

INSURANCE
DEPARTMENT OF BANKING AND INSURANCE
DIVISION OF INSURANCE

Fraud Prevention and Detection

Readoption with Amendments: N.J.A.C. 11:16

Adopted Repeal and New Rule: N.J.A.C. 11:16-6 Appendix

Proposed: March 6, 2006 at 38 N.J.R.1276 (a)

Adopted: July 31, 2006 by Steven M. Goldman, Commissioner, Department of Banking and Insurance

Filed: July 31, 2006 as R. 2006 d. 308, with substantive changes not requiring additional public notice and comment. (see N.J.A.C. 1:30-6.3)

Authority: 17:1-8.1, 17:1-15e, 17:23-8 et seq. and 17:23-19, 17:23-20 et seq., 17:33A-1 et seq. and 47:1A-2.

Effective Date: July 30, 2006, Readoption;
September 5, 2006, Amendment, Repeal and New Rule

Expiration Date: July 30, 2011

Summary of Public Comments and Agency Responses:

The Department of Banking and Insurance (Department) received a timely written comment from the representative counsel of Selective Insurance Group, Inc.

COMMENT: The commenter proposed to further revise N.J.A.C. 11:16-6.6(b)1 by addition of language requiring the insurance company and OIFP to include the insurance company's claim number and SIU number on all written communication with each other with the following sentence: "Insurers and OIFP shall include the insurer's claim number and SIU number on all written communication between the insurer and OIFP regarding a matter referred as a case to OIFP."

RESPONSE: Upon review, the Department has determined not to include this provision in the rule. To date, the OIFP has not required insurance fraud referrals to contain this information nor is it

feasible to require the OIFP to include information on all of its correspondence with an insurance carrier when such information may not be available to the OIFP at the time the written communication is sent.

COMMENT: The commenter proposed revisions to N.J.A.C. 11:16-6.8(b) and MCEAFC Form #1B to delete the language requiring that “individual insurers that comprise a group shall submit separate reports.”, since the commenter believes that eliminating this requirement would reduce administrative costs for insurers and DOBI.

RESPONSE: The Department disagrees with the commenter’s position that individual versus group filings would cause an administrative burden for group filers. Individual insurers that comprise a group are already required to report individual statistics to the group in order that aggregate numbers can be reported under the group entity name. The collection and reporting of these statistics is already being done by individual insurers. Under the adopted amendment to the rule, the group entity would no longer need to assemble and aggregate statistics on individual insurers. Thus the administrative burdens upon group entities are being reduced. Furthermore, the Department believes that over the years the current method of accepting aggregated statistics has served to distort and/or conceal results of the individual insurers that comprise a group, which impedes the Department’s ability to note and respond to questionable deviations.

COMMENT: Because a single policy, particularly a commercial policy, may have numerous claims that have been filed under H, the commenter recommends that the adopted forms “OIFP-1 Claim Fraud Referral/Notification form” and “OIFP-2 Application Fraud Referral/Notification Form” be altered to add directly below the space denoted “Policy #” a new space denoted “INS. CO. CLAIM #” and a new space denoted “SIU #”.

RESPONSE: The Department has determined to adopt this suggestion in part. Upon adoption, the OIFP-1, OIFP -2, OIFP -3 and OIFP -4 Referral/Notification Forms will include spaces for the reporting of Claim numbers and SIU numbers, with the qualifier, “if available”, thus providing for their inclusion if those numbers are available to the person reporting the fraudulent activity at the time the forms are submitted. These changes may be made upon adoption because they only require the reporting of additional information if it is available, and thus are not so substantive as to require reproposal (see N.J.A.C. 1:30-6.3).

COMMENT: The commenter further suggests a change to OIFP – 1 and OIFP – 2 to delete the “Insured/Subject” line and replace it with the designation “Primary Subject” and the insertion of check boxes for “Insured,” “Claimant” or “Other.”

RESPONSE: The Department has determined to adopt this suggestion in part. Instead of a combined “Insured/Subject” section on OIFP-1, the form will be amended to read “Insured” and a similar section will be added with the heading “Subject”. The Department determined that amending the “Insured/Subject” section on form OIFP-2, on which the entry of the Producer (agent) information is an additional requirement, was not necessary because the form is specifically intended for the reporting of Insurance Application Fraud. In addition, check boxes have been added to Part V of the form to clarify whether there are “additional subjects” or “additional insureds” related to the investigation. As a result, current Part V captions, entitled “Information Regarding Any Additional Insureds” and “Claimant #1,” “Claimant #2” and “Claimant #3” are rendered redundant and are being deleted upon adoption. No changes have been made to OIFP-2, - OIFP 3 or OIFP-4. This change may be made upon adoption because the change is incidental within the forms and is not so substantive as to require reproposal (see N.J.A.C. 1:30-6.3).

Summary of Agency-Initiated Changes:

Upon adoption, the Department is deleting footnoted text to the MCEAFC Form #1A. in section 1, Claims Data, section II,. Underwriting Data, and section III, Total SIU Expenditures. The Department is also deleting upon adoption footnoted text from section I, Claims Data, section II, Underwriting Data, and section III, Total SIU Expenditures, in the MCEAFC from #2A. These deletions will make these section of these worksheets identical. The deleted footnote text from both forms is redundant and no longer necessary in defining the data to be entered in section I, II and III of the MCEAFC forms. These changes may be made upon adoption because the changes are incidental within the forms and are not so substantive as to require repropossal (see N.J.A.C. 1:30-6.3).

Federal Standards Statement

A Federal standards analysis is not required because the repeal, new rule, and rules readopted with amendments relate to the business of insurance and are not subject to any Federal requirements or standards.

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Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C, 11:16.

