

STATE OF OHIO
(DAS)
CLASSIFICATION
SPECIFICATION

CLASSIFICATION SERIES: Insurance Investigation	SERIES NO : 2627
MAJOR AGENCIES: Ohio Department of Insurance only	EFFECTIVE DATE:

SERIES PURPOSE: The purpose of the insurance investigation occupation is to conduct insurance investigations or to plan, coordinate, direct & manage insurance investigations to determine potential violations of Ohio insurance laws & take appropriate administrative action.

At the first level, incumbents investigate less complex allegations of insurance agent/company misconduct &/or insurance law violations or consumer/provider misconduct.

At the second level, incumbents investigate more complex allegations of insurance agent/company misconduct &/or insurance law violations or consumer/provider misconduct.

At the supervisory level, incumbents plan, coordinate, direct & manage insurance all investigative functions of assigned division & supervise assigned staff.

At the administrative level, incumbent administers & coordinates all insurance investigations programs for assigned divisions & supervises assigned staff.

GLOSSARY: The following are definitions of terms that will be cited herein for this classification series.

Less Complex Allegations: Allegations requiring detail review of less than voluminous material &/or involves less than tens of thousands of dollars &/or complaints involving one or two policy holders &/or complaints concerning two or less insurance personnel such as found in some insurance scams.

More Complex Allegations: Allegations requiring detail review of voluminous material &/or involves tens of thousands of dollars &/or complaints involving many policy holders &/or complaints concerning more than two insurance personnel such as found in some insurance scams.

Very Complex Allegations: Allegations requiring detail review of voluminous material from numerous complaints &/or involves hundreds of thousands of dollars &/or complaints involving more than ten policy holders &/or complaints concerning more than ten insurance personnel such as found in large insurance scams.

Note: This classification is reserved for use by the Ohio Department of Insurance only.

CLASS TITLE:
Insurance Investigation Officer 1

CLASS NUMBER:
26271

EFFECTIVE DATE:
12/03/2001

CLASS CONCEPT:
The developmental level class works under close supervision & requires working knowledge of state insurance laws & applicable Revised Codes (e.g., Title 29; Title 39) in order to receive, analyze & respond to less complex allegations of insurance agent/company misconduct &/or insurance law violations or consumer/provider misconduct & conduct confidential investigations to ensure compliance with applicable Revised Code.

CLASS TITLE:
Insurance Investigation Officer 2

CLASS NUMBER:
26272

EFFECTIVE DATE:
12/03/2001

CLASS CONCEPT:
The full performance level class works under general supervision & requires considerable knowledge of state insurance laws & applicable Revised Codes (e.g., Title 29; Title 39) in order to receive, analyze & respond to more complex allegations of insurance agent/company misconduct &/or insurance law violations or consumer/provider misconduct & conduct confidential investigations to ensure compliance with applicable Revised Code.

CLASS TITLE:
Insurance Investigation Officer 3

CLASS NUMBER:
26273

EFFECTIVE DATE:
12/03/2001

CLASS CONCEPT:
The advanced level class works under direction & requires extensive knowledge of state insurance laws & applicable Revised Codes (e.g., Title 29, Title 39) in order to serve as lead worker over lower-level insurance investigation officers, receive, analyze & respond to most complex allegations of insurance agent/company misconduct &/or insurance law violations or consumer/provider misconduct & conduct confidential investigations to ensure compliance with applicable Revised Codes.

CLASS TITLE:
Insurance Investigation Supervisor

CLASS NUMBER:
26275

EFFECTIVE DATE:
05-05-2002

CLASS CONCEPT:
The supervisory level class works under general direction & requires extensive knowledge of state insurance laws & administrative codes regulating all types of insurance coverage, investigative principles/techniques & guidelines, adjudicative & criminal legal proceedings, supervisory principles/techniques in order to plan, direct & manage all insurance investigative functions of assigned division & supervise assigned staff (e.g., insurance investigation officers & support staff).

