NSU Red Flag Report Form

Account Name _____
Account Number _____

	NSU RED FLAG CHECKLIST (check all that apply)	DESCRIPTION OF THE SITUATION
✓	**Alerts, Notifications and Warnings from Consumer Reporting Agencies**	
	A recent and significant increase in the volume of inquiries	
	An unusual number of recently established credit relationships;	
	A material change in the use of credit, especially with respect to recently established credit relationships	
	An account that was closed for cause or identified for abuse of account privileges by a financial institution or creditor	
✓	**Suspicious Documents**	
	Identification document or card that appears to be forged, altered or inauthentic	
	Identification document or card on which a person's photograph or physical description is not consistent with the person presenting the document	
	Other information on the identification is not consistent with information provided by the person opening a new covered account or customer presenting the identification	
	Other information on the identification is not consistent with readily accessible information that is on file with the municipality, such as a signature card or a recent check	
	Application for service that appears to have been altered or forged or gives the appearance of having been destroyed and reassembled	
✓	**Suspicious Personal Identifying Information**	
	Identifying information presented that is inconsistent with other information the person provides (example: inconsistent birth dates)	
	Photograph or physical description on the identifying information is not consistent with the appearance of the person presenting the information	
	Identifying information presented that is inconsistent with other sources of information (for instance, an address not matching an address on a credit report)	
	Identifying information presented that is the same as information shown on other applications that were found to be fraudulent	
	Identifying information presented that is consistent with fraudulent activity, such as : o The phone number is invalid or is associated with a pager or answering service o The billing address is fictitious, a mail drop, or a prison o Social security number presented that is the	

	same as one given by another customer person; has not been issued or is listed on the Social Security Administration's Death Master file; o An address or phone number presented that is the same as that of another person;	
	A person fails to provide complete personal identifying information on an application when opening the covered account or in response to a notification that the application is incomplete	
	A person's identifying information is not consistent with the information that is on file for the student/customer	
	When using security questions (e.g., mother's maiden name or high school mascot), the person opening the covered account cannot provide identifying information beyond that which is usually contained in a wallet or found in a consumer report	
	A request for information contained in a covered account is requested from a non-NSU issued e-mail account	
	A request to mail information contained in a covered account is to mail to an address not listed on file	
✓	**Suspicious Account Activity or Unusual Use of Account**	
	Change of address for an account followed by a request to change the account holder's name	
	Change of address for an account followed by a request for new, additional, or replacement services, or for the addition of authorized users on the account	
	A covered account is used that has been inactive for a lengthy period of time, taking into consideration the type of account, the expected pattern of usage, and other relevant factors	
	Payments stop on an otherwise consistently up-to-date account	
	Account used in a way that is not consistent with prior use, for example: o very high activity nonpayment when there is no history of late or missed payments o a material change in purchasing or usage patterns	
	Mail sent to the account holder is repeatedly returned as undeliverable	
	Notice to NSU that a student/customer is not receiving mail or account statements sent by NSU	
	Notice to NSU that an account has unauthorized activity	
	Breach in NSU's computer system security	
	Unauthorized access to or use of student/customer account information	
✓	**Alerts from Others**	
	Notice to NSU from a student/customer, victim of identity theft, law enforcement authorities, or other entities about possible identity theft in connection with covered accounts	

Reporting Employee Name _____

Reporting Employee Signature _____ Date _____

Received By (Supervisor Name) _____

Supervisor Signature _____ Date Received _____

Description of initial response(s)/action(s) taken pending investigation by Program Administrator:

_____
_____
_____
_____
_____

Supervisor Signature _____ Date _____

********** BELOW TO BE COMPLETED BY PROGRAM ADMINISTRATOR**********

Additional Authentication Conducted by Program Administrator or designee (describe): (Add additional pages if necessary)

_____
_____
_____
_____
_____
_____
_____
_____

Date(s) of Investigative Review _____ completed by (Program Administrator or Designee Name) _____.

The attempted transaction was (check one): _____ Fraudulent _____ Authentic

Account will continue to be monitored for evidence of Identity Theft: ____ Yes ____ No

✓	**Response(s)/Action(s) to Be Conducted (check all that apply):**
	Cancel the transaction
	Terminate Treatment or Credit until discrepancy is resolved
	Contact the patient against whom the fraud has been attempted/conducted
	Change any passwords or other security devices to permit access to patient accounts
	Do not open a new patient account
	Close the existing patient account
	Re-open the patient account with a new account number
	Notify appropriate law enforcement
	Notify any appropriate insurers or third party payors

The above checked response(s)/actions(s) were conducted on (date) _____
by (Program Administrator or Designee Name) _____.

NOTE: SUPERVISOR MUST MAINTAIN A COPY OF THIS FORM ON FILE. ORIGINAL FORM MUST BE SENT TO IDENTITY THEFT PROGRAM ADMINISTRATOR (Elizabeth Guimaraes, Director of Risk Management, 3301 College Ave., Fort Lauderdale, FL 33314/Fax: x2-3814/Ph: x2-5271/Email: guimarae@nsu.nova.edu) Please contact Elizabeth Guimaraes with any Questions.