

State of Connecticut – Insurance Fraud Report

Year:
Company Name:

NAIC:

Line	Fraud Reporting Requirement	Column A	Column B	Column C	Column D	Column E	Column F
		Auto	Workers' Compensation	Life	Accident & Health	Other	Total (Columns A-E)

01	Number of policies in force (excluding group plans)						
01a	Number of plan members (group plans only)						
02	Number of claims received (excluding group plans)						
02a	Number of claims received (group plans only)						
03	Number of cases of suspected fraud accepted by SIU (by type)						
03a	• Number of policy application cases referred to SIU						
03b	• Number of claim cases referred to SIU						
03c	• Number of other cases referred to SIU						
04	Amount of money not paid on fraudulent cases						
05	Amount of money recovered on fraudulent cases						
06	Number of cases referred to authorities ((by type of perpetrator):						
06a	• Insured/Policyholder						
06b	• Claimant/Member						
06c	• Agent/Employee						
06d	• Medical Provider						
06e	• Legal Provider						
06f	• Other						

Prepared by: Name: _____ Title: _____ Signature: _____ Date: _____ Telephone Number: _____	I hereby certify that to the best of my knowledge and belief the information included in this report is true, accurate and complete. (To be completed by SIU Director or comparable manager) Name: _____ Title: _____ Signature: _____ Date: _____ E-Mail Address: _____
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