



# 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

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.

Name of Complainant (Print) \_\_\_\_\_

Complainant Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

### PART B: PERSON ASSISTING THE COMPLAINING PARTY

If Applicable, Name of Organization (Please print)

\_\_\_\_\_

## Third-Party Insurance Complaint Authorization

Name of Person Assisting (Please print)

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Signature of Person Assisting

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Address

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Relationship to Complainant

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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.

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*The complaint and supporting information submitted to CSI is presumed to be public information, unless the information is considered confidential or otherwise protected against public disclosure under applicable law. See Title 2, chapter 6, part 10, MCA.*

*Authorization for release of personal information: In the event the Commissioner of Securities and Insurance, Montana State Auditor (CSI) must request additional information related to my complaint, any company that has any record of, or knowledge about, the insured or claimant named on this form is authorized to provide information to CSI. Electronic signature disclaimer: By completing this application electronically and typing my name on the signature line, I agree I have signed this application electronically. Certification: I certify that the information that I have provided on this form is true and correct to the best of my knowledge.*