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 Commonweal insurance professionals, monitors the financial condition of compan ensures Kentuckians are treated fairly in the marketplace.	Ith's insurance market, licenses agents and other lies, aducates consumers to make wise choices, and			
	Contact us at 502-564-3630 or click here for more contact information	on.			
	Call DOI toll free at 800-595-6053 for assistance.	<u>/</u>			
	Consumers Licensees Insurers eServices	×			
	Contact the Department of Insurance				
HOW DO I?	LATEST NEWS	QUICK LINKS			

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

unt Setup Instructions - Please Rea	đ			
Business Entities Insurers Individuals Consumers If you have created an account before	re September 3	Receiv Individ: Zard 2019, Your Username and Password w	ed an Email Inv als with Permi	vitation Ission Issue ou have to register by clicking on Create Account.
Click below to Create a KOG eBervices 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 Goteway (KDG).

Enter the proper email and password:

-	KENTUCKY	and the second se		
8	Sign in with your Kentucky Onli Gateway (KOG) Account	ine		
	Email Address			
	Next		KENTUCKY	
£	Resend Account Verification Email	Help		
			Verify with your passwo	rd
			Password	
			1	
			Verify	
			T Verify Forgot password? Back to sign in	-

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/mm	TO: MM/DD/	mr 🗮	
Event Discovered Date: *	MM/DD/YYYY			
Section 2. Event Type (Check all that a	pply) *	er 🗍 Lett Durine Move	Dehiching	
Improperty Released/ Exposed/ Displaye	d Stolen Laptop(s)	Computer and Equipm	int D Improperty 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 (Ma	wimum 3500 characters)
ten ne se member seprese ne sent som sent a sesserer mener se sent at me serere er me systemeter person a memb	
	6
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	÷
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)	

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? Has any regulatory, governmental, or other law enforcement agency been notified? (If yes, please attach documentation of report / notification unless atready provided to the KYDOL).*							
Police Report.*	○ Yes ○ No ○ Will be responding on a subsequent date						
Regulatory Agency:*	Regulatory Agency:* O Yes O No O Will be responding on a subsequent date						
Section 10. Contact Informa	tion of Individual Familiar with Cybersecurity levent 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	any internal review identifying a lapse in e I	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	le chosen 🛛 🕲 Upicad
		(Maximum file size is files can be uploade	is 20MB, multiple ed)
Select Document Type *	Select	Choose File No II	le chosen 🕘 Upload
		(Maximum file size is files can be uninade	is 20MB, multiple
Desument Name	Provincent	nus cur oc oprouse	
Testing 2.pdf	Investigatio	n Outline	
Testing 2 pdf	Privacy pol		
Testing 2 odf	Internal Bas	iau Document	Select the document, click choo
resung s.par	internal ree	new Document	file and upload the document
			will be written to the record. V
			may remove a record uploaded
			error by using the indication in the indication

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 Datails	66-3	8/2/2022	Oliver BorderCollie	CEO	Submitted	8/30/2022	Update Event Data
				C d r	Click this lisplay th ecord to	control to e last/best 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.

TRANSACTION DETAILS						
		DOIID	Name		Contact Name	Event Discovered Date
	1	300999	Anthem Health Plans of Kentucky, Inc.		TEST TEST	7/5/2023
Add 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>.