

INSURANCE COMPLAINT ANALYST SUPERVISOR

Work in this class involves the supervision of a staff of Insurance Complaint Analysts which are responsible for providing assistance to consumers calling the Department of Insurance with complaints and inquiries regarding insurance policy coverages and claims. Employee is assigned to and responsible for supervising the property and casualty or life, accident, and health section of the Consumer Services Division. Employee provides higher level management with assistance in the development and revision of division goals and objectives, work standards, and budget and staffing needs. Employee is responsible for assigning and coordinating staff workload, conducting or approving staff training, supervising the staff through consultation and work review, and ensuring the quality of services provided. Employee also performs many of the duties of the Insurance Complaint Analyst. Work is performed with considerable independence with general guidance and review from a technical standpoint by the Consumer Services Division Assistant Director.

I. SUPERVISORY/MANAGERIAL FUNCTIONS:

Planning - Employee manages work operations and establishes priorities and deadlines on a daily basis to ensure that the division short-term goals and objectives are met. Employee participates with higher level management in establishing long-term divisional goals and objectives as well as budgetary and staffing needs.

Organizing and Directing - Employee assists in the development of departmental methods and procedures is responsible for changing and adjusting work assignments, work schedules, and work flow to respond to changing program procedures and needs.

Budgeting - Employees makes recommendations for budget needs and is responsible for operating within established budget guidelines.

Training - Employee determines training needs, develops training materials, and provides on-the-job training for the staff. Employee also identifies and approves employee participation in training programs conducted outside the department.

Setting Work Standards - Employee is responsible for ensuring that work is carried out according to divisional and departmental rules and guidelines. Employee may assist higher level management in establishing divisional standards.

Reviews Work - Employee periodically monitors the work of the Insurance Complaint Analysts through conferences, reports, and review of completed work assignments. Comments received from consumers served are also used as part of the review.

Counseling and Disciplining - Employee discusses any staff problems with employees and management and resolves any discipline problems. Employee may issue initial oral and written warnings and recommend more serious discipline or grievance problems to higher level management.

Performs Other Personnel Functions - Employee interviews applicants for employment and forwards recommendations to management. Employee evaluates staff performance and recommends staff salary increases.

II. SCOPE AND NATURE OF WORK SUPERVISED:

Dynamics of Work Supervised - Work is characterized by frequent adjustments as a result of changes in state laws, rules, and regulations, legislation, insurance industry practices and procedures, and departmental policies.

Variety of Work Supervised - Employee is responsible for supervising a staff which provides assistance to consumers with complaints and inquiries involving insurance policy coverages and claims.

Number of Employees Responsible For - Employee is responsible for five to eight employees.

III. EXTENT OF SUPERVISION RECEIVED: Employee works with considerable independence and is responsible for the quality of services provided. Work is periodically reviewed through conferences with management to discuss technical or administrative problems. Employee confers with higher level management on complex and special complaint inquiries.

IV. SPECIAL ADDITIONAL CONSIDERATIONS: N/A

V. RECRUITMENT STANDARDS:

Knowledges, Skills, and Abilities - Thorough knowledge of insurance principals and practices and departmental regulations. Thorough knowledge of North Carolina insurance laws and regulations and North Carolina General Statutes. Considerable knowledge of insurance policies and coverages, legal processes, insurance-related court rulings, medical/health and automobile/damage terminology and costs. Considerable knowledge of the procedures and practices followed in insurance form and rate filings. Ability to interpret and apply provisions of insurance laws and regulations to the rights of policyholders in regard to policy coverages and claims. Ability to deal tactfully and effectively with irate consumers or insurance company representatives. Ability to plan, organize, assign, and review work of subordinates. Ability to establish and maintain effective working relationships with consumers, insurance company representatives, insurance agents, attorneys, elected officials, and the general public. Ability to express oneself clearly and concisely in oral and written form.

Minimum Training and Experience Requirements - Graduation from a four-year college or university and three years of experience in insurance underwriting, claims, or policyholder service; or three years of experience as an Insurance Complaint Analyst; or graduation from high school and seven years of experience in insurance underwriting claims, or policyholder service; or an equivalent combination of training and experience.

Necessary Special Qualifications - Completion of three progressively difficult life, accident, and health or property and casualty courses as specified by the North Carolina Department of Insurance.