

State of Delaware



Insurance Commissioner

Department of Insurance

841 Silver Lake Blvd.
 Dover, Delaware 19904-2465
 (302)674-7310
 (800)282-8611 In Delaware only
 Facsimile (302)739-6278
 E-mail: Consumer@state.de.us

REQUEST FOR ASSISTANCE

Please Print or Type

Name	(Last)	(First)	(MI)
Address	(Street)	(City)	(State) (Zip)
Daytime Phone #: ()		E-mail address:	
Before you file a complaint/inquiry with the Delaware Department of Insurance, you should first contact the insurance company, agent or adjuster in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form and attach copies of any important papers that relate to your complaint. Request for Assistance may be submitted by fax, mail, or telephone. I understand that a copy of this Request for Assistance may be provided to the insurance company, agent or adjuster.			
Type of Insurance: (check one) Auto ___ Individual Health ___ Group Health ___ Homeowner's ___ Life ___ Commercial ___ Other (explain) _____			
My complaint is against: (check one) Insurance Company ___ Agent ___ Adjuster ___ Other (explain) _____			
Nature of Complaint: _____ _____ _____ _____			
The claim is being filed through: (check one) Your Policy ___ Someone else's Policy ___			
Your Policy Information			
(Insurance Company)	(Policy #)	(Claim #)	
(Name of Person You Spoke to)	(Their Phone #) ()	(Date of Loss) / /	(State in which Policy was Purchased)
Other Person's Policy Information			
(Insurance Company)	(Policy #)	(Claim #)	
(Name of Person You Spoke to)	(Their Phone #) ()	(Date of Loss) / /	
Have you retained an attorney? Yes ___ No ___			
Is a lawsuit currently on-going or pending? Yes ___ No ___			
BE AWARE: If you work for a large employer, your health benefit plan may not be insured through an insurance company. Many large employers provide health benefits for their employees through self-funded plans. The Delaware Department of Insurance does not regulate self-funded plans.			
I AUTHORIZE THE RESPONDENT TO FURNISH TO THE DELAWARE DEPARTMENT OF INSURANCE ANY INFORMATION RELATED TO THIS MATTER. I AM ENCLOSING COPIES OF ANY CORRESPONDENCE OR OTHER PAPERS RELATING TO THIS MATTER WHICH I FEEL WOULD HELP YOUR INVESTIGATION. I UNDERSTAND THAT A COPY OF THIS FORM AND ANY OR ALL OF THE ENCLOSED INFORMATION MAY BE SENT TO THE RESPONDENT.			
THIS FORM MUST BE SIGNED AND DATED			
----- (Signature)		----- (Date)	