

CHAPTER 16
FRAUD PREVENTION AND DETECTION

Authority

N.J.S.A. 17:1-8.1, 17:1-15e, 17:1C-6(e), 17:23-8 et seq., 17:23-19, 17:23-20 et seq., 17:33A-1 et seq., and 47:1A-2.

Source and Effective Date

R.2001 d.76, effective January 31, 2001.
See: 32 N.J.R. 4197(a), 33 N.J.R. 804(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 16, Fraud Prevention and Detection, expires on July 30, 2006. See: 38 N.J.R. 1276(a).

Chapter Historical Note

Chapter 16, General Requirements, and Subchapter 1, Verification and Claim Form Statements, were adopted as R.1986 d.13, effective February 3, 1986, operative June 3, 1986. See: 17 N.J.R. 47(a), 18 N.J.R. 281(a).

Subchapter 2, Reports to the National Automobile Theft Bureau, was adopted as R.1989 d.583, effective November 20, 1989. See: 21 N.J.R. 2901(a), 21 N.J.R. 3668(b).

Pursuant to Executive Order No. 66(1978), Chapter 16, General Requirements, was readopted as R.1991 d.102, effective January 31, 1991. See: 22 N.J.R. 3688(b), 23 N.J.R. 702(a).

Subchapter 4, Fraud and Theft Prevention/Detection Plans, was adopted as new rules by R.1992 d.190, effective April 20, 1992. See: 23 N.J.R. 3236(a), 24 N.J.R. 1505(a).

Subchapter 5, Health Fraud Prevention—Detection Plans, was adopted as new rules by R.1995 d.368, effective July 3, 1995. See: 26 N.J.R. 4882(a), 27 N.J.R. 2583(a).

Pursuant to Executive Order No. 66(1978), Chapter 16, General Requirements, was readopted as Chapter 16, Fraud Prevention and Detection, by R.1996 d.117, effective January 31, 1996. See: 27 N.J.R. 4492(a), 28 N.J.R. 1389(a).

Subchapter 4, Fraud and Theft Prevention/Detection Plans, and Subchapter 5, Health Fraud Prevention/Detection Plans, were repealed by R.2000 d.58, and Subchapter 6, Fraud Prevention and Detection Plans, was adopted by R.2000 d.58, effective February 7, 2000. See: 31 N.J.R. 3196(a), 32 N.J.R. 478(a).

Pursuant to Executive Order No. 66(1978), Chapter 16, Fraud Prevention and Detection, was readopted as R.2001 d.76, effective January 31, 2001. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. CLAIM FORM STATEMENTS

11:16-1.1 Scope; definitions

(a) This subchapter applies to all insurers in the State of New Jersey.

(b) For the purpose of this subchapter:

“Commissioner” means the Commissioner of the New Jersey Department of Banking and Insurance.

“Insurer” means any person, corporation, association, partnership, company, fraternal benefit society, eligible unauthorized surplus lines insurer and other legal entity engaged as an indemnitor or contractor in the business of insurance or any hospital service corporation as defined at N.J.S.A. 17:48-1, medical service corporation as defined at N.J.S.A. 17:48A-1, health service corporation defined at section 1 of P.L. 1985, chap. 236, dental service corporation as defined at N.J.S.A. 17:48C-2 and dental plan organization as defined at N.J.S.A. 17:48D-2. “Insurer” shall also include any individual, corporation, association, partnership or other legal entity authorized to represent an insurer with respect to a claim.

Amended by R.1988 d.342, effective July 18, 1988.
See: 20 N.J.R. 1062(a), 20 N.J.R. 1720(b).
Amended by R.1996 d.117, effective March 4, 1996.
See: 27 N.J.R. 4492(a), 28 N.J.R. 1389(a).
Amended by R.2001 d.76, effective March 5, 2001.
See: 32 N.J.R. 4197(a), 33 N.J.R. 804(a).

11:16-1.2 Statement of liability for fraud on claim and application forms

(a) Insurers shall either place on or attach to all claim forms the following warning:

“Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.”

(b) Pursuant to N.J.S.A. 17:33A-6, all applications for insurance shall prominently and clearly contain the following statement:

“Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

(c) In lieu of the statement in (a) and (b) above, insurers may use a substantially similar statement with the prior approval of the Commissioner.

1. The Commissioner may approve the use of a statement substantially similar to that set forth above upon finding that the statement properly describes the prohibited conduct and references both criminal and civil penalties.

