

NAIC STANDARD COMPLAINT DATA

THE FIELDS THAT ARE SHADED ON THIS FORM MUST BE USED FOR REPORTING MEDICARE SUPPLEMENT COMPLAINT INFORMATION THROUGH CDS.

State: _____ State Complaint Number: _____ Date Opened: _____ Date Closed: _____
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Complaint Against

Entity Name: _____ State ID: _____ NAIC Entity Number: _____
CoCode: _____ AA/FEIN: _____ Entity Type Code: _____ Function Code: _____
SSN: _____ DOB: _____ Phone: _____
M M D D Y Y Y Y

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

Complainant/Insured Information

Complainant Zip Code: _____ Insured Age Group: _____ Age Group Codes: 1 = < 25; 2 = 25 to 49; 3 = 50 to 64; 4 = 65 +

Complainant Type _____ Complainant Type Codes: *INS* = Insured; *BEN* = Beneficiary; *PRO* = Producer; *PRV* = Provider; *THP* = Third Party;

Code: _____ MIL = Military Personnel; OTH = Other

Medicare Policy Type Code: _____ Standardized Medicare Benefit Plan Codes: *A* through *J, O, or P*

Type of Coverage

Select only one (1) item from the first level of coverage listed; up to three (3) may be selected from the second level.