CLASS TITLE:

Insurance Investigation Administrator

CLASS NUMBER:

26278

EFFECTIVE DATE:

11/25/2001

CLASS CONCEPT:

The administrative level class works under administrative direction & requires extensive knowledge of state insurance laws & administrative codes regulating all types of insurance coverage, investigative principles/techniques & supervisory principles/techniques in order to administer & coordinate all insurance investigations programs for assigned divisions & supervise assigned staff (i.e., insurance investigation supervisors & support staff).

CLASS TITLE: Insurance Investigation Officer 1	CLASS NUMBER: 26271	BARGAINING UNIT: 07
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EFFECTIVE DATE:
12/03/2001

JOB DUTIES IN ORDER OF IMPORTANCE: (THESE DUTIES ARE ILLUSTRATIVE ONLY. INCUMBENTS MAY PERFORM SOME OR ALL OF THE DUTIES OR OTHER JOB-RELATED DUTIES AS ASSIGNED).

Under close supervision, receives, analyzes & responds to less complex allegations of insurance agent/company misconduct &/or insurance law violations or consumer/provider misconduct & conducts confidential investigations to ensure compliance with applicable Revised Codes (e.g., Title 29 &/or Title 39), receives allegations through correspondence, by telephone, fax or public 'walk-in', travels statewide to conduct investigations & obtain documentation & evidence, conducts interviews with applicable entities (e.g., complainants, suspects, insurance company representatives, law enforcement officers, policy holders, prosecutors, physicians or attorneys) to gather information, obtains documents (e.g., sworn written & recorded statements, financial records &/or insurance contracts) & other evidence from insurance companies & agents, acquires background information from local, state &/or federal law enforcement agencies prepares subpoenas in conjunction with division chief, supervisor & Legal Division, analyzes documents & evidence for validity & case direction & operations personal computer to prepare investigative reports & correspondence for criminal prosecution.

Testifies in grand jury, judicial hearings & administrative hearings; works closely with legal division to ensure all necessary documentation is obtained & points of case clearly identified in order to present strongest position possible at administrative hearings &/or other judicial proceedings; advises (e.g., verbally &/or in writing) general public, insurance company representatives &/or insurance agents of agency policies & procedures; responds to formal &/or informal inquiries from general public & other interested entities (e.g., National Association of Insurance Commissioners; individual state insurance regulators).

Attends training seminars; participates in industry functions (e.g., assists chief in public & industry speaking engagements); utilizes computer databases to access, retrieve &/or input information regarding cases; operates personal computer to produce correspondence &/or investigation reports; operates various office equipment (e.g., fax, copier); operates tape recorder to obtain sworn recorded statements.

MAJOR WORKER CHARACTERISTICS:

Knowledge of state insurance laws & administrative codes regulating all types of insurance coverage*; divisional policy & procedure operating manual*; applicable Ohio Revised Codes (e.g., Title 29; Title 39)*; investigative principles/techniques; interviewing; public relations; adjudicative &/or criminal legal proceedings*; U.S. Title 13 (i.e., mail fraud statutes)*; Leads Enforcement Automated Data System (i.e., LEADS) Administrative Rules*. Skill in operation of computer terminal &/or personal computer; word processor*; typewriter*; copier*. Ability to define problems, collect data, establish facts & draw valid conclusions; prepare accurate & concise investigation reports; gather data & prepare necessary documentation for administrative hearings &/or referral of cases to various county prosecutors or state/federal authorities; handle routine & sensitive inquiries from & contact with legal & law enforcement personnel, general public, insurance company representatives & local, state &/or federal government employees.

(*) DEVELOPED AFTER EMPLOYMENT.

MINIMUM QUALIFICATIONS FOR EMPLOYMENT:

Completion of undergraduate core program in business, insurance or criminal justice; 6 mos. exp. Or 6 mos. trg. in operation of computer terminal &/or personal computer.

-Or 2 yrs. exp. in insurance field or insurance related entity (e.g., sales; marketing; claims adjuster; investigations); 6 mos. exp. or 6 mos. trg. in operation of computer terminal &/or personal computer.

-Or 2 yrs. exp. in law enforcement which included 12 mos. exp. in conducting investigations; 6 mos. exp. or 6 mos. trg. in operation of computer terminal &/or personal computer.

