

## CONSUMER REQUEST FOR ASSISTANCE

Fill out this form completely and return it to:

**Wyoming Insurance Department**  
**Consumer Affairs Section**  
**106 East 6<sup>th</sup> Avenue**  
**Cheyenne, WY 82002**  
(307) 777-7402  
In-state toll free: 1-800-438-5768  
FAX: (307) 777-2446  
<http://insurance.state.wy.us>

<b>For WID use only:</b>	File No. _____
Function Code _____	Complainant Type _____
Type _____ / _____ / _____ / _____ / _____	
	<i>Level 1                  Level 2</i>
Reason _____ / _____ / _____	
Disposition _____ / _____ / _____	

1. Your name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime phone with area code \_\_\_\_\_ E-mail \_\_\_\_\_
2. Name of insurance company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
Have you discussed the complaint with the company/person? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give the name, title, place and date:  

Name	Title	Place	Date
3. Insured's name if different from your name: \_\_\_\_\_  
Insured's age group (circle one):      less than 25;                  25-49;                  50-64;                  65+
4. Policy identification or certificate number \_\_\_\_\_  
Group name or number \_\_\_\_\_ Claim number \_\_\_\_\_  
Coverage effective date \_\_\_\_\_ Date loss occurred or began \_\_\_\_\_  
Is this a Medicare Supplement policy? Yes \_\_\_ No \_\_\_ If yes, type of plan \_\_\_\_\_
5. Agent/broker (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_
6. Have you previously written to the Department of Insurance about this matter? Yes \_\_\_\_\_ No \_\_\_  
If yes, please give File number \_\_\_\_\_ Date written \_\_\_\_\_

7. Have you reported this to other governmental agencies? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give name of agency and file number: \_\_\_\_\_

8. Do you have an attorney representing you? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is there a court action pending? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Briefly describe your problem (use additional paper if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. What do you consider to be a fair resolution to your problem?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above statement is true and accurate to the best of my knowledge. I understand that the Wyoming Insurance Department is not permitted to engage in the private practice of law, and therefore, is not my lawyer or legal representative. I am, however, filing the complaint to notify the Wyoming Insurance Department of the activities of this company. By signing this complaint I authorize that the complaint and copies of all attachments shall be forwarded to the person or firm complained against unless I provide otherwise in writing and attached hereto.

\_\_\_\_\_  
Date  
Consumer.doc

\_\_\_\_\_  
Signature

## **INFORMATION AND INSTRUCTIONS REGARDING YOUR REQUEST FOR ASSISTANCE**

Dear Consumer:

Thank you for contacting the Wyoming Insurance Department to assist you with your complaint. Attached is a Consumer Request for Assistance form that you need to complete. Be sure to fill in all blanks, especially names, addresses, telephone numbers, and policy numbers. Be as complete as possible when describing the problem. You should attach a **copy** (no originals, please) of all documents that relate to your complaint. Please return the completed form to us.

The time it takes to handle a complaint can vary greatly depending on the company you are filing the complaint against, and how complex the matter is.

While the authority of the Insurance Department is very broad, it is not limitless. We can enforce only the statutes the legislature passes and regulations allowed by law. We can require insurance companies to abide by the policy provisions, but we cannot dictate what those provisions should be other than those the legislature says must be in the policy. If an insurance company does not violate the Insurance Code and processes your claim according to the policy, the Insurance Department may not be able to take action against that company.

### **Examples of complaints which fall under our authority:**

1. Improper denial of a claim or an offer of an amount less than indicated by the policy.
2. Delay in claim handling.
3. Illegal cancellation or termination of an insurance policy.
4. Misrepresentation of policy coverage; or misappropriation of premiums paid to an agent or broker.

### **Examples of complaints which do not fall under our authority:**

1. Refusal to insure (unless there is unfair discrimination).
2. Rates (except in very limited circumstances).
3. Deciding who is at fault for an accident (we can make sure the company conducts a reasonable investigation) or deciding how much your car is worth (we can make sure the insurance company bases the value on an appraisal).

Additionally, we cannot regulate all types of health insurance plans. While we will try to assist you to the best of our ability, it may be necessary to refer your complaint to the U.S. Department of Labor Pension and Welfare Benefit Administration (ERISA) or to the U.S. Office of Personnel Management (FEHBA). If your plan requires an appeal within a specified time limit, you should file the appeal. This complaint does not constitute, and is not a substitute for, an appeal.

**INFORMATION ONLY--DO NOT RETURN THIS WITH YOUR REQUEST FOR ASSISTANCE**