Full Text of the adopted amendment and new rule follows (addition to proposal indicated in boldface with asterisks ***thus***; deletions from proposal indicated in brackets with asterisks * [thus] *):

APPENDIX

CLAIM FRAUD REFERRAL / NOTIFICATION FORM

OIFP-1 (01/06)



State of New Jersey
Office of Insurance Fraud Prosecutor
P.O. Box 094
Trenton, NJ, 08625

OIFP Case # _____ / _____ /
Intake # _____
Investigator _____

REFERRAL

NOTIFICATION

PART 1

INSURANCE CO. _____ DATE REPORTED. _____
ADDRESS _____ NAIC COMPANY # _____
_____ D.O.L. _____
TELEPHONE _____ POLICY # _____
CONTACT PERSON _____ * **CLAIM # (IF AVAILABLE)** _____ *
E-MAIL ADDRESS _____ * **SIU # (IF AVAILABLE)** _____ *

TYPE OF COVERAGE (Check appropriate box)

LIFE W.C.
AUTO HOME
COMM
OTHER _____

STATUS (Indicate as appropriate)

PENDING PAID - IN FULL
DENIED PAID - IN PART
AMOUNT PD \$ _____ DATE/RANGE PD _____

IF PENDING OR DENIED, EITHER IN FULL OR
IN PART, THE DOLLAR AMOUNT OF THE PENDING
OR DENIED CLAIM: \$ _____

INSURED*/[SUBJECT]*:

LAST _____ FIRST _____ MIDDLE _____
STREET _____ CITY _____ STATE-ZIP _____
HOME PH. _____ WORK PH _____
D.O.B _____ S.S. # _____ D.L.# _____

*SUBJECT:

* LAST _____ FIRST _____ MIDDLE _____
STREET _____ CITY _____ STATE-ZIP _____
HOME PH. _____ WORK PH _____

DOES THIS CLAIM FORM PART OF A PATTERN OF POSSIBLE VIOLATIONS OF N.J.S.A. 17:33A-4?

YES NO

IF YES, LIST OTHER RELATED CLAIM NUMBERS, INDICATE STATUS OF OTHER RELATED CLAIMS, AND ATTACH COPIES OF OTHER REFERRALS, IF APPLICABLE:

January 2006

PART 11

PROVISIONS OF N.J.S.A. 17:33A-4 RELATING TO FALSE CLAIMS THAT MAY HAVE BEEN VIOLATED:

(CHECK APPROPRIATE BOX OR BOXES)

a(1) - presents false information: KNOWINGLY PRESENTS OR CAUSE TO BE PRESENTED ANY WRITTEN OR ORAL STATEMENT CONTAINING ANY FALSE MISLEADING INFORMATION CONCERNING ANY FACT OR THING MATERIAL TO THE CLAIM. N.J.S.A. 17:33A-4A(1)

a(2) - makes a false statement: KNOWINGLY PREPARES OR MAKES ANY WRITTEN OR ORAL STATEMENT CONTAINING ANY FALSE OR MISLEADING INFORMATION CONCERNING ANY FACT OR THING MATERIAL TO THE CLAIM. N.J.S.A. 17:33A-4A(2)

a(3)-conceals relevant information: CONCEALS OR KNOWINGLY FAILS TO DISCLOSE HE OCCURRENCE OF AN EVENT WHICH AFFECTS ANY PERSON’S INITIAL OR CONTINUED RIGHT TO ENTITLEMENT TO PAYMENT OF A CLAIM. N.J.S.A. 17:33A-4A(3)

b-conspires with another: ASSISTS, CONSPIRES WITH OR URGES ANY PERSON OR PRACTITIONER TO VIOLATE ANY PROVISION(S) OF THIS ACT. N.J.S.A. 17:33A-4B. (IF SO, SPECIFY WHICH PROVISION(S) OF THE ACT WERE VIOLATED _____).

c-knowingly benefits from insurance fraud: DUE TO THE ASSISTANCE, CONSPIRACY OR URGING OF ANOTHER KNOWINGLY BENEFITS, DIRECTLY OR INDIRECTLY, FROM THE PROCEEDS DERIVED FROM A VIOLATION OF THIS ACT. N.J.S.A. 17:33A-4C. (SPECIFY WHICH PROVISION(S) OF THE ACT WERE VIOLATED _____).

d-involvement of hospital: AN OWNER, ADMINISTRATOR OR EMPLOYEE OF ANY HOSPITAL WHO KNOWINGLY ALLOWS THE USE OF THE FACILITIES OF THE HOSPITAL BY ANY PERSON IN FURTHERANCE OF A SCHEME OR CONSPIRACY TO VIOLATE ANY OF THE PROVISION(S) OF THE ACT. N.J.S.A. 17:33A-4C. (SPECIFY WHICH PROVISION(S) OF THE ACT WERE VIOLATED _____).

e-using or being a runner: A PERSON OR PRACTITIONER FOR PECUNIARY GAIN, DIRECTLY OR INDIRECTLY SOLICITS:

ANY PERSON OR PRACTITIONER TO ENGAGE , EMPLOY OR RETAIN A PERSON TO MANAGE, ADJUST OR PROSECUTE, ANY CLAIM OR CAUSE OF ACTION FOR DAMAGES.

ANY PERSON TO BRING CAUSES OF ACTION RO RECOVER DAMAGES FOR PERSONAL INJURIES/DEATH.

ANY PERSON TO MAKE A CLAIM FOR PERSONAL INJURY PROTECTION BENEFITS. N.J.S.A. 17:33A-4E.

NOTE: IF THE INSURANCE COMPANY PAID MONEY FOR THE CLAIM(S), OBTAIN ALL CLAIMS CHECKS AND SUBMIT TO OIFP AS SOON AS PRACTICABLE AFTER SUBMISSION OF THIS REFERRAL FORM.

