

**STATE OF OHIO (DAS)**CLASSIFICATION  
SPECIFICATION**CLASSIFICATION SERIES:**

Insurance Complaint Analyst

**SERIES NO.:**

6723

**MAJOR AGENCIES:**

Insurance only

**EFFECTIVE DATE:**

03/23/2014

**SERIES PURPOSE:**

The purpose of the insurance complaint analyst occupation is to ensure insurance companies, agents, public adjusters, third party administrators, health maintenance organizations, multiple employer welfare arrangements & other insurance-related entities comply with insurance laws & regulations & department bulletins, policies & procedures, determine violations & take appropriate actions, provide consumers with information & resolve complaints arising from consumers' transactions with these entities.

At the first level, incumbents assist higher-level insurance complaint analysts & review complaints & responses for completeness of critical information, analyze & resolve basic/less complicated complaints & identify possible violations.

At the second level, incumbents analyze & resolve routine complaints & identify possible violations.

At the third level, incumbents analyze & resolve complex complaints & identify possible violations.

At the supervisory level, incumbents direct & oversee activities in assigned area & supervise assigned staff (e.g., lower-level insurance complaint analysts).

At the managerial level, incumbent plans, directs & manages activities within assigned division (i.e., consumer services) & supervises insurance complaint analyst supervisors.

**JOB TITLE**

Insurance Complaint Analyst 1

**JOB CODE**

67231

**PAY GRADE**

30

**EFFECTIVE**

03/23/2014

**CLASS CONCEPT:**

The entry level class works under close supervision & requires some knowledge of insurance in order to assist higher-level insurance complaint analysts & review complaints & responses for completeness, determine subject matter jurisdiction & route complaints to appropriate higher-level insurance complaint analyst or insurance complaint analyst supervisor, analyze & resolve basic/less complicated complaints (e.g., recognize billing &/or coding errors on part of provider; interpret Medicaid &/or Medicare rules, standards & guidelines) in assigned line of business or insurance product (e.g., Medicare; Medicaid; Medicare supplement insurance; long-term care insurance; auto; homeowners; basic health; other forms of health insurance), identify possible violations & refer consumer to appropriate entity for further action.

**JOB TITLE**

Insurance Complaint Analyst 2

**JOB CODE**

67232

**PAY GRADE**

31

**EFFECTIVE**

03/23/2014

**CLASS CONCEPT:**

The developmental level class works under general supervision & requires working knowledge of insurance, insurance policy provisions & applicable state & federal law & regulations in order to analyze & resolve routine complaints (e.g., premium refunds; non-renewals/cancellations; explanations of standard policy provisions) in assigned line of business or insurance product (e.g., homeowners; auto; life; health; Medicare), identify possible violations & provide guidance to lower-level insurance complaint analysts.

**JOB TITLE**

Insurance Complaint Analyst 3

**JOB CODE**

67233

**PAY GRADE**

32

**EFFECTIVE**

03/23/2014

**CLASS CONCEPT:**

The full performance level class works under direction & requires considerable knowledge of insurance, insurance policy provisions, applicable state & federal laws & regulations, insurance principles & industry practices in order to analyze & resolve complex complaints (e.g., Medicare carve-out plans; deferred & immediate annuities; commercial umbrella; malpractice) in assigned line of business (e.g., health; life; annuities; personal lines; managed care; commercial lines), determine possible violations, make appropriate referrals & provide guidance to lower-level insurance complaint analysts.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>PAY GRADE</u>	<u>EFFECTIVE</u>
Insurance Complaint Analyst Supervisor	67235	14	07/20/1997

**CLASS CONCEPT:**

The supervisory level class works under general direction & requires thorough knowledge of insurance, applicable state & federal laws & regulations, insurance principles & industry practices in order to review, analyze & resolve sensitive, complex complaints in assigned area (i.e., life & health or property & casualty); or develop local insurance counseling centers, train volunteer staff & coordinate statewide insurance counseling program; or provide work direction & training to & review & evaluate work product of first level insurance complaint analysts &, in addition to one of preceding options, supervise assigned staff (e.g., insurance complaint analysts).

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>PAY GRADE</u>	<u>EFFECTIVE</u>
Insurance Complaint Analyst Manager	67236	16	02/28/2010

**CLASS CONCEPT:**

The managerial level class works under administrative direction & requires extensive knowledge of insurance, applicable state & federal laws & regulations, insurance principles & industry practices in order to plan, direct & manage all insurance complaint functions & statewide insurance counseling programs within consumer services division & supervise assigned staff (i.e., insurance complaint analyst supervisors).

