

Data Breach/Data Loss Form User Guide



Updated September 27, 2019

June 27, 2019

Table of Contents

Table of Contents	2
Report Data Breach/Data Loss Event Form	3
Information of Entity/Individual Field Descriptions	4
Event Dates	5
Event Dates Field Descriptions	5
Event Type	6
Event Circumstances	7
Additional Information	7
Third Party Involvement	8
Impact Notifications	8
Authority Notifications	9
Data Loss Description	9
Attestation	10
Submission Errors	10
Successful Submission	10
Email Notification	11

Report Data Breach/Data Loss Event Form

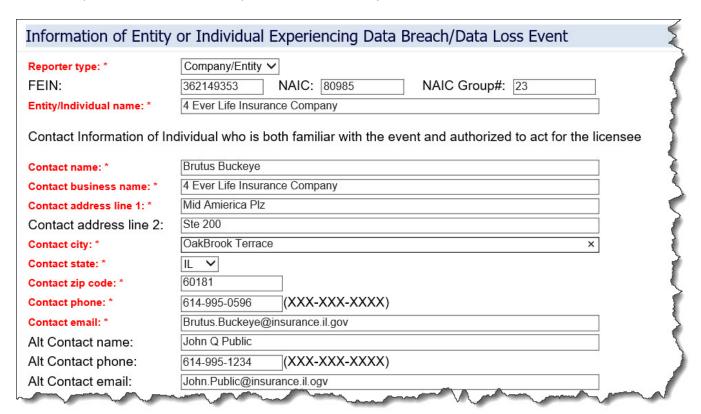
The Ohio Department of Insurance (ODI) has developed an electronic format to report a Data Breach/Data Loss Event.

Upon initial display, a description of the form's purpose is shown.



Information of Entity or Individual Experiencing Data Breach/Data Loss Event

The "Information of Entity" section provides several fields in which to enter information about the entity or individual experiencing the data breach. All fields labeled with red text and a red asterisk (*) are required, and must be completed to successfully submit the form.



Information of Entity/Individual Field Descriptions

Field Name	Description		
Reporter type: *	 This drop down list provides four entity types from which to select. Depending on the type selected, the field below changes: Company/Entity – displays the corresponding FEIN, NAIC, and NAIC Group # fields when selected. Agency– displays the corresponding National Production Number (NPN) field when selected. Individual- displays the corresponding National Production Number (NPN) field when selected. Other- displays an Other reporter type scrolling text field in which to enter additional information. 		
FEIN/NAIC/NAIC Group #: * NPN Other reporter type:	 Depending on the Reporter type selected, the second field in this section changes: FEIN/NAIC/NAIC Group # is displayed if the Reporter type is Company/Entity. NPN is displayed if the Reporter type is Agency or Individual. Other reporter type is displayed if the Reporter type is "Other." 		
Entity/Individual name: *	Enter the name of the entity or individual reporting the data breach.		
Contact name: *	Enter the name of the individual to contact concerning this data breach report.		
Contact business name: *	Enter the business name of the entity reporting the data breach.		
Contact address line 1: *	Enter the street number and name of the entity reporting the data breach.		
Contact address line2: *	Enter any detail address information (suite, apartment, PO box, etc.) of the entity reporting the data breach.		
Contact city: *	Enter the City of the entity reporting the data breach.		
Contact State: *	Select the state of the entity reporting the data breach from the drop down list.		
Contact zip code	Enter the zip code of the entity reporting the data breach		
Contact phone: *	Enter the contact phone number of the entity reporting the data breach. Example 614-888-1234.		
Contact email: *	Enter the email address of the entity reporting the data breach. Example brutusbuckey@company.com.		
Alt Contact name:	Enter the name of the alternate person to contact concerning this data breach report.		
Alt Contact phone:	Enter the alternate contact phone number of the entity reporting the data breach. Example 614-888-1234.		
Alt Contact email	Enter the alternate contact email address of the entity reporting the data breach. Example brutusbuckey@company.com.		
*	Indicates a required field.		

Event Dates

The Event Dates section gathers specific information about when the data breach occurred. Each field is required.



Event Dates Field Descriptions

Field Name	Description			
Event start date:	A calendar popup feature displays to allow the individual to select the			
	date on which the data breach was discovered			
Event date type: *	Displays a drop down list from which to select detail information			
	regarding the start date of the breach event:			
	1. Actual			
	2. Estimated			
	3. Unknown (if you select this, the date will clear)			
Event end date:	A calendar popup feature displays to allow the individual to select the			
	date on which the data breach ended.			
Event date type: *	Displays a drop down list from which to select detail information			
	regarding the end date of the breach event:			
	1. Actual			
	2. Estimated			
	3. Unknown			
Date discovered:	A calendar popup feature displays to allow the individual to select the			
	date on which the data breach was discovered.			
*	Indicates a required field.			

