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.
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<th>JOB TITLE</th>
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<th>PAY GRADE</th>
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<tbody>
<tr>
<td>Insurance Investigation Officer 3</td>
<td>26273</td>
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<td>12/03/2001</td>
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**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 & insurance law violations or consumer/provider misconduct & conduct confidential investigations to ensure compliance with applicable Revised Codes.

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<tr>
<td>Insurance Investigation Supervisor</td>
<td>26275</td>
<td>14</td>
<td>05/02/2002</td>
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**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).

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<tr>
<td>Insurance Investigation Administrator</td>
<td>26278</td>
<td>16</td>
<td>11/05/2001</td>
</tr>
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**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).
Insurance Investigation Officer 1

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 & contact with legal & law enforcement personnel, general public, insurance company representatives & local, state &/or federal government employees.

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.

MINIMUM CLASS 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 Class 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.
JOB TITLE: Insurance Investigation Officer 2
JOB CODE: 26272
B. U.: 07
EFFECTIVE: 03/10/2013
PAY GRADE: 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.)

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 & 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 law 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 CHARACTERISTICS
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 & federal government employees.

(*)Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT
Completion of undergraduate core program in business, insurance or criminal justice; 2 yrs. exp. in insurance 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 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 Class 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.
JOB TITLE
Insurance Investigation Officer 3

JOB CODE
26273

B. U.
07

EFFECTIVE
12/03/2001

PAY GRADE
33

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.)

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 CLASS 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 Class 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.
**JOB TITLE**
Insurance Investigation Supervisor

**JOB CODE**
26275

**B. U.**
EX

**EFFECTIVE**
05/05/2002

**PAY GRADE**
14

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**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 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.

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**MAJOR WORKER CHARACTERISTICS**

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.

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**MINIMUM CLASS 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 Class 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.
JOB TITLE
Insurance Investigation Administrator

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.)

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 CLASS 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 Class 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.