

Dedication

Dings, your love, and support have been immeasurable during this time. You have carried the faith when I have not; you have been my reviewer, editor, and everything else. Thank you very much. To my mother and brother, thank you for your eccentric support that only I understand. I am grateful to my entire family and all my friends for your patience and kindness throughout this journey.

My cheerleaders and believers, Rakgadi Mosankie and Ausi Kb. This one is for you. My father, your pride in all my efforts and accomplishments in my education, endures even decades later.

Acknowledgement

I thank the respondents and the managers of Life Insurance Company X. This study would not have been possible without your time, input, and willingness to share your knowledge and experience. To my co-workers, the expression "it takes a village to raise a child" became realised during this journey. Your words of encouragement and assistance are greatly appreciated.

What an adventure this has been, Ms. Sabrina Chatur. From our first meeting in the Wits conference room to the present. I sincerely appreciate your advice, support, patience, and direction. You shaped my mind and assisted me in better executing my understanding.

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LIST OF ABBREVIATIONS

ASISA	Association of Savings and Investment South Africa
ASM	Area Sales Manager
COVID-19	Coronavirus Disease 2019
DOB	Date of Birth
FA	Tied-Financial Advisor
FAIS	Financial Advisory and Intermediary Services Act
FIFO	First In First Out
FNA	Financial Needs Analysis
FSCA	Financial Sector Conduct Authority
ID	Identification Number
JIT	Just in Time
KYC	Know Your Customer
LSM	Living Standard Measures
NB QA	New Business Quality Assurance
NNVA	Necessary Non-Value-Added activities
OTP	One-Time Pin
QES	Quarterly Employment Statistics
QLFS	Quarterly Labour Force Survey
ROA	Record of Advice
SLA	Service Level Agreement
SOP	Standard Operations Procedure
TWI	Training Within Industry
VSM	Value Stream Mapping

1 INTRODUCTION

1.1 Research background/context

Life insurance is an essential financial product, providing individuals with an opportunity to build social and economic security and peace of mind. Since the introduction of long-term life insurance in South Africa in 1826 by two companies, the industry has grown to 76 companies, according to the Financial Sector Conduct Authority website that provides individual life products (FSCA, 2017). The industry is highly competitive, amplified by the introduction of Bancassurance in South Africa. Bancassurance is a partnership between a bank and an insurance company, where a bank provides a service of selling insurance products to bank clients. The traditional insurance companies are vying for a significant market share, which implies market control and allows the company to operate at a grander scale and increase profitability (Thompson and Martin, 2005). Though the insurance industry is competitive, it is also highly regulated, which ensures companies keep consumers as the focus and ensures that the insurance sector runs smoothly and by the law, resulting in better conduct by insurers and brokers.

The long-term life insurance industry offers life and non-life products to its consumers in both the affluent and mass markets, which differ in complexity and diversity. Product offerings to insurance consumers are provided through diversified distribution channels, i.e., tied agents, multi-tied agents, independent financial advisors, Tele-sales, and insurance branches. A 2019 study conducted by the Association of Savings and Investment South Africa (ASISA) demonstrates a life insurance gap of R4.1 billion observed among average South African mass-market earners, which consists of 9.3 million earners (ASISA, 2021). The life insurance gap allows Life Insurance Company X to compete and capture the market through its mass-market product offerings. The South African individual life insurance writes approximately R10 billion in new business premiums, of which about R117 million is from long-term individual clients (ASISA, 2021).

Life insurance Company X offers simplified life and non-life products and services to mass-market consumers through their tied financial advisors. Tied financial advisors are paid for two sorts of services: pre-contractual persuading potential customers to

buy, change or renew a policy with the insurer, and post-contractual administrative activities such as managing, servicing and dealing with the policy (Reinecke et al., 2013). The challenge faced by Life insurance Company X in its life insurance product distribution and capturing the mass-market consumers during pre-contractual services is the long lead times it experiences from the first contact stage to the delivery of life insurance products. According to a study, this poses a problem, as most consumers abandon application forms, indicating that long lead times are the root cause (Kinyua, 2020). In contrast, bancassurance turnaround times are rapid, providing them with a consumer advantage in service and product delivery. The reduced lead times of insurance products and installation service delivery to its mass-market consumers can provide Life Insurance Company X with a competitive advantage in terms of sales of life insurance products (Tange, 2019). Life Insurance Company X has introduced electronic needs analysis forms to mitigate the long lead times experienced.

The aim of the research was to investigate how Company X can reduce customer lead times on product and service delivery, distributed through its tied financial advisory channel.

1.2 Problem statement

The South African life insurance mass market offers a widespread opportunity for Life Insurance Company X to service the consumers in this segment, as witnessed by the study conducted by ASISA. According to the survey conducted by Swiss Re (2020) regarding the customer experience, consumers are looking for services that are speedy, simple, and not tedious when it comes to processing policy installation of life insurance policies. Tied financial advisors of Life Insurance Company X offering simplified products and services to mass-market consumers are faced with lead times averaging 24 days, from initial contact with the consumer to life insurance policy issuance. This is during the pre-contractual part of the process. Life insurance policies are issued within 24 hours for non-medical life insurance policies and in three to six weeks for policies requiring underwriting (Fritz, 2021). The prolonged onboarding process is not easy to follow and negatively affects the customer experience. Whilst attempts have been made to mitigate the prolonged onboarding process by Life Insurance Company X these have not been a success.

The prolonged lead times impact the value of the new business for Life Insurance Company X, as potential premiums of approximately R10 M are not earned. This can be seen through the number of policies that are "not taken up" in the administrative systems, in which the number of "not taken up" increased from 7.8% to 11.7% in 2020. Life Insurance Company X has seen a decline in performance in its mass-market segment in 2020, and it has not been able to capture the market. In order to acquire market share in the mass-market segment, Life Insurance Company X will need to address this lengthy onboarding process. This prolonged onboarding process can potentially impact the client's lifetime value, which is a client's entire value to a company throughout their relationship, as well as their willingness to refer the tied financial advisor to other consumers.

1.3 Critical research question

The critical research question was: ‘How can consumer lead times be reduced for Life insurance products and services offered by tied financial advisors at Company X?

1.4 Research objectives

The main objective of the research was to determine ways to reduce customer lead times for Life insurance products and services offered by tied financial advisors at Company X. This was achieved through the following sub-objectives:

1. Identify challenges that prolong lead times of product and service delivery offered by tied financial advisors.
2. Evaluate the effects of pure operational waste-related activities performed during product and service delivery that impact lead times.
3. To identify the necessary waste activities performed and their effects on the lead times during product and service delivery.

2 LITERATURE REVIEW

This section introduces the research's theoretical framework. There are various choices when it comes to reducing lead times. In the insurance sector, strategies, and tools from Total Quality Management (TQM), Six Sigma, and Time-Based Competition (TBC) have historically been used to manage time. In comparison, Lean principles-based tools have proven beneficial in manufacturing, construction, healthcare, and other service industries. Lean principles' ideologies and tools were used in the research to identify and analyse the challenges faced by Life Insurance Company X.

The theoretical frame of reference is outlined in this section, which includes lead time concepts, how they can be applied to the insurance industry, and techniques for reducing this. The theories of process mapping and their application, as well as the operations of insurance services, are discussed.

2.1 Lead times concepts and their application in the insurance industry

Lead times had varying definitions depending on the domain and industry, and the precise definition was based on the industry it as being applied in. In manufacturing, lead times were described as the total time from production approval to when processing was completed and all activities are completed with available material or inventory (Upendra Kachru, 2009). Supply chain management referred to the time it took to fill an order. Lead times could prove to be a key differentiator to consumers in a competitive, volatile environment (Tyagi et al., 2015), hence the consumer being the focus**.** Consumers expected quick, responsive service at their desired time (Suri, 1998; Tange, 2019; Tersine and Hummingbird, 1995).

Adequate lead times research had been conducted in the supply chain management industry, which constituted several vital activities, including procurement (Perry, 1990). The concept of lead times in life insurance had not been fully defined and developed, resulting in the adaptation, and referencing of procurement lead times definition. According to Perry (1990), procurement lead times commenced from when a need had been identified by a company or by a consumer to when a service or product had been delivered to the consumer, including the purchasing lead times. Figure 2.1 below showed the flow of the procurement lead times. Similarly, to the procurement process,

the new business process in life insurance commences with the consumer's needs. In the process, the life insurance company activities commenced with tied financial advisor guidance to the consumer, moving through different steps until the intended new business was accomplished or a life insurance policy was issued to the consumer.

There were commonalities and constants of views to be noted across domains and industries, which could be carried into the life insurance industry. A company must understand and know lead times to derive a good view of its competencies and performance indicator (Perry, 1990). Uncertain lead times were not desirable for the company and consumers, which might lead to consumers not trusting the services offered, potentially leading to loss of business and income for the company (Perry, 1990). Lead times could potentially increase a company's operational costs, and how the company responded to change, taking them as part of performance input, could lead to a sustainable competitive advantage (Chang and Lin, 2019).

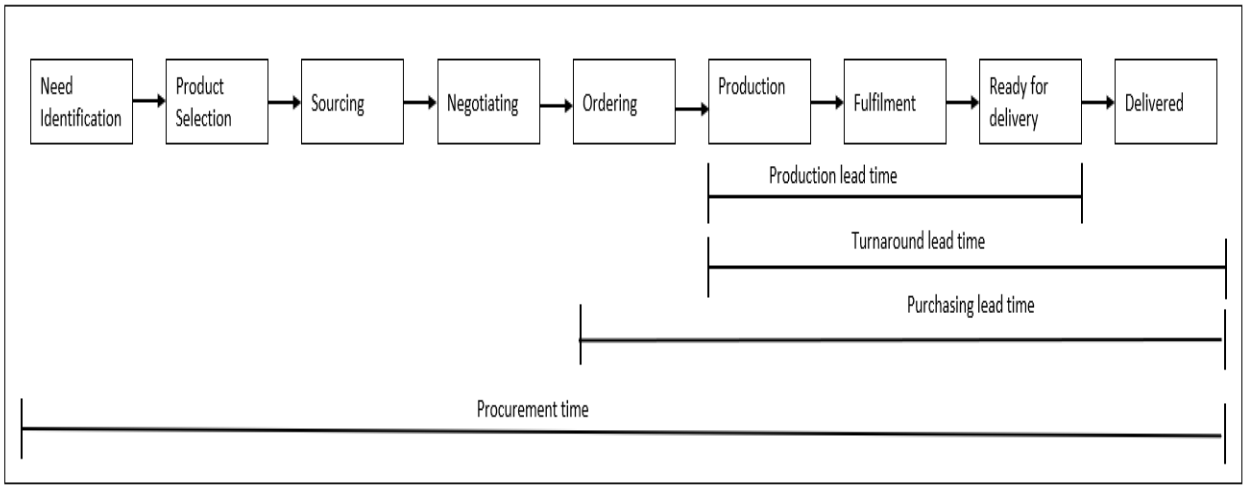


Figure 2.1 - Procurement Lead times flow (Forbes, 2020)

2.2 Lead times reduction

The COVID-19 pandemic had increased consumer interest in purchasing life insurance products, with consumers wanting to cover and protect themselves and their loved ones as soon as possible. This urgency had pushed the insurance industry to provide faster service with shorter lead times. Reduced lead times had become an issue that must be addressed. Lead times reduction was about minimising the period it took to deliver a service and a product (Upendra Kachru, 2009). Studies

demonstrated several strategies of lead times reduction applied in the supply chain, manufacturing, and logistics, as a response to the problems faced in these industries (Tersine and Hummingbird, 1995). Combating the problems was essential in improving and showing profit growth. Some of these studies showed that a reduction in procurement lead times contributed to a positive impact on the overall performance of a company, higher productivity, and reduction in operational costs (Suri, 1998).

In procurement, it had been observed that longer lead times had an enduring impact on the company's market success and profitability. It hindered a positive response to a change in the market environment they operated in and to the demands of the consumers (Perry, 1990). This demonstrated that shorter lead times could be considered as one of the key differentiators in setting oneself apart from competitors in a competitive and changing market**.** With reduced lead times, a competitive advantage could be gained, and the potential for growing a superior market share could be possible for Company X in the life insurance industry. In addition, shorter lead times resulted in customer satisfaction, value-added to the consumer, avoiding potential missed opportunities, and ensuring profitability (Pugnetti and Bekaert, 2018; Tange, 2019). Trust in services and products, which emanated from quality of service, to which short lead times contribute, propelled consumers to purchase them (Perry, 1990). Without procurement, there would be no business. Consumers need to purchase products for businesses to exist. This was similar to the insurance industry; interaction with consumers in a manner that gained trust impacted the value of the new business (Pugnetti and Bekaert, 2018).

Lead times reduction aimed to eliminate time waste caused by non-value-adding activities (Al-Araidah et al., 2010). Innovation was needed to reduce lead times, which were impacted by delays, lack of process fluidity, and product flow. The Executive leadership of insurance organisations set intentional behavioural change for all personnel in their organisations. The tone by effecting policies and investing time, along with capital, did not have to be excessive (Tersine and Hummingbird, 1995). The results should be seen in the increase in life insurance products volumes, customer satisfaction, and overall experience, and this should not be through exerting pressure on resources, as that will have a negative impact on growing or changing the culture that is required for the turnaround (Upendra Kachru, 2009). By identifying

waste and eliminating it, the overall system had an opportunity to improve performance and reduce operating costs, leading to satisfied consumers of life insurance products of Company X.

2.3 Queues: Muda, Mura, Muri, Kingman's equation and Little's law

Workflow processes were used by insurance companies to coordinate organisational tasks that deliver services and products to their clients. Workflow operations with assigned resources were controlled by queue management systems, which stored work items waiting to be processed by resources in workflow queues (Johnston and Clark, 2005). We could therefore examine the features using queuing theories, though workflow was not a normal queue. Queueing theory, employs Kingman's equation and Little's law, these are important in comprehending and determining the major causes of long lead times by emphasising the effects of muda, mura, and muri (Bicheno and Holweg, 2009; Kim et al., 2014).

Understanding the interaction of muda, mura, and muri in decision-making would enhance changes for enhancing organisational performance. Arrival demand that has not been assessed or prioritised in relation to true demand failure demand constrained resources and capacity. The effects of that would be high utilisation, which would give rise to poor operations and muda. Improving service and product delivery lead times to consumers required a thorough understanding of the three types of waste, as well as the identification of bottlenecks in the process.

Hence, the examination of the load compared to capacity using Kingman's equation helped to identify bottleneck in the process. The identification was seen by a resource's capacity being lower or equal to the demand. The several factors mentioned above contributed to long lead times and queues. Explicitly, the long queues were caused by the higher variations, which were more significant when utilisation was high but had less effect when utilisation was low (Bicheno and Holweg, 2009). Increased uneven loading of new or existing business by tied financial advisors, delayed supply of information by tied financial agents and/or consumers, failure demand, and system breakdowns were some of the complications in the life insurance

organisation which negatively impact product and service delivery to consumers. There was often congestion and queueing downstream as a result of these variations.

Muda

Muda aimed to eliminate all forms of waste by reducing all non-value-adding activities. It also aimed to maximise the amount of lead time spent generating value (Liker, 2003). Using Kingman's concept, muda, which in this case refers to long queues, was caused by mura and muri. There was an interconnection among the waste types that was visible in daily operations. The insurance industry frequently sets sales targets for financial advisors to meet, which often led to variation and overburdening of the system. These pressures lead to certain errors, defects and rework that form part of muda experienced in the system. Long queues or muda resulted in irritated customers, high costs for the organisation, and poor product and service delivery quality.

Non-value-added activities use up resource, implying that effort was expended on work that the consumer was not paying for. In order to eliminate the waste that existed in the organisation's processes, this understanding was crucial. Errors and waste are frequently blamed on human error, putting employees at fault and under pressure. It was discovered that muda in financial services was caused by rework, waiting for information, and waste of talent (Oppenheim and Felbur, 2015).

In the life insurance majority of rework is caused by an incomplete application forms or missing requirements, ambiguity, or incorrect understanding of value in requirements and specifications, ineffective work standards, poor communication, and lack of training. The impact was seen in high volumes in unnecessary demand which impacts on load utilisation. Unnecessary movement of financial advisors during task execution is another waste that adds to the queue. The organisation became less competitive as a result of all these wasteful expenses that were incurred (Oppenheim and Felbur, 2015).

Mura

Mura was about reducing inconsistency in business operations and results, and work toward consistency and dependability (Liker, 2003). The Kingman's equation highlights two types of variations that affect lead times: arrival variation and process

variation. In the insurance industry, arrival variation can represent the patterns of new business applications captured by financial agents, whereas process variation can represent how long it takes for the new policy to be issued to consumers. Both variations could be internally and externally generated. Internally generated variation came from within the organisation, whilst externally generated demand was most frequently created by consumers. The former was brought on by rework because there were mistakes or defects that needed to be fixed when employees failed to perform a task correctly first time, which formed failure demand (Bicheno and Holweg, 2009; Seddon, 2019).

Oftentimes, arrival variation during the onboarding of consumers in life insurance organisations was self-generated. Most businesses set monthly or quarterly sales targets, which frequently forced financial advisors to race against the clock to meet these targets. New business cases were loaded onto the system at certain arrival rate and waited to be executed by the next agent. Additionally, the allocation of work flowing in was not prioritised by managers, which in turn implied that the receiving employees were not able to manage all the tasks at once. This led to growing queues, backlogs, and frustrations. Planned work by leaders would enable employees to serve more needs better. Process variation happened when various employees finished the same task at various times. By adhering to the standard work, this kind of variation could be minimised.

Two factors—variation and utilisation—had been shown to have an impact on lead times by the Kingman's equation (Bicheno and Hennessey, 2021). Given that the equation is the product of the two factors, the high value combination of these factors would result in longer lead times. In order to prevent longer lead times, it is crucial to keep one factor low when the other is high. It is necessary to eliminate all sources of variation and high utilisation.

Muri

Muri aimed to achieve sustainability by removing excess human, machine, and resource strain (Liker, 2003). The queueing theories explained not only the wastes in the queue, but they also assisted to interpret the causes of long waiting times due to high utilisation. Utilisation was defined as the load-to-capacity ratio, where the load

was made up of two components: value demand and failure demand (Bicheno and Hennessey, 2021). High utilisation is frequently viewed as a good thing by organisations, but it is also viewed as a sign of employees working hard and a goal to be achieved. The majority of organisational leaders believe that having no available capacity means they are managing well. However, overburdening people has the potential to result in stressed and unhappy employees, making it impossible for them to deliver quality work. Overburdening of machines or systems, on the other hand, would result in downtime, which would have an impact on work delivery.

Load, or work that must be done, is made up of both value demand and unnecessary demand. Typically, managers focused on the volume of work or activities in the system without understanding which work was valuable or unnecessary. The insurance company's product and service delivery process required employees to complete work or tasks in a specific order. As a result, when high loads are experienced as a result of a high arrival rate, certain areas are overburdened, resulting in a lack of work synchronisation, giving rise to muri in the system. As a result, it was best to avoid planning for maximum utilisation or capacity, which was contrary to current practice. It is especially important to avoid over-utilisation when the arrival rate is high, as this will result in longer customer wait times. Reduced load would result from reducing unnecessary demand, which would have a positive impact on queue length as utilisation would be reduced (Bicheno and Hennessey, 2021). The benefits were flexibility, innovation and allowed for employees to recover.

2.4 Demand Management

The management of queues or lead times in product and service delivery to consumers would be most beneficial to the organisation in terms of ensuring customer satisfaction and moving the organization to the next level of its operations. Customer demands should be managed more quickly in order for an organisation to optimise lead times and capacity. As a result, in order for an organisation to achieve a balance between demand and production capacity, demand management would be essential (Souza et al., 2020). Understanding demand management and its impact on queues was critical. This understanding would propel its application in managing the process's excessive queues.

In order to reduce lead times, it is essential to understand customer demand because, in order for the product and service to exist (Bicheno and Holweg, 2009), there was initially a need that needed to be satisfied. Therefore, organisations set up systems and resources for tasks and activities to be completed in order to meet the need. In order to balance capacity and demand while taking consumer needs into account, demand management entails making sure that the system is effective and better utilising productive resources (Souza et al., 2020). Operations that were planned to meet or exceed demand expectations had an impact on the organisation and/or the customers. The consumers would benefit from the first statement's implication that needs would be met promptly, but the organisation might view the underutilised resources as being worthless when demands are low. While the latter would entail longer lead times during times of high demand. Therefore, coordination of business activities, from financial advisors and their management to the value chain of operations, was crucial for meeting customer needs.

In addition, the organisation's classification of customer demands into different categories could be beneficial. The division of demand into value and failure could shift and reframe organisational operations, benefiting consumers. The observation of patterns would allow for the resolution of issues that could be resourced and improved service efficiency. Analysis would also allow for a better understanding of process variations based on time or location. Variations in demand should be reported, discussed, and people held accountable for addressing them. The goal of ensuring better flow would be to level demand.

2.5 Failure demand

Value demand and failure demand were the two different types of demands that apply to service organisations (Macintyre et al., 2011). Failure demand was caused by a failure to perform an action or perform it correctly for the consumer, whereas value demand was what the organisation wanted because they existed to serve these. (Seddon, 2019; Bicheno and Holweg, 2009). Despite the fact that there were two distinct types of demand, the majority of companies or managers viewed all of these demands as production (Macintyre et al., 2011; Seddon, 2019). The majority of the

demand produced was waste, which could be seen by investing in understanding demand in the process (Macintyre et al., 2011).

In the financial services industry, failure demand could range from 20% to 60% of total demand (Macintyre et al., 2011). These failures were caused by forms that consumers were not able to complete, incomplete requirements collected by financial advisors and poorly managed operations. Numerous literature sources on lead times reduction showed that lead times increased with failure demand. The organisation and its customers both benefited when failure demand was reduced because it had a direct impact on customer quality (Bicheno and Hennessey, 2021). Consequently, the organisation had control over how failure demand was generated within the organisation(Seddon, 2019), so it can lower it.

2.6 Lead times reduction techniques

Time could be considered a valuable resource that should not be wasted, which could be utilised to create a competitive advantage and provide value-added services to consumers. The benefits of shorter lead times had led to several approaches being developed to find ways to reduce lead times. This could be observed in the development of strategies, philosophies, and approaches to continuous improvement to reduce lead times (Oppenheim and Felbur, 2015; Tersine and Hummingbird, 1995). Philosophies such as Lean Thinking, Six Sigma, and Just in Time (JIT) had been proven to be successful in manufacturing, with the outcome being reduced lead times by utilising various techniques to achieve the core goal. Some of the techniques could be utilised in isolation while doing process mapping and analysis to identify causes of inflated lead times without implementing the entire strategy in Life Insurance Company X. The techniques employed during this study assisted in identifying the inefficiencies of the product and service delivery of Life Insurance Company X by tied financial advisors. Thus, assisting in finding ways to reduce the lead times and ensure both current and potential consumers are served promptly.

2.7 Process mapping

A process was undertaken to enable tied financial advisors and Company X to deliver a service and product to a consumer. It was, therefore, essential to grasp a process's

definition and paramount existence. A process was defined as a collection of activities, comprising of tasks or events, performed sequentially and/or concurrently by taking in inputs to produce outputs in order to create value service for a customer (Hunt, 1996a; Oppenheim and Felbur, 2015; Savory and Olson, 2001). Figure 2.2 below illustrated the flow of a process, where T = task. To achieve great product and service delivery success, each task in the process should add value to the primary task until the process was completed (Hunt, 1996b). Each process should have a goal and be measurable to ensure its efficiency and contribution to the company-wide objective (Hunt, 1996b).

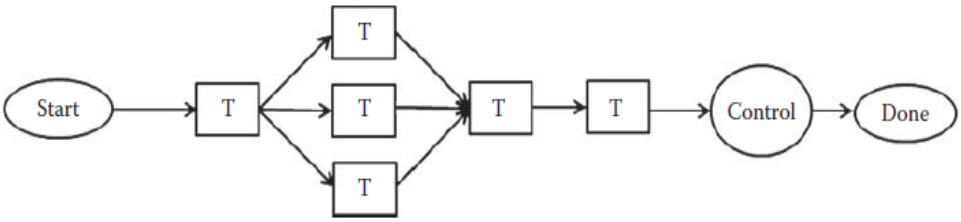


Figure 2.2 - Process is a sequence of tasks (Oppenheim and Felbur, 2015)

Process mapping had become significant to aid with the extrapolation, improvement, identification, and analysis of tasks affected by how a process operates (Hunt, 1996b; Savory and Olson, 2001). Process mapping was an easy-to-use technique that depicted the mechanisms of a process and allowed for the visualisation of the current state of inputs, outputs, and tasks (Hunt, 1996b; Savory and Olson, 2001). It provided an opportunity to identify where bottlenecks were, revealed waste, and offered a chance to improve, eliminate, and simplify specific tasks that were redundant (Hunt, 1996b). It was also a means of visualising the interactions between different departments and functions. Customer centricity could be improved by using process mapping by eliminating non-value-added activities and minimising process complexity (Savory and Olson, 2001).

Process mapping could be used as a communication tool to improve current processes and to analyse and investigate where issues lied. Several process mapping techniques existed, such as flowcharts, value-added process maps, and Value Stream Mapping (VSM).

2.7.1 Flowchart

It was a technique that showed the process in its entirety, from the beginning to the end, presenting each task performed and how it connected to the previous task. A process could be documented using a flow chart (Savory and Olson, 2001). It also provided the capability of examining the various stages in the process, therefore understanding how a process worked and how activities are carried out (Savory and Olson, 2001). Finding the points where things became challenging, and a bottleneck was developing was made much simpler by mapping out the process.

2.7.2 Value-added process

Determination of the tasks to whether they were value-adding or non-value-adding within the process was conducted (Savory and Olson, 2001). The tasks were then mapped in line with this determination in understanding. A value-adding task was one in which the consumer or Company X internal customer, a Company X department, demands its output; therefore, it added value to the final service (Oppenheim and Felbur, 2015; Savory and Olson, 2001). The goal of the process was to increase the value of the service or product by transforming work in progress. Visualising actions that provided value, identifying waste, and understanding that some activities were required are differentiators (Oppenheim and Felbur, 2015; Savory and Olson, 2001).

2.7.3 Value Stream Mapping (VSM)

It was a technique that Toyota first developed that was instrumental in implementing lean management. A value stream map was created by putting all relevant people, processes, information, and records into a flowchart structure (Bicheno and Holweg, 2009; Oppenheim and Felbur, 2015). VSM aimed to see the entire process flow from beginning to end and devise a strategy for optimising efforts to get the organisation to its intended outcomes (Oppenheim and Felbur, 2015). VSM's success in the manufacturing business had been well documented, and the industry was viewed as advanced and efficient in its application of these technologies. The technique's objective was to identify, reveal and eliminate waste, defined as any task that consumes time and resources and did not add value to the final service of the consumer (Oppenheim and Felbur, 2015). This was done by analysing the current

state of the process, which served as a basis for the future state that required to be planned to improve the process (Oppenheim and Felbur, 2015).

The financial services industry had distinct characteristics that distinguished it from the manufacturing industry. In manufacturing, VSM was the best way for suppliers to understand the current situation. Numerous data handoffs had been observed in the life insurance industry in the back-office process, which differed from manufacturing and supply chains in that there was no tangible material to be seen. Inefficient handoffs resulted in low output and poor quality. The process would be aided by value stream mapping to identify these inefficient exchanges. It had been noted that value stream mapping could map product and customer delivery flows (Bicheno and Holweg, 2009).

VSM applications had exploded in popularity in recent years, affecting many industries. This was due to VSM's ease of use and adaptability to various sectors. According to (Bakri, 2019), VSM could cut cycle time in half when used in financial services. The insurance industry could learn from VSM's success in other financial services, particularly banking. If VSM was implemented, the company would reap various benefits, including improved information flow, reduced excessive waiting times, and increased overall business process efficiency. VSM's advantages included enhanced service quality and shorter wait times (Setiawan et al., 2021).

2.7.4 Cause and Effect

A cause-and-effect diagram, also known as an Ishikawa diagram or a Fishbone diagram, was a valuable tool for identifying, sorting, and displaying potential causes of a specific problem or quality characteristic (Joiner Associates, 1995). It was used as a problem-solving tool in the practice of improving processes through the use of TQM methods (Oppenheim and Felbur, 2015). It graphically depicted the relationship between an effect and all of the root causes that influenced the effect, with the effect at the top of the diagram's horizontal line (spine) and the causes at the bottom of the diagram's diagonal (diagonal lines linking to the spine).

Companies must first understand what causes problems in the process to find solutions. Pyon, Woo, and Park (2011) demonstrated the use and adaptation of the

Cause-and-Effect Diagram (Fishbone diagram or Ishikawa diagram) to discover the causes. According to Islam and Ahmed (2012), there was a need to improve processes and provide better performance in reducing errors in the financial services sector.

2.8 Service mapping tools

The process of service delivery and the visible components of the service were both represented in service mapping, which visually represented the service (Fesenmaier and Xiang, 2016). The mapping enabled the organisation to identify instabilities within the system and devised solutions to address them (Kalbach, 2016). Employees might be able to better visualise their involvement in the overall service as a result of the tools' representation of current service procedures (Bettley et al., 2005). This made it easier for various teams and stakeholders to comprehend how a service was used over time at various touchpoints. Service mapping could be as basic or detailed as necessary and could be used as a research tool for operating services. Different types of maps existed; for this research, Customer journey maps and service blueprints were considered.

2.8.1 Customer Journey Map

A customer journey map showed the steps a customer took from the moment they first learnt about a product to when they might a purchase until they parted ways with the company and returned (Kalbach, 2016). The diagram focused on understanding the consumer's interactions with an end-to-end service or a portion. This was achieved through consumer research and survey, which started by outlining each customer journey step-by-step (Kalbach, 2016). This research focused not on conducting consumer surveys but on the tasks performed by various employees and how they contribute to increased lead times.

2.8.2 Service Blueprint

Another kind of graphic that showed the timeline of a service interaction was a service blueprint, which explained how a user interacts with a service (Kalbach, 2016). It was a valuable method for analysing and planning the provision of services (Kimura, 2008; Shostack, 1984). Using the service blueprint diagrams, an organisation could examine

every problem that arose when developing or running a service and determined how to solve it (Kalbach, 2016; Shostack, 1984). It pursued managing the frontend and backend tasks with a holistic view of the process. On certain occasions, service blueprints could emphasise an exact, even in more depth, showing the time taken to complete a task (Kalbach, 2016). Internal managers and employees could use this to improve existing services (Bettley et al., 2005). Service blueprints had evolved and could be represented by flow diagrams and value stream mapping, which depicted the value chain. These diagrams were covered in sections 2.6.1 and 2.6.3 above. In this case, the value stream mapping focused on the backend process in detail, which corresponded to the bottom half of a typical service blueprint (Kalbach, 2016).

2.9 Human factors and competencies in relation to lead time

Mapping tools could be used to depict the interactions of various activities performed in a process. However, these do not fully emphasise human interactions with systems and other environments. Human factors fills in this gap by incorporating what is known about human behaviour, capabilities, limitations, and other traits into the design of systems, tasks, environments, and tools/technologies (Council et al., 2011). Ergonomics, which is another name for human factors, had been applied to other industries to boost product usability, productivity, and quality. Due to a lack of understanding and knowledge, human factors were frequently underutilized in the design and management of operations. The majority of business executives were unaware of how ergonomics could boost productivity and help provide customers with better services.

Ergonomics should be as user-friendly as possible (Bicheno and Holweg, 2009), as they would serve the employees well in reducing errors and improving quality outcomes. Human factors worked to enhance comfort, health, and quality of life as well as efficiency and effectiveness of people and systems. In order to understand and assess these interactions, the emphasis was also placed on how the organisation's employees interact with the tasks, tools, and environment. It was possible to comprehend how the environments of financial advisors and customers affect the lead times experienced by further dissecting the objectives of human factors. Human nature may influence how business transactions between customers and employees were

conducted. Limitations could be interpreted as a deficiency in information, teaching resources, or verbal or written communication.

Human factors and service quality appeared to share similar values and capacities for cooperation (Drury, 2003). The service quality and its model placed a greater emphasis on the customer as quality could only be assessed by customers; all other evaluations were essentially meaningless (Zeithaml et al., 1990). Zeithaml, Parasuraman, and Berry's (1990) GAP model was primarily used to understand deviations that occurred during the process of providing service to consumers and potential customers. This was accomplished by identifying the discrepancies between what was perceived and what was expected. Five gaps were observed in the service delivery process like the gap between customer expectations and management perceptions, the gap between service quality specifications and management perceptions. Employee well-being was not given much weight in this service quality. However, the ability of human factors to analyse and reduce errors was significant and should be incorporated into service quality approaches (Drury, 2003).

Hard skills, in addition to human factors, contributed to shorter lead times. Hard skills place an emphasis on "know how," and they were closely related to formal education, professional experience, and other aspects of a person's technical expertise (Carolina and Paulo, 2021). Even though hard skills were necessary to complete tasks, employers were becoming more and more interested in applicants and employees who possessed a strong set of soft skills due to the rise in the importance of these skills in the workplace (Bicheno and Hennessey, 2021; Lindenau-Stockfisch, 2011). People's intrinsic soft skills, which were perceptual skills, were essential for building positive social relationships at work and for success of the organisation (Lindenau-Stockfisch, 2011). Reducing lead times and achieving strategic success depended on soft skills like leadership, communication, problem solving, and teamwork (Bhasin, 2015).

2.9.1 Leadership skills

Most of the time, traditional managers did not interact with their employees or participate in the workplace enough to notice problems and provide direction to their

teams. Therefore, building mutual respect and trust with every employee was essential for leaders who wanted to create a safe workplace where employees felt comfortable sharing their opinions (Bicheno and Hennessey, 2021). A leader must also understand that in order to successfully cut lead times, they must rely on their ability to make decisions, cooperate, work in a team, accept criticism, communicate, resolve conflicts, and organise (Bicheno and Hennessey, 2021; Lindenau-Stockfisch, 2011). Instead of being internally focused, a leader should give the team's success a higher priority by accepting enough responsibility to support the team's success, giving the team members power, promoting stability, and ensuring effective communication (Bicheno and Hennessey, 2021; Oppenheim and Felbur, 2015). The success and financial operations of a company were significantly impacted by this soft skill.

2.9.2 Problem solving skills

There would always be issues in businesses, and the typical response was to place the blame on the employee. It was therefore essential to focus on the problem when solving problems rather than placing blame (Oppenheim and Felbur, 2015). Quick and effective problem-solving was a crucial soft skill that organisations could use to boost value and reduce waste (Oppenheim and Felbur, 2015). Employees should be encouraged to report any issues that they identify that would improve the process. The issues should be classified as either showstoppers (the process cannot continue) or easy cases (the process can continue), and a process for implementing corrective action and related training should be established (Locher, 2011; Oppenheim and Felbur, 2015). Issues identified should have an expected resolution date (Locher, 2011).

2.9.3 Teamwork skills

A team was typically defined as a group of employees who collaborated or reported to the same manager. The purpose of a team was for members to collaborate closely toward a common goal or objective; they did not have to report to the same manager (Bicheno and Hennessey, 2021; Oppenheim and Felbur, 2015). The members were interdependent, interacting regularly and effectively sharing pertinent information to achieving their task (Bicheno and Hennessey, 2021). Teamwork was essential for streamlining processes and reducing waste (Oppenheim and Felbur, 2015). Value

mapping was made possible by teams from various departments, which promoted collaboration and departmental teamwork (Oppenheim and Felbur, 2015). This allowed workers to be aware of the importance of a process' overall speed and quality rather than focusing on tasks within their own departments (Bicheno and Hennessey, 2021).

2.9.4 Communication skills

A lack of coordination and communication plagued the majority of financial services organisations (Oppenheim and Felbur, 2015). The organisation's current functional structure obstructed communication and workflow, which added to non-value-added time (Locher, 2011). It became essential to work toward flawless coordination, communication, and collaboration between individuals and processes (Bicheno and Hennessey, 2021; Locher, 2011). At all organisational levels, effective communication became crucial. Thus, it was crucial to communicate frequently, promptly, openly, and honestly (Oppenheim and Felbur, 2015).