-OR EQUIVALENT OF MINIMUM QUALIFICATIONS FOR EMPLOYMENT NOTED ABOVE.

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

Not applicable.

UNUSUAL WORKING CONDITIONS:

May require travel; may be exposed to hostile or violent persons.

CLASS TITLE: Insurance Investigation Officer 2	CLASS NUMBER: 26272	BARGAINING UNIT: 07
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EFFECTIVE DATE:
12/03/2001

JOB DUTIES IN ORDER OF IMPORTANCE: (THESE DUTIES ARE ILLUSTRATIVE ONLY. INCUMBENTS MAY PERFORM SOME OR ALL OF THE DUTIES OR OTHER JOB-RELATED DUTIES AS ASSIGNED).

Independently receives, analyzes & responds to more complex allegations of insurance agent/company misconduct &/or insurance law violations or consumer/provider misconduct & conducts confidential investigations to ensure compliance with applicable Revised Codes (e.g., Title 29 &/or Title 39), receives allegations through correspondence, by telephone, fax or public 'walk-ins', travels statewide to conduct investigations & obtain documentation & evidence, conducts interviews with applicable entities (e.g., complainants, suspects, insurance company representatives, law enforcement officers, policy holders, prosecutors, physicians or attorneys) to gather information, obtains documents (e.g., sworn written & recorded statements, financial records &/or insurance contracts) & other evidence from insurance companies & agents, acquires background information from local, state &/or federal law enforcement agencies, initiates issuance of subpoenas, confers with other state &/or federal agencies (i.e., country wide & abroad) regarding regulatory issues &/or violations of criminal codes, works closely with various divisions & investigators within agency to determine insurance agent/company misconduct or consumer misconduct, confers with division chief, agency legal counsel & Attorney General's Office regarding interpretation of laws, rules &/or bulletins, consults with division chief & legal division chief regarding imposition of penalties for violations of insurance laws, orders, reviews & analyzes computerized criminal histories from Law Enforcement Automated Data System (i.e., LEADS) operator, contacts local, state & federal entities (e.g., prosecutors, law enforcement officers, Department of Corrections personnel &/or probation officers) to obtain background on criminal violations of investigation subjects, organizes & stores evidence in case file & operates personal computer to prepare investigative reports & correspondence for appropriate administrative &/or criminal prosecution.

Assists &/or conducts joint investigations with local, state & federal law enforcement agencies (e.g., State Highway Patrol; Federal Bureau of Investigation; Internal Revenue Service; Postal Inspection; Secret Service; National Insurance Crime Bureau; Bureau of Criminal Investigation); refers cases for further investigation or criminal prosecution to local, state &/or federal enforcement agencies; assists in preparation of &/or serving search warrants; testifies in grand jury, administrative hearings &/or other judicial proceedings (e.g., municipal court; common pleas; federal court hearings); writes correspondence; utilizes computer database to access, retrieve &/or input information regarding cases.

Advises insurance companies, insurance agents, general public & other entities in policies & procedures, laws, rules & bulletins; assists chief & legal division in development of & in recommending proposed legislation, rules, bulletins & office policy & procedures; represents assigned division at meetings & conferences; participates in industry functions (e.g., presents speeches); attends training; reviews trade publications to enhance present knowledge &/or learn of new developments in insurance law & practices & criminal law & procedures.

MAJOR WORKER CHARACTERISITICS:

Knowledge of state insurance laws & administrative codes regulating all types of insurance coverage*; divisional policy & procedures operating manual*; applicable Ohio Revised Codes (e.g., Title 29; Title 39)*; investigative principles/techniques; interviewing; public relations; adjudicative &/or criminal legal proceedings*; U.S. Title 13 (i.e., mail fraud statutes)*; Leads Enforcement Data System (i.e., LEADS) Administrative Rules*. Skill in operation of computer terminal &/or personal computer; word processor*; typewriter*; copier*. Ability to define problems, collect data, establish facts & draw valid conclusions; prepare accurate & concise investigation reports; gather data & prepare necessary documentation for

administrative hearings &/or referral of cases to various county prosecutors or state/federal authorities; handle routine & sensitive inquiries from & contacts with legal & law enforcement personnel, general public, insurance company representatives & local, state &/or federal government employees.

