



ESTADO LIBRE ASOCIADO DE PUERTO RICO
OFICINA DEL COMISIONADO DE SEGUROS

17 de junio de 1993

CARTA CIRCULAR NUM. C-4-1318-93

A TODOS LOS ASEGURADORES DEL PAIS Y A LOS GERENTES DE LOS
ASEGURADORES EXTRANJEROS AUTORIZADOS A LLEVAR A CABO
NEGOCIOS DE SEGUROS EN PUERTO RICO

Señores:

El Departamento de Justicia Federal de los Estados Unidos ha instituido una forma conocida como Insurance Related Criminal Referral Form con el propósito de recibir la mayor cantidad posible de información relacionada con el fraude en el área de los seguros y la actividad criminal relacionada con éste. La información solicitada abarcará la actividad delictiva que se lleve a cabo en la esfera estatal al igual que aquella que afecte al ámbito federal.

La Oficina del Comisionado de Seguros de Puerto Rico, en su afán de colaborar con todo aquel esfuerzo que sirva para erradicar o reducir aquella conducta o prácticas delictivas en la que se incurra dentro de la industria de seguros, emite las siguientes directrices en torno a la iniciativa del Departamento de Justicia Federal:

1. Cuando se tenga conocimiento o sospecha de alguna actividad o práctica delictiva que se relacione con la industria de seguros de Puerto Rico, o de los Estados Unidos, o información que sea de interés sobre ese particular, se deberá llenar la referida forma proveyendo la información solicitada en todos sus apartados. Luego de llenar la misma se deberá enviar al Departamento de Justicia Federal, a la siguiente dirección:

U.S. Department of Justice
Criminal Division, Fraud Section
10th Pennsylvania N.W.
Washington, D.C. 20530
Attention: Karen Morrisette
Deputy Chief

2. Se deberá remitir una copia de la forma a la Oficina del Comisionado de Seguros, Apartado 8330, Estación Fernández Juncos, Santurce, Puerto Rico 00910-8330.

3. Si la actividad delictiva que se ha llevado a cabo, o de la que se tiene sospecha, ocurriese en Puerto Rico, se deberá remitir también una copia de la forma al Negociado de Investigaciones Federales (FBI) de Puerto Rico a la siguiente dirección:

U.S. Department of Justice
Federal Bureau of Investigation
G.P.O. Box 366269
San Juan, Puerto Rico 00936

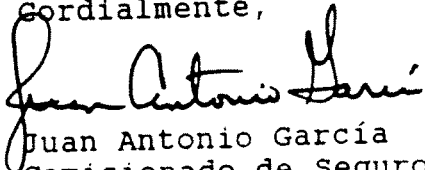
De ocurrir ésta en los Estados Unidos, la copia de la forma deberá ser enviada a la oficina del Negociado de Investigaciones Federales más cercana a la jurisdicción en donde se esté llevando a cabo la referida actividad.

Además, si el caso fuere de la competencia de alguna de las agencias federales mencionadas en el apartado número once (11) de la referida forma, se deberá remitir una copia fiel y exacta de ésta a esas agencias.

De manera que podamos contribuir a este esfuerzo conjunto del Gobierno Federal y los gobiernos estatales para reducir la incidencia de aquella actividad delictiva que afecta directamente a la industria de seguros, se les requiere a todos los aseguradores del país autorizados a hacer negocios de seguros de todas clases en Puerto Rico el estricto cumplimiento con todo lo que esta carta circular requiere.

Se acompaña una copia del Insurance Related Criminal Referral Form con el propósito de que la reproduzcan para su uso futuro.

Cordialmente,


Juan Antonio García
Comisionado de Seguros

Anejo

To Be Used for Criminal Referrals in Suspected Cases of Major Insurance Fraud or Corruption." Please provide as much of the requested information as possible, but if any information is unavailable leave the answer blank.