Event Type

The Event Type section allows you to select which types of data breach activity occurred. Multiple types may be selected. Check any or all types if needed.

ent Type (Check all th	DI. I.			
	•		Stolen /Lost equipment	
	Improper disclosure	Improper disposal L	Lost during move	
Unauthorized access	Other		A A	
		hamban		
Alla		الفراعية والفريد والمراجرة		a avalanation of
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"Other" event type ent Type (Check al	e. I that apply) □ Phishing □ Improper disclosu	✓ Hacking	□ Stolen /Lost equipment	т ехріапаціон от

Event Circumstances

Several text boxes are provided to enter answers to questions regarding events surrounding the breach. Each text box allows up to 2,000 characters of information.

Event Circumstances	
☐ Check if any paper records were involved	
How was the information exposed, lost, stolen, or accessed?	If data was recovered
<u> </u>	
How was the event discovered?	(electronic or paper),
	Jenter the recovery date.
☐ Check if any data was recovered ☐ Data recovery date:	
Describe how the data was recovered	Identify the entity, organization, or the
What actions are being taken to recover lost, stolen or improperly accessed information?	person responsible.
Include the identity of the source of the event, if known	Auto Controls are
Ç Ç	preventative and
☐ Check if auto controls were present at the time of the data loss event	detection tools used
Auto control details	on a computer or
	enterprise
Describe the efforts being undertaken to remediate the situation which permitted the event to	occur
<u></u>	
Additional Information	

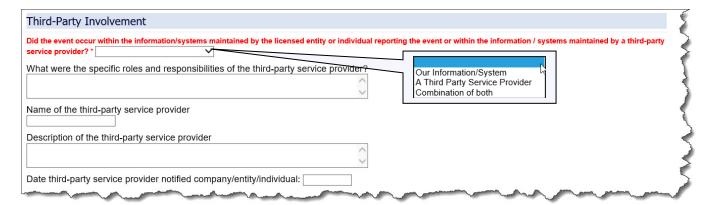
Email additional documentation to the email address provided.

Additional Information

If you need to submit additional documentation, please encrypt and send it to INSINFOSEC@insurance.ohio.gov. Please reference the Data Loss Tracking Number provided after submission. An email confirmation will be sent to the email provided above after submission.

Third Party Involvement

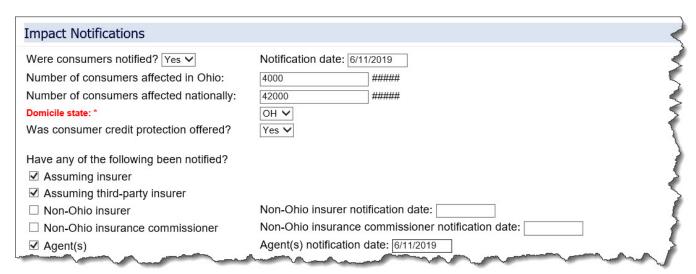
Several text boxes are available to enter information regarding any third party service providers assisting in handling the breach. Each of these fields allow up to 2,000 characters of text.



Impact Notifications

Impact Notifications allow you to provide detailed information about who was notified of the breach, including the total number of individuals and their location (in state or nationally).

The **Domicile state** field is required



Authority Notifications

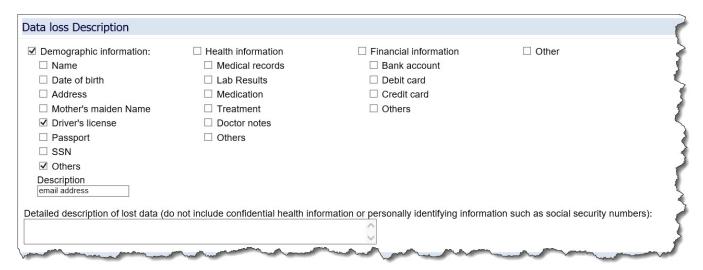
If Police or a regulatory agency were notified, you may enter that information in the Authority Notifications section.



Data Loss Description

You may provide detailed information about the data lost in the breach.

• When the "Other" box is checked, a small "Description" field displays to provide details regarding the "Other" type.



Attestation

When all the information has been entered, click the "I Attest" check box, then click the "Submit Form" button

Attestation By checking "I Attest" and clicking the "Submit Form" button, I hereby attest that the information provided on this form is true and accurate to the best of my knowledge. I understand I am required to provide updates to this report as more information becomes available. I further attest that I will submit required documentation and updates of this report to INSINFOSEC@insurance.ohio.gov. The updates will be encrypted and reference the Data Loss Tracking Number provided. I Attest * ✓ After clicking the "Submit" button you will receive an email confirmation with an event number. Submit Form

Submission Errors

Any errors in the form completion (required fields left blank, etc.) are listed in a section at the top of the form:



Successful Submission

When all the required fields have been completed successfully, the system displays the message below thanking you for your submission.

If you do not see this message, scroll to the top of the page to see any errors that may be preventing successful submission.



Email Notification

Once a successful submission is complete, an email is sent by the Department:

From: INSINFOSEC

To: The contact name entered as part of the data breach submission

This email includes an Event number (shown below). Whenever corresponding with the Ohio Department of Insurance regarding this breach in the future:

- 1. Send any related documents to INSINFOSEC@insurance.ohio.gov
- 2. Encrypt the email
- 3. Include the Event Number from your email notification