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Insurance Complaint Analyst 1	67231	07	03/23/2014	30

**JOB DUTIES IN ORDER OF IMPORTANCE: (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)**

Assists higher-level insurance complaint analysts & reviews complaints & responses for completeness, determines subject matter jurisdiction & routes complaints to appropriate higher-level insurance complaint analyst or insurance complaint analyst supervisor, analyzes & resolves basic/less complicated complaints in assigned line of business or insurance product (e.g., recognizes billing &/or coding errors on part of provider; interprets Medicaid &/or Medicare rules, standards & guidelines), provides assistance & information to consumers regarding insurance inquiries &/or complaints, responds to consumers' request for assistance with various types of insurance (e.g., home; auto; life; Medicare; Medicaid; Medicare supplement insurance; long-term care & other forms of health insurance), researches answers & solutions to specific questions &/or problems, utilizes form letters to initiate contact with all parties to complaint, interviews involved parties for additional information, resolves problems through individual counseling or refers consumer to appropriate agencies for further assistance, routes complaints to appropriate higher-level insurance complaint analyst &/or insurance complaint analyst supervisor, identifies possible violations of insurance laws & refers consumer &/or case to appropriate unit/division within Ohio Department of Insurance.

Assists in overall operation of senior counseling program; schedules meetings, speaking engagements & training classes for volunteer counselors; answers questions & provides information to volunteer counselors.

Composes correspondence; maintains records of investigations & prepares appropriate reports on timely basis; operates personal computer &/or word processor to produce/generate reports &/or other materials as needed; maintains computer database of insurance complaints & related documentation; receives & responds to public requests for insurance related publications; assists with mass mailings of publications & newsletters to Ohio senior citizens, Ohio Senior Health Insurance Information Program (i.e., OSHIIP) volunteer counselors & other interested parties; operates personal computer to enter &/or retrieve information; operates standard office equipment (e.g., fax; copier; calculator); attends meetings, training & seminars.

**MAJOR WORKER CHARACTERISTICS:**

Knowledge of state & federal insurance laws & regulations; industry trends & practices; investigation techniques\*; agency & division policies & procedures \*; interviewing; public relations; insurance contract law; basic mathematics. Skill in operation of personal computer; mainframe computer terminal; word processor\*; copy machine\*; fax machine\*; calculator\*. Ability to analyze basic complaints or respond to basic inquiries, gather appropriate evidence & determine specific course of action to resolve complaints/respond to inquiries; read technical literature of concrete nature; handle sensitive inquiries from & contacts with policy holders, plan members, claimants, insurance company representatives & agents, special interest groups, government officials & general public; respond to angry persons; define basic problems, collect data, establish facts & draw valid conclusions; use basic mathematics; prepare departmental documentation/records; communicate both verbally & in writing.

(\*)Developed after employment.

**MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:**

Completion of undergraduate core program in insurance or business.

-Or 2 courses in insurance; 18 mos. exp. in insurance field (i.e., regulatory or industry) working with insureds or insurance contracts (e.g., health; life; annuities; personal lines; commercial lines); 6 mos. exp. or 6 mos. trg. in operation of personal computer on mainframe computer; 1 course in basic mathematics.

-Or 24 mos. exp. in insurance field (i.e., regulatory or industry) working with insureds or insurance contracts (e.g., health; life; annuities; personal lines; commercial lines); 6 mos. exp. or 6 mos. trg. in operation of personal computer or mainframe computer; 1 course in basic mathematics.

-Or equivalent of Minimum Class Qualifications For Employment noted above.

**TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:**

Not applicable.

**UNUSUAL WORKING CONDITIONS:**

Receives telephone calls from irate complainants; may require travel.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Insurance Complaint Analyst 2	67232	07	03/23/2014	31

**JOB DUTIES IN ORDER OF IMPORTANCE: (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)**

Analyzes & resolves routine complaints (e.g., premium refunds; non-renewals; explanations of standard policy provisions) within assigned line of business or insurance product (e.g., homeowners; auto; life; health; Medicare) & identifies possible violations, ensures compliance with applicable insurance laws, regulations, bulletins, principles & departmental policies to assure consumers receive full benefits of insurance coverage, initiates problem-solving actions (e.g., writes correspondence; telephones insurance agents or company officials), requests additional information from consumers &/or other sources, reviews & analyzes responses, identifies deficiencies, assists callers & answers questions involving different types of insurance within assigned line of business (e.g., property; casualty; life; health; health maintenance organizations), explains insurance laws & regulations, industry practices, consumers' rights & responsibilities & provides guidance to lower-level insurance complaint analysts.

