



Position Descriptions

Leadership Positions

101 National/Division President/CEO

Serves as top executive for all Client Services operations, accountable under the direction of the organization's Board of Directors or from a Parent Company executive, for the management, and control of the affairs and property of the Client Services division or Company. Assists and advises in the development of policies and objectives, and assures effectuation of policies throughout the company. Reviews and approves company plans and objectives and provides general coordination. Directs overall operations and activities in order to ensure the achievement of current and long-range goals and objectives.

Position Requirements:

Bachelor's degree or equivalent and 15 or more years related experience.

105 Top Specialty Lines Business Executive / President

Serves as top executive for all Specialty Lines activities and businesses through direct accountability and authority to manage all related business development, underwriting, claim operations, and risk services. Leads operations through research, business planning and development and implementation of ongoing business strategies. Is responsible for multiple specialty lines of business, each of which is headed by subordinate executives. This position is typically a single incumbent position responsible for groupings of specialty lines of business that are similar in nature, having a low volume/high risk profile, and reflecting very complex underwriting requirements.

Position Requirements:

degree or equivalent and 12 or more years related experience.

Bachelor's



Position Descriptions

(continued)

110 | Top Specialty Lines Operations Executive

Plans and directs activities that support the operations of all specialty lines of business, including policy processing and issuance, claims intake, statistical processing, data administration, imaging, records retention management, etc. Develops and implements strategies for operations processes and functions. Establishes productivity and operations cost standards and measurements, service level agreements and operational objectives. Selects and develops subordinate managers to meet expected levels of performance.

Position Requirements:

Bachelor's degree or equivalent and 10 or more years related experience.

115 | Specialty Lines Operations Senior Manager / Director

Directs one or more staff operations functions within specialty lines-of-business, including policy processing, policy issuance, claims intake, statistical processing, data administration, imaging, records retention management, etc. Develops policies, procedures and standards for assigned support services. Facilitates process improvement projects to increase the cost effectiveness of services provided. Serves as a liaison to internal or external customers.

Position Requirements:

This is or may be a multiple incumbent position requiring a Bachelor's Degree or equivalent and 8 or more years related experience.



Position Descriptions

(continued)

Underwriting Positions

200 | Top Line of Business(es) Underwriting Executive

Functions as the senior officer responsible for overall strategic direction and general management to drive underwriting excellence for multiple specialty product lines or segments, in accordance with the company's strategic plans. Typically has a significant role in overall corporate strategy and policy formulation. Leads, directs and has full management accountability for staff in area(s) of responsibility. Partners with Top Specialty Lines Business Executive to develop strategic and operational plans that have substantial impact on the short-term success of multiple product lines or segments and significant impact on the long-term success of the company. Maintains a strong presence with home office, field employees and customers to assess risk tolerance, market appetite and emerging issues. Monitors underwriting performance based on financial analysis. Includes rate, reserve adequacy, operational planning and product reviews.

Position Requirements:

Bachelor's degree or equivalent and 12 years or more related experience.



Position Descriptions

(continued)

205 | 2nd Level Underwriting Officer

Functions as 2nd level underwriting officer position responsible for providing overall underwriting excellence through management and tactical direction for a single product line or segment, in accordance with the company's strategic plan. Directs the development of the implementation strategy and operational objectives for a product line(s) or segment. Leads, directs and has full management accountability for staff in area of responsibility. Drives implementation of strategic and operational objectives with significant impact on the short-term success of a product line(s) or segment and moderate impact on the long-term success of the company. Develops and maintains underwriting guidelines and best practices to ensure the integrity of the product line(s) or segment. Ensures the operational efficiencies for a product line or segment through assessment of risk tolerance, market appetite and emerging risk issues. Evaluates and provides overall direction for underwriting authority delegation, audit criteria and catastrophe management for a product line(s) or segment.

Position Requirements:

Bachelor's degree or equivalent and 10 or more years related experience.

210 | 3rd Level Underwriting Officer

Functions as the 3rd level Underwriting Officer responsible for providing overall underwriting excellence through management of a product line or segment. Acts as bench strength within a single, large line of business or multiple, small lines of business of moderate complexity. Manages the achievement of profitability, growth and/or operational efficiencies for a product line or segment through assessment of risk tolerance, market appetite and emerging risk issues. Evaluates underwriting performance based on financial analysis. Includes rate, reserve adequacy, operational, planning and product reviews.

Position Requirements:

Bachelor's degree or equivalent and 8 to 10 years or more related experience.



Position Descriptions

(continued)

215 Underwriting Senior Manager / Director

Leads and directs an underwriting group and is accountable for business results through overall management, profitability, and business development of a book of business. In conjunction with senior management, works within the highest limits of authority. Reviews and directs the application of underwriting policy and pricing for all risks within an assigned book of business. Has regional, industry segment or company-wide scope of responsibility. Coaches, leads and develops underwriters and directs the development of underwriting training.

Position Requirements:

This is or may be a multiple incumbent position requiring a Bachelor's Degree or equivalent and 8 or more years related experience.

220 Underwriting Consultant

Individual contributor responsible for managing all components of business development, growth and profitability for book of business in assigned territory/channel and/or region. Primarily focused on new business production and large account management. Viewed as a senior resource and may act as technical expert for a particular line of business. Provides underwriting, technical support, and service to assigned producers and insured's, and within highest production underwriter authority levels underwrites risk regarding selection and rejection of new and some renewal business. May act as a coach or mentor to junior members of the department.

Position Requirements:

Bachelor's degree or equivalent experience, with 7 to 10 years of progressively more complex underwriting experience.



