



Department of Consumer & Business Services
 Insurance Division
 Health Unit, Rates & Forms Section
 350 Winter St. NE, Rm. 440
 Salem, Oregon 97301-3883
 Phone (503) 947-7985

Certification Statement
Annual Reporting of Grievances
 ORS 743.804(9)

Filing date: June 2003 NAIC no.: 70408
 Company name: Fortis Benefits Insurance Company
 Contact person: Kevin Fleuchaus Title: Paralegal
 Mailing address: 501 W. Michigan St. Milwaukee, WI 53203
Street City State ZIP
 Phone no.: 414-299-7688 Fax no.: 414-299-8972 E-mail address: Kevin.Fleuchaus@us.fortis.com

Each item in the certification statement **must** be completed to ensure compliance with Oregon law. Submissions received without a certification statement or with a certification statement that has not been completed will be returned. This statement must be attached to the filing submission and signed by an officer of the company or a person authorized by an officer.

Check to verify the following:

- Insurer uses statutory definition of grievance in tracking grievance data. ORS 743.801(4)
 Reporting of grievance data is in prescribed format, including categorization of grievances into the nine categories specified in OAR 836-053-1070 and compliance with other specifications in Bulletin INS 98-6.

I certify that I have reviewed the applicable laws and to the best of my knowledge:

- a. This report conforms to the requirements of the Oregon Insurance Code and rules adopted thereunder, and to requirements of the division as specified in this certification statement.
 b. The filing is complete and accurate with respect to all items on this certification statement.

Kevin P. Fleuchaus
 Signature of authorized person

Paralegal
 Title

6/25/03
 Date



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Reporting of Grievances as Enacted under Senate Bill 21 (1997)

Company name: Fortis Benefits Insurance Company

Date: June 2003

Contact person: Kevin Fleuchaus

Phone: 414-299-7688

Category of grievance	(A) Number of grievances closed	Initial decision upheld Number (B) Percentage (B/A)	Initial decision reversed Number (C) Percentage (C/A)
(D) Access problems	0		
(E) Referral issues	0		
(F) Medical necessity	0		
(G) Other coverage/ not covered	0		
(H) Eligibility	0		
(I) Quality of care	0		
(J) Quality of plan services	0		
(K) Emergency services	0		
(L) Administrative issues	3	0	3
(M) Total number of grievances closed: 3		Percentage: 100%	

	Number	Percentage
(N) Closed at initial grievance	3	(N/M) 100
(O) Closed at first level of appeal	0	(O/M) 0
(P) Closed at second level of appeal	0	(P/M) 0
(Q) Average time between filing of grievance and closure = 7 days		