2.10 The utilisation of Human Resources

The onboarding of a life insurance customer comprised several procedures that call for communication between staff members in various departments while utilising various technologies (Tange, 2019). In order to provide the service to consumers or end users, service operations managers must be able to manage staff and procedures and deal with the challenge of integrating all activities across the chain (Johnston and Clark, 2005), so the end-to-end customer journey becomes essential. Enhancing capacity management became crucial to delivering a great customer experience. Any organisation's aims could only be achieved with the help of its employees. Employee collaboration and access to all relevant resources were essential if they were to do their jobs effectively (Bicheno and Holweg, 2009). Employees must have access to tools and technology; otherwise, they would feel irritated and be unable to fulfil organisational goals and satisfy customer expectations.

Financial services measure staff performance in terms of sales and revenue rather than encouraging actions that may result in good customer service. Employees could provide excellent customer service by reducing waste and lead times (Bicheno and

Hennessey, 2021). This could be accomplished by the organisation and its management boosting employee morale by engaging them in development, continuous improvement, treating them with respect, and applying humility. Some of the Lean practices and tools considered in enhancing employee development and having a more significant impact on lead time reduction are discussed below:

2.10.1 Training Within Industry (TWI)

The Training Within Industry (TWI) technique, created during World War II, is arguably the most successful program to introduce the idea of creating a training plan for personnel in a company. The program's objective is to train internal staff. The three TWI methods—job instruction (JI), job methods (JM), and job relations (JR)—comprise the crucial ranges and tasks for a leader who has the most significant impact on daily productivity and process stability by coaching employees on how to do a job by dealing with problems or motivational issues effectively. These are known as job instruction (JI), job methods (JM), and job relations (JR). Each includes a four-step process, a set protocol, and goals.

2.10.1.1 Job Instruction

Standardisation of work was essential for controlling lead times, reducing errors and improve productivity (Liker, 2003). JI could be used to teach a skill that consistently adhered to the expected standard in order to achieve this, which was helpful. It required that the tasks that were necessary be created to the highest standard and that they be explained in a straightforward manner. Supervisors were instructed to teach accepted standards and not stray from the steps as a number of different methods are replaced. This encouraged reliability.

2.10.1.2 Job Method

Continuous quality improvement that could be applied is the foundation of JM. In an effort to simplify a procedure and make the job easier, employees could use JM to evaluate a job and offer suggestions on a form. The suggestions made are assessed, if they add value and increased productivity, they would be incorporated into the JI skill sheet. Hence, it became important for staff to use JM to assist them to locate

inefficiencies in the process, so that they could be removed, and productivity could be increased

2.10.1.3 Job relations

JR provided the need for having soft skills competencies in the work environment. The soft skills acquired were used to resolve conflict and problems that might arise, as well as encouraged teamwork cooperation through four steps: collect facts, weigh, and decide, take action, and check results.

2.10.2 Standard Work and Standard Operating Procedures (SOPs)

Possessing the necessary Job Instruction skills enabled implementation of standardised work and standard operating procedures (SOPs) (Liker, 2003). The primary goal of standard work and SOPs was to ensure that all employees complete tasks in the same way, without variation. The goal was to reduce errors and eliminate rework, achieving consistency and allowing for small changes to be implemented as needed. Established SOPs must be improved to allow for continuous process improvement. The benefits are far greater, but there is a risk that employees' creativity will be hampered.

Acquired JI skills, mentioned above, become beneficial as supervisors would need execute training accurately by following every step by detail. Supervisors must also be able to explain and demonstrate each step to employees so that they can carry them out independently.

2.11 Life insurance market and regulatory framework

It became notably important to understand the life insurance workings to accurately formulate ways to reduce the long lead times experienced. This required understanding of regulations and activities carried out. The South African life insurance business was a vital economic institution that provided consumers with risk and investment options. The life insurance market supported transactions between consumers and life insurance companies through various distribution channels. Consumers could obtain the insurer's pledge to cover the financial repercussions of a probable loss in exchange for a premium (Reinecke et al., 2013). The COVID-19

pandemic had underlined the need for life insurance products, the relevance of life insurance businesses disseminating these goods and services faster, and ensuring clients received value by making payments. The different laws aimed to increase openness, ensure accountability, and provide consumer protection during the current pandemic. As a result, it should come as no surprise that long-term insurance in South Africa is heavily regulated (Muguto, 2018).

The regulatory compliance aspects focused on product and service delivery by tied financial advisors and the company for this study are the Financial Advisory and Intermediary Services (FAIS) and the Anti-Money Laundering Act. Failure to adhere to the regulations would result in punitive measures. Therefore, it was critical for Company X and its tied agents to carry out all activities related to the acts. These regulations contributed to the length of product and service delivery (Kinyua, 2020), unavoidable compliance, and outlined the two critical regulations.

2.11.1 Financial Advisory and Intermediary Services (FAIS) Act

The legislation required tied financial advisors to follow the rules. The FAIS act regulated the provision of advice and intermediary services to consumers. The act required the advisor to keep a record of the advice provided, which must be signed by both the consumer and the financial advisor, as well as a completed financial needs analysis document and disclosure of the financial advisor's qualifications when submitting the application form (FSCA, 2017). Although maintaining proper records took time due to the lengthy process of writing up a report of all financial products considered, along with reasons for why they were considered and which were recommended to the consumer, as well as an accompanying explanation, the benefits far outweigh the disadvantages. Organisations had to employ alternative measures during the COVID-19 pandemic to ensure all that was mandatory has adhered to. The financial advisor was still expected to carry out their duties and to provide the consumer with sound advice (FSCA, 2017).

2.11.2 Anti-Money Laundering (AML) Act

The regulation compelled insurance companies to combat money laundering and terrorist financing activities by criminals (Marsh, 2018). During the consumer's

onboarding to the life insurance company, the Know Your Customer (KYC) process was carried out, allowing the organisation to comply with the AML act. Performing due diligence is part of regulatory compliance (FSCA, 2017; Marsh, 2018), which entailed identifying and validating clients involved in financial transactions. Due to the restrictions placed on institutions to share consumers' personal information, the process became lengthy and costly. It is onerous, susceptible to duplication, intricate, and delays the conclusion of consumers purchasing a product (Marsh, 2018). Employees performing the activities frequently made mistakes, lengthening the time it took to deliver to customers because the errors must be corrected (Kinyua, 2020; Marsh, 2018). The inability of the process to allow consumers to speedily and effortlessly provide their documents contributed to longer lead times. Consumer sensitivity to the prolonged period had negative consequences, and it impacted customer satisfaction and the organisations' ability to make a profit.

2.12 Tied Financial Advisors and their role

The legislation of Long-term insurance compelled the life insurance company to assign or provide their clients with a financial advisor. This study focused on tied financial advisors contracted to work for a specific insurance company, selling products for that company (Reinecke et al., 2013). They served as a bridge between the consumer and the insurance company. Insurance products and features could prove challenging to comprehend; therefore, their knowledge and services became crucial (Pugnetti and Bekaert, 2018). They assisted the consumer in managing their risk and helped them to plan financially for the future. They also validated the consumers' decisions, which was influential and provided a sense of peace of mind. Using tied financial advisors to offer life insurance products and services to the mass market could offer Company X a strategic advantage as they could only offer Company X products. They could generate high new business volumes and income for Company X as they would not recommend other alternatives on the market.

2.13 The Consumer

Reinecke (2013) defined a consumer as someone purchasing a service or good from a supplier. Life insurance consumers purchased a life insurance policy to cover their life or another person's life, so in the event of death, disability, or job loss, their family

or dependents were financially supported. In the past, young adults did not see the need to purchase life insurance (Pugnetti and Bekaert, 2018); however, during the COVID-19 pandemic, a more significant proportion of young consumers purchased life insurance than in the past. The main objective of the consumer when purchasing the life insurance product was to secure financial and economic status should disaster strike them or a member of their families.

Life insurance consumers were classified into affluent consumers, high net-worth individuals, and mass-market consumers, individuals who could afford to save (Dietz et al., 2020). According to Ntloedibe and Ngqinani (2020), mass-market customers earned salaries of up to R135 156 per year, whereas affluent consumers earned more than R135 156 per year. This was based on the Living Standard Measures, a marketing and research tool used in South Africa to classify the standard of living and disposable income (Ntloedibe and Ngqinani, 2020).

LSM group	Income	Classification
LSM 1 - 4	R1,363 to R3,138 per month	Low income
LSM 5 - 7	R4,165 to R11,263 per month	Low income
LSM 8 - 10	R13,210 to R32,521 per month	High income

Table 2.1 - Living Standard Measures (LSM) adapted from (Ntloedibe and Ngqinani, 2020)

2.14 Life insurance product and service offerings

2.14.1 Life insurance product offering

Life insurance products could be sold to individuals or groups as part of a group plan. The product offering of the industrial workers was limited to a single burial cover (Yates, 2005). While this was true then, the product offering to the mass market had expanded and included other products. In today's environment, product offerings were created with the consumers' net worth in mind, whether they were affluent or in mass markets. In the South African industry, various insurances were offered under the Long Term Insurance umbrella, as illustrated in Figure 2.3 (Reinecke et al., 2013).

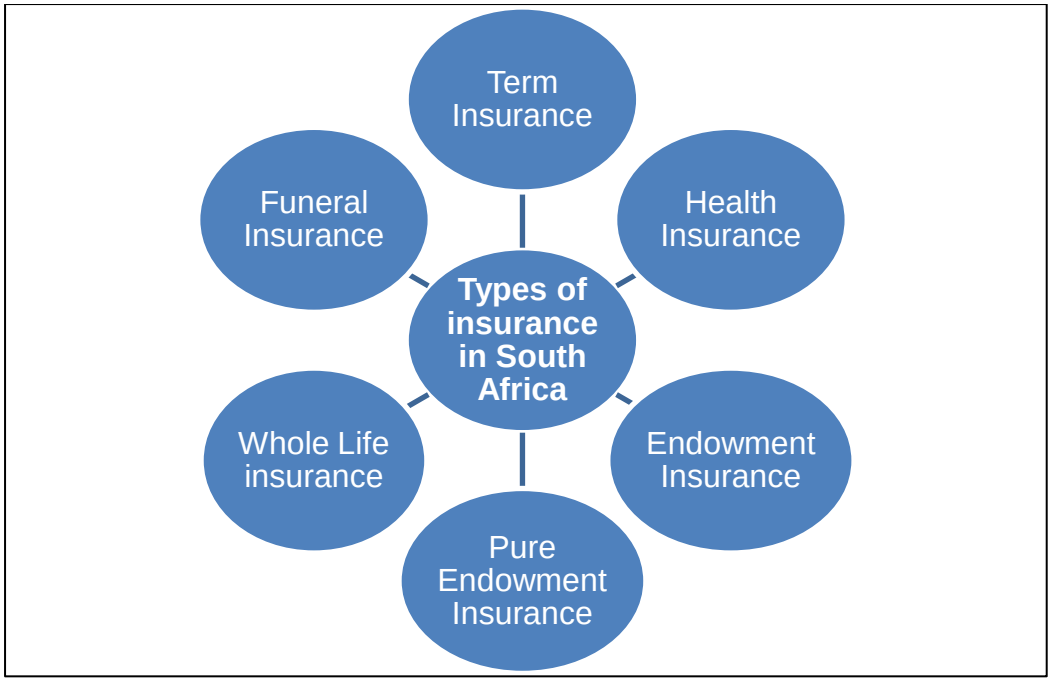


Figure 2.3 - Types of Insurance in South Africa adapted from (Reinecke et al., 2013)

Long Term insurance policies and contracts were developed and written using the different fundamental types of insurance available. The number and diversity of products determined the speed with which they could be provided to consumers because numerous standards must be completed for the product to be sold to the consumer. Company X offered life cover, endowment, and funeral cover, through its tied financial advisors.

2.14.2 Life insurance services offered by tied financial advisors

The most effective sales method was face-to-face conversation, and studies showed that most clients needed confirmation before purchasing insurance goods. The advisors provided two kinds of services which they earned a living from. Among the services provided by the advisors were pre-contractual persuasion or motivation of potential insureds to enter into a contract or renew a policy with the insurer, as well as post-contractual administrative services such as policy maintenance, servicing, dealing with the policy, collecting and accounting for premiums, and receiving, submitting, or processing claims (Reinecke et al., 2013). Life insurance Company X must understand that consumers' decisions to enter and renew their contracts were influenced by the ability of tied financial advisors to provide services and feedback

promptly. Detractors and slow market share increased in the mass market are caused by lengthier lead times.

2.15 Activities essential and affecting insurance product and service delivery

2.15.1 Insurance application process

Insurance products provide consumers with financial security for future incidences. Procuring a policy required a consumer to undergo an application process, which entailed a meeting with a financial advisor in certain instances. The application process involved a few steps, which might be laborious with different obstacles. However, they were essential and achieved a different objective that could not be disregarded (Tange, 2019). As per the published study by Muguto and Swiss Re (2018 and 2020), it was imperative to fast-track the process with sophisticated consumers who expected immediate service. In some instances, consumers considered only the time of taking out insurance cover, not the entire lifecycle. When consumers were required to factor in the time it took for tied financial advisors to clarify and explain the life insurance product to them, they viewed the process to be slow, complicated, and sluggish.

Figure 2.4 illustrated the process followed during the application process for the life insurance policy, which was preceded by the financial needs analysis process not captured here. A part of the financial needs analysis process required paperwork to be filled out and uploaded into the company systems.

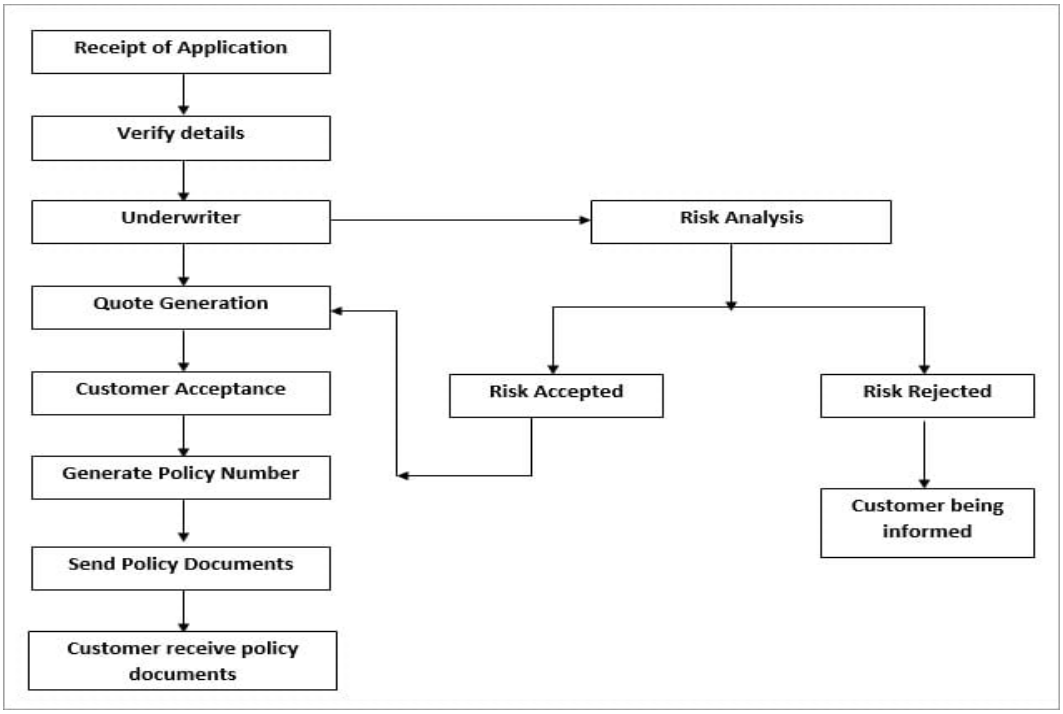


Figure 2.4 - New business process adapted from (SoftwateTestingHelp, 2021)

2.15.2 Needs analysis

Offering a consumer, a product required the tied-financial advisor to do a financial need analysis activity. This phase was an opportunity for the tied financial advisor to acquire knowledge about the consumer's current financial status, needs, goals, and desires (FSCA, 2017). The tied financial advisor delivered a service to the consumer, and they must comply with regulations while accomplishing this. It involves completing a questionnaire, which assisted in creating a profile and measures the consumer's risk appetite to ensure recommendations were aligned with their needs. Whichever tool was used during this phase must be appropriate and comprehensive to provide satisfactory results.

2.15.3 Application form

Application form completion collected personal information about the consumer, which the insurance company used for various purposes, including calculating risks (Liu et al., 2017) and determining the maximum amount the consumer can acquire for investment products. Paperwork or a digital application tool could be used as the format. The manual application forms were prone to fraud and error, with issues ranging from illegible handwriting to the requirement for consumers to sign every

single page of the form of Life Insurance Company X, incomplete information, and errors made while filling out the form. Approximately 4% of the cases loaded on the system during the observed period were confirmed application fraud cases. All of these challenges added up to unfavourable lead times.

To address the issues raised by the manual application form, cost-effective digital applications that reduced errors and rework and met the needs of consumers could be implemented (Swiss Re, 2020). The digital application form's solution was not always efficient. For Life Insurance Company X, the digital application form did not allow consumers to complete the forms independently; instead, the tied financial advisors must capture the details. When the application form was completed, the tied financial advisor and the potential consumer must communicate in real-time. A one-time pin, which served as an authorisation signature, was sent to the consumer, who must give it to the advisor. The process was prolonged due to a lack of timely communication. The organisation was not fully benefiting from the implementation of the digital form.

2.15.4 Underwriting

This was a process where the insurance company evaluates the risk of the consumer and prices the risk, they would be undertaking by providing the life insurance product to the consumer. The process was often prolonged as there were numerous questions to answer and health examinations to be completed by the doctor. Depending on the applicant's background, the entire underwriting procedure could take weeks, from application submission to case review to underwriting decision. The lengthy process had an impact on service time and product delivery.

The COVID-19 pandemic had pushed some life insurance companies in other regions to temporarily waive the in-person examination of potential consumers by allowing for simplified underwriting. Simplified life and non-life products Company X offers did not involve or require medical exam underwriting (Muguto, 2018). The ease with which this action was carried out guaranteed that the products and services given to consumers were convenient, which improved the consumer experience and onboarding. These could provide a competitive advantage as they should accelerate

the process, optimise costs, and reduce the time to deliver services and products to the end consumer (Pugnetti and Bekaert, 2018).

2.15.5 Quote

A quotation was based on the consumer's risk and the personal information provided on the application form. This could be sent directly to the consumer or to the tied financial advisor to disclose to the consumer. A quotation was based on the risk of the consumer and the personal information provided on the application form. This could be sent directly to the consumer or the linked financial advisor, who will then disclose it to the consumer. Before deciding on a final product, the consumer could obtain several quotes (Liu et al., 2017).

2.15.6 Evaluation of the activities essential and affecting insurance product and service delivery

Technology, digital platforms, or online sales had been increasingly used in delivering life insurance products and services, particularly by InsureTech companies (OECD, 2017). Despite significant changes in the sector, due to consumer preferences for purchasing insurance, face-to-face sales distribution would continue to dominate (PriceWaterCoopers, 2019; Pugnetti and Bekaert, 2018) as it created a relationship and formed some trust. Due to these preferences and regulations that govern the industry, the activities performed to deliver products and services could not be bypassed or eliminated as tied financial advisors onboard new clients or retain existing clients by upgrading their current offerings.

The organisation's objective was to guarantee that financial advisers were empowered and equipped, and that digitalisation of activities could help with this. Organisations with the best digital skills had demonstrated that they could profit from selling and building a name for themselves in the market (PriceWaterCoopers, 2019; Sassian and Dunsavage, 2021). The other benefit was to minimise and eliminate errors that contribute to longer lead times (PriceWaterCoopers, 2019). However, the goal was not to digitise all activities but to make them more efficient and complete with shorter lead times. All the activities carried out by the tied financial advisors during the onboarding or retention process allow the organisation, advisors, and consumer to:

- The information provided in the application forms and the simplified underwriting was to know the kind of risk they are taking on.
- Allow for transparency and providing services that met the customer through the Needs analysis and Quotes activities.
- Adherence to Regulatory acted through the KYC activities

The goal was to deliver a product and service to the consumer that would benefit them through the activities executed. Some of the activities that met the immediate need of the consumer were acquiring the product and service, and the other activities met the indirect need and had to be done (Modig and Åhlström, 2021). Regardless of the distribution channel being used, all activities related to direct and indirect needs must be conducted. The goal was to increase customer and tied financial advisor interaction (OECD, 2017).

2.16 Chapter Summary

The cited literature above reveals the concepts of lead time, the factors that affects long lead times and the life insurance industry workings.

Shorter lead times give a company a competitive advantage, allowing them to increase their market share while also ensuring efficient product and service delivery to customers. Understanding the concepts of lead time reduction is thus critical to reaching this goal. Kingman's equation and Little's law provide depth understanding to the different types of waste that impact lead times. Furthermore, they clarify the effects of variation and demand. As a result, it is critical for organisations to strive to understand the total demand of workflow, which is divided into true demand and failure demand. Failure demand frequently contributes significantly to workflow, and this is waste that can be managed because it is under the control of the organisation. To identify the sources of waste, there are different process and servicing mapping tools that can be used to uncover these.

The soft skills competencies of leadership have an impact on how employees perform, their ability to highlight issues that need to be addressed and managing the flow of

work to allow for effective teamwork. Resource management is critical to achieving shorter lead times. The development of training tools and standard operating procedures benefits the organisation by allowing for improvements and root cause identification. Considerations of life insurance regulations, activities carried out in order to onboard consumers to the organisation are essential as they allow the value adding and non-value adding activities to be revealed.

3 RESEARCH METHODOLOGY

3.1 Research Design

The research design established a framework for collecting and analysing data and a logical plan (Morse, 1991). The logic encompassed the connections between the study questions, data obtained, and data analysis methodologies. As a result, the study's findings responded to the research questions posed (Yin, 2016). To analyse the experiences of the participants, the study used qualitative inquiry and, specifically, thematic analysis. Qualitative research aimed to characterise and understand phenomena (Morse, 1991). Qualitative research emphasised the necessity of acquiring, integrating, and representing data from various sources as part of any given study (Yin, 2016), as was the approach in this research. Due to the study being exploratory, the qualitative technique and case study design were best suited to it. The exploratory study assisted in gaining insight into previously unknown or underappreciated lead time reduction activities in the insurance industry.

3.2 Case Study

The main goal of the study was to find ways to reduce lead times for Life insurance products and services offered by tied financial advisors at Company X. The case study of Life Insurance Company X was completed to study its participants' behaviour and their experiences of their current daily work (Yin, 2016). The study necessitated the identification of real-working issues to describe present operational issues. The goal was to observe operational tasks performed in the organisation's process when delivering product and service. The research outcomes would be crucial for the future based on the current revelations observed. Therefore, the case study method was ideally suited for this study to assist in identifying challenges and impediments and understanding people's perceptions of the environment. This aided in answering the research question, which was to find ways to reduce lead times for Life insurance products and services offered by tied financial advisors at Company X. If the life insurance firm X implemented new strategies in its operational activities, the findings of the study may alter.

Due to the unique characteristics of Life Insurance Company x, a single case study was conducted to understand better the activities and operations of product and

service delivery by linked financial advisers. When conducting a single case study, the researcher could not be particular that the findings were generalisable to other contexts, which had received criticism (Leedy and Ormond, 2015). Despite this point, researchers continue to conduct single case studies.

By the characteristics of qualitative research, no predictions were made about the factors influencing lead times in product and service delivery; instead, work was done on developing an understanding of the activities carried out and how they affected lead times. The case study gathered data through semi-structured interviews and nonparticipant observations. These approaches enabled the study to be triangulated that ensured credibility.

3.3 Sampling

The population had been defined as the total number of individuals, objects, or events that make up a defined group (O'Leary, 2021). It was all about defining anything pertinent to the study, including observations, and assuring the research's bounds and emphasis. The population for this study comprised the employees that play a role in providing services to the current and prospective consumers in the emerging or mass markets serviced by tiered financial advisors. Purposive sampling was used to select the participants for the interviews and observations. Purposive sampling refers to selecting persons or other units for a specific purpose (Leedy and Ormond, 2015).

Participants in the study were individuals who understood their activities and could identify failure points that caused increased lead times. The researcher was not only interested in subject matter experts in advance, but also in those who could help uncover all issues. The study focused on tied financial advisers and area sales managers who delivered products and services to consumers in Gauteng and Kwa-Sulu Natal (KSN). The recruitment of tied financial advisors was based on the Quarterly Labour Force Survey (QFLS), and Quarterly Employment Statistics (QES) reports (Statistics South Africa, 2021), which looked at employment statistics in each province as well as the adaptation of mass-market consumers from the Understanding the Living Standards Measure Segmentation in South Africa report (Ntloedibe and Ngqinani, 2020).

The participants for the study were recommended by the Executive responsible for product and service delivery operations to mass market consumers and the Line managers of the individuals. Participants were employees with access to Microsoft Teams and data bundles to enable internet connectivity. Participants who agreed to participate were asked to verbally consent before the interview because the COVID-19 pandemic made providing signed forms difficult. Pseudonyms were used to protect participants' identities and to limit the association of data collected with individuals. Participants' names and any other personal information that could be used to identify them were not used. The working experience of the participants in the life insurance industry varied from less than a year to over ten years:

ROLE	SAMPLE SISE	Qualification
Tiered Financial Advisor	6	Grade 12 or SAQA accredited equivalent
Area Sales Manager	3	Bachelor's degree, 5-8 years of experience
New Business Quality Assurance agent	2	Grade 12
Worksite Management	2	BCom degree
Document management agent	1	Grade 12
TOTAL	14	

Table 3.1 - Participant information

3.4 Data collection procedure

Primary data was sourced from the semi-structured interviews, while nonparticipant observations were used to back up the findings of the interviews. The researcher could study diverse points of view and obtain more profound knowledge of the case study. Figure 3.1 explains the research framework, which included case study research employing two data sources.

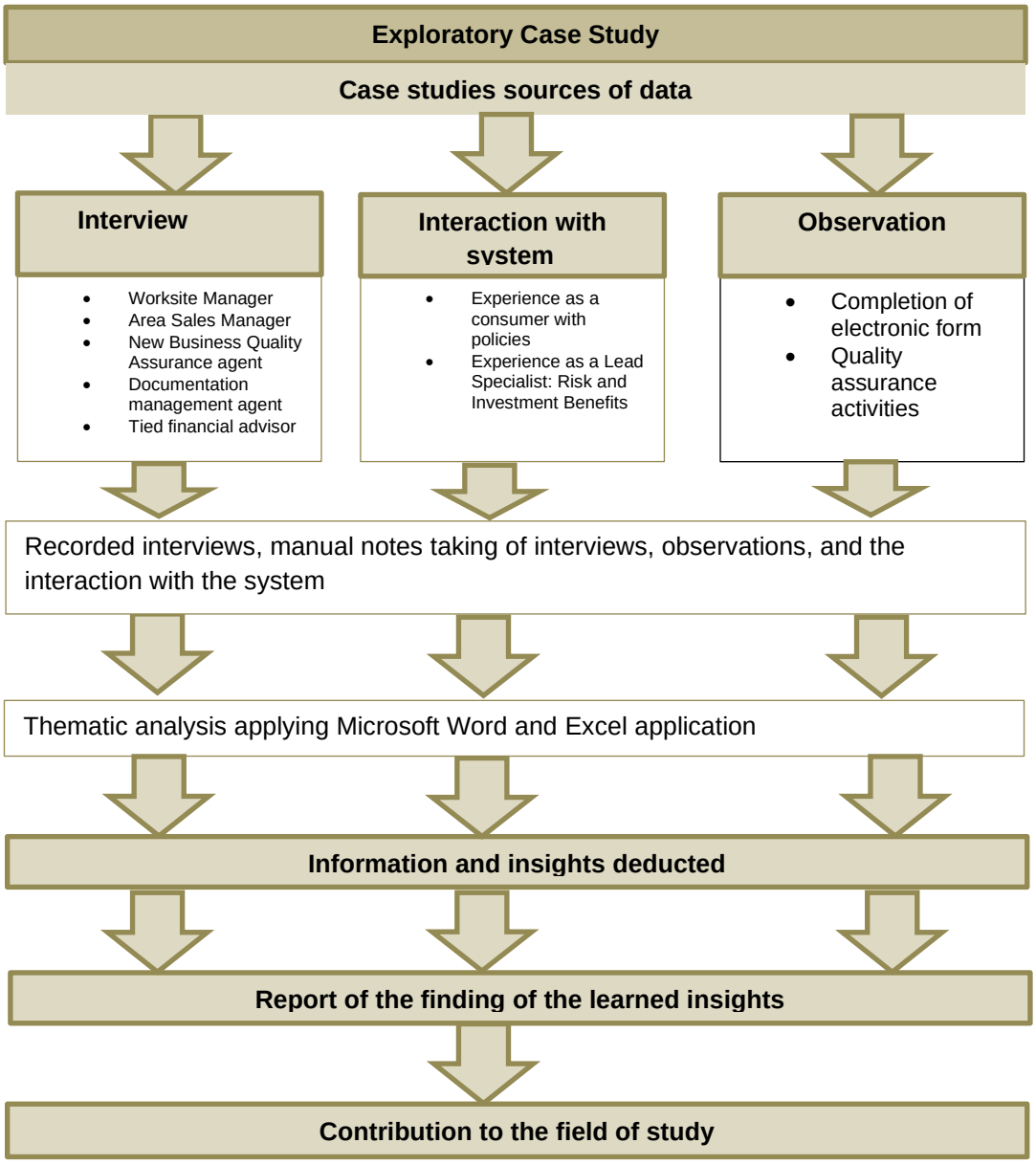


Figure 3.1 - Research Framework

3.4.1 Research instrument

Semi-structured interview

Interviews could provide rich qualitative information (Leedy and Ormond, 2015); these served as primary data collection for the study. The semi-structured interview was a flexible structure, with pre-determined questions that shifted to suit the natural flow of the conversation (O'Leary, 2021). Prior to data collection, permission was acquired from Life Insurance Company X to conduct the interviews. Participants for the study were contacted before the interviews to explain the study's aim, gained their consent, and set up convenient dates and times for them (Leedy and Ormond, 2015). A semi-structured interview protocol tool was designed based on a review of the literature on lead time reduction, the concepts and theories connected with these from other industries, and financial services. A semi-structured reflective interview with a list of prepared questions was used for data collection (Wengraf, 2001). The semi-structured interview consisted of fourteen questions based on the three theoretical questions that would answer the research question. These were planned and arranged to ensure flow, but the focus was on the study's objective. The questions were not confined to those specified in the interview protocol Table 2.1 below. The prepared questions ensured that the interviewees' responses were not anticipated or envisaged; the composition of the questions allowed for participants to be open about their working experience and knowledge (Wengraf, 2001).

In order to establish an interview protocol, the following guide was used (O'Leary, 2021):

1. Draft questions – Determine the type of information sought. The researcher could consider the questions that would address the topics and set boundaries during the semi-structured interview.
2. Review the questions - Read each question carefully and assess whether your questions are confusing or leading.
3. Order the questions - Arranged the questions in a logical order to ensure a smooth interview.
4. Rewrite questions - The researcher ran the questions past a few peers/ for their assessment and rewrote the questions based on the feedback.

The interviews were conducted online through Microsoft Teams because in-person interviews were impossible due to the COVID-19 outbreak. As a result, it was required to follow Life Insurance Company X's current requirements regarding in-person meetings. The researcher could record all interviews except one as the respondent was hesitant. The Microsoft Teams recording afforded the researcher the option of transcribing the interview. However, the data from the transcriptions were not usable due to challenges of language, industry, and organisational terminologies used by the participants during the interviews. For the one interview that was not recorded, the researcher had to take notes of their responses and later document them to form part of the analysis. The use of Microsoft Teams made the participants feel at ease, and the researcher encouraged them to use their home language at times freely; it was becoming a barrier for some respondents.

CRQ: How to reduce lead times for Life insurance products and services offered by tied financial advisors at Company X?	
Theory Questions (TQ)	Interview Questions
Identify challenges that prolong lead times of product and service delivery offered by tied financial advisors.	1. In your role, how do you perform your tasks or duties? And what other work do you do that's outside your role, if any?
	2. Do you have a clear list of key performance indicators (what you should do)?
	3. Which tasks cause/consume time delay in the process?
	4. Can the task be combined with other activities or done concurrently with other activities?
	5. Are you able to identify and communicate easily with other functions or areas that can assist you in doing your work?
To identify the necessary waste activities performed and their effects on the lead times during product and service delivery.	1. Do all the tasks you perform necessary or essential to providing customer service or products? (Is the client willing to pay for them?)
	2. What are the most important activities you perform that add value to the customer?
	3. Are there any exceptions or predictable interruptions that occur in the process while providing the service/product? How often do they occur, and do they take up too much time to resolve?
	4. Do you know if all the tasks you perform are used by an internal customer (department)?
	5. Which tasks prevent a process or activity from moving forward?
Evaluate the effects of pure operational waste-related activities performed during product and service delivery that impact lead times.	1. Which business policies or rules affect the tasks you need to deliver in the process of providing service?
	2. What dependencies do you have on the key individual to effectively complete your task?
	3. What requirements, activities, and/or administration(paperwork) causes frustration to customers and yourselves?
	4. What makes your tasks more complicated?

Table 3.2 - Interview questionnaire protocol

Observational data

A follow-up interview was conducted with the New Business Quality Assurance area because specific responses needed to be clarified. During the follow-up interview, they combined the time allotted with observations of their process to gain a better understanding and clarity. The use of observation methods in this study was done to gather first-hand information about the employees' daily activities while carrying out their duties. Observing personnel as they did their jobs was critical to spot and analyse problems, which could lead to new concepts and/or development solutions.

The researcher could not observe the end-to-end process and, in the agents' natural settings due to the current COVID-19 pandemic. The observation that was carried out involved the quality assurance phase of the process, which constituted the capturing of data on the online application form and the verification activities to complete the quality assurance. This was done online, as shown in Figure 3.2. The participants had to share their screens to allow the researcher to view and observe their activities to understand when services and products were delivered to mass-market consumers. While conducting the observation, the researcher and participants did adhere to the Protection of Personal Information Act (POPIA). The researcher took notes during the observation, which were later coded and formed part of the thematic analysis.