Position Descriptions

(continued)

225 Underwriter with Marketing - Master Level

Individual contributor responsible for the overall management, business development, analysis and monitoring of a book of business of the highest complexity. Recognized as the most senior level, technical expert in an underwriting specialty. In conjunction with senior level management, works within the broadest limits of authority requiring the highest degree of technical complexity and coordination.

Determines appropriate pricing of the most complex risks for assigned book of business based on financial and competitive analysis.

Analyzes quality and quantity of the most complex risks underwritten. Has national or company-wide scope of responsibility in specialty area. May market products and services through agencies or through the brokerage community.

Position Requirements:

Normally a multiple incumbent position and requires a Bachelor's Degree or equivalent and 8 to 10 years related experience.

230 Underwriter with Marketing - Specialist Level

Works under limited direction and within broad limits and authority on highly complex underwriting assignments requiring specialized knowledge of significant breadth and/or depth in specialty area(s) of expertise. Markets companies' products and services through the agency / brokerage community.

Position Requirements:

Bachelor's degree or equivalent and 6 to 8 or more years directly related insurance underwriting experience.



Position Descriptions

(continued)

245 Senior Underwriter

Works under technical direction and within assigned limits and authority on assignments of higher technical complexity. Displays demonstrated technical underwriting knowledge in product areas and industry. May assist in marketing companies' products and services through or within the agency / brokerage community.

Position Requirements:

Bachelor's degree or equivalent and 4 to 6 years directly related insurance experience.

250 Underwriter

Works under technical direction and within assigned limits and authority on assignments of higher technical complexity. Displays demonstrated technical underwriting knowledge in product areas and industry. May assist in marketing companies' products and services through or within the agency / brokerage community.

Position Requirements:

Bachelor's degree or equivalent and 2 to 3 years directly related insurance experience.



Position Descriptions

(continued)

Claims Positions

300 Top Claims Executive

Oversees the claims activities, area, and staff for the organization and ensures the proper evaluation of costs, efficiencies, and systems. Ensures proper servicing and settlement of all claims and makes determinations regarding large claims, deciding on settlements, when appropriate. Leads, directs and has full management accountability for staff in all Claims areas of responsibility. This position is generally the single most senior individual within the claims organization.

Position Requirements:

Bachelor's degree or equivalent and 12 or more years related experience.

305 Top Specialty Lines Claim Executive

Functions as top officer responsible for overall strategic direction and general management of specialty lines of business. Typically has a significant role in overall corporate strategy/policy formulation and execution, develops strategic and operational plans that have a substantial impact on the short-term success of claim losses and significant impact on the long-term success of the company. Leads, directs and has full management accountability for staff in area of responsibility. Creates and maintains strategic clarity and links rewards to achievement of strategic goals.

Position Requirements:

Bachelor's degree or equivalent and 12 or more years related experience.



Position Descriptions

(continued)

310 Claims Executive TPA Zone

Provides leadership and direction over the zone claim functions. Directly responsible for overseeing the handling of the largest and/or most complex claims. Approves personnel activities concerning hiring, training/development, and evaluation of staff performance. Sets and adjusts claim reserves within authority. Conducts case reviews and evaluates claims staff performance by continuous review of claims statistics, open and closed file evaluations, re-inspection, and observation of activities in the field and office. Participates in key planning and strategic decision making process. Develops and controls budget within the zone.

Position Requirements:

Bachelor's degree or equivalent and a minimum of 12 years related experience required.

312 Claims Executive TPA Area

Leads and directs the area claim functions. Oversees the handling of the largest and/or most complex claims. Approves personnel activities concerning hiring, training/development, and evaluation of staff performance. Sets and adjusts claim reserves within authority. Conducts case reviews and evaluates claims staff performance by continuous review of claims statistics, open and closed file evaluations, re-inspection, and observation of activities in the field and office.

Position Requirements:

Bachelor's degree or equivalent and a minimum of 12 years related experience required.



Position Descriptions

(continued)

314 Claims Executive TPA Niche

Leads and directs the claim functions of a niche/specialty area within Field Operations. Oversees the handling of the largest and/or most complex claims. Approves personnel activities concerning hiring, training/development, and evaluation of staff performance. Sets and adjusts claim reserves within authority. Conducts case reviews and evaluates claims staff performance by continuous review of claims statistics, open and closed file evaluations, re-inspection, and observation of activities in the field and office.

Position Requirements:

Bachelor's degree or equivalent and a minimum of 12 years related experience required.

320 Claims Senior Manager / Director

Leads and directs a claims group and is accountable for business results through cost effective and timely resolution of claims within a specialty area. In conjunction with senior management, works within the highest limits of authority. Has regional, industry segment or company-wide scope of responsibility. Participates with senior management in the development and implementation of claims policy and business strategy. Reviews and directs the application of claims policies, guidelines, insurance laws and regulations by subordinate staff.

Position Requirements:

This is or may be a multiple incumbent position and requires a Bachelor's Degree or equivalent and 8 or more years related experience.



Position Descriptions

(continued)

325 | Claims Manager / Claims Manager Region

Working under minimal oversight, leads their own branch, while also supervising one or more branch managers in performance of all claim handling related functions. Fully responsible for technical proficiency of the branch work product for all assigned branches. Uses various metric driven tools to evaluate performance and identify problem areas in advance of them becoming service issues. Directly and actively engages with clients, Account Management, sales and other parties to continually refine the branches understanding of client requirements. Communicates with clients, carriers and brokers in a professional, positive and proactive manner.

Position Requirements:

High school diploma or equivalent and 15 years related claim experience required, Bachelor's degree with related experience preferred. Appropriately licensed and/or certified in all states in which claims are being handled.

330 | Claims Manager / Claims Manager Branch

Working under moderate oversight, leads a branch in performance of all claim handling related functions. Leads compliance and best practice reporting. Fully responsible for technical proficiency of the branch work product, to include compliance with client service instructions and performance warranties. Uses various metric driven tools to evaluate performance and identify problem areas in advance of them becoming service issues. Defines branch goals and communicate them throughout the branch. Directly and actively engages with clients, Account Management, sales and other parties to continually refine the branches understanding of client requirements. Communicates with clients, carriers and brokers in a professional, positive and proactive manner.

Position Requirements:

High school diploma or equivalent and 15 years related claim experience required, Bachelor's degree with related experience preferred. Appropriately licensed and/or certified in all states in which claims are being handled.



Position Descriptions

(continued)

335 Claims Supervisor

Under moderate management, supervises a team of claims adjusters. Actively drives adjuster hiring and leads adjuster training. Actively manages assigned adjuster workloads and performance. Uses various metric driven tools to evaluate performance and identify problem areas in advance of them becoming service issues. Reviews findings with manager to jointly develop a plan for corrective action. Defines team goals and communicates those goals to assigned staff. Ensures receipt and maintenance of appropriate licenses and/or certifications for themselves and all assigned staff for all states in which states are being handled. Communicates with clients, carriers and agency / brokers in a professional, positive and proactive manner.

Position Requirements:

High school diploma or equivalent and 10 years related claim experience required, Bachelor's degree with related experience preferred. Appropriately licensed and/or certified in all states in which claims are being handled.

337 Claims Team Lead

Supervises / Leads a team of adjusters plus some number of other supervisors based on individual branch needs. With minimal supervision, actively drives adjuster hiring and training. Actively manages assigned adjusters workloads and performance, as well as that for assigned supervisors. Uses various metric driven tools to evaluate performance and identify problem areas in advance of them becoming service issues. Defines and communicates team goals. Ensures receipt and maintenance of appropriate licenses and/or certifications for themselves and all assigned staff for all states in which states are being handled. Communicates with clients, carriers and agency / brokers in a professional, positive and proactive manner.

Position Requirements:

High school diploma or equivalent and 12 years related claim experience required, Bachelor's degree with related experience preferred. Appropriately licensed and/or certified in all states in which claims are being handled.



Position Descriptions

(continued)

340 | Claims Practice Specialist Lead

Analyzes coverage and settles the most complex and challenging claims in one or more of Company's specialty claims areas. Able to manage the full-life cycle of all assigned claims files. Analyzes coverage and determines defense obligations. Independently conducts thorough analysis and investigations necessary to determine claims exposure and recommend appropriate settlement strategies and action plans. Creates reservation of rights and coverage denial letters. Negotiates settlements with clients, client attorneys, and Public Adjusters. Interacts extensively with various parties involved in the claims process, and may recommend retaining the advice of outside experts as necessary. Prepares reserve and settlement authority requests for client and carrier approval. May act as a client advocate to ensure proper claims handling, including any necessary scoping, estimating, and addressing of coverage. Handles claims consistent with corporate policies, procedures and "best practices" and also in accordance with any statutory, regulatory and ethical requirements. Provides guidance and/or supervision to lower level adjusters. Incumbents at this level should be able to work at full case load capacity.

Position Requirements:

High school diploma, or equivalent and 7 years related experience working within the applicable specialty claims area. Demonstrated ability to handle unique/challenging claims issues at a senior adjuster level. Appropriately licensed and/or certified in all states in which claims are being handled.



Position Descriptions

(continued)

345 Claims Practice Specialist Senior

Analyzes coverage and settles moderately complex claims in one or more of Company's specialty claims areas. Able to manage the full-life cycle of all assigned claims files. Analyzes coverage and determines defense obligations. Under minimal supervision, conducts thorough analysis and investigations necessary to determine claims exposure and recommend appropriate settlement strategies and action plans. Creates reservation of rights and coverage denial letters. Negotiates settlements with clients, client attorneys, and Public Adjusters. Interacts extensively with various parties involved in the claims process, and may recommend retaining the advice of outside experts as necessary. Prepares reserve and settlement authority requests for client and carrier approval. May act as a client advocate to ensure proper claims handling, including any necessary scoping, estimating, and addressing of coverage. Handles claims consistent with corporate policies, procedures and "best practices" and also in accordance with any statutory, regulatory and ethical requirements. Incumbents at this level should be able to work at full case load capacity.

Position Requirements:

High school diploma, or equivalent and 5 years related claims experience required. Appropriately licensed and/or certified in all states in which claims are being handled.



Position Descriptions

(continued)

347 Claims Adjuster Lead

Investigates, evaluates, disposes and settles claims at the highest level of liability limits and highest exposures with minimal supervision. Incumbents hold a predetermined authority level in claims reserve and settlement authority in either liability and/or workers compensation. Includes the investigation, determination and evaluation of coverage, liability and damages, and the setting of proper reserves. Exercises proper judgment and decision making to analyze the claims exposure, to determine the proper course of action and to appropriately settle the claim. Interacts extensively with various parties involved in the claim process. Professionally represent Company in client claims reviews with minimal supervisor support. Processes claims consistent with clients' and corporate policies, procedures and "best practices" and also in accordance with any statutory, regulatory and ethics requirements. Able to recognize and independently pursue excess insurance recoveries.

Position Requirements:

High school diploma or equivalent and 7 years related claims experience required, Bachelor's degree with related experience preferred. Appropriately licensed and/or certified in all states in which claims are being handled. Computer experience with related claims and business software.



Position Descriptions

(continued)

349 Claims Adjuster Senior

Investigates, evaluates, disposes and settles the most complex claims and highest exposures with minimal supervision. Includes the investigation, determination and evaluation of coverage, liability and damages, and the setting of proper reserves. Incumbents hold a predetermined authority level in claims reserve and settlement authority in either liability and/or workers compensation. Exercises proper judgment and decision making to analyze the claims exposure, to determine the proper course of action and to appropriately settle the claim. Processes claims consistent with clients' and corporate policies, procedures and "best practices" and also in accordance with any statutory, regulatory and ethics requirements. Able to recognize and pursue excess insurance recoveries. Incumbents will have the ability to handle a full case load, with proven ability to handle cases of increased severity.

Position Requirements:

High school diploma or equivalent and 5 years related claims experience required. Appropriately licensed and/or certified in all states in which claims are being handled.



Position Descriptions

(continued)

352 | Claims Adjuster

Investigates, evaluates, disposes and settles less complex claims with moderate supervision and includes the investigation, determination and evaluation of coverage, liability and damages and the setting of proper reserves. Incumbents hold a predetermined authority level in claims reserve and settlement authority in either liability and/or workers compensation. Exercises proper judgment and decision making to analyze the claims exposure to determine the proper course of action and to appropriately settle the claim. Interacts extensively with various parties involved in the claim process. Handles claims consistent with clients' and corporate policies, procedures and "best practices" in accordance with any statutory, regulatory and ethics requirements. Documents and communicates all claim activity timely and effectively and in a manner which supports the outcome of the claim file. Incumbents at this level should be able to work at full case load capacity.

Position Requirements:

High school diploma or equivalent and 3 years related claims experience required, Bachelor's degree with related experience preferred. Appropriately licensed and/or certified in all states in which claims are being handled.



Position Descriptions

(continued)

354 Claims Representative Associate

Investigates, evaluates, disposes and settles less complex claims under close supervision and includes the investigation, determination and evaluation of coverage, liability and damages and the setting of proper reserves. Incumbent has completed introductory training in claims adjusting methodologies, has obtained all initially required licenses, and is at full case load capacity. Employee is working to establish and build claims reserve and settlement authority levels, while continuing to grow their understanding of claims management processes. Interfaces with, and obtains information from, claimants, clients, vendors and other resources. Conducts limited investigations, appropriately documents information, evaluates losses and exposures and recommends appropriate settlements to conclude claims. Analyzes and evaluates various coverage, liability, exposure and damage issues. Maintains effective and ongoing communication with various internal and external contacts.

Position Requirements:

High school diploma or equivalent and a minimum 1 year of related claims experience required. Appropriately licensed and/or certified in all states in which claims are being handled. Knowledge of accepted industry standards and practices.

356 Claims Representative Trainee

Employee learns investigation, evaluation, processing, disposition and settlement of claims. Interfaces with, and obtains information from, claimants, clients, vendors and other resources. Conducts limited investigations, appropriately documents information, evaluates losses and exposures and recommends appropriate settlements to conclude claims. Analyzes and evaluates various coverage, liability, exposure and damage issues. Maintains effective and ongoing communication with various internal and external contacts.

Position Requirements:

High school diploma or equivalent required. No prior experience required.



Position Descriptions

(continued)

360 Claims Assistant

Under direct supervision, performs basic claim handling functions to include data entry, bill payment, ordering various reports from outside parties, preparing and filing various required forms. Interacts with clients, attorneys and outside vendors for various reasons including but not limited to gathering data and scheduling appointments. Processing medical only claims as assigned, within requirements set by client service instructions and Company's Best Practices. Work activity includes but is not limited to, review, approval and payment of medical bills and bills from other service providers.

Position Requirements:

High school diploma or equivalent and a minimum of 1 year transferrable work experience within an office environment.

365 Claims Operations Supervisor

Working with minimal supervision, leads the support staff in all activities related to branch operations. Supervises, trains and develops all subordinate clerical positions. Manages job performance of assigned staff and utilizes approved corporate policies to deal with behavior and/or performance issues. Prepares performance evaluations and suggests merit increases within corporate guidelines and manager approval. Leads the clerical/administrative support function for a branch office of claim function. Processes data and generates reports as assigned. Handles other clerical work as assigned that may include, answering telephones, filing, document creation, mail processing, scanning, payment processing and related functions. May maintain, office records, calendars, and travel itineraries. Supports office facilities management and training associated with new information technology and business processes.

Position Requirements:

High school diploma or equivalent and a minimum of 4 years of relevant work experience.



Position Descriptions

(continued)

370 Claims Service Representative

Administers lower exposure claims in accordance with all pertinent requirements, policies and procedures. Works with and obtains information from clients, claimants, vendors, field personnel and other internal or external resources. Investigates losses to determine cause, scope and extent of damages and/or liability and possible subrogation. Evaluates claim for purposes of setting reserves and making appropriate payments. Documents all activity to support the outcome of the claim file. Achieves fair, equitable and timely claim disposition that is consistent with our customer and internal expectations. Communicates effectively with claimants, clients and other internal or external contacts.

Position Requirements:

High school diploma or equivalent required. Minimum of 1 year related experience required. Appropriately licensed and/or certified in all states in which claims are being handled.

375 Claims Technical Assistant

Under direct supervision provides clerical and administrative support to field offices. Processes data, generates routine reports and provides direct support to claim representatives. Maintains office records, appointment calendars and travel itineraries. Other duties may include but are not limited to, answering telephones, filing, mail processing, document scanning, letter and other document preparation.

Position Requirements:

High school diploma or equivalent required. At least one year office work experience.



Position Descriptions

(continued)

377 Claims Technical Coordinator

Under general supervision, provides high level clerical support to field claim offices. Duties include but are not limited to, leading and completing projects as assigned by branch manager, supervisors and/or as appropriate. Creates reports, logs and spreadsheets. Coordinates file reviews and audits. Supports lower level clerical staff. Handles other clerical work as assigned that may include, answering telephones, filing, document creation, mail processing, scanning, payment processing and related functions. May maintain, office records, calendars, and travel itineraries. Supports office facilities management and training associated with new information technology and business processes.