PART III

1. INDICATE THE PARTICULAR FACTS AND CIRCUMSTANCES, INCLUDING WHAT THAT CLAIMANT DID AND FRAUD INDICATORS, WHICH LED YOU TO SUSPECT THAT THE ACT WAS VIOLATED, AS CHECKED ABOVE: (MERELY STATING “SEE ATTACHED” FILE OR DOCUMENT IS NOT ACCEPTABLE WITHOUT SPECIFIC DESIGNATION OF PAGE AND LINE REFERENCED, BUT EXTRA SHEETS MAY BE USED TO MORE COMPLETELY EXPLAIN.)*

2. LIST ALL FALSE OR MISLEADING STATEMENTS MADE TO INSURANCE CARRIER, OR INFORMATION OMITTED, AND INDICATE ON WHICH CLAIM DOCUMENT EACH STATEMENT OR OMISSION IS MADE:
(FOR EXAMPLE, ACORD FORM, AFFIDAVIT OR VEHICLE THEFT, APPRAISAL, AFFIDAVIT OF NO INSURANCE, RECORDED STATEMENT, POLICE ACCIDENT REPORT, RECEIPT, ETC.)*

3. INDICATE THE EVIDENCE WHICH CORROBORATES THE SUSPICIOUS FACTS AND CIRCUMSTANCES INDICATED IN PARAGRAPH 1. ABOVE:
(FOR EXAMPLE, WITNESS STATEMENT, DOCUMENTARY EVIDENCE WHICH DIRECTLY CONTRADICTS A STATEMENT OR OMISSION MADE IN THE CLAIM PROCESS, AN EXPERT REPORT, OTHER APPARENT MISREPRESENTATIONS MADE TO SUPPORT THE CLAIM WHICH TEND TO INDICATE THAT THE MISREPRESENTATION OR OMISSION WAS NOT MERELY A MISTAKE).*

4. SPECIFY ANY EVIDENCE WHICH WOULD TEND TO INDICATE THAT A LICENSED PROFESSIONAL MAY HAVE KNOWINGLY PARTICIPATED IN VIOLATING THE ACT, AND LIST THE INDIVIDUAL(S), HIS PROFESSION AND HIS EMPLOYER:
(FOR EXAMPLE, POLICE OFFICER, MEDICAL SERVICE PROVIDER, ATTORNEY, INSURANCE PRODUCER/AGENT, INSURANCE CARRIER EMPLOYEE, AUTO REPAIR FACILITY EMPLOYEE, APPRAISER, OR CLAIMS ADJUSTER).*

***For each document listed in support of the allegation of fraud, please attach an exact copy or the original. In addition, as to all documents attached to this form, please complete the attached Certification of Custodian of Records.**

PART IV

CERTIFICATION OF CUSTODIAN RECORDS

I certify that the records identified herein are originals or exact copies of the records made by a person with actual knowledge in the regular course of business at the time the activity took place.

(List each document in this space or reference a separate attached listing)

Dated:

Custodian of Records
(Full Name and Title)

PART V

COMPLETE THE FOLLOWING ONLY IF THERE ARE ADDITIONAL SUBJECTS OF THE INVESTIGATION

* [INFORMATION REGARDING ANY ADDITIONAL INSURED:] *

* **ADDITIONAL SUBJECTS** **ADDITIONAL INSURED***

LAST _____ FIRST _____ MIDDLE _____
STREET _____ CITY _____ STATE/ZIP _____
HOME PH. _____ WORK PH _____ S.S. _____
D.L.# _____

* [CLAIMANT #1 (IF OTHER THAN INSURED/SUBJECT)] *

* **ADDITIONAL SUBJECTS** **ADDITIONAL INSURED***

LAST _____ FIRST _____ MIDDLE _____
STREET _____ CITY _____ STATE/ZIP _____
HOME PH. _____ WORK PH _____ S.S. _____
D.L.# _____

* [CLAIMANT #2] *

* **ADDITIONAL SUBJECTS** **ADDITIONAL INSURED ***

LAST _____ FIRST _____ MIDDLE _____
STREET _____ CITY _____ STATE/ZIP _____
HOME PH. _____ WORK PH _____ S.S. _____
D.L.# _____

* [CLAIMANT #3] *

* **ADDITIONAL SUBJECTS** **ADDITIONAL INSURED***

LAST _____ FIRST _____ MIDDLE _____
STREET _____ CITY _____ STATE/ZIP _____
HOME PH. _____ WORK PH _____ S.S. _____
D.L.# _____

PART VI

COMPLETE THE FOLLOWING ONLY IF LICENSED PROFESSIONALS ARE SUBJECTS OF THE INVESTIGATION

PROFESSIONAL SERVICE PROVIDER TYPE: ATTORNEY / PRODUCER / MEDICAL SERVICE PROVIDER / REPAIR SHOP / OTHER

(CIRCLE APPLICABLE PROFESSIONAL LICENSE OR OCCUPATION TYPE OR OTHERWISE SPECIFY TYPE OF SERVICE PROVIDER)

LAST _____ FIRST _____ MIDDLE _____

LIC# _____

EMPLOYER _____ PHONE # _____

ADDRESS _____ TAX ID# _____

ADDRESS (cont.) _____ D.O.B. _____ S.S.# _____

PROFESSIONAL SERVICE PROVIDER TYPE: ATTORNEY / PRODUCER / MEDICAL SERVICE PROVIDER / REPAIR SHOP / OTHER

(CIRCLE APPLICABLE PROFESSIONAL LICENSE OR OCCUPATION TYPE OR OTHERWISE SPECIFY TYPE OF SERVICE PROVIDER)

LAST _____ FIRST _____ MIDDLE _____

LIC# _____

EMPLOYER _____ PHONE # _____

ADDRESS _____ TAX ID# _____

ADDRESS (cont.) _____ D.O.B. _____ S.S.# _____

PROFESSIONAL SERVICE PROVIDER TYPE: ATTORNEY / PRODUCER / MEDICAL SERVICE PROVIDER / REPAIR SHOP / OTHER

(CIRCLE APPLICABLE PROFESSIONAL LICENSE OR OCCUPATION TYPE OR OTHERWISE SPECIFY TYPE OF SERVICE PROVIDER)

