



CLAIMS FRAUD

Workers' compensation insurance provides a much needed lifeline to injured or sick workers. But for certain other employees, it also provides an opportunity to commit claims fraud – from simple lies to sophisticated insurance scams, claims fraud ultimately costs all of us.

FALSE CLAIMS AND FINANCIAL GAINS

Regardless of how simple or sophisticated the scam, at the center of all claims fraud is an employee who knowingly makes a false statement or claim for financial gain to which they are not otherwise entitled.

TYPES OF CLAIMS FRAUD

False Claims – Faking an injury that never happened.

Withheld Information – Failing to provide relevant information that may negatively affect a claim.

Exaggerated Claims – Representing a workplace injury as more serious than it really is.

“Double Dipping” – Collecting workers' compensation benefits from one job while continuing to work at another.

RED FLAGS FOR CLAIMS FRAUD

- 1 An injured worker who has a history of claims
- 2 Injuries that immediately follow worker discipline or suspension
- 3 Unexplained leave or excessive time off before a reported injury
- 4 Injuries that coincide with key job changes – downsizing or relocation, the completion of seasonal or temporary work or the end of a probationary period
- 5 Injuries that relate to a pre-existing injury or health problem
- 6 Accidents or injuries that are inconsistent with normal job duties

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