Position Requirements:

High school diploma or equivalent and a minimum 3 years of relevant work experience.

380 Claims Investigator Senior

Under broad supervision, investigates and evaluates potentially fraudulent claims to determine if a legitimate claim exists. Conducts moderately to very complex claim investigations to determine the nature of the loss, coverage's provided, and scope of claim. Conducts interviews of relevant persons, and performs field investigations and research where needed. Prepares investigation reports to present findings, and takes appropriate action.

Position Requirements:

Bachelor's degree or equivalent and 5 years related experience.



Position Descriptions

(continued)

382 | Claims Investigator

Under general supervision, investigates and evaluates potentially fraudulent claims to determine if a legitimate claim exists. Conducts moderately complex claim investigations to determine the nature of the loss, coverage's provided, and scope of claim. Conducts interviews of relevant persons, and performs field investigations and research where needed. Prepares investigation reports to present findings, and takes appropriate action.

Position Requirements:

Bachelor's degree or equivalent and 3 years related experience.



Position Descriptions

(continued)

Case Management - Claims Positions

400 Case Management Manager Regional

Manages and coordinates case management operations/processes/activities and finances across several jurisdictions and areas of specialization. Manages internal and external case managers and support staff including hiring, training, program operations, client interventions, and quality oversight. Maintains current and new licensure or certification requirements as mandated by state regulations. Assists in maintenance of national accreditation. Complies with requested reports and audits from state regulatory entities. Communicates current and new case management requirements, client processes, and program changes to all case managers and vendors. Oversees and manages staff and develops, implements, and maintains criteria for the review process. Provides staff cross-training for continued operation efficiency. Communicates effectively with medical providers, peer advisors, adjusting staff, government agencies, customers, staff, and peers. Monitors and/or maintains documentation resource for verbal/written requests, inquiries, and complaints.

Position Requirements:

Bachelor's degree or equivalent and 10 or more years clinical experience. Nursing experience should include experience with orthopedic, trauma, intensive care, or occupational nursing. Possesses current licensure/registration as required.



Position Descriptions

(continued)

402 Case Management Manager

Responsible for the overall operation of case management division- and nation-wide, including supervision, marketing, sales, quality assurance, financials, and human resources issues. Develops case management policies, procedures, and practice guidelines. Develops quality assurance standards for case managers. Analyses the market place to evaluate competition and recommends new products and other services to existing and prospective customers. Oversees referral incentive programs to stimulate referrals obtained by case management staff. Prepares and implements annual budget for case management. Evaluates productivity and profitability and makes needed changes to promote contribution margins consistent with corporate goals. Verifies accuracy of operations reports and makes inferences from financial reports. Determines overall case management staffing needs based on projected business growth. With Human Resources, investigates employee relations issues and determines appropriate corrective action as required. Manages continuing development for staff. Conducts staff performance reviews and implements necessary performance management for direct reports and reviews other staff reviews. Oversees accurate calculation of incentive programs for all field case management staff.

Position Requirements:

Bachelor's degree or equivalent and 8 or more years of experience in case management or related field. Nursing experience should include experience with orthopedic, trauma, intensive care, or occupational nursing. Possesses current licensure/registration as required.



Position Descriptions

(continued)

404 Case Management Manager Supervisor

Coordinates and plans case management operations/processes/activities and finances across several jurisdictions and areas of specialization. Manages internal and external case managers and support staff including training, program operations, client support, and employee coaching. Maintains current and new licensure or certification requirements as mandated by state regulations. Complies with requested reports and audits from state regulatory entities. Communicates current and new case management requirements, client processes, and program changes to all case managers and vendors. Oversees and supports staff and develops, implements, maintains criteria for the review process, manages process and ensures efficiency, timeliness, and accuracy. Communicates effectively with medical providers, peer advisors, adjusting staff, government agencies, customers, staff, and peers. Participates in Nurse Case Management interview process and makes recommendations to hiring manager. Monitors and/or maintains documentation resource for verbal/written requests, inquiries, and complaints. Participates in quality assurance auditing.

Position Requirements:

Associate's degree or equivalent experience and 5 years clinical experience including supervisory or leadership role. Possess current licensure/registration as required. Nursing experience to include experience with orthopedic, trauma, intensive care, or occupational nursing.



Position Descriptions

(continued)

410 Nurse Consultant Senior

Coordinates home care and communicates with employers to determine job requirements of pre-injury occupation and to explore light-duty, modified, or alternate employment as necessary. Evaluates, reviews, and suggests changes where necessary in insured worker's medical treatment program. Analyzes results of treatment and medical status and reviews incoming provider reports. Identifies suitable employment opportunities consistent with individual's medical limitations/capabilities, aptitudes, and interests to restore individual to maximum independence. Generates reports to referral source to communicate case status, findings, and recommendations, generates correspondence to referral source, medical providers, injured worker and other parties involved in the rehabilitation process. Participates in case conferences in person and over the telephone, and participates in internal and external training to enhance and maintain medical proficiency. Documents case management goals, observations, assessments, and plan in case management applications.

Position Requirements:

Degree from an applicable school of training/ nursing and 5 years clinical experience in an acute care setting. Active Registered Nursing license or equivalent within the state of practice or states in which Case Management is performed.



