CYBER EVENT REPORTING

User Documentation



Public Protection Cabinet/DOI July 2023

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Purpose

This application is designed to provide a tool for licensees to report a cyber event to the Kentucky Department of Insurance.

System Business Rules

Access to Cyber Reporting is granted in the DOI's eServices tool.

- For Companies Annual Statement Account
- For Business Entities Business Entity Licensing Administrator Account

Logging In

Access is given from the DOI internet page:

https://insurance.ky.gov/

Click eServices here:

KENTUCKY	DEPARTMENT OF INSURANCE				
PUBLIC PROTECTION CABINET Department of insurance	If you are trying to reach Kentucky Unemployment Insurance, please go to <u>Kentucky Unemployment Insurance</u> . If you have received fraudulent claims information, please go to <u>Kentucky Unemployment Insurance Report UI Fraud</u> .				
	The Kentucky Department of Insurance regulates the Commonwea insurance professionals, monitors the financial condition of compan ensures Kentuckians are treated fairly in the marketplace.				
	Contact us at 502-564-3630 or click here for more contact information	on.			
	Call DOI toll free at 800-595-6053 for assistance.	∕∟			
	Consumers Licensees Insurers eServices	×			
	Contact the Department of Insurance	\sim			
HOW DO I?	LATEST NEWS	QUICK LINKS			

Click here to load credentials to access the proper eServices account.

unt Setup Instructions - Please Read	4			
Business Entitles Insurers Individuals Consumers You have created an account before	re September 2	• Individu	ed an Email In ials with Permi ill not work. Y	
Click below to Create a KOG eServices account	OR	Click below to Request a new role, or Add new Entities Request New Roles	OR	Click below only if you have successfully created an account with Kentucky Online Gateway (KDG).

Enter the proper email and password:

-	ONLINE GATEWAY			
8	Sign in with your Kentucky Onli Gateway (KOG) Account	ine		
8	Email Address			
1	Next Create New Account			
£	Resend Account Verification Email	Help	6	_
			Verify with your passwo	ord
			Password	0
			Password Verify	0
			1	Đ

The eServices menu will display with this option.



If you cannot access your account, you will need to reach out to Kentucky Online Gateway for assistance:

https://kog.chfs.ky.gov/public/Help

Reporting a New Event

After the user accesses the eServices menu and clicks "Report Cyber Security Event", this page will present:

- -
- The User will need to complete 12 sections All fields marked with a red * are required fields _

BER SECURITY EVENT				
Section 1. Event Dates				
Estimated Event Occurance Dates:	мм/bb/үүүү 🗮	TO: NM/D	D/YYYYY 🗮	
Event Discovered Date: *	MM/DD/YYYY			
Section 2. Event Type (Check all that a	Pply) *	err 🗍 Lort During Mays	Phishing	
Improperty Released/ Exposed/ Displaye			ment Disposed	
C Other				
Other Event Type Description.*				

Section 3. Circumstances surrounding the Cybersecurity Event
How was the information exposed, lost, stolen, or accessed? Include the identity of the source of the Cybersecurity Event, if known. (Maximum 3500 characters)
The second s
A
How was the Cybersecurity Event discovered? (Maximum 3500 characters)
What actions are being taken to recover lost, stolen or improperly accessed information? (Maximum 3500 characters)

	-
Section 4. Third-Party Involvement	
Did the Cybersecurity Event occur within the information / systems maintained by the licensed entity or individual reporting the Cybersecurity Event or within the information / systems maintained by a third-party service provider?	
Select	٠
Name of the Third-Party Service Provider.	
Description of the Third-Party Service Provider (Maximum 1000 characters)	
What were the specific roles and responsibilities of the Third-Party Service Provider? (Maximum 1000 characters)	
what were the specific roles and responsibilities or the internative activities (waxmoun role characters)	

Section 5. Information Involved (Check all that apply)
Demographic Information Health Information Financial Information Other
Was the electronic information involved in the Cybersecurity Event protected in some manner? * O Yes O No O N/A It involved paper records only
Describe the efforts being undertaken to remediate the situation which permitted the Cybersecurity Event to occur (Maximum 3500 characters)*
Section 6. Number of Individuals / Entities Affected
Number affected nationally * Number affected in Kentucky *
Section 7. Business-Related Information
If the licensee's own business data was involved, please provide details about the type(s) of data involved (Maximum 3500 characters)

