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.: _____

Street Address: _____

City: _____ State: ____ ZIP Code: _____

Name of Company, Agent/Broker, etc.: _____

Street Address: _____

City: State: ZIP Code:

4. **Type of Insurance Involved (pick one)**

___ Individual Life ___ Group Life ___ Long Term Care

___ Individual Health ___ Group Health ___ Dental

__ Workers Compensation _____Medicare Supplement ___ 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 280, St. Paul, MN 55101