

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?