2. Requests for approval of substantially similar statements shall be directed to the Department at the following address:

Division of Anti Fraud Compliance
New Jersey Department of Banking and Insurance
PO Box 324
Trenton, NJ 08625-0324

Amended by R.1988 d.342, effective July 18, 1988.
See: 20 N.J.R. 1062(a), 20 N.J.R. 1720(b).

Recodified from 11:16-1.5. Repealed 11:16-1.2 (General requirements), 11:16-1.3 (Form and content of verification), 11:16-1.4 (Notification to claimant), Appendix A (Certification/Verification), and Appendix B (Consumer Notice—Verification Required with Bills To Be Reimbursed).

Administrative Correction.

See: 25 N.J.R. 5229(b).
Amended by R.1996 d.117, effective March 4, 1996.

See: 27 N.J.R. 4492(a), 28 N.J.R. 1389(a).

Amended by R.2001 d.76, effective March 5, 2001.

See: 32 N.J.R. 4197(a), 33 N.J.R. 804(a).

Added a new (b) and recodified former (b) as (c).

Case Notes

Insured's husband who provided chiropractic therapy had to verify treatment for which insured made claim. *State Farm Mut. Auto. Ins. Co. v. Dalton*, 234 N.J.Super. 128, 560 A.2d 683 (A.D.1989), certification denied 117 N.J. 664, 569 A.2d 1356, certiorari denied 110 S.Ct. 1131, 493 U.S. 1078, 107 L.Ed.2d 1037.

SUBCHAPTER 2. REPORTS TO THE NATIONAL INSURANCE CRIME BUREAU

11:16-2.1 Purpose and scope

This subchapter governs the reporting of motor vehicle theft or salvage and related transactions between insurers and the National Insurance Crime Bureau (“NICB”) or its successor, in implementation of N.J.S.A. 17:23-19. This subchapter applies to all insurers transacting motor vehicle insurance in New Jersey.

Amended by R.1993 d.48, effective January 19, 1993.

See: 24 N.J.R. 3606(a), 25 N.J.R. 311(a).

National Automobile Theft Bureau changed to National Insurance Crime Bureau.

Amended by R.2001 d.76, effective March 5, 2001.

See: 32 N.J.R. 4197(a), 33 N.J.R. 804(a).

Inserted “or its successor” following “(‘NICB’)” and substituted an N.J.S.A. reference for “P.L. 1989, c.65”.

11:16-2.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

“Insurer” means any corporation, company, partnership, association, society, order, individual or combination of individuals transacting automobile insurance in New Jersey.

“Major component part” means the engine, transmission, front end assembly, hood, doors, trunk lid, rear clip or any other part of a motor vehicle on which a unique vehicle identifying number has been placed.

“Motor vehicle” means all vehicles propelled other than by muscular power, excepting such vehicles as are run only upon rails or tracks.

National Insurance Crime Bureau (“NICB”) means that corporate entity, or its successor in interest, that is referred to in N.J.S.A. 17:23-19 that operates and maintains a data base for the data referred to N.J.A.C. 11:16-2.4.

Amended by R.2001 d.76, effective March 5, 2001.

See: 32 N.J.R. 4197(a), 33 N.J.R. 804(a).

Inserted “National Insurance Crime Bureau (“NICB”)”.

11:16-2.3 NICB membership or service company requirement

(a) By December 20, 1989, every insurer transacting motor vehicle insurance in New Jersey that is not already a member or a service company of the NICB, shall make application to become either a member or a service company of the NICB. An insurer shall pay all assessments for membership or service company status as may be required by the NICB in the manner prescribed by the NICB.

(b) An insurer shall become and remain either a member or a service company of the NICB as a condition of maintaining its authorization to conduct the business of motor vehicle insurance in New Jersey.

(c) Applications for membership and service company status and related information can be secured from:

NICB
10330 South Roberts Road—3A
Palos Hills, Illinois 60465-1998

Amended by R.1993 d.48, effective January 19, 1993.

See: 24 N.J.R. 3606(a), 25 N.J.R. 311(a).

National Automobile Theft Bureau changed to National Insurance Crime Bureau.

iii. The Basic Entry Level Training shall be no less than nine hours of classroom instruction. The Continuing Education Training shall be no less than nine hours of training per year for SIU personnel and four hours per year for claims and underwriting personnel. Basic Entry Level training shall be given to all employees within 180 days from the commencement of their employment at each of these positions: underwriters, adjusters, claims processors, SIU investigators, or SIU specialists. The four hour continuous education training provided to non-SIU personnel shall emphasize the responsibility of all employees to identify and report indications of internal and external fraud to the proper authority. Persons currently employed in these positions as of February 7, 2000 shall be exempt from entry level training requirements.

