

## 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