DEPARTMENT OF INSURANCE

CONSUMER SERVICES AND MARKET CONDUCT BRANCH CONSUMER SERVICES DIVISION 300 SOUTH SPRING STREET, SOUTH TOWER LOS ANGELES, CA 90013

www.insurance.ca.gov

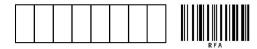
CSD-001-P

Revised: 04/11/2014



REQUEST FOR ASSISTANCE (RFA)

Name	Daytime Phone: ()
Address	Alternate Phone: ()
City /Zip	Email address:
Name of the policyholder if different from your name:	
Type of Insurance: Auto \Box Home \Box Life/Annuity \Box	
Complete name of insurance company involved:	
Policy number: Clain	n number:
Date loss occurred or began (if applicable):	
Insurance Broker/Agent (if applicable):	Broker/Agent License Number:
Broker/Agent Phone Number:	_Broker/Agent Email Address:
Broker/Agent Street Address: Cit	ty/State:/Zip:
Have you contacted the company, agent or broker?	Yes □ No □
If yes, state the date(s) and person(s) contacted:	
Have you reported this to any other governmental agency?	? Yes □ No □
Name of Agency:	
Date Reported:	Case Number



(Signature)		(Date)
PLEASE READ: I understand that a copy of this form a involved in this Request for Assistance		entation submitted will be provided to the licensee
agent; declaration page of your insurar ☐ If you wish to give authority to someor complete the <i>Authorization and Design</i>	nce policy; canone to assist you	ence between you and the insurance company/broker- celed checks; letters of claim denial, etc.) in filing this <i>Request for Assistance (RFA)</i> , please form.
In order for us to effectively begin our in have related to this matter along with you	• •	ease provide any supporting documentation you may Assistance (RFA).
What do you consider to be a fair resolut	ion to your pro	blem?
Briefly, describe your problem (use addit	tional paper if r	needed):
		form so we have a record of your issue. Once the matter is lations of insurance law by the insurer that you or your attorney
		☐ If yes, we will defer the regulatory investigation until the
Has a lawsuit been filed?	Yes □ No	
Are you represented by an attorney in this	s matter? Yes	□ No □
Have you previously written to the Departition File number (if available)		

State Of California Department of Insurance Authorization and Designation of Agent

- If you want to give someone the authority to assist you in the filing of your complaint please fill in Parts A and B below.
- If you are a parent or legal guardian filing this complaint for a child under the age of 18, you 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, please complete Part B only. Also send a copy of the power of attorney for health care decisions or other legal document that says you can make decisions for the consumer.

PART A: COMPLAINANT

I allow the person named below in Part B to assist me in completing a complaint filed with the California Department of Insurance (CDI). I allow the CDI to share my personal information with the person named below in Part B. This may include information about my medical condition(s) and care if applicable and may include mental health treatment, HIV treatment or testing, alcohol or drug treatment, or other health care information

I understand that only information related to my complaint will be shared.

Name of Complainant (Print)

My approval of this assistance is voluntary and I have the right to end it. If I want it to end, I must do so in writing.

Complainant Signature	Date		
PART B: PERSON ASSISTING THE COM	PLAINANT		
If Applicable, Name of Organization (Please prin			
Name of Person Assisting (Please print)			
Signature of Person Assisting			
Address			
Relationship to Complainant			
Daytime Phone #			
My Power of Attorney for health care decisions or other legal document is attached.			

Return the completed form to California Department of Insurance, Consumer Services Division, 300 S. Spring Street, Los Angeles, CA 90013. If you have any questions, the Department can be reached at (800) 927-4357,

Effective January 21, 2013

Outside of California (213) 897-8921.

DEPARTMENT OF INSURANCE



Privacy Notice on Information Collection

Request for Assistance Forms

*** This notice is provided pursuant to the Information Practices Act of 1977 (California Civil Code Section 1798.17) ***

Collection and Use of Personal Information

California Insurance Code Sections 12921 and 12921.1, and related statutes and regulations, give the California Department of Insurance (CDI) and the Consumer Services Division the authority to regulate and investigate consumer complaints. The CDI uses your information to address complaints brought to the Department's attention. Information is collected subject to limitations contained in the Information Practices Act of 1977, SAM 5300, et seq., SIMM 5305, et seq., and other applicable state and federal laws.

Providing Personal Information is Voluntary

You do not have to provide the personal information requested. However, if you do not wish to provide us the necessary information, we may not be able to investigate your complaint. When providing information or documents, please do not include unrequested personal information, such as Social Security Numbers, Driver's License Numbers, unnecessary health-related information, and credit card or financial information.

Possible Disclosure of Personal Information

We may share your personal information with the insurance licensee and in the case of an Independent Medical Review with the Independent Medical Review Organization. We may also share your information with other government agencies as required by law.

Access to Your Information

You have the right to access records containing your personal information which are maintained by CDI. To request access, contact: CDI Privacy Officer, Legal Division, Government Law Bureau, 300 Capitol Mall, Suite 1700, Sacramento, CA 95814, (916) 492-3500.

Department Privacy Policy

The California Department of Insurance has developed policies regarding the privacy of your information. They may be viewed at www.insurance.ca.gov/privacy-policy.