(b) Except for insurers which insure fewer than 2,500 New Jersey automobile policies, or health insurers fewer than 10,000 lives, the plan shall provide a Fraud Prevention and Detection Procedures Manual and disseminate it to, or make it available to, as appropriate, all SIU, claims adjusters, and underwriting personnel. The Fraud Prevention and Detection Procedures Manual shall include, at a minimum, the following:

1. Information for claim adjusters, underwriting personnel, SIU investigators and SIU specialists regarding general investigation guidelines; unfair claims practices; conducting interviews; report writing; information disclosure; law enforcement relations; and the New Jersey Insurance Fraud Prevention Act;
2. The process to be employed for reporting to OIFP when specific facts and circumstances are identified, in connection with a claim or application, which upon further SIU investigation leads to a reasonable conclusion that a violation of N.J.S.A. 17:33A-4 has occurred;
3. For automobile insurers, the "fraud indicators" used for automobile theft, automobile physical damage fraud, personal injury claims fraud, bodily injury claims fraud, and application fraud;
4. For health insurers, "fraud factors" or "indicators" for health fraud, application fraud, and claims fraud;
5. The duties and functions of the SIU;
6. The procedure for referral of a claim or application to the SIU;
7. The post-referral procedure for communication between the claims unit and/or the underwriting unit and the SIU; and
8. An update page indicating that the manual has been updated and kept current.

11:16-6.6 Fraud prevention and detection plan

(a) The plan shall provide for underwriting inquiry to verify that the insured is an eligible person and the policy is

properly rated within 60 days of receipt of the application. These underwriting inquiries shall verify the insured's residency provided by the insured on his or her application for insurance. The plan may provide that these inquiries are generally done "in-house" by telephone and by using information from the New Jersey Division of Motor Vehicle Services (or similar agencies in other states) and prior insurers.

(b) The following concern referral of applications and claims.

1. The plan shall provide that an application or claim shall be referred as a case to OIFP, for further OIFP investigation or other appropriate action, on the prescribed Referral Form (OIFP-1A for Claim Fraud Referral, OIFP-1B for Application Fraud Referral, OIFP-2 for Suspicious Claim/Application Notification, OIFP-3A for Health Claim Fraud Referral, OIFP-3B for Health Application Fraud Referral, and OIFP-4 for Suspicious Health Claim/Application notification incorporated herein by reference in the subchapter Appendix), with all other information required by the form, when the investigation complies with the requirements set forth in N.J.A.C. 11:16-6.7.

2. The plan shall provide that all applications and claims, which meet the standard for referral set forth in N.J.A.C. 11:16-6.7, shall be referred to OIFP by the SIU as soon as practicable, but in no case later than 30 days from when the investigation is complete.

3. The plan shall provide criteria and levels of economic impact for the referral of insurance claims and application fraud in accordance with the requirements of N.J.A.C. 11:16-6.7.

(c) The plan shall provide that after completion of an SIU investigation, or after identification by an SIU of a pattern of applications or claims, the insurer shall provide notice to OIFP on Notification Form OIFP-2 and for Health Insurance Notification on OIFP-4 (incorporated herein by reference in the subchapter Appendix), unless this form is superseded by an electronic reporting form, of instances in which a violation of N.J.S.A. 17:33A-4 is suspected on the basis of fraud factors or indicators, but where sufficient evidence to support a case referral pursuant to N.J.A.C. 11:16-6.7 has not been developed.

(d) The plan shall provide that all referrals of application and claims fraud and notifications of suspected application or claims fraud by the insurer to OIFP shall be made by personnel in the insurer's SIU or other personnel designated in the plan so long as records are kept of all referrals and notifications and the appropriate form is used.

(e) Where an insurer contracts any of its SIU functions to an outside vendor or third party administrator in accordance with N.J.A.C. 11:16-6.4(e), the plan shall provide the name and address of the outside vendor or third party administra-

tor used by the insurer to conduct investigations or perform SIU functions together with a copy of the contract between the insurer and the outside vendor or third party administrator.

(f) The plan may include such other items as the insurer may wish to provide.

Amended by R.2001 d.76, effective March 5, 2001.
See: 32 N.J.R. 4197(a), 33 N.J.R. 804(a).
Rewrote (b)1 and (c).

11:16-6.7 Referrals to OIFP

(a) The plan shall provide that upon completion of its investigation, as described in (d) below, an SIU shall refer cases, on form OIFP-1A, OIFP-1B, OIFP-3A or OIFP-3B which meet the following standard to OIFP.

1. Any application or claim where the facts and circumstances create a reasonable suspicion that a person or entity has violated N.J.S.A. 17:33A-4; and
2. There is sufficient independent evidence corroborating the reasonable suspicion described in (a)1 above, from which a person could reasonably conclude that the person or entity has violated N.J.S.A. 17:33A-4.

(b) The facts and circumstances referred to in (a)1 above can include, but are not limited to, "fraud indicators" contained in an insurer's approved plan, and such other facts and circumstances as would lead a reasonable person to suspect that a violation of N.J.S.A. 17:33A-4 has occurred.

(c) As referred to in (a)2 above, independent evidence corroborating the reasonable suspicion that a person has violated N.J.S.A. 17:33A-4 includes, but is not limited to:

1. A statement from a witness;
2. Documentary evidence that directly negates a material element of the claim or directly establishes the falsity of a material element of an insurance application;
3. A report of an expert; or
4. Additional apparent misrepresentations tending to negate a possibility that the misrepresentation was merely an error.

(d) An investigation shall be complete for purposes of referral to OIFP when reasonable and appropriate investigative leads and opportunities have been exhausted. When an investigation has identified a pattern of possible violations of N.J.S.A. 17:33A-4, the investigation will be deemed complete for purposes of referral as a case to OIFP when one or more violations included in the identified pattern have been sufficiently investigated and corroborated, in accordance with (a) above for referral to OIFP.

Amended by R.2001 d.76, effective March 5, 2001.
See: 32 N.J.R. 4197(a), 33 N.J.R. 804(a).
In (a), inserted "OIFP-3A or OIFP-3B" preceding "which meet".

11:16-6.8 Record retention

(a) Insurers shall maintain up-to-date and accurate records on their fraud prevention and detection plan, which shall at minimum include those necessary to prepare the report required in (b) below.

(b) Insurers shall submit to the Commissioner on or before March 31 of each year an annual report for the prior calendar year on MCEAFC Form #1 or #1A, pursuant to instructions provided in MCEAFC Form #1B, incorporated herein by reference in the subchapter Appendix. Individual insurers that comprise a group shall submit separate reports. Reports shall be submitted in hard copy and either on an MS-DOS formatted disk or by email to:

New Jersey Department of Banking and Insurance
Market Conduct Examinations and Anti-Fraud
Compliance Unit
20 West State Street
PO Box 329
Trenton, NJ 08625-0329
Email: mceafc@doji.state.nj.us

1. The information shall be submitted in a spreadsheet format established by the Department. Insurers may acquire the required spreadsheet format from the Department:

- i. By directing an email request for the "Annual Filing Template" to mceafc@doji.state.nj.us; or
- ii. By directing a written request, along with a blank 3.5 inch, 1.44 MB MS-DOS formatted disk, to the above address. The Department shall return the disk and a blank spreadsheet for completion by the insurer.

Amended by R.2005 d.159, effective May 16, 2005.
See: 37 N.J.R. 199(a), 37 N.J.R. 1733(a).
Rewrote (b).

11:16-6.9 Approval and filing of fraud prevention and detection plans

(a) An insurer's fraud prevention and detection plan shall be deemed approved by the Commissioner if not affirmatively approved or disapproved by the Commissioner within 90 days of the date of filing.

(b) The Commissioner may request such amendments to the plan as he or she deems necessary.

(c) An insurer must submit amendments to its plan when necessary to achieve compliance with these rules. Any amendments to a plan filed with the Commissioner shall be deemed approved by the Commissioner if not affirmatively approved or disapproved within 90 days of the date of filing.

(d) The insurer shall permit the MCEAFC access to its offices upon reasonable notice and at reasonable hours to conduct an audit of the insurer's compliance with its fraud prevention plan. Nothing in this section shall be construed as to preclude the MCEAFC from conducting reviews of an insurer's compliance with its fraud prevention and detection plan at the office of the MCEAFC when determined to be necessary by the MCEAFC.

(e) In those instances in which an insurer uses an outside agent, third party administrator or contractor to perform SIU functions or claims investigations, the Plan and contract with the outside vendor or third party administrator shall provide that the Department shall be permitted to audit the records, books, and documents maintained by the outside contractor or third party administrator in the same manner and fashion as it would be able to examine the books and records in accordance with N.J.S.A. 17:33A-15 and N.J.S.A. 17:23-22.

(f) All information included in an insurer's plan submitted to the MCEAFC pursuant to this subchapter including, but not limited to, training programs submitted to MCEAFC pursuant to this subchapter, shall be confidential and not subject to public disclosure or inspection.

Amended by R.2005 d.159, effective May 16, 2005.