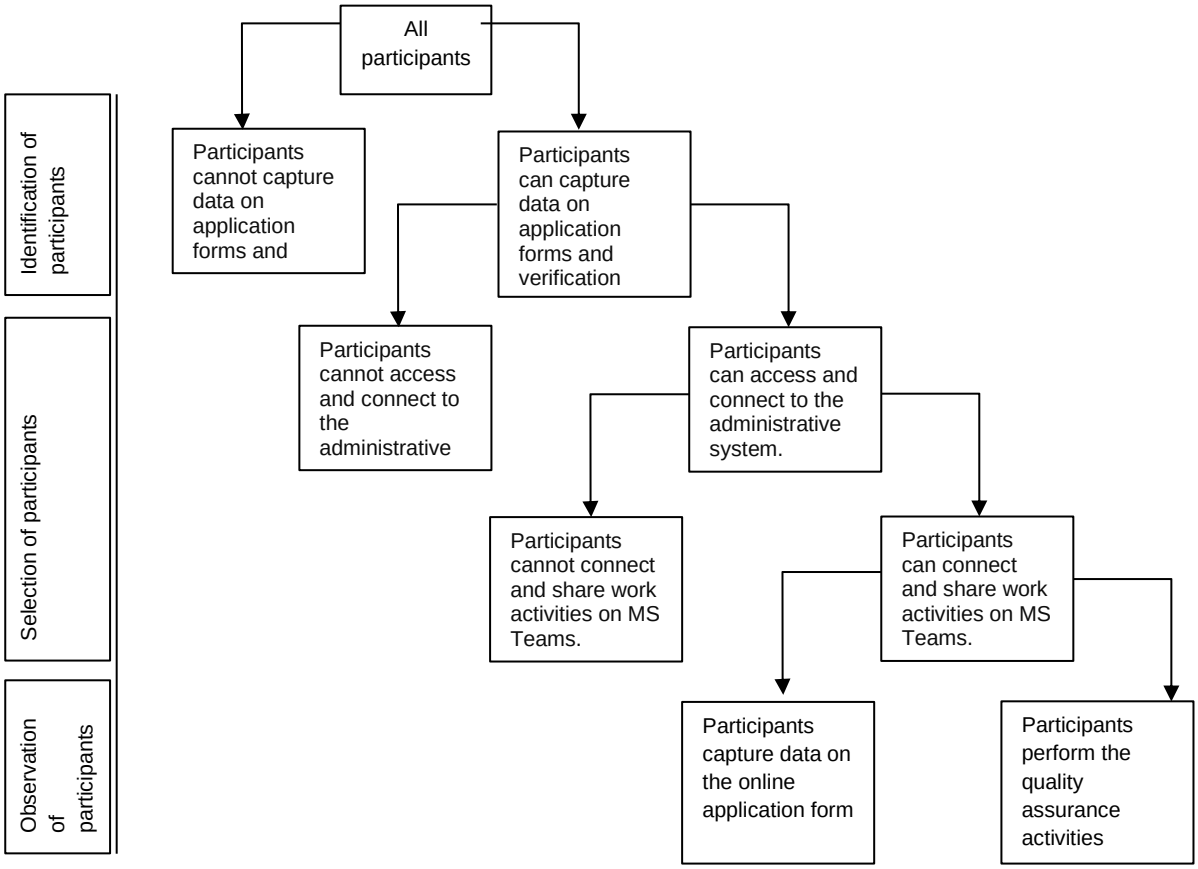


Figure 3.2 - Flowchart of observational studies

3.5 Data analysis technique

Data analysis was the process of examining data to find relevant information. It made sense that the data analysis process aided in the reduction of a vast mass of data into smaller bits (Sapsford and Jupp, 2006). A qualitative analysis technique was used for this study, with deductive analysis serving as the process driver. The primary data and transcripts of the interview had been collected. An edited transcription had been used to transcribe the data. This was done to translate some of the participants' responses, as they communicated in their home languages in certain instances and made some of the responses more understandable.

3.5.1 Preparing the data

There were critical outputs that must be achieved during the data analysis process. Those were data organisation of collected information. The data reduction method that followed was a combination of summarisation and classification. The reduction aided in the discovery of patterns and themes in data, making identification and linking easier. Finally, there was the data analysis method, which could be done top-down or

bottom-up. The researcher accessed and prepared the recorded interviews by Microsoft Teams for transcription. A transcribing service was not used to avoid managing timelines of the work to be done on time and maintain the confidentiality of participants. The researcher also wanted the opportunity to familiarise herself with the data to prepare for the analysis process. The transcribing of the interviews took the researcher about four days to complete, as the Microsoft Teams transcription document was not comprehensive and/or made sense as Microsoft Teams did not recognise the home languages spoken and some of the Life Insurance Company X terminologies. To code the handwritten observation and notes from the one interview, the researcher typed them into a Word document.

3.5.2 Thematic Analysis Framework and its application

Detecting patterns or themes in qualitative data is known as thematic analysis (Maguire and Delahunt, 2017). Using this data analysis strategy, a researcher could capture intricate and opposing relationships in the real world (Damayanthi, 2019). The researcher used theoretical thematic analysis guided by a specific research question and analysed the data accordingly. The essential patterns addressed the research question. Figure 3.3 depicted the six-step process.



Figure 3.3 - Thematic Analysis framework adapted from (Maguire and Delahunt, 2017)

Step one: Familiarising oneself with the data was the process of transcribing, reading, and re-reading the data and noting the initial codes (Damayanthi, 2019). By interacting with the data, I was able to finish this. Each participant's interview sessions were transcribed and reviewed numerous times to identify patterns and significance, and notes were taken whilst going through the material. Microsoft Word and Microsoft Excel applications were used to perform the analysis. The manual coding was performed on Microsoft Word, highlighting the relevant passages and text relevant and essential to the research by commenting on them, as illustrated in Figure 3.4**.** Once the manual coding was done, the researcher had a codebook of all the descriptive words created. This codebook was reviewed, and modifications were done where needed before proceeding to the next step (Maguire and Delahunt, 2017). This was to address the research question and ensure relevancy correctly.

Initial Coding

I: In your role of on boarding clients, how do[illegible]sks or duties? And what other work do you do that's outside the on boarding process, if any?

R: So, basically when we are onboarding because now currently we are having two entries where it's a paper based application form that needs to be captured by user on the system so that it can be recorded on the system. And another entry is when the financial advisors are with their clients, they can, instead of writing down the application form and scanning for a user to capture, they can capture on the system on their own. However the delay there is that currently we are not 100% digital. There's a compliance pack and other supporting documents. If, for example, if you are writing a commercial stop order, we need a salary slip. That salary slip needs to be scanned. So currently I will say the delay that we're having is that we are not 100% digital, but we are hoping that we will be, but currently you can do one part which is 10% of capturing is digital, but other supporting documents you need to go to the printer and scan them. Send those documents after you filled them in. So I think currently that's delay that when we are on boarding our client.

I: Do you have a clear list of key performance indicator (what you should do)?

R: Yeah, I do believe that they are clear because it's straightforward. Its either you are capturing or you are quality assuring.

I: So which one are you doing?

R: I do both

I: You do both OK.

R: Like I said when the financial advisor have captured their own business, then I'm not capturing, but I'll be checking whether what they've captured and also all the life assured, I'll just check their IDs with Astute or XDS, whether those life assured they are still alive or deceased. Also check for over insurance, if that client is an existing customer with us, whether they have other funeral products. I'll also check whether they are not over insured because now the aggregate amount is R100,000. Also the supporting document if it's a Company X agent, did they complete the

ML **Mogale, Lebang**
Lengthy premium payment process

ML **Mogale, Lebang**
Inefficient digitilisation and automation

ML **Mogale, Lebang**
KYC quality assurance

ML **Mogale, Lebang**
KYC quality assurance

Excel is used for defining themes and sub-themes

Participant	Theme	Sub-Theme	Interview extracts
Participant 3	Causes of process delay	Inefficient resource allocation and management	I do need to do reports. I need to meet with the stakeholders. It's a lot that I need to do apart from the on boarding clients. Yeah, so I need to meet with the
Participant 3	Causes of process delay	Inefficient resource allocation and management	if we have like more than 100 case on the system I need to call each and every client so that also delays the process
Participant 3	Causes of process delay	Lack of centralised system and information	I have sent them the compliance pack and done everything on my side but they keep saying they did not receive the compliance pack
Participant 3	Causes of process delay	Inefficient resource allocation and management	You have new advisors that you need to train or the system because there's nobody to train them, so I still need to train them on the other side I need to att
Participant 3	Causes of process delay	Incompatible data verification	Change of marital status, whereby a client just got married and they have applied for new ID at Home Affairs, and they would like to purchase a policy
Participant 1	Causes of process delay	Inefficient digitilisation and automation	there is a series of documents that need to be fill out and then these would be sent into the business for them to process
Participant 1	Causes of process delay	Lack of centralised system and information	. Even access to information is one thing, for instance, we don't have even a CRM tool where we can load these kinds of interactions on or even track any fo
Participant 1	Causes of process delay	Lack of centralised system and information	I interact with Company abc only to find already they are banking with our partners. I've interacted with a union only to find they have group risk product wit
Participant 1	Causes of process delay	Inefficient digitilisation and automation	So there could be additional capabilities that we could have, that would allow us to do this a bit better, a bit faste
Participant 1	Causes of process delay	Inefficient resource allocation and management	Challenges here, we are also in this space where a group of companies that I hold are not all handled by one person, they are handled by many different peo
Participant 1	Causes of process delay	Inefficient resource allocation and management	Those things could definitely be improved and we don't have the resources that are available where even training
Participant 1	Causes of process delay	Inefficient digitilisation and automation	The one thing that takes a lot of time is the back and forth of setting up appointments and getting the documents signed and coming back to us and then sen
Participant 1	Causes of process delay	Lack of facilities or equipment	I had an experience where a company during lockdown, bringing a small company over, the owner does not have access to printing facilities where they were

Figure 3.4 - Thematic Analysis - Word and Excel screenshots

Step two: Generating initial codes referred to identifying all relevant data within the dataset. Once the manual coding was done, the researcher had a codebook of all the descriptive words created. This codebook was reviewed, and modifications were done where needed before proceeding to the next step (Maguire and Delahunt, 2017). Some of the initial codes were:

- Paper-based documentation
- Inefficient digitalisation
- Inefficient automation
- Lack of facilities or equipment
- Non-simultaneous work
- Focus call
- People dependent
- Duplication of efforts
- Lack of business urgency

Step three: Searching for Themes examined the coded and compiled data extracts for potential themes of greater significance (Maguire and Delahunt, 2017). Predefined theories and theoretical frameworks drove theme formation since the researcher utilised deductive analysis; therefore, the themes were more focused on a specific feature of the data set or a specific subject of interest (Maguire and Delahunt, 2017). This process highlights the same codes under one theme. This was to categorise the data into themes of significance to the search question. Some codes associated with more than one theme were given descriptive names. For example, several codes related to communication and feedback not being clear or fast enough affected the financial advisors and the new business quality assurance agents. These points were refined to create a sub-theme addressing lack of information flow.

Step four: Reviewing themes entailed evaluating, adjusting, and refining the preliminary themes identified in Step three. It determined whether the themes were logical. This was best accomplished by gathering all relevant data for each theme and extensively performing revisions of the themes created during the analysis as per the recommendations (Maguire and Delahunt, 2017). The sub-themes identified in Step three were gathered into broader themes that are distinct. For example, "Causes of

process delay" was identified as the main theme that addresses the research question and objectives. Table E.0.1 shows how the data associated with each theme was identified.

Step five: Defining and naming themes; the goal of this final theme refinement was to identify the essence of each theme. The definitions provided a narrative description of each theme, which explained why it was important to study. The step allowed the researcher to unpack each theme's goals and understand what it said about the research questions. The researcher then determined how the subthemes interacted and linked to the major theme and how the main themes interacted with one another. Figure 3.5 illustrates the relationships between the sub-themes and themes and how they relate to each other.

Step six: Producing the report; this was the last step, which entailed writing the final analysis and findings. Each theme and any relevant data gathered through codes must be presented to construct a narrative about the data and its relevance to the research topic. The report was presented in the Results and Analysis section of this report.

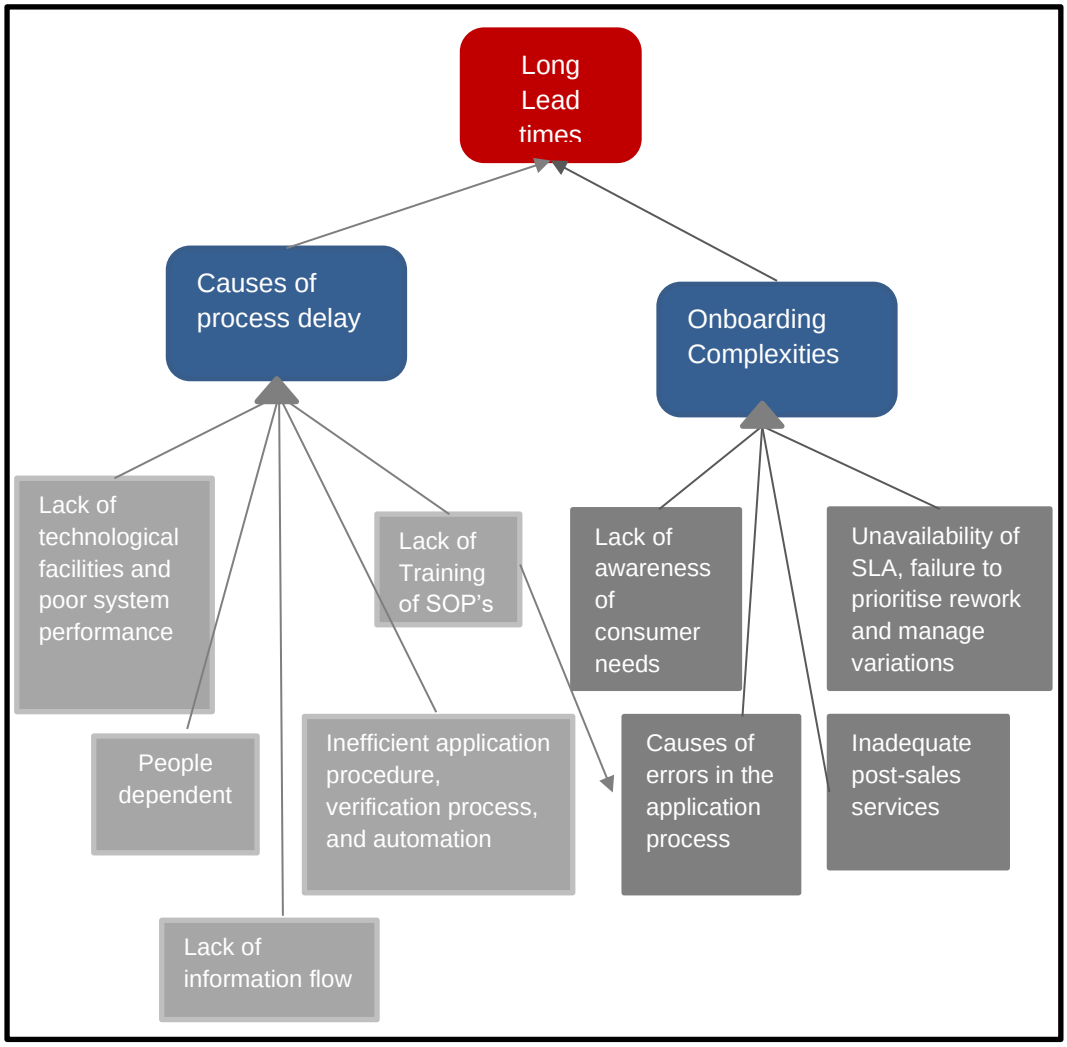


Figure 3.5 - Thematic map of the main themes

3.6 Validity, Reliability, and Triangulation

The validity and reliability of research had to do with how trustworthy, credible, and eminent the research was. Errors that appeared during the process must be fixed, as they impacted the usability of the research data (Leedy and Ormond, 2015). The validity of research had to do with how plausible the study was. A valid study was one in which data was interpreted correctly to ensure the outcome provided an accurate representation of the natural world, and conclusions could be drawn from there (Leedy and Ormond, 2015). The study involved content validation of semi-structured interview, which the goal was to learn about the process of delivering product and service to consumers. The results obtained covered the different categories classified for reducing lead times, to ensure content validity is achieved. The researcher made

a conscious effort to put aside personal biases, beliefs, assumptions, or perceptions to collect and present data objectively.

Reliability was concerned with the consistency of the data collected; if other researchers conducted similar observations based on the transliterated notes, they should arrive at the same interpretations and results (Leedy and Ormond, 2015). The researcher used triangulation based on theory and observations to ensure the data collected was consistent and reliable. The importance of triangulation increased to keep the research from becoming a story or fiction and ensured that it had no value if rigour was not applied (Leedy and Ormond, 2015).

3.7 Ethical considerations

The data collection method for gaining data would involve humans of Company X, using interviews created, and conducted by the researcher. For this investigation, ethical awareness was a significant consideration (Leedy and Ormond, 2015; O'Leary, 2021). During semi-structured interviews, the following areas of research ethics with human subjects were addressed:

1. Obtaining informed consent from participants – Participants were provided with an explanation of the study. Verbal consent was acquired from the participants before proceeding with the interview, as consent forms could not be used as the interviews were done online and the participants do not have facilities to provide this. The recording protocol was explained to the participants, who permitted them.
2. Ensuring the dignity and well-being of the participants - The researcher understood their responsibility to ensure the dignity and well-being of the participants (Leedy and Ormond, 2015). To ensure that the participants did not feel threatened, they were informed that they could converse in their home tongue (O'Leary, 2021).
3. Ensuring the confidentiality of participants - Confidentiality referred to safeguarding the identities of participants who provided research data. All interview recordings were accessed and controlled, and permission was

required. Pseudonyms were used to conceal the names of the participants and provide anonymity (O'Leary, 2021).

The ethics clearance number for this research is MIAEC 046/2

4 RESULTS AND ANALYSIS

The researcher in this section presents the findings and analysis of the study. The findings are clustered by themes and subthemes in the study, constructed using a deductive method to answer the critical and theoretical questions. The deductive technique is one in which the research question(s) and the analyst's focus drive the study.

The section is divided into different parts; firstly, the section starts by providing an overview of the case study used for this research. The following section provides detailed information on the current operational processes of Life Insurance Company X. After that, the different themes and subthemes are presented based on the findings from responses to the interview questions and the observational results. The account of each subtheme is discussed in detail. The summary of the significant results concludes this section.

4.1 Overview of the case study

Life Insurance Company X provided a wide range of life insurance products to affluent and mass-market consumers via various distribution channels. The Living Standard Measures (LSM) marketing segmentation categorised consumers based on income. LSM groups 1-7 represent mass-market consumers, while LSM groups 8-10 represent the affluent market (Ntloedibe and Ngqinani, 2020). As a result of this classification, Life Insurance Company X created products to meet the needs of the two groups. Figure 4.1 highlighted the products that Life Insurance Company X currently offered through the different distribution channels, which implied they were open to new business.

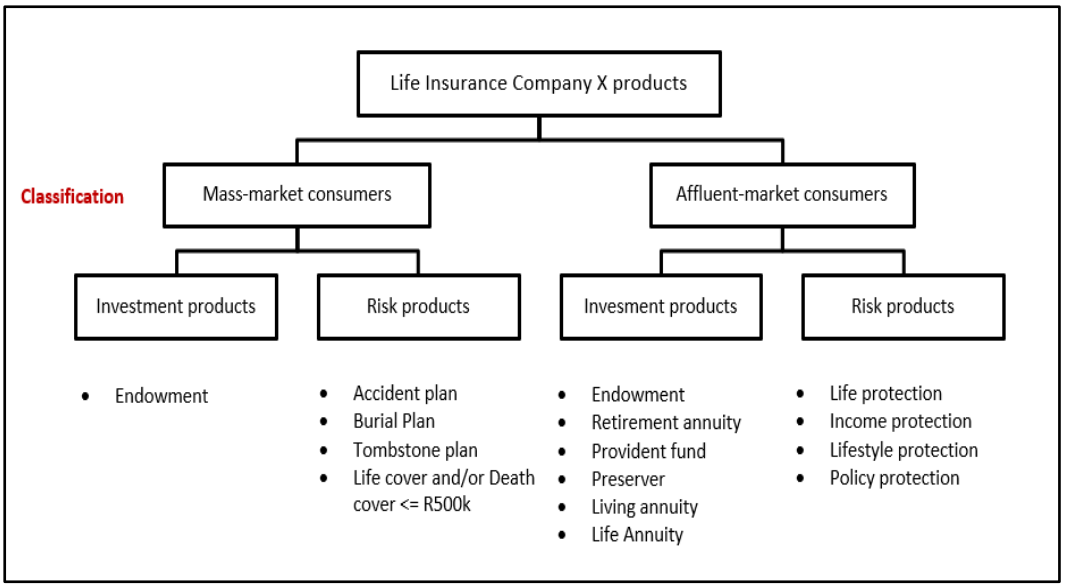


Figure 4.1 - Life Insurance Company X product offering

A few distribution channels in the mass market provided consumers with services and products, such as tele-advisors and tiered financial advisors who make face-to-face sales. Risk products marketed to affluent consumers necessitated an underwriting process to ensure that the organisation could bear the risk. Simplified products were those that were available to consumers in the mass-market sector. A simplified product eliminated the need for consumers to go through an underwriting process, typically a lengthy process requiring medical examinations. The organisation used a brief questionnaire to complete the risk assessment for potential mass-market consumers (Liu et al., 2017). The burden on the tied-financial advisors offering the products and services was reduced because explaining the features of the products was not difficult.

A premium for insurance must be paid in medium-of-exchange, cash, banknotes or coins (Reinecke et al., 2013). They frequently agreed, either explicitly or implicitly, that the debtor covered may pay the premium using a check, stop order, or debit order (Reinecke et al., 2013). The stop order and debit order payment were the two methods of premium collection available to consumers in the mass market consumers of Life Insurance company X. The stop order was a directive from the consumer to their employer to make a series of future-dated recurring deductions from their salary/wage and paid them over to a third party on their behalf. Debit order payments were withdrawals from the consumer's bank account. The study focused on the process of providing services and products to mass-market consumers through the use of the

stop order payment mode. This was because 90% of the business sold to mass-market consumers by Life Insurance Company X used stop orders, which were regarded as the safest mode of premium collection.

4.2 Current Operational process

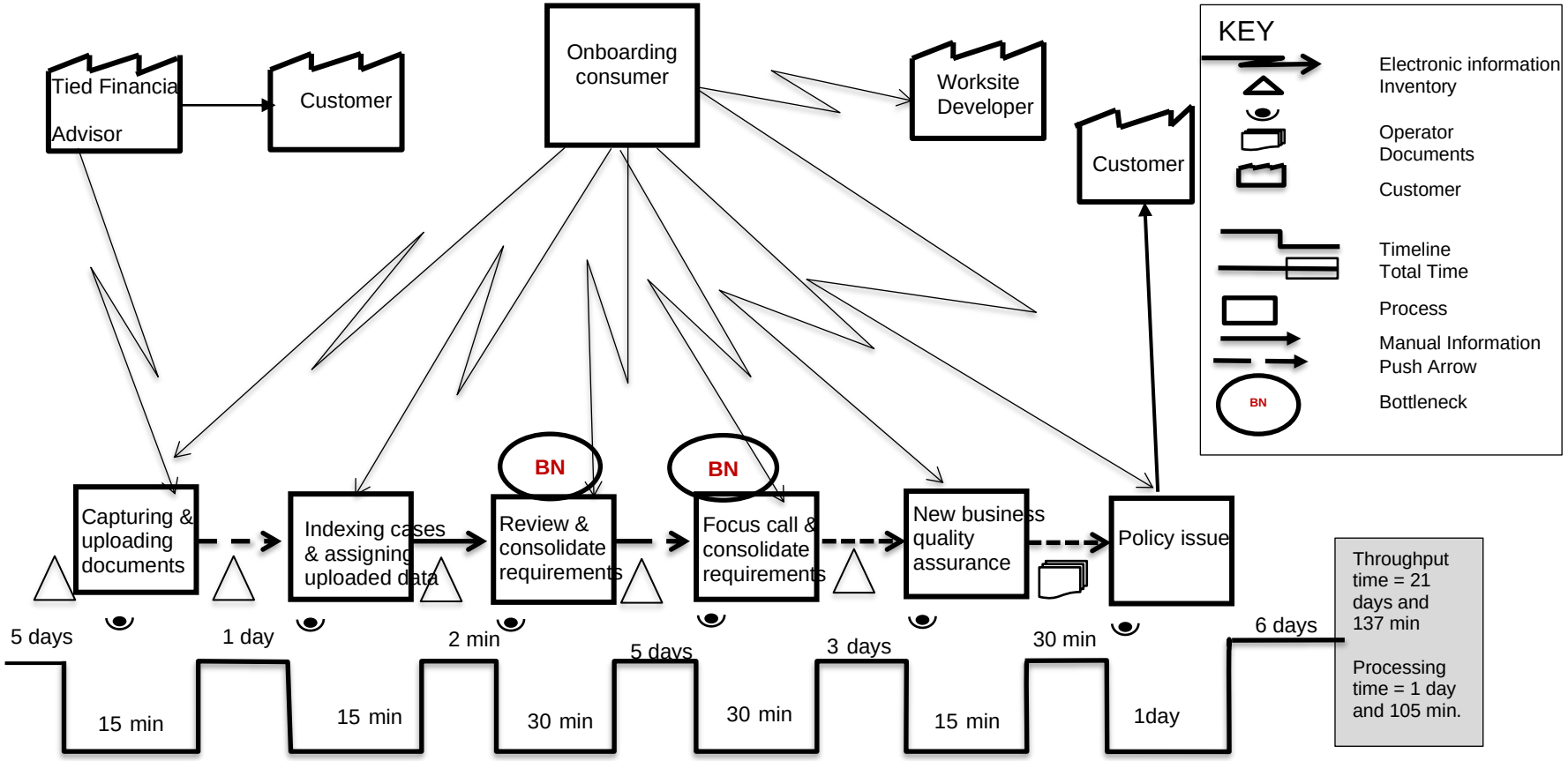
The current operational process did not have a time target of when to deliver the product to the consumer or what was the most efficient way to do that. Employees involved in the process did their work without having the big picture of the entire timeline or how efficient the process was. Individually, the employees involved understood providing service and products to the consumers; however, collectively, they were not working together to make the service and product delivery efficient and memorable. The team's culture involved in the process was working towards meeting the target set for the month, not necessarily providing the value most efficiently. Key performance indicators drove the activities, and these did not include the timeframe of when to deliver the product to the consumer.

The purpose of a company was to provide a product and service to a specific market efficiently and effectively (Thompson and Martin, 2005). The organisation must compete in the environment and market in which it operates. Therefore, it was critical to measure efficiency to ensure that customers were satisfied and happy. The ability to achieve a goal with minimal waste, labour, or energy expenditure was referred to as efficiency. In this study, it was discovered that each team's efficiency was measured by the team's functions and the completion of the activities assigned to them rather than the ultimate value-added to the consumers. Figure 4.2 below displayed the demeanour observed by the study with an average lead time calculated to be twenty-one days and 137 minutes. The information in the value stream map of the current state was used for identifying bottlenecks and sources of waste in the process. The average lead times achieved contributing to value-adding activities were only a day and 105 minutes. The process was flooded with non-value-adding activities, amongst them, being:

- Excessive waiting when it comes to commencement of activities, to receive full supporting documents

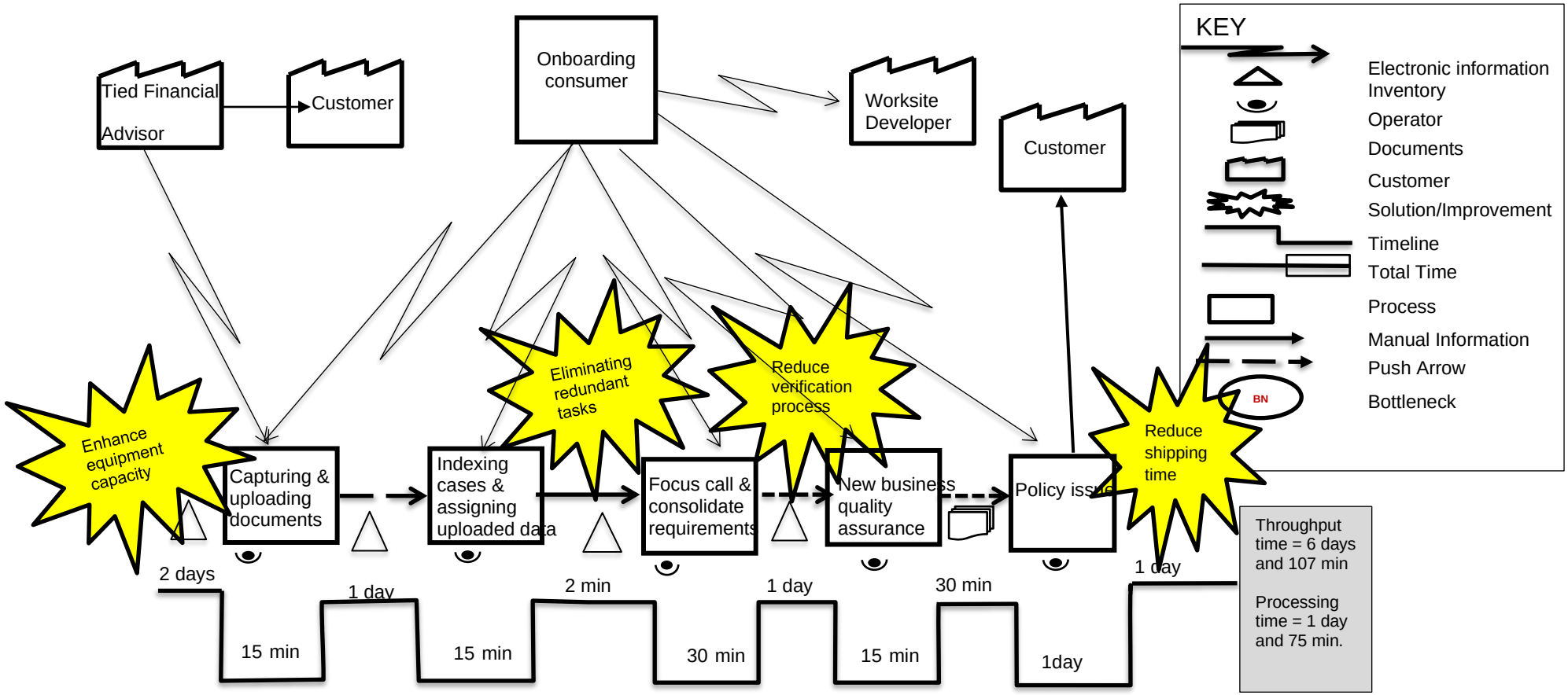
- Duplication of work between the Area Sales Managers and the New Business Quality Assurance team
- Rework resulting from inefficient application procedures and ambiguous feedback from the New Business Quality Assurance team

The future state VSM allowed the organisation to see into the future and determine the best way to operate and serve its customers. Figure 4.3 illustrated the ideas of the proposed solution which aimed at providing potential improvements to the process. The generated ideas aimed to deliver completely reduced lead times, even though the suggested solutions did not alter the process itself. Redundant tasks were eliminated from the process, and the clear waste sources—like the drawn-out verification process—were reduced. With these changes, the overall throughput was increased to six days and 107 minutes. The suggested fixes were shown using kaizen bursts.



$$\text{Flow efficiency (\%)} = \frac{\text{Value adding time}}{\text{Throughput time}} = \frac{1545}{30377} = 5.08\ \%$$

Figure 4.2 - Operational current value stream map



$$\text{Flow efficiency (\%)} = \frac{\text{Value adding time}}{\text{Throughput time}} = \frac{1515}{8747} = 17\ \%$$

Figure 4.3 - Operational Future state value stream map

Subsequently, the process of potential onboarding consumers or making changes to existing contracts moved through different queues once cases were loaded and dispatched to the administrative system. A few handoffs were experienced among the tied-financial advisors, Area Sales Managers, and New Business Quality Assurance team agents. Figure 4.4 displays a Pareto chart of cases on different queues. There was no formal allocation of cases to agents, and they were accessed randomly.

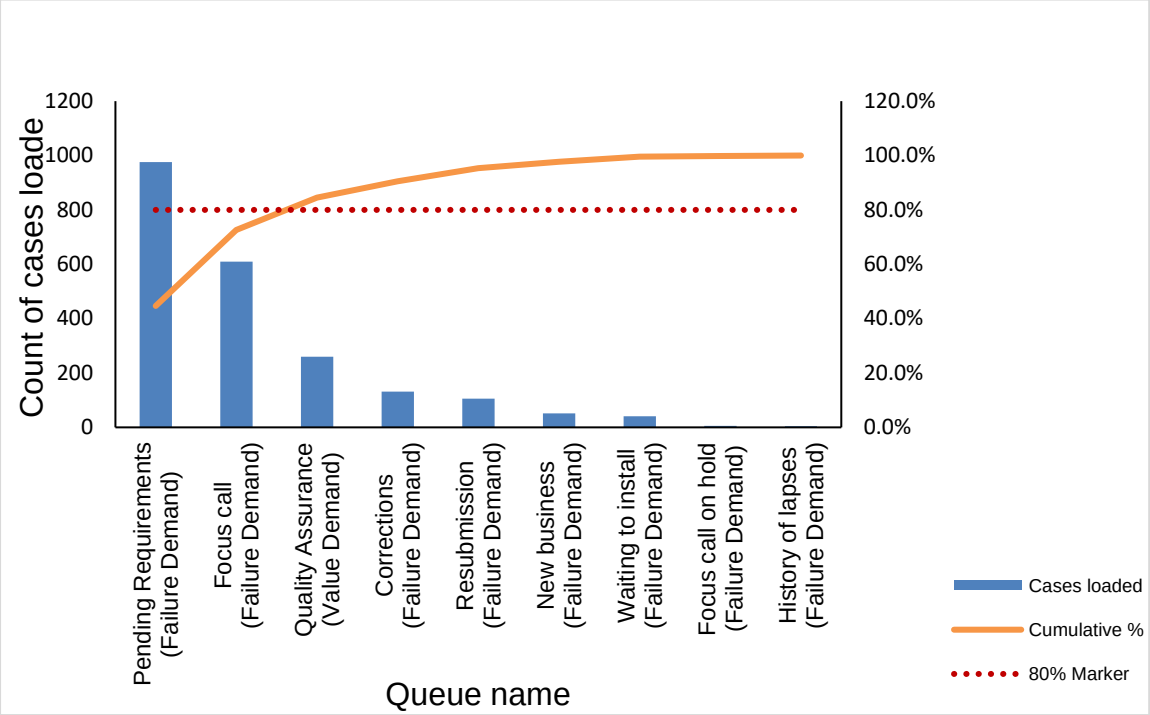


Figure 4.4 - Records of cases on the different queues waiting to be processed

For the majority of a company's capacity to provide a service, two types of consumer demands—"value demand" and "failure demand"—were present. Therefore, the queues utilised by the organisation were used to categorise the demand types based on whether or not they were adding value to the consumers. Consumer value demand related to an initiative taken by the customer and desired for their benefit. It had to do with what the customer expected and the worthwhile services they had a right to receive from the company supplying the good and service. The pareto chart above showed only 1.8% of value demand being provided to the consumers.

Majority of the queues depicted in Figure 4.4 are classified as failure demand, as they were wasted non-value-added work. The queues identified decreased efficiency and

had a tremendous impact on consumers waiting for their product. Area Sales Managers considered focus call as value adding, however the view from consumers thought it unnecessary. Consumers were satisfied with dealing with their brokers to acquire the product, they felt there was need for the call. No organisation's operations are without failure demand. As a result, organisations should work to reduce failure demand by shifting efforts toward value demand.

Based on the Pareto chart and the 80% mark, the cross-section of the two, it was evident that Life Insurance Company X should focus on the following queues: "Pending Requirements" and "Focus call" to see improvements. Pending requirements made up 45% of the work that had to be done, whereas Focus calls made up 28% of the situations.

Figure 4.2 above indicated the resource and flow efficiency of Company X. The most conventional efficiency, resource efficiency, entailed making the best use of resources available to the organisation in order to offer a product or service (Modig and Åhlström, 2021). Flow efficiency, on the other hand, was concerned with the number of cases handled in a given time and was calculated by adding all value-added activities to throughput time (Modig and Åhlström, 2021). With a flow efficiency of 5.08%, as shown in Figure 4.2, the organisation was more likely to be operating and driving resource efficiency that was individually based rather than focused on delivering value to the consumer. Instead of focusing on function-specific Key Performance Indicators (KPIs), the organisation should be strived for flow efficiency, which required understanding of how processes worked. Improved flow efficiency optimised processes, and with the optimised process, people could be influential.

4.3 Findings

4.3.1 Causes of process delays

An easy-to-use, seamless process that provided efficient services and products to consumers was crucial to ensuring shorter lead times. These, combined with sufficient equipment and good-performing systems, had the potential to ensure employees were motivated and contributed to customer satisfaction. The current process was rife with frustration and delays, as per the participant's responses in the study. Fraught with manual application forms and excessive manual verification, achieving rapid service and reduced lead times was almost impossible as data errors were experienced, which created more workload that was not valuable and could have been avoided.

From the data collected, it was evident that transparency and proactive communication, which addressed issues quickly and accurately, was not present. This was witnessed in the quality of quality, which impacted the flow of the process and its prolongation. In any working environment, employees must be equipped with facilities that would enable them to function to their most optimal levels and created an environment of satisfaction for themselves and the people they served. Standard operating procedures (SOPs) and documentation guidelines were essential in achieving consistency, adherence to best practices, quality training, and reducing people dependencies. The root cause reasons for process delays were discovered and illustrated in Figure 4.5. These challenges were disempowering the business users, creating people-dependent processes, and increasing operational costs, as alluded to in the full description of the findings.

