

## Instructions for Uniform Suspected Insurance Fraud Reporting Form

The Uniform Suspected Insurance Fraud Reporting Form was adopted by the NAIC Antifraud Task Force on April 3, 2012. This form will replace the prior form adopted by the Antifraud Task Force. The purpose of the form is to provide a standardized reporting platform for use by the insurance industry. It is the hope of the task force that by changing the existing format, insurance fraud data will not only be easier to report but also easier to track.

These directions will provide a general explanation of the information that should be contained in each data field of the form. You will find that some data fields could have multiple entries, such as phone number, driver's license number, address, etc. The easiest way for the insurance fraud division to track the information is to complete the form as it relates to the person/business mentioned in the Subject section. If the subject has an alias with different dates of birth, etc., please complete this information in the Additional Subject / Interested Party or AKA Information section of the form so investigators can differentiate between which personal data is connected to each subject name.

The form is submitted online. To determine if your state accepts OFRS, contact the NAIC. You must have an NAIC Company Code to submit through OFRS.

State of \_\_\_\_\_ Fill in the name of the state that the referral should be sent to. If the

Type	Indicate the role the subject had in this referral. "Type" codes are on page 2 of the referral form. If you do not find a "type" that is appropriate, use OT for "other" and fill in a description of the role in the space provided below OT.
Name (Last/Business), (First), (Middle)	The subject's name, or the subject business name, if the subject is a business.
Date of Birth	Date of birth of the subject. You may list multiple dates of birth used by the subject on the "Additional Subject / Interested Party or AKA Information" section.
Age	Age of the subject
Sex: M <input type="checkbox"/> F <input type="checkbox"/> Street Address (Include PO Box and apartments #'s), City, State, Zip, County	If unknown, do not complete the box.

Claim #	Claim number of the suspected fraudulent claim. If there are additional claim numbers that relate to the same investigation, please complete an additional referral form to capture the information as it relates to each individual claim.
Policy #	Policy number related to suspected fraud. If there is more than one policy number that relates to the investigation, please complete an additional referral form to capture the information as it relates to each individual policy.
Insurance Company Case #	If applicable

