



Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
P.O. Box 5795 CHRB, Saipan, MP 96950
Telephone: (670) 664-3000 Fax: (670) 664-3067
Website: <http://commerce.gov.mp/>

OFFICE OF THE INSURANCE COMMISSIONER
Telephone: (670) 664-8018 or 664-8020 Fax: (670) 664-8074

Before filing a complaint

Contact the insurance company or agent and bring the problem to their attention. Document your phone calls by noting the name of the person you speak to, the date of the call and a brief summary of the conversation. Keep copies of all written communications with your insurance company or producer.

If you are not satisfied you can file a complaint with our division so we can investigate the situation on your behalf.

Please use the form to submit a complaint about an insurance company. We will do our best to advocate on your behalf. In the meantime, you should continue to pursue your rights under the terms of your insurance contract.

How to file a complaint

- Obtain a complaint form [online](#)
- Complaints may be submitted in the following ways:
- Submit your complaint form electronically or by [mail or fax](#);
 - Fax to 670-664-3067; or 670-664-8074
 - Mail to P.O. Box 5795 CHRB Saipan, MP 96950.
 - Email to cnmi.insurance@commerce.gov.mp
 - **Keep your originals and send only copies of information.**
- When your complaint is received, a tracking number will be assigned and you will be sent written confirmation. Please refer to the tracking number when you call or write to the division.

What we can and cannot do

We can:

1. Forward a copy of your complaint to your insurance company and require the company to provide a response/explanation.
2. Review the company's response for compliance with applicable CNMI insurance law and regulation requirements.
3. Require the company to take corrective action if we determine that the company's position does not comply with the insurance law.

4. Help you understand your insurance policy.
5. Recommend courses of action that you can take to resolve your problem, if we do not have the regulatory authority to resolve it ourselves.
6. For all health plans, we can assist you in filing your first- and second-level grievance and appeals.
7. Use a process called [external review](#) to resolve disputes with your insurance company, if the dispute is medical in nature. For example, the dispute could be about whether a service is medically necessary.

We can't:

1. Recommend an insurance company, producer (agent) or insurance policy.
2. Identify what company a particular person or business has an insurance coverage with.
3. Act as a legal representative or give you any legal advice.
4. Intervene in a pending lawsuit on your behalf.
5. Consult with you if you are represented by an attorney, unless we have your attorney's written permission.
6. Regulate or discipline plans or companies that are not subject to the insurance laws or that are governed by other state agencies (see "Health plans we do not regulate" below).
7. Regarding a dispute between you and your insurance company, establish:
 1. What medical care is necessary or appropriate.
 2. Who was negligent or at fault.
 3. The value of a claim or the amount of money owed to you.
 4. The facts surrounding the claim or insurance transaction - who is being truthful when there are differing accounts of what happened.
 5. The facts regarding any other disagreement between you and another party



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INSURANCE COMPLAINT QUESTIONNAIRE

INSTRUCTIONS:

Give us a brief statement as to what the insurance company/agent has done or has failed to do, and what you would like the Insurance Commissioner to do to help you.

Complainant: _____
Last Name, First Name Middle Initial

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Insured (if other than complainant): _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Insurance Company: _____ Policy: _____
(The name of the company can be found on your insurance policy, usually on the first page)

Type of policy:

- Auto Health Business Home Life/Annuity Other

Name of Insurance Agent (if applicable): _____

I submit the following information and represent that such information is accurate to the best of my knowledge and ability:

You may use reverse side to complete your statement

By my signature, I hereby acknowledge that the facts relating to the complaint will become a matter of public record.

Signature: _____ Date: _____

You will hear from us in writing as soon as we have definite information.