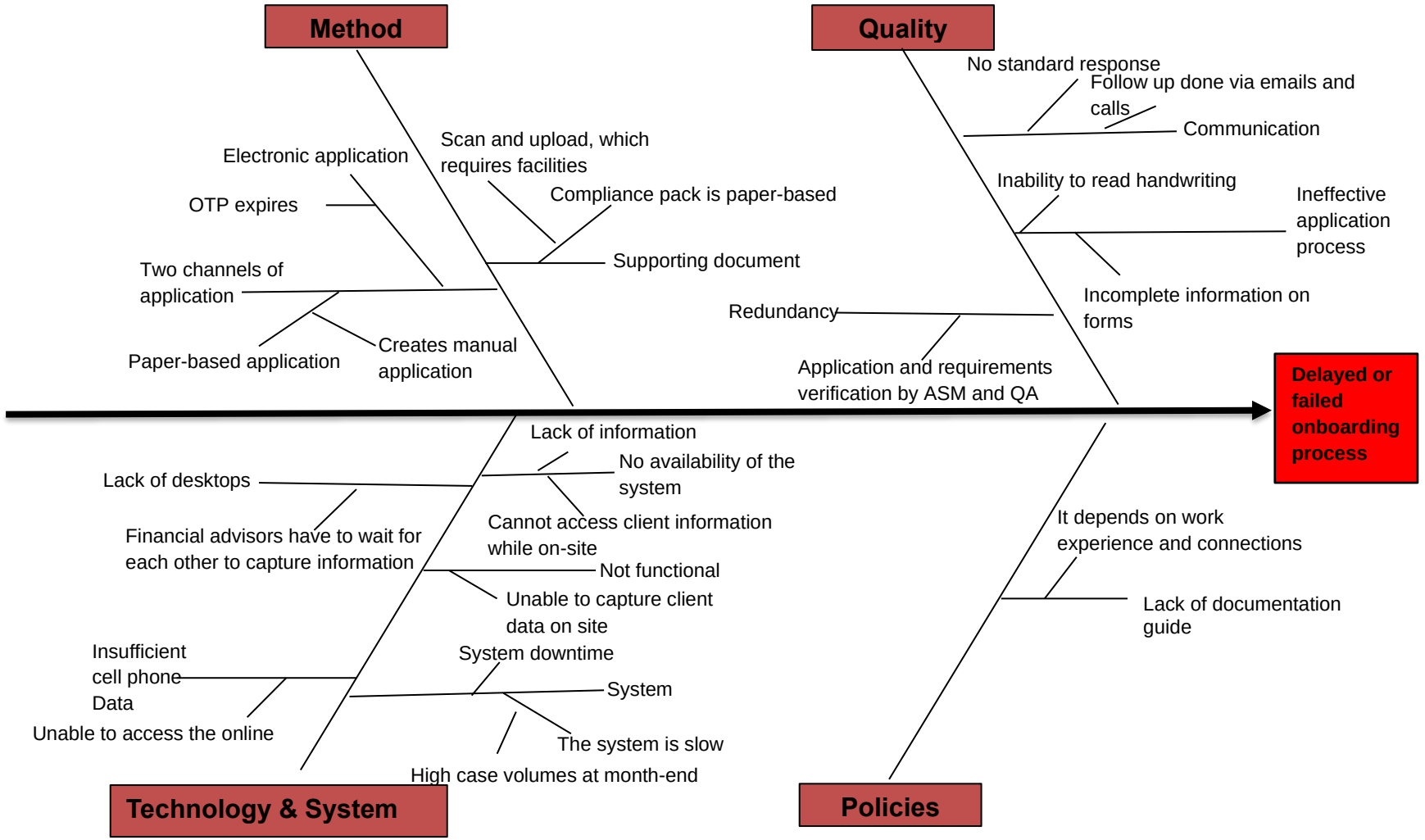


Figure 4.5 - Cause and effect diagram for process delays

4.3.1.1Inefficient application procedure, verification process, and automation

Methods of providing services through manual application forms and documents, physical meetings, and laborious processes had been described across all areas. Worksite Development Managers expressed dissatisfaction with onboarding new companies to the books, particularly during the COVID-19 pandemic, because documents that needed to be signed were manual. They articulated the need for Life Insurance Company X to transform its manual application forms and documents and its communication methods with stakeholders. However, they quickly pointed out that digital transformation was not one-sided; external stakeholders must also transform for efficiency.

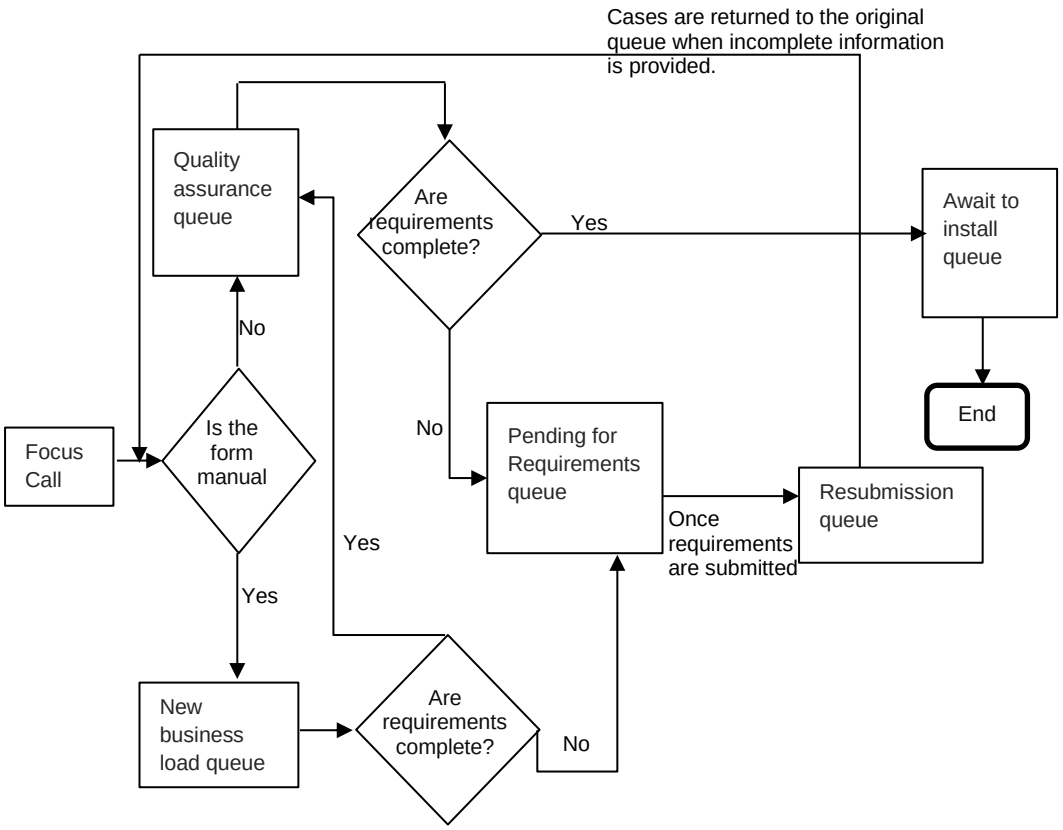


Figure 4.6 - Application movement once dispatched to the processing sequence

During the onboarding of the premium paying consumers, participants mentioned two methods for completing the application form: electronic and manual. Most participants emphasised the difficulties in completing manual application forms, compliance packs, and supporting documents, as most documents are paper-based. Participants admitted that most errors that necessitated resubmission occurred when filling out the

forms, and these varied from inputting the incorrect ID number to incorrect names. Even with the electronic application in place, tied-financial advisors must scribble down consumer information so that it could be captured into the system later, as most did not have laptops or tablets to work. The handwriting of tied-financial advisors or consumers was not always legible, which had ramifications on the data that must be captured or the time it took to clarify what was written.

Furthermore, the added frustration was having to scan documents to be still attached to the electronic application form. Once the application was completed and dispatched to the next phase, it moved through the different queues, as displayed in Figure 4.6 above. The queues were mended by the different agents, actioned according to the request on the information. The case or application would not move along the queue if they were not checked.

Area Sales Managers were obliged to review and verify that the application form was correctly filled out. However, participants stated that the verification was ineffective because it was not done against any system. Since Area Sales Managers did not have access to the verification systems, they could not detect inevitable mistakes earlier in the process. This activity by Area Sales Managers was unnecessary and created duplications of efforts, as the New Business Quality Assurance team would perform verifications. The repetitive and challenging exercise of manually verifying supporting papers and consumer statuses was reported by the New Business Quality Assurance team. The observational findings revealed how they must traverse several systems to ensure that: members were fully identified, policy covers were adequate, and names and surnames matched the Home Affairs database and the internal administrative system as per Figure 4.7.

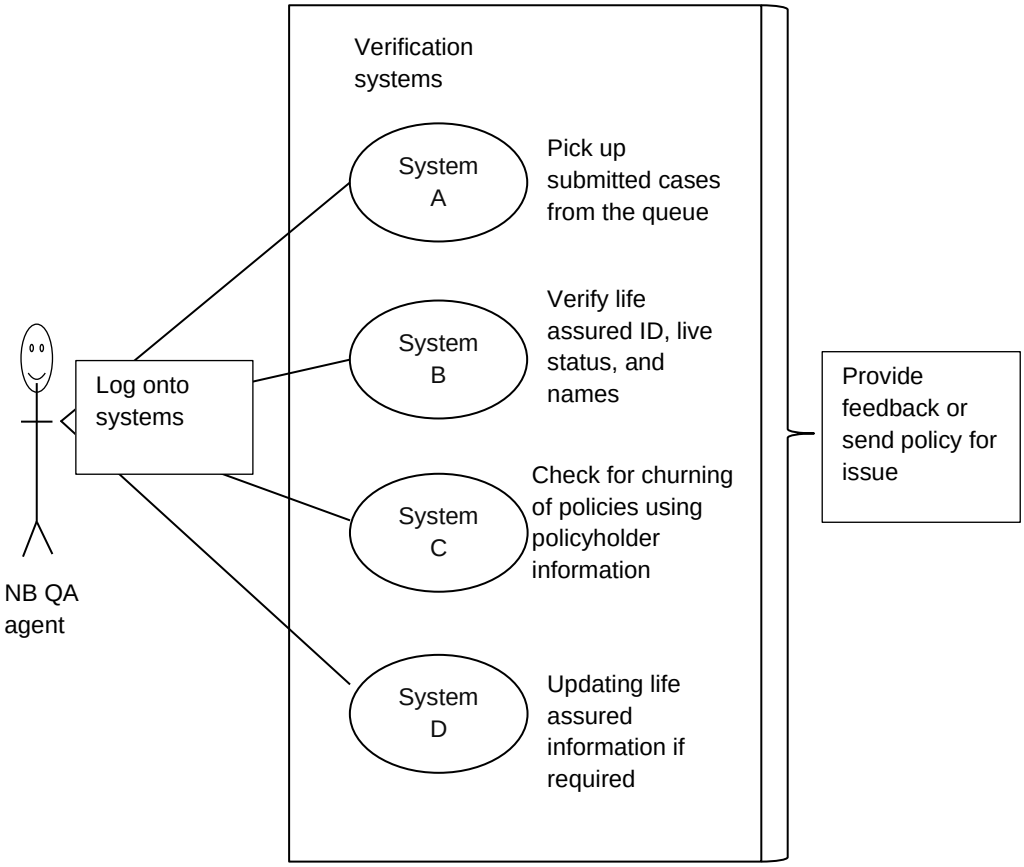


Figure 4.7 - Verification systems New Business Quality Assurance has logged onto

Inefficient digitalisation was highlighted again by the participants' dissatisfaction with the inability to upload documents using smartphones or other methods rather than having to go to the office and scan and upload the physical documents provided by consumers. Participants from all areas expressed a desire to automate specific tasks and improve the digital system and currently available applications. They believed that by doing so, they would be able to save some time and effort.

4.3.1.2Lack of information flow

The general feeling and attitude of the participants indicated insufficient data flow among stakeholders. Participants in the worksite development management team emphasised many information silos in their field. Information silos have resulted in important information being held back which has made it difficult to communicate with new companies and provide quality and satisfactory services after onboarding. There was an inability to track previous communication with external stakeholders, and in some cases, reporting efforts were duplicated because the information was saved on

individual machines or storage. That meant everything a report required, and the managers had to create a new report, which would be a replica of previously delivered reports.

Internal stakeholders must communicate and provide progress feedback while providing consumer onboarding services and products. Figure 4.8 depicts how information flowed between the various areas. According to the findings, financial advisors relied on their Area Sales Managers to provide information on any progress related to the consumer's application. Financial advisors were generally unaware of the outcome of the cases until Area Sales Managers contacted them. The New Business Quality Assurance team articulated the importance of having direct communication with financial advisors, as this would allow for a faster response time in providing unique requirements or documents.

The responses from the participants, as well as Figure 4.8, indicated that there were several touchpoints before information could be transferred to and from financial advisors and the New Business Quality Assurance team. The red boxes of non-value-added activities highlight the various touch points. The following non-value-added activities were identified during the process:

- Use of manual application forms rather than the online application, which resulted in duplication of work;
- Uploading of manual application forms and documents could be routed directly to the New Business Quality Assurance team without intervention from another team;
- Review of application forms and documents by Area Sales Managers, which resulted in duplication of work conducted by the New Business Quality Assurance team.

As shown in Figure 4.8, approximately 44.8% of cases were returned for requirements to be completed, while only 5% of cases were returned to the New Business Quality Assurance team with completed data. Some financial advisor participants stated that it was frequently confusing when they received progress on outstanding requirements, and the grounds for the case's continued pending status were invalid.

Resubmitted cases by financial advisors were frequently not allocated to the same New Business Quality Assurance agent who initially worked on it, which could cause ambiguity and delays, according to several Area Sales Managers and financial advisors. When the moderator asked if the participants had any more thoughts on service and product delivery, most of the responses expressed displeasure with unavailable information and dependency on people.

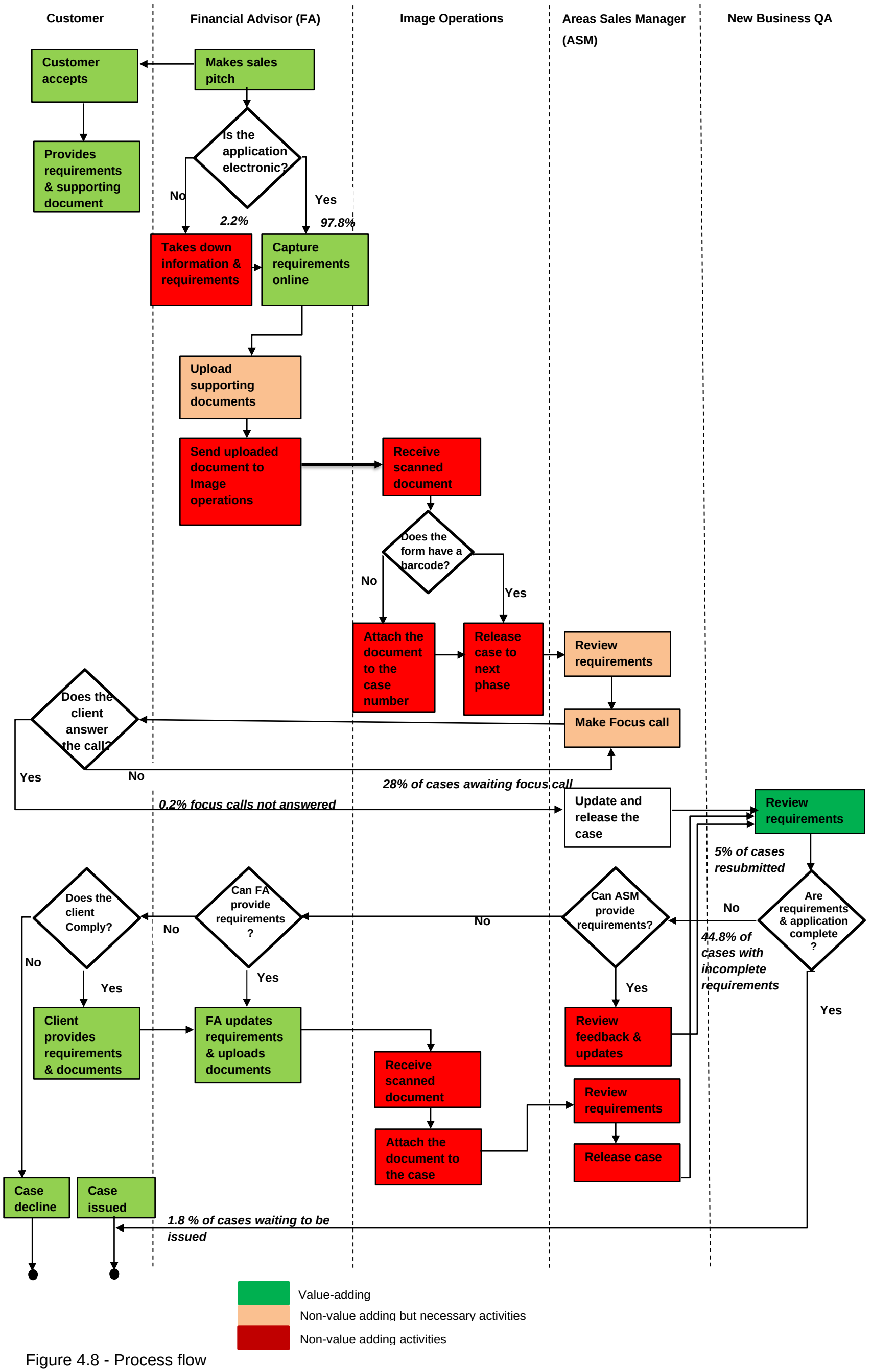


Figure 4.8 - Process flow

4.3.1.3 Redesigned flow progress from the elimination of non-value adding activities

The process flow shown in Figure 4.8 for onboarding consumers or selling them a new product was discovered to be a fairly straightforward process. The Swimlane's objective was to depict in detail the actions taken by each team and agent. The process identified a number of handoffs, which were investigated to find opportunities for process simplification and waste reduction. Eliminating waste from non-value-added activities that were unnecessary, redundant, or avoidable would speed up service.

Advisors were unable to capture consumer information directly online due to a lack of laptops or tablets, which meant the task had to be repeated. Irrelevant activities included scanning documents to Image Operations for them to action to the Area Sales manager, rather than scanning and queueing them directly without interference from the Image Operations teams. There were several redundant activities observed throughout the process, where Area Sales Managers appeared to be the link between the New Business Quality Team and the financial advisors. Despite the fact that information regarding consumer application forms and documents was with financial advisors.

The elimination of these non-value-adding activities would result in direct transactions on value-adding activities, reducing the number of handoffs in the process. Furthermore, their removal would allow some resources and capacity to be freed up to focus on other tasks or to find innovative ways to improve processes. The benefit would be shorter lead times for consumers and increased profitability for the organization because efficient process flow frees up resources to focus on other critical and essential tasks.

4.3.1.4 Lack of technological facilities and poor system performance

The inability of financial advisors to immediately capture the consumer's requirements and upload supporting documents contributed to increased lead times. Area Sales Manager and financial advisor participants shared that financial advisor had to share desktops as they were not individually allocated, which caused the process to be

longer. Among those who mentioned this, they conveyed those applications would not be submitted on time and that if any requirements were missing, they could not be immediately addressed, making the whole process long. The use of the desktops in the office was on a first come, first serve basis, and the financial advisors had to wait their turn to capture consumer information.

The majority of the participants noted that they frequently suffered poor system performance during the last two weeks of the month. This citing was pointed out numerous times by the participants. They claimed that they occasionally could not access the system to capture consumer data. System functionality issues that made some jobs harder to execute were raised by participants from the New Business Quality Assurance team and the Worksite Development Manager team.

The system functionality limited the agents' ability to input data; they were forced to insert information one line at a time for certain services provided to consumers, such as product or benefit switching. In Figure 4.9 below illustrates the effect of poor technology or lack of it on the overall performance. There appeared to be a positive relationship between performance and technology, influencing lead times. When technology was negatively impacted, lead times were longer, and when it was positively impacted, the lead times were reduced.

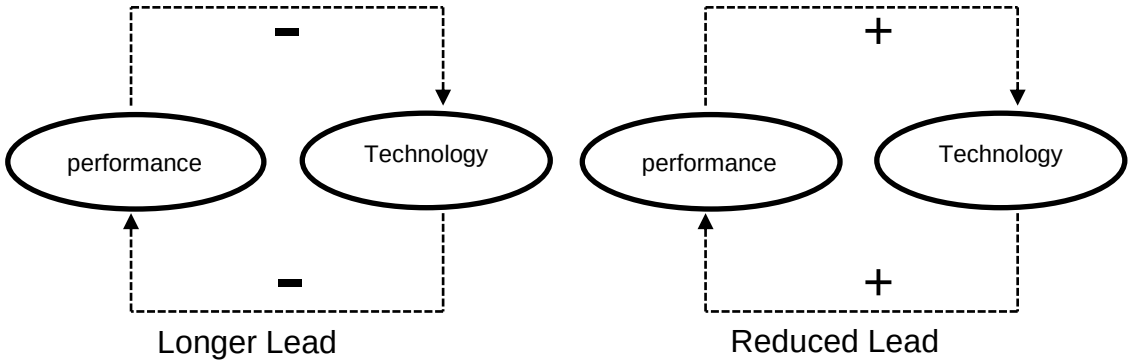


Figure 4.9 - Interaction between technology and performance in Lead times

4.3.1.5Roles and responsibilities

It was determined that the various roles and responsibilities performed by the various departments were critical and contributed to the time required to service a consumer. Furthermore, it appeared that the profile of roles and responsibilities influenced the flow of information, which contributed to the lengthy lead times experienced during product and service delivery. Figure 4.10 depicts the tasks carried out by each department. The diagram of roles and responsibilities also allowed for an examination of how the various tasks affected lead times.



Figure 4.10 - Roles and responsibilities

4.3.1.6Training

As the Area Sales Manager respondents discussed, there was a need to provide on-the-job training to financial advisors who were new to the field. According to them, the training comprised making appointments with possible clients, transporting financial advisors to the worksite, and conducting a presentation with the prospective clients in the presence of the financial advisors. These respondents went on to say that they must continue to supervise the financial advisor until he or she was deemed to be qualified. One Area Sales Manager stated that the burden was too much for them since a lot was required. A few participants mentioned that there was not much documentation to help people navigate challenges when dealing with system issues or where to send or requested information. Respondents in such cases explained that they relied on their co-workers or relationships formed within the business.

Steps	Job Instruction	Job Method	Job relation
1	Prepare worker: • Explain the job • Understand the knowledge of worker • Ensure knowledge gap is closed	Breakdown the job: • List important activities and steps • Include all materials required to perform activities	Get facts: • Create review sessions with employee • Review work • Allow employee to talk
2	Present the operation: • Tell and demonstrate the work • Provide clear instructions	Question every detail: • Question the activities performed, when they are done and how they are done • Question the tools, processes and materials used	Weigh and decide: • Consider points raised by employee • Identify possible actions to be taken
3	Try out: • Allow employee to do work • Correct any errors observed	Develop: • Remove any obstacles • Allow for brainstorming with others • Write up proposed new methods	Take action: • Decide on proper time to apply and implement actions
4	Follow up with the worker: • Coach and follow up with employee • Create an environment for employee to ask questions	Apply: • Ensure alignment with managers and employees	Check results: • Watch out for changes

Figure 4.11 - Training Within Industry concept adapted from (Dinero, 2019)

Training Within Industry (TWI) steps, outlined above in Figure 4.11, was not entirely implemented. The findings revealed that supervisors, in this case, Area Sales

Managers, offered on-the-job training. However, hurdles faced by tied-financial advisors during service and product delivery were not removed. It was also discovered that the waste produced by the lack of documentation guidelines was not being addressed. The data revealed that problem identification was not made, and persistent improvement attempts were impossible because the Area Sales Managers had not developed standardised work. New Business Quality Assurance team agents were asked to log into multiple systems during the verification process. According to respondents, there was no one process or protocol for verifying and delivering feedback to agents. As a result of the work's output, the quality of feedback varied, indicating that job techniques were not in place.

Approximately two respondents acknowledged that switching to a new administrative system posed some difficulties, but no documentation existed to show how they had overcome them. These difficulties were again another sign of the absence of TWI steps. There were no mechanisms to ensure that employees' skills and system knowledge were established. Change management or appropriate training of new systems and other methods to mitigate problems were not completed.

4.3.1.7People dependent

It was discovered that the process of providing services and products to consumers via the stop order payment mode was heavily reliant on people. Figure 4.10 outlined the different roles and responsibilities performed by the different employees. Before any services or products could be sold to consumers at that worksite via stop order, the Worksite Development Manager must have established and onboarded a company onto Life Insurance Company X's books. The Worksite Development Manager participants acknowledged that they depended more on the stakeholders of the company they were onboarding, with the perspective that Life Insurance Company X's internal processes were seamless.

For the operational process (sales) for premium-paying clients, the participants did not appear to agree on who the process was more reliant on, as their perspectives differed. A few participants thought the reliance was more on the New Business Quality Assurance team, as they were the ones who had to do further requirements

verification and issue the policy if everything was in order. According to tied-financial advisor participants, the New Business Quality Assurance team took their time in processing cases. The participants in the Area Sales Manager interviewed believed the dependency was on the tied-financial advisors. The latter provided services to consumers and the New Business Quality Assurance team. While the participants on the New Business Quality Assurance team and the tied financial advisors believed the dependency was more on the Area Sales Manager. This was based on the fact that work must be reviewed first by the Area Sales Manager, who would then make the focus call and communicate any missing requirements or whether the policy had been issued or not. Only a few participants believed they had no dependencies.

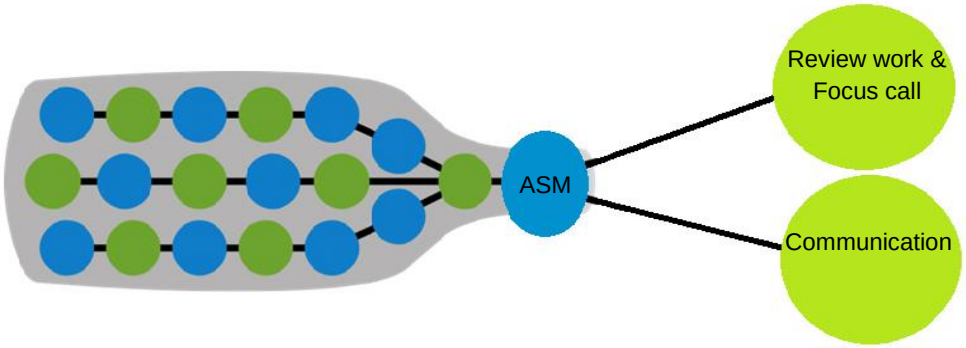


Figure 4.12 - People dependent operations (Pierre, 2014)

The results showed a greater reliance on the consumers because they must provide the necessary documents and requirements, provide authorisation to complete the application form, and accept the focus call made by the Area Sales Manager. The application could not be completed until they completed all of the activities mentioned above, and any delays from their side affected the total time to deliver the service and the product.

Some interviewees' responses and the observational findings demonstrated that the activities performed could not be done simultaneously. All agents in the process had to wait for a particular activity to be completed before they could resume the process, and this was mainly due to the design of the workflow, therefore creating some sort of

dependency. The findings indicated there was added waiting time to the process when Area Sales Managers could not provide outstanding requirements or communicate with the tied-financial advisors.

4.3.2 Onboarding complexities

Taking out a life insurance policy through the tied-financial advisor was frequently the first time a customer interacted with Life Insurance Company X. This could be seen as an important process in acquiring and retaining consumers to the organisation. Therefore, a process that was complicated, inconvenient, and best known for being frustrating, as the one detailed by the participants in the study, did not leave a good impression on the consumers, both current and potential. The essence of reducing lead times was to ensure that customer-centricity was achieved, that optimisation was around the consumer, and that any complexity related to products and services was avoided to ensure value addition which was based on understanding the consumer.

Emerging from the analysis and review of the data were four onboarding complexities caused by non-value-adding activities, which should be eliminated. Figure 4.13 depicted the causes of the onboarding complexities. The complexities identified were related to the different wastes committed by the different areas and were part of the organisation. Some of the complexities could be due to the insurance industry's heavy regulations and the company's attempt to prevent fraudulent transactions by protecting itself and its consumers. However, these complexities had a negative impact on the lead times; subsequently, they might result in customer dissatisfaction and the risk of the company losing profit, therefore, failing to grow in the market.

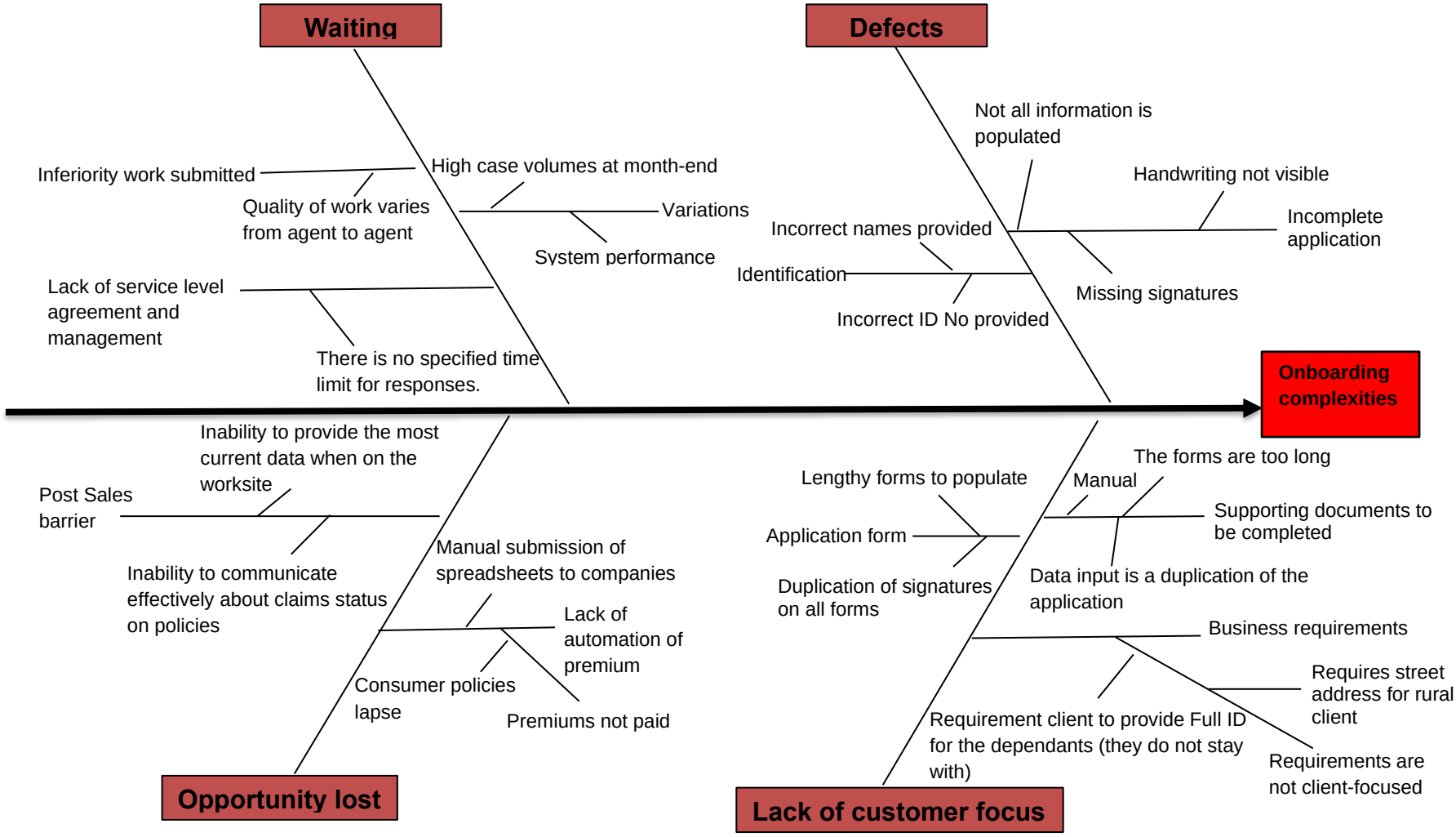


Figure 4.13 - Cause and effect diagram of wastes in product and service delivery

4.3.2.1Lack of awareness of consumer needs

Participants unanimously agreed that the requirements imposed by Life Insurance Company X posed a significant barrier to ensuring shorter lead times and acquiring new business. According to participant responses, Life Insurance Company X lacked an understanding of its consumers, product features, and data requirements that consumers must meet. Once the potential consumer agreed to buy the product, the tied-financial advisors and consumers had to go through several documents to complete the application process. The majority of respondents stated that documents or requirements, as illustrated in Figure 4.14 below, that consumers were required to complete prior to the issuance of a policy were time-consuming:

"I am talking about the business rules, our business rules, of ID numbers, of street address or service level agreement on one application, history where they have to lock the ID in the client if the client has terminated two or more policies. Those rules are time-consuming."

These requirements often would make the consumers lose interest in taking up the policies, as, at times, they were required to find/compile the data.

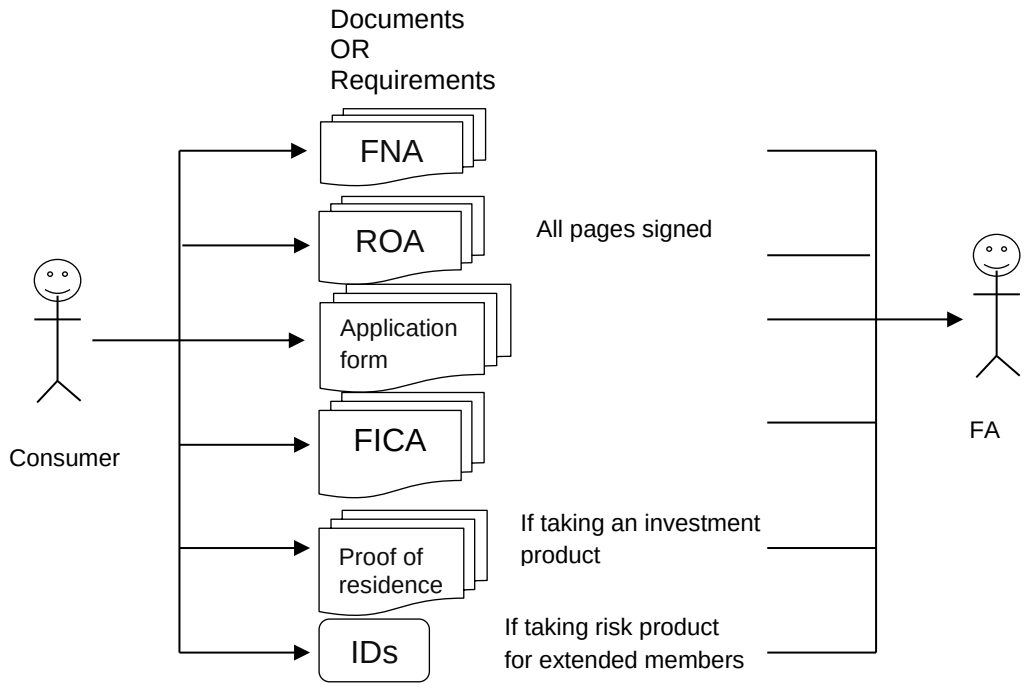


Figure 4.14 - Current requirements from the consumer

Some participants recognised that consumers should not be forced to work hard to obtain a product they wanted to purchase because of the requirements Life Insurance Company X wanted from them. They stated that more exact requirements were essential. The tied financial advisor participants believed that if they could only use clients' date of birth (DOB) to complete the business requirement, lead times would be reduced, and consumers would receive better service and products:
"We could make life easier for clients when they are taking up policies; in terms of most clients knowing the date of birth of their dependants, then I would say I do not need date of birth; I need a full ID number. Now you are giving the client an extra job to call people to get that information."

