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| **Filing Entity.** *[Please enter name of filing company or group]:* | | | | | | | | | | | |
| **Section 1. Introduction:** | | | | | | | | | | | |
| **a. Corporate Statement.** *[please insert a statement that reflects accurately the filing company’s or group’s commitment to combating insurance fraud in Pennsylvania]*: | | | | | | | | | | | |
| b. Compliance objective:  This Anti-fraud Plan (the “Plan”) of the above Filing Entity (“the Company”) is filed with the Pennsylvania Insurance Department (“the department) in compliance with Pennsylvania’s requirements that:   * Insurers licensed for motor vehicle insurance implement and file with the department a motor vehicle insurance anti-fraud plan applicable to internal and external fraud, be member of a comprehensive database system, report suspected insurance fraud as defined in Pennsylvania Crimes Code (18 Pa. C.S. § 4117) to criminal law enforcement authorities, and annually make a summary report on anti-fraud activity to the department (75 Pa. C.S. §§ 1811 through 1824); that * Insurers licensed for workers’ compensation insurance certify their implementation of an anti-fraud plan, refer instances of suspected workers’ compensation insurance fraud as defined in Pennsylvania Crimes Code (18 Pa. C.S. § 4117) and the Pennsylvania Workers’ Compensation Act (77 P.S. §§ 1039.2 and 1040.5) to appropriate law enforcement agencies, and annually make a summary report on anti-fraud activity to the department (77 P.S. § 1040.1 and 1040.5); and that * Insurers report suspected arson to an authorized agency (40 P.S. § 1610.3(b)(1)). | | | | | | | | | | | |
| **c. This Plan applies to *[check only one]*:**  All Pennsylvania insurance business of the Company.  Only the Pennsylvania motor vehicle insurance business of the Company.  Only the Pennsylvania workers’ compensation insurance business of the  Company.  Only the Pennsylvania motor vehicle and workers’ compensation insurance  business of the Company. | | | | | | | | | | | |
| **d. Management Oversight** *[identify by position the person who as of this filing has responsibility for implementation and management of this Pennsylvania anti-fraud plan]****:*** | | | | | | | | | | | | |
| **Name:** | | | | |  | | | | | | | |
| **Position Title:** | | | | |  | | | | | | | |
| **Street Address:** | | | | |  | | | | | | | |
| **Street Address:** | | | | |  | | | | | | | |
| **City:** | |  | | | | **State:** | |  | | | **Zip Code:** |  |
| **Email:** | | | | |  | | | | | | | |
| **Telephone:** | | |  | | | | **Fax:** | | |  | | |
| **e. Anti-fraud Committee *[please check one]***  An anti-fraud committee has been formed from the Company’s  management team.  An anti-fraud committee has not been formed. | | | | | | | | | | | | |
| **f. If an anti-fraud committee has not been formed, how does the Company intend to evaluate its Pennsylvania anti-fraud plan and make recommendations to senior management on the Plan?** | | | | | | | | | | | | |
| **g. Pennsylvania licensed insurers operating under this Plan are:** | | | | | | | | | | | | |
| **NAIC**  **Group Number** | | | | **NAIC**  **Company Number** | | | | | **Company**  **Name** | | | |
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| ***[Attach a separate listing if more than five companies are represented by Plan]*** | | | | | | | | | | | | |
| 1. Questions regarding this Plan may be directed to [*Please provide the name, title, address, email, and phone numbers for the person who prepared this Plan, and to whom questions on it may be directed]*: | | | | | | | | | | | | |

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| Section 2. Organization: | | |
| **a. Filing Entity:** *[insert a description of the types of insurance, distribution systems, business data (i.e. policy volume, premium volume, Pennsylvania business as % of total business) and office locations that will assist understanding of the filing entity’s exposure to insurance fraud in Pennsylvania]* | | |
| b. The Company’s office locations for its Pennsylvania business are *[describe or attach a listing of offices and organizational chart]*: | | |
| **c. The Company meets its need for internal fraud investigation** *[fraud by officers,*  *agents or employees]* **through *[please check applicable boxes]*:**  Full-time employees who do only fraud investigation.  Employees who do fraud investigation in addition to other work.  Contract or Vendor services. | | |
| **d. The Company meets its needs for external fraud investigation *[fraud not***  ***involving officers, agents or employees]* through *[please check applicable boxes]*:**  Full-time employees who do only fraud investigation.  Employees who do fraud investigation in addition to other work.  Contract or Vendor services. | | |
| **e. Points-of-Contact within the Company for questions concerning this Plan’s use in Pennsylvania, as of this filing, are:** | | |
| **Name** | **Title** | **Phone** |
| **Marketing and Agency** |  |  |
| **Policyholder Services** |  |  |
| **Underwriting** |  |  |
| **Claims** |  |  |
| **Internal Audit** |  |  |
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| **Section 3. Fraud Awareness and Education.**  *[Please list either specific procedures or reference other manuals or documents of the Company that provide the specific procedures.]* |
| **a. Initial education** *[The training provided to new employees and newly affiliated producers to combat internal and external fraud.]****:*** |
| **b. Continuing education** *[The training provided to employees and producers that will maintain fraud awareness and grow internal and external fraud investigation skills.]****:*** |
| **c. Public education** *[How the Company will inform and educate its policyholders, business partners and members of the public on the Company’s commitment to combating internal and external fraud.]****:*** |
| **d. Does the Company use the following fraud warning notice as required by 18 Pa. C.S. § 4117(k)(1) on all (this requirement applies to all types of insurance) insurance applications and claim forms?**  Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.  *[Check only one]*  Yes  No |
| **e. Motor vehicle insurers may use either the Title 18 (Crimes Code) fraud warning notice or the earlier Title 75 (Vehicle Code) fraud warning notice on motor vehicle insurance renewals. The Company uses the following warning for renewals:**  The Title 18 fraud warning notice shown above.  The fraud warning notice of 75 Pa.C.S. § 1822 – that  Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to $15,000. |
| **f. How does the Company comply with The Violent Crime Control and Law Enforcement Act of 1994, Public Law 103-322, H.R. 3355, Title 18, United States Code, Sections 1033-1034 (Effective September 13, 1994)?** *[It is the responsibility of the Company to ensure that any prohibited person who is employed or being considered for employment is not permitted to conduct the business of insurance in accordance with 18 U.S.C. 1033(e)(1)(B). Insurance companies, as well as persons employing anyone to conduct the business of insurance may be in violation of this statue if they willfully permit participation by a prohibited person.]* |

