

COMMISSIONER OF SECURITIES AND INSURANCE

Troy Downing Commissioner Office of the Montana State Auditor

Third-Party Insurance Complaint Authorization

- If you want to give someone the authority to file an insurance complaint on your behalf, please fill in Parts A and B below.
- Parents or guardians filing for a child under 18 do not need to complete this form.
- If you are filing a complaint for a consumer who cannot complete this form and you have legal authority to act for this consumer, complete Part B only and provide a copy of the power of attorney or other legal document that says you can make decisions for the consumer.

PART A: COMPLAINING PARTY

Name of Complainant (Print)

I allow the person named below in Part B to assist me in filing a complaint with the Montana Commissioner of Securities and Insurance (CSI). I understand that to fully investigate my complaint, the CSI may need to obtain personal information from sources (such as my insurer) in which I may have a reasonable expectation of privacy. By signing below, I agree to allow the CSI to share this information relating to my insurance complaint with the person named below in Part B, including information CSI may learn from other sources, such as my insurance company, as necessary to complete its investigation. I understand that my consent to sharing information is voluntary and I have the right to withdraw that consent. I understand that I must do so in writing.

Complainant Signature	_ Date
PART B: PERSON ASSISTING THE COMPLAINING PAR	RTY
If Applicable, Name of Organization (Please print)	

Name of Person Assisting (Please print)	
Signature of Person Assisting	_
Address	
Relationship to Complainant	
Daytime Phone #	
Evening Phone #	

Return the completed form to:

Montana Commissioner of Securities and Insurance 840 Helena Avenue Helena, MT 59601.

If you have any questions, the CSI can be reached at (406) 444-2040.

The Office of the Commissioner of Securities and Insurance, Montana State Auditor (CSI), will protect your records and the information you provide to us from public disclosure to the extent required by law. As part of its investigation, the CSI will request information from insurance companies, agents, or producers, and this will involve sharing the information you provide. Consumer complaints to CSI are public records under Montana law and may be subject to the constitutional right to know unless the demands of individual privacy clearly exceed the merits of public disclosure. The CSI may also need to request additional information from you to fully investigate your complaint. If you do not authorize the release of that information, the CSI may not be able to investigate your complaint. In certain cases, we may share information about your complaint with other state, federal, or local government agencies that may assist us with handling your complaint. Information shared with other state agencies will be subject to the same protections against public disclosure described above. The CSI will notify you in the event that a third party initiates a legal proceeding to compel disclosure of your confidential information so that you may have an opportunity to contest such a proceeding. The CSI may, in rare cases, be compelled to disclose confidential information by a court order. Request for assistance: I hereby request the CSI to assist me with a complaint, inquiry, or appeal regarding my insurance coverage or the conduct of an insurance company, agent, or adjuster. I grant permission to the CSI staff to review my records and information to the extent necessary to investigate my complaint. I understand that a complete copy of this complaint, including any supporting documentation, will be sent to the insurance company, agent, or adjuster that I am filing this complaint against.