IWIF FRAUD REFERRAL REPORTING FORM

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Fraud Hotline   1-888-ANTI-FRAUD   Secure & Confidential

TO REPORT CLAIMANT FRAUD PLEASE PROVIDE THE FOLLOWING INFORMATION (IF KNOWN)

Is this an IWIF claim? ____________ Number (if known) ____________
Claimant's name ___________________________ Phone (____) ______
Address ___________________________ City ___________ State _______ Zip ________
Last known employer: ___________________________ Phone (____) ______
Address ___________________________ City ___________ State _______ Zip ________
Date of birth or age ___________ Race ________ Sex ________ Height ________
Weight ________ Hair Color ________ Scars or marks ________ Marital status ______
SSN# ___________ - _______ - _______
Vehicle Make ___________ Model ___________ Color ___________ Tag ___________ State _______
Vehicle Make ___________ Model ___________ Color ___________ Tag ___________ State _______
Is the claimant working? ___________ Where? ___________
How long? ___________ Hours? ___________ Type of work ___________
Residential activities ___________ Recreational activities ___________
Other activities or allegations ___________

Other types of fraud you may report are: Medical Care Provider, Employer, Agent, Attorney.
The type of fraud you wish to report ___________

PERTINENT INFORMATION

Who ___________ What ___________
Where ___________ When ___________

YOU MAY REMAIN ANONYMOUS

Your Name ___________________________ Phone (____) ______
Address ___________________________ City ___________ State _______ Zip ________
Are you willing to be interviewed by an investigator? ___________
Is this your first report? ___________

Any other pertinent information you wish to share? ___________

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