Position Descriptions

(continued)

412 Nurse Consultant

Provides medical management to workers compensation injured employees. Performs case management through telephonic contact with all medical providers, employers, claims professionals and ancillary service providers. Manage medical care in order to return injured employee to preinjury status. Arranges for and coordinates appropriate evaluation, treatment, and counseling. Communicates with physician, injured worker, employer, referral source, and any other resource involved in worker's rehabilitation program. Evaluates home care services and equipment and determines need for home modifications. Communicates with employers to determine job requirements of pre-injury occupation and to explore light-duty, modified, or alternate employment as necessary. Analyzes results of treatment and medical status and reviews incoming provider reports. Identifies suitable employment opportunities consistent with individual's medical limitations/capabilities, aptitudes, and interests to restore individual to maximum independence. Generates reports to referral source to communicate case status, findings, and recommendations, generates correspondence to referral source, medical providers, injured worker and other parties involved in the rehabilitation process. Participates in case conferences over the telephone, and participates in internal and external training to enhance and maintain medical proficiency. Documents case management observations, assessment, and plan in system.

Position Requirements:

Degree from applicable program of training and 3 years clinical experience in an acute care setting. Holds an active Registered Nursing license within the state of practice or states in which Case Management is performed.



Position Descriptions

(continued)

415 Branch Resource Nurse

Responsible to assist the claims professionals with medical aspects of claim management. Nurse will provide clinical input into the medical treatment of injured parties and coordinate referrals to service providers for appropriate medical management (ex: TCM, UM , FCM ,etc.) and provide assistance in the application of ODG guidelines and state treatment guidelines. Provides training sessions for claims professionals and support staff within the branch of assignment. Communicates with vendors to align services and to evaluate treatment options available. Nurse will review documentation to include diagnostic results, progress notes, medication therapy, physical therapy notes, functional capacity exams and IME reports. Works with the claim professional in the creation and interpretation correspondence to and from medical providers and independent medical exam professionals and participates in claim roundtable discussions and carrier or employer audits as requested by the manager.

Position Requirements:

Associate's degree or equivalent from an accredited school of nursing and 3 years clinical experience in an acute care setting. Holds an active Registered Nursing license within the state of practice.

417 Nurse Consultant - Utilization Review

Provides utilization management review of worker's compensation claims. Accesses medical documentation and information provided by medical providers to determine the appropriateness of treatment, setting and length of treatment required. Communicates with medical providers and ancillary service providers to negotiate or approve treatment. Communicates and documents recommendations of treatment to all parties including claims professionals, medical providers, ancillary service providers, employers and employees. Follows national and state guidelines for approval of treatment , medications, etc.

Position Requirements:

Associate's degree or equivalent from an accredited school of nursing and 3 years acute clinical experience or in a similar position. Holds an active Registered Nursing license within the state of practice.



Position Descriptions

(continued)

419 Nurse Consultant - Telephonic Case Management

Provides medical management to workers compensation injured employees. Performs case management through telephonic contact with all medical providers, employers, claims professionals and ancillary service providers. Reviews services of medical and rehabilitation providers and arranges for and coordinates appropriate evaluation, treatment, and counseling. Communicates with physician, injured worker, employer, referral source, and any other resource involved in worker's rehabilitation program. Evaluates home care services and equipment and determines need for home modifications. Communicates with employers to determine job requirements of pre-injury occupation and to explore light-duty, modified, or alternate employment as necessary. Analyzes results of treatment and medical status and reviews incoming provider reports. Generates reports to referral source to communicate case status, findings, and recommendations. Generates correspondence to referral source, medical providers, injured worker and other parties involved in the rehabilitation process.

Position Requirements:

Associate's degree or equivalent from an accredited school of nursing and 3 years acute clinical experience or in a similar position. Holds an active Registered Nursing license within the state of practice.



Position Descriptions

(continued)

Managed Care Positions

500 Managed Care Manager

Primarily responsible for various managed care services which may include claim reporting services and OSHA reporting or Nurse Triage and Clinical services. Responsibilities include directing all internal and external activities related to claim intake and vendor activity, developing and enhancing existing programs, serving as a communications liaison and a direct client contact, oversight of development, coordination, exercising decision making authority on client fees and credits, and presenting of all client training modules and programs, and supervision of assigned managed care staff.

Position Requirements:

Bachelor's degree or equivalent and 6 years related experience in claim reporting or workers compensation/managed care.

505 Managed Care Specialist Senior

Concentrated on building, improving, and maintaining various programs in Managed Care, which may include: Medical Bill Processes (eBill interfaces and bill review), PPO/Specialty/Certified Networks, Pharmacy processes, Case Management processes (UR/TCM/FCM, eInvoice, nurse note, and Electronic Referral), Customer Service/Litigation issues, Vendor Security Policy, and New Vendor/Program Implementation. Responsibilities may include: oversight and management of select vendors, including workflow management; process improvements, financial monitoring, and ongoing daily management related to throughput and customer service escalations; managing complex escalations and associated processes, possibly including formal dispute/litigation management, complex research related to E&O claims, and high-dollar escalations; and project management of operations projects, including business case development, data analytics, resource management, and development of ongoing oversight mechanisms.

Position Requirements:

Bachelors' degree or equivalent and 5 years worker compensation and managed care insurance industry experience.



Position Descriptions

(continued)

507 Managed Care Specialist

Responsible to maintain various programs that may include; oversight of medical bill processes (eBill interfaces and bill review), PPO/Specialty Networks, pharmacy processes, case management processes (UR/TCM/FCM, eInvoice, nurse note, and Electronic Referral), customer service/litigation issues, vendor security and various other programs. Responsible for sustaining continuous communication with the managed care vendor(s) to insure all service program expectations are identified and maintained, managing questions/issues from internal and external users relating to managed care programs (scanning, medical bill review, case management, pharmacy, etc.), managed care processes (eBill, invoicing, auto referral), and/or managed care interfaces, and resolving and troubleshooting service issues through appropriate channels. Responsible for developing and enhancing existing managed care workers compensation programs, directing vendor activity including authorization of fee application and impact to clients funding mechanisms, and participating in client and/or vendor meetings. Exercises decision making authority on client fees and credits of significant value, often directing other departments and vendors to complete these objectives-approves/denies allocation of fines and penalties. Serves as a communications liaison between managed care vendors and servicing branches.

