COMMERCE DEPARTMENT

Minnesota Insurance Division Consumer Complaint Form

Life and Health

Thank you for contacting the Minnesota Commerce Department Consumer Services Center. 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: _____

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 your company, agent/broker, etc:

_____

Street Address: _____

City: _____ State: ____ ZIP: _____

Name of your company, agent/broker, etc:

_____

Street Address: _____

City: _____ State: ____ ZIP: _____

Name of your company, agent/broker, etc:

_____

Street Address: _____

City: _____ State: ____ ZIP: _____

Name of your company, agent/broker, etc:

_____

Street Address: _____

City: _____ State: ____ ZIP: _____

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4. Type of Insurance Involved (pick one)

☐ Individual Life
☐ Individual Health
☐ Workers Compensation
☐ Group Life
☐ Group Health
☐ Medicare Supplement
☐ Long Term Care
☐ Dental
☐ Other (please specify)
_____

5. Policy / Claim Information

Policy Number: _____

Group or Certificate Number: _____

Name of Employer or Association:
_____

Effective Date _____

6. Claim Information

Claim Number: _____ Date of Loss or Treatment:

7. Reason for Complaint (check one or more)

☐ Claim Denial
☐ Claim Dispute /Delay
☐Sales/Service
☐ Premium/ rating problem
☐Medical Necessity/ Usual and customary reduction
☐ Cancellation /Non-Renewal
☐ Refusal to Insure
☐ Refund Not Received
☐ Other (please specify)
_____

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Details of my complaint

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

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

Signature of Complainant

X

Your name here

Date:

Mail written complaints to:

Minnesota Department of Commerce
Attn: Consumer Services Center
85 7th Place East, Suite 280
St. Paul, MN 55101