

ALABAMA DEPT OF INSURANCE
Consumer Request for Assistance
FORM CRA (03/2017)

For complaints regarding Preneed Funeral/Cemetery Merchandise and Services Contracts, mail, fax or email this form to the address or number below:

Alabama Department of Insurance
Preneed Division
P O Box 303351
Montgomery, AL 36130-3351
Fax: 334-206-6347
Email: Preneed@insurance.alabama.gov

PLEASE TYPE OR PRINT IN BLACK INK

Please print this form, complete it, and mail, fax or email it to the address shown above. Before you file a request for assistance with the Department of Insurance, you should first contact the funeral home, cemetery, or preneed sales agent in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form, attach copies of any important correspondence and/or documentation that relates to your request for assistance, and mail, fax or email it to the address or number shown above.

_____	Work Phone: () _____
Complainant's Name	
_____	Home Phone: () _____
Address	
_____	Date: _____
City, State, Zip Code	

Email Address	

I understand that a copy of this Request for Assistance may be provided to the Funeral Home, Cemetery, or Preneed Sales Agent.

PLEASE USE A SEPARATE FORM FOR EACH COMPANY.

1. Complete name of Funeral Home or Cemetery you are experiencing problems with:

2. Circle type of Contract: Funeral Cemetery

3. (a) Name of Preneed Contract Beneficiary (if different from your name):

(b) Name of Preneed Contract Purchaser (if different from the beneficiary)

4. Contract Number(s): _____
(Provide copies of all contracts)

5. Date Preneed Contract was Purchased: _____

6. Date of Death of Contract Beneficiary (if applicable): _____

7. Date of Fulfillment (if applicable): _____

8. Insurer (if applicable): _____

9. Insurance/annuity policy(s) number(s) (if applicable): _____

(Provide copies of policy(s)/annuity(s) related to your complaint)

10. Preneed Sales Agent (if applicable): _____

Telephone Number: _____

11. Have you contacted the Funeral Home or Cemetery? (Circle One) YES NO
If yes, state the date(s), and person(s) contacted:

(Provide copies of all correspondence)

12. Have you reported this to any other agency? (Circle One) YES NO

(1) Name of agency:

(2) File number, if known:

9. Have you previously written to the Alabama Department of Insurance about this matter? (Circle One) YES NO

Name on file: _____ Date: _____

10. Have you retained an attorney? (Circle One) YES NO

If YES, what is the name of the attorney? _____

Is a lawsuit currently ongoing or pending? (Circle One) YES NO

11. Briefly, describe your problem (if needed, use additional paper):