See: 37 N.J.R. 199(a), 37 N.J.R. 1733(a).

Substituted "MCEAFC" for "DAFC" throughout.

11:16-6.10 Penalties

Failure to comply with the provisions of this subchapter shall subject the insurer to penalties as prescribed by law.

11:16-6.11 Confidential records and information

(a) All information and materials in the possession of the OIFP concerning the possibility of the existence or occurrence of insurance fraud or related criminal activities are confidential and privileged against disclosure, and shall not be deemed public records, so as to protect the public interest in the prosecution of insurance fraud, including protecting witness security, the State's relationship with

informants and witnesses, the privacy interests of persons investigated by OIFP where no fraud has been proven and other confidential relationships.

(b) The confidentiality which extends to information and materials possessed by the OIFP with respect to the existence or occurrence of insurance fraud or related criminal activities extends to all papers, documents, reports, evidence and databases, such as investigative reports, referrals, reports or notifications of suspicious claims or applications or suspected insurance fraud, computer maintained databases of such investigative information, and such other materials and information as the Insurance Fraud Prosecutor, on the basis of his experience and exercise of judgment, believes must be kept confidential in order to ensure the orderly investigation and prosecution of insurance fraud.

(c) Confidentiality of the information and materials in the possession of OIFP shall not preclude OIFP from fulfilling its statutory obligations of working with other law enforcement agencies, the Department of Health and Senior Services, the Department of Human Services, any professional board in the Division of Consumer Affairs in the Department of Law and Public Safety, the Department of Banking and Insurance, the Division of State Police and such local government units as may be necessary or practicable and of coordinating and providing information to and among referring entities on pending cases of suspected insurance fraud, where such action would serve the public interest in facilitating the investigation or prosecution of insurance fraud.

Recodified from N.J.A.C. 11:16-6.12 and amended by R.2005 d. 159, effective May 16, 2005.

See: 37 N.J.R. 199(a), 37 N.J.R. 1733(a).

Former N.J.A.C. 11:16-6.11, Transition, was repealed.

11:16-6.12 (Reserved)

Recodified to N.J.A.C. 11:16-6.11 by R.2005 d. 159, effective May 16, 2005.

See: 37 N.J.R. 199(a), 37 N.J.R. 1733(a).

Section was "Confidential records and information".

APPENDIX

CLAIM FRAUD REFERRAL FORM
OIFP-1A (01/01)



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

For OIFP use only:

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

PART I

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

DATE REPORTED _____
NAIC COMPANY # _____
D.O.L. _____
CLAIM # _____
POLICY # _____

TYPE OF COVERAGE (Check appropriate box)

LIFE W.C.
AUTO HOME
COMM
OTHER _____

STATUS (Check appropriate box)

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. # _____

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 2001

PART II

**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 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 OR 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 TO 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 THE 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'S 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 completed the attached Certification of Custodian of Records.

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. If additional records later become known or available, I shall promptly provide them to the Office of Insurance Fraud Prosecutor. I certify that the foregoing statements 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.

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

Custodian of Records
(Full Name and Title)

Dated:

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

INFORMATION REGARDING ANY ADDITIONAL INSURED:

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

CLAIMANT #1 (IF OTHER THAN INSURED/SUBJECT)

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

CLAIMANT #2

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

CLAIMANT #3

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

PART V 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 FORM
OIFP-1B (01/01)**



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

For OIFP use only:

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

PART I

INSURANCE CO. _____
 ADDRESS _____

 TELEPHONE _____
 E-MAIL ADDRESS _____

DATE REPORTED _____
 NAIC COMPANY # _____
 DATE OF APPLICATION _____
 POLICY # _____
 CONTACT PERSON _____

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 _____
 STREET _____ CITY _____ STATE/ZIP _____
 WORK PH. _____ LICENSE # _____

PART II

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

- a(4)(a) - rate evader:** PREPARES OR MAKES ANY WRITTEN OR ORAL STATEMENT, INTENDED TO BE PRESENTED TO ANY INSURANCE COMPANY OR PRODUCER FOR THE PURPOSE OF OBTAINING A MOTOR VEHICLE INSURANCE POLICY, THAT THE PERSON TO BE INSURED MAINTAINS A PRINCIPLE RESIDENCE IN THIS STATE, WHEN IN FACT, THAT PERSON PRINCIPALLY RESIDES IN A STATE OTHER THAN THIS STATE. N.J.S.A. 17:33A-4A(4)(A)
- a(4)(b) - makes a false statement:** PREPARES FOR 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 FOR THING MATERIAL TO AN INSURANCE APPLICATION FOR CONTRACT. N.J.S.A. 17:33A-4A(4)(B)

January 2001

- 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.**

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. If additional records later become known or available, I shall promptly provide them to the Office of Insurance Fraud Prosecutor. I certify that the foregoing statements 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.