LAST _____ FIRST _____ MIDDLE _____

LIC# _____

EMPLOYER _____ PHONE # _____

ADDRESS _____ TAX ID# _____

ADDRESS (cont.) _____ D.O.B. _____ S.S.# _____

PROFESSIONAL SERVICE PROVIDER TYPE: ATTORNEY / PRODUCER / MEDICAL SERVICE PROVIDER /
REPAIR SHOP / OTHER

(CIRCLE APPLICABLE PROFESSIONAL LICENSE OR OCCUPATION TYPE OR OTHERWISE SPECIFY TYPE
OF SERVICE PROVIDER)

LAST _____ FIRST _____ MIDDLE _____

LIC# _____

EMPLOYER _____ PHONE # _____

ADDRESS _____ TAX ID# _____

ADDRESS (cont.) _____ D.O.B. _____ S.S.# _____

APPLICATION FRAUD REFERRAL/NOTIFICATION FORM

OIFP-2 (01/06)



State of New Jersey
Office of Insurance Fraud
Prosecutor
P.O. Box 094
Trenton NJ, 08625

| | | |
|--------------|---|---|
| OIFP Case # | / | / |
| Intake # | | |
| Investigator | | |

REFERRAL

NOTIFICATION

PART 1

INSURANCE CO. _____
ADDRESS _____

TELEPHONE _____
CONTACT PERSON _____
E-MAIL ADDRESS _____

DATE REPORTED _____
NAIC COMPANY # _____
DATE OF APPLICATION _____
*POLICY # (if available) _____ *
*CLAIM # (if available) _____ *

TYPE OF COVERAGE (Check appropriate box)

LIFE W.C.
AUTO HOME
COMM. OTHER _____

STATUS (Indicate as appropriate)

PREMIUM ADJUSTED
AMOUNT \$ _____
APPLICATION DECLINED
NON-RENEWAL
CANCELED

INSURED/SUBJECT:

LAST _____ FIRST _____ MIDDLE _____
STREET _____ CITY _____ STATE-ZIP _____
HOME PH. _____ WORK PH. _____ D.O.B _____
S.S. # _____ D.L.# _____

PRODUCER : AGENCY NAME _____

PRODUCER NAME: LAST _____ FIRST _____ MI _____
ADDRESS:
STREET _____ CITY _____ STATE/ZIP _____
WORK PH. _____ LICENSE# _____

PART II

Provision(s) OF N.J.S.A. 17:33A-4 RELATING TO APPLICATIONS THAT MAY HAVE BEEN VIOLATED: (CHECK APPROPRIATE BOX)

- a(5) - conceals relevant evidence of application fraud:** CONCEALS OR KNOWINGLY FAILS TO DISCLOSE ANY EVIDENCE, WHICH MAY BE RELEVANT TO A FINDING THAT A VIOLATION OF N.J.S.A. 17:33A-4A(4) HAS OCCURRED. N.J.S.A. 17:33A-4A(5)

- a(5)(b) - conspires with another:** KNOWINGLY ASSISTS, CONSPIRES WITH, OR URGES A PERSON TO VIOLATE ANY PROVISION OF THIS ACT. N.J.S.A. 17:33A-4B. (SPECIFY WHICH PROVISION(S) OF THE ACT WERE VIOLATED .

PART III

1. INDICATE THE PARTICULAR FACTS AND CIRCUMSTANCES, INCLUDING WHAT THE APPLICANT DID AND FRAUD INDICATORS, WHICH LED YOU TO SUSPECT THAT THE ACT WAS VIOLATED, AS CHECKED ABOVE. (MERELY STATING "SEE ATTACHED" FILE OR DOCUMENTS IS NOT ACCEPTABLE WITHOUT SPECIFIC DESIGNATION OF PAGE AND LINE, BUT EXTRA SHEETS MAY BE USED TO MORE COMPLETELY EXPLAIN.)*

2. LIST ALL FALSE OR MISLEADING STATEMENTS MADE TO THE INSURANCE CARRIER, OR INFORMATION OMITTED, AND INDICATE ON WHICH DOCUMENTS EACH STATEMENT OR OMISSION IS MADE: (FOR EXAMPLE, THE APPLICATION AND ANY DOCUMENT SUBMITTED IN SUPPORT OF THE APPLICATION)*

3. INDICATE THE EVIDENCE WHICH CORROBORATES THE SUSPICIOUS FACTS AND CIRCUMSTANCES INDICATED IN PARAGRAPH 1. ABOVE:*

4. SPECIFY ANY EVIDENCE WHICH WOULD TEND TO INDICATE THAT A LICENSED INSURANCE PRODUCER (AGENT) OR INSURANCE AGENCY EMPLOYEE KNOWINGLY PARTICIPATED IN THE APPLICATION FRAUD. PROVIDE THE NAME AND ADDRESS OF THIS PERSON.*

*** For each document listed in support of the allegation of fraud, please attach an exact copy or the original. In addition, as to all documents attached to this form, please complete the attached Certification of Custodian of Records.**

PART IV CERTIFICATION OF CUSTODIAN OF RECORDS

I certify that the records identified herein are originals or exact copies of the records made by a person with actual knowledge in the regular course of business at the time the activity took place.

