

Notice of Cybersecurity Event

In accordance with Michigan's Identity Theft Protection Act, Section 12, and the National Credit Union Administration's (NCUA) Rules and Regulations, Part 748, Appendix B, Michigan State Chartered Credit Unions are required to notify regulators as promptly as possible, and not later than 72 hours, after suspecting and/or determining a cybersecurity event occurred involving nonpublic information.

Note: This form and attachments should be submitted as a single PDF document and sent SECURELY to DIFS-OCU@Michigan.gov and Cybercu@ncua.gov. For NCUA reporting, credit unions may also use the channels listed on the [cyber incident reporting webpage](#). Please do NOT include sensitive personally identifiable information or specific vulnerability details.

<input type="checkbox"/> Initial Report of Cybersecurity Event	<input type="checkbox"/> Subsequent Report Updating or Supplementing Initial Report of Cybersecurity Event
--	--

Section 1 – Information

Credit Union:		Charter Number:	
Submitter's First Name:	Submitter's Middle Name:	Submitter's Last Name:	
Address:			
Suite/Apartment/Building:			
City:	State:	Zip Code:	
Telephone:		Fax:	
Email Address:			

Section 2 – Cybersecurity Event Dates

Estimated Occurrence:	Estimated End:	Date Discovered:
-----------------------	----------------	------------------

Section 3 – Event Type (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Data theft by employee or contractor | <input type="checkbox"/> Hacker or unauthorized access | <input type="checkbox"/> Lost during move |
| <input type="checkbox"/> Phishing | <input type="checkbox"/> Improperly released, exposed, displayed | <input type="checkbox"/> Stolen laptop(s) |
| <input type="checkbox"/> Computer and equipment | <input type="checkbox"/> Improperly disposed | |



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

Section 4 – Circumstances Surrounding the Cybersecurity Event

Did the cybersecurity event occur within the information or systems maintained by the Credit Union or within the information or systems maintained by a third-party service provider? (Check the applicable box.)

<input type="checkbox"/> Credit Union's information or systems
<input type="checkbox"/> Third-party service provider's information or systems
Name:
Address:
Description:
Specific Roles and Responsibilities:

How was the information exposed, lost, stolen, or compromised?

How was the cybersecurity event discovered?

What is the identity of the source of the cybersecurity event?

Section 5 – Specific Type(s) of Information

Check the specific type(s) of information that were acquired without authorization.

Identifying Information:	Health Information:	Financial Information:
<input type="checkbox"/> Name	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Bank Account Information
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Lab Results	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Address	<input type="checkbox"/> Medications	<input type="checkbox"/> Debit Card
<input type="checkbox"/> Mother's Maiden Name	<input type="checkbox"/> Treatment Information	<input type="checkbox"/> Other:
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Physician's Notes	
<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Other:	
<input type="checkbox"/> Passport		
<input type="checkbox"/> Other:		

If the specific type(s) of information acquired without authorization is not listed above, provide a description.

Was the electronic information involved in the cybersecurity event protected in some manner?

- ☐ Yes
 ☐ No
 ☐ Only non-electronic information was involved



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

Section 6 – Number of Members Affected by the Cybersecurity Event

Provide the total number of members affected by the cybersecurity event whose nonpublic information is in the credit union's possession, custody, or control.

Best Estimate:

Section 7 – Notification

Has a police report been filed? If so, provide the date of the report. (Note: A copy of the report is requested.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Report:	
Name of Agency:	

Has a Suspicious Activity Report been filed? If so, provide the date of the notice.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Report:	
Summarize:	

Has the bond carrier been notified? If so, provide the date of the notice.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Report:	
Name of Agency:	
Summarize:	

Has a regulatory, government, or law enforcement agency been notified? If so, provide the date of the notice.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Report:	
Name of Agency:	

Section 8 – Credit Union Response

Has any lost, stolen, or compromised information been recovered; if so, how was the information recovered?

--

Please summarize the financial impact to the Credit Union, any key vendors (if known), and the members affected.

--

If an Internal Review identified a lapse in either automated controls or internal procedures or confirmed that all automated controls and internal procedures were followed, provide a description of the results.

- ☐ Identified lapse in automated controls or internal procedures
 ☐ Confirmed automated controls and internal procedures were followed
 ☐ No Internal Review has yet been completed

Results:



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

Describe the efforts undertaken to remediate the situation that permitted the cybersecurity event to occur.

Provide a statement outlining the steps that will be taken to investigate and notify members of the cyber security event.

Is notice to impacted members and/or entities required under state or federal law?

☐ Yes

☐ No

☐ Unknown at this time

Intended date of future notice if not yet provided:

Date of notice if provided:

(Note: Copy of notice sent or draft will be required below.)

Section 9 – Contact Information of Individual Familiar with the Cybersecurity Event and Authorized to Act on Behalf of the Credit Union

☐ The authorized individual is identified in Section 1 and his or her contact information is the same as provided in Section 1.

☐ The authorized individual is not identified in Section 1 or his or her contact information is different than as provided in Section 1. If this box is checked, provide the below contact information.

First Name:	Middle Name:	Last Name:
Address:		
Suite/Apartment/Building:		
City:	State:	Zip Code:
Telephone:	Fax:	
Email Address:		
Title/Position:		



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

Additional Information/Comments:

Section 10 – Submission and Attachments

This form and attachments should be submitted as a single PDF document to DIFS-OCU@Michigan.gov and Cybercu@ncua.gov.

Mandatory attachments:

1. A copy of any notice or notices sent to members.
2. Any documents that are necessary to adequately respond to the questions in this form.

Credit Unions are encouraged to provide any additional information or documentation that may be relevant to the cybersecurity event, including, but not limited to, the following:

1. A copy of a police report or notice sent to a regulatory, government, or law enforcement agency.
2. A copy of an Internal Review Report that either identified a lapse in automated controls or internal procedures or confirmed that all automated controls and internal procedures were followed.
3. Any additional relevant correspondence or information.

Do not include sensitive personally identifiable information or specific vulnerability detail.

Section 11 – Attestation

I attest to the best of my knowledge that the information submitted on or attached to this form is true, correct, and completed to the best of my information and belief. By submitting this form, I am acknowledging that I am authorized to submit this form on behalf of the Credit Union.

Signature of Credit Union authorized representative

Date signed

Authorized representative's name and title (print or type)



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442