



UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON, DC 20415-1100

OFFICE OF
THE INSPECTOR GENERAL

FEHBP DATA EXPOSURE REQUEST FORM

1) OPM CASE NO: _____ 2) DATE OF REQUEST: _____

3) DATA FORMAT: () OIG-INVESTIGATIONS STANDARD EXCEL FORMAT
() NDIL PROTOCOL (aka "Chicago Request")
() MAINFRAME TAPE FORMAT () OTHER (Specify)

4) BEGINNING EXPOSURE DATE (Month/Day/Year): _____

5) ENDING EXPOSURE DATE (Month/Day/Year): _____

(Note: Four years is recommended, unless there is a particular need for a longer or shorter scope. It is also recommended that the "end" date correspond with the end of a fiscal quarter.)

6) BENEFITS TYPE: () MEDICAL () PHARMACEUTICAL
() MENTAL HEALTH () DENTAL

7) TYPE OF INVESTIGATION: () PROVIDER () MEMBER

8) MEDIA: () DISKETTE () CD-ROM () MAIN FRAME TAPE

9) RESPONSE TIME FRAME: () RUSH (1-WEEK) () 30-DAYS () 45-DAYS

Due Date: _____

10) **ALLEGATION(S)**

11) **SHARE ALLEGATION WITH PRIVATE LINES OF BUSINESS/LOCAL PLANS:** () YES () NO

12) **SUBJECT(S) INFORMATION**

NAME(S): _____

ADDRESS: _____

SSN / TIN(S): _____

13) **OTHER RELEVANT INFORMATION**

14) **REQUESTING OFFICIAL'S CONTACT INFORMATION**

Name: _____

Address: _____

Telephone/E-mail: _____

Telephone: _____

15) **PLEASE SEND DATA VIA:** () U.S. MAIL () FEDERAL EXPRESS/UPS () Encrypted E-MAIL