

**New Jersey Department of Banking & Insurance**  
**Fraud Prevention & Detection Experience Annual Report**

**Health Insurance**

Calendar Year:

**I. Identification**

Company Name

NAIC Company Code

Group Name

NAIC Group Number

Street Address

Address 2

City

State

Zip

Respondent First Name

Respondent Last Name

Title

Phone number

Email

Date Form Completed

**II. Coverages:**

Total Lives Insured

Comprehensive

Limited Benefits

Reported data includes the following (check all that apply)

Comprehensive benefits

Dental Only

Non-coordinated

Limited Benefits

Disability

Other hospital Indemnity

Accident Only

Long Term Care

Vision Only

Credit Only

Medicare Supplement

Supplement to liability insurance

**III. 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. Number of NJ Claims referred to SIU during Calendar Year

D. Number of NJ Claims referred to OIFP during Calendar year

**IV. 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

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

**IV. Total SIU Expenditures:**

Dollar Amount Spent on NJ Claim and Underwriting Fraud Detection and Prevention

A. NJ SIU Salaries

B. NJ SIU Direct Expenses

C. NJ SIU Other / Direct Expenses

Comments:

HAR 2014-12-10