(*) DEVELOPED AFTER EMPLOYMENT.

MINIMUM QUALIFICATIONS FOR EMPLOYMENT:

Completion of undergraduate core program in business, insurance or criminal justice; 2 yrs. exp. in insurance of insurance related entity (e.g., sales; marketing; claims adjuster; investigations); 9 mos. exp. or 9 mos. trg. in operation of computer terminal &/or personal computer.

-Or 4 yrs. exp. in insurance field or insurance related entity (e.g., sales; marketing; claims adjuster; investigations); 9 mos. exp. or 9 mos. trg. in operation of computer terminal &/or personal computer.

-Or 4 yrs. exp. in law enforcement which included 3 yrs. exp. in conducting investigations; 9 mos. exp. or 9 mos. trg. in operation of computer terminal &/or personal computer.

-Or 24 mos. exp. as Insurance Investigation Officer 2, 26271, with experience corresponding to type of complaints & alleged violations appearing in job posting/approved job description.

-OR EQUIVALENT OF MINIMUM QUALIFICATIONS FOR EMPLOYMENT NOTED ABOVE.

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

Not applicable.

UNUSUAL WORKING CONDITIONS:

May require travel; may be exposed to hostile or violent persons.

CLASS TITLE: Insurance Investigation Officer 3	CLASS NUMBER: 26273	BARGAINING UNIT: 07
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EFFECTIVE DATE:
12/03/2001

JOB DUTIES IN ORDER OF IMPORTANCE: (THESE DUTIES ARE ILLUSTRATIVE ONLY. INCUMBENTS MAY PERFORM SOME OR ALL OF THE DUTIES OR OTHER JOB-RELATED DUTIES AS ASSIGNED).

Serves as lead worker (i.e., provides work direction & training, provides assistance with more complex cases & monitors & reviews case loads to ensure appropriate case completion) over lower-level insurance investigation officers, independently receives, analyzes & responds to most complex allegations of insurance agent/company misconduct &/or insurance law violations or consumer/provider misconduct & conducts confidential investigations to ensure compliance with applicable Revised Codes (e.g., Title 29 &/or Title 39), receives allegations through correspondence, by telephone, fax or public 'walk-ins', travels statewide to conduct investigations & obtain documentation & evidence, confers with other state & federal agencies (i.e., county wide & abroad) regarding regulatory issues &/or violations of criminal codes, works closely with various divisions & investigators within agency to determine insurance agent/company misconduct or consumer misconduct, confers with division chief, agency legal counsel & Attorney General's office regarding interpretation of laws, rules or bulletins, consults with division chief & legal division concerning complex, high profile & problematic cases, notifies division chief of imposition of penalties for violations of insurance laws, contacts &/or conducts interviews with all entities (e.g., complainants, suspects, insurance company representatives, law enforcement officers, policy holders, prosecutors, physicians or attorneys) to gather information, obtains documents (e.g., sworn written & recorded statements, financial records, stop loss insurance contracts, contracts on insurance, employment contracts, account current statements, agent commission statements, premium finance agreements, company policy manuals &/or marketing materials) & other evidence from insurance companies & agents, orders, reviews & analyzes computerized criminal histories from Law Enforcement Automated Data System (i.e., LEADS) operator, contacts local, state & federal entities (e.g., prosecutors, law enforcement officers, Department of Corrections personnel &/or probation officers) to obtain background on criminal violations of investigation subjects, initiates issuance of subpoenas, organizes & stores evidence in case file & operates personal computer to prepare investigative reports & correspondence for appropriate administrative &/or criminal prosecution.

