Other Sources:

Workers' Compensation Claims:
Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
P.O. Box 30016
Lansing, MI 48909
888-396-5041
michigan.gov/wca

Complaints Against a Residential Builder or Building Contractor:
Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
P.O. Box 30018 Lansing, MI 48909
517-241-0199
michigan.gov/bpl

Complaints Against Automobile Repair Facilities or Vehicle Dealer:
Michigan Department of State
Regulatory Monitoring Division Bureau of Information Security (BIS)
1-888-SOS-MICH (1-888-767-6424)
michigan.gov/sos

Complaints Concerning Warranties:
Attorney General Consumer Protection Division
P.O. Box 30213
Lansing, MI 48909
1-877-765-8388
michigan.gov/ag

DIFS DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to the individuals with disabilities.

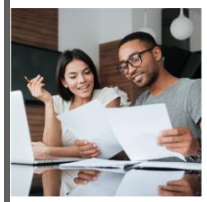
Visit DIFS online at: Michigan.gov/DIFS or call DIFS toll-free at 877-999-6442.

Department of Insurance and Financial Services
Office of Consumer Services
P.O. Box 30220
Lansing, MI 48909-7720

DIFS DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

Guide to Resolving Insurance Problems









DIFS DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

Rev. 01/2021

When You Have a Dispute with an Insurer or Agent:

Use the attached form to file a complaint with the Department of Insurance and Financial Services (DIFS) if you are in a dispute with an insurer or insurance agent. You may also file a complaint online at michigan.gov/DIFScomplaints.

First Contact the Insurer or Agent:

If you disagree with your insurer or agent, contact them directly.

- Speak with a company representative or agent to try to find a solution.
- Explain the problem in a calm, courteous manner.
- Provide dates, amounts, and as many related facts as you can.

If you still do not agree with the insurer or agent, ask them to provide a written response. Ask them to list the specific rules or language in the policy that allow them to deny or exclude coverage, or to include copies of documents you signed when you applied for insurance to support their actions.

How DIFS Can Help:

If you are still dissatisfied after contacting the insurer or the agent, contact DIFS' Office of Consumer Services to ask questions or to file a written complaint by completion of this form. You may also file a complaint online at michigan.gov/DIFScomplaints.

Your complaint is based on the documents you submit. Be sure to include all pertinent information, such as:

- Name of the insurer and/or agent involved in the dispute.
- Policy and claim numbers.
- Details of any previous contact with your insurer or agent regarding the matter.
- Copies of documents that help verify or explain the problem.



Once you file a complaint, DIFS will respond to your complaint by doing the following:

- Contacting the insurer, insurance agency and/or insurance agent to obtain a written response.
- Confirming the licensees named in your complaint are performing as required under your policy and the law.
- Helping you understand options that may be available to you.

You will receive a copy of all correspondence received during DIFS' review of your complaint as well as a letter explaining our findings. If you have questions, disagree with our findings, or have additional information that was not included with your original complaint, you may submit the information to us for further review.

Please understand that our complaints are thoroughly reviewed; however, we may not be able to provide the exact results you desire. We hope through our complaint process we can help you understand the options available to you and the policy language or laws that may apply.

What DIFS Cannot Do:

Our authority is limited to the companies and agents DIFS licenses. We cannot help resolve disputes with entities we do not license. DIFS regulates the business of insurance transacted in Michigan; therefore, our authority pertains to insurance contracts issued in Michigan. Complaints involving out-of-state insurance policies should, in most cases, be pursued with the state insurance regulatory agency where the policy was issued or delivered.

Provider Complaints:

DIFS generally only accepts complaints from parties involved in the contract, such as the insured, policyholder, or certificate holder. Since a health care provider is not a party to the health care contract, we typically do not accept complaints from providers. Public Act 316 of 2002 allows health care providers to submit a clean claim to DIFS if they do not receive timely payment from an insurer for a claim submitted without any errors. For more information or to obtain a Clean Claim Report, health care providers can visit our website michigan.gov/DIFScomplaints.

Rev. 01/2021

FIS 0030 (1/20) Department of Insurance and Financial Services

Insurance Complaint Form

Michigan law, including PA 218 of 1956 as amended, authorizes the review of consumer complaints involving insurance and similar products. Completion of this form is voluntary and helps us review your complaint.



My Name			Name of Insurance Company
Address			Name of AGENT or AGENCY (if applicable) — May not apply to every complaint. Leave blank if this does not apply.
City	State	Zip Code	Name of INSURED person — Who is covered by the policy?
My Email Address (By providing your email address you consent to receive DIFS correspondence via email)			Date of service or date of loss — Could be the date of a fire, accident, or other loss, or the date you received medical treatment.
Daytime phone number ( )	Alternate phone number ( )		Policy or claim number

***If this is a Health Insurance Complaint, use Health Insurance Complaint Form FIS 2257**

Type of coverage my complaint is about:

- ❑ Auto
- ❑ Home or property
- ❑ Liability
- ❑ Title
- ❑ Surety Bond
- ❑ Life
- ❑ Annuity
- ❑ Long-term care
- ❑ Disability Income
- ❑ Other_____

▶ Is this an employer or group plan?

◯ Yes ◯ No

If Yes, enter employer name, group name or group number: _____

_____

Have you hired an attorney to represent you in this matter? ◯ *Yes* ◯ *No* **Have you filed a lawsuit in this matter?** ◯ *Yes* ◯ *No*

Please list events in the order they happened. Attach additional pages if needed. If possible please use letter size paper (8 ½ x 11") for all attachments.

Details of my complaint:

Documentation relating to your complaint is important. This information helps us to understand details of your complaint.

Please attach copies of letters or other documents that will help us review your complaint. This includes your proof of insurance, bills, receipts, a policy declaration sheet, claim documents, pictures or other items that relate to your complaint.

Always send copies. Never send original documents.

Desired outcome:

Please mail your complaint to:
DIFS – Office of Consumer Services
P.O. Box 30220
Lansing, MI 48909-7720

Or fax to: 517-284-8837
Or email to: difscomplaints@michigan.gov

I authorize the Department of Insurance and Financial Services (DIFS) to review and release any information to any company, agency or licensee involved in this matter. I authorize the insurance company to release all records (including protected health information) relating to this complaint to DIFS in order to resolve this complaint. I represent that I have the proper authority to execute this release.

Signature Date signed