Filing a Consumer Complaint

The Kentucky Department of Insurance Division of Consumer Protection was created to assist consumers with issues related to the insurance industry.

One main function is the handling of consumer complaints. If you are unable to resolve an insurance problem to your satisfaction by contacting the agent, company, etc., you may want to file a complaint with our department.

A complaint must be submitted in writing or electronically. We cannot accept verbal complaints. Submitting the complaint in writing avoids any miscommunication and should allow a more accurate answer to your complaint.

You may submit your complaint to us by mail or fax, or by using the online complaint form at our website (http://insurance.ky.gov/) under File a Complaint or Consumer Protection. Upon completion of the online complaint form, you will receive a tracking number as confirmation that your complaint was submitted successfully. You may use that tracking number to reference your complaint when calling the department. Please be advised that if you send your complaint electronically, the Department of Insurance cannot guarantee privacy during transmission.

After submission, you will receive written notice that your complaint has been received. The staff member assigned to your case may contact you if she/he has additional questions. Therefore, it is very important that you include your name, address and best daytime telephone number.

If you have questions that aren't covered by this information sheet or if you just want to discuss your case prior to filing a complaint, please contact us at **800-595-6053 (Option 1)** (KY only) or 502-564-6034. The TDD line for anyone that may be hearing impaired is 800-648-6056.

Tips for an effective complaint

Your written complaint should include:

- Your name, address and best daytime telephone number. (Please include your street address if your mailing address is a P.O. Box.)
- The type of insurance involved (i.e. homeowners, health, auto, life).
- The company and/or agent involved in your complaint.
- Your policy, claim, ID or group number (include any that apply). If your complaint is related to health insurance, please attach a copy of both sides of your health plan identification card.
- A detailed summary of your complaint, including copies of any related documents. (Please do not send originals.)

Once your written complaint is received, a copy of your complaint will be sent to the company. The company is asked to respond within 15 calendar days. This deadline is strictly enforced and your complaint is monitored to be certain it is being handled in a timely manner. *The majority of cases are completed within 30 days.*

Filing a complaint on behalf of another person

If you are not the insured and are filing a complaint on their behalf, please have the insured complete the section on the back page of the complaint form. This authorizes you to act as the insured's representative for the purposes of filing and investigating the complaint. If the insured is unable to complete the section on the complaint form, please furnish a copy of your Power of Attorney or other documentation.

Additional information

Keep in mind that the Department of Insurance does not have authority over cases involving matters outside its jurisdiction. In those circumstances, you will be referred to the appropriate agency.

Be certain to review your policy carefully. Knowing the specifics of your coverage can avoid problems and complaints.

The Kentucky Department of Insurance will take any appropriate action following the investigation of your case.

Kentucky Public Protection Cabinet
Department of Insurance

P.O. Box 517, Frankfort, KY 40602-0517
Toll free (KY only) 800-595-6053 or 502-564-3630
Deaf/hard-of-hearing 800-648-6056
http://insurance.ky.gov/

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Kentucky UNBRIDLED SPIRIT

Kentucky Department of Insurance
Division of Consumer Protection
P.O. Box 517, Frankfort, KY 40602-0517
Toll-Free (KY only): 800-595-6053
Consumer Protection: 502-564-6034, Fax: 502-564-6090

Consumer Complaint Form

Are you filing this complaint on behalf of someone else?

☐ Yes (Please fill out Sections 1, 2, 3 & 4)
☐ No (Please fill out Sections 1, 2 & 3)

Section 1 General Information

Type of insurance involved (Please check one):

☐Auto ☐Homeowners ☐Life ☐Health ☐Disability ☐Commercial

☐Workers' Compensation ☐Other, please specify _____

My Complaint is against (please check all that apply):

☐Insurance company ☐Agent ☐Adjuster ☐Other, please specify _____

Are you represented by an attorney? ☐Yes ☐No

Is this situation currently in litigation? ☐Yes ☐No

If your complaint falls under another jurisdiction, may we forward it to the appropriate office? ☐Yes ☐No

Section 2 Insured (individual harmed)

First Name _____ Middle Name _____ Last Name _____

Address _____ City, State, ZIP code _____

Best phone number where you may be reached: _____

Today's Date: (MM/DD/YY) _____/_____/_____ Email: _____

Signature (if filing on your own behalf): _____

Section 3 Complaint filed against (include copy of ID card or policy)

Insurance Company Name _____

Group Number _____

Policy/ID Number _____

Agent/Adjuster Name _____

Agent/Adjuster Address _____

Section 4 Person completing form on behalf of Insured

First Name _____ Middle Name _____ Last Name _____

Address _____ City, State, ZIP code _____

Best phone number where you may be reached: _____

Today's Date: (MM/DD/YY) _____/_____/_____

Signature: _____

If the person you are filing this complaint on behalf of is *over 18* please have them sign below:

"I, _____ hereby designate _____ as my
(insured) (third party)
authorized representative for the purposes of filing and investigating my complaint. I authorize the Division of Consumer Protection of the Department of Insurance to investigate the complaint received on my behalf and to respond directly to my representative. I understand and acknowledge that by designating the individual named above as my authorized representative, the individual may obtain, on my behalf, any and all documents and information which may become known as a result of the investigation, some of which might otherwise be considered confidential. Information released to the third party may include, but is not limited to the following: Social Security numbers, personal contact information, financial information, nonpublic personal health information, medical records and any documentation included as part of the Consumer Protection investigation. Additionally, I understand and acknowledge that this third party authorization does not constitute a power of attorney and does not allow negotiation with anyone other than the actual claimant. By signing this authorization, I hereby release the Department of Insurance from any liability that might accrue from disclosing information that might be deemed confidential."

_____	_____	_____
Insured Signature	Insured Name (printed)	Date

If this person is unable to sign, please provide a copy of Power of Attorney papers or Guardianship papers.

Please use the space below to provide a **detailed** description of the problem from your point of view. Attach additional sheets if needed.

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