



OFFICE OF THE COMMISSIONER OF INSURANCE
Government of Puerto Rico

ACCESS REQUEST FORM

Complaint Management System

New User Access Update User Information Deactivate User Access

GENERAL INFORMATION

Name: _____ Initial _____ Last Names _____

Postal Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone: _____

Insurance Company: _____

ACCESS DESCRIPTION

Please provide the type of access you are requesting.

- Case Management
- Claims File Upload
- Insurance User Management (Master Account)

NEW USER DECLARATION

I understand that information contained on the Complaint Management System is CONFIDENTIAL and should only be used as authorized.

User Signature _____
Date

Signature of _____ _____
President or Vice-President Title Date

FOR OFFICE USE ONLY

Created by: _____ Date: _____