(List each document in this space or reference a separate attached listing)

DATED:

Custodian of Records
(Full Name and Title)

HEALTH CLAIM/FRAUD REFERRAL/ NOTIFICATION FORM

OIFP-3 (01/06)



State of New Jersey
Office of the Insurance Fraud Prosecutor
P.O. Box 094
Trenton NJ, 08625

| | | |
|--------------|---|---|
| OIFP Case # | / | / |
| Intake # | | |
| Investigator | | |

REFERRAL

NOTIFICATION

PART 1

INSURANCE CO. _____ DATE REPORTED _____
 ADDRESS _____ NAIC COMPANY _____
 _____ D.O.L _____
 TELEPHONE _____ POLICY # _____
 CONTACT PERSON _____ * CLAIM # (if available) _____ *
 E-MAIL ADDRESS _____ *SIU # (if available) _____ *

TYPE OF COVERAGE (Check appropriate box)

Health (Indemnity) Health Medicaid
 Health HMO Dental
 OTHER _____

STATUS (Indicate as appropriate)

PENDING PAID - IN FULL
 DENIED PAID - IN PART
 AMOUNT PD \$ _____ DATE/RANGE PD _____
 IF PENDING OR DENIED, EITHER IN FULL OR
 IN PART, THE DOLLAR AMOUNT OF THE PENDING
 OR DENIED CLAIM: \$ _____

INSURED/SUBJECT/PROVIDER (CIRCLE)

LAST _____ FIRST _____ MIDDLE _____
 STREET _____ CITY _____ STATE-ZIP _____
 HOME PH _____ WORK PH _____ D.O.B. _____
 S.S./T.I.N. # _____ D.L.# _____
 LICENSE # _____ STATE _____
 BUSINESS NAME _____ TIN # _____

TYPE OF PROVIDER (Check appropriate box)

MD DO PHD DDS DMD HOSPITAL OUTPATIENT FACILITY PHYSICAL THERAPY
 MD/CHIRO PRACTICE DME SUPPLIER HOME HEALTH PHARMACIST SURGI-CENTER MSW

 OTHER _____

TAX ID #S USED

January 2006

SPECIALTY

- ALLERGIST ANESTHESIOLOGY CARDIOLOGY CHIROPRACTIC DERMATOLOGY
 EMERGENCY MEDICINE ENDOCRINOLOGY ENDODONTIST ENT EPIDEMIOLOGY
 FAMILY MEDICINE GASTROENTEROLOGY GENERAL PRACTICE IMMUNOLOGY
 INFECTIOUS DISEASE INTERNAL MEDICINE NEONATOLOGY NEUROLOGY
 OBSTETRICS/GYNECOLOGY ONCOLOGY OPHTHALMOLOGY OPTOMETRY ORAL
 SURGEON ORTHODONTIST ORTHOPEDICS OTOLARYNGOLOGY PEDIATRICS
 PODIATRY PERIODONTIST PLASTIC SURGERY PROSTIDONTIST PSYCHIATRY
 RADIOLOGY SURGERY UROLOGY WEIGHT LOSS OTHER

PROVIDER

LAST _____ FIRST _____ MIDDLE _____
 DBA, LLC, PA OR GROUP PRACTICE NAME _____
 STREET: _____ CITY: _____ STATE _____ ZIP _____
 TELEPHONE #: _____ DOB: _____ SS#: _____
 STATE LICENSE #: _____

DOES THIS CLAIM FORM PART OF A PATTERN OF POSSIBLE VIOLATIONS OF N.J.S.A. 17:33A-4?
 YES NO

IF YES, LIST OTHER RELATED CLAIM NUMBERS, INDICATE STATUS OF OTHER RELATED CLAIMS,
 AND ATTACH COPIES OF OTHER REFERRALS, IF APPLICABLE:

ARE YOU AWARE OF ANY OTHER COMPANIES PURSUING RECOVERIES AGAINST THIS SUBJECT?
 YES NO

IF YOU CHECKED "YES", PLEASE COMPLETE THE FOLLOWING:

| NAME OF OTHER COMPANY | INVESTIGATOR | CONTACT NUMBER |
|-----------------------|--------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PART II

PROVISIONS OF N.J.S.A. 17:33A4 RELATING TO FALSE CLAIMS THAT MAY HAVE BEEN VIOLATED:
(CHECK APPROPRIATE BOX OR BOXES)

- a(1) - presents false information:** KNOWINGLY PRESENTS OR CAUSES TO BE PRESENTED ANY WRITTEN OR ORAL STATEMENT CONTAINING ANY FALSE MISLEADING INFORMATION CONCERNING ANY FACT OR THING MATERIAL TO THE CLAIM. N.J.S.A. 17:33A- 4A(1)
- a(2) - makes a false statement:** KNOWINGLY PREPARES OR MAKES ANY WRITTEN OR ORAL STATEMENT CONTAINING ANY FALSE OR MISLEADING INFORMATION CONCERNING ANY FACT OR THING MATERIAL TO THE CLAIM. N.J.S.A. 17:33A-4A(2)
- a(3)-conceals relevant information:** CONCEALS OR KNOWINGLY FAILS TO DISCLOSE THE OCCURRENCE OF AN EVENT WHICH AFFECTS ANY PERSON'S INITIAL OR CONTINUED RIGHT TO ENTITLEMENT TO PAYMENT OF A CLAIM. N.J.S.A. 17:33A-4A(3)
- b-conspires with another:** ASSISTS, CONSPIRES WITH OR URGES ANY PERSON OR PRACTITIONER TO VIOLATE ANY PROVISION(S) OF THIS ACT. N.J.S.A. 17:33A-4B. (IF SO, SPECIFY WHICH PROVISION(S) OF THE ACT WERE VIOLATED_____).
- c-knowingly benefits from insurance fraud:** DUE TO THE ASSISTANCE, CONSPIRACY OR URGING OF ANOTHER KNOWINGLY BENEFITS, DIRECTLY OR INDIRECTLY, FROM THE PROCEEDS DERIVED FROM A VIOLATION OF THIS ACT. N.J.S.A. 17:33A-4C. (SPECIFY WHICH PROVISION(S) OF THE ACT WERE VIOLATED_____).
- d-involvement of hospital:** AN OWNER, ADMINISTRATOR OR EMPLOYEE OF ANY HOSPITAL WHO KNOWINGLY ALLOWS THE USE OF THE FACILITIES OF THE HOSPITAL BY ANY PERSON IN FURTHERANCE OF A SCHEME OR CONSPIRACY TO VIOLATE ANY OF THE PROVISION(S) OF THE ACT. N.J.S.A. 17:33A-4C. (SPECIFY WHICH PROVISION(S) OF THE ACT WERE VIOLATED_____).
- e-using or being a runner:** A PERSON OR PRACTITIONER FOR PECUNIARY GAIN, DIRECTLY OR INDIRECTLY SOLICITS:
 - ANY PERSON OR PRACTITIONER TO ENGAGE , EMPLOY OR RETAIN A PERSON TO MANAGE, ADJUST OR PROSECUTE, ANY CLAIM OR CAUSE OF ACTION FOR DAMAGES.
 - ANY PERSON TO BRING CAUSES OF ACTION RO RECOVER DAMAGES FOR PERSONAL INJURIES/DEATH.
 - ANY PERSON TO MAKE A CLAIM FOR PERSONAL INJURY PROTECTION BENEFITS. N.J.S.A. 17:33A-4E.

