



INVESTIGATIVE & FORENSIC SERVICES

Defending Floridians Against Fraud, Arson, and the Misuse of State Funds

Form Number

L1-1689

DFS-L1-1689, Revision 3/2018

Rule Chapter 69D-2.003, F.A.C.

ANTI-FRAUD PLAN

Every insurer admitted to do business in Florida and subject to subsection 626.9891(2), F.S., and Rule Chapter 69D-2, F.A.C., shall electronically file with the Division a completed anti-fraud plan and shall provide the following information to satisfy this filing requirement. The insurer shall submit this plan via the digital format instruction found at www.myfloridacfo.com/Division/DIFS/.

COMPLETE ALL SECTIONS AS REQUIRED; HIT "ADD" TO DISPLAY THE REQUIRED INSURER AND DESIGNATED EMPLOYEE INFORMATION BOXES. HIT "ADD" AGAIN TO INCLUDE ADDITIONAL INSURERS OR DESIGNATED EMPLOYEES.

Add the insurer company name(s), NAIC number(s), and if applicable, NAIC Group number:

NAIC Group # (if applicable)

Group Name

Insurer (required field, hit "Add" to display boxes)

Add

Insurer Name(s) *

NAIC #(s) *

Remove

1. Designate at least one employee with the primary responsibility for implementing the requirements of subsection 626.9891(2), F.S., and Rule Chapter 69D-2, F.A.C., and provide contact information for the employee(s):

Add

First Name *

Email *

Last Name *

Phone # *

Remove

2. A description or chart of the insurer's anti-fraud investigative unit, including the names of all personnel, the position titles, and description of staffing, or provide a copy of the contract;

DESCRIPTION OR CHART

3. The rationale for the level of staffing and resources being provided for the anti-fraud investigative unit;

LEVEL OF STAFFING RATIONALE

4. Acknowledgment that the insurer has adopted an anti-fraud plan;

* BY INITIALING THE BOX THE INSURER ACKNOWLEDGES STATEMENT #4 ABOVE.

5. Acknowledgment that the insurer has established procedures for detecting and investigating possible fraudulent insurance acts relating to the different types of insurance by that insurer;

* BY INITIALING THE BOX THE INSURER ACKNOWLEDGES STATEMENT #5 ABOVE.

6. Acknowledgment that the insurer has established procedures for the mandatory reporting of possible fraudulent insurance acts to the Division of Investigative and Forensic Services of the department;

* BY INITIALING THE BOX THE INSURER ACKNOWLEDGES STATEMENT #6 ABOVE.

7. Acknowledgement that the insurer provides anti-fraud education and training to the anti-fraud investigative unit relating to the detection and investigation of fraudulent insurance acts;

* BY INITIALING THE BOX THE INSURER ACKNOWLEDGES STATEMENT #9 ABOVE.

8. A description of the required anti-fraud education and training;

ANTI-FRAUD EDUCATION AND TRAINING

Upload Supporting Documentation

Document

[Attach Document](#)

Insurance Fraud Reporting

Every insurer admitted to do business in Florida and subject to 626.989(6), F.S., and Rule 69D-2, F.A.C., shall acknowledge the following with respect to mandatory reporting of suspected insurance fraud acts to the Division.

9. Acknowledgement that all such reports of suspected insurance fraud shall contain information that clearly defines and supports the allegation of suspicious activity;

* BY INITIALING THE BOX THE INSURER ACKNOWLEDGES STATEMENT #7 ABOVE.

10. Acknowledgment that the insurer shall record the date that suspected fraudulent activity is detected and shall record the date that reports of such suspected insurance fraud are sent directly to the Division;

* BY INITIALING THE BOX THE INSURER ACKNOWLEDGES STATEMENT #8 ABOVE.

Date Submitted

Submitted By*

Submitted By Email*

ONCE THE FORM IS SUBMITTED A COPY OF THE FILING CANNOT BE RETRIEVED BY THE USER

[SAVE A COPY](#)

Note: Once the user hits the "Submit" button a pop-up will announce that the form has been saved. Once the form is received by the Division it will be reviewed and the submitter will receive an email of approval/acceptance or, if incomplete, an email describing the deficiency that must be corrected. If deficient, the form must be completed again and re-submitted.

[Submit](#)