

- 2100 Stella Court
Columbus, OH
43215-1067
(614) 644-2673
(800) 686-1526
TTY (614) 644-3745
- Fax (614) 644-3744
Small Business Employers
may call (866) 895-0172
www.ohioinsurance.gov

Ohio Department of Insurance

Bob Taft – Governor
Ann Womer Benjamin – Director



Consumer Complaint

If completing this form by hand, please use black or blue ink.

Name			
Address			
City	State	Zip	Phone
Insured's Name (if different)			
Name of Insurance Company			
Policy or ID Number		Group Number	
Name and Address of Agent/Broker (if involved)			
Type of Insurance (check only one)	Auto	Home	Health
	Credit Life/Credit Disability	Life	Dental
	Disability Income	Annuity	Other
Small Business Owners: Name of business If you are a small business employer, please check here			
Type of Problem (check one or more):	Cancellation or non-renewal	Claim dispute or delay	Claim denial
	Cash surrender/cash value not received	Payment not credited	Policy not received
	Rating problem	Misquoted premium	Premium increase
	Misrepresentation by company/agent	Open enrollment problem	Refund due
		Misleading advertisement	Other
If this is a health insurance complaint, please attach the most recent response you received from the company.			
Health Insurance Claim #		Date of Service	
If the problem is a claim dispute regarding auto, home, or other property insurance:			
Date and Location of Accident or Loss		Claim #	
Briefly describe your complaint. Please attach copies of all relevant documents.			
If you need more space, please attach additional sheets.			
How would you like to see your complaint resolved?			
Please sign and date: To the best of my knowledge the above statement is correct. I understand that a copy of this form and any attachments may be sent to the insurance company or agent involved. I authorize the insurance company to release all of the medical records relating to this complaint to the Ohio Department of Insurance and I authorize the Ohio Department of Insurance to release medical records relating to this complaint to the insurance company or agent as necessary in order to resolve this complaint. I represent that I have the proper authority to execute this release.			
Your Signature		Date	
Please Note: This complaint form, all documents you send us, and any document received by our office as a result of handling your complaint may be a public record, subject to Ohio's Public Records Act. This law requires all public records to be available for inspection by anyone, upon request. WARNING: All original documentation sent will be imaged and then destroyed within six months of receipt.			