



## **CLAIMS TECHNICIAN SENIOR: RISK MANAGEMENT**

**GENERAL PURPOSE:** Performs a variety of technical and administrative functions involving the processing of insurance claims for the City's Risk Management Division; receives and processes payments for various types of insurance claims; provides clerical support to the Risk Manager and/or other departmental personnel; and performs other related duties as assigned.

### **PRIMARY DUTIES AND RESPONSIBILITIES:**

*The following duties **ARE NOT** intended to serve as a comprehensive list of all duties performed by all employees in this classification, only a representative summary of the primary duties and responsibilities. Incumbent(s) may not be required to perform all duties listed and may be required to perform additional, position-specific duties.*

- Processes workers' compensation, automobile, property, and general liability claims.
- Responds to claims inquiries and provides information regarding claim numbers, the status of payments, and/or other claims related matters.
- Conduct claims investigation through site visits, interviews, research, and coordination's.
- Receives and processes various types of payments relating to insurance claims.
- Identifies and processes workers' compensation claims for audit purposes.
- Creates, updates, and maintains claims records.
- Processes and issues general liability insurance for special events occurring on City property.
- Provides administrative support to the Risk Manager and staff.
- Enters payroll data into the departmental computer system, tracks employee attendance.
- Present research data, training classes, briefings.
- Hours: Monday through Friday, 8:00 am to 5:00 pm.
- Regular and timely attendance is required and adherence to prescribed work schedule to conduct job responsibilities.

### **MINIMUM QUALIFICATIONS:**

#### **Education and Experience:**

- Associates Degree and two years claims processing experience; or an equivalent combination of education and experience. Bachelor's Degree preferred.
- Selected applicants will be required to perform a Basic Employee Skills Test (BEST).

#### **Licenses or Certifications:**

- Must possess a valid driver license with a good driving record.
- Applicants with an out-of-state driver license must provide an original certified driving record from the state of driving licensure.
- Texas All-Lines Adjuster License preferred.
- Appointment/Commission as a Texas Notary Public is preferred.

**Required Knowledge of:**

- Risk Management operations, policies, and procedures.
- Workers' compensation and claims processing principles.
- Regulations governing the processing of insurance claims.
- Claims records, reports, and documentation.
- Records management principles and standards.
- General office equipment and standard computer software applications.

**Required Skill in:**

- Coordinating and performing a variety of technical and clerical claims processing functions.
- Processing insurance claims and receiving/processing claims payments.
- Effective communication with professional organizations, general public and staff, via email, phone, fax, and in person.
- Performing accurate data entry and creating, updating, and maintaining claims records.
- Establishing and maintaining cooperative working relationships with other staff, City departments, insurance companies, medical providers, claimants, and the general public.

**Physical Demands / Work Environment:**

- Work is performed in a standard office environment.
- Subject to sitting for extended periods of time, standing, walking, bending, reaching, crouching, kneeling, climbing ladders, and lifting of objects up to 25 pounds.