FIS 0030 (4/08) Office of Financial & Insurance Regulation

Insurance Complaint Form

Michigan law, including PA 218 of 1956 as amended, authorizes the review of consumer complaints involving insurance and similar products. Completion of this form is voluntary and helps us review your claim.

My Name

Address

City State Zip

Home phone number ( )

Work phone number ( )

Name of Insurance COMPANY this complaint is about

May also be an HMO, health carrier or other company.

Name of AGENT or AGENCY this complaint is about

May not apply to every complaint. Leave blank if this does not apply?.

Name of INSURED person

Who is covered by the policy or plan?

Date of service or date of loss

Could be the date of a fire, accident or other loss, or the date you received medical treatment

Policy or claim number

Type of insurance product my complaint is about:

- ☐ *Auto*
- ☐ *Life*
- ☐ *Long-term care*
- ☐ *Other:* _____
- ☐ *Home or property*
- ☐ *Annuity*
- ☐ *Disability income*
- ☐ *Health insurance*
- ☐ *Medicare Supplement*
- ☐ *Blue Cross/Blue Shield*
- ☐ *HMO*

Is this an employer or group plan?

☐ *Yes* ☐ *No* *If Yes, enter employer name, group name or group number below:*

Have you hired an attorney to represent you in this matter? ☐ *Yes* ☐ *No*

Have you filed a lawsuit in this matter? ☐ *Yes* ☐ *No*

Please list events in the order they happened. Attach additional pages if needed. If possible, please use letter size paper (8 1/2 x 11") for all attachments.

Details of my complaint:

Reviewing documents often helps us understand important details of your complaint.

Please attach copies of letters or other documents that will help us review your complaint. This might include your insurance card, bills, receipts, a policy declaration sheet, claim documents or other items that relate to your complaint.

Arranging your documents in the order events took place helps us gain a quicker understanding of your complaint.

Always send copies. Never send original documents.

Please suggest a fair resolution:

Please mail your complaint to:

OFIR Consumer Services
PO Box 30220
Lansing MI 48909-7720

Or fax to: (517) 241-3991
Or Email to: ofir-ins-info@michigan.gov

I authorize the Office of Financial and Insurance Regulation (OFIR) to review and release any information to any company, agency or licensee involved in this matter. I authorize the insurance company to release all records (including medical, when applicable) relating to this complaint to OFIR in order to resolve this complaint. I represent that I have the proper authority to execute this release.

Signature Date signed