



U.S. OFFICE OF PERSONNEL MANAGEMENT
OFFICE OF THE INSPECTOR GENERAL
OFFICE OF INVESTIGATIONS

Exposure Request Form

Request Due Date:

Request Date:

Type of Request:

Response Time:

Delivery Method:

Data Format:

Is this request CONFIDENTIAL?*

***NOTE: Confidential Requests MUST NOT BE SHARED with Private Lines of Business, Local Plans, or the Public. Contact the OIG Agent/Analyst before engaging in any investigative activities.*

Exposure Start Date:

End Date:

Investigation Type:

Subject Information:

Benefits Type:

Carriers:

OPM/OIG Case Number:

OPM/OIG Case Name:

SFTP File Name:

Requestor Contact Info:

Additional Information/

Special Requests: