

HEALTH APPLICATION FRAUD REFERRAL / NOTIFICATION FORM - OIFP/BFD-4
(04/13)



State of New Jersey
Insurance Fraud Referral/ Notification
P.O. Box 094
Trenton, NJ 08625-0094

BFD Case #:	_____ / _____ / _____
OIFP #:	_____
Investigator:	_____

 REFERRAL

 NOTIFICATION

PART I

INSURANCE CO.: _____
 ADDRESS: _____
 TELEPHONE #: _____
 CONTACT PERSON: _____
 E-MAIL ADDRESS: _____

DATE REPORTED: _____
 NAIC COMPANY #: _____
 DATE OF APPLICATION: _____
 POLICY#: _____
 CLAIM #: _____
 SIU #: _____

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	(check the appropriate box)
LAST NAME	FIRST NAME	MIDDLE	
STREET ADDRESS	CITY	STATE / ZIP CODE	
HOME PHONE	WORK PHONE	DOB	
S.S. / T.I.N. #	D.L. #		
PROFESSIONAL LICENSE #	PROFESSIONAL LICENSE TYPE	STATE	
BUSINESS NAME		T.I.N. #	
STREET	CITY	STATE / ZIP CODE	

PRODUCER (if applicable): AGENCY NAME: _____

PRODUCER LAST NAME	PRODUCER FIRST NAME	PRODUCER MIDDLE
STREET ADDRESS	CITY	STATE / ZIP CODE
WORK PHONE	LICENSE #	

PART II

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

- a(4)(b) – prepares or makes any written or oral statement: INTENDED TO BE PRESENTED TO ANY INSURANCE COMPANY OR PRODUCER FOR THE PURPOSE OF OBTAINING AN INSURANCE POLICY, KNOWING THAT THE STATEMENT CONTAINS ANY FALSE OR MISLEADING INFORMATION CONCERNING ANY FACT OR THING MATERIAL TO AN INSURANCE APPLICATION OR CONTRACT.
- 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) HAS OCCURRED.
- 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 APPLICANT 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 DOCUMENT EACH STATEMENT OR OMISSION IS MADE: (FOR EXAMPLE, ACORD FORM, AFFIDAVIT OF 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 APPLICATION PROCESS, WHICH TENDS 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/HER PROFESSION AND HIS/HER EMPLOYER: (FOR EXAMPLE, MEDICAL SERVICE PROVIDER, ATTORNEY, INSURANCE PRODUCER/AGENT, INSURANCE CARRIER EMPLOYEE).*

* 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)

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

DATED:

SIGNATURE OF CUSTODIAN

PRINT FULL NAME AND TITLE