

Kentucky Department of Insurance – Consumer Protection Division 500 Mero Street, 2 SE 11, Frankfort, KY 40601 Phone: 502-564-6034 Fax: 502-564-6090

Email: DOI.ConsumerComplaints@ky.gov

Filing a Consumer Complaint

The Consumer Protection Division of the Kentucky Department of Insurance ("DOI" or "Department") was created in part, to assist consumers with issues related to the insurance industry, of which we are responsible for regulating.

One of our main responsibilities is investigating consumer complaints. If you are unable to resolve an insurance issue to your satisfaction, by contacting an insurance agent or the company, you may consider filing a complaint with the Department's





Consumer Protection Division. It is important, however, to carefully review your insurance policies. Understanding the specifics of your coverage can avert issues that result in having to file a complaint.

Complaints must be submitted to the DOI <u>in writing</u>, electronically, by mail or fax. We are unable to accept verbal complaints. Submitting the complaint in writing helps prevent miscommunication and allows for a more accurate and thorough review. If you choose the electronic option, you can access the online consumer complaint form on the homepage of the Department's website, at <u>(http://insurance.ky.gov/)</u>; under the "File a

Consumer Complaint" link on the homepage. Upon completion of the online complaint form, you will receive a temporary tracking number as confirmation that your complaint was successfully submitted. You may use that tracking number to reference your complaint, should you need to contact the DOI prior to your complaint file being opened for investigation. Please be advised that if you send your complaint electronically, the Department cannot guarantee privacy during transmission. If you prefer to submit your written complaint by mail, you may complete the paper copy of the Consumer Complaint form, which can be mailed at your request, or printed from the above-referenced website. After submitting your complaint form via mail, fax or electronically, you will receive a letter, acknowledging that your complaint has been received and assigned to a complaint investigator. The investigator that is assigned to your case may contact you by phone if he or she has questions or needs clarification. Therefore, it is very important that you provide correct and current contact information, when filing your complaint.

In situations wherein the insured is unable to submit the complaint in writing, on their own behalf, the Department has a process in place that allows an authorized, third-party representative to submit it. This person will serve as the primary point of contact while the complaint is under investigation. The authorization process requires the insured to complete and sign a Third-Party Authorization (TPA) form, which is attached to the Consumer Complaint form, and available with the online or the printable paper complaint form. In the event that the TPA form cannot be completed, Power of Attorney or legal/official Guardship documents must be provided before our division can open and investigate your file.

Please note that the Department of Insurance takes appropriate action during, as well as following the investigation of complaint cases; but it is important to understand that we do not have authority over cases involving matters outside our jurisdiction and/or statutory authority. Under those circumstances, the complainant will be referred to the appropriate agency or regulatory authority.

What Makes an Effective Complaint?

At a minimum, your written complaint should include:

- □ Your name, address, and best daytime phone 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 name of the insurance company, agent or adjuster involved in your complaint;
- □ Your policy number, claim number, member 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; and
- □ A detailed summary of your complaint, including copies of any related documents. (Please do not send originals).

How Long Does the Investigation Take?

Please note that a copy of your complaint will be forwarded to the insurance company, agent and/or adjuster; whichever is applicable. They then have 15 calendar days to provide the Department with a response. This response time is strictly enforced, but on occasion, additional time is needed. In that event, your investigator will notify you in writing. Otherwise, your complaint file will be monitored to ensure timely handling and you will receive written correspondence when a determination has been made. Typically, the majority of cases are processed and completed within 30 days.



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