NOTE: IF THE INSURANCE COMPANY PAID MONEY FOR THE CLAIM(S), OBTAIN ALL CLAIMS CHECKS AND SUBMIT TO OIFP AS SOON AS PRACTICABLE AFTER SUBMISSION OF THIS REFERRAL FORM.

PART III

1. INDICATE THE PARTICULAR FACTS AND CIRCUMSTANCES, INCLUDING WHAT THAT CLAIMANT DID AND FRAUD INDICATORS, WHICH LED YOU TO SUSPECT THAT THE ACT WAS VIOLATED, AS CHECKED ABOVE: (MERELY STATING "SEE ATTACHED" FILE OR DOCUMENT IS NOT ACCEPTABLE WITHOUT SPECIFIC DESIGNATION OF PAGE AND LINE REFERENCED, BUT EXTRA SHEETS MAY BE USED TO MORE COMPLETELY EXPLAIN.)*

2. LIST ALL FALSE OR MISLEADING STATEMENTS MADE TO INSURANCE CARRIER, OR INFORMATION OMITTED, AND INDICATE ON WHICH CLAIM DOCUMENT EACH STATEMENT OR OMISSION IS MADE:
(FOR EXAMPLE, ACORD FORM, AFFIDAVIT OR VEHICLE THEFT, APPRAISAL, AFFIDAVIT OF NO INSURANCE, RECORDED STATEMENT, POLICE ACCIDENT REPORT, RECEIPT, ETC.)*

3. INDICATE THE EVIDENCE WHICH CORROBORATES THE SUSPICIOUS FACTS AND CIRCUMSTANCES INDICATED IN PARAGRAPH 1. ABOVE:
(FOR EXAMPLE, WITNESS STATEMENT, DOCUMENTARY EVIDENCE WHICH DIRECTLY CONTRADICTS A STATEMENT OR OMISSION MADE IN THE CLAIM PROCESS, AN EXPERT REPORT, OTHER APPARENT MISREPRESENTATIONS MADE TO SUPPORT THE CLAIM WHICH TEND TO INDICATE THAT THE MISREPRESENTATION OR OMISSION WAS NOT MERELY A MISTAKE).*

4. SPECIFY ANY EVIDENCE WHICH WOULD TEND TO INDICATE THAT A LICENSED PROFESSIONAL MAY HAVE KNOWINGLY PARTICIPATED IN VIOLATING THE ACT, AND LIST THE INDIVIDUAL(S), HIS PROFESSION AND HIS EMPLOYER: (FOR EXAMPLE, POLICE OFFICER, MEDICAL SERVICE PROVIDER, ATTORNEY, INSURANCE PRODUCER/AGENT, INSURANCE CARRIER EMPLOYEE, AUTO REPAIR FACILITY EMPLOYEE, APPRAISER, OR CLAIMS ADJUSTER).*

***For each document listed in support of the allegation of fraud, please attach an exact copy or the original. In addition, as to all documents attached to this form, please complete the attached Certification of Custodian of Records.**

PART IV

CERTIFICATION OF CUSTODIAN RECORDS

I certify that the records identified herein are originals or exact copies of the records made by a person with actual knowledge in the regular course of business at the time the activity took place.

(List each document in this space or reference a separate attached listing)

Custodian of Records
(Full Name and Title)

Dated:

HEALTH APPLICATION FRAUD REFERRAL/ NOTIFICATION FORM

OIFP-4 (01/06)



State of New Jersey
Office of the Insurance Fraud Prosecutor
P.O. Box 094
Trenton, NJ 08625

| |
|-----------------------------------|
| OIFP Case # _____ / _____ / _____ |
| Intake # _____ |
| Investigator _____ |

REFERRAL

NOTIFICATION

PART 1

INSURANCE CO. _____ DATE REPORTED _____
 ADDRESS _____ NAIC COMPANY # _____
 _____ DATE OF APPLICATION _____
 _____ POLICY # _____
 TELEPHONE _____ * **CLAIM # (if available)** *
 CONTACT PERSON _____ * **SIU # (if available)** *
 E-MAIL ADDRESS _____

TYPE OF COVERAGE (Check appropriate box)

HEALTH (INDEMNITY) HEALTH (MEDICAID)
 HEALTH (HMO) DENTAL
 OTHER _____

STATUS (Indicate as appropriate)

PREMIUM ADJUSTED
 AMOUNT \$
 APPLICATION DECLINED
 NON-RENEWAL

CANCELED

INSURED/SUBJECT/PROVIDER (CIRCLE)

