

It is important to understand the Department of Insurance is an administrative agency. There are limits to the Department's authority.

WHAT THE DEPARTMENT CAN DO

The Department of Insurance examines the documentation in your file to see if the company/producer has violated Nebraska's insurance laws. Part of our review also includes looking at what caused your problem in order to find a practice that can be improved.

If appropriate, we will try to reopen the lines of communication between you and the company, with the hope your problem can be resolved.

If we are unable to resolve your problem, the Department will try to provide you with information that will help you make an informed decision regarding your next step.

If the investigator finds evidence that the company or producer has committed a violation, your case will be referred to the Department's Legal Division for further internal review.

Also, all complaint data is added to the Department's computerized tracking system, which helps find patterns of problems. Even if you think your complaint does not need to be investigated, you should still tell us about your problem, so your situation can be reviewed and the information added to the database.

WHAT THE DEPARTMENT CANNOT DO

The Department of Insurance is not a court of law. It cannot decide questions of fact, such as those decided by a court of law, nor can it provide you with legal advice.

The Department cannot order a company to pay a claim or refund premium. It can, in some cases, encourage a company to reevaluate a matter, especially if an error has been made.

If your employer self-insures your health plan, the Department has limited, if any jurisdiction, over it.

Although the Department tries to resolve complaints within a month, some complaints can take much longer to resolve, depending upon the nature of the problem, the amount of information to obtain and review, and the number of complaints received. If you need a quick answer, you may want to first seek other remedies.

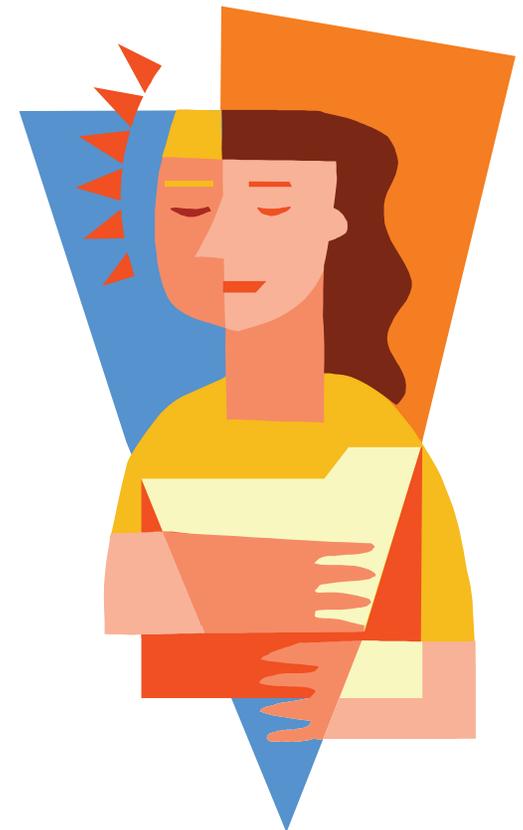


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FILING AN INSURANCE COMPLAINT

How to Prepare Your Complaint and What to Expect from the Nebraska Department of Insurance



FILING A COMPLAINT

You will want to provide all of the important information regarding your complaint, so it can be handled as quickly and completely as possible. The following information will help you fill out the Complaint Questionnaire so you can achieve the most successful possible outcome.

This brochure also describes how the Department of Insurance investigates complaints and what the agency can and cannot do, so you will know what to expect when you send us your complaint.

THE COMPLAINT PROCESS

Please review these instructions before you complete the enclosed Complaint Questionnaire.

A copy of your complaint will be sent to the insurance company and/or producer. For that reason, please fill out all of the sections of the Complaint Questionnaire in a dark colored ink (such as black or blue) so we will be able to make a readable photocopy.

Your complaint should be against an entity regulated by the Department of Insurance, such as an insurance company, agent, Third Party Administrator, etc. The Department cannot assist you with problems you have with your employer or a medical provider.

SUMMARIZE YOUR PROBLEM

Please write down a summary of your problem. Write as clearly as possible, so people who are not familiar with your issue will be able to understand. Write about the “who, what, where, when and how” of your situation.

At the end of your summary, tell what you think is a fair resolution to your problem. However, there is no guarantee you will receive the result you request.

OTHER HELPFUL INFORMATION

Supporting documents are important. Please attach a photocopy of all documents, including letters, contracts, bills, checks (both sides) and other papers related to your problem. Please do not send originals; we may not be able to return them.

Remember to sign the bottom of the Complaint Questionnaire if your complaint involves a medical claim.

Also, please circle the insured’s age group. For health insurance, the insured is the patient. For life insurance, it is the person whose life is insured in case of death. And, in liability claims for auto or homeowners insurance, it is the person covered by the insurance policy.

WHEN WE RECEIVE YOUR COMPLAINT

Your name, address and other pertinent information will be entered into the Department’s complaint database. Your problem will be reviewed, and an investigator will be assigned to your case.

Your investigator will write to the insurance company and/or producer with a request for information.

The investigator will also write to you so you will know your complaint is being investigated. The letter will provide you with your case file number. Please use this number if you need to write to the Department about your case.

REVIEWING THE CASE

Companies and producers are allowed 15 working days from the date they receive our letter to respond to the Department’s request for information.

When the information is received, the investigator will review all of the obtained information. Sometimes the investigator must ask for more information before the case can be completely evaluated.

WHEN YOUR CASE IS CLOSED

After the investigator has reviewed the case, you will be sent a copy of the responses received. The investigator will also comment on the outcome of the case.