Position Requirements:

Bachelors' degree or equivalent and 3 years worker compensation and managed care insurance industry experience.



Position Descriptions

(continued)

510 Managed Care Coordinator

Responsible for coordinating various programs that may include; oversight of medical bill processes (eBill interfaces and bill review), PPO/Specialty Networks, pharmacy processes, case management processes (UR/TCM/FCM, eInvoice, nurse note, and Electronic Referral), customer service/litigation issues, vendor security and various other programs. Responsible for maintaining continuous communication with the managed care vendor(s) to insure all service program expectations are identified and maintained, managing questions/issues from internal and external users relating to managed care programs (scanning, medical bill review, case management, pharmacy, etc.), managed care processes (eBill, eInvoice, auto referral), and/or MC Interfaces, and resolving and troubleshooting service issues through appropriate channels. Essential duties include developing and enhancing existing managed care workers compensation programs and participating in client and/or vendor meetings. Serves as a communications liaison between managed care vendors and servicing branches.

Position Requirements:

Bachelors' degree or equivalent and up to 1 year's worker compensation and managed care insurance industry experience.

TPA Operations & Client Services Positions

600 Operations & Client Services Leader

Manages TPA service actives and staff to provide the highest standards in related service areas and client relationships. Develops new business takeover procedures. Responds to requests for proposal from potential clients. Maintains and sets performance standards for employees to increase productivity and customer satisfaction. Develops and maintains dependable market relationships in assigned markets to support current and anticipated acquired business. Assures relationships between the sales and service staff are cooperative and productive. Manages assigned staff, establishing individual goals, and evaluating results.

Position Requirements:

Bachelor's degree or equivalent and 10 years related experience.



Position Descriptions

(continued)

605 Operations & Client Services Manager Senior

Manages TPA service actives and staff to provide the highest standards in related service areas and client relationships. Participates in new business opportunity presentations, clients meetings, coordination and drafting responses to business proposals (RFP's). Develops, plans, and organizes cross functional teams to implement customer programs as stated in proposals. Maintains and sets performance standards for employees to increase productivity and customer satisfaction. Manages assigned staff, establishing individual goals, and evaluating results. Responsible for team training and development.

Position Requirements:

Bachelor's degree or equivalent and 8 or more years related experience.

610 Client Services Management Manager Senior

Leads Client Services team leaders and staff, aligned around strategic market segments. Responsible for production on most sophisticated accounts and serves as mentor, support for entire team. Is frequently client-facing and collaborates with account Leadership and Account Management staff to identify when/where to best engage client organizations. Develops overall strategy for team's book of business. Engages clients on recurring basis to ensure satisfaction with service and results against client goals. Captures and shares results with senior team leaders and tracks progress over time (year-to-year). Has robust understanding of how cost of risk impacts clients financial statements and unique attributes which may hinder solutions (e.g., jurisdictional challenges, union workforces, remote locations, etc.) Builds complete understanding of products and services. Creates creative pricing options to ensure best outcomes on behalf of client.

Position Requirements:

Bachelor's degree or equivalent and 7 or more years related experience. Insurance license required.



Position Descriptions

(continued)

615 Client Services Management Manager

Manages a multi-layered team or teams, typically consisting of Account Managers/Account Directors and/or Area Directors. Incumbent may have no or limited personal Account Management book responsibilities, with the exception of production on renewals and/or extension of service offerings. Interacts with all clients under management responsibility, including in-person visits for the largest revenue accounts at least once annually. Ensures consistent Account Manager and managerial level engagement with accounts (calls, in-person visits, etc.). Engages clients on recurring basis to ensure satisfaction with company service and results against client goals, using established guidelines. Captures and shares results with senior team leaders and tracks progress over time (year-to-year).

Position Requirements:

Bachelor's degree or equivalent and 7 years related experience. Insurance license required.

617 Client Services Management Assistant Manager

Manages a team of Account Managers/Account Directors. Retains account responsibilities for own book of business. Interacts with all clients under management responsibility, including in-person visits for the largest revenue accounts at least once annually. Ensures consistent Account Manager and managerial level engagement with accounts (calls, in-person visits, etc.). Engages clients on recurring basis to ensure satisfaction with company service and results against client goals, using established guidelines. Captures and shares results with senior team leaders and tracks progress over time (year-to-year).

Position Requirements:

Bachelor's degree and 3 to 5 years related experience. Insurance license required.



Position Descriptions

(continued)

619 Client Services Manager Senior

Manages a team of Account Managers/Account Directors. May retain Account Management responsibilities for own book of business. Interact with clients under management responsibility, including in-person visits for largest revenue accounts. Engages clients on recurring basis to ensure satisfaction with service levels and results against client goals, using established guidelines. Captures and shares results with senior team leaders and tracks progress over time (year-to-year). Understands cost of risk impacts clients financial statements and attributes which may hinder solutions (e.g., jurisdictional challenges, union workforces, remote locations, etc.), and of industry products and services. Develops recommendations and presents customized solutions for clients to drive value. Assess program performance of direct reports and make recommendations on ways to improve.

Position Requirements:

Bachelor's degree or equivalent and 5 years related experience. Insurance license required.

625 Client Services Manager

Manage from 1 to multiple accounts. Book of accounts may cover multiple industries, and demonstrates expertise in select industry or industries to which book is accountable. Serves as point of contact for clients; highly responsive to client requests, identifies issues/challenges and develops service plans to capture goals and ensure progress. Significant knowledge of product and service capabilities. With some assistance can implement and oversee client specific initiatives, i.e. closure projects, cost reduction projects, performance guarantee compliance. Viewed by client as part of their Risk Management Team. Proactively works with supervisor to plan for and ensure maximum retention rate and enable appropriate trade-offs between pricing levers to reach best outcome (e.g. multi-year deals, LOP, etc.).

