STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
INSURANCE DIVISION

In the Matter of **Angie M. Hart**	)	**STIPULATION** and
	)	**FINAL ORDER**
	)	Case No. INS 06-03-001

STIPULATION

The Director of the Oregon Department of Consumer and Business Services (director) commenced this administrative proceeding, pursuant to Oregon Revised Statutes (ORS) 731.256, to take enforcement action against Angie M. Hart (Hart).

Hart desires to conclude this proceeding without a hearing by entering into this stipulation pursuant to ORS 183.415(5).

Hart waives all rights relative to an administrative hearing and judicial review thereof.

Hart stipulates to the following facts, conclusions, action, and to the issuance of a final order incorporating this stipulation.

Facts and Conclusions

Licensing Information

Hart has been licensed in Oregon as a resident individual insurance producer from 4/11/01 to 4/30/03 and since 5/7/03. Hart's last recorded residence and business address is located in Sandy, Oregon.

Used a Fraudulent, Coercive, or Dishonest Practice in Business

Hart is subject to enforcement action pursuant to ORS 744.074(1)(h) because of the following circumstances. ORS 744.074(1)(h) prohibits a person from using a fraudulent, coercive, or dishonest practice, or demonstrating incompetence, untrustworthiness, or financial irresponsibility in the conduct of business in Oregon or elsewhere. At all relevant times, Hart was appointed as an agent by American Family Life Assurance Company of Columbus (AFLAC) and authorized to sell and service insurance policies issued by AFLAC. Hart and her husband were insured by

AFLAC under an accident insurance policy, number A9451009, and a disability insurance policy, number B0287829. Hart sold and serviced these policies.

1. On or about 4/18/05, Hart, as an agent of AFLAC, completed and faxed to AFLAC a fax transmittal page, a claim form, and a statement of services prepared by a health care provider, for the purpose of receiving accident and disability insurance benefits purportedly for treatment that occurred and disability that began on 3/14/05 for an injury that occurred on the same date to the foot of Hart's husband. On the transmittal page, Hart wrote the following: "Treatment 9/30/04 – Client found missing claim paperwork when reviewing file. Please process ASAP." The claim form contained the following preprinted statement: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties." On the claim form, Hart wrote that her husband "Dropped [a] steel loading ramp on [his] foot" on 3/14/05 and as a result received certain treatment on the same date. The claim was false and Hart knew that it was false. The injury and treatment never occurred. Hart's husband did not find any missing paperwork or review any claim file. Hart forged the signatures of the physician, employer, and her husband as the claimant, on the claim form. Hart also altered the statement of services by changing the date of service and the diagnostic code, and adding services and supplies. On 4/20/05, AFLAC issued a check, number C033422102, made payable to Hart's husband in the amount of $2,756.67. On the same date, Hart deposited the check into her and her husband's joint bank account.

2. On or about 4/26/05, Hart, as an agent of AFLAC, completed and faxed to AFLAC a claim form, and a statement of services prepared by a health care provider, for the purpose of receiving accident and disability insurance benefits purportedly for treatment that occurred and disability that began on 9/30/04 as a result of an injury that occurred on the same date to the ankle of Hart's husband.

The form contained the same fraud warning stated above. On the claim form, Hart wrote that her husband "Fell in hold and twisted ankle" on 3/14/05 and as a result received certain treatment on the same date. The claim was false and Hart knew that it was false. The injury and treatment never occurred. Hart forged the signatures of the physician, employer, and her husband as the claimant, on the claim form. Hart also altered the statement of services by changing the date of service and the diagnostic code, and adding services and supplies. On 4/27/05, AFLAC issued a check, number C033494054, made payable to Hart's husband in the amount of $3,055.00. On the same date, Hart deposited the check into her and her husband's joint bank account.

3. On or about 5/6/05, Hart, as an agent of AFLAC, completed and faxed to AFLAC a claim form for the purpose of receiving additional disability insurance benefits purportedly for continuing disability that began on 9/30/04 as a result of an injury that occurred on the same date to the ankle of Hart's husband. The form contained the same fraud warning stated above. On the claim form, Hart indicated that her husband was working only "10 hrs per week" performing "extremely light duty" work and "currently not earning 80%" of his salary prior to disability. The claim was false and Hart knew that it was false. The injury and disability never occurred. Hart's husband was not working part time and doing limited work. Hart forged the signatures of the physician and employer on the claim form. AFLAC investigated the claim and withheld payment subject to the results of the investigation.

4. On or about 5/11/05, Hart, as an agent of AFLAC, completed and faxed to AFLAC a claim form for the purpose of receiving additional disability insurance benefits purportedly for continuing disability that began on 3/14/05 as a result of an injury that occurred on the same date to the foot of Hart's husband. The form contained the same fraud warning stated above. On the claim form, Hart indicated that her husband was performing "light duty" work, was not earning 80% of his salary prior to disability, and would not be released to return to work full time until 7/19/05. The claim was false and Hart knew that it was false. The injury and

disability never occurred. Hart's husband was not working part time and doing limited work. Hart forged the signatures of the physician and employer on the claim form. AFLAC investigated the claim and withheld payment subject to the results of the investigation.

Action

Pursuant to ORS 744.074(1), Hart's Oregon resident insurance producer license is revoked on the date of the final order.

As consideration for the director not further investigating or taking other enforcement action against Hart, Hart agrees to never apply for any license authorized by ORS Chapter 744; or have any equity interest in, be an officer or director of, or be employed by or contracted with, any person that is issued any license authorized by ORS Chapter 744.

Dated March 20, 2006

/s/ Angie Hart
Angie M. Hart

FINAL ORDER

The director incorporates herein the above stipulation, adopts it as the director's final decision in this proceeding, and orders that the action stated therein be taken.

Dated April 11, 2006

/s/ Joel Ario
Joel Ario
Administrator
Insurance Division
Department of Consumer and Business Services

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