

LIFE AND HEALTH

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Home Phone: _____ Work Phone: _____
Email Address: _____

2. Insured

Name (if same, write "same"): _____
Relationship to the insured: _____

3. Who is the complaint against?

Name of Company, Agent/Broker, etc.: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____

Name of Company, Agent/Broker, etc.: _____
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4. Type of Insurance Involved (pick one)

<input type="checkbox"/> Individual Life	<input type="checkbox"/> Group Life	<input type="checkbox"/> Long Term Care
<input type="checkbox"/> Individual Health	<input type="checkbox"/> Group Health	<input type="checkbox"/> Dental
<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Medicare Supplement	<input type="checkbox"/> Other

5. Policy Information

Policy Number: _____

Group or Certificate Number: _____

Name of Employer/Association (if group insurance) _____

Effective Date: _____

6. Claim Information

Claim Number: _____

Date of Loss/Treatment: _____

7. Reason for Complaint (check one or more)

Claim Denial Claim Dispute /Delay Sales /Service

Premium /Rating Problem Cancellation /Non-Renewal

Medical Necessity / Usual & Customary Reduction

Other (please specify) _____

Details of my complaint: (Please attach copies of all relevant documents including most recent correspondence from the company)

(Please attach additional sheets as necessary)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date

Signature of Complainant

Mail written complaints to:
Minnesota Department of Commerce
Attn: Consumer Protection & Education
Division, 85 7th Place East, Suite 500,
St. Paul, MN 55101