LAST _____ FIRST _____ MIDDLE _____
 STREET _____ CITY _____ STATE-ZIP _____
 HOME PH _____ WORK PH _____ D.O.B. _____
 S.S./T.I.N. # _____ D.L.# _____
 LICENSE # _____ STATE _____

BUSINESS NAME _____ TIN #

PRODUCER (IF APPLICABLE): AGENCY NAME

PRODUCER NAME: LAST _____ FIRST _____ MI

ADDRESS: STREET _____ CITY _____ STATE/ZIP

WORK PH. _____ LICENSE

January 2006

PART 11

PROVISION(S) OF N.J.S.A. 17:331-4 RELATING TO APPLICATIONS THAT MAY HAVE BEEN VIOLATED:

(CHECK APPROPRIATE BOX)

a(5) - conceals relevant evidence of application fraud; CONCEALS OR KNOWINGLY FAILS TO DISCLOSE ANY EVIDENCE, WHICH MAY BE RELEVANT TO A FINDING THAT A VIOLATION OF N.J.S.A. 17:33A-4A(5)

a(5)(b) - conspires with another: KNOWINGLY ASSISTS, CONSPIRES WITH, OR URGES A PERSON TO VIOLATE ANY PROVISION OF THIS ACT. N.J.S.A. 17:33A-4B. (SPECIFY WHICH PROVISION(S) OF THE ACT WERE VIOLATED _____).

PART III

1. INDICATE THE PARTICULAR FACTS AND CIRCUMSTANCES, INCLUDING WHAT THAT CLAIMANT DID AND FRAUD INDICATORS, WHICH LED YOU TO SUSPECT THAT THE ACT WAS VIOLATED, AS CHECKED ABOVE: (MERELY STATING "SEE ATTACHED" FILE OR DOCUMENT IS NOT ACCEPTABLE WITHOUT SPECIFIC DESIGNATION OF PAGE AND LINE REFERENCED, BUT EXTRA SHEETS MAY BE USED TO MORE COMPLETELY EXPLAIN.)*

2. LIST ALL FALSE OR MISLEADING STATEMENTS MADE TO INSURANCE CARRIER, OR INFORMATION OMITTED, AND INDICATE ON WHICH CLAIM DOCUMENT EACH STATEMENT OR OMISSION IS MADE:
(FOR EXAMPLE, ACORD FORM, AFFIDAVIT OR VEHICLE THEFT, APPRAISAL, AFFIDAVIT OF NO INSURANCE, RECORDED STATEMENT, POLICE ACCIDENT REPORT, RECEIPT, ETC.)*

3. INDICATE THE EVIDENCE WHICH CORROBORATES THE SUSPICIOUS FACTS AND CIRCUMSTANCES INDICATED IN PARAGRAPH 1. ABOVE:

(FOR EXAMPLE, WITNESS STATEMENT, DOCUMENTARY EVIDENCE WHICH DIRECTLY CONTRADICTS A STATEMENT OR OMISSION MADE IN THE CLAIM PROCESS, AN EXPERT REPORT, OTHER APPARENT MISREPRESENTATIONS MADE TO SUPPORT THE CLAIM WHICH TEND TO INDICATE THAT THE MISREPRESENTATION OR OMISSION WAS NOT MERELY A MISTAKE).*

4. SPECIFY ANY EVIDENCE WHICH WOULD TEND TO INDICATE THAT A LICENSED PROFESSIONAL MAY HAVE KNOWINGLY PARTICIPATED EMPLOYER:

(FOR EXAMPLE, POLICE OFFICER, MEDICAL IN VIOLATING THE ACT, AND LIST THE INDIVIDUAL(S), HIS PROFESSION AND HIS SERVICE PROVIDER, ATTORNEY, INSURANCE PRODUCER/AGENT, INSURANCE CARRIER EMPLOYEE, AUTO REPAIR FACILITY EMPLOYEE, APPRAISER, OR CLAIMS ADJUSTER).*

***For each document listed in support of the allegation of fraud, please attach an exact copy or the original. In addition, as to all documents attached to this form, please complete the attached Certification of Custodian of Records.**

PART IV

CERTIFICATION OF CUSTODIAN RECORDS

I certify that the records identified herein are originals or exact copies of the records made by a person with actual knowledge in the regular course of business at the time the activity took place.

(List each document in this space or reference a separate attached listing)

Custodian of Records
(Full Name and Title)

DATED:

**NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE
 FRAUD PREVENTION AND DETECTION PLAN ANNUAL REPORT AS OF DECEMBER 31, _____
 AUTOMOBILE INSURANCE
 MCEAFC Form #1A**

| | |
|--------------------------------------|-------------------------------|
| Group Company Name _____ | NAIC Group Number _____ |
| Company/ Affiliate Name _____ | NAIC Company Number _____ |
| Address 1 _____ | Address 2 _____ |
| City _____ | State _____ Zip _____ |
| Respondent First and Last Name _____ | Phone Number (____) _____ |
| Respondent Title _____ | Calendar Year of Report _____ |
| SIU Established? YES _____ NO _____ | |

I. 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 investigation¹ _____
- c. Number of NJ Claims referred to SIU during Calendar Year _____
- d. Number of NJ Claims referred to OIFP during Calendar year _____

¹ Includes claims investigations conducted by SIU ***and*** * [where SIU is required based upon number of exposures; as well as investigations conducted by]* non-SIU personnel * [where SIU is not required due minimal exposures]*

II. 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 (includes new applications and first 60-day cancellations).² _____
- 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. ²

² Includes policy and application investigations conducted by SIU ***and*** * [where SIU is required based upon number of exposures, as well as investigations conducted by]* non-SIU personnel * [where SIU is not required due to minimal exposures] *

III. Total SIU Expenditures*

- a. Dollar Amount Spent on NJ Claim and Underwriting Fraud Detection and Prevention (See Footnotes 3-5 below):
 NJ SIU Salaries ³ _____ Direct Expenses ⁴ _____ Other/Indirect Expenses⁵ _____

³ . Gross compensation exclusive of benefits including investigators, support staff, etc.