- | | | | |
|--------------|--|--|---|
| | AUTO | FIRE, ALLIED LINES & CMP | HOMEOWNERS |
| First Level | <input type="checkbox"/> 0105 Private Passenger
<input type="checkbox"/> 0107 Group Private Passenger
<input type="checkbox"/> 0110 Commercial
<input type="checkbox"/> 0115 Motorcycle
<input type="checkbox"/> 0120 Motor home/Recreational Vehicle
<input type="checkbox"/> 0123 Motor sport
<input type="checkbox"/> 0124 Rental
<input type="checkbox"/> 0125 Other | <input type="checkbox"/> 0205 Fire, Allied Lines
<input type="checkbox"/> 0207 Crop/Hail
<input type="checkbox"/> 0210 Commercial Multi-Peril
<input type="checkbox"/> 0215 Credit Property
<input type="checkbox"/> 0217 Dwelling Fire
<input type="checkbox"/> 0218 Builder's Risk
<input type="checkbox"/> 0220 Other | <input type="checkbox"/> 0305 Homeowners
<input type="checkbox"/> 0307 Group Homeowners
<input type="checkbox"/> 0310 Farm owner/Ranch owner
<input type="checkbox"/> 0315 Mobile Homeowner
<input type="checkbox"/> 0317 Condo/ Town
<input type="checkbox"/> 0318 Renters/Tenants
<input type="checkbox"/> 0320 Other |
| Second Level | <input type="checkbox"/> 0130 Liability
<input type="checkbox"/> 0135 Physical Damage
<input type="checkbox"/> 0137 Collision
<input type="checkbox"/> 0138 Comprehensive
<input type="checkbox"/> 0140 Medical Payments
<input type="checkbox"/> 0145 UM/UIM
<input type="checkbox"/> 0150 No-Fault/PIP
<input type="checkbox"/> 0151 Personal Effects Coverage
<input type="checkbox"/> 0152 Policy Proof of Interest
<input type="checkbox"/> 0153 Rental Reimbursement
<input type="checkbox"/> 0154 Towing
<input type="checkbox"/> 0155 Residual Mkt./JUA Related
<input type="checkbox"/> 0156 Physical Damage Waiver
<input type="checkbox"/> 0157 Collision Damage Waiver
<input type="checkbox"/> 0158 Supplemental Liability
<input type="checkbox"/> 0159 Personal Passenger
<input type="checkbox"/> 0160 Other | <input type="checkbox"/> 0225 Liability
<input type="checkbox"/> 0230 Theft
<input type="checkbox"/> 0233 Windstorm
<input type="checkbox"/> 0235 Fire - Real Property
<input type="checkbox"/> 0240 Personal Property
<input type="checkbox"/> 0243 Residual Mkt./JUA Related
<input type="checkbox"/> 0245 Other | <input type="checkbox"/> 0325 Liability
<input type="checkbox"/> 0330 Theft
<input type="checkbox"/> 0333 Earthquake
<input type="checkbox"/> 0334 Flood
<input type="checkbox"/> 0335 Fire - Real Property
<input type="checkbox"/> 0336 Single Interest
<input type="checkbox"/> 0337 Medical Payments
<input type="checkbox"/> 0340 Personal Property
<input type="checkbox"/> 0341 Residual Mkt./JUA Related
<input type="checkbox"/> 0342 Replacement Cost
<input type="checkbox"/> 0343 Loss of Use
<input type="checkbox"/> 0344 Windstorm
<input type="checkbox"/> 0345 Other |
| | LIFE & ANNUITY | ACCIDENT & HEALTH | LIABILITY |
| | <input type="checkbox"/> 0405 Individual Life
<input type="checkbox"/> 0410 Group Life
<input type="checkbox"/> 0415 Annuities
<input type="checkbox"/> 0417 Group Annuities
<input type="checkbox"/> 0420 Credit Life
<input type="checkbox"/> 0425 Accelerated Benefits
<input type="checkbox"/> 0430 Other
<input type="checkbox"/> 0435 Accidental Death & Dismemberment
<input type="checkbox"/> 0440 Association
<input type="checkbox"/> 0445 Equity Indexed
<input type="checkbox"/> 0450 Fixed
<input type="checkbox"/> 0455 Premium Waiver
<input type="checkbox"/> 0460 Single Premium
<input type="checkbox"/> 0465 Term
<input type="checkbox"/> 0470 Universal
<input type="checkbox"/> 0475 Variable
<input type="checkbox"/> 0480 Whole
<input type="checkbox"/> 0495 Other | <input type="checkbox"/> 0505 Individual
<input type="checkbox"/> 0510 Group
<input type="checkbox"/> 0515 Credit
<input type="checkbox"/> 0517 Other
<input type="checkbox"/> 0520 Accident Only
<input type="checkbox"/> 0525 Disability Income
<input type="checkbox"/> 0530 Health Only
<input type="checkbox"/> 0535 Medicare Supplement
<input type="checkbox"/> 0536 Medicare Select
<input type="checkbox"/> 0540 Long-Term Care
<input type="checkbox"/> 0541 Home Health Care
<input type="checkbox"/> 0543 Mental Health
<input type="checkbox"/> 0545 Dental
<input type="checkbox"/> 0546 Occupational Accident
<input type="checkbox"/> 0547 Limited Benefits
<input type="checkbox"/> 0548 Chiropractic
<input type="checkbox"/> 0549 Medicare Risk
<input type="checkbox"/> 0550 Hospital Indemnity
<input type="checkbox"/> 0551 Vision
<input type="checkbox"/> 0552 HIPAA
<input type="checkbox"/> 0553 Unemployment
<input type="checkbox"/> 0554 Pre-existing Condition
<input type="checkbox"/> 0555 Cancer/Dread Disease
<input type="checkbox"/> 0556 Self Funded/ERISA
<input type="checkbox"/> 0557 COBRA
<input type="checkbox"/> 0558 HMO
<input type="checkbox"/> 0559 PPO
<input type="checkbox"/> 0560 Other | <input type="checkbox"/> 0605 General
<input type="checkbox"/> 0610 Products
<input type="checkbox"/> 0615 Professional E & O
<input type="checkbox"/> 0617 Umbrella
<input type="checkbox"/> 0618 Directors & Officers
<input type="checkbox"/> 0620 Other
<input type="checkbox"/> 0625 Employment Policy
<input type="checkbox"/> 0630 Excess Loss
<input type="checkbox"/> 0635 Medical Malpractice
<input type="checkbox"/> 0640 Pollution
<input type="checkbox"/> 0695 Other |
| | <input type="checkbox"/> 0705 Workers' Compensation
<input type="checkbox"/> 0710 Fidelity & Surety
<input type="checkbox"/> 0715 Ocean Marine
<input type="checkbox"/> 0720 Inland Marine
<input type="checkbox"/> 0725 Title
<input type="checkbox"/> 0727 In Home/Incidental Business | MISCELLANEOUS
<input type="checkbox"/> 0730 Mortgage Guaranty
<input type="checkbox"/> 0733 Boiler Machinery
<input type="checkbox"/> 0734 PMI
<input type="checkbox"/> 0736 Surplus Lines
<input type="checkbox"/> 0737 Watercraft
<input type="checkbox"/> 0738 Aircraft | <input type="checkbox"/> 0739 Bail Bonds
<input type="checkbox"/> 0740 Extended Warranty & Service Contracts
<input type="checkbox"/> 0741 Federal Programs
<input type="checkbox"/> 0742 Federal Crop
<input type="checkbox"/> 0743 Federal Flood
<input type="checkbox"/> 0745 Other |

Reason for Complaint

Select up to three (3) items per category.