Assists &/or conducts joint investigations with local, state & federal law enforcement agencies (e.g., State Highway Patrol; Federal Bureau of Investigation; Internal Revenue Service; Postal Inspector; Secret Service; National Insurance Crime Bureau; Bureau of Criminal Investigation); refers cases for further investigation or criminal prosecution to local, state &/or federal law enforcement agencies; assists in preparation of &/or other judicial proceedings (e.g., municipal court; common pleas; federal court hearings); writes correspondence; utilizes computer database to access, retrieve &/or input information regarding cases.

Advises insurance companies, insurance agents, general public, lower-level insurance investigation officers & other entities in policies & procedures, laws, rules & bulletins; assists chief & legal division in development of & in recommending proposed legislation, rules, bulletins & office policy & procedures; represents division at meetings & conferences; participates in industry functions (e.g., presents speeches); attends training; reviews trade publications to enhance present knowledge &/or to learn of new developments in insurance law & practices & criminal law procedures.

MAJOR WORKER CHARACTERISTICS:

Knowledge of state insurance laws & administrative codes regulating all types of insurance coverage; divisional policy & procedure operating manual*; applicable Ohio Revised Codes (e.g., Title 29, Title 39)*; investigative principles/techniques; interviewing; public relations; employee training & development*; adjudicative &/or criminal legal proceedings*; U.S. Title 13 (i.e., mail fraud statutes)*;

Leads Enforcement Automated Data System (i.e., LEADS) Administrative Rules*. Skill in operation of computer terminal &/or personal computer; word processor*; typewriter*; copier*. Ability to define problems, collect data, establish facts & draw valid conclusions; prepare accurate & concise investigation reports; gather data & prepare necessary documentation for administrative hearings &/or referral of cases to various county prosecutors or state/federal authorities; handle routine & sensitive inquiries from & contacts with legal & law enforcement personnel, general public, insurance company representatives & local, state &/or federal government employees.

(*) DEVELOPED AFTER EMPLOYMENT.

MINIMUM QUALIFICATIONS FOR EMPLOYMENT:

Completion of undergraduate core program in business, insurance or criminal justice; 4 yrs. exp. in insurance or insurance related entity (e.g., sales, marketing; claims adjuster; investigations); 12 mos. exp. or 12 mos. trg. in operation of computer terminal &/or personal computer.

-Or 6 yrs. exp. in insurance field or insurance related entity (e.g., sales; marketing; claims adjuster; investigations); 12 mos. exp. or 12 mos. trg. in operation of computer terminal &/or personal computer.

-Or 6 yrs. exp. in law enforcement which included 4 yrs. exp. in conducting investigations; 12 mos. exp. or 12 mos. trg. in operation of computer terminal &/or personal computer.

-Or 24 mos. exp. as Insurance Investigation Officer 2, 26272, with experience corresponding to type of complaints & alleged violations appearing in job posting/approved job description.

-OR EQUIVALENT OF MINIMUM QUALIFICATIONS FOR EMPLOYMENT NOTED ABOVE.

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

Not applicable.

UNUSUAL WORKING CONDITIONS:

May require travel; may be exposed to hostile or violent persons.

<u>CLASS TITLE:</u> Insurance Investigation Supervisor	<u>CLASS NUMBER:</u> 26275	<u>BARGAINING UNIT:</u> EX
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EFFECTIVE DATE:
05-05-2002

JOB DUTIES IN ORDER OF IMPORTANCE: (THESE DUTIES ARE ILLUSTRATIVE ONLY. INCUMBENTS MAY PERFORM SOME OR ALL OF THE DUTIES OR OTHER JOB-RELATED DUTIES AS ASSIGNED).

Plans, directs & manage insurance investigative functions in assigned division & supervises insurance investigation officers and assigned staff, completes performance evaluations, provides training for staff, interviews & selects staff in conjunction with assistant director & insurance investigation administrator, establishes goals & objectives, oversees activities of one or more assigned teams of investigators &/or staff, reviews & assigns complaints about consumer & provider fraud, insurance agent fraud of misconduct & activities of other licensees or persons who appear to be engaged in business of insurance, directs insurance investigators on investigative strategy, methods & resources, reviews & analyzes results of investigations, consults with administrator, attorneys & prosecutors on questions of evidence, investigation strategy & procedure & violations of law.

