

IOWA INSURANCE DIVISION CONSUMER COMPLAINT FORM

Step-by-Step Instructions:

1. Read the brochure entitled *Filing a Consumer Complaint*.
2. We need specific information to investigate your complaint.
Print or type the information requested on the form below. If you do not complete the items below that are marked with an "*", we will not be able to proceed. If the information requested is not applicable to your situation, print N/A.
3. Sign the authorization at the bottom of the page.
4. Attach a separate page with a detailed summary of the problem and describe what you feel would be a reasonable resolution.
5. Attach copies of documents supporting your claim.
6. If you have questions, contact our office.

*your name

today's date

*your address (street address, city, state, zip code)

*your daytime telephone #

your e-mail address

*insurance company or HMO

Mr. Ms. _____
insurance producer's name

*name of insured

*policy number(s)

claim number

date of loss or date of service

***NOTE:** If you are making a complaint on behalf of someone else, either you must provide an acknowledgment letter from the person who owns the policy granting you permission to inquire into the matter or you must provide us with the address of that person so we may provide the summary of our investigation directly to that person.

Type of insurance (check one):

- | | | |
|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Automobile | <input type="checkbox"/> Life | <input type="checkbox"/> Health |
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Annuities | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Crop | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Medicare Supplement |
| | | <input type="checkbox"/> Disability |

Authorization:

Without otherwise waiving the confidentiality protection of Iowa Code section 505.8 (2007), I authorize the Iowa Insurance Division to provide a copy of this complaint form and attachments to the insurance company or insurance producer that is the subject of my complaint.

*your signature

Return your completed form and attachments to:

Iowa Insurance Division
Market Regulation Bureau
330 Maple Street
Des Moines IA 50319-0065

Or you can send your form and attachments
by facsimile to 515-281-3059
Or you can complete the complaint form on-line
at <http://www.iid.state.ia.us>

Phone: 515-281-6348

Toll Free: 877-955-1212

E-mail: market.regulation@iid.state.ia.us