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

Custodian of Records
(Full Name and Title)

Dated:

SUSPICIOUS CLAIM/APPLICATION NOTIFICATION FORM

OIFP-2 (01/01)



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

For OIFP use only:

OIFP Case # / /
Intake #
Investigator

PART I

INSURANCE CO.
ADDRESS
TELEPHONE
CONTACT PERSON
E-MAIL ADDRESS

NAIC #
D.O.L.
CLAIM #
POLICY #

TYPE OF COVERAGE (Check appropriate box)

LIFE W.C.
AUTO HOME
COMM
OTHER

STATUS (Check appropriate box)

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. #

IS THIS A CLAIM OR APPLICATION WHICH FORMS PART OF A PATTERN OF POSSIBLE VIOLATIONS OF N.J.S.A. 17:33A-4?

YES NO

IF YES, LIST OTHER RELATED MATTERS, INDICATE STATUS, AND ATTACH COPIES OF OTHER REFERRALS, IF APPLICABLE:

Horizontal lines for providing additional information.

PART II

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 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 OR 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 TO RECOVER DAMAGES FOR PERSONAL INJURIES/DEATH.
 - ANY PERSON TO MAKE A CLAIM FOR PERSONAL INJURY PROTECTION BENEFITS. N.J.S.A. 17:33A-4E.
- a(4)(a) - rate evader:** PREPARES OR MAKES ANY WRITTEN OR ORAL STATEMENT, INTENDED TO BE PRESENTED TO ANY INSURANCE COMPANY OR PRODUCER FOR THE PURPOSE OF OBTAINING A MOTOR VEHICLE INSURANCE POLICY, THAT THE PERSON TO BE INSURED MAINTAINS A PRINCIPAL RESIDENCE IN THIS STATE, WHEN IN FACT, THAT PERSON'S PRINCIPAL RESIDENCE IS IN A STATE OTHER THAN THIS STATE. N.J.S.A. 17:33A-4A(4)(A)
- a(4)(b) - makes a false statement (application):** 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. N.J.S.A. 17:33A-4A(4)(B)
- 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).

PART III

INDICATE THE PARTICULAR FACTS AND CIRCUMSTANCES, INCLUDING WHAT THE APPLICANT/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.)*

INDICATE ALL STATEMENTS MADE WHICH YOU SUSPECT TO BE FALSE AND IDENTIFY ANY RELEVANT INFORMATION OMITTED. IDENTIFY ANY DOCUMENTS WHICH INCLUDE THE FALSE INFORMATION OR WHICH OMITTED RELEVANT INFORMATION:*

INDICATE ANY FACTS AND CIRCUMSTANCES WHICH PROVIDE ANY BASIS TO SUSPECT THAT A LICENSED PROFESSIONAL MAY HAVE KNOWINGLY PARTICIPATED IN VIOLATING THE ACT, AND LIST THE INDIVIDUAL(S), HIS PROFESSION AND HIS EMPLOYER:*

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

*** 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.**

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

Custodian of Records
(Full Name and Title)

Dated:

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

INFORMATION REGARDING ANY ADDITIONAL INSURED:

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

CLAIMANT #1 (IF OTHER THAN INSURED/SUBJECT)

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

CLAIMANT #2

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

CLAIMANT #3

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

PART V 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. # _____

HEALTH CLAIM FRAUD REFERRAL FORM
OIFP-3A (01/01)



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

For OIFP use only:

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

PART I

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

DATE REPORTED _____
NAIC COMPANY # _____
D.O.S. _____
CLAIM # _____
POLICY # _____

TYPE OF COVERAGE (Check appropriate box)
HEALTH (INDEMNITY) [] HEALTH (MEDICAID) []
HEALTH (HMO) [] DENTAL []
OTHER _____

STATUS (Check appropriate box)
PENDING [] PAID - IN FULL []
DENIED [] PAID - IN PART []
OTHER []
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: _____

SPECIALTY

ALLERGIST [] ANESTHESIOLOGY [] CARDIOLOGY [] CHIROPRACTIC [] DERMATOLOGY [] EMERGENCY MEDICINE []
ENDROCRINOLOGY [] 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 []

January 2001

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. 17:33A-4 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 OR 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 TO 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 THE 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 THE INSURANCE CARRIER, OR INFORMATION OMITTED, AND INDICATE ON WHICH CLAIM 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 CLAIM PROCESS, AN EXPERT'S 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.

