



Public Sector Group Insurance Plan

<http://www.mybenefitplan.ca/>

PSGIP COMPLAINT FORM

Date of Complaint: _____

1. PLAN MEMBER

Employer Name: _____

Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

2. COMPLAINT CATEGORY

Select the applicable complaint categories

CLASS 1. CLAIMS

- a) Delays
- b) Unsatisfactory settlements
- c) Claims denied
- d) Suspension in benefit payments
- e) Unfriendly service - Insurer
- f) All other types of complaint relating to customer service

CLASS 2. COVERAGE

- a) Delays
- b) Coverage cancelled
- c) Unfriendly service - Johnson Inc.
- d) All other types of complaint relating to customer service

3. COMPLAINT DETAIL

Please describe the complaint in detail: _____

Name of person you talked to: _____ Date: _____

Send complaint form to: Trustee Coordinator, HRA
1 Harbourside, Brecken Building
Charlottetown, PE C1A 8R4

Protecting Your Personal Information

At HRA, we recognize and respect the importance of privacy of personal information. We limit access to your personal information to such staff of HRA or the other service providers or managers of the plan who require it to investigate and/or respond to your complaint, or otherwise as authorized by you or as required by law.