

How to file an insurance complaint with the State of Ohio

About the Ohio Department of Insurance and its Consumer Services Division

The Ohio Department of Insurance...

enforces Ohio's insurance laws.

The Department's Consumer Services Division...

provides consumer information and investigates complaints involving insurance companies and agents.

The Department regulates all kinds of insurance...

- Automobile
- Life
- Credit Life
- Even pet insurance!
- Homeowner's
- Annuities
- Credit Disability
- Health
- Nursing Home

We also investigate complaints about health insuring corporations, such as HMOs.

Consumer Services hears many kinds of complaints...

- Coverage problems
- Refunds
- Sales practices
- Cancellations
- Issues about claims

Please note the following situations:

Are you in dispute with your health plan over what care is appropriate?

- Your health plan has an internal process to hear your appeal
- You **MUST** go through that process before the Ohio Department of Insurance can get involved

Has your personal property insurance been non-renewed?

If the insurance company did not renew your auto or homeowner's policy, we probably can't help.

- The company must give you written notice at least 30 days before the end of your policy period
- The company can non-renew your homeowner and auto insurance for almost any reason

If you need to shop for new insurance, view the Ohio Shopper's Guides to Auto or Home Insurance on this web site and find sample premiums from many companies.

Instructions for completing a Department of Insurance complaint form

Tell us


- What happened, who was involved, and why you think the company or agent is wrong
- How you have tried to resolve the problem
- What you want the company or agent to do, such as pay a claim or make a refund... please be specific

Other facts needed

- Include the name & address of the company and/or the agent
- Tell us your policy number, the name of your group, etc.
- If the complaint involves a dependent under family coverage, identify the person named on the policy
- If your complaint is against some other person's insurance company (such as another driver's) include that person's name and policy number plus your claim number

Attach copies (not originals) of

- Letters you have written the company or agent about the problem, and letters they have written you
- Your policy or the part of your benefits handbook about the disputed coverage — please mark the section you feel supports the complaint
- Letters written by other persons (such as your doctor or lawyer) about the problem
- Sales literature or work sheets if these are relevant
- The claim you filed with the company if a claim is involved
- Your health card if a health claim is involved

 **Do not send us your medical bill, unless there is a specific problem with the bill itself.**

 **Please type or write legibly in ink! Mail the completed form to:**

**Consumer Services
Ohio Department of Insurance
2100 Stella Court
Columbus, Ohio 43215-1067**

 **You have the option of filing a complaint online while at this web site.**

General information on filing a Department of Insurance consumer complaint

Complaint checklist

Remember to send the items listed below so we can start our investigation.

- Completed complaint form
- Explanation of the complaint
- Name & address of both the insurance company and the agent
- Policy number or group name
- Copies of important documents
- Your address & daytime phone

How soon will I hear from Consumer Services?

- You should receive a letter within 2 weeks confirming that we have received your complaint
- Our letter will give your analyst's name, explain what action we are taking, and about how long it may take to conclude

How long will the investigation take?

- An investigation will normally take about 30 days but it can take much longer if your complaint involves a unique or complex problem

What will the investigation involve?

- In most cases, we will send the company a copy of your complaint and ask for an explanation of its position
- Your analyst will review the company's response to make sure it has correctly addressed your problem... this may result in more letters or phone calls between the analyst and the company
- Your analyst will send you a letter that explains the results of the investigation

General information on filing a Department of Insurance consumer complaint

What happens if the company refuses to correct my problem?

- If we see no evidence of violations, the analyst's letter will say so and explain why we are closing the investigation
- If the analyst is not satisfied with the company's response, we will continue to work on the case
- If we believe the company or agent has violated insurance laws, we will refer your complaint to the Department's Market Conduct Division or Enforcement Division for further action

Should I call to check on the investigation's progress?

- You should not need to call because we will strive to keep you informed
- If you must call, you will have your analyst's direct phone number, fax number, and email address
- If you have additional information, put it in writing, include your file number, and send it to your analyst in a letter or email

Please note: the Department of Insurance cannot...

- Act as your lawyer, give you legal advice, or resolve disputes that are in litigation
- Recommend or rate insurance companies or HMOs
- Resolve a dispute when the only evidence is your word against the word of the company or agent
- Force a company to satisfy you if no laws have been broken... even if you believe the company or agent has not been fair
- Make medical judgments or require a company to pay for services the company has determined were not "medically necessary" — for all health claims, you must follow your plan's appeal process
- Handle every problem with a health plan that is self-funded by an employer, unless an insurance company, an HMO, or an independent administrator is involved