

Submission Information:			
Workers' Comp. Fraud Unit 122 S. Michigan Ave., 19th Floor Chicago, Illinois 60603 Phone: 877-WCF-UNIT (877-923-8648) Email: DOI.WorkCompFraud@illinois.gov <i>***Please submit referrals via email or mail to the addresses above***</i>			
Entity/Individual Submitting Complaint:			
Type of Fraud: Claimant	Employer/Agent/Company	Premium	Medical Provider
Illinois Insurance Code - http://www.ilga.gov/legislation/ilcs/ilcs2.asp?ChapterID=22 Illinois Administrative Code - http://www.ilga.gov/commission/jcar/admincode/050/050parts.html			
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS NOTE: Each item enumerated below is required to be included in the complaint or it will be dismissed as insufficient	LOCATION OF INFORMATION
All Fraud (see below for specific types of fraud alleged with additional information required)			
A general description of the fraud alleged		Each complaint should include a brief synopsis of the fraud alleged. This should include relevant information such as type of fraud alleged, dates, involved parties, identification of material misstatements and other key aspects of fraud allegation.	
Name of claimant		The name of the alleged fraudulent claimant	
Additional witnesses		Names and contact information for additional witnesses	
If Claimant Fraud			
Employer/Secondary employer		Any known employment activity including any evidence claimant is working while collecting benefits	
Date and Type of Injury		Documentation must include the date and type of injury alleged to be fraudulent.	
Identification of materially fraudulent statement and why it allegedly fraudulent	820 ILCS 305/25.5(e)	Documentation must provide the false or fraudulent material statement or material representation and why it is believed to be fraudulent. (what was said)	
Date, location and to whom false or fraudulent statement was made		Documentation must include the details of a false or fraudulent material representation was made (physician, employer, claims adjustor, etc.)	
Activity level/description of activity		Documentation must include what the alleged fraudulent actor is doing in violation of their prescribed physical limitations.	
Evidentiary statements		Written and/or recorded statements, Examinations Under Oath (EUO)	
Surveillance/investigative reports		Copies	
If Employer/Insurance Agent/Insurance Company Fraud			
Copy of the alleged fraudulent certificate of insurance			
Proof that no w/c insurance coverage was in place		Please include copy of associated insurance policy	
Name of person(s) creating/issuing certificate of insurance			
Date the certificate of insurance was issued/created			
Name of person who received the certificate of insurance			
Date and location the certificate of insurance was sent from or received			
Method of transmission (email, fax, in person)			
Amount of wages earned from the issuance of a false insurance certificate			

If Premium Fraud			
Evidence of fraud		Examples: misclassification of employees, under- reporting payroll, uninsured sub-contractor, etc.	
Copy of insurance policy application			
Copy of insurance policy			
Copy of related audit reports			
Copy of related correspondence between insured and insurer/auditor			
Copy of fraudulent certificate of insurance			
Identify amount of damages		(loss of premium)	
If Medical Provider Fraud			
Evidence of services billed but not provided		Include copies of bills	
Type of service(s) billed but not provided			
Date service(s) billed			