CERTIFICATION OF CUSTODIAN OF RECORDS

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

Custodian of Records
(Full Name and Title)

Dated:

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

INFORMATION REGARDING ANY ADDITIONAL INSURED:

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

CLAIMANT #1 (IF OTHER THAN INSURED/SUBJECT)

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

CLAIMANT #2

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

CLAIMANT #3

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

PART V 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. # _____

HEALTH APPLICATION FRAUD REFERRAL FORM
OIFP-3B (01/01)



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

For OIFP use only:

OIFP Case # / /
Intake #
Investigator

PART I

INSURANCE CO.
ADDRESS

DATE REPORTED
NAIC COMPANY #
DATE OF APPLICATION
P O L I C Y #

TELEPHONE
CONTACT PERSON
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. # D.L.#
BUSINESS NAME TIN #

PRODUCER (IF APPLICABLE): AGENCY NAME
PRODUCER NAME: LAST FIRST MI
ADDRESS: STREET CITY STATE/ZIP
WORK PH. LICENSE #

PART II

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

- 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)
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)

January 2001

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.**

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. If additional records later become known or available, I shall promptly provide them to the Office of Insurance Fraud Prosecutor. I certify that the foregoing statements 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.

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

Custodian of Records
(Full Name and Title)

Dated:

SUSPICIOUS HEALTH CLAIM/APPLICATION NOTIFICATION FORM

OIFP-4 (01/01)



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

For OIFP use only:

OIFP Case #
Intake #
Investigator

PART I

INSURANCE CO.
ADDRESS
TELEPHONE
CONTACT PERSON
E-MAIL ADDRESS

NAIC #
D.O.L.
CLAIM #
POLICY #

TYPE OF COVERAGE (Check appropriate box)
HEALTH (INDEMNITY)
HEALTH (HMO)
OTHER

STATUS (Check appropriate box)
PENDING
DENIED
OTHER
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 #

IS THIS A CLAIM OR APPLICATION WHICH FORMS PART OF A PATTERN OF POSSIBLE VIOLATIONS OF N.J.S.A. 17:33A-4?
YES NO

IF YES, LIST OTHER RELATED MATTERS, INDICATE STATUS, AND ATTACH COPIES OF OTHER REFERRALS, IF APPLICABLE:

Blank lines for providing details on related matters.

PART II

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 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 OR 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 TO RECOVER DAMAGES FOR PERSONAL INJURIES/DEATH.
 - ANY PERSON TO MAKE A CLAIM FOR PERSONAL INJURY PROTECTION BENEFITS. N.J.S.A. 17:33A-4E.
- a(4)(b) - makes a false statement (application):** 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. N.J.S.A. 17:33A-4A(4)(B)
- 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).

PART III

1. INDICATE THE PARTICULAR FACTS AND CIRCUMSTANCES, INCLUDING WHAT THE APPLICANT/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. INDICATE ALL STATEMENTS MADE WHICH YOU SUSPECT TO BE FALSE AND IDENTIFY ANY RELEVANT INFORMATION OMITTED. IDENTIFY ANY DOCUMENTS WHICH INCLUDE THE FALSE INFORMATION OR WHICH OMITTED RELEVANT INFORMATION.*

3. INDICATE ANY FACTS AND CIRCUMSTANCES WHICH PROVIDE ANY BASIS TO SUSPECT THAT A LICENSED PROFESSIONAL MAY HAVE KNOWINGLY PARTICIPATED IN VIOLATING THE ACT, AND LIST THE INDIVIDUAL(S), HIS PROFESSION AND HIS EMPLOYER.*

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

*** 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.**

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. If additional records later become known or available, I shall promptly provide them to the Office of Insurance Fraud Prosecutor. I certify that the foregoing statements 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.

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

Custodian of Records
(Full Name and Title)

Dated:

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

INFORMATION REGARDING ANY ADDITIONAL INSURED:

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

CLAIMANT #1 (IF OTHER THAN INSURED/SUBJECT)

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

CLAIMANT #2

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

CLAIMANT #3

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

PART V 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. # _____

Repeal and New Rule, R.2001 d.76, effective March 5, 2001.
See: 32 N.J.R. 4197(a), 33 N.J.R. 804(a).