UNDERWRITING

- 0805 Premium & Rating
- 0810 Refusal to Insure
- 0815 Cancellation
- 0816 Nonrenewal
- 0817 Countersignature
- 0818 Credit Report
- 0819 Redlining
- 0820 Delays
- 0821 Forced Placement
- 0822 Audit Dispute
- 0823 Health Status
- 0824 Pre-Ownership Underwriting
- 0825 Unfair Discrimination
- 0826 Rate Classification
- 0827 Domestic Violence
- 0828 Rescission
- 0829 Surcharge
- 0830 Endorsement/Rider
- 0831 Credit Scoring
- 0832 PIP Primacy
- 0833 Terrorism
- 0834 COBRA
- 0835 Group Conversion
- 0836 CLUE Reports
- 0837 MIB Reports
- 0840 Continuation of Benefits
- 0841 Medicare Supplement Refusal to Insure During Open Enrollment Period
- 0842 Medicare Supplement Refusal to Insure After Open Enrollment Period
- 0845 Other

POLICYHOLDER SERVICE

- 1101 Inadequate Provider Network
- 1103 Class Action
- 1104 1035 Exchange
- 1105 Premium Notice/Billing
- 1106 PIP Primacy
- 1107 Surrender Problem
- 1108 Terrorism
- 1110 Cash Value
- 1113 Accelerated Benefits
- 1115 Delays/No Response
- 1117 Information Requested
- 1118 Policy Delivery
- 1120 Premium Refund
- 1121 Nonforfeiture
- 1122 Viatical Settlement
- 1123 Payment Not Credited
- 1125 Coverage Question
- 1126 Access to Care
- 1127 Quality of Care
- 1128 Company/Agent Dispute
- 1129 Abusive Service
- 1130 Other

CLAIM HANDLING

- 1000 Adverse Benefit Determination
- 1001 Adjuster Handling
- 1002 Prompt Pay
- 1003 Willing Provider
- 1004 Provider Availability
- 1005 Unsatisfactory Settlement/Offer
- 1006 Preexisting Condition
- 1007 Medical Necessity
- 1008 Total Loss
- 1009 Fraud
- 1010 Post Claim Underwriting
- 1011 Cost Containment PIP
- 1012 Subrogation
- 1013 Comparative Negligence
- 1014 Mold
- 1015 Denial of Claim
- 1016 Lead
- 1017 Usual, Customary Reasonable
- 1018 Out-of-Network Benefits
- 1019 Co-pay Issues
- 1020 Coordination of Benefits
- 1021 No Preauthorization
- 1022 PCP Referrals
- 1023 Utilization Review
- 1024 Obesity Service
- 1025 Delays
- 1026 PIP Primacy
- 1027 Experimental
- 1028 Assignment of Benefits
- 1029 Terrorism
- 1030 Cost Containment
- 1031 Value Dispute
- 1032 Adjuster Not Responding
- 1033 Consumer Education Needed
- 1034 Timeliness
- 1035 Other

MARKETING & SALES

- 0901 Terrorism
- 0902 Unfair Discrimination
- 0903 Suitability
- 0904 Financial Privacy
- 0905 Misleading Advertising
- 0906 Health Privacy
- 0907 Churning
- 0908 Replacement
- 0909 Unauthorized Insurer
- 0910 Agent Handling
- 0911 Unauthorized Entity
- 0912 Internet Related
- 0913 Fiduciary/Theft
- 0914 Failure to Place
- 0915 Misrepresentation
- 0916 Not Licensed
- 0917 Policy Delivery
- 0918 Misappropriation of Premium
- 0919 Not Appointed w/Company
- 0920 Twisting
- 0921 Deceptive Cold Lead Advertising
- 0922 High Pressure Tactics
- 0923 Duplication of Coverage
- 0924 Rebating
- 0925 Delays
- 0926 Misstatement on Application
- 0927 Home Service
- 0928 Misappropriations
- 0929 Fraud/Forgery
- 0930 Other

Disposition

Select up to three (3) items.

