Louisiana Department of Insurance

Complaint Report Form

What the Louisiana Department of Insurance Can Do for You:

- Protect you by enforcing Louisiana's insurance laws
- Provide you with consumer information
- Investigate your complaints against companies or agents

Types of Complaints include:

- Sales/ Policyholder Services
- Premium Rates/ Refunds
- Cancellation/ Non-Renewals
- Claim Delays/ Denials/ Unsatisfactory Settlements
- Other Insurance-Related Disputes

Types of Insurance involved include:

- Life
- Health
- Disability
- Auto
- Worker's Comp
- Annuity
- Medicare Supplement
- Credit
- Fire/Homeowners
- Business
- Other Types of Insurance

What the Department of Insurance <u>Cannot</u> do for you:

- Give you legal advice, act as your lawyer or interfere in a pending lawsuit
- Recommend one insurance company or agent over another
- Decide disputes based on who is negligent or at fault
- Determine the facts surrounding a claim (that is who might be telling the truth in a matter when accounts of that matter differ)
- Resolve a complaint if the **only** evidence is your word against the word of others

What details should I include on my complaint form?

Section I

- Your name, address and daytime telephone number
- The insured person's name
- The name of the claimant, if different from the insured

Section II

- The type of coverage involved
- The name of the employer, if group coverage is involved
- The name & address of the company or agent your complaint is against
- Your policy number, group number and/or claim number
- If your complaint is against another person's insurance company, that person's name and policy number, as well as your claim number
- The date on which the claim or loss was incurred

Section III

- The reasons for your complaint
- A description of the problem:
  - what happened, who was involved, and why you think the company/agent is wrong
  - how you have tried to resolve the problem
  - what you consider to be a fair resolution to your problem

What should I send with my complaint form?

Copies, not originals, of...

- Letters you have written to the company or agent dealing with the problem
- Letters you have received from the company or agent
- Other letters written about the problem, that is, from your doctor or lawyer
- Your policy or the excerpt from your benefits handbook that covers the situation
- Relevant sales literature or worksheets
- Your insurance i.d. card (copied front and back), if possible
- The claim you filed, if applicable

We must be able to read and photocopy what you provide, so
PLEASE WRITE LEGIBLY USING BLACK OR BLUE INK.

What happens after the Department receives my complaint?

1st Within two weeks of filing, you should receive an acknowledgement letter stating:
- your file number
- the name of the compliance examiner in charge of investigating your complaint

2nd The Department will send a copy of your complaint to the company or other appropriate party and ask for an explanation of their position.

3rd Your examiner will review all responses received to assure the problem has been properly addressed. This may result in more letters or phone calls between the examiner and the company or other parties.

4th Your examiner will send you a letter with the investigation results:
- if no evidence of a violation is found, the examiner will so advise and explain why the investigation is being closed
- if your examiner is not satisfied with the company's response, the investigation will continue
- if we feel the law has been violated, the Department will pursue administrative action to correct and punish the wrongdoing

How will I know how the investigation is going?

- An investigation usually takes about 60 days, depending on the complexity of the case.
- You will be provided periodic status reports to keep you informed. You should not need to call.
- If you have any new information, put it in writing. Include your file number and send it to your examiner.

For more information, free copies of our publications, or answers to insurance-related questions, contact the Louisiana Department of Insurance at 1-800-259-5300 or 504-342-5900 in Baton Rouge or write Department of Insurance, P.O. Box 94214, Baton Rouge, LA 70804-9214. Our internet address is http://wwwldi.ldi.state.la.us and our email address is public@ldi.state.la.us .

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Statewide, call toll free, 1-800-259-5300. Outside Louisiana, call (225) 342-5900

PLEASE TYPE OR PRINT CLEARLY

Section I

Your Name:_____ Daytime Telephone:

Address:_____ Home ( )_____

City:_____State:_____Zip:_____ Work ( )_____

Insured:_____

Claimant:_____
(If same indicate "same")

Social Security #_____

Age Group: _____Under 25 _____25-49 _____50-64 _____65+

Section II

1. What type of coverage does this involve?

(A) Auto _____ Fire/Homeowners _____ Workmen's Compensation _____

Life _____ Health _____ Medicare Supplement _____

Other:_____

(B) If involving group insurance, please provide the name of the employer

_____

2. Who is the complaint against? (FULL and EXACT name of the company, broker and/or agent).

_____

Address (if known)_____

_____

3. (A) Policy Number_____

(B) Group Number_____

(C) Claim Number_____

4. If your complaint is against another person's insurance company, that person's name and policy number

_____

5. Date of Loss_____

Section III

1. Do you have an attorney representing you? Yes_____ No_____

2. Is there any court action pending? Yes_____ No_____

3. Have you previously reported this problem to our Office or any other Agency?

Yes_____ No_____

If yes, to whom?_____

4. Please check the reasons that apply to your complaint.

_____Claim Denial _____Claim Delay _____Unfair Offer/Payment

_____Premium Problem _____Premium Refund _____Agent Handling

Other:_____

5. Describe your problem in your own words. If more space is needed, please use extra sheets. Enclose copies (**NOT ORIGINALS**) of available documentation relative to your complaint.

_____

_____

_____

_____

_____

_____

_____

6. What do you consider to be a fair resolution to your problem?

Please read and sign the following statement:

To the best of my knowledge, the information contained herein is true and accurate. I understand that a copy of this form and any or all of the information attached may be sent to the party complained against.

_____(Signature) _____(Date)

Life, health or injury claimants, please complete the following:

I hereby authorize the release of medical information concerning this matter to the Louisiana Department of Insurance. It is understood that this information is for evaluation purposes relative to my complaint.

_____ (Signature) _____(Date)