Assists in investigations of alleged illegal activity of consumers, providers, insurance agents & agencies & other licensees or persons who purport to be engaged in business of insurance; investigates sensitive or complex cases; testifies at administrative or court hearings; assists law enforcement personnel in executing search warrants & other legal documents or processes; assists in development of policies & procedures governing activities in assigned division.

Participates in task forces & committees relating to insurance fraud or violations of insurance laws; operates personal computer to edit, enter & verify data & to produce records, reports & correspondence.

MAJOR WORKER CHARACTERISITICS:

Knowledge of state insurance laws & administrative codes regulating all types of insurance coverage; investigative principles/techniques to ensure compliance with applicable laws, ethic & professional standards; supervisory principles/techniques*; employee training & development*; adjudicative & criminal legal proceedings; public relations. Skill in operation of personal computer. Ability to review & evaluate investigation reports completed by staff to determine issues requiring additional investigation &/or to be stated for administrative revocation or suspension proceeding or criminal prosecution; gather data & prepare necessary documentation for administrative hearings & referral or cases to various county prosecutors or state/federal authorities; handle routine & sensitive inquiries from & contacts with legal law enforcement personnel, public, insurance officials & segments of insurance industry.

(*) DEVELOPED AFTER EMPLOYMENT.

MINIMUM QUALIFICATIONS FOR EMPLOYMENT:

Completion of undergraduate core program in business, insurance, criminal justice, computer science or liberal arts; 5 yrs. exp. in insurance (e.g., sales; marketing; claims adjuster; investigations; compliance; regulatory); 12 mos. exp. or 12 mos. trg. in operation of computer terminal &/or personal computer.

-Or 7 yrs. exp. in insurance (e.g., sales; marketing; claims; investigations; compliance; regulatory); 12 mos. exp. or 12 mos. trg. in operation of computer terminal &/or personal computer.

-Or 36 mos. exp. as Insurance Investigation Officer 2, 26272, with experience corresponding to type of complaints & alleged violations appearing in job posting/approved job description; satisfactory completion of 5 insurance designation courses or possession of Certified Fraud Examiner designation or possession of Fraud Claim Law Specialist designation.

-Or 24 mos. exp. as Insurance Investigation Officer 3, 26273, with experience corresponding to type of complaints & alleged violations appearing in job posting/approved job description; satisfactory completion of 5 insurance designation courses or possession of Certified Fraud Examiner designation or possession of Fraud Claim Law Specialist designation.

-Or 6 yrs. exp. in law enforcement that includes 4 yrs. in conducting investigations; 12 mos. exp. or 12 mos. trg. in operation of computer terminal &/or personal computer.

OR EQUIVALENT OF MINIMUM QUALIFICATIONS FOR EMPLOYMENT NOTED ABOVE.

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

Not applicable.

UNUSUAL WORKING CONDITIONS:

May require travel; must provide own transportation; may be exposed to hostile or violent persons.

<u>CLASS TITLE:</u> Insurance Investigation Administrator	<u>CLASS NUMBER:</u> 26278	<u>BARGAINING UNIT:</u> EX
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EFFECTIVE DATE:

11/25/2001

JOB DUTIES IN ORDER OF IMPORTANCE: (THESE DUTIES ARE ILLUSTRATIVE ONLY. INCUMBENTS MAY PERFORM SOME OR ALL OF THE DUTIES OR OTHER JOB-RELATED DUTIES AS ASSIGNED).

In conjunction with Insurance Warden, plans, directs & administers all insurance investigative functions in assigned divisions (e.g., reviews complaints about consumer & provider insurance fraud or insurance agents, agencies & companies to determine potential violations of Ohio insurance or criminal laws & assigned complaints to insurance investigators, refers cases to legal divisions for administrative action & to law enforcement agencies/prosecutors for prosecution), plans, directs & manages all training for investigative staff, develops & implements policies & procedures for investigative handling & prosecution of complaints, oversees & directs appropriate administrative actions including referral to law enforcement agencies for criminal prosecution, initiates & coordinates conferences with insurance industry entities &/or law enforcement agencies or other interested parties, attends insurance seminars, reviews trade publication & appropriate case studies to keep abreast of new developments in insurance practices & laws, develops & coordinates public relation activities, develops & implements policies & procedures regarding insurance investigation issues, provides verbal/written recommendations regarding policy changes, assists in formulating recommendations for legislative changes, participates in top priority or sensitive investigation & develops, manages division budget & supervises assigned staff.

