

Request for Review and Determination

You are eligible to request a Review & Determination if ALL the following apply:

- You have completed the internal complaint process (also known as a managerial level conference) with your insurance company.
- You made your request for a Review and Determination within 120 days of the date the insurance company sends you a proposed resolution. If the insurance company fails to send you a proposed resolution, you have an extra 30 days to request a Review and Determination (i.e., within 150 days after you submitted your request to your insurance company).

1. Name

Address _____

City _____ State _____ Zip _____

Email Address _____ Phone Number _____

Insurance Company _____ Policy Number _____

2. Managerial Level Conference:

Date you requested the managerial conference with your insurance company: _____

Date the managerial conference was held: _____

Name of the person you spoke with at the managerial conference: _____

Result of managerial conference: No change in company's position
 Change in company's position (explain below)

3. Request for Review and Determination:

Reason: Incorrect auto premium Incorrect home premium
 Incorrect auto denial Incorrect home denial

Details of Your Request:

4. Desired Outcome: Please provide any relevant documentation you have to support your position with this request.

5. Format of the Review and Determination:

I am unable to attend the Review and Determination and request the review take place through written materials.

I will attend the Review and Determination via teleconference.

I plan to attend the Review and Determination meeting in person at DIFS in Lansing, Michigan.

6. Authorization for DIFS to conduct Review and Determination
 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 _____

7. Send your Request for Review and Determination 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

P.A. 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.



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 individuals with disabilities.
 Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442