

MINNESOTA

REPORT OF SUSPECTED WORKERS' COMPENSATION INSURANCE FRAUD

This form may be used by insurers to report indications of possible workers' compensation insurance claimant fraud to the Investigative Services Unit (ISU) of the Minnesota Department of Labor and Industry. ISU may be contacted by calling (651) 297-5797 or, toll free, 1 - (888) - FRAUD MN.

I. Reporting Insurance Carrier

Carrier Name: _____

Address: _____

Contact Person: _____ Telephone No: _____

II. Claim Identification

Claimant Name (first, middle, last): _____

Social Security Number: _____ Date of Injury: _____

III. Description of Suspected Fraud:

(Please attach a separate sheet, as necessary)

IV. Estimated Dollar Value of Loss Due to Fraud: \$ _____

V. Time Period of Above Loss: From _____ To _____

VI. Has Any Fraud Investigation Been Performed, to Date? _____ NO _____ YES

(If YES, please describe investigative efforts and results. Attach a separate sheet, as necessary, and copies of any available investigative reports).

Date of This Report: _____

Signature: _____

PLEASE MAIL THIS COMPLETED FORM TO:

Minnesota Department of Labor & Industry
Investigative Services Unit (ISU)
443 Lafayette Road North
St. Paul, MN 55155

OR, SEND THE COMPLETED FORM TO ISU VIA *FAX MACHINE* AT: (651) 282-5358