



Illinois Department of Insurance

Consumer Complaint Form

Life and Annuity

320 W. Washington Street
Springfield, IL 62767
Phone 866-445-5364
TDD 217-524-4872
Fax 217-558-2083
mc.insurance.illinois.gov

Attention: A complaint may be filed by the policy owner only (unless deceased then by beneficiary or executor of the estate) or authorized representative if specific written permission is provided.*

Complainant Name (Person completing the form) (Mr. Ms. Mrs. Dr., etc.)		Date	
Address		City	State Zip Code
Phone Number(s)		Email Address	
Name of Policy owner and/or Insured (if different from above)		Your relationship to insured person	
Address		City	State Zip Code
Phone Number(s)		Email Address	
Insurance Company/Agency Name and Address		Policy Number	
If Group Coverage, Name of Employer or Group		Employee Name	
State of Purchase		Date of Claim or Loss	
Your relationship to policy owner (one option must be selected and signed):			
<input type="checkbox"/> Self (Please read, sign and date)			
I authorize the Department of Insurance to investigate this complaint and to obtain financial and personal health information, if necessary, to conduct the investigation.			
Your Signature _____ Date _____			
<input type="checkbox"/> Authorized Representative (If complainant is not policy owner, this section must be signed and dated by the policy owner unless deceased)*			
I authorize the Department of Insurance to investigate this complaint and to obtain financial and personal health information, if necessary, to conduct the investigation. I further authorize the above named complainant to file this complaint on my behalf and to have access to my financial and personal health information.			
Signature of Policy owner _____ Date _____			
Please state your complaint (attach copies of all supporting documentation, and use back of page if necessary)			

Complainant Signature: _____ Date _____

Important Notice: Complaints filed with the Department of Insurance are confidential records and will not be released to any third parties, except the policy owner or authorized representative, or the party against whom the complaint has been filed.