Assists in overall operation of senior counseling program; schedules meetings, speaking engagements & training classes for volunteer counselors; answers questions & provides information to volunteer counselors; updates volunteer database; assists with special projects (e.g., regional meetings; volunteer recognition program; county files); gives presentations on Ohio Senior Health Insurance Program (i.e., OSHIIP) to community groups.

Reviews complaints for completeness, subject matter jurisdiction & types of insurance (e.g., home; auto; life; health); routes complaints to appropriate higher-level insurance complaint analyst or insurance complaint analyst supervisor; utilizes form letters to initiate contact with all parties involved in particular complaint.

Composes correspondence; maintains records of investigations & prepares appropriate reports on timely basis; operates personal computer &/or word processor to produce/generate reports &/or other materials as needed; maintains computer database of insurance complaints & related documentation; receives & responds to public requests for insurance related publications; assists with mass mailings of publications & newsletters to Ohio senior citizens, OSHIIP volunteer counselors & other interested parties; operates personal computer to enter &/or retrieve information; operates standard office equipment (e.g., fax; copier; calculator); attends meetings, training & seminars.

**MAJOR WORKER CHARACTERISTICS:**

Knowledge of state & federal insurance laws & regulations; industry trends & practices; investigation techniques; agency & division policies & procedures\*; interviewing; public relations; insurance contract law. Skill in operation of personal computer; mainframe computer terminal; word processor\*; copy machine\*; fax machine\*; calculator\*. Ability to analyze routine complaints or respond to routine inquiries, gather appropriate evidence & determine specific course of action to resolve complaints, respond to inquiries; read technical literature of concrete nature; handle sensitive inquiries relative to assigned line of business (e.g., auto; homeowners; life; health; managed care; long term care; Medicare) & extended contacts with policy holders, plan members, claimants, insurance company representatives & agents, government officials & general public; respond to angry persons; define routine problems, collect data, establish facts & draw valid conclusions; use basic mathematics; prepare departmental documentation/records; communicate both verbally & in writing.

(\*)Developed after employment.

**MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:**

Completion of undergraduate core program in insurance or business; 24 mos. exp. in insurance field (i.e., regulatory or industry) working with insureds or insurance contracts pertinent to assigned line of business(e.g., health; life; annuities; personal lines; managed care; commercial lines); 6 mos. exp. or 6 mos. trg. in operation of personal computer or mainframe computer; 2 courses in basic mathematics.

-Or 4 courses in insurance; 36 mos. exp. in insurance field (i.e. regulatory or industry) working with insureds or insurance contracts pertinent to assigned line of business (e.g., health; life; annuities; personal lines; managed care; commercial lines); 6 mos. exp. or 6 mos. training in operation of personal computer or mainframe computer; 2 courses in basic mathematics.

-Or 48 mos. exp. in insurance field (i.e., regulatory or industry) working with insureds or insurance contracts pertinent to assigned line of business (e.g., health; life annuities; personal lines; managed care; commercial lines); 6 mos. exp. or 6 mos. trg. in operation of personal computer or mainframe computer; 2 courses in basic mathematics.

-Or 24 mos. exp. as Insurance Complaint Analyst 1, 67231.

-Or equivalent of Minimum Class Qualifications For Employment noted above.

**TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:**

Not applicable.

**UNUSUAL WORKING CONDITIONS:**

Receives telephone calls from irate complainants; may require travel.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Insurance Complaint Analyst 3	67233	07	03/23/2014	32

**JOB DUTIES IN ORDER OF IMPORTANCE: (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)**

Analyzes & resolves complex complaints (e.g., Medicare carve-out plans; deferred & immediate annuities; commercial umbrella; malpractice) in assigned line of business or insurance product (e.g., health; life; annuities; personal lines; managed care; commercial lines) submitted by general public regarding apparent insurance agent or company misconduct, possible insurance law violations or possible contract violation, receives inquiries &/or complaints by mail, fax, telephone or public contact, reviews insurance contracts to understand more complex coverage concepts, researches & analyzes consumer complaints & documents information & evidence received from complainants, companies & agents to determine validity of complaints, reviews responses received from parties involved to determine necessary action, interviews complainants, insurance company adjusters &/or other parties involved in insurance disputes, determines additional data needed to resolve disputes & obtains such, identifies possible violations of insurance laws & refers to appropriate unit/division within Ohio Department of Insurance, develops persuasive arguments to present to insurance company representatives & provides guidance to lower-level insurance complaint analysts.