Oversees development & presentation of cases of alleged criminal fraud to secure prosecution of insurance fraud; review & analyzes evidence resulting from departmental investigations to determine nature of violations of Ohio Laws & regulations; serves as departmental liaison to city, county, or federal prosecutors & city, state & federal law enforcement officials; testifies at administrative or court hearing related to investigations; acts as consultant with &/or gives speeches to law enforcement agencies, courts, industry officials & other regulators & community organizations; conducts staff meetings & performance evaluations.

Administers Insurance Fraud Education Program; coordinates development & design of program curriculum to ensure appropriate content & effective training of insurance investigators, law enforcement personnel, adjusters & insurance industry personnel in detection, investigation & prosecution of criminal insurance fraud cases & recruits & selects speakers & qualified instructors; acts as spokesman for Insurance Warden (e.g., on matters concerning insurance fraud & regulatory investigations).

Serves as liaison to & represents department on Ohio Insurance Fraud Task Force & advises Task Force & department on appropriateness of policy changes; recommends changes to Ohio Revised Code & insurance regulations which would facilitate criminal prosecution of criminal insurance fraud &/or administrative enforcement of the insurance laws & regulations; accompanies law enforcement personnel during arrests or when serving legal documents; operates computer terminal to input data & retrieve information ; attends meetings on behalf of assistant director.

MAJOR WORKER CHARACTERISTICS:

Knowledge of state insurance laws & administrative codes regulating all types of insurance coverage; investigative principles/techniques & guidelines to ensure compliance with applicable laws, ethic & professional standards; managerial principles/techniques; supervisory principles/techniques; employee training & development; adjudicative & criminal legal proceedings; public relations. Skill in operation of personal computer. Ability to review & evaluate investigation reports completed by staff to determine nature of violations of Ohio Revised Code; gather data & prepare necessary documentation for

administrative hearings & referral of cases to various county prosecutors or state/federal authorities; handle routine & sensitive inquiries from & contacts with legal & law enforcement personnel, public, insurance officials & segments of insurance industry.

(*) DEVELOPED AFTER EMPLOYMENT.

MINIMUM QUALIFICATIONS FOR EMPLOYMENT:

Completion of undergraduate core program in business, insurance, criminal justice, computer science or liberal arts; 8 yrs. exp. in insurance or insurance related entity (e.g., sales; marketing, claims adjuster; investigations; compliance; regulatory) to include 36 mos. exp. in managerial &/or supervisory principles & techniques; 12 mos. exp. in operation of personal computer.

-Or 12 mos. exp. as Insurance Investigation Supervisor, 26275 with experience corresponding to type of complaints & alleged violations appearing in job posting/approved position description.

-Or 6 yrs. trg. or 6 yrs. exp. as investigator where experience does not correspond with cases/complaints/allegations to be assigned; 24 mos. trg. or 24 mos. exp. in supervisory principles/techniques to include 12 mos. exp. in administration or criminal justice programs.

-Or 6 yrs. trg. or 6 yrs. exp. in insurance (e.g., sales; marketing; claims; investigations; compliance; regulatory) working with contracts, consumer complaints & compliance to include 24 mos. exp. in managerial &/or supervisory principles/techniques.

-Or 8 yrs. exp. in law enforcement that includes 6 yrs. in conducting investigations; 12 mos. exp. or 12 mos. trg. in operation of computer terminal &/or personal computer.

OR EQUIVALENT OF MINIMUM QUALIFICATIONS FOR EMPLOYMENT NOTED ABOVE.

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

Not applicable.

UNUSUAL WORKING CONDITIONS:

May require in & out of state travel; must provide own transportation; may be exposed to hostile or violent persons.