Working together to reduce fraud will lower the cost of insurance

What Can You Do?

- Inform the insurance company of your suspicion of fraud. By law, an insurance company is required to report a suspicious claim within 60 days to the State Insurance Division’s Fraud Investigations Branch.

- Report any suspicious incident to the State Insurance Division’s Fraud Investigation Branch on Oahu at (808) 587-7416.

- Neighbor islands please call:
  - (808) 274-3141 (Kauai)
  - (808) 984-2400 (Maui)
  - (808) 974-4000 (Hawaii Island)
  - (800) 468-4644 (Molokai & Lanai)

  Ask to be transferred to extension 74416

Civil Immunity

If a person, acting without malice, provides information to the State Insurance Division’s Fraud Investigations Branch or any other law enforcement agency for the purpose of preventing, investigating, or prosecuting insurance fraud shall not be subject to civil liability, except perjury.

What is Insurance Fraud?

State of Hawaii
Insurance Division
335 Merchant Street, Room 213
Honolulu, Hawaii 96813
Office: (808) 586-2796
Fax: (808) 586-2880
Facebook & Twitter: InsuranceHI
cca.hawaii.gov/ins
The State of Hawaii’s Insurance Fraud Investigations Branch was formed to conduct a statewide program for the prevention, investigation, and prosecution of insurance fraud cases and applicable state laws relating to insurance fraud. The Branch consists of one administrator, one staff attorney, seven investigators, and a legal clerk.

Pursuant to the Hawaii Revised Statutes §431:2-403, it is illegal to:
- present a false claim;
- present false information on a claim;
- file multiple claims for the same loss or injury, except when appropriate;
- provide legal assistance or counsel with the intent to obtain benefits or recovery through these means.

The law applies to claims under any type of insurance coverage, except worker’s compensation.

Insurance fraud can be created by false claims submitted by policy holders, third-party claimants, or medical care providers. The suspect deliberately submits false information to an insurer to obtain unwarranted reimbursement on a claim or series of claims related to an insurance policy.

Penalties

An individual who commits insurance fraud may be charged with:
- Class B felony for fraud of more than $20,000 – ten years in jail and/or $25,000 fine
- Class C felony of more than $300 – five years in jail and/or $10,000 fine
- Misdemeanor for fraud of $300 or less – one year in jail and/or $2,000 fine

Insurance fraud costs Americans $100 to $120 billion annually

Insurance fraud can be created by false claims submitted by policy holders, third-party claimants, or medical care providers. The suspect deliberately submits false information to an insurer to obtain unwarranted reimbursement on a claim or series of claims related to an insurance policy.

Examples of Insurance Fraud

- Falsifying a theft
- Obtaining a policy after a loss has occurred and making a claim
- Exaggerating property damage claims
- Intentionally causing or staging damage or accidents
- Falsifying property receipts
- Aiding, soliciting or conspiring to commit insurance fraud
- Submitting medical provider claims for services not rendered
- Billing for unlicensed medical providers
- Billing for complex procedures to receive higher reimbursements

Insurance Fraud Affects Everyone

- Fraud is the second most costly white-collar crime in America (behind tax evasion).
- 25 percent of every premium dollar goes to pay for insurance fraud.