⁴ . Includes benefits excluded in item 3, as well as expenses incurred directly by SIU such as phones, equipment, cars etc.

⁵ . includes indirect expenses incurred by SIU including rent, space, utilities. May also include non-SIU expenses From other work units such as legal department, claim/underwriting department follow-up, etc.

* [* Insurers that have not established an SIU should include salary, direct and other/indirect expenses on a pro-rata,

**Fraud Detection and Prevention Annual Report
Instructions and Definitions
MCEAFC FORM #1B**

I. Instructions

This report is due annually, on or before March 31 of each year.

The data evaluation date for this report is January 1 through December 31.

Data must be provided separately for each company that is part of a group.

Contact Person for Questions: Virgil Dowtin
609-341-2513 ext 50402
vdowtin@dobi.state.nj.us

Report may be emailed to: mceafc@dobi.state.nj.us

Report may be mailed to: New Jersey Department of Banking and
Insurance
Office of Consumer Protection
Services
Market Conduct and Anti-Fraud
Compliance
20 West State
Street
P.O.Box 329
Trenton, N.J.
08625

Scope: This report includes
automobile
fraud prevention and detection
statistics.

II. Definitions

Calendar Year means the period January 1 to December 31.

Claim means a request for indemnity by an insured or claimant.

Claims Opened/Received means the total number of claims opened or received by SIU (or the company in the event that an insured is not required to establish an SIU, during the reporting period).

Dollar Amount Spent is based either on actual expenses for those insurers that track this information individually and by State, or the insurer's pro-rata share in the event that expenses are tracked on an aggregate, national level. Self-insured risk expenditures should be excluded, either on a direct dollar basis or by pro-rata share or other method that distinguishes self-insured and non-self-insured expenditures.

NJ Claim refers to a claim that was made in the State of New Jersey.

NJ Policies and Applications refer to coverages written or applied for in the State of New Jersey.

Non-SIU Investigation means all fraud-investigative activity conducted in the normal course of handling a claim and where an SIU has not been established.

SIU Investigation means all investigative activity that was performed exclusively by the Special Investigative Unit.

Total Dollars Saved applies to all funds that would have been fraudulently or improperly obtained by claimants, ordered or agreed to be returned through adjudication or judgment, as a result of a fraud investigation.

NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE
FRAUD PREVENTION AND DETECTION PLAN ANNUAL REPORT AS OF DECEMBER 31, _____
HEALTH INSURANCE
MCEAFC Form #2A

| | |
|---|-------------------------------|
| Group Company Name _____ | NAIC Group Number _____ |
| Company/ Affiliate Name _____ | NAIC Company Number _____ |
| Address 1 _____ | Address 2 _____ |
| City _____ | State _____ Zip _____ |
| Respondent First and Last Name _____ | Phone Number (____) _____ |
| Respondent Title _____ | Calendar Year of Report _____ |
| SIU Established? YES _____ NO _____ Company also writes self-insured business and reported pro-rata data on Non-self-insured business Yes _____: NO _____ (See Scope/Definitions) | |

I. 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 investigationⁱⁱ _____
- c. Number of NJ Claims referred to SIU during Calendar Year _____
- d. Number of NJ Claims referred to OIFP during Calendar year _____

¹ Includes claims investigations conducted by SIU ***and*** *[where SIU is required based upon number of exposures; as well as investigations conducted by]* non-SIU personnel *[where SIU is not required due minimal exposures.]*

II. 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 (includes new applications and first 60-day cancellations).² _____
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- 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. ²

² Includes policy and application investigations conducted by SIU ***and*** * [where SIU is required based upon number of exposures, as well as investigations conducted by]* non-SIU personnel * *[where SIU is not required due to minimal exposures.]*

III. Total SIU Expenditures*

- a. Dollar Amount Spent on NJ Claim and Underwriting Fraud Detection and Prevention (See Footnotes 3-5 below):
NJ SIU Salaries ³ _____ Direct Expenses ⁴ _____ Other/Indirect Expenses⁵ _____

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⁴ . Includes benefits excluded in item 3, as well as expenses incurred directly by SIU such as phones, equipment, cars etc.

⁵ . includes indirect expenses incurred by SIU including rent, space, utilities. May also include non-SIU expenses From other work units such as legal department, claim/underwriting department follow-up, etc.

[Insurers that have not established an SIU should include salary, direct and other/indirect expenses on a pro-rata, Estimated basis, for all costs associated with fraud investigations.]*

**Fraud Detection and Prevention Annual Report
Instructions and Definitions
MCEAFC FORM #2B**

I. Instructions

This report is due annually, on or before March 31 of each year.

The data evaluation date for this report is January 1 through December 31.

Data must be provided separately for each company that is part of a group.

Contact Person for Questions:

Virgil Downtin
609-341-2513 ext 50402
vdowntin@dobi.state.nj.us

Report may be emailed to:

mceafc@dobi.state.nj.us

Report may be mailed to:

New Jersey Department of
Banking and Insurance
Office of Consumer
Protection Services
Market Conduct and Anti-
Fraud Compliance
20 West State Street
P.O.Box 329
Trenton, N.J. 08625

Scope:

This report includes
automobile
fraud prevention and
detection statistics.

II. Definitions

Calendar Year means the period January 1 to December 31.

Claim means a request for indemnity by an insured or claimant.

Claims Opened/Received means the total number of claims opened or received by SIU (or the company in the event that an insured is not required to establish an SIU, during the reporting period).

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Investigative Unit.

Total Dollars Saved applies to all funds that would have been fraudulently or improperly obtained by claimants, ordered or agreed to be returned through adjudication or judgment, as a result of a fraud investigation.

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