- | | |
|---|--------------------------|
| _____ Defalcation/embezzlement | _____ Employee Benefit |
| _____ False Statement by insurance | _____ Plans (ERISA) |
| _____ company (e.g. assets/liabilities; | _____ METS & MEWAS |
| _____ ownership; reserves) | _____ Reinsurance |
| _____ Misuse of Position | _____ Tax Violations |
| _____ or Self Dealing; other abuses | _____ Public Corruption/ |
| _____ by insurance company insiders | _____ Bribery |
| _____ Check Kiting | _____ Securities Fraud |
| _____ Bank Fraud | _____ Other (Describe) |
| _____ Bank Secrecy Act/ | _____ |
| _____ Money Laundering | _____ |

FORM OMB-1105-0054
EXP. AUG. 95

5. Person(s) Suspected of Criminal Violation (If more than one, use Continuation Sheet.)

a. Name _____
first middle last

b. Address _____
street city state zip

c. Date of Birth _____ Social Security No. _____
(if known) mo/day/yr (if known)

d. Relationship to the insurance entity. Check all applicable item(s)

____ Officer	____ Managing General Agent	____ Stockholder
____ Director	____ Agent/Broker	____ Policyholder
____ Employee	____ Appraiser	____ Other(specify)
____ Accountant	____ Lawyer	_____
____ Consultant	____ Employee Benefit	_____
____ Third Party	____ Plan Service Provider	
____ Administrator		

e. Is person still affiliated with the insurance entity?
____ yes ____ no If no, ____ Terminated ____ Resigned

f. Is person affiliated with any other insurance entities?
If yes, please identify _____

6. Explanation/Description of Suspect Activity (You may use a separate sheet) Give an account of the suspected criminal activity.

21 : 04 01 04 05

7. Witnesses

If known, list any witnesses who might have information about the suspected violation and describe their position or employment. Indicate if they have been interviewed. (Use continuation sheet if necessary.)

	<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Tele.</u>	<u>Interviewed</u>
					Yes No
(1)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

9. Is this matter the subject of any civil law suit or regulatory action including liquidation or insolvency proceedings? If so, please describe.

10. Has a referral or complaint been made about this or a related matter or individual to a state insurance regulatory agency, law enforcement, a U.S. Attorney's Office, State Attorney General's Office or other prosecutor's office. If so, please describe.

11. Distribution Information

- a. Send one copy to the office of the Federal Bureau of Investigation (FBI) nearest to where the suspected offense took place.

FBI office to which form was sent:

city/state

- b. If the allegations are false claims or mail fraud, please send one copy to the Postal Inspection Service nearest to where the suspected offense took place.

Postal Inspection Service office to which form was sent:

city/state

c. Send one copy to: U.S. Department of Justice, Criminal Division, Fraud Section, 10th & Pennsylvania N.W., Washington, D.C. 20530, Attention: Karen Morrisette, Deputy Chief.

d. In addition, if the allegations in this referral involve any of the categories as listed below, please send a copy to the corresponding agency listed below and indicate that the referral was sent.

1. Employee Benefit Plans (ERISA); Multiple Employer Trusts or Welfare arrangements.

Send to: Office of Labor Racketeering
U.S. Department of Labor
Room S-5012
200 Constitution Avenue
Washington, D.C. 20210
Referral sent Yes No

Pension & Welfare Benefits
Administration
Enforcement Section
U.S. Department of Labor
Room N - 5702
200 Constitution Avenue
Washington, D.C. 20210
Referral sent Yes No

2. Tax Violations; Bank Secrecy Act/Money Laundering

Send to: Internal Revenue Service
Criminal Investigation Division
1111 Constitution Avenue,
Room 2143
Washington, D.C. 20224
Attn: Director of Operations
Referral sent Yes No

12. Person to contact for further information about referral

Name _____

Position _____

Organization _____

Phone No. _____

Date of referral _____

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to Fraud Section, Criminal Division, U.S. Department of Justice, Washington, DC. 20530; and to The Office of Management and Budget, Washington, DC. 20503

ADDENDUM

Insurance companies and any other insurance industry representatives should provide a copy of the completed form to the insurance department in every jurisdiction where the suspect activities took place.

Insurance departments should provide a copy of all referral forms received or completed to:

SAD Coordinator
National Association of Insurance Commissioners
120 West 12th Street
Kansas City, Missouri 64105