Other participants stated that in the past, they were allowed to use clients' date of birth only while providing services and products to consumers and that the rules requiring full ID for dependents were only recently implemented. Another issue noted by participants was the requirement for customers to provide a paper salary slip when they could just provide their employee numbers, as giving the actual document took time. For consumers who wanted to replace their current products issued by a company or a competitor, further requirements were needed over and above what had been mentioned. These were seen as a barrier, more so for retaining consumers on the books of Company X.

Aside from the numerous documents that must be completed and filled out, consumers must provide wet signatures on all pages of the forms, which include the manual application forms, Financial Needs Analysis, and Record Of Advice. In the case of the electronic application form, the one-time pin (OTP) served as the authorisation signature; however, once the one-time pin expired, the consumer was required to provide a wet signature on the application summary. Delays in premium deductions by Life Insurance Company X was deemed inconsiderate of the consumers' interests, as the delays meant that the policy covers were ineffective. Thus, the consumers did not have a product to use.

4.3.2.2Unavailability of service level agreement, failure to prioritise rework and manage variations

Except for the Imaging Operations team, all areas revealed stakeholders' lack of service level agreement (SLA). The agent from Image Operations specified their SLA with the area they serviced, but they also mentioned a lack of understanding and adherence to this. SLA specified the services to be provided and the service quality and timeliness or responsiveness associated with them (Hiles, 2002). Many challenges were identified by the Area Sales Manager and tied-financial advisor participants due to the New Business Quality Assurance team's lack of timeframes. According to several participants, the New Business Quality Assurance team did not grasp the value of completing assignments and reporting progress on time. The Worksite Development Managers stated they did not have a time frame with the companies they were aiming to onboard; everything depended on key stakeholders' availability and the speed with which paperwork could be signed. External companies had their internal processes, which they needed to follow before they could agree to have an agreement with Life Insurance Company X.

The SLA agreement speaks to the quality of work to be delivered, which is lacking as the New Business Quality Assurance team returned many cases. As a result, some tied-financial advisor participants complained that the New Business Quality Assurance team failed to prioritise resubmitted cases. They believed this failure jeopardised the time required to deliver the product to consumers. However, New Business Quality Assurance agents observed that resubmitted cases were sent to Area Sales Managers to be assigned to different agents to process for the application process to be completed. The process was manual, with a spreadsheet sent to the day's allocating Area Sales Manager, who would divide the work among the agents to work. Work on the queues was being attended using the first-in-first-out (FIFO) concept, even for cases that were being resubmitted, implying that cases were not prioritised. Delivering defect-free, accurate output to customers while keeping delivery lead times short is critical.

Figure 4.15 below shows that the volume of application forms submitted during the last two weeks of the month was significantly higher than at the beginning of the month.

The graph's depiction is supported by remarks from New Business Quality Assurance participants. They stated that during the first two weeks of the month, the tied-financial advisors loaded fewer cases, leaving them with little work to process and execute. There were no specific explanations provided for why the volumes varied so dramatically. The tied-financial advisors' KPI, on the other hand, indicated that they needed to meet a specific target of bringing new business customers on the books by the end of the month.

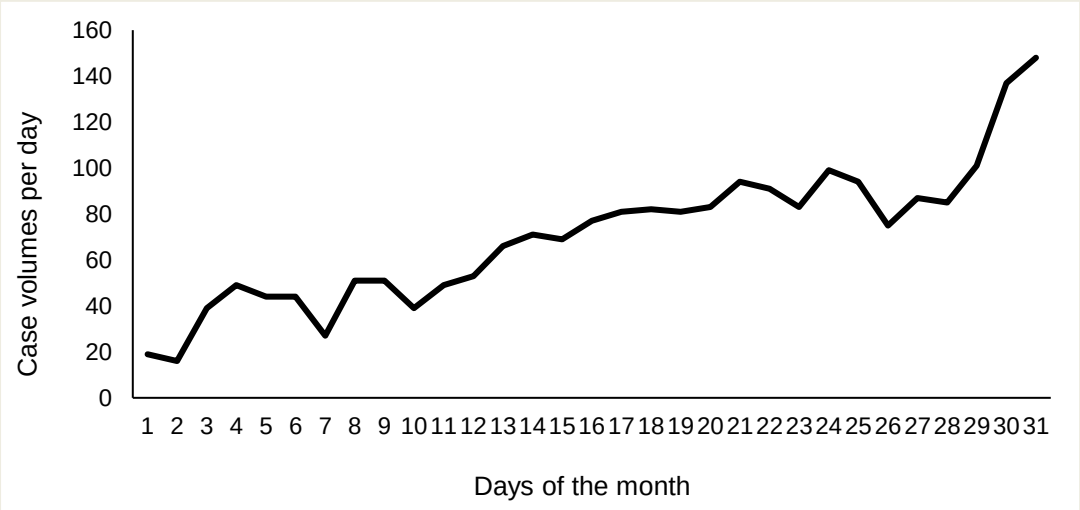


Figure 4.15 - Variation of case volumes per month

Figure 4.16 captured the performance of the system for the month. The performance was at its peak at the start of the month, and gradually declines as the month progresses. The figure highlighted another variation observed in the results of poor system performance at the end of the month. In general, there were not many downtimes and system glitches during the month, except at the end, as shown in Figure 4.16. According to the findings, there was no management plan to deal with the various volumes of cases submitted throughout the month. Management of the overloaded and overburdened system was critical, as activities could not be carried out without availability.

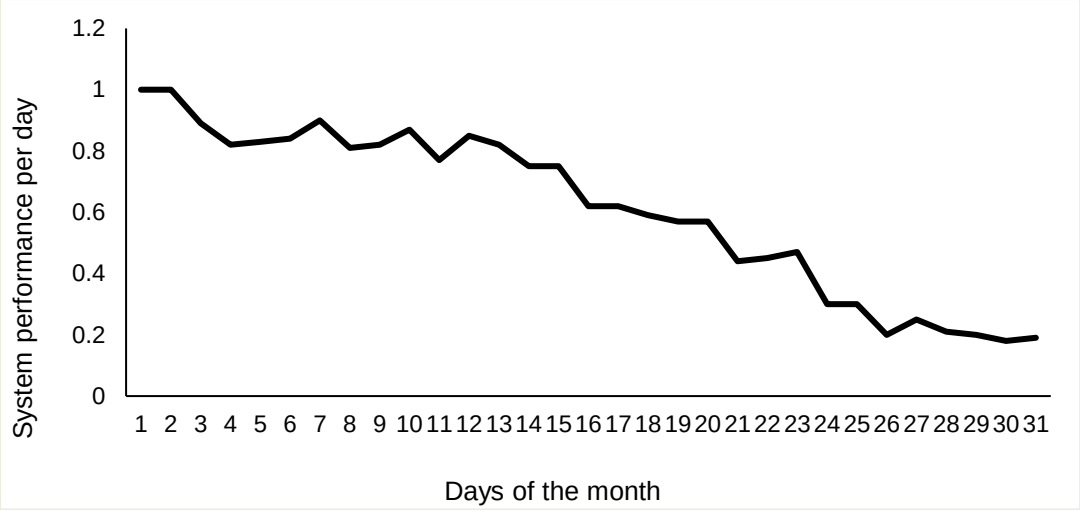


Figure 4.16 – Variation illustration of monthly system performance

4.3.2.3Inadequate post-sales services

Companies must not place unjustified post-sale barriers in how customers change products, switch providers, file a claim, or file a complaint (FSCA, 2017). Few participants mentioned that delays in paying claims or engaging with customers already on Life Insurance Company X's books were challenging. Consumers having existing insurance would hinder the tied-financial advisors' ability to provide services and products to other consumers because they would want to know the status of their claims. The participants believed new consumers would receive faster service if the Claims department communicated with on-the-books customers. They also believed that consumer complaints and meddling harmed Life Insurance Company X's brand, which mired the company's ability to attract new business. Consumers acquiring products and services would begin to doubt the process as the opinions of trusted friends and family were regarded as valuable and trustworthy. As a result, establishing an effective, continuing, and proactive communications strategy gives the organisation a competitive advantage.

The Area Sales Managers and tied-financial advisors indicated that poor post-sale services were caused by a lack of equipment or access to consumer information while on the worksite, which affected lead times. Due to a lack of currently available information, the agents could not give further services to these existing customers. This resulted in a missed opportunity to sell existing customers new or additional

products. They were unable to establish a rapport with any of the customers. Furthermore, the stop-order premium deduction process was outlined as a lengthy process that constituted spreadsheet exchanges between organisations. These, at times, resulted in premiums not being paid, putting the consumer in jeopardy of their cover being cancelled. Again, the tied-financial advisor agents noted that these had a negative impact on delivering efficient and delightful services to the consumers.

4.3.2.4Causes of errors in the application process

The respondents' perceptions of the tasks they completed were that all work was necessary. However, responses to several interview questions revealed that not all operations were critical and that there was waste in the process that needed to be eradicated. Numerous interviewee responses mentioned resubmission of cases, indicating rework and demand failure in the process. One applicant stated, "it is bound to come back due to the mistakes," implying that resubmissions were common during the process. Some participants felt that some of the errors re-sent by the quality assurance team should have been noted the first time the case was returned to tied-financial advisors. Participants complained that the quality assurance team did not send all errors at once, which caused frustration.

Figure 4.17 depicts how the rework cycle works, highlighting the increased lead times and frustrations. On the other hand, the quality served as a regulator, determining which cases required to rework and which policies could be issued. Cases become undiscovered work after being pushed by the quality regulator until the area sales managers or financial advisors attend to the cases sent back for resubmission.

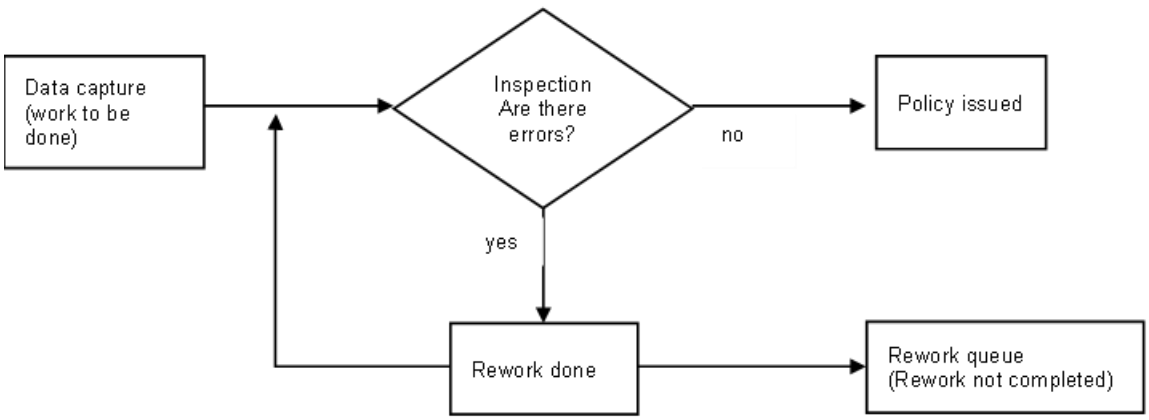


Figure 4.17 - Application rework framework adapted from (Wideman, 2001)

Participants' comments suggested that mistakes were made as a result of the numerous documents that had to be completed while offering products and services, as well as plain old human error. The findings also revealed that missing requirements resulted in demand failure. The Quality Assurance consultant noted that, there were currently over 800 cases awaiting completion of requirements. The findings indicated that the majority of participants expected mistakes to be made, and it was the norm: "Our advisors, too, make mistakes." The required rework was frequently described as frustrating by both consumers and the agents who needed to contact them. The frustration stemmed from the fact that, on occasion, agents had to re-print the documents and meet with the consumer to sign the documents physically. The cost of rework had an impact on more than just the organisation in terms of lost time, opportunity, and material. It also had an impact on the tied-financial advisors because they had to travel to the worksite to meet the consumers, and at times the impact was felt by consumers as well because they had to take time off work where most are paid by the hour.

4.4 Facilitating ongoing change

According to the interview results, employees were aware of the issues that posed a challenge to ensuring faster service delivery to consumers. Area Sales Managers on the sales team were fully aware of the concerns raised by financial advisors, as well as those caused by a lack of equipment, which hampered the efficient flow of the process. However, they frequently felt strained as a result of all the work they had to complete and deliver on. As a result, opportunities to implement continuous improvements were missed. Daily stand-up meetings were not included because financial advisors were given monthly targets; however, these could be included and would be beneficial in introducing change.

Daily kaizen describes quick changes that natural work teams could make every day and review in a few hours or days. It might prove to be crucial for handling little issues that are discovered before they grow into bigger ones and for guaranteeing that issues

are resolved immediately. However, because different departments and teams had different priorities, it was difficult for cross-functional teams to take advantage of the kaizen activities. Nevertheless, leaders of the organisation could use these continuous improvements as part of everyone's job. During handoffs between teams, the process may be greatly improved.

4.5 Summary of the results

The purpose of the research was to identify ways to reduce lead times for Life insurance products and services offered by tied financial advisors at Company X. The findings indicated that various issues influenced the longer lead times experienced. The key findings observed from the study that affected Company X's lead times were lack of information flow and internal communication, failure demand and rework not being prioritised, complicated and inconceivable requirements asked of the consumers, and insufficient resources. The inadequate post-sales services were one finding that was not expected to have an influence on the lead times, and this came as a surprise that formed part of the studies.

These findings did not contradict previously published research in other industries and services. The lack of information flow has proven to be an impediment that causes delays in the process, forcing New Business Quality Assurance agents to play a waiting game to complete the cases and issue the consumers with policy covers. This problem prevented the flow of activities in the process and created dependencies that were easily avoided.

Another finding that appeared to be a common issue in the process was failure demand, with 98.2% of cases having to re-enter the process and with the majority of participants failing to address these or comprehend their effects, as was seen on the process flow diagram. Rework reduced efficiency and lengthened lead times; it also had cost implications that most of the agents involved were unaware of. The results also revealed that the requirements that consumers were expected to provide were inconceivable, as per Figure 4.14, resulting in longer lead times as consumers tried to source these. Figure 4.14 showed the bulk of requirements that had to be submitted by consumers. Furthermore, they could lead to application abandonment because

some consumers could not reach their dependents to complete the requirements or do not want to request these from their dependents. After all, they did not want to reveal their intentions of taking out policies. Consumers prefer simple procedures; complicated services indicated a lack of understanding of the market in which Company X operated.

5 DISCUSSIONS

This study aimed to explore ways to reduce lead times for Life insurance products and services offered by tied financial advisors at Company X. The research was focused on participants who contribute to the process from different areas while providing the services and products. The study determined the causes of process delay, complexities experienced while onboarding consumers, and identifying activities based on whether they are value-added, non-value-added but necessary, and non-value-added activities as objectives that needed to be addressed. There is insufficient literature concerning lead times reduction in the life insurance industry; however, work from the banking services and other industries has been used to achieve the research objectives.

The following discussion revealed several general and theoretical issues that proved to impact lead times for Company X. The discussion addresses the

- information flow in the process
- the different non-value-adding activities performed
- the challenges consumers face in doing business with the organisation and the difficulties faced while processing the application forms.

5.1 Improved information flows

The findings revealed that several factors contributed to process delays. It had been demonstrated that the current communication format and access to information was a barrier, which contributed to longer lead times for all groups that contributed to the delivery of products and services offered by linked, tied-financial advisors. The structure of the communication flow made it difficult to respond quickly to requests and outstanding requirements. Based on the snapshot of processed records, approximately 44.8 % of the cases were returned to the tied-financial advisors for additional requirements. This highlighted the failure demand experienced in the process, as it showed the inability to do something right for the first time. The communication path was excessively long and served no purpose with the Area Sales Managers as the link between the tied-financial advisors and the New Business Quality Assurance team. Figure 4.8 illustrated that there was no clear path of communication, which in some cases caused communication ambiguity; by the time

information reached the tied-financial advisor, it was unclear. The communication outcomes were akin to a broken telephone message. This mode of communication concurred with the literature on communication between customers and suppliers. Bicheno and Holweg (2009) explain that there should be an unambiguous yes or no response choice between the customer (internal) and the supplier, and the two should had a direct link, as opposed to what was observed in Figure 4.8. Life Insurance Company X should strive to shorten the time it took to get the message to the rightful people.

Aside from the issue of information flow, another consideration was access to information and systems while at the worksite. The tied-financial advisors pointed out that they did not have access to the administrative systems while on the worksite offering products and services to current and potential consumers. The problem could be attributed to Company X's legacy systems, which were expensive and difficult to transform (Majumdar et al., 2019). Leaving legacy system issues aside, the lack of capability prevented tied-financial advisors from providing efficient services to consumers because they could not provide status updates on their applications or inform them about their current benefits and covers. The overall transaction between the consumer and the Life Insurance Company became unnecessarily lengthy and expensive. The inability to access client information at the time of request aggravated performance, increasing the time spent on the process and potentially leading to financial loss.

The consequences were that resources were unable to complete tasks assigned to them due to a lack of information and outstanding requirements, and they were forced to halt case processing, affecting their efficiency, output, and, ultimately, their ability to provide value to customers. (Oppenheim and Felbur, 2015) described this as a waste of time because people were waiting for information. The New Business Quality Assurance team's value creation was delayed, which significantly impacted the external customer. The current behaviour concurred with the literature, which states that putting off essential tasks is never a good idea (Bicheno and Holweg, 2009). Company X should implement a platform that allowed New Business Quality Assurance agents to communicate directly with the tied-financial advisors to reduce

the lack of information flow, the waste of waiting time, and the factor of people dependency (Oppenheim and Felbur, 2015). The implementation could reduce the time spent in the process by allowing tied-financial advisors to respond faster to the demands of furnishing outstanding documents and prevent communication distortion because there would be fewer touchpoints in the process. In exchange, the waste of waiting would be reduced, resulting in shorter lead times and more significant value creation.

5.2 Eliminate pure waste (Muda)

5.2.1 Muda – Waste of waiting

According to the study's findings, various process team members spent a significant amount of time waiting for something or someone to complete their tasks. Waiting was an enemy to flow, which created longer lead times for product and service delivery(Tyagi et al., 2015). The process of building value for that specific consumer was on hold, and value creation was halted (Oppenheim and Felbur, 2015). The New Business Quality Assurance team spent a chunk of their time, approximately 80%, waiting to commence their activities. Often, this was due to missing or incorrect data submitted by tied-financial advisors or Area Sales Managers, or focus calls were still being conducted by the Area Sales Managers. Implying their activities could not be completed prevented cases from progressing to the next stage of the process. Due to the design of the process, lead times grew with waiting as the activities in the process were sequential. Activities could not be performed concurrently to minimise the time spent, Figure 4.8 demonstrated the excessively sequential work activities.

Furthermore, the current way of doing things wasted time because agents must wait on each other to complete data capture. People should not have to wait for machines to work; instead, they should be able to engage in more interesting and exciting activities (Bicheno and Holweg, 2009); Figure 4.5 depicted the factors that contributed to technology and system causes that resulted in waiting. This waste impacted lead times because it took longer to complete an application form. When the New Business Quality Assurance team returned the work to the Area Sales Managers or tied-financial advisors, it created an additional time constraint. At this point, it seemed impossible to eliminate the waste of waiting and transportation without incurring costs; however, the

opportunity cost needed to be understood and how the decreased lead times will benefit the organisation.

There seemed to be a lack of an implementation checklist to ensure all requirements were submitted. The high number of resubmissions, which accounted for nearly half of all cases submitted, 48%, as shown in Figure 4.2, highlighted the lack of checklists. Checklists were appropriate poka-yoke implemented which could assist in minimising the waiting experienced. Better coordination of tasks among the employees and teams might be another plan that was employed as well. The majority of participants highlighted the absence of sufficient equipment for the tied-financial advisors to do their work efficiently. The current model required tied-financial advisors without laptops or company-supplied tablets to go into the office to capture the consumer information to complete the application on a shared desktop. The equipment shortages held back the agents; therefore, operating efficiently became challenging. The system forced agents to travel to and fro between the offices and the consumers to ensure a complete sale, which created a waste of transportation as the consumer did not pay for this (Bicheno and Holweg, 2009). Increasing capacity and resource allocations would address some of the waste of waiting experienced.

5.2.2 Muda – Waste of duplication

The duplication of activities carried out during the product and service delivery to the mass market could be attributed to the vertical way of thinking, which was adopted and implemented by the organisation as a means and an attempted to resolve problems. Bicheno and Holweg (2009) advised that one should employ horisontal thinking, an end-to-end application of organising a process. The process was layered with duplication from the point of completing forms to the point of verifications. Consumers were expected to sign numerous pages on about three forms to obtain a policy and potentially re-sign the summary application form, as shown in Figure 4.14. These duplications were frustrating to the tied-financial advisors, as they sometimes seemed incompetent and did not provide the consumers with the confidence they needed.

The verification process highlighted another activity where duplications were experienced. Area Sales Managers were required to make focus calls to prospective consumers to verify if they were indeed taking up a policy with the organisation and verify the ID numbers. The focus call activity was conducted when the Area Sales Managers had time availability; oftentimes, this was not carried out immediately, which implied that application forms would take longer to complete, and products and services would take longer to arrive. Figure 4.8 showed that 28% of the cases were awaiting a focus call to be made. The New Business Quality Assurance agents carried out a more robust verification process; 48% of cases returned, as demonstrated in Figure 4.8, which includes checking IDs and nullifying what had been done by the Area Sales Managers. A notification and approval short message service (SMS) to potential consumers could be considered as an alternative to the focus call—this option or any alternative that could eliminate waste and improve the consumer's lead times. The created redundancy was inefficient and added to the lead times (Tyagi et al., 2015). The overall consequences of the added lead times were abandoned applications and less market share.

5.2.3 Muda – Waste of transportation

Face-to-face engagement was the most effective sales and marketing method (PriceWaterCoopers, 2019). Positive feelings were associated with the advice and guidance provided by an insurance agent or broker, as well consumers looked for confirmation before purchasing insurance products (PriceWaterCoopers, 2019; Pugnetti and Bekaert, 2018). For these reasons and benefits, tied-financial advisors must move around and visit current and potential consumers at their work site. However, it had been argued by the tied-financial advisors that the transporting of materials (i.e., the personal information on the forms, business requirements, and supporting documents) to the office where they needed to be captured and uploaded on the electronic system was frustrating. It resulted in time lost and the potential of the information being incorrect or missing. This point was backed by Bicheno and Holweg (2009) by saying that the probability of damage and deterioration of materials was related to the number of movements and material handling during operations.

To prevent and overcome fraudulent transactions to protect the consumers and the organisation, Life insurance company X put procedures that required wet signatures when the one-time pin expires for electronic application forms. These were well intended; however, these resulted in unnecessary travels. The tied-financial advisors at Life Insurance Company X argued that these movements were unnecessary, which was reflected in the long lead times. These were seen as double handling, a waste of time and resources that negatively impacts production and quality (Perry, 1990). Though transportation waste could not be totally eliminated, resolving some concerns might result in fewer non-value-added activities.

5.2.4 Errors in the Application Process

Seddon (2019) described failure demand as demand resulting from a failure to accomplish something or execute it correctly for the consumer. Literature was explicit about the effects of failure demand on high lead times (Bicheno and Holweg, 2009). The findings of the study indicated that high volumes of resubmissions and rework occurred during the production process while completing the application process. This was mainly due to incomplete applications, missing signatures on forms, not all supporting documents been submitted, and incorrect identification numbers populated. Figure 4.14 showed the volume of documents, which helped to explain why there were so many errors. The attitude of respondents seemed to deem rework as part of the process, and there was an expectation that they would always have to resubmit their work. Over 40% of the work was being returned for more requirements to be submitted, which might explain the observed behaviour. There was no awareness of the implications of the errors committed and the cost associated with these errors. The major issue was treating all demand as units of output which prevented the agents and managers from seeing demand in a way that might assist them to be more effective (Seddon, 2019).

Another cause of failure demand witnessed was the delaying of deducting premiums, leading to insurance policies being ineffective on time. This was an issue, and the late issuing of the policies had a massive impact on lead times, financial costs, and the organisation's reputation. Once consumers had completed the forms and tied-financial advisors submitted them, they believed that their policies were effective and expected

that Life Insurance Company X would pay out claims when the time came. Currently, these defects were not picked up early in the process. The inability to pay claims on time or communicate with the consumers about the status of their claims in the mass market contributed to failure demand. Life Insurance Company X failed to accomplish something right the first time for the customer (Seddon, 2019). The tied-financial advisors and Area Sales Managers had pointed out this hindered their ability to provide efficient services to other consumers as the queries inundate them.

The tied-financial advisors and Area Sales Managers were unaware of how their actions result in non-value-added activities; therefore, they were oblivious to the need for change or improvement. On the other hand, the New Business Quality Assurance agents differing approaches to performing quality assurance failed to communicate all information the first time and created waste, which then prolonged the process. There were no clear guidelines for how to provide feedback because they must navigate different systems, as shown in Figure 4.7. Some agents chose to provide feedback after checking one system, while others chose to provide feedback after checking all systems. Frustration, more significant disputes, time and quality loss, and more financial costs resulting from failure to solve the errors.

5.2.5 Failure demand

Failure demand was triggered when something was not performed or done correctly for a customer (Oppenheim and Felbur, 2015). An organisation had total control of failure demand experienced within its processes (Seddon, 2019). Failure demand was a substantial expense, and reducing it had a massive impact on organisation economics (Seddon, 2019). Figure 4.4 and Figure 4.8 depicted the failure demand observed during the process from various departments and the overall failure demand of the entire system. The figures showed a 28% failure demand due to the Area Sales Manager failing to perform the focus call and deferring this activity. The New Business Quality Assurance team returned 44.8% of cases to the sales team, highlighting the failure to do things correctly, with 5% resubmitted to the New Business Quality Assurance team. A total of 98.2% of the system's failure demand wase experienced, with only 1.8% of cases being issued to consumers during the process.

All the departments needed to be educated about the impact of failure demand; they should be trained in having the mentality and mindset of no defect (Oppenheim and Felbur, 2015). The aim should be for the employees to do the work right (Oppenheim and Felbur, 2015). Extinguishing sources of failure demand was necessary; it directly affected capacity, reduction of lead times while also improving profitability (Seddon, 2019). It was feasible that the overall efficiency of the process would improve.

5.3 Eliminate Mura - Variation

Tied-financial advisors are assigned target sales for a new business to bring on board or current customers to retain. The New Business Quality Assurance teams have noticed that the volume of cases they have to process increases in the last two weeks of the month, as seen in Figure 4.15. This indicates that the application form arrival rate is high, and the capacity of the New Business Quality Assurance team does not always match the influx. As a result, the completion time is extended. It is critical to reducing the variations in volume experienced because lead times will be long and unpredictable if not addressed (Bicheno and Holweg, 2009). Changing strategies and motivating the sales team to bring in new business or upgrade policies for current customers weekly could eliminate the variance. Bicheno and Holweg (2009) and Oppenheim and Felbur (2015) allude to the importance of synchronisation among teams, sales support, and the salesforce, which can be enabled by the evenly weekly sales of the business.

Bicheno and Holweg (2009) reason that resources should not be overloaded as it affects the variation of the output and systems. The responses have indicated variations in administrative systems in the last two weeks of the month, as that is when most glitches are experienced, as established in Figure 4.16. Variations make it challenging to deliver services and products to present and potential customers (Seddon, 2019). The findings of the study indicate there seems to be a correlation between volumes of cases loaded towards month-end and the system performance glitches witnessed. It is understood that correlation does not imply causation; however, in this case, understanding these variations and whether one is the cause of the other will be beneficial to the organisation. Striving for system performance responsiveness and stability under any workload boosts all employees' productivity. Therefore, it is

critical to understand the difference between natural variation and substantial deviation. Create the necessary flexibility (Bicheno and Holweg, 2009). Implementing performance analysis to analyse how systems regularly work, what slows system performance at key times, and what causes errors now is vital. Any that could create future problems must be addressed. Employees can benefit from this system performance analysis by becoming more productive and efficient at work.

5.4 Management and utilisation of resources

A person was the most valuable asset in a business because a replacement employee would never have the same exact skill set and knowledge (Thompson and Martin, 2005). Newly hired financial advisors received some training from the area sales managers. However, some respondents' answers suggested that there were no standard operating procedures, standardised work, or TWI methodologies. The variety of job outputs showed that employees were currently carrying out tasks without a lot of direction or standards. The application of the aforementioned techniques would increase employee involvement in their work, lay the groundwork for all future advancements, and guarantee consistency in the outcome’s leadership of Life Insurance Company X would gain from observing the entire procedure in order to probe, pay attention to, and respond to employee suggestions and problems (Bicheno and Hennessey, 2021).

Employees must be given the tools and training required to deliver outstanding customer service (Brown et al., 2007). In the case of Life Insurance Company X, tied financial advisers were obliged to share one PC per team in order to collect new business cases. This circumstance, together with the extended lead times, aggravated employee frustration. Goldratt and Cox (2016) emphasised the significance of balancing workflow, which was not readily apparent within the business. The bottleneck problems brought on by the Area Sales Managers would be addressed by the flow balance, as depicted in Figure 4.8. Area Sales Managers controlled the speed and efficiency with which policies were issued since they acted as a bottleneck in the distribution of services and goods.

5.5 Leadership

Aside from leaders' abilities to control the speed and efficiency of the process, the study emphasised the importance of leaders having soft skills. Most organisations frequently appointed leaders based on their hard skill capabilities, which could be detrimental. The relationship between a leader's soft skills was critical in reducing waste and thus reducing lead times. The results of the study indicated that efficient communication, problem solving abilities and leadership skills were soft skills needed and contributed to efforts of reducing waste experiences while delivering product and service to consumers. Ineffective communication between area sales managers and quality assurance agents frequently resulted in delays in gathering requirements on time.

It was also discovered that self-generated failure demand consumed a large portion of the resources in the process. During the study, it was discovered that there was a high rate of consumers failing to do things correctly the first time. The organisation's leadership was reactive rather than proactive in addressing the high failure demand. The current flaws were not used to shorten the lengthy lead times. Currently, leadership and employees were unable to develop or implement solutions to the failures that had occurred. There was no periodic evaluation of the failure demand implemented by the leadership, which resulted in the long lead times. The impact of leadership acting to remove the cause would be immediately visible (Seddon, 2019).

5.6 Ease of access for consumer

The purchasing of life insurance was associated with a long, complicated process of filling out forms and meeting requirements set by the company, which often was a turn-off for current and most potential consumers (Tange, 2019). The products designed for the Life Insurance Company X mass-market consumers were simplified and were meant to be easier and faster to sell. However, the supporting documents requirements outlined and requested by the organisation were deemed to be inconceivable by tied-financial advisors and Area Sales Managers, as shown in Figure 4.13, as per what they experience and the feedback from the potential consumers. The major selling product for Life Insurance Company X in this market was funeral

products, which in most instances' buyers wanted to cover extended members of their families.

The consumer's long-term relationship with the organisation, as well as the potential revenue they might bring, were influenced by their experience during the onboarding process. (Oppenheim and Felbur, 2015). The requirements needed, Figure 4.14, to complete the transaction with Company X required consumers to go the extra mile, and many times they were unwilling to disclose the information to their family members or company. These were just not practical, as practical onboarding that was quick and easy to implement might help Company X stand out from the competition (Tange, 2019) and shorten the lead times realised. This results in increased lead times and the process being abandoned (Kinyua, 2020).

The tied-financial advisors and Area Sales Managers indicated that when using manual application forms, consumers were required to sign every single page on the lengthy form. The challenge with the electronic forms was that when the one-time pin was not inputted on time, the tied-financial advisor was required to print the summary application and get the consumer to resign it for the process to continue. Over and above the signatures required thus far, there were still more signatures needed on the Record Of Advice and Financial Needs Analysis also. Figure 4.13 and Figure 4.14 note the difficulty consumers had to overcome to secure products with Company X. This made the process more complex, which reduced satisfaction and added more time, which contradicted the simple and seamless process envisioned by consumers (Kinyua, 2020).

Due to regulatory constraints and the company's desire to minimise fraudulent transactions, collecting consumer data and signatures was a necessary task. On the other hand, creating a process that was easy, straightforward, and accommodating to the customer would result in outcomes that were pleasing not only to the customer but also to the company. As a result of their existing experience of not being able to grasp the value of the product they were looking for, customers were less satisfied and less likely to do business with the company. Shorter lead times would decrease friction and please customers, reinforcing the customer-centric ethos.

5.7 Limitations of the study

The study's small sample size, which consisted of 14 participants from various operating areas out of a population of approximately 885 tied-financial advisors, could be a limitation. The study's generalisability was limited by the fact that the sample was not substantially representative of the overall population. On the other hand, the research was exploratory and aimed to contribute to a larger body of work; generalisability was not the goal.

The investigation was also complicated by the COVID-19 epidemic and Life Insurance Company X's standards for face-to-face engagement with employees. Because the interviews and observations were conducted online, the researcher was unable to examine the participants' body language, which could have offered important information. Furthermore, some of the participants lacked adequate data to connect for the interviews, necessitating the submission of requests for data allowance.

Because the study's aim was limited to identifying strategies to reduce lead times for Life insurance products and services offered by tied financial advisors at Company X, additional distribution channels and service agents were omitted. The investigation was also complicated by the COVID-19 epidemic and Life Insurance Company X's standards for face-to-face engagement with employees.

6 CONCLUSIONS AND RECOMMENDATIONS

The section presents the conclusions of the study, recommendations of the study based on the findings, as well as future state value stream mapping. The section concludes with the implications for future studies.

6.1 Conclusion

The goal of this study was to find ways of reducing lead times for Life insurance products and services offered by tied financial advisors at Company X. The review of literature was used to formulate the research question for the study. The main research question and results characterising the study are presented below

Critical Research Question: How can consumer lead times be reduced for Life insurance products and services offered by tied financial advisors at Company X?

Analysis of the qualitative results through the use of several mapping techniques, we showed that most time was spent on non-value-adding activities which contributed considerably to the long lead times. Reducing lead times on products and services delivered by a company is not about automation, destroying jobs, or reducing volumes of work. The purpose of lead time reduction was to reduce non-value-adding operations that waste time (Al-Araidah et al., 2010). Ensuring simplification of the application process and flow of information is an absolute necessity. The benefits of this are completing the work sooner, thereby providing the premium paying customer with value by securing the policy cover they need.

The research improved understanding of the various wastes described by (Bicheno and Holweg, 2009) and their impact on lead times. Flow efficiency was only a small percentage, about 5% of the average lead time, due to all of the wastes in the system, which was consistent with the available literature on low flow efficiency. The investigation had concluded that the waste identified must be eliminated to allow for process fluidity and product flow, which would result in shorter lead times that improved customer satisfaction, reduced costs, and increased market share.

The study also found that failure demand was the leading cause of the long lead times. The organisation's leadership could not have a positive impact on the process because they could not immediately implement changes to the problems identified and communicated to them. Soft skill competencies that could have been used to deal with lengthy lead times in the process were not realised. As a result, tools such as TWI, standard work, and standard operating procedures appeared unlikely to be implemented in the organisation.

Despite the fact that only four major factors were discussed, it was critical to understand that any errors, waste, or variations lead to more errors. As a result, a spiralling cycle was eventually formed, and no progress was made.

The study contributed by extending the limited research of lead times reductions in the life insurance industry revealing challenges that prolong lead times when tied financial advisors provided product and service delivery. Apart from extending the limited research, the study also contributed by providing holistic understanding of the tasks performed which were pure waste. Thus, explaining activities which could be eliminated for shorter lead times to be achieved. Lastly, the contribution by the study was understand the effects of necessary waste to the process.

6.2 Recommendation of the study

The recommendations were based on the root causes identified during the investigation. The plan made suggestions for cutting lead times and addressing lengthy wait times. The offered solutions took into account the organisation's current knowledge and expertise as well as its capacity to invest money to guarantee that resources are well equipped.

6.2.1 Enhance equipment capacity

The operational model for having shared equipment needed to be revised because it was not meeting the needs of consumers and employees and added to the longer lead times observed. To ensure efficiency and productivity and add value to the consumer receiving the service or purchasing the product, the organisation needed to:

- Provide financial advisors with tablets when going to the site to fast-tract data capturing and eliminate redoing the work
- Provide financial advisors with data to enable them to connect to company admin systems
- Alternatively, provide desktop computers to each individual to allow them to capture consumer data immediately when they get to the office.