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| **Section 4. Detection.** *[Please list either specific procedures or reference other manuals or documents of the Company that provide the specific procedures.]* | |
| **a. Applications** *[How the Company will detect indicators of fraudulent insurance applications****]*:** | |
| **b. Underwriting** *[How the Company will detect indicators of rate evasion and premium fraud]***:** | |
| **c. Premium or other funds of the Company** *[How the Company will detect indicators of theft, embezzlement or misappropriation of premium or other funds***:** | |
| **d. Claims** *[How the Company will detect indicators of both opportunistic and planned (i.e. systematic or staged) claims fraud]***:** | |
| **e. Communication** *[How the Company’s officers, employees, producers and business partners will consult with, request the assistance of and refer matters to the Company’s fraud investigation specialists]*: | |
| **f. Comprehensive Database(s).** The Company is member of or uses the following database(s) *[see requirements at 75 Pa. C.S. § 1821]* for the purpose of reporting, sharing and querying motor vehicle insurance claims data and information: | |
| **Database Name** | **Description** |
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| **g.** The Company evaluates the effectiveness of its fraud detection effort by: | |

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| **Section 5. Investigation.** *[Please list either specific procedures or reference other manuals or documents of the Company that provide the specific procedures.]* |
| **a.** The Company has established the following experience and education requirements for its fraud investigators: |
| **b.** The Company manages its investigation of matters that may prove to be fraudulent insurance acts by: |
| **c.** The Company’s conclusion that investigation shows a reasonable basis to suspect insurance fraud is made by: |
| **d.** The Company’s fraud investigators assist the Company’s fraud awareness efforts by: |
| **e.** The Company evaluates the effectiveness of its fraud investigation effort by: |

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| **Section 6. Reporting.** Pennsylvania does not have a single “insurance fraud bureau” and insurers may satisfy their reporting obligation by referring instances of suspected insurance fraud or arson to any criminal law enforcement agency.  *[Please list either specific procedures or reference other manuals or documents of the Company that provide the specific procedures.]* |
| **a.** The Company will encourage the reporting of suspected insurance fraud to law enforcement investigation and prosecution units funded by the Pennsylvania Insurance Fraud Prevention Authority (IFPA), or to other criminal law enforcement agencies, by: |
| **b.** The Company cooperates with criminal law enforcement agencies subsequent to the reporting of suspected insurance fraud by: |
| **c.** The Company makes notification of its policyholders and cooperates with law enforcement requests to withhold notification (see 75 Pa. C.S. § 1795) by: |

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| **Section 7. Cost Exclusion (*Applicable only to motor vehicle insurance (See 75 Pa. C.S. § 1812(6).*** *[Please list either specific procedures or reference other manuals or documents of the Company that provide the specific procedures.]*: |
| **a.** The Company will conclude that insurance fraud is present and a cost has been incurred from fraud when *[i.e. when the Company is a victim of insurance fraud and a payment had been made by the Company to an admitted or convicted insurance fraud offender]*: |
| **b.** The fraud cost to be excluded will be determined by the Company as the *[i.e. the amount of money unlawfully obtained of the Company by the admitted or convicted fraud offender]*: |
| **c.** The Company will exclude the cost incurred of insurance fraud from rates bases by *[describe who has the responsibility for initiating the action and how will the removal be made from the rate base(s) of the Company or any rating organization used by the Company]*: |

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| **Section 8. Recovery.** *[Please list either specific procedures or reference other manuals or documents of the Company that provide the specific procedures.]* |
| **a.** The Company will seek to recover fraud related losses by: |
| **b.** The Company evaluates the recovery component of this Plan by: |

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| **Section 9. Measurement.** The Company is required to annually report its activity under this Plan to the Pennsylvania Insurance Department, including statistical data on the amount of resources committed to combating fraud, and the amount of fraud identified and recovered during the reporting period. *[Please list either specific procedures or reference other manuals or documents of the Company that provide the specific procedures.]* |
| **a.** The Company determines its cost of having an anti-fraud program by: |
| **b.** The Company measures the amount of insurance fraud identified through its anti-fraud program by: |
| **c.** The Company measures the amount of insurance fraud recovered through its anti-fraud program by: |
| **d.** The Company evaluates its return on investment in an anti-fraud program by: |
| **e.** All questions on the Company’s annual statistical reporting of activity under this Plan should be directed to *[Provide the name, title, address, email and phone numbers of the person who will make the annual reporting to the department.]*: |