Summarizes case & prepares case for resolution by composing appropriate correspondence to complainant; formulates creative approaches to complaint resolution; responds to consumer's inquiries regarding insurance issues & general questions; provides consumers with insurance information & educational materials; provides alternative resources to better service consumer needs regarding Medicare, Medicaid, public assistance programs, employer/employee issues, Health Maintenance Organizations & explanation of rules & regulations; attends meetings, training & seminars; presents speeches & programs regarding insurance issues; reviews trade publications to keep abreast of new developments in insurance practices; provides verbal & written recommendations to supervisor regarding needed departmental policy changes; consults with & assists in formulating recommendations for legislative changes; participates as task force member when requested; assists in training lower-level insurance complaint analysts; assists in criminal prosecution by interacting with law enforcement officers when appropriate; appears as witness in judicial hearings.

Prepares correspondence; maintains records of investigations & prepares appropriate reports on timely basis; operates personal computer to enter &/or retrieve information; operates word processor &/or personal computer to produce/generate reports &/or other materials as needed; operates standard office equipment (e.g., fax; copier; calculator).

Assists in overall operation of senior counseling program; leads special projects as assigned; schedules meetings, speaking engagements & training classes for volunteer counselors; answers questions & provides information to volunteer counselors; establishes Ohio Senior Health Insurance Information Program (i.e., OSHIIP) throughout state; assists with development of training curriculum & training materials; represents OSHIIP at Regional, State, & National Conferences.

**MAJOR WORKER CHARACTERISTICS:**

Knowledge of state & federal insurance laws & regulations; industry trends & practices; investigation techniques; agency & division policies & procedures\*; interviewing; public relations; insurance contract law. Skill in operation of personal computer; mainframe computer terminal; word processor\*; copy machine\*; fax machine\*; calculator\*. Ability to analyze complex complaints or respond to complex inquiries, gather appropriate evidence & determine specific course of action to resolve complex complaints or respond to inquiries; read technical literature of concrete nature; handle sensitive inquiries relative to assigned line of business (e.g., auto; homeowners; life; health; managed care; long term care; Medicare) & extended contacts with policy holders, plan members, claimants, insurance company representatives & agents, government officials & general public; respond to angry persons; define routine problems, collect data, establish facts & draw valid conclusions; use basic mathematics; prepare departmental documentation/records; communicate both verbally & in writing.

(\*)Developed after employment.

**MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:**

Completion of undergraduate core program in insurance or business; 48 mos. exp. in insurance field (i.e., regulatory or industry) working with insureds or insurance contracts pertinent to assigned line of business (e.g., health; life; annuities; personal lines; managed care; commercial lines), 6 mos. exp. or 6 mos. trg. in operation of personal computer or mainframe computer; 4 courses in mathematics.

-Or 6 courses in insurance; 54 mos. exp. in insurance field (i.e., regulatory or industry) working with insureds or insurance contracts pertinent to assigned line of business (e.g., health; life; annuities; personal lines; managed care; commercial lines); 6 mos. exp. or 6 mos. trg. in operation of personal computer or mainframe computer; 4 courses in mathematics.

-Or 72 mos. exp. in insurance field (i.e., regulatory or industry) working with insureds or insurance contracts pertinent to assigned line of business (e.g., health, life, annuities, personal lines, managed care; commercial lines); 24 mos. exp. or 24 mos. trg. in operation of personal computer or mainframe computer; 4 courses in mathematics.

-Or 24 mos. exp. as Insurance Complaint Analyst 2, 67232.

-Or equivalent of Minimum Class Qualifications For Employment noted above.

**TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:**

Not applicable.

**UNUSUAL WORKING CONDITIONS:**

Receives telephone calls from irate complainants; may require travel.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Insurance Complaint Analyst Supervisor	67235	EX	07/20/1997	14

**JOB DUTIES IN ORDER OF IMPORTANCE: (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)**

Reviews, analyzes & resolves sensitive, complex complaints in assigned area (i.e., life & health or property & casualty); or develops local insurance counseling centers, trains volunteer staff & coordinates statewide insurance counseling program; or provides work direction & training to & reviews & evaluates work product of first level insurance complaint analysts &, in addition to one of preceding options, supervises assigned staff (e.g., insurance complaint analysts).

