§ 176.05 Insurance fraud; defined.

1. A fraudulent insurance act is committed by any person who, knowingly and with intent to defraud presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, self insurer, or purported insurer, or purported self insurer, or any agent thereof:

(a) any written statement as part of, or in support of, an application for the issuance of, or the rating of a commercial insurance policy, or certificate or evidence of self insurance for commercial insurance or commercial self insurance, or a claim for payment or other benefit pursuant to an insurance policy or self insurance program for commercial or personal insurance that such person knows to:

(i) contain materially false information concerning any fact material thereto; or

(ii) conceal, for the purpose of misleading, information concerning any fact material thereto; or

(b) any written statement or other physical evidence as part of, or in support of, an application for the issuance of a health insurance policy, or a policy or contract or other authorization that provides or allows coverage for, membership or enrollment in, or other services of a public or private health plan, or a claim for payment, services or other benefit pursuant to such policy, contract or plan that such person knows to:

(i) contain materially false information concerning any material fact thereto; or

(ii) conceal, for the purpose of misleading, information concerning any fact material thereto.

Such policy or contract or plan or authorization shall include, but not be limited to, those issued or operating pursuant to any public or governmentally-sponsored or supported plan for health care coverage or services or those otherwise issued or operated by entities authorized pursuant to the public health law. For purposes of this subdivision an "application for the issuance of a health insurance policy" shall not include (i) any application for a health insurance policy or contract approved by the superintendent of financial services pursuant to the

provisions of sections three thousand two hundred sixteen, four thousand three hundred four, four thousand three hundred twenty-one or four thousand three hundred twenty-two of the insurance law or any other application for a health insurance policy or contract approved by the superintendent of financial services in the individual or direct payment market; or (ii) any application for a certificate evidencing coverage under a self-insured plan or under a group contract approved by the superintendent of financial services.

2. A person who hires, requests, encourages, orchestrates, or invites another individual to stage a motor vehicle accident, as that term is defined in section 176.75 of this article, commits a fraudulent insurance act, and the person who hired, requested, encouraged, orchestrated, or invited the other to stage a motor vehicle accident shall be deemed to have wrongfully taken, obtained, or withheld the full amount of loss to the victim or victims of the fraudulent insurance act.