6.2.2 Eliminating redundant tasks

There were far too many touchpoints in the process that were encountered by both consumers and all employees involved in the process. The activities were cumbersome and slowed down the process; therefore, their reduction would result in shorter lead times and a more seamless process for current and potential customers. Revision of internal process was required; I would therefore recommend the organisation reduced these touch points by:

- The Area Sales managers perform the similar function of reviewing documents as the New Business Quality Assurance agents. If this function is eliminated, there will be a reduction of 5 days in the process.
- Creating direct access between New Business Quality assurance agents and financial advisors would allow for faster communication and fulfilment of outstanding requirements, which would reduce lead times created by waiting on Area Sales Managers to pass on information.

6.2.3 Implementation of Standardised work, standard operating procedures, and TWI in the workplace

The results of findings indicated that there was high failure demand experienced during the product and service delivery process, which needed to be addressed. The organisation had complete control over the defined failure demand, and the implementation of standardised work, standard operating procedures and the TWI program would potentially minimise these. Implementing these would result in shorter lead times because there was less waiting for necessary information, as well as fewer errors and reworks in the process. The organisation would need to:

Establishing standard procedures and guides could also help to ensure the best way of doing work. This could make it easier to identify significant issues and how to address them:

- Developing the appropriate teaching techniques for supervisors for consistent learning through on-the-job instruction in order to train their subordinates and establish a new work culture.
- Giving subject matter experts and supervisors the tools, they need to quickly and consistently train new employees.
- Employing job methods will lay the groundwork for practical training. This will make it possible to make gradual, minor improvements for continual progress. The organisation will need to be flexible for this to succeed.

6.3 Future State Value Stream mapping

Figure 4.3 of the future state value stream mapping provided an illustration of the value stream map for the future state. The lead times for value-added operations might be cut by 30 minutes, and those for non-value-added tasks by about seven days following adoption, as discussed in the recommended section above. Waiting times had decreased from five to two days, which would allow financial advisers to upload documents quicker. Additionally, redundant processes had been eliminated, resulting in a reduction in non-value-added operations from five to zero (0). At the same time, the time spent on tasks that were of value increased by 30 minutes after the superfluous duty was removed.

The future state map offered consumers better access to goods and services. Non-value-added activity proportion declined from 21 days and 137 minutes to 6 days and 17minutes. The overall throughput would reduce by 71% should the recommendations be carried out. The suggested solution would necessitate the purchase of extra computer hardware, although the bulk of the available resources can still be used.

6.4 Implications for future studies

Before making recommendations for future research, I reviewed the literature to identify gaps and areas where more research is needed. The studies of lead times in

the insurance industry were comparatively under-explored; the study was based primarily on service industry literature, particularly banking literature, that could be applied to the insurance industry. The study's scope was limited to the products and services provided by tied financial advisors to Life Insurance Company X mass-market consumers. Even though the study was able to answer the critical research questions by providing various ways to reduce lead time, the study could be conducted on a larger scale with more companies and more participants. This was to understand how other companies operated and how their processes were executed by their tied financial advisors in this market.

Affluent consumers were also served by the life insurance industry, which employed a variety of distribution channels. This market might be the subject of additional research in the future. It would be interesting to investigate the lead times for product and service delivery via alternative distribution channels, as well as the activities performed and the process flow. In terms of the affluent market, it would be interesting to see how lead times were affected by the complexity of the products offered, as well as the fact that potential customers were more technologically savvy and product knowledgeable, allowing them to shop around more easily.

Another topic for future research would be the lead times of post-contractual services. As evidenced by the findings, post-sales services, or their absence, had an impact on pre-contractual services when financial advisors performed their duties. It would be interesting to investigate the lead times of post-contractual services, their effects on consumers and the organisation's profits, as well as market growth strategies. The study should concentrate on all markets, not just the mass market, because this would provide a comprehensive picture of how different consumers are treated.

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APPENDIX A: LETTER OF CONSENT FROM COMPANY X

From:
Mr S

To:
Elnorah Lebang Mogale
Research student
University of Witwatersrand
1 Jan Smut Avenue
Johannesburg,

21 May 2021

Subject: PERMISSION FOR CONDUCTING RESEARCH

Dear Mrs Mogale,

I am pleased to inform that I grant you, Elnorah Lebang Mogale, permission to conduct your research to Improving lead time on insurance products and services served by tied financial advisors at Company X. Your research study is welcomed and valued. The team and I are ready to provide support to this research.

We acknowledge that the results of this research will be used to fulfil the requirements for the master's Improving lead time on insurance products and services served by tied financial advisors at Company X at University of Witwatersrand.

We wish you all the best in your research.

Thanking you

Kind Regards
Mr S

APPENDIX B: ETHICS CLEARANCE

WITS UNIVERSITY

Elnorah Mogale <0204748e@students.wits.ac.za>

Mogale Elnorah ethics clearance number

1 message

Bruno Emwanu <Bruno.Emwanu@wits.ac.za> 23 August 2021 at 18:54
To: Elnorah Mogale <0204748e@students.wits.ac.za>
Cc: Sabrina Chatur <sabrina.chatur@wits.ac.za>

Dear Elnorah

I am pleased to inform you that the School Ethics Committee completed assessing your ethics application for your MSc research project titled "Improving lead time on insurance products and services served by tied financial advisors at Company x" and it has been ratified by the University Main Ethics Committee (non-medical). Your ethics clearance number is MIAEC 046/21.

Please use your ethics clearance number as a reference for all future correspondence on this matter.

By copy of this email your supervisor is also informed.

Regards,
Dr. Emwanu

APPENDIX C: PARTICIPANT CONSENT

Dear Participant,

Thank you for accepting to participate in this study. Please complete this consent form as you see appropriate. By signing this consent form, you are indicating that you have read and understood the description of this study and that you agree to the terms as described below:

	Mark with X	
	YES	NO
I confirm that I have read and understood the information about this study as provided in the participant's information sheet.	✓	
I understand that my participation is voluntary and that I am free to withdraw at any time without any penalties or negative consequences against me.	✓	
I grant permission for the interview to be audio recorded.	✓	
I agree that the information I provide may be treated as strictly confidential and anonymous and only the research team will have access to the interview data.	✓	
I understand that the information acquired from the interview will not be recorded in excess of what is required for this study.	✓	
I agree that the results of this study may be recorded in academic journals and at conferences.	✓	
I have had the opportunity to ask any questions related to this study and I have had all my questions answered to my satisfaction.	✓	
I may request a report summary, which will come as a result of this study.	✓	

With full knowledge of all above-mentioned terms, I agree to participate in this study.

Participant		Consent taken by (Researcher)	
Name		Name	ELNORAH LEBANG MOGALE
Signature		Signature	
Date		Date	09 JUNE 2021

APPENDIX D: TRANSCRIPTIONS OF INTERVIEWEES

Transcription of Interview with Participant 1

I: In your role of on boarding clients, how do you perform your tasks or duties? And what other work do you do that's outside the on boarding process, if any?
R: First of all, I make an appointment with the client, and when I get to the market, I explain about the product. Then we do the financial needs analysis so we can find out if the client can afford. When the client agree, we fill in the application form with the agreed premium. I just do sales, I go to the client, explain about the product and the benefits. If they agree, I go fill in the application and I go and submit the application.
I: Do you have a clear list of key performance indicator (what you should do)?
R: I do have a weekly planning, which I have to submit. Which has information about where am I going to work, how many clients I am planning to see, out of that the outcome of the business I am planning to submit.
I: Do all the tasks you perform necessary or essential in providing the good customer service in onboarding the client?
R: Yes. I think so.
I: What are the most important activities you perform that add value to the customer?
R: The important thing to do is to gain the clients' trust, and communicate well with the client. Its important to make good relationship at the market site you work at.
I: What dependencies do you have on key individuals/stakeholders to effectively complete your task(s)?
R: No, I don't have to rely on anyone to complete the sales
I: Which tasks cause time delay in the onboarding process or consume your time?
R: The main challenge with the funeral plus plan is that when clients are interested in purchasing it and cover family members, we require the full ID numbers of the extended members. It delays the process, cause it can take the {potential)client about 2 weeks for them to get the ID number so you can process your case.
I: Can the tasks, that consume your time, be combined with other activities or done concurrently with other activities to reduce time?
R: You have to wait for the client to provide you with the ID number, because you cannot proceed to process that cases. And I have many cases that are on hold because of that
I: Are there any exceptions or predictable interruptions that occur in the onboarding process while providing the service/product? How often do they occur, and do they take up too much time to resolve?
R: Yes, there are, like if they pick up some mistakes on the application. The case will come back so I can correct those mistakes and submit it again.

I: What requirements, activities and/or administration(paperwork) causes frustration to yourselves and/or customers?
R: The main challenge when you go to the field, is that you meet your old clients and they want to check their policy status, or they want to check how much they are covered on their policies. We don't have access to the system, I have to take the details of the client, go back to the office and check on the system, go back to the client and provide them with feedback. But if we had the access while on the field, it would be easy to check on the tablet. Maybe that's the other thing that makes us lose more business.
I: So the tablet doesn't connect to the system?
R: No, we do not have the system for checking client policies. We just use the tablet to complete the applications
I: Which tasks prevent a process or activity from moving forward?
R: The new business department, they take their time to issue the cases. Sometimes they don't even tell you that your case has issues. You have to go to the office to check for the cases, only to find out they have returned the case cause there's something that is missing. Now you have to correct the case. They do not notify you that there's something missing, and now you have to come back and re-do the case. We don't get notification, they only send to the managers, what if the manager is not on their laptop. We have to go to the office to check for policies for yourself.
I: What makes your tasks more complicated?
R: You have to seat, think and plan for the following day, where you are going to find clients. So that gives a headache, cause every day you have to think how many clients am going to see, out of those how many cases will I submit. I need to keep the targets set in mind. Sometimes the system give errors when you submit cases, even though the information you have submitted is correct. Then you come to think what is going on, then they say the system is down or slow. We encounter the problems
I: Are you able to identify and communicate easily with other functions or areas who can assist you to do your work quicker?
R: No I don't. I just ask my manger, they know who they can contact to assist for the case to be processed.
I: Which Company and/or Industry policies or rules affect the tasks you need to deliver in the onboarding process?
R: The rules I have to remember is that I need to sell to the client what they need and can afford, you must sell according to the clients' needs. You have to be honest, you must not give the client false information as that bites back
I: Do you know if all the tasks you perform are used by an internal customer (department)?
R: I assume since they are in the application , I assume Company needs them. But its easy to submit the electronic application online, but what stresses me is that I have to scan paper documents so they can be attached to the electronic application. Those documents are not online or on the system (ROA, payslip, deduction authority if its Commercial). So you have to put double effort, as you submit electronically and still do the manual process
I: Anything we can improve to affect clients positively?

R: On my side, I need the system to check clients because it puts us in a spot, especially against the competitors. That's the reason we don't get new business. They should also put the supporting documents online or allow easy upload. Its going to be easy, we won't have to make double effort.

Transcription of Interview with Participant 2

I: In your role of on boarding clients, how do you perform your tasks or duties? And what other work do you do that's outside the on boarding process, if any?

R: There's a lot that we do. Initially our FAs go out, to meet clients at their offices and offer our products. As you can see, I am here (worksite), sometimes I do help out especially during financial literacy day. We present the different products we, this is us ensuring our clients good service. What is good service? The client must under the product they are taking out, they must accept the product, they must have the documents of the product they have taken out. In instances when we as Area Sales Manager are not there, we do what we call focus call. So since I am here, its easy I can write on the notes that we were with the client on site and the client accepted the policy. We collect the payslip, or parcel number, we collect the ID numbers of the perspective people that are being covered by the client. I love to ensure the client is comprehensively covered, its not about the quick sale and walking away from the client. To provide great service, you have to wait fir the ID numbers, you have to call the client, at times you have to call the extended family members to get the ID numbers. When FAs are struggling to get all information, we step in as Area Sales Managers to assist having explained the benefits, how the stop order works to ensure the client can organise themselves financially. I would also remind the clients to keep their information safe, once they have received their policies for when they want to claim. We have to ensure that the client has enough information about us and how we operate. Ensure post sales services or activities are done, and encourage the FAs do the same. Its not about just get new clients on the books, its about a sustainable relationship with our clients. So, we need to engage the clients. The other important role I play, is engaging the relevant stakeholders like HR manager, payroll managers to ensure all is in order

I: Do you have a clear list of key performance indicator (what you should do)?

R: Absolutely, I do have KPI

I: Do all the tasks you perform necessary or essential in providing the good customer service in onboarding the client?

R: The customers pay our salaries, besides the valuing our FA valuing our customer is so important. Word of mouth is the best and worst, so when we provide essential services it can help us. Its about maintaining the relationship with clients, ensuring we are communicating with our clients.

I: What dependencies do you have on key individuals/stakeholders to effectively complete your task(s)?

R: Key individuals besides the FAs who write our business, we have the support team, the Regional team leaders. Like when we are not in the

offices, and there are cases where they are S or pending, they will send us the email to let us know what is required from the client or maybe the payslip is not clear, please ask the client for a new payslip. The DCO who seat the branch, the assist us with that kind of information. They check up on such queries. The capturing team is also part of the key stakeholder who ensure that the client is fully on-boarded

I: Which tasks cause time delay in the onboarding process or consume your time?

R: When the cases are pended, it takes a lot of our times. Focus call, cause sometimes you don't get hold of the client, you can spend a day or two trying to find the client. And the application summary that our FAs need to go out and have the client sign, so the case can be captured. So there are those minute hindrances that delay the case to be issued on the spot

I: Can the tasks, that consume your time, be combined with other activities or done concurrently with other activities to reduce time?

R: You have to wait for it to be done. There is no short cut. You have to fix the S, go back to system fix and back to the cycle of being checked and all. Only then it can be issued

I: Are there any exceptions or predictable interruptions that occur in the onboarding process while providing the service/product? How often do they occur, and do they take up too much time to resolve?

R: We do have downtime, but because we are field workers, we captures our cases at the branch when we come back. Our FAs capture the cases on the tablet, even though they are giving them hell right now. But we always have an opportunity to capture when the system is back on. At this time its month end, we cannot afford downtime. Unfortunately for me, my branch has only one PC, so I have FAs who have to wait for one to finish. If one FA takes 3 hours to finish or complete the capturing, the others have to wait. So by the last time the others have to capture, you will find they have to come the next day. For me the challenge is that we don't have desktops, though we have asked for desktops for the FAs to captures. Like these tablets they are using they have been discontinued as they are not effective. If we could have more desktops it would really assist us

I: What requirements, activities and/or administration(paperwork) causes frustration to yourselves and/or customers?

R: The manual paper application took us 100 years back, but we are rectifying it as our investment business and the funeral plus plan is now available on the online system. The only challenge we still have is the ROA, it is still paperwork. Let's also try to get rid of the paper work and get it on the system as well, its like 8 pages that FA has to complete and have the client sign. Can't we put that on the system? For me this is very tedious

I: Which tasks prevent a process or activity from moving forward?

R: The slow issuing of the cases, we have put the case on the system the case can takes days to issued and this is done by the support team. What is the worst for us, is when they get a case and the S(pend) , then they say the surname of the client doesn't match XDS, Company X now works with Home affairs. Then you fix it, sent it back to them. Guess what, they comeback to you to say area code is incorrect, that is the most frustrating.

They would have put the case on pend for differing reasons, they don't provide all errors at the same time. The back forth is frustrating. And remember the client assumes they have a policy with Company X and they are counting, whereas the case is not issued as yet. The case take at times about 3 weeks to be fully on the system. The client has counted the waiting period, this affects that, the time when we are supposed to deduct premiums, the policy start date
I: What makes your tasks more complicated?
R: The QA process makes my tasks complicated, it is crasy
I: Are you able to identify and communicate easily with other functions or areas who can assist you to do your work quicker?
R: We do communicate with them. There are lots of things that affect us. WE just require one person to look the case and make sure it is done properly, instead of having one case being pended 5 people for different reasons
I: Which Companyy and/or Industry policies or rules affect the tasks you need to deliver in the onboarding process?
R: For me it would be claims, most people are complaining about the claims department. And this is affecting my job. Like right now, I have to find new client but instead I have to address queries from existing clients who have made claims, and these are not paid or paid late. Before you could market your product or offer your clients great service you have to do damage control. That kills the momentum. Can't they focus on claims, cause it is affecting us.
I: Do you know if all the tasks you perform are used by an internal customer (department)?
R: All I know is that when we are done here, we go to the office, we capture our cases, and we process them and they are on the system. To say what happens beyond our submission with this information, to say they take it and do whatever with it that we're not aware of it. It has not been communicated with us, all we know is that we have this information and then we capture it. We process the case. The client has the policy with Company X that all

Transcription of Interview with Participant 3
I: In your role of on boarding clients, how do you perform your tasks or duties? And what other work do you do that's outside the on boarding process, if any?
R: Whenever the cases that have been loaded on the system and everything, my role is to check whether this client can be accepted this client to have a benefit with Company X if it doesn't meet the criteria then we pend it and send it back for that outstanding requirements. But if it makes it, it meets the criteria then we authorise the case. Other tasks that I'm doing is the replacements. I do replacements of the policies, switching of the policies, if the people maybe have policies from our competitors and they want to switch it to our policies, then I I'm the one that does that
I: Do you have a clear list of key performance indicator (what you should do)?

R: No, they have not changed my KPIs to what I'm doing because like now, it's been three years now I have been caretaking for the for the department. Our team leader was caretaking for Johannesburg, then I took over to do the caretaking of my department. But my KPI has never been changed. It is still like that, although my work has changed.
I: Do all the tasks you perform necessary or essential in providing the good customer service in onboarding the client?
R: Yes, I think it because we also make sure that if the client applies for the cover, we make sure that we work on time for that thing that we cannot delay the cover for the client. And also if there are something missing, we do contact the client or the sales people to go back to the client. Also if the client maybe was overcharged, we do bring it down and tell them that no, this is not the correct premium the correct premium is this one for the client. So we make sure that we are doing the TCF.
I: What are the most important activities you perform that add value to the customer?
R: The primary work is to make sure that we authorise cases and also the task of switching cases which was only introduced last year, December last year. It's a new thing on our side, we were not doing that so now it has been introduced. We are now helping with switching over. If the client has ECM products and wants to combine to one policy, lie our funeral plus plan, then we can now do that and we have to be extra careful and check if really those client that are switching where covered before because we can't just say we are switching whereas the clients are a new clients, they were never covered from the scratch. So for us its very important that we make sure that if we say we're switching. We are talking about the client that we fully covered, and their policies are still active or maybe count to 31 days new policy. We check for how much the client was covered for, how much the client is covered for now, and put notes OK, we will give you the switch on this on this existing cover, or if now you are topping up your cover, there is a six-month waiting period which will apply. We will make sure of that so that Company X is not found now to be paying benefits for the things that are not supposed to be paid.
I: What dependencies do you have on key individuals/stakeholders to effectively complete your task(s)?
R: Yes, we do have because we don't start the case from the scratch that DCO people have to load their policies on their system and have to capture all the information, for us is to take the information that is there now, and we start working on it. Without DCO capturing all those details, no we cannot work
I: Which tasks cause time delay in the onboarding process or consume your time?
R: Sometimes the delays can be only caused by the Area Sales Manager's because they are the ones who need to do focus the cases. And also maybe if we have pended the case for certain reasons and they will find that they don't come back on time to give us the requirements. So, if they don't bring back the requirements we can’t, so depend on them to give us what is outstanding.

I: Can the tasks, that consume your time, be combined with other activities or done concurrently with other activities to reduce time?
R: No, it can't be combined because the Area Sales Manager had to contact the client whenever we say these things and we want to fix 123. The Area Sales Manager is the one that can do that (focus call). This cannot be combined, this is duly, duly for them.
I: Are there any exceptions or predictable interruptions that occur in the onboarding process while providing the service/product?
R: Yes, we do. Sometimes if the client is doing a switch on the policy, especially with the internal policies. You will find that the client was covered for example for 400,000, and now the client is taking the new one(policy), like the funeral plus plan, and the client has already reached their maximum amount, maximum of 100,000, we cannot switch, we must send it through to policy changes for them to cancel the existing policies cause the system kicks the client out
I: What requirements, activities and/or administration(paperwork) causes frustration to yourselves and/or customers?
R: I think their paperwork that causes frustration for them, is the deduction authority and their compliance pack because those ones they need to be written on by hand, they need a client to sign. The deduction authority needs the client to sign.
I: Which tasks prevent a process or activity from moving forward?
R: Its when we are doing the FICA. You know if the client is saving for more than R2083 and/ or its more R3000, those cases we have to send to our compliance to approve. So that one is a problem, I still have a case that is going for a second month now. I keep on reminding the compliance people, Can you please give them a key decision regarding this case? Can you please because I don't have powers to authorise now when it's more than 3000.
I: What makes your tasks more complicated?
R: It's when I need help and I can't help all the time.
I: Are you able to identify and communicate easily with other functions or areas who can assist you to do your work quicker?
R: Yes, I know that people, but when the people are not responding, that's a problem. You keep on sending emails and following up but they are not responding.
I: Which Company and/or Industry policies or rules affect the tasks you need to deliver in the onboarding process?
R: I think every each and every place that we are doing you have to be extra careful. There is none that I can say, this one we can bypass.
I: Do you know if all the tasks you perform are used by an internal customer (department)?
R: Yes, we at least we can find out that, especially with this funeral plus plan if there is a client that maybe has got a higher advised policy when you come in and then capturing these ones of ours, it will tell you that it differs with Compass. Then you'd have to go there to the Compass system and fix, the Compass system as per the ASTUTE or as per summary so that it can go through otherwise it won't go through if maybe the client exists at Company

X, but exist with another title or exist with another name or another surname, you have to go to the system and fix so that the case can go through
I: Anything we can improve to affect clients positively?
R: I think what can be improved is that if the client is switching the existing policies and wanting this new one, if they can automate that thing of the process that the Area Sales Manager must go back and cancel the policies because the client has already switched. For me I feel like if the client is switching, the system must automatically trigger a letter to tell Area Sales Manager to stop deducting from the client, because the client already switched on to another one(policy).

Transcription of Interview with Participant 4
I: In your role of on boarding clients, how do you perform your tasks or duties? And what other work do you do that's outside the on boarding process, if any?
R: Firstly, we onboard the company. We use a worksite, stop order deduction form. It's a manual application form that we do complete and have the new worksite sign. And basically whatever we've agreed to acknowledge, we list those terms and conditions on that form. And then from our side. Internally we make sure that we follow all the checks to make sure that the company is compliant in terms of our standards. What Company X standards. And let's assume everything is fine, we will then on board that worksite from there we communicate to that worksite that we've on boarded them. They will receive a letter of onboarding and also a process basically whereby there will be introduced to the premium collections' agent, who will be allocated to them. And then in terms of how they will know about new business that they receive on a monthly basis, they will receive a schedule from us from Company X whereby which will indicate all the staff members who has taken out policies with them. And then they'll know how to deduct that and they'll be able to work according to that schedule where they will send back to confirm that these are the employees that they are deducting for.
I: What are the most important activities you perform that add value to the customer?
R: so the critical one is the discussion with the new client. The worksite I'm talking about now making sure that everything is clear, the expectations are clear. Our value proposition is sold correctly and whatever terms and conditions the worksite would like us to adhere to we are adhere to. For example, if the worksite says we are only allowed to come on a Friday between 12:00 and 1:00, we need to note that as one of the terms and conditions of that worksite. So basically at the start of the conversation we need to make sure that everything is loaded, the worksite does understand all our positions and processes to make sure a smooth flow of relationship.
I: What dependencies do you have on key individuals/stakeholders to effectively complete your task(s)?
R: Yes we do
I: Is it the company or even within Company X itself?

R:So it's the company, no 1. And then it's in within Company X itself, so it will be the worksite development manager who's responsible for opening up the relationship. It will be compliance with to make sure that everything is made from a compliance perspective and then it will be money management which is our premium collections aspect of things. But those are the main dependencies and then the head of worksites will obviously sign off that if everything is in order.
I: Which tasks cause time delay in the onboarding process or consume your time?
R: I suppose because the process is still manual, it must be captured from an application to the system. So I suppose that aspect, like I mean look, it doesn't take long but to answer your question really the manual intervention.
I: What requirements, activities and/or administration(paperwork) causes frustration to yourselves and/or customers?
R: Not necessarily, if we get it right, it shouldn't cause any frustrations. It's only if we've made a mistake somewhere. We haven't done our due diligence. We haven't completed the form correctly or something like that, but in the ideal world, there shouldn't be any frustrations.
I: Which tasks prevent a process or activity from moving forward?
R: Nothing really, I would say because it pretty much goes very smoothly. I unless there's a problem. Let's like compliance picks up something with the company. For example, the company registration numbers is not right. Or maybe they feel that this is our risk towards us. That could be pretty much a bottleneck, but in an ideal world, if all is in order, everything should flow fine.
I: What makes your tasks more complicated?
R: So again, its not complex process, if I can put it that if I can just clarify, it's not a complex process. If followed correctly, the process is quite smooth, so they won't. They shouldn't receive any complexities if they follow all the necessary pieces of the process.
I: Which Company X and/or Industry policies or rules affect the tasks you need to deliver in the onboarding process?
R: So, so it's so it's all industry rules, so I think all industry rules that affect the industry, so all insurance related rules are followed. For example, POPIA all the rules that are applicable to the insurance industry. As you know, we are highly regulated insurance industry, so we need to ensure that all insurance rules are basically adhered to, so all the rules relating to the insurance industry.
I: So does Company X have its own rules on besides the Insurance industry rules
R: Yeah, we do have additional rules as well to make sure that you know the quality of business that we bring you on board is supportive. For example, we've got cleaners and security staff because of the high turnover there we look at things like that. We look at the number of employees that we also on board as well. So, we do have our internal checks and processes that is followed.
I: Do you know if all the tasks you perform are used by an internal customer (department)?

R: No, we certainly use all our information there.
I: Anything we can improve to affect clients positively?
R: I suppose maybe from a digital perspective as well. Remember, we still doing things in a paper-based environment, so maybe if we had it on a digital system where it automatically creates the worksite where there's noa lot of human intervention involved, so maybe if we if we had to do things more in a digital fashion, that would probably help as well.

Transcription of Interview with Participant 5
I: In your role of on boarding clients, how do you perform your tasks or duties? And what other work do you do that's outside the on boarding process, if any?
R: Firstly, I make an appoint. If they give me the opportunity, I would do financial needs analysis.
I: Do all the tasks you perform necessary or essential in providing the good customer service in onboarding the client?
R: Yes they are important. You find that at times the clients have heard about your product and they have some policies, but only when you do the financial needs analysis that's when you can determine which product the client needs.
I: What are the most important activities you perform that add value to the customer?
R: You will find the clients need services from Company X, but now we require full ID number for all the members they want to cover. Its too difficult to get full ID numbers. Sometimes we lose the client because of that full ID number requirement
I: What dependencies do you have on key individuals/stakeholders to effectively complete your task(s)?
R: I depend on my manager, I need to work together with my manager.
I: Which tasks cause time delay in the onboarding process or consume your time?
R: We have online and we have the manual. The FNA takes too much time. You are duplicating work, as whatever is on the FNA you complete on the application form. All the member you put on the FNA goes into the application form.
I: Can the tasks, that consume your time, be combined with other activities or done concurrently with other activities to reduce time?
R: No, it cannot be done at the same time
I: Are there any exceptions or predictable interruptions that occur in the onboarding process while providing the service/product? How often do they occur, and do they take up too much time to resolve?
R: The system is an issue, you can find that the cases are issues late.
I: What requirements, activities and/or administration(paperwork) causes frustration to yourselves and/or customers?
R: IF they could remove the ID number requirements, we would bring a lot of business to Company X.
I: What makes your tasks more complicated?
R: The ID number requirement makes my tasks complicated

I: Which Company X and/or Industry policies or rules affect the tasks you need to deliver in the onboarding process?
R: The ID number is a Company X business rules, other companies just ask for DOB. There was a point when we asked only for DOB, it just recently changed. It makes it difficult to get clients, cause you will find at times you find clients and they tell you they only have DOB.
I: Do you know if all the tasks you perform are used by an internal customer (department)?
R: Some of the information is not important. Like asking the client if they can share the information with other companies, that's a waste of time.
I: Anything we can improve to affect clients positively?
R: If they could add RA product for us to sell to client

Transcription of Interview with Participant 6
I: In your role of on boarding clients, how do you perform your tasks or duties? And what other work do you do that's outside the on boarding process, if any?
R: Yes, I do need to do reports. I need to meet with the stakeholders. It's a lot that I need to do apart from the on boarding clients. Yeah, so I need to meet with the stakeholders, the worksite if they've got a problem I need to go fix. It's a lot that is happening around me. So interviews, yeah, conducting interviews for new financial advisors, yeah?
I: So, by then the task that you do during on boarding, what are they?
R: OK, the first thing that I do when I received the application is to do the focus call. Before I do the focus call, I will check the documentations if everything is there. The signatures, the payslip, everything, the application is complete. So, my next step will we be focus call. I will do the focus call then if the client, agreed with everything, I will pass the focus call to new business.
I: Do you have a clear list of key performance indicator (what you should do)?
R: Yes.
I: Do all the tasks you perform necessary or essential in providing the good customer service in onboarding the client?
R: As for me, I think the focus call maybe if we can just do random checks, like the spot checking. We mustn't focus call all the clients, because if we have like more than 100 case on the system I need to call each and every client so that also delays the process. Because if I can't get hold of the client I can't write on the note and pass the case, I need to get hold of the client, the client needs to say yes I know this policy so without the client I cannot pass that application. and the other thing for me that delays the process is the issue of the full ID, so the ID is a problem, 'cause most of the client will be saying no I do have the date of birth (of the dependants) and I really want this policy. I cannot get the full ID so without the ID again it delays the process as well.
I: What are the most important activities you perform that add value to the customer?

R: The focus call at the same time cause when I get the client, that's when I confirm with the client everything, the total premium, the start date of the policy. Again, it plays a very big role, cause with some of the clients they will be saying no, I didn't take that 30,000 cover we agreed on the 50,000. We didn't agree on this. We agreed on this date. So that's where you find there was a misunderstanding whereby the client was going to cancel the policy if you did not do that focus call. Some of them you will find that the client doesn't even know the policy, so how the advisor made that application or that whole application, you wouldn't know where the information comes from. So the focus call still it's very important, but for me I think if there are clients that we cannot get hold off, I can just write the notes, if we allowed to just put on the notes to say I tried to call this client, at this time I couldn't get hold of or the client was busy so I can pass the focus call so if anything happened after that they can just go and check if the full forecast call was done or not.

I: What dependencies do you have on key individuals/stakeholders to effectively complete your task(s)?

R: Yes we do because we work with the team leaders from new business, if the case is not issuing I'll just call them or send them an email with the policy number to say why is it taking so long to issue this kind of policy? Because for me, a funeral cover is also risky if we take more time to issue the policy, we have accident and the accident has no waiting period. So I normally if the cases are not moving they are different levels, there's quality assurance, there's corrections so if the case is not moving, what I normally do our send the policy numbers to the team leaders to say please check on these policies they've been on this queue for the past two days or so they will work on time.

I: Which tasks cause time delay in the onboarding process or consume your time? you mentioned the focus call and the ID number issue, but then what do you feel like costs more delay? Is it those things only or there are other things?

R: The other stuff that delays the process because they also need the payslip. So for me the payslip, I think there's no need honestly if the client gives me the correct employee number and everything, and I do the focus call is done. If there's no payslip I can't still submit the case. Like last week I had a case whereby the client took a premium and it was cut off, a premium of 1000 something but she was unable to access their payslips because she said she's getting the payslips online so the system was not opening so that will delay the process as well. And it was cut off. The advisors wanted to submit the case but the case couldn't go through because of the payslip. So payslip is another thing that delays the process.

I: Can the tasks, that consume your time, be combined with other activities or done concurrently with other activities to reduce time?

R: No you cannot proceed

I: Are there any exceptions or predictable interruptions that occur in the onboarding process while providing the service/product? How often do they occur, and do they take up too much time to resolve?

R: Sometimes it's a system problem. The system not responding. We can't log-on. We can't capture the business, but we normally report that to IT to fix it. Maybe after a day or so, because there was one time where the system was not working the whole day, so we couldn't do anything. I couldn't log-on on my side. The advisors couldn't capture the business. Yeah, and there's nothing I can do for my side if the system is down, there's nothing I can do at all.
I: What requirements, activities and/or administration(paperwork) causes frustration to yourselves and/or customers?
R: For me, is the issue of ID numbers because I have a lot of business that is sitting there waiting for the full ID numbers with date of birth. Yeah, seriously that one for me it's number one so I don't have a problem doing focus call, they are tiring I can do it anytime, but the issue of ID number if they can accept the date of birth that will be very great.
I: Which tasks prevent a process or activity from moving forward? So, you probably touched on this, but I will ask the question again.
R: Yeah, maybe from the new business side. I can release the case from my side, I have done everything. I have sent them the compliance pack and done everything on my side but they keep saying they did not receive the compliance pack, and that irritates me and lot. I ended up calling person Y's manager because I had a problem whereby I sent everything, for like 3 days in a row, they kept on saying they did not receive the compliance pack for that application. From my side I have send everything, but until they told me that the issue was with Imaging department. So if they don't receive the case from my side, they will keep on saying I must send it.
I: What makes your tasks more complicated?
R: You have new advisors that you need to train or the system because there's nobody to train them, so I still need to train them on the other side I need to attend meetings, I need to attend to customer complaints. I need to attend to the focus call. Everything is just on me. I just need to do everything, so sometimes it's a bit complicated because there are meetings that I need to attend to, training that I need to attend to. I need to do at the same time for focus call. Send the reports, the emails, everything. Go to the field with the new advisors, sometimes you must take them out, you cannot just leave them in the office. They don't know what to do out there. You need to take them out, so you find that they're looking for you, there's a meeting your laptop is your boot, you are driving the advisor to their worksite. So yeah, sometimes it's bit complicated.
I: Which Company X and/or Industry policies or rules affect the tasks you need to deliver in the onboarding process?
R: The ID number for me is the only processes that a prolonged process. Other than that maybe the payslip because if there's no payslip otherwise they will not accept the application. They will keep on pending the application until I receive the correct payslip.
I: Do you know if all the tasks you perform are used by an internal customer (department)?
R: No, they are all important
I: Anything we can improve to affect clients positively?

R: The burning issues are mentioned. Two more other issues, Change of marital status, whereby a client just got married and they have applied for new ID at Home Affairs, and they would like to purchase a policy. The client would use their maiden surname for the policy application, however when QA does the checks for identity through the Home Affairs system, the surnames would not match. The agents would pend the case and require the ID with “new surname”, whereas the client is still waiting on the ID. That also prolongs the process as they are requiring the ID the client is not in possession of. I just write on the notes to indicate that the client just got married and they are waiting on their ID, when I pick up such cases. Suggestion is for them to use the marriage certificate. The switch issues, if a client for example wants to switch and the premiums has been reduced from R1000 to R600, and it’s a parcel client, when we reserve the policy it exceed the premium. But once the policy is issued, the one for R1000 will no longer exist but they will say the client does not afford, which does not make sense as they policy has been reduced. The client is replacing the policy of a R1000 with a R600, it really doesn’t make sense

Transcription of Interview with Participant 7

I: In your role of on boarding clients, how do you perform your tasks or duties? And what other work do you do that’s outside the on boarding process, if any?

R: It depends on the tenure of the advisory. If the advisor is still new, then I have to do supervision. That means I have to overs see whatever the advisor is doing. I have to take the advisor into the field, make appointments, then from there I do presentation. Then we try to look for buying signals. Then task advisor to attend individual appointment. To see whether if those individuals are interested in taking policies, whether its investment or funeral cover or life cover. Then we do the financial needs analysis. I have to make sure we see each application is correctly completed. And then I do a focus call. Then we put it in the system, but currently we do electronic and manual application. Then also I do an electronic focus call. I then observed the process from the capturing stage up through the last stage where the application is being accepted. If the advisor is out of the supervision, the advisor is able to go out to the field on their own, or to presentation and also to close the sales and come back with the application to me. I do focus as well, communicate with the client to check whether the policy that is being submitted the client knows about it. From there I put it on their system and the DCO staff starts capturing the application. then I look at the process also, whether is there any requirements or not? Then after the application has been accepted, we wait for the month end where the advisor has to be paid Commission. That's what you do, but from time to time we do joint field works with the financial advisors, they visit the markets, and they follow the correct sales process, where the client has to take the policy according to the needs.

