



MAINE BUREAU OF INSURANCE
34 State House Station, Augusta ME 04333
Tel: 800-300-5000 or 207-624-8475; TTY Maine Relay 711
FAX: 207-624-8599
<https://www.maine.gov/pfr/insurance/home>

How to File a Health, Life, Annuity, Long-Term Care, Disability, Medicare Supplement, or Viatical Complaint with the Maine Bureau of Insurance

This form is for filing a complaint with the Maine Bureau of Insurance that is related to one of the types of insurance listed above. (If you have a complaint related to property and casualty insurance, please complete the appropriate form at www.maine.gov/pfr/insurance/consumers/file-a-complaint-dispute.)

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. If additional space is needed, please use a separate sheet of paper.

Once completed, detach the complaint form and mail to:

Maine Bureau of Insurance
34 State House Station
Augusta ME 04333

Alternatively, you may file a complaint electronically at www.maine.gov/pfr/insurance/consumers/file-a-complaint-dispute.

Additional documentation can be sent by e-mail to insurance.pfr@maine.gov or directly to the claims investigator who is assigned your case, after they have contacted you; or by fax to (207)-624-8599. Please include your name and the words “consumer complaint” on the subject line or fax cover page.

What to Include in Your Complaint

Please Provide Us with Details:

- Tell us what happened, who was involved, and why you think the company or agent is wrong.
- Have you tried to resolve this problem? If so, please provide us with details of the efforts you have made.
- What do you want the company or agent to do?

When filing your complaint, please be sure to attach any copies (not originals) you have of documents related to the issue, such as:

- Letters, e-mails and other communications between you and the company or agent concerning your complaint, such as notices from the insurance company, explanations of benefits and appeal decisions;
- Records explaining how claim payments were calculated;
- A copy of your insurance policy or certificate of coverage;
- Any additional information related to the complaint that you think we should know.

Revised May 24, 2024

How the Bureau of Insurance Handles Your Complaint

When we receive your completed complaint form, your complaint will be assigned to an investigator who will contact you by mail or by email. We will write to the company summarizing your complaint. We will ask the company to send us a written response to the issues you raised and to any supporting documentation you submitted to us.

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 its response requires additional investigation.

The length of our investigation into your complaint depends on how complicated the issues are. The investigation may require follow-up letters, emails and phone calls. The investigator assigned to your complaint will advise you of our conclusions once the investigation has been completed.

We are committed to conducting a thorough investigation on your behalf. Our duty is to enforce the insurance laws and regulations of this state.

Consumer Tips:

- Read your policy. Make sure that you understand your coverage and call your insurer or agent if you have any questions.
- Keep a file with all of your insurance records.
- If your health plan requires referrals, make sure to get a referral from your Primary Care Provider before seeing another provider. Contact your insurance company before you receive the referred services, to verify that the company has received the request and has approved the referral.
- Take notes when you talk to the company; write down the date, time, and name of the person you talk to whenever you call your insurance company with a question or a complaint about your policy or claim.

The Bureau of Insurance has many resources to help you deal with insurance companies, including tips about buying insurance and making claims. For more information, visit our web site at <https://www.maine.gov/pfr/insurance/home> or telephone us at 800-300-5000, 207-624-8475, or TTY 711.

It is Important that You Know That We Cannot:

- Force the company to satisfy you if no laws have been broken.
- Act as your lawyer or give you legal advice.
- Make medical decisions.

INSURANCE COMPLAINT FORM

Type of Policy (Please check all that apply):

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> ANNUITY | <input type="checkbox"/> HEALTH/MEDICAL | <input type="checkbox"/> MEDICARE SUPPLEMENT |
| <input type="checkbox"/> CREDIT | <input type="checkbox"/> LIFE | <input type="checkbox"/> OTHER (please describe) |
| <input type="checkbox"/> DISABILITY | <input type="checkbox"/> LONG-TERM CARE | _____ |

PLEASE WRITE CLEARLY

1. YOUR INFORMATION

Mr. ☐ Mrs. ☐ Ms. ☐ Mx. ☐

Your name: _____
First Middle Last

Mailing address: _____
Street City State Zip

E-mail address: _____

Telephone numbers: Home _____ Work: _____ Mobile: _____

Date of Birth: _____

Relationship to Insured: ☐ Self ☐ Spouse/Domestic Partner ☐ Child ☐ Other _____

Employer information (only complete if your insurance is purchased through an employer). Please list the name of the employer who provides your insurance. If your insurance is not through your employer, please list the employer of the primary insured (for example, your partner's or your parent's employer).

Employer: _____

Other – If insurance was not purchased through your employer, list where you purchased coverage:

2. INSURED'S INFORMATION (The individual who received services/is experiencing difficulty with the insurer)

☐ Check here if you are the insured

Mr. ☐ Mrs. ☐ Ms. ☐ Mx. ☐

Your name: _____
First Middle Last

Mailing address: _____
Street City State Zip

E-mail address: _____

(Continued on next page)

Insureds Date of Birth: _____

Telephone numbers: Home _____ Work: _____ Mobile: _____

3. INSURANCE COMPANY INFORMATION (if your complaint is against your insurance company)

If available, please take insurance information off ID card.

Name: _____

Telephone number: _____ Policy, certificate, or ID number: _____

Claim number(s)(if known): _____

4. AGENT INFORMATION (if your complaint is against your agent)

Name: _____

Address: _____
Street City State Zip

Telephone number: _____

Agent/Broker National Producer Number (NPN): _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

I hereby authorize any hospital, physician, osteopath, chiropractor or other health care provider, or any person or company regulated by the Maine Bureau of Insurance, to provide the Bureau with any medical information or records needed by the Bureau to investigate my complaint. I specifically authorize release of information about mental health and substance abuse treatment as needed to investigate this complaint. This authorization remains in effect 12 months from the date the authorization is signed or until I revoke it in writing.

I acknowledge that by filling out and submitting this form, I am the policyholder or enrollee named in this complaint, or that person's legal representative.

Date _____

Signature of Complainant

(If signing as Power of Attorney or Guardian, please attach copy of appointment)

Printed Name of Complainant

Please detach and mail this completed form to:

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

Revised May 24, 2024