

9153

INSURANCE CLAIMS REPRESENTATIVE 2

Nature of Work

Under general supervision, performs complex and specialized work reviewing, processing, investigating, adjusting, and authorizing settlements of insurance claims such as automobile and general liability, medical malpractice, mine subsidence, cyber and property claims. These positions verify coverage, possible negligence and proper filing of claims in accordance with appropriate laws, rules, and regulations. These positions will serve as lead workers and are granted wide latitude for independent action. Performs related tasks as required.

Distinguishing Characteristics

These positions work at the full-performance level which requires specialized knowledge, analytical skills and the ability to organize complex work. Work at this level involves the completion of more complex assignments with a wide latitude for independent action and will function as lead workers.

Examples of Work

Analyzes insurance policy information to determine coverage; responds to inquiries concerning claim or coverage information; assists insured and/or claimants in the submission of claim information.

Contacts and/or interviews claimants, doctors, medical specialists, or employers to get additional information and secures testimony if necessary.

Works with and directs independent adjusters in the handling of property, mine subsidence and other types of claims and performs related functions.

Investigates claims as necessary, through the use of physical evidence and examining reports.

Evaluates and settles claims by applying specialized knowledge and interpersonal skills to effect fair and prompt disposal of cases and to contribute to a reduced loss ratio.

Examines claims investigated by insurance adjusters and determines whether additional investigation is needed to determine whether to authorize payments.

Recommends whether to defend or settle a claim or to perfect an appeal of an adverse verdict.

Verifies and analyzes data used in settling claims to ensure that claims are valid and that settlements are made according to industry practices and procedures.

Monitors cases in litigation, seeking additional information and conferring with counsel as necessary for further evaluation; reviews codes and tracks and transmits incoming lawsuits.

Conducts claim and insurance related training as required.

Works with consultants, attorneys, medical personnel and claims adjusters contracted by counsel to review general liability and other claims and to gain information for claims management.

Knowledge, Skills and Abilities

Knowledge of laws, rules, and regulations related to insurance practices including but not limited to negligence, civil rights, employment, disability, discrimination and medical malpractice.

Knowledge of various types of insurance coverages.

Knowledge of and proficient skill in the use of various computer applications.

Skill in researching and analyzing data.

Skill in public speaking.

Skill in the use of a computer and computer applications.

Ability to review information and provide solutions utilizing analytical and theoretical methods.

Ability to establish and maintain effective working relationships.

Ability to communicate effectively, both orally and in writing.

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INSURANCE CLAIMS REPRESENTATIVE 2 (cont'd)

Minimum Qualifications

Training: Bachelor's degree from a regionally accredited college or university.

Substitution: Associate in Claims (AIC) by the Insurance Institute of America (IIA) plus two (2) years of full-time or equivalent part-time paid experience in insurance or related field may substitute for the required training, or four (4) years of full-time or equivalent part-time paid experience in insurance or related field may substitute for the required training.

Experience: Four (4) years of full-time or equivalent part-time paid experience in insurance or related field.

Special Requirements: A valid West Virginia Adjuster's license is required. A valid driver's license may be required.

Established: 11/24/2018

Effective: 11/24/2018