I: Do you have a clear list of key performance indicator (what you should do)?

R: Yes, I do have clearly stated KPIs
I: Do all the tasks you perform necessary or essential in providing the good customer service in onboarding the client?
R: They are necessary because whatever we are doing, we are following the FAIS Act. We have to comply, to the FAIS act and also to the FSCA requirements. Whereby the advisor has to be fit and proper from the beginning, when we on board the financial advisor, based on qualification. The minimum qualification that one possesses. By so doing, like joint field works that's where we are giving the advisor the experience that is required by fit and proper requirement which is put in place by FSCA which is Section 13 of the act. So, it's part of the fit and proper requirements which is prescribed by the legislation. So,I think all what we are doing, we are following the processes that is required by the regulator
I: What are the most important activities you perform that add value to the customer?
R: I think it's all of them they are adding value provided we follow them because what is important is to do it disclosure, to introduce yourself to the client. Who you are? What are your roles? What are you doing? The reason why you here? What is it that you can offer? What is it that you can't offer? Then, if you are given an opportunity to do the financial needs analysis that needs to be done, then you do that following the legislation as well. Then you do a record of advice, from the record of advice, you take what the client can afford. It depends, it's based on the affordability or the needs but that's because it's intertwined because even if the client can have bigger needs, but if the client cannot afford the client is forced to take less. So, if the client can afford but there is no need to for that particular product then you can't offer. You offer what you can offer based on the needs and affordability of the customer
I: What dependencies do you have on key individuals/stakeholders to effectively complete your task(s)?
R: It is us, the sales department which go to the client to look for a business. Then we have our partners which is decentralised operation, those are dealing with the administration of the application. After I've submitted the application to them then they start the processes of capturing the information on the system according to the application. They make sure that the application itself and the client meets the business requirements. So, if the client and the application meet business requirement, then application gets issued which means business is accepted. If the business or the client doesn't meet business requirements, then they are turned down.
I: Which tasks cause time delay in the onboarding process or consume your time?
R: This thing of manual application, because I have to check the application whether it's correctly completed. You know we are human sometimes, even we ourselves there are things that we cannot see, you will find that DCO will pick up that mistake and have to correct that and resend back the corrections to DCO to make sure the application gets issued. So, it consumes too much of my time.

I: Can the tasks, that consume your time, be combined with other activities or done concurrently with other activities to reduce time?
R: I have to focus on it so, I have to make sure that it done, and I have to check with the application manually. Sometimes we have to go in as far as checking and validated in the ID numbers. Sometimes we don't have validation applications for banking details, it's the DCO Who has this? Then you find maybe there's a mistake on the digits when the advisor was taking the numbers and stuff, sometimes there's a mistake when they take ID numbers that you cannot pick up manually, you have to get the other system to sort when you push that ID then it's validating. But we normally do not do that because you find maybe one client may have eight children and four parents, and other dependants. So, you cannot put all ID numbers in application, or all are correct. So, you find that when the application is being processed you pick up that ID is wrong, it needs to be corrected, then we have to go back and call the client and verify the ID number. This is why we are saying maybe if we can cut this issue of ID number and put only the date of birth it can save us time and also it can give us more time to get more applications because you will find that advisors, some advisors that they have policies in their bags, but they don't have full ID numbers. So our business rule says we must get full ID numbers, without full ID numbers the application is like nothing. We would love them to remove that rule of saying they need full ID numbers for dependents. Yes, for policyholder it's legit, it's correct, but for dependents, no, sometimes we miss the business targets because we don't have full ID numbers. Most of our clients they are not staying with their families, their extended families, they left home and they have to find a way to get those full ID numbers, but they know that dependency Dates of births.
I: Are there any exceptions or predictable interruptions that occur in the onboarding process while providing the service/product? How often do they occur, and do they take up too much time to resolve?
R: Yes, we do like. You know this new system that we are using called Compass, you find that they've realised that there's a mistake on the application then you correct the mistake, and you do the resubmission. But sometimes it takes times for them to pick up your resubmission and process application. You need to call them and tell them that the application was resend, and that mistake was corrected, can you please work on it. As I'm doing right now, I'm going back to the old policies to see whether they are issued, some of them we find that they were corrected two weeks back and they still not being issued.
I: What requirements, activities and/or administration(paperwork) causes frustration to yourselves and/or customers?
R: ID numbers, street address on a physical address. Like where I come from, there's no street address. I'm living in a rural area. With this issue, I'm going to say this issue I think they have to decentralise the DCO people. For example, DCO staff who are employed in KSN I think they must work on KSN business, people who are in Gauteng, they must work on how Gauteng business. For example, there's a place called Mbaswane, you will find the person who is in Cape Town has never heard of that of that word/place and

he will pend the application based on that he will say this thing does not tie with the postal code, not because it doesn't tie but because he doesn't know the place. And also the renaming of the town, there's a place whose called Uphongalo but before it was called Uphongola during that era and now it was corrected called UPHONGALO so once you put that one and you put the postal code, somebody from Johannesburg will say the postal code does not tie up with Uphongalo but it ties up Uphongola. So, and he will pend that application based on that then you have to call that person or write the email saying this is the correct name and the correct ID number. And maybe if you try to get hold of that person, you'll find that you cannot get hold of them

I: Which tasks are a bottle neck in the onboarding process?

R: I can't say DCO only, some of them I don't know whether they are ignorant, or they do not understand the urgency of the business in terms of onboarding the application as I've been saying, you will find this the business that has been corrected a week ago until today it is not being attended to. Our advisors also have their own mistakes. The other most worrying factor here is something called history. It's when the client has cancelled two or more policies, then the system locks out that client if the client wants to take a new policy. We have to submit the application to sales support to ask them to activate the applicant's ID number so they will accept the new business. You then have to explain why. Why should I explain because the client takes the policy voluntarily and if he doesn't want the policy, he cancels it voluntarily? Sometimes you find that the client has two investments and the clients needed money by that time, and now he surrenders those policies because he needs money and takes the new one but now they have locked the ID. Then you have to send the application to sales support and ask them to activate. They'll activate, that new application has to be processed within 5 days, once 5 days expire, they relock the ID number from new business. That is frustrating and time consuming.

I: What makes your tasks more complicated?

R: Those points I have mentioned. History, street address, the corrected business that is not being attended. Those things they are time consuming and they are frustrating.

I: Are you able to identify and communicate easily with other functions or areas who can assist you to do your work quicker?

R: Sometimes you find that a person who has been dealing with that case is in Cape Town or Bloemfontein or Johannesburg, when you try to get hold of that person on MS teams and you can't find that person because you'll find that person maybe is not in the office, is working from home. So, if that person cannot answer you on MS teams you cannot get hold of that person on the telephone, that is frustrating knowing very well that you've done your part.

There's no SLA or even a centralised way of communicating because if that person is not available, another agent must be able to pick it up.

I: Which Company X and/or Industry policies or rules affect the tasks you need to deliver in the onboarding process?

R: I'm not going to mention those which have been established by the Act because for sure we must comply on those. I'm talking about the business rules, our business rules, of ID numbers, of street address or service level agreement on one application, history where they have to lock the ID in the client, if the client has terminated two or more policies. Those rules are time consuming.
I: Do you know if all the tasks you perform are used by an internal customer (department)?
R: Every field of the application is looked at. The information that is being collected it's the one that has to be used during the processing of the application. No, for me I think they are necessary.
I: Anything we can improve to affect clients positively?
R: If our company can be able to provide our financial advisors with laptops or tablets, to all the advisors. As well as the data for them to be able to process their application electronically.

Transcription of Interview with Participant 8
I: In your role of on boarding clients, how do you perform your tasks or duties? And what other work do you do that's outside the on boarding process, if any?
R: Mostly we get new clients, prospect for clients. So apart from getting clients for new business for new policies, we do servicing for claims, changing of their details, claims processing their information as per requirements and all that.
I: Do you have a clear list of key performance indicator (what you should do)?
R: I don't really have a formal list of what I need to do, cause my main job is to bring new clients
I: Do all the tasks you perform necessary or essential in providing the good customer service in onboarding the client?
R: Yes I think it is important, especially for the client. Especially with the COVID issues, clients don't want to go anywhere, so we are able to go to them and assist them with their needs.
I: What are the most important activities you perform that add value to the customer?
R: I would say assuring them that the policy will work in their favour and making them aware that when they come to claim, there won't be any hassles. And our pay-outs will be as quick as possible when they need their money, so they can work when they need the money.
I: What dependencies do you have on key individuals/stakeholders to effectively complete your task(s)?
R: I have been in the industry for about 5 years now, so I don't need key individuals to be with me all the time. I can do the sales process on my own, what I need from the manager is to ensure the client's documents are in order.
I: Which tasks cause time delay in the onboarding process or consume your time?

R: The paperwork is a lot, and if there is a lot of paperwork there is bound to be mistakes made. And when it moves through the process, it is bound to come back due to the mistakes, like you have entered the incorrect ID number. So such things delay the process
I : So the paperwork, do you mean the application form or?
R: Yes, the actual application form the client has to sign. And I have to complete the form
I: Can the tasks, that consume your time, be combined with other activities or done concurrently with other activities to reduce time?
R: I cannot proceed without the application form. I have to fill them in, one way or the other
I: Are there any exceptions or predictable interruptions that occur in the onboarding process while providing the service/product? How often do they occur, and do they take up too much time to resolve?
R: Not really, us on the ground once we process the application then it lands with the next stage of the business. When they are slacking on their side, and you enquire the reasons, they come up with a lot of things we sometimes don't understand. If they are not clear about what is missing from the submission, then there isn't much I can do
I: What requirements, activities and/or administration(paperwork) causes frustration to yourselves and/or customers?
R: The issue of clients having to re-sign documents its frustrating. You would have explained everything to the client over the phone, then you have to go the client's site to get them sign documents. And you find that the client is too busy, and then we are asking them to sign many documents, which sometimes they want to defer to another time or they end-up not taking up the policy. The paperwork is a lot
I: Which tasks prevent a process or activity from moving forward?
R: The problem is with New business (QA), I would have submitted to my manager who would have signed where required and moved the application to New business, sometimes they just delay and not issue cases. And there will be no valid reasons for why they are not issuing the cases. And we don't have access to them.
I: So you do not have an SLA in terms of when to receive feedback?
R: No, I would go to my manager to check on the progress. Try to understand why the policies are not being issued. Its my managers to push the New business
I: What makes your tasks more complicated?
R: Not having leads makes my tasks complicated. At times you don't know where to go, who to go to, to find new business. You don't having anything to work with.
I: So you don't have a Leads department?
R: We tell our manager, and they will talk to different people who can tell us where to go. We still wait on the manager, to say the Leads department says we don't have any and you have to search for your own business
I: Which Company X and/or Industry policies or rules affect the tasks you need to deliver in the onboarding process?

R: Having incomplete client information, and the payslip. Sometimes you will find there are policies on hold because the client's payslip is missing, or client's details are not complete. I would say the FICA documentation of the client
I: Do you know if all the tasks you perform are used by an internal customer (department)?
R: There are a few things on the application form I think they are not necessary. Even if they are not there, it would not make a difference, like citisenship, since we are requesting for the ID why should we ask since the ID determines your citisenship. We know from the ID number this is a South African
I: Anything we can improve to affect clients positively?
R: They should prioritise the leads distribution. And the issuing of cases, when I submit the cases should be processes quicker as it impacts the client and myself, as we earn on commission. If there are mistakes and I need to go back to the customer, I need to do it while there is time. The other issue is that communication is between the NB and my manager, I would only know what is happening when the manager gets to the messages and informs me. It would be better if they had direct communication with us

Transcription of Interview with Participant 9
I: In your role of on boarding clients, how do you perform your tasks or duties? And what other work do you do that's outside the on boarding process, if any?
R: Except for existing client, it is basically field work. And now that we have the new funeral plus plan, when I am in the field, I introduce this to the clients. I would compare the premiums, as they are more affordable, to the current premiums they are paying from other companies, to show them the affordability and the benefits. If the client is interested, I would request for the ID numbers as our system does not take the date of birth only, so it requires us to capture new business or any business using the full ID number of whoever is being covered in the policy. So, I would collect that

information from the client. But it also creates a delay, you can speak to the client today and you find that they are interested, but the people that are being covered don't stay with the client, you find sometimes it takes days, sometimes more than a week to get the information so that you can capture the business.
I: Do you have a clear list of key performance indicator (what you should do)?
R: There's a way to do things, its about obtaining the details from the client about who they want to cover, getting the ID numbers. Then its capturing. Paper application for me takes longer to issue, #1. #2 The paper application, if you are using Company X for calculating the premiums the client needs to pay, you find they always pend the application if you don't capture directly online. For me I never really use paper application, I capture the information on the system. Obtain the payslips as well
I: Do all the tasks you perform necessary or essential in providing the good customer service in onboarding the client?
R: There's always a room for improvement in everything, so there could be better ways we offer services to the client.
I: Do you have an example?
R: For example, with the clients I have dealt with personally, we could make life easier for clients when they are taking up policies, in terms of most clients know the DOB of their dependants, then I would say I don't need DOB I need full ID number. Now you are giving the client extra job to be calling people to get that information. And sometimes the client doesn't want certain family members to know that they have covered them, for whatever reason they have. So now you will find the client is turning down the policy because they can't find hold of them, or they know the person won't provide them with the ID number. Then you end up seating with a policy(NTUP) for months or weeks, sometimes you end up losing that policy completely. If we could have some changes there, as it will give clients less work to do, and it will keep them interested in the policy and the process will be shorter, unlike a long process.
I: What are the most important activities you perform that add value to the customer?
R: For me its doing the needs analysis, that's very important. Its not every client, especially the municipal workers, you will find some of them have so many policies and when you check their payslip, they are left with less than R3000, though we can still write a policy its not write. Unlike the parcel employees that have a 15% restriction, with municipal workers you can still write up a policy though they are left with a R1000, as long as they are funds left. For me the needs analysis is important to check the affordability from the clients' side, not just being excited about getting a client and a policy to write up, its about checking the affordability.
I: What dependencies do you have on key individuals/stakeholders to effectively complete your task(s)?
R: Yes, it's the manager and the people from QA team. We depend on them as they have to check the policy. Sometimes they would pend the policies a million times, sometimes its last week of the month and your case ends

up not being issued for the same reason you have to gone to the client on. For example, the calls manager make to the client are recorded, I feel like for things like premium changes that are done to the policy, I should not be going back to the client requesting their signature as the recording is there when the client is notified. It doesn't make sense for me to chase after the client, after chasing for ID numbers, to chase after the signature though the manager has called and confirmed the premium change. This irritates clients, and we lose business due to this, going back to the client countless times requesting for small things that we have asked. They can take confirmation from the client, from simply producing the recording without having to go the client, and them now having to excuse themselves from their work to come sign something that was agreed on and completed

I: Which tasks cause time delay in the onboarding process or consume your time?

R: Focus call, I think its important. I would not complain about it. I understand the importance of QA, but then why do we focus call with clients if the application is still going to QA and they will find faults. Between those two people, it makes the process longer. # 1The call from the manager is recorded, the client confirms everything, all documents are there and the payslip as well, I wonder now why is QA also checking? If the ID number is wrong, the system will not process the application. If there is an error, it will alert you of that. Now the process of moving from manger to QA, then from QA to manager as its pended, then back to the advisor who has to contact the client, there could some change there. I don't know what kind of change, but there could be some change there, just some way to shorten the process between those people. Even if it could skip the manager and it goes to QA, then when they can pend the case if they need to, not for the manager to do the focus call, send the case to QA and the case is pended still. Something needs to be cut. Not sure if this is relevant to the question, but when it comes to the deduction against the policy. The client will take the policy this month, but the deduction will happen after 3 months, stop order or not, the policy will deduct after 3 months, now the client starts counting their waiting period from the next month after taking the policy. And now they discover that their waiting period is not actually 6 months, its actually 9 months since the money was not deducted at the time the client expected. We end up losing clients because of this issue, as they are not able to claim against their policy due to the premium being deducted late and the client has a different view of their waiting period. Practically speaking, waiting period is 9 months

I: Can the tasks, that consume your time, be combined with other activities or done concurrently with other activities to reduce time?

R: Nothing can be done

I: Are there any exceptions or predictable interruptions that occur in the onboarding process while providing the service/product? How often do they occur, and do they take up too much time to resolve?

R: It's the system, the second week of closing or the week of the closing, the system will give some errors that you have never seen. Or when you have to send the OTP to the client, after capturing everything correctly, then

it will tell you “System timed out”. Now, you must remember you have completed the point where the client has signed the ROA, now you have to go back with the printed application to get the client signature. That’s expenses incurred by the advisor to make means of getting hold of the client, about something you didn’t plan for.
I: When such happen, do you know who to contact?
R: We usually call the IT team, sometimes they would assist and it will work, sometimes they fix, but after capturing a few cases then it would error again
I: Which Company and/or Industry policies or rules affect the tasks you need to deliver in the onboarding process?
R: Signatures. And with us at Company X there are a lot of pages the client has to sign. You cannot complete the case without the signature. However beginning COVID times we could, as long as you agree with the client over the phone and they do the focus call, there was no need to send things to the client. There was this different app they had given us, which you could fill all the details the client had provided. I think that’s when they started recording the focus call, it was not done the way its being done now. I understand the focus call, as people could commit fraud, forge clients’ signatures and policies. I understand it is important, if there could be a way around the submitting the application the form. It was easier like that, you could get 4 deals a day which were complete. I didn’t hear of any complaints about how we did business then (beginning of COVID)
I: What happened to app, why aren’t you guys using it anymore?
R: It was changed, that’s when we started with plus plan. With the app we could just complete the forms and the ROA, and the manger would just focus call the client and the case would go to QA. The process was short
I: Do you know if all the tasks you perform are used by an internal customer (department)?
R: There are things that you could say they are out place, that even if they were not part of the application form everything would still be fine. Like from ROA, we could do without some pages. Like even when you have captured the policy on the system, OTP or no OTP, as long as you have the ROA signed by the customer and all the documents, it should be fine. If the system doesn’t produce the OTP, don’t give me extra work to do since there are signatures from the client, and you are still going to do the focus call which is recorded. And I have noticed that the QA team would listen to the recording, but they would still pend the case. Most changes could be between manager and QA. And there should be a time frame, like if the case was pended and the advisor fixes the mistakes, when it goes back to QA they should attend to it immediately, it should not wait for a day before its attended to. There could be changes again in terms of issue times, for example, there were cases that didn’t pay me though I submitted them 2 weeks before closing and from my commission statement they didn’t pay me for those
I: Anything we can improve to affect clients positively?
R: Its just the QA and the manager, there should be time frame of when policies will be issued. Like you submit a case on a Monday, when you

check on Tuesday its still at corrections. You check again on Thursday and its still at corrections. Like one case can take a whole week to be issued.

Transcription of Interview with Participant 10

I: In your role of on boarding clients, how do you perform your tasks or duties? And what other work do you do that's outside the on boarding process, if any?
R: So maybe to position the on boarding of a client for us and in my role would be to have an agreement, then once the agreement has been reached between ourselves and what we call the work site, which is the employer group, there is a series of documents that need to be fill out and then these would be sent into the business for them to process. Their process then looks away taking the document and doing the due diligence by the credit control team and where they check how long they've been in existence, are they in any financial distress. But once they run that process through then they would come and issue out the worksite code, which is like the code that will be distinct indicator for that company. So any business that's been written or any clients that are taking up Company X policies, the advisor would put that code on the form so it links back to the company and they do the payroll deductions.
I: Do you have a clear list of key performance indicator (what you should do)?
R: And we do in terms of how many companies were supposed to bring in and, but we don't have a measure in essence of how quickly that process needs to work, once we've agreed and we have submitted the document internally, and the issuing of the code. Although experience has taught once an agreement is done with the premium collection team, it doesn't take more than a week for that code to be actually be issued. The one factor that we potentially can't control because it involves an external party, being the company, is how quickly we can get the document signed. Sometimes it takes a day to literally sign the document, sometimes it takes a week or two or three weeks simply because the companies' availability of certain senior stakeholders might be difficult. A financial manager might still want to check some things and sign it off within the company themselves, or they might just be deliberating on the decision whether to actually they enter into an agreement with us or not. But in terms of the processing of the document that's a fairly quick process, I've done it even in two days from our end. It's not a difficult one because they aren't too mainly checks that they go through it's literally just checking the financial status of the company and confirming its registration and just the normal due diligence of are there any distress at the moment which might affect how we collect premiums later on and then we get the code.

I: Do all the tasks you perform necessary or essential in providing the good customer service in onboarding the client?
R: Definitely, they are necessary. Even from a perspective of establishing a relationship with them first or solidifying that relationships through the process. We are in a business where we deal with people's lives and money, so extra care just needs to be really put in to ensure that they also get to get the full value proposition of what it is that we promise. So I think all of them are absolutely necessary, in fact, I would even like to go in with more and to provide certain assurances on certain things. I don't think there's a step that we can see as unnecessary. Could we improve on it? Yes, I would say there's definitely room for improvement or enhancing its so it. It delivers even more value because in in essence my deeper understanding of what we do is we are not just only securing a process where premiums can be collected, but it is so much more in terms of agreeing services to people who generally would be out of reach, and that's what worksite marketing enables and there are people who work in very remote places, but you even in any organisation, there are those people that generally are inaccessible or no one really pays attention to because they're not in the big fancy building in the metropolitan where you know sales agency is easy business but equally need the same information. That's how I identify my purpose in the work I do. It's really about giving people access to information and opportunity for them to be serviced.

I: Do you think there is a way of improving relationship with the companies (worksite) to make the process faster?
R: There is a way we could. Even access to information is one thing, for instance, we don't have even a CRM tool where we can load these kinds of interactions on or even track any form of communication. So I don't know if even the company I am approaching now is even been approached five years ago or last month or two months. I just rely on the fact that it's in the Western Cape, I'm the one who's the custodian of relationships in the Western Cape. So if I didn't do it, it would not have been done in my time frame of me being here. That's the reliance I have and I'm going in with. But the challenges is we work for quite a big multinational company, if there are other distribution channels which have might have approached them for other business, unrelated to our distribution line. It has happened, I'll give you a quick example, there'll be an interaction with one company, and for instance this was Company abc, I interact with Company abc only to find already they are banking with our partners. I've interacted with a union only to find they have group risk product with Company X already. So those complexities do exist in this space that we do and it does offer service, it kind of chips away even from the relationship because you're like, OK, so here you are is a big company not knowing what you're doing. So it's a dangerous space to be in. So there could be additional capabilities that we could have, that would allow us to do this a bit better, a bit faster. Even the companies that we have now and never mind once we on boarded the ones we have now, even servicing them a bit better, and those are critical tools we should be having in terms of what we are able to see and for me information flow is a big enabler of how we do that. But even from an on boarding perspective information is still plays a key role. Where are we getting book from? How are we managing them? How are we tracking them? Once that document is signed onboarding doesn't end only on the day where they signed their form, it's just those initial months or even a year when they still getting his child processes. Challenges here, we are also in this space where a group of companies that I hold are not all handled by one person, they are handled by many different people, some of which may come and go. I don't at times know who handles which account, and I have to check somewhere first before I know how to engage. Those things could definitely be improved and we don't have the resources that are available where even training. Our statements is something that impacts our on boarding process. How do we get the client to understand our process in terms of our billing process, where they are sending schedules through. It is difficult to have that engagement because we don't know who's handling the account, you might know, but then they availability to actually sit in meetings or travel because they are all in Johannesburg, I'm in Cape Town. Yes COVID has enabled us to do this things in an accelerated the need to do them virtually. But before COVID what would we have done? Flown someone down to Cape Town to come speak to a company? And how do you determine what sise do they do they fly for? Do they only fly for a company with 50 people or 1000 people or? So it's those complexities?

I: Which tasks cause time delay in the onboarding process or consume your time?
R: The one thing that takes a lot of time is the back and forth of setting up appointments and getting the documents signed and coming back to us and then sending through. That process is what takes long. I had an experience where a company during lockdown, bringing a small company over, the owner does not have access to printing facilities where they were able to print, because they were working from home. They're not able to print because our form is still a manual form, it's a PDF document but you understand under COVID how many people could to sign a PDF. It was challenging, she somehow managed to get someone to print the form and bring it to her so she could sign physically. But now how do I get that form back, I needed to be creative I had to save the pictures that she sent of the form on a Word document converted into PDF, and that's how. It's not illegal to do so, but I mean. But also even if we were so digitally enabled, how do we ensure that the stakeholders that we engage with are? That's also a challenge? As much as I'm a big fan of digital transformation of any process and digitalisation of it, it works two ways, is the person you're engaging ready to receive that and, that's the complexity we have. And yes, they could have signed on their phone you know, all these smart technologies that are currently available to us, at this stage, but that particular process or part of the process was

not there and it might not be the experience for every firm. I mean, some companies are massive like us, so they don't have those challenges, but when you're dealing with companies in SA, some are SSME, small, privately owned companies owned by individuals. These are complexities that we have to try and work around, and from a date today operational perspective of even bringing in an induvial client such as you and me on board, those are the same complexities that exist so I didn't expect it to be very different when you engaging certain companies. I mean this, it's still the same society I guess. So those challenges will always filtered through two different spaces. So the manual-ness of it at times is quite challenging. It's easy for you to send the form via email, let's say the company wanted to sign now I don't have a hardcopy of that form, so I'm going have to go print out that form, I don't have a printer at home. I will have to go to the office, print it out, take a manual copy, scan it back in, its challenging

I: Are there any exceptions or predictable interruptions that occur in the onboarding process while providing the service/product? How often do they occur, and do they take up too much time to resolve?

R: So from a frequency perspective, it's a very difficult one to map because we are not bringing in like 50 clients in a year or you know our mandate is only to bring in six or seven this year due to COVID. So it's quite a rare occurrence where you're having such major challenges, but the on boarding process again, I'll give you another example. Now I have to go to Beaufort West, which is 6 hours away from Cape Town to go meet municipality for them to be able to sign on and come on board with us. So the reach is not as accessible at times, and there are things you don't just want to do virtually because you don't have control. If they sign it wrong, it then takes another two weeks or three weeks just to rectify that because of their own challenges, the ways they were work and culture. But it's a bit of a difficult one to time frame it or to say it takes a week in terms of system down time. The system down time we have is not related to us bringing the client on board, it's just existing issues that we have challenges with which affect that relationship or bringing on board individual clients. And the servicing of the company itself, that's where the challenges are then experienced, but from literally bringing in or signing on a company and getting the code, that aspect of it is really easy and not really complicated out outside the anomalies I've just given you. But its more of the retention on our end, that's where it gets really, really difficult because now you have to balance the new company, all the other companies. Other companies how they do it is, you have one person looking after government stakeholders, one person looking after commercial companies. At Company X its all one, you are just one person looking after a province which is How practically is it? You'll get a company with five branches and that you have to still manage it gets very tedious in in those aspects, and there's no way it's even if you are not telling yourself. I mean my book right now, there are 120 companies outside of government departments, even if I take one day to see all of them I can't, I can't do it in the year, there's no ways. There's not ways I'm going to touch everyone in one year. It just becomes impossible. Well now COVID has made it a bit easier because I can communicate virtually, which kills travel time. But again, how do we communicate with people who are not always ready to adopts the digital aspect of it? It still becomes difficult.

I: What requirements, activities and/or administration(paperwork) causes frustration to yourselves and/or customers?

R: Many. Going back to onboarding, it doesn't make sense to on board a client in a space where we don't have reach. We have a limited physical presence within the Western Cape. I think from my space in the Western Cape, we only have two Company X branches, three offices now, but for the longest time it was only two. We are speaking about a province with 32 municipalities across the board. We only have a presence in two offices in Cape Town, so I can't just go wake up in sign a company five hours away from Cape Town where we don't have a presence because what's the point? Who is going to visit there? Who's going to service those clients? And you know, those are things that just give us a bit of sleepless nights because advisors come and go and you have onboarded the client and advisor is gone. What is the companies experience of us after we have visited them after we have gone through a lengthy process of writing them and promising them the moon and the sun basically. There are quite a few things that actually make our jobs really difficult, but I think

one of the biggest ones is access to information, the day we have a centralised system. I worked in previous companies where we had these things where you could see my interaction with a certain company, of the past five years or 10 years. I could see every interactions I've had, every email I've sent to them, and every statement they received, everything else, if someone in the business has communicated with them. I can see it all on one portal and that makes a much richer conversation, instead of spreadsheet after spreadsheet after spreadsheet. So, there's many touch points where people also able to create errors. You sign a company and they have specific terms and conditions, we will load these on system. They'll have an account holder pointed for them who will do what we call lodgements. Lodgements are just signatories that the company might require to process those deductions of the employees of any new business, so all of that information is loaded. Sometimes it's not as accurate as we hope because it was done so many years ago, you can only load one person per company. What happens to a company that has 10 branches across the country and they have different payroll coordinators to process deductions. We can't do that from a functionality perspective it becomes impossible. So we have to be creative in ways on how report on such things. So it's the systems, they just let us down a lot of the time, restriction wise, its impossible the information that we have, we don't have data analytics to even produce a report on the company profile itself, and the experience of claims. We can't compile industry analysis to say government workers, these are your claimed amounts in 2021. It's taking us this long to pay your claims and these are reports other companies are able to produce, to offer additional insights because it can't be a transactional relationship where I'm just collecting premiums and giving you cover. That's not how you form a relationship. There are expectations, you always trying to add more value in this because that's what keeps you entrenched in the market. Otherwise, if we're filling a mandate of you do X, and I give you Y and that's it. What interactions are we going to have?

I: Are you able to identify and communicate easily with other functions or areas who can assist you to do your work quicker?

R: Yeah, we can communicate but whether the communication gets interaction is in different conversation. I will know who to speak to get something done, but also the challenge with that it is that comes with a bit of an institutional knowledge and experience. It's not something that is drafted on a document to say when I am experiencing this I must speak to this person. No, it comes with trial and error. I mean, part of our job is stakeholder management externally, if you can't do it internally, how are you going to do the externally? So you know who or how to navigate a corporate in terms of just getting what you need to service your client, and sometimes it's heavily reliant on personal relationships that you have built within the business. Those texts and quick calls, of I need this done quickly, can you push it through for me. Those kinds of conversations, it's not you just relying on the sending of an email and you think it's going to be delivered, you are sadly mistaken. It is not, you're going to follow up, you're going to get pushed back. There's no capacity, no there's no budget, no this is not our mandates or its not our job. It's not done. It's going to take too much work. Those excuses you will hear all of them in a single day, but you have your go to people that you just run to, and because we also understand that you are also the go to person for a lot of people to do certain things, so the favours. It's an exchange of favours all day. This is how unfortunately we are strained; we're exchanging favours all day.

I: Which Company X and/or Industry policies or rules affect the tasks you need to deliver in the onboarding process?

R: From onboarding process there is not much besides your conflicts, you just have to watch your conflict of interest, your bribery and corruption. That's generally it's because there's no real legislation that's preventing us from getting into these agreements. Because we're not paying any commission, there is a service agreement where we're paying a certain fee and it can’t exceed a certain percentage. I'm just not familiar what legislation that’s drawn from, but that's regulated, that aspect is regulated because it directly affects the premium. But its not like there's heavy legislation that restricts how we work, but everything else that you promise is regulated you can't be placing advisors that are not fit and proper from the FSCA perspective, so those kind of regulations then kick into effect, in terms of how we actually deliver the promise, the collection of premiums, the claims all of

that is regulated. That's in essence what we are promising and bit from the onboarding of just concluding the general contract and it's just from an anti bribery and corruption perspective of I'm not inducing you to do anything, through other means. You understand because it's not a policy that we're selling at that point it's just the process of collecting premiums. It's just a basic contractual process, from contractual perspective of just completing contracts and just running a due diligence on the company, that's the only aspect that's really regulated, but otherwise it's not really a regulated environment because we're not selling a policy or a product at that stage.
I: Do you know if all the tasks you perform are used by an internal customer (department)?
R: So in our space the information we collect is used by pretty much the entire type business and we are one of those people that have a lot of eyes on because you know, everyone relies on you to bring credible intel from outside to inside the organisation. So from a strike, this affect so many things within the business. Our ability to collect premiums, our ability for our advisors to go write a policy. Those kind of intelligence are used across the business by different people for many different things. From a sales intelligence perspective of us, how we do market plans for regions and feed into the overall strategy, it's used by many people within the business. CSI, it's quite a broad. We have quite a broad array of stakeholders that we are always engaging internally and externally. Like even now I just got an email around communication, so we are there too so there are many touch points. Financial literacy teams. There are so many touch points on our end. The information we bring is used, sometimes we do duplication of reports simply because you are sending it to someone else. But this where it goes back to the centralised system, where people can pull what they need as opposed to us having to manually create what you need for whatever. If it's there, it is there you can go get it anytime. Like even us, imagine if I have to feedback on something that I gave you in January or last year, the only reliance I have is proper filling system that I have for me. So if I don't have those emails and things crash all the time, if I don't have those emails, or all those reports to accesses on my laptop, you're not going to get it unless i try to get it from the person I sent it to or the one who last had access to it, But we're trying to move away from that and just save stuff on the cloud and on teams. But it it's not a company policy, it's just how we chose to do things as a division because of just the amount of requests for data that we get and we also just need to keep track of what we've shared for ourselves as well.
I: Anything we can improve to affect clients positively?
R: Let me start by product, from a product perspective we are not really developing any responsive products to their needs and the pricing of it is always based on models that we have to factor in operations which are so expensive for a large corporate and we're not going to all of a sudden shift operations and get rid of all these people that we have within the business to offer cheaper product. It's not going to happen, so the margins have become tighter, we believe in sales volumes. The reward structures or REM models are not speaking to a behaviour that we should be driving. We we've dropping numbers in terms of sales, but we're not doing much to improve the quality of experience that people are getting and that's for me, is one of the greatest things or again influences I have in this space, is putting an advisor in front of a person. Everyone deserves to have the same value proposition whether you are in Sandton or in the middle of Qwaqwa, your experience of the company should be the same and if it's not, let me be upfront and communicate that quickly because the fees you are paying are not any less. They are the same, so those are the things that for me greatly need to change. Our ability to communicate with people, give them information when they want it, any changes. I mean take this, for example, an advisor approaching you but does not even know what you have as policy, they don't. How am I offering you something? When I don't know what you have already, that just speaks to why our mindset is, we are distributing numbers we are not really focused on improving or getting you to reach an end goal. Yes, from a banking experience all of those things are different but from an insurance perspective, particularly life insurance, it's a very different game and what happens to clients who are not banked digitally? Do we care about their insights? We don't. We are moving numbers that's what we're doing. And we're not communicating with you as efficiently. So even the digital transformation aspect of the industry is always directed towards sales, marketing, distribution. I'm not speaking anything around servicing. I'm not speaking anything around educating you on your policy or making

it even convenient for you to update your records. I'm not speaking to that. I'm just speaking to how can I onboard you as a client as quickly as possible at the desk at the least cost for me? The challenge of the industry living or working in.

Transcription of Interview with Participant 11

I: In your role of on boarding clients, how do you perform your tasks or duties? And what other work do you do that's outside the on boarding process, if any?

R: We deal with onboarding new clients and existing. Like for existing clients, we can go into the system, check their products and inform them of the new product and the benefits, the funeral plus plan. We are able to switch them from the old policy to new one as it is affordable. With the old policy they were allowing clients to only have 4 or 5 policies, so what we are doing now is combining all 4 or 5 policies into one policy at a cheaper amount. We tell them of the new benefits. Most of the times I deal with new clients. I start by prospecting the client, once that's done, I give the client the compliance pack to sign, this advises the client that everything you are discussing the clients understands and its an agreement between the two of us. From there I go home with all the signed documents, compliance pack, deduction authority and the likes, I capture the client's details on the online system instead of populating it on the manual application form. Before start I am capturing online, I will call the client to make them aware of the OTP number they will receive on their phone, which serves as a client's signature, which they will need to send to me so I can be able to complete the case, as the OTP expires within 15seconds. There's another option, if the client doesn't receive the OTP, I will get the App Summary which requires me to go back to the client and ask for their signature, and I need to sign it as the advisor. Its important to communicate to client about the timing of the OTP to make the process the shorter, otherwise the process will long

I: Do you have a clear list of key performance indicator (what you should do)?

R: I do have plan of how I do things. It depends on the day, so I will go out and reserve the day for finding new clients. And the following day I would reserve it for capturing the business online. I don't do everything at once

I: Do all the tasks you perform necessary or essential in providing the good customer service in onboarding the client?

R: The work becomes unnecessary if you don't do your research or if you don't bring correct information, but otherwise I think its necessary.

I: What are the most important activities you perform that add value to the customer?

R: Sometimes you will get the client today, they will say they are interested but they give you the information that is not complete. Now you have to go back to the client, what I want to nail is to do a done deal. So its important for me for the client to trust me, so they can provide all information at that seating instead of doing the run-around

I: What dependencies do you have on key individuals/stakeholders to effectively complete your task(s)?

R: I depend on my manager. Cause the other thing that could cause delay, I could come with business today, the client has given me all information and the manager doesn't do focus call on time. So I depend on my manager 99% of the time. Even when there is something that is incorrect on the application they send it to my manager, so I depend on the manager to communicate the issues raised or the fixes that I need to do as sometimes they don't have all the information to correct the error, so that application can be processed

I: Which tasks cause time delay in the onboarding process or consume your time?

R: When we are dealing with the outside switch, from a different service provider that is a process. Cause now I need to call the old service provider, give them my email address or the clients' email address so they can send the contract as we need the contract from the old service provider to do the switch. For example, in one of my cases, I was switching the client from old service provider and on the contract, there was no start date of the contract. I assumed all is in order, then the QA team returned the contract as they didn't know when the contract was issued. Now I have to go to the office, attend to the matter then go to the client so that we can call the old service provider to provide us with the correct contract

I: Are there any exceptions or predictable interruptions that occur in the onboarding process while providing the service/product? How often do they occur, and do they take up too much time to resolve?

R: Interruptions are always there. I had a challenge with the system, and it was close to cut off. At first the system was down, I was struggling to log in, it was giving an error. Sometimes you will have a challenge on the system, there's an option of creating a policy number and there's an option of paper app policy. Remember I am still new, learning the system, so I didn't know that you can't create your own application number on the system. You need to take any application, as the application has policy number, and punch that on the system to continue. But I didn't know that. I kept on calling all my colleagues to explain the issue and they didn't understand. I had to go the office, and that's when they could assist

I: What requirements, activities and/or administration(paperwork) causes frustration to yourselves and/or customers?

R: For me what causes frustration is when the client doesn't answer the focus call. Because there is no way the application will be processed without the focus call. Remember they need to confirm with the client, I love that strategy of the focus call as it covers us as the advisors, so as to not have complains later on from the client. But it is also frustrating because now its delaying things, when the client is not answering or the contact number, they have provided it doesn't work for whatever reason. They need to use the number on the application form, you can't ask for a different number. But now that delays everything, even your targets

I: Which tasks prevent a process or activity from moving forward?

R: I don't think there is many

I: What makes your tasks more complicated?

R: To be honest I haven't really experienced anything that makes my job complicated. The only thing that makes my job complicated is when the system is not performing well
I: Are you able to identify and communicate easily with other functions or areas who can assist you to do your work quicker?
R: Because I am still new, what I will do at times, I would call my colleagues to find out when the system is doing this what should I do.
I: Which Company X and/or Industry policies or rules affect the tasks you need to deliver in the onboarding process?
R: Completing the form, providing correct information. If you are doing the paper app make sure there is a signature, if they don't sign the OTP is send
I: Do you know if all the tasks you perform are used by an internal customer (department)?
R: Everything is important, sometimes you cannot rely on the client.
I: Anything we can improve to affect clients positively?
R: I am not sure of the process. I know of my process, that I get the information, complete it and it goes to the manager who does the focus call. From my manager it goes to the different departments which they check the ID number, to make sure the Quality is okay. You cannot cut any department as all are important. We just need to make sure all the information that we submit is complete to fast track the process

Transcription of Interview with Participant 12
I: In your role of on boarding clients, how do you perform your tasks or duties? And what other work do you do that's outside the on boarding process, if any?
R: Firstly I go to the worksite, try to identify how many employees are there and check if they have a stop order agreement or relationship with Company X. Then I would do prospecting for clients, conducting myself as a professional representing Company X. Once with a potential client, I try to understand the kind of work they do and how much they earn, if they are a bread winner or not. Explain the products we offer, this is important as we cannot make our clients overspend, as well I need to identify the products that are suitable for clients in their circumstances, through doing needs analysis. I would require payslip, I need to select what is affordable for the client
I: Do you have a clear list of key performance indicator (what you should do)?
R: Yes they are clear
I: Do all the tasks you perform necessary or essential in providing the good customer service in onboarding the client?
R: All the tasks we are doing are necessary, as we need to understand our clients and we need to build trust with them. To have a relationship with the client, as advisors, we need to be honest as it's a long-term relationship, it is an ongoing process. If I can build trust with the clients, its easy-to-get referrals because our job is based on referrals. So we should not skip any procedures

I: What are the most important activities you perform that add value to the customer?
R: In our job we earn on commission, so if we can be more accurate on the premium that the client will be paying. When it comes to money, we need to be honest with them. The minute you make the client overspend without agreeing with each other, it will create negativity. When we are honest about the premiums they will pay and how long is the claiming process takes, they are comfortable, as that is what is key to them. As a company, we need to rectify the claiming process as the clients struggle at this stage. It doesn't create a good image for us as advisors, as we end up fighting with our clients, which impacts potential clients and current clients decide to terminate their policies. Company X doesn't communicate with clients, we as advisors have to now follow up with to understand what is happening to the clients' claim, which is a bit too much for us as need to prospect every day. If the Claims department could communicate directly with current clients, as they compare us with competitors who immediately contact their clients when they make claims, to let them know how long their claims will be and what documents they require from them
I: What dependencies do you have on key individuals/stakeholders to effectively complete your task(s)?
R: Yes, I do. I depend on my manager, as I need to submit all the documents to them, and they need to confirm with the (potential) client regarding the policies they are taking.
I: Which tasks cause time delay in the onboarding process or consume your time?
R: In most cases it's a bit challenging to get payslips from our clients it consumes, at times its because of the trust, some might trust you some might not. Even the full ID number, it's a big challenge.
I: Are there any exceptions or predictable interruptions that occur in the onboarding process while providing the service/product? How often do they occur, and do they take up too much time to resolve?
R: With the current manager, there is communication when the case is issued, or there is a delay.
I: What requirements, activities and/or administration(paperwork) causes frustration to yourselves and/or customers?
R: The ID numbers, it's a bit challenging. And also, when it comes to our systems, I am not sure if they are overloaded or what, but they are a bit slow. More so when we do the capturing, and if you take time that also delays you to perform the next task. If those issues can be addressed
I: Which tasks prevent a process or activity from moving forward?
R: I think the lodgement. If our business can be lodged in time. Having to go back to the client and explaining to them why their policies (premiums) are not deducting, and now you have to re-date and do all the work it's a bit challenging. We do have NTUs which are maybe caused by business not being lodge, and that definitely affects us as advisors as you keep going back and not going forward. Now you have to re-do everything and explain to them again, at remember your first meeting with the client when you

explained the products, they were excited, and now when they are not deducting it breaks the trust you had developed
I: What makes your tasks more complicated?
R: It's the uploading of (supporting) documents on the system. (Remember) we don't have enough systems, you go to the client and get the information, and you find out when you arrive at the office another advisor is busy, you have to go the next day to go capture the information, and sometimes the system is a bit slow. So if we could have faster systems
I: so you actually share the computer to capture and upload documents, you don't have individual computers?
R: No, we don't have. Each team usually has one computer. It delays the whole process, like if the client has signed the policy today and you go to the office and you cannot capture, you have to go the following day that adds to process. It's a bit frustrating
I: Do you know if all the tasks you perform are used by an internal customer (department)?
R: With the new product they are all necessary
I: Anything we can improve to affect clients positively?
R: When it comes to the claiming department, this issue needs to be addressed as our clients are not happy out there. This affects us, it creates lapses. If Claims department can have communication with clients

Transcription of Interview with Participant 13
I: In your role of on boarding clients, how do you perform your tasks or duties? And what other work do you do that's outside the on boarding process, if any?
R: So, basically when we are onboarding because now currently we are having two entries where it's a paper based application form that needs to be captured by user on the system so that it can be recorded on the system. And another entry is when the financial advisors are with their clients, they can, instead of writing down the application form and scanning for a user to capture, they can capture on the system on their own. However the delay there is that currently we are not 100% digital. There's a compliance pack and other supporting documents. If, for example, if you are writing a commercial stop order, we need a salary slip. That salary slip needs to be scanned. So currently I will say the delay that we're having is that we are not 100% digital, but we are hoping that we will be, but currently you can do one part which is 10% of capturing is digital, but other supporting documents you need to go to the printer and scan them. Send those documents after you filled them in. So I think currently that's delay that when we are on boarding our client.
I: Do you have a clear list of key performance indicator (what you should do)?
R: Yeah, I do believe that they are clear because it's straightforward. Its either you are capturing or you are quality assuring.
I: So which one are you doing?
R: I do both

I: You do both OK.
R: Like I said when the financial advisor have captured their own business, then I'm not capturing, but I'll be checking whether what they've captured and also all the life assured, I'll just check their IDs with Astute or XDS, whether those life assured they are still alive or deceased. Also check for over insurance, if that client is an existing customer with us, whether they have other funeral products. I'll also check whether they are not over insured because now the aggregate amount is R100,000. Also the supporting document if it's a X agent, did they complete the compliance pack and also if it's a debit order, I'll check affordability because we shouldn't accept business where the net of the client is less than R3000.
I: Do all the tasks you perform necessary or essential in providing the good customer service in onboarding the client?
R: I'll say they are essential because what we're checking is per legislation, X shouldn't be paying more than 100,000 for funeral policies for one life assured. So currently I think it is necessary because we need to comply with the legislation. However, that task I think it can be automated. You go into the system to see this ID number already it has 15,000, and now you're asking for 100,000 hence you exceed, but because of the legacy issues where we were accepting without the full ID number hence we can't rely on birth date only. But if all our policies within our books, with all the life assured we're providing the full ID numbers, then the system could do those checks, of whether this person is over insured and also check on XDS or Home Office database to say is this person still alive? And if this person is deceased then maybe you can give me a flag to say Person X they have covered 16 people on this policy, but extended member no2, according to Home Affairs database the person is deceased. Then we can engage their financial advisor and the client because currently we do it manually, each and every life assured we need to check. So that's important because we don't want to cover people who are deceased. And with the bank we need to check with the AVS, there is a system called AVS, we check whether the account number is still open, and they do accept debits. So also with that one I think it can also be automated.
I: What dependencies do you have on key individuals/stakeholders to effectively complete your task(s)?
R: For stakeholders I'll say when it comes to IT space, in most cases, especially the week of our month end run, the system is a bit slow sometimes because of the volume. Hence we are having a lot of down time. And when it comes to our sales partners, I'll say they shouldn't wait for the last minute to submit business because it causes delays, it breaks the system. So for me, if leadership can say maybe the sales people were to earn weekly, maybe that would help when it comes to bringing business, not to wait up until month end. Just to change that structure, to say maybe if it's a weekly basis, we know that each and every week we will be having work because currently the first 2 weeks, there's no work. We are just getting in the system, just grabbing there and there but we know when it comes to last week of cut off when it comes to our targets, then we will reach those targets, when they say Person X you need to quality assure 60 cases,

I know in the first and second week, it's highly impossible for me to reach that 60 because the cases come in drops but when it is last week it floods.
I: Which tasks cause time delay in the onboarding process or consume your time?
R: I think the checking of the life assured, whether they're still alive or decease, it has to be done individually
I: Can the tasks, that consume your time, be combined with other activities or done concurrently with other activities to reduce time?
R: Cannot proceed without doing the checks
I: Are there any exceptions or predictable interruptions that occur in the onboarding process while providing the service/product? How often do they occur, and do they take up too much time to resolve?
R: Currently we are moving to Compass, so when it comes to Compass when we are loading our business what we are currently having is maybe clients who have middle names, if the client previously took any policy with X and omitted the middle name, and now they come in and provide the middle name, those cases get delayed on the queue. There's a queue we call it “Await for install”. So, basically it tells me that with this ID number I don't have the clients’ middle name on record, so a user needs to go in update. So also, that's time consuming because for me if the system went and checked with Home Affairs, and comes back with the details from Home Affairs, then we need to issue with the information that we get from Home Affairs. Because we all know that our client today they might be single after three months they are married, because now the client says they are married then the system will give a block and a user needs to go in and update.
I: What requirements, activities and/or administration(paperwork) causes frustration to yourselves and/or customers?
R: For myself, it’s too much admin where you need to check each and each and every life assured with ID numbers, updating Compass with information I have because the information that is on record might not be accurate, at that moment things have changed, now the user needs to go in. For me the system needs to do that. And what frustrates our sales, I'll say they are not being 100% digital where other documents need to be scanned, I would say if the system could allow to maybe upload because now we have smartphones, you captured clients’ information, you give them the code, then if they accept you just complete your compliance pack, after the form obviously, or before the form. And if there are ID copies that are needed, you just take a photo and you upload, but currently we don't have that function of just taking a photo and uploading. You need to have a printer and scan, I don’t like that part. When it comes to commercial stop order is that not every accepts electronic where we give them a schedule to say we have these clients, we have improved, they took these policies and for these premiums, they would want a spreadsheet. Other companies do accept electronic, other need us to take that information, put it on paper, then area sales manager needs to go to that facility so that they can acknowledge and then they can start their process of deducting.
I: Which tasks prevent a process or activity from moving forward?

R: I think in most cases it is when we are asking for outstanding requirements. Currently we asking for outstanding requirements it's on the system and most of our guys they don't have systems, some of them and they can't access what has been pended for their clients, only their manager. For instance if I am manager, I'm having 15 advisors, you know that not all cases will go through, there will be pends where we require outstanding information, or document, so as an advisors currently they don't have a view of the policies that they've submitted, to say this one is outstanding. So there is that that delay and also managers they don't communicate frequently with the advisors. So as it stands today, I think we're having around 800 cases that have been pended, we are waiting for information. So advisors are not aware, and the manager maybe they are aware or they will be if they went into the system. But there is that gap between us as administrators, when we are asking for requirements. Basically, there's too much touchpoints. The manager needs to go in, then the manager then needs to transfer whatever to the advisor, advisor to client. And in most cases our client have submitted on time, maybe now the salary slip is older than three months and the new business needs that salary slip that is not older than three months. As a client, I'm not aware and even my advisor might not be aware because their manager hasn't informed the advisor, so there's a delay. So if maybe we can notify those guys, our primary guys, our financial advisor and client if the financial advisor doesn't take action, at least the client might contact X and might query and provide those outstanding documents or information.
I: What makes your tasks more complicated?
R: The system, if the system is stable. I think for me it's just business as usual. It's only the system sustainability.
I: Are you able to identify and communicate easily with other functions or areas who can assist you to do your work quicker?
R: Especially at month end we log incident and then we escalate. We have a group on Kaisala and also we escalate to Person Y, I think its the lady who's managing our incidents. But so far I think for last month and the month before she's been hands on. And yeah, they tend to resolve those issues quicker.
I: Which Company and/or Industry policies or rules affect the tasks you need to deliver in the onboarding process?
R: The updating of the information. From the new business point of view, I think everything is fine. Only the bank statement for me also, why should we request the bank statement. For me bank statement is not necessary, if you provide me the account number, we are checking whether we accept the debits and whether it's active. Why should we also require to have a physical document, for me it doesn't make sense as to what are we checking on this kind on the physical document?
I: Do you know if all the tasks you perform are used by an internal customer (department)?
R: And I think all the information there I think they are important. However, there is another question, asking about country of birth? For me we currently only selling for South Africans and people who have ID book, ID number.

So that's all for me .. why can't the system just read that ID number to say this is a South African. That is too much
I: Anything we can improve to affect clients positively?
R: Let's say I'm having X old funeral policies, and now I want to change to this new one because there's an option to switch, to replace and switch. And when you are switching an active policy they are waiving the waiting period so you don't have to wait, the waiting period does not apply. The current issue is that that field only gives you line, it limits people, users to replace because I might be replacing 4 policies. But because of the field, it don't cater for me to include those four, then it's a limit. Hence its replacement we will rely mostly on the replacement form, the one that needs to be filled in, as opposed to the one that is being generated after you've captured. And for internal replacement, like I said the aggregate is R100,000, So let's say I'm having R40000 already, and when applying for this new one I see that with my affordability is more cheaper, I can increase R100000, so I'm saying I need to replace that R40000 with this R100000, because those that R40000 is still active, our system takes it as active, it doesn't take into account that yes it's a R40000 that is active, but this person is replacing it so after issuing the current one the R40000 won't exist. So currently we are having a block and I think it's a risk within the business currently the guys are saying cancel the existing one so that the new one can go through, but now it's a risk because we are not 100% that it will go through in time. We might say, cancel that one after cancelling, then we say, you know what we need 123 or we need your bank statement or you need the salary slip. A client takes time, then should anything happen during that period, there's a gap there and client will complain around that. Sometimes is that the others will say you have R40000, take a R60000 and once the R60000 is issued then you can cancel the other one, and there the gap is that sometimes we double debited line because this one gets issued, but the policy changes they delay cancelling the other one. Hence we double debit clients now the client might be angry because of that, because they didn't budget for that. I said my hundred at 100 run needs to be cancelled so that.

Transcription of Interview with Participant 14
I: In your role of on boarding clients, how do you perform your tasks or duties? And what other work do you do that's outside the on boarding process, if any?
R:It depends on the application format that been submitted. The pre-COVID forms has a policy number and/or barcode. These forms will be automatically indexed and sent to the relevant team, in this case the NB QA team. However, during COVID 19 pandemic, these forms were abandoned due to the restrictions placed as tied financial advisors could not have face-to-face consultations. The business went on to create a form on administrative system which did not have features to identify them for indexing purposes, which meant cases had to be done manually when onboarding is being done. The new form does not have policy number and/or barcode to identify and index it which results in Imaging operators to perform tasks manually to assign to the right queue.

I: Do you have a clear list of key performance indicator (what you should do)?
R:Yes. Is to index the work and dispatch it to the rightful stakeholders. For manual process is to index and capture the information.
I:What are the most important activities you perform that add value to the customer? (customer can pay for)
R: For the mass-market products, the process is easy to manage for the imaging operations as its only the indexing of application forms and supporting documents through emails for onboarding process. The new form does not have policy number and/or barcode to identify and index it which results in Imaging operators to perform tasks manually to assign to the right queue. For the supporting documents, there should not be any complications faced as FAs are supposed to send their documents to the email address provided which is specifically for their product offerings. These are indexed the same way as the manual application process and sent to the relevant department.
I:Which tasks cause time delay in the onboarding process or consume your time?
R:For me it does not take me long to index the work, as I am not doing any comparisons or analysis. We don't have verifications we are accountable for. All we need to do is to use the policy number for an example, and if the policy is not correct, the system will show me. I know at close off that's when we become busier, than normal.
I:Are there any exceptions or predictable interruptions that occur in the onboarding process while providing the service/product? How often do they occur, and do they take up too much time to resolve?
R: I do know they become busier at close off weeks. In such times they are ask for support up until later hours of the day. Even when we were in the office, we would have a colleague working up until 7 pm to provide support during these times. This is to ensure there is someone indexing the work and just to accommodate the FAs loading up the work. So, we would always support them. But when they have issues on their administrative system, I am not impacted as our administrative system is a standalone
I: What requirements, activities and/or administration(paperwork) causes frustration to yourselves and/or customers?
R:The biggest of challenges is that we will always be in the world where we have issues, however, I still need to stick to my SLA that I am expected to give them work, unfortunately. One of my frustrations is I would get an email that was sent to the process at 13:00, then 2 minutes later I get an email to assist with this. The business is not aware of the SLA. How do we run a business when we don't know the SLAs?
I:What makes your tasks more complicated?
R:It was a big challenge to get the forms to be automated. For the business area to adopt this strategy. We are not able to build any intelligence around the forms. I have so many emails from the Area Sales Managers, wanting me to do work immediately. I guess sometimes it's a matter of the pressure. I have 2 hours to do their work, there are times when they escalate work after they emailed something for like 5 minutes. They can email something

to the new business address, then 5 minutes later I get an email to urgently assist with this one.
For me it's the urgency, I cannot go back and tell them this is way within our turnaround time. It's a matter of, you know what I will get someone to do it for them. I am not sure who their communication channel is, but when I communicate I communicate to all our stakeholders, the people I index work for.
I:Are you able to identify and communicate easily with other functions or areas who can assist you to do your work quicker?
R:Yes. The NB QA team are not our stakeholders; they support the areas we service. However, when we are having issues, we do communicate with the business areas themselves. Meaning I would send the communication to business, not necessarily QA. But if QA is having issues, they need to take it up with business and business need to bring it to our attention to say this is what QA is saying and how do we validate this for example. Cause I don't know by when they expect their compliance pack, for example if its supposed to be received within 2 hours it's not in my control for them to receive it in 2 hours. What is in my control is to ensure the mass-market work is done on time. And if I have system issues I must communicate so they can manage expectations. If I have not delivered at the agreed time, I am accountable to ensure I deliver on time. I have an SLA with business to deliver the work in 2 hours.
I:Do you know if all the tasks you perform are used by an internal customer (department)?
R:Yes. All the indexing work is for Disbursements, Claims and new business.

APPENDIX E: THEMATIC ANALYSIS

Theme	Sub-theme	Sub-Theme1	Interview extracts
Causes of process delay	People dependent	Inefficient resource allocation and management	I do need to do reports. I need to meet with the stakeholders. It's a lot that I need to do apart from the on boarding clients. Yeah, so I need to meet with the stakeholders, the worksite if they've got a problem I need to go fix. It's a lot that is happening around me. So interviews
Causes of process delay	People dependent	Focus call	, I think the focus call maybe if we can just do random check
Causes of process delay	People dependent	Inefficient resource allocation and management	if we have like more than 100 case on the system I need to call each and every client so that also delays the process
Causes of process delay	People dependent	Waiting	if I can't get hold of the client I can't write on the note and pass the case, I need to get hold of the client
Causes of process delay	People dependent	Focus call	focus call at the same time cause when I get the client,

			that's when I confirm with the client everything
Causes of process delay	People dependent	People dependent	we work with the team leaders from new business
Causes of process delay	Lack of information flow	Inefficient communication	if the case is not issuing I'll just call them or send them an email with the policy number to say why is it taking so long to issue this kind of policy?
Causes of process delay	People dependent	Duplication of efforts	So for me the payslip, I think there's no need honestly if the client gives me the correct employee number and everything, and I do the focus call is done
Causes of process delay	People dependent	People dependent	she was unable to access their payslips because she said she's getting the payslips online so the system was not opening so that will delay the process as well
Causes of process delay	People dependent	Nonsimultaneous work	No you cannot proceed
Causes of process delay	Lack of technological facilities and poor system performance	System performance and functionality	The system not responding. We can't log-on

Causes of process delay	People dependent	People dependent	new business side. I can release the case from my side, I have done everything
Causes of process delay		Lack of information flow	I have sent them the compliance pack and done everything on my side but they keep saying they did not receive the compliance pack
Causes of process delay	Lack of information flow	Inefficient communication	. I ended up calling person Y's manager because I had a problem whereby I sent everything
Causes of process delay	Lack of information flow	Inefficient communication	like 3 days in a row, they kept on saying they did not receive the compliance pack for that application
Causes of process delay	Lack of information flow	Lack of information flow	imagine if I have to feedback on something that I gave you in January or last year, the only reliance I have is proper filling system that I have for me

Causes of process delay	Lack of information flow	Inefficient communication	Our ability to communicate with people, give them information when they want it, any changes
Causes of process delay	Lack of information flow	Lack of information flow	an advisor approaching you but does not even know what you have as policy, they don't. How am I offering you something?
Causes of process delay	Inefficient application procedure, verification process and automation	Inefficient digitilisation and automation	So even the digital transformation aspect of the industry is always directed towards sales, marketing, distribution. I'm not speaking anything around servicing. I'm not speaking anything around educating you on your policy or

			making it even convenient for you to update your records. I'm not speaking to that. I'm just speaking to how can I onboard you as a client as quickly as possible at the desk at the least cost for me?
Causes of process delay	People dependent	People dependent	I depend on my manager,
Causes of process delay	Inefficient application procedure, verification process and automation	Inefficient digitilisation and automation	have online and we have the manual. The FNA takes too much time
Causes of process delay	People dependent	Duplication of efforts	You are duplicating work, as whatever is on the FNA you complete on the application form
Causes of process delay	People dependent	Nonsimultaneous work	No, it cannot be done at the same time

Causes of process delay	Lack of technological facilities and poor system performance	System performance and functionality	The system is an issue, you can find that the cases are issues late.
Causes of process delay	People dependent	Inefficient resource allocation and management	It depends on the tenure of the advisory. If the advisor is still new, then I have to do supervision. That means I have to overs see whatever the advisor is doing. I have to take the advisor into the field, make appointments, then from there I do presentation
Causes of process delay	People dependent	Focus call	. I have to make sure we see each application is correctly completed. And then I do a focus call
Causes of process delay	People dependent	People dependent	the sales department

			which go to the client
Causes of process delay	People dependent	People dependent	we have our partners which is decentralised operation, those are dealing with the administration
Causes of process delay	Inefficient application procedure, verification process and automation	Ineffective application method	If the business or the client doesn't meet business requirements then they are turned down
Causes of process delay	Inefficient application procedure, verification process and automation	Inefficient digitilisation and automation	This thing of manual application, because I have to check the application whether it's correctly completed.
Causes of process delay	Inefficient application procedure, verification process and automation	Ineffective application method	You know we are human sometimes, even we ourselves there are things that we cannot see,

			you will find that DCO will pick up that mistake and have to correct that and resend back
Causes of process delay	People dependent	Nonsimultaneous work	I have to focus on it so, I have to make sure that it done
Causes of process delay	Inefficient application procedure, verification process and automation	Inefficient digitilisation and automation	I have to check with the application manually
Causes of process delay	Lack of information flow	Lack of information flow	we don't have validation applications for banking details, it's the DCO Who has this? Then you find maybe there's a mistake on the digits when the advisor was taking the numbers and stuff, sometimes there's a

			mistake when they take ID numbers that you cannot pick up manually, you have to get the other system
Causes of process delay	Training	Migration to new system	You know this new system that we are using called Compass
Causes of process delay	Inefficient application procedure, verification process and automation	Ineffective application method	you find that they've realised that there's a mistake on the application then you correct the mistake, and you do the resubmission
Causes of process delay	Lack of information flow	Inefficient communication	You need to call them and tell them that the application was resend
Causes of process delay	People dependent	Inefficient resource allocation and management	ID numbers, street address on a physical address. Like where I come from, there's no

			street address. I'm living in a rural area. With this issue, I'm going to say this issue I think they have to decentralise the DCO people. For example, DCO staff who are employed in KSN I think they must work on KSN business, people who are in Gauteng, they must work on how Gauteng business. For example, there's a place called Mbaswane, you will find the person who is in Cape Town has never heard of that of that word/place and

			he will pend the application
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	and the other thing for me that delays the process is the issue of the full ID, so the ID is a problem, 'cause most of the client will be saying no I do have the date of birth
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	what I normally do our send the policy numbers to the team leaders to say please check on these policies they've been on this queue for the past two days or so they will work on time.
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	other stuff that delays the process because they also need the payslip.
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	the issue of ID numbers because I have a lot of business that is sitting there waiting for the full ID numbers with date of birth.
Onboarding complexities	Lack of awareness of	Complicated business requirements	but the issue of ID number if they can accept

	consumer needs		the date of birth that will be very great
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	Prioritising of rework	like 3 days in a row, they kept on saying they did not receive the compliance pack for that application
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	The ID number for me is the only processes that a prolonged process. Other than that maybe the payslip because if there's no payslip otherwise they will not accept the application.
Onboarding complexities	Lack of awareness of consumer needs	Lengthy premium payment process	team
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	but we don't have a measure in essence of how quickly that process needs to work
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	, is how quickly we can get the document signed
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	. But it's a bit of a difficult one to time frame it

Onboarding complexities	Lack of awareness of consumer needs	Lengthy premium payment process	Lodgements are just signatories that the company might require to process those deductions of the employees of any new business, so all of that information is loaded
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	Those kinds of conversations, it's not you just relying on the sending of an email and you think it's going to be delivered, you are sadly mistaken. It is not, you're going to follow up, you're going to get pushed back.
Onboarding complexities	Lack of awareness of consumer needs	Regulatory rules	onboarding process there is not much besides your conflicts, you just have to watch your conflict of interest, your bribery and corruption
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	You will find the clients need services from Company X, but now we require full ID number for all the members they want to cover. Its too difficult to

			get full ID numbers
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	Sometimes we lose the client because of that full ID number requirement
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	IF they could remove the ID number requirements,
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	The ID number is a Company X business rules
Onboarding complexities	Inadequate post sales services	Comparison with competitors	other companies just ask for DOB
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	There was a point when we asked only for DOB, it just recently changed
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	This is why we are saying maybe if we can cut this issue of ID number and put only the date of birth it can save us time and also it can give us more time to get more applications because you will find that advisors, some advisors that they have policies in their bags
Onboarding complexities	Unavailability of service level agreement	Prioritising of rework	But sometimes it takes times for them to pick up your

	and a failure to prioritise rework		resubmission and process application.
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	: ID numbers, street address on a physical address. Like where I come from, there's no street address. I'm living in a rural area.
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	I don't know whether they are ignorant, or they do not understand the urgency of the business in terms of onboarding
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	the corrected business that is not being attended
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	Those points I have mentioned. History, street address, the corrected business that is not being attended. Those things they are time consuming and they are frustrating
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	There’s no SLA

Onboarding complexities	Lack of awareness of consumer needs	Regulatory rules	I'm not going to mention those which have been established by the Act because for sure we must comply on those.
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	. I'm talking about the business rules, our business rules, of ID numbers, of street address or service level agreement on one application, history where they have to lock the ID in the client, if the client has terminated two or more policies. Those rules are time consuming
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	When they are slacking on their side
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	, I would go to my manager to check on the progress
Onboarding complexities	Lack of awareness of consumer needs	Regulatory rules	. I would say the FICA documentation of the client
Onboarding complexities	Causes of errors in	Unnecessary verification	There are a few things on the

	Application process		application form I think they are not necessary. Even if they are not there, it would not make a difference, like citisenship, since we are requesting for the ID why should we ask since the ID determines your citisenship
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	the issuing of cases, when I submit the cases should be processes quicker as it impacts the client and myself
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	The main challenge with the funeral plus plan is that when clients are interested in purchasing it and cover family members, we require the full ID numbers of the extended members.
Onboarding complexities	Inadequate post sales services	Post sales services	The main challenge when you go to the field, is that you meet your old clients and they want to check their policy status, or they want to check how much they

			are covered on their policies
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	they take their time to issue the case
Onboarding complexities	Inadequate post sales services	Comparison with competitors	I need the system to check clients because it puts us in a spot, especially against the competitors
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	When the cases are pended, it takes a lot of our times
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	The slow issuing of the cases, we have put the case on the system the case can takes days
Onboarding complexities	Causes of errors in Application process	Imprudent KYC quality assurance	Then you fix it, sent it back to them. Guess what, they comeback to you to say area code is incorrect, that is the most frustrating. They would have put the case on pend for differing reasons, they don't provide all errors at the same time. The

			back forth is frustrating
Onboarding complexities	Inadequate post sales services	Post sales services	claims, most people are complaining about the claims department. And this is affecting my job.
Onboarding complexities	Lack of awareness of consumer needs	Regulatory rules	So we make sure that we are doing the TCF.
Onboarding complexities	Lack of awareness of consumer needs	Lengthy premium payment process	The deduction authority needs the client to sign.
Onboarding complexities	Lack of awareness of consumer needs	Lengthy premium payment process	they'll know how to deduct that and they'll be able to work according to that schedule where they will send back to confirm that these are the employees that they are deducting for
Onboarding complexities	Causes of errors in Application process	Imprudent KYC quality assurance	We haven't done our due diligence. We haven't completed the form correctly
Onboarding complexities	Lack of awareness of consumer needs	Regulatory rules	all industry rules that affect the industry, so all insurance related rules are followed. For example, POPIA all the rules that are applicable to the insurance industry. As you

			know, we are highly regulated insurance industry, so we need to ensure that all insurance rules are basically adhered to
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	We look at the number of employees that we also on board as well. So, we do have our internal checks and processes that is followed
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	it also creates a delay, you can speak to the client today and you find that they are interested, but the people that are being covered don't stay with the client, you find sometimes it takes days, sometimes more than a week to get the information so that you can capture the business.
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	we could make life easier for clients when they are taking up policies, in terms of most clients know the DOB of their dependants,

			then I would say I don't need DOB I need full ID number. Now you are giving the client extra job to be calling people to get that information.
Onboarding complexities	Lack of awareness of consumer needs	Lengthy premium payment process	but when it comes to the deduction against the policy. The client will take the policy this month, but the deduction will happen after 3 months, stop order or not, the policy will deduct after 3 months
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	Variations	It's the system, the second week of closing or the week of the closing
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	Prioritising of rework	when it goes back to QA they should attend to it immediately
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	. And there should be a time frame, like if the case was pended and the advisor fixes the mistakes, when it goes back to QA they should attend to it immediately

Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	No service level agreement	Like you submit a case on a Monday, when you check on Tuesday its still at corrections. You check again on Thursday and its still at corrections. Like one case can take a whole week to be issued
Onboarding complexities	Causes of errors in Application process	Imprudent KYC quality assurance	The work becomes unnecessary if you don't do your research or if you don't bring correct information, but otherwise I think its necessary
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	Variations	it was close to cut off. At first the system was down
Onboarding complexities	Inadequate post sales services	Post sales services	we need to rectify the claiming process as the clients struggle at this stage.
Onboarding complexities	Inadequate post sales services	Comparison with competitors	as they compare us with competitors who immediately contact their clients when they make claims, to let them know how long their claims

			will be and what documents they require from them
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	: In most cases it's a bit challenging to get payslips from our clients it consumes
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	Even the full ID number, it's a big challenge.
Onboarding complexities	Lack of awareness of consumer needs	Complicated business requirements	The ID numbers, it's a bit challenging
Onboarding complexities	Lack of awareness of consumer needs	Lengthy premium payment process	If our business can be lodged in time. Having to go back to the client and explaining to them why their policies (premiums) are not deducting
Onboarding complexities	Inadequate post sales services	Post sales services	When it comes to the claiming department, this issue needs to be addressed as our clients are not happy out there. This affects us, it creates lapses
Onboarding complexities	Lack of awareness of consumer needs	Lengthy premium payment process	if you are writing a commercial stop order, we need a salary slip. That salary slip needs to be scanned
Onboarding complexities	Unavailability of service level agreement	Variations	especially the week of our month end run, the system is a

	and a failure to prioritise rework		bit slow sometimes because of the volume. Hence we are having a lot of down time.
Onboarding complexities	Unavailability of service level agreement and a failure to prioritise rework	Variations	currently the first 2 weeks, there's no work. We are just getting in the system, just grabbing there and there but we know when it comes to last week of cut off when it comes to our targets, then we will reach those targets
Onboarding complexities	Lack of awareness of consumer needs	Lengthy premium payment process	When it comes to commercial stop order is that not every company accepts electronic where we give them a schedule to say we have these clients, we have improved, they took these policies and for these premiums, they would want a spreadsheet.

Table E.0.1 - Themes and sub-themes, along with their associated codes