- | | | |
|--|---|--|
| <ul style="list-style-type: none"><input type="checkbox"/> 1201 Policy Not in Force<input type="checkbox"/> 1205 Policy Issued/Restored<input type="checkbox"/> 1207 Advised Complainant<input type="checkbox"/> 1208 Compromised Settlement/Resolution<input type="checkbox"/> 1210 Additional Payment<input type="checkbox"/> 1215 Refund<input type="checkbox"/> 1217 Entered into Arbitration/Mediation<input type="checkbox"/> 1220 Coverage Extended<input type="checkbox"/> 1223 Unable to Assist<input type="checkbox"/> 1225 Claim Reopened<input type="checkbox"/> 1227 Cancellation Upheld<input type="checkbox"/> 1230 Claim Settled<input type="checkbox"/> 1233 Filed Suit/Retained Attorney<input type="checkbox"/> 1235 No Action Requested/Required<input type="checkbox"/> 1239 Referred to Another Department | <ul style="list-style-type: none"><input type="checkbox"/> 1240 Referred to Proper Agency<input type="checkbox"/> 1241 Referred to Rates/Contracts<input type="checkbox"/> 1242 Referred to Market Conduct<input type="checkbox"/> 1243 Appointed<input type="checkbox"/> 1244 Licensed<input type="checkbox"/> 1245 Advertising Withdrawn/Amended<input type="checkbox"/> 1250 Underwriting Practice Resolved<input type="checkbox"/> 1253 Information Furnished/Expanded<input type="checkbox"/> 1255 Delay Resolved<input type="checkbox"/> 1257 Fine<input type="checkbox"/> 1260 Cancellation Notice Withdrawn<input type="checkbox"/> 1228 No renewal Upheld<input type="checkbox"/> 1265 Nonrenewal Notice Rescinded<input type="checkbox"/> 1267 Nonforfeiture Problem Resolved<input type="checkbox"/> 1270 Premium Problem Resolved | <ul style="list-style-type: none"><input type="checkbox"/> 1273 ERISA Compliant<input type="checkbox"/> 1275 Apparent Unlicensed Activity<input type="checkbox"/> 1277 Deductible Refunded<input type="checkbox"/> 1278 Forfeiture<input type="checkbox"/> 1280 Referred for Disciplinary Action<input type="checkbox"/> 1285 Question of Fact<input type="checkbox"/> 1287 Rating Problem Resolved<input type="checkbox"/> 1290 Contract Provision/Legal Issue<input type="checkbox"/> 1293 Company in Compliance<input type="checkbox"/> 1295 Company Position Upheld<input type="checkbox"/> 1297 Endorsement Processed<input type="checkbox"/> 1300 No Jurisdiction<input type="checkbox"/> 1303 Recovery<input type="checkbox"/> 1305 Insufficient Information<input type="checkbox"/> 1310 Other |
|--|---|--|

Submit completed Complaint forms to the NAIC – Market Information Systems:
Fax to: NAIC –Enterprising Data Services at (816) 460-7510.
Email to: mktdata@naic.org

Entity Type Codes

FRM	Firms
IND	Individual

Entity Function Codes

ADJ Adjuster/Appraiser	JUA Joint Underwriting Association	REI Reinsurance Intermediary
AIR Alien Insurer or Reinsurer	KEE Key Employee	RPG Risk Purchasing Group
BBA Bail Bond Agency	MET MEWA or Multiple Employer Trust	RRG Risk Retention Group
BOG Bogus	MGA Managing General Agent	SEC Secretary
CAI Captive Insurer	OFF Officer	SEI Self Insured
CEO Chief Executive Officer	OTH Other	STF State Fund
COO Chief Operating Officer	PAJ Public Adjuster	TAG Title Agency
DIT Director of Trustees	PFC Premium Finance Company	TPA Third Party Administrator
EMP Employee	PPO Preferred Provider Organization	TRE Treasurer
HCP Health Care Provider	PRE President	UDI U.S. Domiciled Insurer
HMO Health Maintenance Organization	PRI Principal or Owner	UNK Unknown
INC Insurance Consultant	PRO Producer (agent, broker, solicitor, etc.)	URO Utilization Review Organization
		VIP Vice President

Function Codes: Relation to Entity Type

<u>IND</u>	<u>FRM</u>	<u>EITHER</u>	
CEO	① AIR ①*	ADJ	* If ARIS number provided, AIR is the default function code
COO	BBA	BOG	
EMP	CAI	DIT	** ② If CoCode is provided, UDI is the default function code
KEE	HMO	HCP	
OFF	JUA	INC	
PRE	MET	MGA	*** ③ If no function code is provided, UNK is the default function code
SEC	PFC	OTH	
TRE	PPO	PAJ	
VIP	RPG	PRI	
	RRG	PRO	
	SEI	REI	
	STF	TPA	
	TAG	URO	
	UDI ** ②	UNK *** ③	

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