ALDOI FILE # _____

Consumer Request for Assistance

ALABAMA DEPARTMENT OF INSURANCE
CONSUMER SERVICE DIVISION
P O BOX 303351
MONTGOMERY AL 36130-3351
(334) 241-4141 phone
(334) 956-7932 fax

PLEASE TYPE OR PRINT IN BLACK OR BLUE INK
AND MAIL TO THE ADDRESS SHOWN ABOVE

Before you file a request for assistance with the Department of Insurance, you should first contact the insurance company, agent, or broker in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form, attach copies of any important correspondence and/or documentation that relates to your request for assistance and mail to the address shown above.

Insured or Claimant(s) Name _____ Work Phone _____

Address _____ Home Phone _____

City, State, Zip _____ Cell Phone _____

Email _____

(PLEASE USE A SEPARATE FORM FOR EACH COMPANY)

1. Complete name of insurance company you are experiencing problems with:

   _____

2. Check type of insurance: [ ] Automobile [ ] Life [ ] Homeowner's [ ] Medicare Supplement
   [ ] Health [ ] Other _____

   If Medicare Supplement Policy, please circle type of plan:

   A B C D F G K L M N and F (high deductible)

3. (a) Name of policyholder if different from your name:

   _____

   _____

   (b) If a group policy, provide the group name and group number:

   _____

4. Policy identification or certificate number: _____
5. Claim number (if applicable): _____

6. Date loss occurred or began (if applicable): _____

7. Agent/Broker (if applicable): _____

   Telephone Number: _____

8. Have you contacted the company, agent, or broker? **(Check One)** [ ] YES [ ] NO

   If yes, state the date(s), and person(s) contacted: (Provide copies of all correspondence)

   _____

9. Have you reported this to any other governmental agency? **(Check One)** [ ] YES [ ] NO

   If yes, please complete the following:

   1. Name of Agency: _____
   2. File number, if known: _____

10. Have you previously written to the Alabama Department of Insurance about this matter?

    (Check One) [ ] YES [ ] NO | File Number, if known: _____

11. Are you represented by legal counsel?

    (Check One) [ ] YES [ ] NO | If yes, name of Attorney: _____

12. What state did you live in when you purchased this policy? _____

13. Briefly describe your problem (use additional paper, if needed):

What do you consider to be a fair resolution?

The Insurance Commissioner is authorized to send a copy of this complaint and any follow-up documents to any insurance company, insurance producer, or insurance agency involved in the complaint to investigate my concerns. I authorize the release of all relevant information, including medical records, to the Insurance Commissioner's office for its review of this matter. I understand the Insurance Commissioner's office cannot act as my attorney, cannot file a private action on my behalf, and cannot provide legal advice or evaluate claims. I further understand and agree that the contents herein may be forwarded to other appropriate state or federal agencies, as well as become accessible to others under Alabama open records laws. Finally, I declare and verify that all of the above information is true and correct to the best of my knowledge.

Signature

Date