



Bureau of Insurance

Bureau of Insurance, 34 State House Station, Augusta ME 04333

Tel: 800-300-5000 (in state) or 207-624-8475

FAX: 207-624-8599

www.MaineInsuranceReg.org

HOW TO FILE A COMPLAINT WITH THE MAINE BUREAU OF INSURANCE

To file an insurance complaint with the Maine Bureau of Insurance, please complete both sides of the last two pages of this form. The complaint form, signed by the insured, contract owner, or authorized representative (i.e. power of attorney, parent, legal guardian), authorizes the Bureau to investigate your complaint and provides basic information that we will use to investigate your complaint. If additional space is needed, please use a separate sheet of paper.

Once completed, detach the complaint form and mail to:

Bureau of Insurance
34 State House Station
Augusta ME 04333

You may also file a complaint electronically by visiting the website shown above.

INSTRUCTIONS FOR FILING A COMPLAINT

Please Provide Us With Details of Your Complaint:

- Tell us what happened, who was involved, and why you think the company is wrong.
- Have you tried to resolve this problem? If so, please give us the details.
- What do you want the company to do?

When filing your complaint, please be sure to attach copies (not originals) of applicable documents, such as:

- Letters you have written to the insurance company or agent concerning your complaint;
- Letters the insurance company or agent has written to you;
- Records explaining how benefits were calculated;
- A copy of your insurance policy or certificate of coverage;
- A copy of any insurance illustration or marketing material presented to you by the agent or company;
- Property loss forms, vehicle appraisals, police reports;
- Any additional information you feel might be pertinent to the complaint.

| <p align="center">How the Bureau of Insurance Handles Your Complaint</p> | <p align="center">Issues We May Not be Able to Resolve</p> |
|---|--|
| <p>When we receive your completed complaint form, your complaint will be assigned to an investigator who will contact you by mail at the beginning of their investigation.</p> <p>We will write to the company summarizing your complaint. We will ask them to send us a written response to the issues you raised with supporting documentation.</p> <p>By law, any person or company we license must respond to us within 14 days. (We allow the company an additional three days for mailing time.) If we don't receive a timely response, we send out a follow-up letter by certified mail. However, the company may ask for an extension if their response requires additional investigation.</p> <p>The length of an investigation depends on how complicated the issues are. The investigation may require follow-up letters and phone calls. The investigator will advise you of their conclusions once the investigation has been completed.</p> <p>The Bureau is able to help in many but not all cases. We're proud of our track record and are committed to doing a thorough investigation on your behalf. Our duty is to enforce the insurance laws and regulations of this state.</p> <p>Please note that the Bureau does not have the authority to order the payment of monetary judgments, although in some instances, we may order restitution for violations of the Insurance Code.</p> | <p>Some health plans are regulated by federal rather than state law. The Bureau has no authority over federally regulated plans. These include health plans such as U.S. government health plans, including Medicare parts A & B, MaineCare (Medicaid) and employer self-funded health plans (ERISA plans).</p> <p align="center"><u>We Cannot:</u></p> <ul style="list-style-type: none"> • Force the company to satisfy you if no laws have been broken. • Act as your lawyer or give you legal advice. • Resolve a dispute when the only evidence is your word against the word of the company. • Make medical judgments. <p align="center"><u>Consumer Tips:</u></p> <ul style="list-style-type: none"> • Understand your coverage and call your insurer if you have any questions. • If your health plan requires referrals, make sure to get a referral from your Primary Care Provider. Contact your insurer before you receive the referred services to verify they have received the request and approved the referral. • Keep a file with all your insurance records. • Take notes when you talk to the company; write down the date, time, and name of the person you talk to whenever you call someone with a question or a complaint. |

INSURANCE COMPLAINT FORM

Type of Policy (Please check all that apply):

- ANNUITY CREDIT INSURANCE DISABILITY/LIFE HEALTH/MEDICAL LONG TERM CARE
 PROPERTY & CASUALTY (i.e. Auto or Homeowner) WORKERS COMPENSATION VIATICAL
 OTHER (please describe) _____

PLEASE PRINT, TYPE, or WRITE CLEARLY

| | | | | | |
|--|------------------------------|-------------------------------|------------------------------|----------------|------------|
| 1. CONSUMER or BUSINESS INFORMATION | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Ms. <input type="checkbox"/> | | |
| Your name: _____ | | | | | |
| First | Middle | Last | | | |
| Your mailing address: _____ | | | | | |
| Street Address | City | State | Zip | E-mail address | |
| Phone numbers: Home _____ | | | | Work: _____ | Fax: _____ |
| Business name (<i>ONLY</i> required for workers compensation complaints): _____ | | | | | |
| Business mailing address: _____ | | | | | |
| Street Address | City | State | Zip | E-mail address | |

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|--|--|-------------------------------------|-------|-----|
| 2. INSURANCE INFORMATION - Name of insurance company or agent the complaint is against. | | | | |
| Name of insurance company or agent the complaint is against: _____ | | | | |
| Street address (if known) | | City | State | Zip |
| Policy, certificate, or ID number: _____ | | Claim number (if known): _____ | | |
| | | Date of loss (if applicable): _____ | | |
| Policy effective date: _____ | | Policy expiration date: _____ | | |

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|---|--------|-------|--------------|--|
| 3. AGENT INFORMATION (if applicable) | | | | |
| Name: _____ | | | | |
| First | Middle | Last | Phone number | |
| Mailing address: _____ | | | | |
| Street Address | City | State | Zip | |