EXHIBIT 1

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

Group Company Name _____	NAIC Group Number _____
Company/Affiliate Name _____	NAIC Company Number _____
Address _____	Address 2 _____
City _____	State _____ Zip _____
Respondent First and Last Name _____	Phone Number () _____
Respondent Title _____	Calendar Year of Report _____

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 investigation	_____
c. Dollar Amount of Restitution Obtained from NJ Claim Fraud Investigations	_____
d. Number of NJ Claims Investigated for Fraud During Calendar Year	_____
From d. above, the Number of NJ Claims Referred to SIU During Calendar Year	_____
From d. above, the Number of NJ Claims Referred to OIFP During Calendar Year	_____

II. Underwriting Data	
a. Number of NJ Policies In Force During Calendar Year	_____
b. Number of NJ Policies and Applications Processed During Calendar Year (includes New, renewal, endorsements, etc.)	_____
c. Number of NJ Applications and Policies Declined for Fraud During Calendar Year	_____
d. Number of NJ Applications and Policies (new business, renewals, endorsements, terminations, etc.) Investigated for Underwriting Fraud During Calendar Year	_____
From d. above, the Number of NJ Applications and Policies Referred to SIU During Calendar Year	_____
From d. above, the Number of NJ Applications and Policies Referred to OIFP During Calendar Year	_____
e. Dollar Amount of Restitution Obtained from NJ Application Fraud Investigations	_____

III. Total SIU Expenditures	
a. Dollar Amount Spent on NJ Claim and Underwriting Fraud Detection and Prevention (See Footnotes 1-3 below):	
NJ SIU Salaries ¹ _____	Direct Expenses ² _____ Other/Indirect Expenses ³ _____
¹ Gross compensation exclusive of benefits including investigators, support staff, etc.	
² Includes benefits excluded in item 1 such as benefits, as well as expenses incurred directly by SIU such as phones, equipment, cars, etc.	
³ 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.	

EXHIBIT 2

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

Group Company Name _____ NAIC Group Number _____
Company/Affiliate Name _____ NAIC Company Number _____
Address _____ Address 2 _____
City _____ State _____ Zip _____
Respondent First and Last Name _____ Phone Number () _____
Respondent Title _____ Calendar Year of Report _____
Total Number Lives Insured: Comprehensive Benefits _____ Limited Benefits _____

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 investigation _____
c. Dollar Amount of Restitution Obtained from NJ Claim Fraud Investigations _____
d. Number of NJ Claims Investigated for Fraud During Calendar Year _____
From d. above, the Number of NJ Claims Referred to SIU During Calendar Year _____
From d. above, the Number of NJ Claims Referred to OIFP During Calendar Year _____

II. Underwriting Data

a. Number of NJ Policies In Force During Calendar Year _____
b. Number of NJ Policies and Applications* Processed During Calendar Year (includes New, renewal, endorsements, etc.) _____
c. Number of NJ Applications and Policies Declined for Fraud During Calendar Year _____
d. Number of NJ Applications and Policies (new business, renewals, endorsements, terminations, etc.) Investigated for Underwriting Fraud During Calendar Year _____
From d. above, the Number of NJ Applications and Policies Referred to SIU During Calendar Year _____
From d. above, the Number of NJ Applications and Policies Referred to OIFP During Calendar Year _____
e. Dollar Amount of Restitution Obtained from NJ Application Fraud Investigations _____

* Does not include Requests for Proposals

III. Total SIU Expenditures

a. Dollar Amount Spent on NJ Claim and Underwriting Fraud Detection and Prevention (See Footnotes 1-3 below):
NJ SIU Salaries¹ _____ Direct Expenses² _____ Other/Indirect Expenses³ _____

¹ Gross compensation exclusive of benefits including investigators, support staff, etc.

² Includes benefits excluded in item 1 such as benefits, as well as expenses incurred directly by SIU such as phones, equipment, cars, etc.

³ Includes direct 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.

EXHIBIT 3

**FRAUD DETECTION AND PREVENTION ANNUAL REPORT
INSTRUCTIONS AND DEFINITIONS
MCEAFC Forms #1 and #1A**

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.

This report is comprised of two separate templates. One is exclusively for automobile insurers, and the other is exclusively for health insurers.

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 e-mailed 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 Examination/Anti-Fraud Compliance
20 West State Street
PO Box 329
Trenton, NJ 08625-0329

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

Dollar Amount Spent: This value may be 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.

Amended by R.2005 d.159, effective May 16, 2005.
See: 37 N.J.R. 199(a), 37 N.J.R. 1733(a).
Rewrote the section.

APPENDIX A

(RESERVED)

Repeal and New Rule, R.1997 d.87, effective February 18, 1997.
See: 28 N.J.R. 4341(a), 29 N.J.R. 563(a).

Repealed by R.2000 d.58, effective February 7, 2000.
See: 31 N.J.R. 3196(a), 32 N.J.R. 478(a).