

Fraud Prevention Plan Transmittal Letter

Name of insurer:
Address :
Telephone and Fax :
NAIC Number:

Representative's name :
Address :
Telephone :
E-Mail:

Answer each question on the form with a yes or no and in addition place a page number in the space provided where the required information can be found in your plan. If your plans pages are not numbered then tab your plan to indicate where the required information can be found.

- I. a. Does the insurer write more than three thousand private or commercial automobile, workers' compensation or individual, group or blanket accident and health insurance policies in New York State annually? Yes No Pg# _____
- b. Is this entity licensed pursuant to article forty - four of the public health law, (except entities licensed pursuant to sections 4403(a), 4403(c), 4400(d), 4403(f), or 4408(a) of the public health law) with an enrolled population of 60,000 or more persons in the aggregate? Yes No Pg# _____

If yes to (a) or (b) above complete this form, attach a plan for the detection, investigation and prevention of fraudulent insurance activities in New York State and return it as indicated in Circular Letter #32.

If no, sign and date this form and return it as indicated in Circular Letter #32.

- II. Does the plan provide a time and manner for implementation? Yes No Pg# _____
Date of implementation _____

- III. 1. Is there a provision for a full-time special investigations unit with detailed staffing levels? Yes No Pg# _____
a. If yes, is the unit separate from the underwriting or claims functions? Yes No Pg# _____
b. Does the plan provide a description of the SIU including organizational chart? Yes No Pg# _____
c. Does the plan provide for support staff and other physical resources? Yes No Pg# _____

- IV. In lieu of a special investigations unit does the insurer contract with a provider of services related to the investigation of information on or cases of suspected fraudulent activities? Yes No Pg# _____

- V. Do all persons designated as special investigations unit members, or contractors, satisfy the Regulation's education and experience requirements? Yes No Pg# _____

- VI. Does the plan provide for the following:
1. Staffing and resource rational ? Yes No Pg# _____
 2. Interface of special investigation unit personnel with law enforcement and prosecutorial agencies? Yes No Pg# _____
 3. In-service education and training for underwriting and claims personnel? Yes No Pg# _____
 4. Coordination with other units of the insurer for the investigation and initiation of civil actions based upon information received by or through the special investigation unit? Yes No Pg# _____
 5. Public awareness of the cost and frequency of fraudulent activities and the methods of preventing fraud? Yes No Pg# _____
 6. Development and use of a fraud detection policy and procedures manual? Yes No Pg# _____
 7. Periodic review of claims and underwriting procedures including the review of forms and closed claim files? Yes No Pg# _____
 8. Do you presently use an automated system for the examination of claim transactions and fraud analysis? Yes No Pg# _____
If yes indicate the name of the system _____

Name

Signature

Title

Date