

Notice of Cybersecurity Event

Pursuant to MCL 500.559, all licensees are required to notify the Director as promptly as possible, but not later than 10 business days, after determining a cybersecurity event occurred involving nonpublic information in the licensee's possession if criteria listed under MCL 500.559(1)(a) or (b) applies. Licensees have a continuing obligation to update and supplement this form regarding material changes to information previously provided relating to the cybersecurity event. Licensees are required to provide as much information as possible in completing this form.

Note: This form and attachments should be submitted as a single PDF document and sent to email address: DIFS-Cybersecurityforms@Michigan.gov.

<input type="checkbox"/> Initial Report of Cybersecurity Event	<input type="checkbox"/> Subsequent Report Updating or Supplementing Initial Report of Cybersecurity Event
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Section 1 – Information of Reporting Licensee

License Type	NAIC CoCode, National Producer Number, or License Number	
Name of Licensee		
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:
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Section 3 – Event Type (Check all that apply)

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|---|--|---|
| <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 | |

Other:



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Section 4 – Circumstances Surrounding the Cybersecurity Event

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

<input type="checkbox"/> Licensee's information or systems
<input type="checkbox"/> Third-party service provider's information or systems
Name:
License Number (if applicable):
Description:
Specific Roles and Responsibilities:

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

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?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Only non-electronic information was involved
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Section 6 – Number of Consumers in Michigan Affected by Cybersecurity Event

Provide the total number of Michigan residents affected by the cybersecurity event whose nonpublic information is in the licensee's possession, custody, or control.

Best Estimate:

Section 7 – Law Enforcement

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 Date of Report: Name of Police Agency:	<input type="checkbox"/> No
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Has a regulatory, government, or law enforcement agency been notified? If so, provide the date of the notice.

<input type="checkbox"/> Yes Date of Report: Name of Agency:	<input type="checkbox"/> No
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Section 8 – Licensee Response

Has any lost, stolen, or breached information been recovered, and if so, how was the information recovered?

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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.

<input type="checkbox"/> Identified lapse in automated controls or internal procedures Results:	<input type="checkbox"/> Confirmed automated controls and internal procedures were followed Results:	<input type="checkbox"/> No Internal Review has yet been completed
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Describe the efforts undertaken to remediate the situation that permitted the cybersecurity event to occur.

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

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

<input type="checkbox"/> Yes Date of notice if provided: (Note: Copy of notice sent or draft will be required below.) Intended date of future notice if not yet provided:	<input type="checkbox"/> No	<input type="checkbox"/> Unknown at this time
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Section 9 – Contact Information of Individual Familiar with the Cybersecurity Event and Authorized to Act on Behalf of Licensee

- 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		

Section 10 – Submission and Attachments

This form and attachments should be submitted as a single PDF document and sent to email address: DIFS-Cybersecurityforms@Michigan.gov.

Mandatory attachments:

1. A copy of the licensee's privacy policy.
2. A copy of any notice or notices sent to consumers.
3. Any documents that are necessary to adequately respond to the questions in this form.

Licensees 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.



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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 licensee. I further understand and agree that Section 563 of the Insurance Code of 1956, 1956 PA 2018, MCL 500.563, affords confidential treatment of certain information submitted to the Department of Insurance and Financial Services (DIFS) in accordance with Chapter 5A. However, I understand that under state or federal law, DIFS may be required to release statistical or aggregate information provided in this form. I acknowledge that copies of consumer notices may also be made available, and DIFS may make available summary or other information related to cybersecurity events as permitted or required under state or federal law. I understand that Section 563 also gives the Director the authority to use the documents, materials, or other information furnished by a licensee or someone acting on the licensee's behalf in furtherance of regulatory or legal actions brought as a part of the Director's duties.

Signature of licensee's authorized representative

Date signed

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

Authorized under Section 559 of the Insurance Code of 1956, 1956 PA 218, MCL 500.559. Compliance is required for licensees. Failure to properly complete and file this form may result in a compliance action against the licensee.



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