



**1. Complainant**

<b>For Office Use Only:</b> <b>Consumer Number: _____</b>
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*(Complainant's Full Name)*

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*(Complainant's Full Address: Include City/Town, Province and Postal Code)*

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*(Home Telephone Number)*

*(Work Telephone Number)*

**Insurance Complaint Form**

The **Insurance and Real Estate Division** assists consumers in resolving disputes with insurance companies which relate to insurance transactions occurring in Saskatchewan. The Superintendent of Insurance is part of the Insurance and Real Estate Division and is responsible for reviewing complaints against the legislative requirements of *The Saskatchewan Insurance Act*.

The Superintendent requests that you attempt to resolve your complaint with the insurance company and/or your agent before filling out and forwarding this form.

Please note that the Superintendent cannot force an insurance company to resolve your complaint or give you compensation. We do not act as an advocate for either the complainant or the entity that is the subject of your complaint. While any resolution that we can provide is restricted to that allowed by the Act, there may be remedies available to you by way of a civil action through the courts. These remedies may be available regardless of the results of the Superintendent's inquiry or investigation.

**Complaint Information**

<b>2. Name, Address and Telephone Number of Insurance Company:</b>	
Type of Policy: <input type="checkbox"/> Group <input type="checkbox"/> Individual	Name of Employer <i>(If Group Policy)</i> :
Policy Number:	Certificate Number:
Policy Holder's Name:	

3. Have you followed the appeal process outlined in your policy:  Yes

No

If no, please indicate why:

4. Have you spoken to someone at the insurance company regarding your complaint?  Yes

No

If yes, indicate the name of the person you spoke to, the date and the details of the discussion.

5. Attach a copy of your policy, if available, and copies of any correspondence or other papers in your possession which may be of assistance, including any letter(s) you may have sent to or received from the insurance company.

6. Provide a brief description of your complaint including relevant dates. *(If more space is needed, attach a separate sheet)*

7. What do you consider to be a fair resolution of your complaint?

8. Name, Address and Telephone Number of contact person, if other than complainant (*Include: name and address in full and a daytime telephone number*)

9. Have you completed #s 1 to 8 of this form and attached the documentation required in #5?

### **Authorization Form - Disclosure of Information – Important Notice**

1. The following is an authorization form that allows the Superintendent of Insurance to use and disclose your personal information to particular persons and entities. Please read it over carefully. If you have any questions about this form, please call or write to the address and telephone number indicated on the front of the complaint form.
2. The information on the complaint form is being collected by the Superintendent of Insurance under the authority of *The Saskatchewan Insurance Act*. By signing this form, you are consenting to the Superintendent and those members of the public service of Saskatchewan employed in the office of the Superintendent to use and disclose the personal information contained in the complaint form and any additional information that you supply as follows:
  - For the purpose of administering and enforcing *The Saskatchewan Insurance Act*;
  - For the purpose of investigating and resolving your complaint; and
  - For any other purpose for which the information was obtained or for a use consistent with that purpose.
3. In particular, you are consenting to the use and disclosure of the personal information you have provided to the following persons or entities:
  - The insurance company with whom you have the complaint;
  - Government ministries, agencies, boards or commissions;
  - Self-regulatory agencies or associations (such as the Insurance Councils of Saskatchewan);
  - Compensation associations (such as the Property and Casualty Insurance Compensation Corporation or the Canadian Life and Health Insurance Compensation Corporation) or deposit insurance providers (such as Canada Deposit Insurance Corporation);
  - Law enforcement agencies;
  - Insurance agents, brokers or adjusters related to your complaint;
  - Your employer, if your complaint involves your employer.

4. If there are persons or entities listed in clause 3 above, which you do not wish us to disclose personal information to, please list those persons or entities below.

_____	_____
_____	_____
_____	_____

I hereby authorize the Superintendent of Insurance to use and disclose the information I have submitted about my complaint to the persons and entities listed in clause 3, as required. I have not consented to the disclosure of personal information to the specific persons and entities listed in clause 4 (if any).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Signature of Individual Completing Form  
(if other than Complainant)

Please note that if you are submitting this complaint form on behalf of a complainant, the complainant must sign this authorization form.

Return your completed, signed complaint form and authorization form by facsimile, mail, or hand delivery to the Insurance and Real Estate Division at the address indicated on the top of the complaint form.