The State of New Hampshire
Insurance Department

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TDD Access: Relay NH 1-800-735-2964

Roger A. Sevigny
Commissioner

Alexander K. Feldvebel
Deputy Commissioner

New Hampshire Insurance Department Consumer Complaint Form

The Consumer Division of the New Hampshire Insurance Department attempts to assist consumers in disputes with their insurance companies or agents. The Department cannot act as your lawyer; give legal advice, recommend, or rate insurers. We **cannot intervene** in a dispute that is in litigation, formal mediation or arbitration .Please complete **this form as thoroughly as you can and return via mail to the address shown above or save the completed form and attach to an email to requests@ins.nh.gov .** You will receive a written acknowledgement of your complaint from the Department. A copy of your complaint will be sent to the company or agent for their response. We will contact you when we receive and review the company's / agent's response. If we are unable to obtain the resolution you seek, you may wish to contact an attorney for advice on other remedies that may be available to you.

1. Name of Complainant **Date of Loss (if applicable)**

2. Street Address **City** **State** **Zip Code**

3. Daytime Telephone Number **Extension**

4. Your E-mail Address

5. Name of Insured (if same indicate same, if other than insured, specify) Select one

☐ **Same** ☐ **Other**

6. Who is complaint against? (Select One)

☐ **Company**

☐ **Agency/ Producer**

☐ **Adjuster**

☐ **Other**

7. Name and Address of Company/Agency/Producer

8. Group/ Policy/Claim Number (s)

Group Number ☐

Policy Number ☐

Claim Number ☐

9. Type of Coverage

☐ **Annuity** ☐ **Automobile** ☐ **Commercial** ☐ **Dental** ☐ **Disability Income**

☐ **Health** ☐ **Homeowners** ☐ **Liability** ☐ **Long Term Care** ☐ **Life**

☐ **Medicare Supplement** ☐ **Other**

10. Reason for Complaint

☐ **Claim Delay/Denial** ☐ **Premium** ☐ **Cancellation** ☐ **Other**

11. Have you attempted to resolve this matter with the Company, Agent, Agency, Other?

☐ **Yes** ☐ **No**

12. Person you spoke with and their telephone number.

☐

13. Please describe your problem in detail.

☐

Additional Comment Space

If additional space is required to explain your issue then please attach your further explanation on separate paper.

14. What would you consider to be a fair resolution of your problem?

INFORMATION REGARDING SELF-FUNDED EMPLOYER HEALTH BENEFIT PLANS

Disputes involving self-funded employer benefit plans come under the jurisdiction of the US Department of Labor: Plan beneficiaries (participants) who have a dispute with a self-funded medical benefit plan (i.e. denial of benefits) should contact the Boston office of the US Department of Labor at (866) 444-3272 for more information.

If you submit this form electronically you authorize the New Hampshire Insurance Department to investigate your complaint in the same manner as it would be investigated if it was submitted with an original signature.

I authorize the New Hampshire Insurance Department to share with the insurance company/provider named in this complaint, any medical information/records I have provided in connection with this complaint. I further authorize the insurance company/provider to release medical information/records to the New Hampshire Insurance Department that are relevant to this complaint. I understand that pursuant to New Hampshire's Right to Know law, RSA 91-A, and under insurance law, RSA 400-A:16, III (d), the commissioner may disclose to the public the number and the nature of consumer complaints filed, but confidential information such as financial information and medical records, will be kept confidential and no information that could identify me, or the person on whose behalf I have filed this complaint, such as names, addresses, social security numbers or similar information will be disclosed.

15. Please type your name if you are agreeable to the above statement. **Today's Date**

CERTIFICATION

I hereby certify that there is no lawsuit or litigation concerning this complaint in progress, and that the subject of this complaint is not in formal mediation or arbitration.

16. Please type your name here if you are in agreement with the above statement. **Today's Date**