Develops unit procedures; recommends & assists in development & implementation of office policies; presents speeches before small & large public groups; represents department at regional & national conferences & other professional meetings; assists in development of insurance laws & regulations; develops & writes reports; researches & writes grant proposals; reviews & offers recommendations for consumer education publications; develops training materials; coordinates contracts with independent contractors; coordinates program activities with other local, state & federal agencies; reviews, analyzes & resolves sensitive, complex complaints; serves as liaison between assigned unit & other agency divisions.

Performs duties of lower-level insurance complaint analysts during absences or periods of heavy workload.

Operates computer equipment to generate correspondence, internal memoranda & other documents; enters data into & compiles reports from computer database; utilizes various databases (e.g., Case Handling, NAIC) to trend industry practices & pattern & practices of individual companies.

**MAJOR WORKER CHARACTERISTICS:**

Knowledge of state & federal insurance laws & regulations; insurance principles; industry trends & practices; investigation techniques; agency & division policies & procedures; interviewing; public relations; insurance contract law; supervisory principles/techniques\*; employee training & development. Skill in operation of personal computer &/or mainframe computer terminal. Ability to analyze & resolve technical, complex & sensitive complaints relative to all lines of business (e.g., property; casualty; life; health; managed care; annuities; risk retention groups) & extensive contacts with policy holders, plan members, claimants, high-ranking insurance company officials & agents, special interest groups, government officials & general public; read, understand & interpret complex contracts within all lines of business; respond to angry persons; speak before large groups; work with multiplicity of community based organizations; teach complex insurance concepts to individuals & groups; define complex problems, collect extensive data, establish facts & draw valid conclusions; gather appropriate evidence to determine a specific course of action; negotiate resolutions with high level company officials & attorneys; research complex insurance issues to develop reports; use algebra; statistical analysis; prepare accurate & concise reports; present abstract concepts both verbally & in writing.

(\*)Developed after employment.

**MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:**

Completion of undergraduate core program in insurance, communications, business or liberal arts; 8 yrs. exp. in insurance field (i.e., regulatory or industry) working with insureds or insurance contracts (e.g., health; life; annuities; personal lines; commercial lines) in multiple lines of business (i.e., property; casualty; life; health; managed care) which included responsibility for compliance with state & federal insurance laws, regulations & standards & insurance industry principles & use of statistical analysis; 6 mos. exp. or 6 mos. trg. in operation of personal computer or mainframe computer.

-Or 10 courses in insurance; 7 1/2 yrs. exp. in insurance field (i.e., regulatory or industry) working with insureds or insurance contracts (e.g., health; life; annuities; personal lines; commercial lines) in multiple lines of business (i.e., property; casualty; life; health; managed care) which included responsibility for compliance with state & federal insurance laws, regulations & standards & insurance industry principles & use of statistical analysis; 6 mos. exp. or 6 mos. trg. in operation of personal computer or mainframe computer.

-Or 10 yrs. exp. in insurance field (i.e., regulatory or industry) working with insureds or insurance contracts (e.g., health; life; annuities; personal lines; commercial lines) in multiple lines of business (i.e., property; casualty; life; health; managed care) which included responsibility for compliance with state & federal insurance laws, regulations & standards & insurance industry principles & use of statistical analysis; 6 mos. exp. or 6 mos. trg. in operation of personal computer or mainframe computer.

-Or 24 mos. exp. as Insurance Complaint Analyst 3, 67233.

-Or equivalent of Minimum Class Qualifications For Employment noted above.

**TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:**

Not applicable.

**UNUSUAL WORKING CONDITIONS:**

Not applicable.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Insurance Complaint Analyst Manager	67236	EX	02/28/2010	16

**JOB DUTIES IN ORDER OF IMPORTANCE: (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)**

Plans, directs & manages activities within assigned division (i.e., office of consumer services), reviews full range of complaints about insurance agents, insurance agencies & insurance companies to determine potential violations of Ohio insurance laws & assigns complaints to insurance complaint analyst supervisors & insurance complaint analysts to determine quality of investigations & validity of recommendations, takes appropriate administrative action including referral & coordination with legal, enforcement & market conduct divisions for administrative hearings & examinations, plans, directs & manages statewide insurance counseling program & supervises & provides training for insurance complaint analyst supervisors.

