

New Jersey Department of Banking & Insurance
Anti-Fraud Prevention & Detection Annual Experience Report

Health Insurance

Calendar Year:

I. Identification

| | | |
|-----------------------|-------|----------------------|
| Company Name | | NAIC Company Code |
| Group Name | | NAIC Group Number |
| Street Address | | Address 2 |
| City | State | Zip |
| Respondent First Name | | Respondent Last Name |
| Title | | Phone number |
| Email | | Date Form Completed |

II. Coverages:

| | | | | | |
|---|--------------------------|---------------------|--------------------------|-----------------------------------|--------------------------|
| Total Lives Insured | | Comprehensive | | Limited Benefits | |
| Reported data includes the following (check all that apply) | | | | | |
| Comprehensive benefits | <input type="checkbox"/> | Dental Only | <input type="checkbox"/> | Non-coordinated | <input type="checkbox"/> |
| Limited Benefits | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Other hospital Indemnity | <input type="checkbox"/> |
| Accident Only | <input type="checkbox"/> | Long Term Care | <input type="checkbox"/> | Vision Only | <input type="checkbox"/> |
| Credit Only | <input type="checkbox"/> | Medicare Supplement | <input type="checkbox"/> | Supplement to liability insurance | <input type="checkbox"/> |

III. Claims Data:

| | |
|---|--|
| A. Number of NJ Claims Opened/Received During Calendar Year | |
| B. Total dollars saved by denial and compromise during Calendar Year due to investigation | |
| C. Number of NJ Claims referred to SIU during Calendar Year | |
| D. Number of NJ Claims referred to OIFP during Calendar year | |

IV. Underwriting Data:

| | |
|--|--|
| A. Number of NJ Policies in Force during Calendar Year (includes new and renewal business) | |
| B. Number of NJ Policies and Applications Declined for Fraud During Calendar Year | |
| C. Number of NJ Applications and Policies (new business, renewals, terminations) referred to SIU During Calendar Year | |
| D. Number of NJ Applications and Policies (new business, renewals, terminations) referred to OIFP During Calendar Year | |
| E. Total dollars saved by Declination, Policy Cancellation or nonrenewal during calendar year due to fraud Investigation | |

IV. Total SIU Expenditures:

| | |
|---|--|
| Dollar Amount Spent on NJ Claim and Underwriting Fraud Detection and Prevention | |
| A. NJ SIU Salaries | |
| B. NJ SIU Direct Expenses | |
| C. NJ SIU Other / Direct Expenses | |

Comments:
