

Data Breach/Data Loss Form User Guide



Updated September 27, 2019

June 27, 2019

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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.

Ohio Department of Insurance Services

Report Data Breach/Data Loss Event

Complete all required fields/sections. Required fields/sections are marked with a red asterisk (*).

Please do not include confidential health information or personally identifying information such as social security numbers.

Please submit required documentation and updates to this report via encrypted email to INSINFOSEC@insurance.ohio.gov.
Please remember to reference the Data Loss Tracking Number on any correspondence.

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

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 or Individual Experiencing Data Breach/Data Loss Event

Reporter type: * Company/Entity ▼

FEIN: 362149353 **NAIC:** 80985 **NAIC Group#:** 23

Entity/Individual name: * 4 Ever Life Insurance Company

Contact Information of Individual who is both familiar with the event and authorized to act for the licensee

Contact name: * Brutus Buckeye

Contact business name: * 4 Ever Life Insurance Company

Contact address line 1: * Mid America Plz

Contact address line 2: Ste 200

Contact city: * OakBrook Terrace x

Contact state: * IL ▼

Contact zip code: * 60181

Contact phone: * 614-995-0596 (XXX-XXX-XXXX)

Contact email: * Brutus.Buckeye@insurance.il.gov

Alt Contact name: John Q Public

Alt Contact phone: 614-995-1234 (XXX-XXX-XXXX)

Alt Contact email: John.Public@insurance.il.gov

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: <ol style="list-style-type: none"> 1. Company/Entity – displays the corresponding FEIN, NAIC, and NAIC Group # fields when selected. 2. Agency– displays the corresponding National Production Number (NPN) field when selected. 3. Individual- displays the corresponding National Production Number (NPN) field when selected. 4. 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: <ul style="list-style-type: none"> • 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

Event start date:

6/3/2019

Event date type: *

Estimated ▼

Event end date:

6/12/2019

Event date type: *

Estimated ▼

Date discovered:

6/5/2019

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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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.

Event Type (Check all that apply)

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Theft | <input type="checkbox"/> Phishing | <input checked="" type="checkbox"/> Hacking | <input type="checkbox"/> Stolen /Lost equipment |
| <input type="checkbox"/> DNS/Ransomware | <input type="checkbox"/> Improper disclosure | <input type="checkbox"/> Improper disposal | <input type="checkbox"/> Lost during move |
| <input type="checkbox"/> Unauthorized access | <input type="checkbox"/> Other | | |

When "Other" is checked, a separate description text box is displayed to enter an explanation of the "Other" event type.

Event Type (Check all that apply)

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Theft | <input type="checkbox"/> Phishing | <input checked="" type="checkbox"/> Hacking | <input type="checkbox"/> Stolen /Lost equipment |
| <input type="checkbox"/> DNS/Ransomware | <input type="checkbox"/> Improper disclosure | <input type="checkbox"/> Improper disposal | <input type="checkbox"/> Lost during move |
| <input type="checkbox"/> Unauthorized access | <input checked="" type="checkbox"/> Other | | |

Description:

pect a network repairman hacked the system while here | x

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?

How was the event discovered?

☐ Check if any data was recovered

Data recovery date:

If data was recovered (electronic or paper), enter the recovery date.

Describe how the data was recovered

Identify the entity, organization, or the person responsible.

What actions are being taken to recover lost, stolen or improperly accessed information?

Include the identity of the source of the event, if known

Auto Controls are preventative and detection tools used on a computer or enterprise

☐ Check if auto controls were present at the time of the data loss event

Auto control details

Describe the efforts being undertaken to remediate the situation which permitted the event to occur

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.

Third-Party Involvement

Did the event occur within the information/systems maintained by the licensed entity or individual reporting the event or within the information / systems maintained by a third-party service provider? *

What were the specific roles and responsibilities of the third-party service provider?

Our Information/System
A Third Party Service Provider
Combination of both

Name of the third-party service provider

Description of the third-party service provider

Date third-party service provider notified company/entity/individual:

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

Impact Notifications

Were consumers notified? Yes

Notification date: 6/11/2019

Number of consumers affected in Ohio: 4000

Number of consumers affected nationally: 42000

Domicile state: * OH

Was consumer credit protection offered? Yes

Have any of the following been notified?

- Assuming insurer
- Assuming third-party insurer
- Non-Ohio insurer
- Non-Ohio insurance commissioner
- Agent(s)

Non-Ohio insurer notification date:

Non-Ohio insurance commissioner notification date:

Agent(s) notification date: 6/11/2019

Authority Notifications

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

Authority Notifications	
<input checked="" type="checkbox"/> Police report filed	Date police report was filed: <input type="text" value="6/11/2019"/>
Police department name: <input type="text" value="Columbus Police Department"/>	
<input type="checkbox"/> Notified any other regulatory, government, or law enforcement agencies	Date notified: <input type="text"/>
Notification details: <input type="text" value="called the Cyber-Crimes Division and spoke with officer Charles Bronson"/>	

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.

Data loss Description			
<input checked="" type="checkbox"/> Demographic information:	<input type="checkbox"/> Health information	<input type="checkbox"/> Financial information	<input type="checkbox"/> Other
<input type="checkbox"/> Name	<input type="checkbox"/> Medical records	<input type="checkbox"/> Bank account	
<input type="checkbox"/> Date of birth	<input type="checkbox"/> Lab Results	<input type="checkbox"/> Debit card	
<input type="checkbox"/> Address	<input type="checkbox"/> Medication	<input type="checkbox"/> Credit card	
<input type="checkbox"/> Mother's maiden Name	<input type="checkbox"/> Treatment	<input type="checkbox"/> Others	
<input checked="" type="checkbox"/> Driver's license	<input type="checkbox"/> Doctor notes		
<input type="checkbox"/> Passport	<input type="checkbox"/> Others		
<input type="checkbox"/> SSN			
<input checked="" type="checkbox"/> Others			
Description <input type="text" value="email address"/>			
Detailed description of lost data (do not include confidential health information or personally identifying information such as social security numbers): <input type="text"/>			


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:

Report Data Breach/Data Loss Event


Errors

- Please verify Contact Phone Number. It is invalid.
- Please specify if the event start date value is Actual/Estimated/Unknown
- Please specify if the event end date value is Actual/Estimated/Unknown

 Complete all required fields/sections. Required fields/sections are marked with an asterisk (*).

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.

Ohio Department of Insurance

Report Data Breach/Data Loss Event

 Thank you for submitting your Data Breach/Data Loss Event to the Ohio Department of Insurance. Your Data Loss Tracking Number is: CSE-20190116-0.

 Please submit required documentation and updates to this report to INSINFOSEC@insurance.ohio.gov. Send these documents and updates encrypted and reference the Data Loss Tracking Number provided above.

 You will receive an email conformation shortly.

Back

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