Develops & implements policies & procedures regarding staff development, division work flow & insurance investigation issues; provides verbal & written recommendations regarding departmental policy changes; assists in formulating regulations for legislative changes; develops budget recommendations; defines division goals & objectives.

Initiates & coordinates conferences with consumer organizations, insurance industry entities & other government agencies; attends insurance seminars & reviews trade publications & appropriate case studies to keep abreast of new developments in insurance practices & laws; speaks before small & large groups, develops & coordinates public relation activities; analyzes & coordinates multi-divisional complaints involving consumers, provider, insurance agents, agencies &/or companies; resolves complaints from irate insurance consumers; handles cases to be investigated by law enforcement officials; represents department at professional conferences.

Participates in top priority or sensitive investigations; assists in field investigations; testifies at administrative or court hearings & before task force or legislative committees.

Prepares general & technical reports on insurance activities & industry trends based on computer generated data; prepares bulletin drafts; develops reports to aid in formulation of administrative rules.

**MAJOR WORKER CHARACTERISTICS:**

Knowledge of state & federal insurance laws & regulations; insurance principles; industry trends & practices; investigation techniques; agency & division policies & procedures; interviewing; public relations; insurance contract law; managerial principles/techniques; supervisory principles/techniques; business administration; employee training & development. Skill in operation of personal computer &/or mainframe computer terminal. Ability to analyze & resolve technical, complex & sensitive complaints relative to all lines of businesses (e.g., property, casualty, life, health, managed care, annuities, risk retention groups) & extensive contacts with policy holders, plan members, claimants, high-ranking insurance company officials & agents, special interest groups, government officials & general public; read, understand & interpret complex contracts within all lines of business; respond to angry persons; speak before large groups; work with multiplicity of community based organizations; teach complex insurance concepts to individuals & groups; define complex problems, collect extensive data, establish facts & draw valid conclusions; gather appropriate evidence to determine a specific course of action; negotiate resolutions with high level company officials & attorneys; research complex insurance issues to develop reports; use algebra; statistical analysis; prepare accurate & concise reports; present abstract concepts both verbally & in writing.

(\*)Developed after employment.

**MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:**

Completion of undergraduate core program in insurance, communications, business or liberal arts; 10 yrs. exp. in insurance field (i.e., regulatory or industry) working with insureds or insurance contracts (e.g., health; life; annuities; personal lines; commercial lines) in multiple lines of business (i.e., property; casualty; life; health; managed care) which included responsibility for compliance with state & federal insurance laws, regulations & standards & insurance industry principles which included use of statistical analysis & 2 yrs. exp. in supervisory principles/techniques; 6 mos. exp. or 6 mos. trg. in operation of personal computer or mainframe computer.

-Or 12 courses in insurance; 9 yrs. exp. in insurance field (i.e., regulatory or industry) working with insureds or insurance contracts (e.g., health; life; annuities; personal lines; commercial lines) in multiple lines of business (i.e., property; casualty; life; health; managed care) which included responsibility for compliance with state & federal insurance laws, regulations & standards & insurance industry principles & use of statistical analysis & 2 yrs. exp. in supervisory principles/techniques; 6 mos. exp. or 6 mos. trg. in operation of personal computer or mainframe computer.

-Or 10 courses in insurance; 9 1/2 yrs. exp. in insurance field (i.e., regulatory or industry) working with insureds or

insurance contracts (e.g., health; life; annuities; personal lines; commercial lines) in multiple lines of business (i.e., property; casualty; life; health; managed care) which included responsibility for compliance with state & federal insurance laws, regulations & standards & insurance industry principles & use of statistical analysis & 2 yrs. exp. in supervisory principles/techniques; 6 mos. exp. or 6 mos. trg. in operation of personal computer or mainframe computer.

-Or 12 yrs. exp. in insurance field (i.e., regulatory or industry) working with insureds or insurance contracts (e.g., health; life; annuities; personal lines; commercial lines) in multiple lines of business (i.e., property; casualty; life; health; managed care) which included responsibility for compliance with state & federal insurance laws, regulations & standards & insurance industry principles & use of statistical analysis & 2 yrs. exp. in supervisory principles/techniques; 6 mos. exp. or 6 mos. trg. in operation of personal computer or mainframe computer.

-Or 6 mos. exp. as Insurance Complaint Analyst Supervisor, 67235.

-Or equivalent of Minimum Class Qualifications For Employment noted above.

**TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:**

Not applicable.

**UNUSUAL WORKING CONDITIONS:**

Not applicable.