



Complaint form

Please use this form to submit a complaint about an insurance company

You can also submit a complaint online at: www.insurance.wa.gov

We will do our best to advocate on your behalf. In the meantime, you should continue to pursue your rights under the terms of your insurance contract.

* Indicates a required field

I. Your contact information

* Name: _____
 * Address: _____
 * City: _____ * State: _____ * Zip: _____
 * Home phone: () _____ Work phone: () _____
 Cell phone: () _____ Email: _____

Policyholder information (* if different than above)

Name of policyholder: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home phone: () _____ Work phone: () _____
 Cell phone: () _____ Email: _____

2. Insurance information

* Insurance company: _____
 Type of policy: Group Individual Unknown
 Policy #: _____ Claim #: _____
 Date of loss: ____/____/____ * Type of insurance: Annuity Business property
 Dental Disability Health Home/Condo/Renters Personal auto/Motorcycle/RV/Business auto
 Life Long Term Care Medical Supplement Warranty/Service contract Discount plan
 Credit life/disability Other: _____
 Agent/Adjuster name: _____
 Company name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone number: () _____

3. Define your problem

Please check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Claim denial | <input type="checkbox"/> Unsatisfactory claim settlement | <input type="checkbox"/> Billing problem |
| <input type="checkbox"/> Premium increase | <input type="checkbox"/> Claim delay | <input type="checkbox"/> Refusal to insure |
| <input type="checkbox"/> Cancellation/non-renewal | <input type="checkbox"/> Misrepresentation | <input type="checkbox"/> Poor service |
| <input type="checkbox"/> Other: _____ | | |

* Give a brief explanation of the problem. _____

4. Questions

What do you want the insurance company to do? _____

* Are you sending supporting documents? Yes No
If yes, please do not send original documents, copies only please.

5. Declaration

By filling in my name and date below, I declare the information contained on this form is true and accurate.

* Name: _____ *Date: ____ / ____ / ____

6. *Release of medical information by insurers

I authorize any insurance company, health service contractor, health maintenance organization, or Multiple Welfare Arrangement that has any record of, or knowledge about the insured named on this form, to provide that information to the Washington State Office of the Insurance Commissioner. They may share copies of any records or any other information, including medical records and claim files. A photocopy of this complaint form authorization is as valid as the original.

Insured or representative signature: _____

Date: ____/____/____

Nature of representation (parent, guardian, power of attorney, etc.): _____

To read our confidentiality statement go to: www.insurance.wa.gov/complaint-confidentiality-statement

7. Release of information by Washington State Office of the Insurance Commissioner

All nonpublic personal health information in the custody of the Washington State Office of the Insurance Commissioner (OIC) is confidential and not subject to public disclosure under Washington state public disclosure laws. **However, state law allows the OIC to confidentially share copies of your personal health/ medical documents and information with other entities, unless you opt out below.** The entities the OIC may share with include: the National Association of Insurance Commissioners and its affiliates and subsidiaries, regulatory and law enforcement officials of this state and other states and nations, the U.S. federal government and international authorities. These entities must agree to maintain the confidentiality of your documents and information.

I choose to opt out of disclosure of nonpublic personal health information to other entities as described above.

8. Submit documents

Once you have completed this form, please mail or fax it and all (if any) supporting documents to:

Washington State Office of the Insurance Commissioner

P.O. Box 40255

Olympia, WA 98504-0255

Phone: 1-800-562-6900 or (360) 725-7080 Fax: (360) 586-2018

Questions?

Call our Insurance Consumer Hotline at

1-800-562-6900

www.insurance.wa.gov





What you need to know before you file a complaint

Claims delayed or denied? Policies cancelled? Stumped by confusing policy language? If you're not sure if we can help you, it is always a good idea to call us. We answer hundreds of insurance questions every day. When needed, we also contact companies about complaints. We'll review your issues, and if we can't help you, we'll point you in the right direction for further assistance. Call our toll-free Insurance Consumer Hotline at **1-800-562-6900**.

What we can do:

- Send your complaint to the insurance company and require them to provide an explanation for their actions.
- Send your complaint to the Washington Healthplanfinder and ask them to resolve your concerns.
- Review the company's response to make sure they followed Washington state laws and your policy.
- Tell the company to fix the problem if they didn't follow the laws or your policy.
- Try to find patterns of problems that may need further reviewing.
- Try to help fix your insurance problem or help you and the company communicate with one another.
- Help you understand your insurance policy.
- Recommend places you can go for help if we don't have the legal right to resolve it.

What we can't do:

- Act as your lawyer, give you legal advice or be your claims adjuster.
- Make medical judgments or determine if further treatment is necessary.
- Make liability decisions or determine who is at fault.
- Establish the facts surrounding a claim (for example: who is being truthful when there are differing accounts of what happened, or he said/she said situations).
- Determine the cause of loss, value of a claim, the amount owed to you, or act as your adjuster.
- Address issues we can't legally enforce.
- Require the Washington Healthplanfinder to comply with state insurance laws as it's not an insurance company regulated by our office.
- Tell a company to pay a claim, refund a premium, or reinstate or issue a policy (if they followed the law and your policy).

See our web page on *Other places to go for help* at: www.insurance.wa.gov/other-places-go-help/