Section 8. Notification Requ	urements
Is a notice to impacted Kentu	cky residents / entities required under Kentucky or federal law?: * O Yes O No O Unknown
Section 9. Law Enforcemen	
Has a police report been filed? unless already provided to the	Has any regulatory, governmental, or other law enforcement agency been notified? (If yes, please attach documentation of report / notification KYDOL);*
Police Report.*	○ Yes ○ No ○ Will be responding on a subsequent date
Regulatory Agency:*	○ Yes ○ No ○ Will be responding on a subsequent date
Section 10. Contact Informa	tion of Individual Familiar with Cybersecurity Event and Authorized to Act on Behalf of the Licensee
First Name:*	Last Name.*
Tibe.*	
Address Line 1:	Address Line 2:
Postal Code:	State: City:
Telephone:*	Fax: Email*
	Continue

When all data has been properly entered, click "Continue" to proceed to Sections 11 and 12.

The user **must** provide three items.

- A report of the results of any internal review identifying a lapse in either automated controls or internal procedures, or confirming that all automated controls or internal procedures were followed.
- A copy of the licensee's privacy policy
- A statement outlining the steps the licensee will take to investigate and notify consumers affected by the Cybersecurity Event.

Section 11. Upload documen	itation		
Items to Attach: 1. A report of the results of a procedures were followed		ther automated controls or internal pro	ocedures, or confirming that all automated controls or internal
2. A copy of the licensee's p	rivacy policy.		
3. A statement outlining the	steps the licensee will take to investigate	and notify consumers affected by the o	Cybersecurity Event.
Select Document Type *	Select	Choose File No to	
		(Maximum file size is files can be uploade	
Select Document Type *	Select	Choose File No II	le chosen 🕘 Upload
		(Maximum file size is files can be uploade	
Document Name	Document 1		
Testing 2.pdf	Investigatio		
Testing 3.pdf	Privacy poli		
Testing 3.pdf		view Document	Select the document, click choo
resung s.par	internal ree	new Document	file, and upload the document.
			will be written to the record. Yo
			may remove a record uploaded i
			error by using the 🔳 icon

The licensee must attest to the accuracy of the data submitted.



Click "Continue" to complete the process.

The final page will present.

ANSACTI	ON DETAILS				
	DOIID	Name	Contact Name	Event Discovered Date	
1	300999	Anthem Health Plans of Kentucky, Inc.	TEST TEST	7/5/2023	
		Click "Submit Transaction" to complete the			
		reporting.			

A confirmation email will be sent with the Transaction ID to the filer.

Reviewing/Updating a Cyber Event

To update a submitted event, re-enter eServices (access is explained above).



A list of all reported event will present. Click the last submitted record in the event to update.

	Event ID	Event Discovered Date	Contact Name	Title	Status	Status Date	
View Details	66	8/2/2022	Oliver BorderCollie	CEO	Submitted	8/9/2022	
View Details	66-1	8/2/2022	Oliver BorderCollie	CEO	Submitted	8/9/2022	
View Details	66-2	8/2/2022	Oliver BorderCollie	CEO	Submitted	8/10/2022	
View Details	66-3	8/2/2022	Oliver BorderCollie	CEO	Submitted	8/30/2022	Update Event Data
						s control to	-
						s control to he last/bes	-
				r	ecord to	update.	

<u>NOTE:</u> A user will not be able to alter a closed event.

The list will show all event records submitted, so a history of the submission displays.

After the data has been altered, click "Continue" to proceed to completion.

AN SACTION D	ETAILS				
	DOI ID	Name		Contact Name	Event Discovered Date
1	300999	Anthem Health Plans of Kentucky, Inc.		TEST TEST	7/5/2023
udd More Events Submit Transaction		Then click "Submit Transaction" to finalize.		ze.	

A confirmation will be sent to the user the transaction is complete.

Questions?

Should you have technical questions regarding Cybersecurity submissions, email <u>DOI.CommissionerOffice@ky.gov</u> for further details. If you have an IT problem/question, email <u>DOI.ISHelpDesk@ky.gov</u>.