Position Requirements:

Bachelor's degree or equivalent and 3 years related experience. Insurance license required.



Position Descriptions

(continued)

627 Client Services Lead

Has overall responsibility for client services/account management activities of multiple business lines. May provide customer service support to the largest and/or most complex clients. Builds strategies relative to packaging and pricing of products to enable successful renewals. Develops and implements the function's policies and procedures and its operating plans. Anticipates and provides solutions to the most complex business, operations, and customer service problems. Manages Client Services Management Manager Senior (Job ###) incumbents. Directly or through Supervisors, leads customer service staff. Has ultimate responsibility for the account management/customer service function of multiple business lines.

Position Requirements:

Bachelor's degree or equivalent and 7 to 8 years related experience. Insurance license required.

630 Client Benefits Administrator Manager

Manages the administration of employee benefit systems to manage benefit programs such as basic and major medical coverage, dental insurance, group life insurance, pension plans, and other benefits. Manages vendor relationships with software/systems providers. Consults with and advises employers on employee eligibility, provisions, and other matters related to managing benefit system platforms that are escalated by administrators. Manages the administration of system tools, loads employer/employee data. Makes decisions regarding eligibility of employee groups. May assist in the preparation of communication regarding system use, employee benefits booklets and other employee benefit communications.

Position Requirements:

Bachelor's degree or equivalent and 5 to 7 years employee benefits related experience.



Position Descriptions

(continued)

635 Client Benefits Service Supervisor

Assigns work and allocates assignments to Client Benefits Service staff. Responds to client requests and inquiries and processes client's employees transactions. Manages input of information into system to support all employee changes and transactions. Responsible for providing first level response to HR Benefits, process, and program questions and issues. Solves problems and issues of higher complexity and provides tracking through ticketing system while escalating most complex problems to subject matter experts. Identifies areas for process improvement. Documents all work flows and processes in work manuals. Processes various applications, employment, enrollment, pay change, informational and other confidential forms and records. Gathers information and prepares reports. Maintains and distributes as appropriate, current employee information, policy and procedure manuals and other communications. Measures team performance against service level agreement metrics regarding commitments to problem resolution timeframes, and service tickets through fulfillment. May provide training and guidance to less-experienced employees.

Position Requirements:

Bachelor's degree and 3 to 5 years employee benefits related experience.



Position Descriptions

(continued)

640 Client Benefits Administrator Senior

Lead contact and day-to-day administrator responsible for assigned clients. Maintains effective relationships with client contacts. Handles more complex and higher volume clients. Interprets plan rules to ensure compliance with plan documents and summary plan descriptions (SPD). Prepares and reviews written communications. Leads special projects as needed. Analyzes and assists in developing policies and benefit plans covering group life, accident and health insurance, retirement and pension plans, income continuation and other benefit programs. Maintains an ongoing effort to determine and maintain equity with current benefit trends and legislated requirements and programs. May mentor employees with less experience.

Position Requirements:

Bachelor's degree or equivalent and 3 years related experience.

645 TPA Client Benefits Administrator

Coordinates the administration of employee benefit programs such as basic and major medical coverage, dental insurance, group life insurance, pension plans, and other benefits for the client. Consults with and advises employees on eligibility, provisions, and other matters related to benefits. Maintains benefits records and documents. Assists in the preparation of employee benefits booklets and other employee benefit communications. Works within specific limits and authority on assignments that are routine and of low to moderate complexity.

Position Requirements:

Bachelor's degree or equivalent and 1 year's related experience.



Position Descriptions

(continued)

650 Client Benefits Analyst Senior

Provides technical expertise in the sale, placement, and service of employee benefits. This position will work closely with the Client to provide strategic guidance, partnering as the daily go-to benefits professional. Builds and maintains effective business relationships with clients through proactive client service, effective management of renewals, accurate and timely responses to inquiries, and ongoing problem resolution. Lead contact and day-to-day administrator responsible for assigned clients. Analyzes and interprets plan rules to ensure compliance with plan documents and summary plan descriptions (SPD). Contributes to policy and benefit plan development through review, analysis, and improvement recommendations. Serves as technical or functional expert on employee benefit related questions.

Position Requirements:

Bachelor's degree or equivalent and 5 years related experience.

652 Client Benefits Analyst

Lead contact and day-to-day administrator responsible for assigned clients. Maintains effective relationships with client contacts. Interprets plan rules to ensure compliance with plan documents and summary plan descriptions (SPD). Prepares and reviews written communications and leads special projects as needed. Analyzes and assists in developing policies and benefit plans covering group life, accident and health insurance, retirement and pension plans, income continuation and other benefit programs. Maintains an ongoing effort to determine and maintain equity with current benefit trends and legislated requirements and programs.

Position Requirements:

Bachelor's degree or equivalent and 3 years related experience.



Position Descriptions

(continued)

655 Senior Field Services Consultant

Acts in an advisory capacity to management for designated line of business operations including, but not limited to, internal consulting services related to process quality and service improvement initiatives. Through problem-solving, training, process work flow analysis and procedure compliance auditing, this position helps to establish and support a proactive, dynamic, and customer-focused environment. Develops and implements best practices work processes. Performs compliance reviews of adherence to operating procedures and state insurance department regulations.

Position Requirements:

Bachelor's degree or equivalent, with 7 to 10 years of progressively more complex business insurance operations experience preferred.

660 Field Services Supervisor

Develops, manages, supervises, and directs underwriting support staff within designated line of business operations. Plans, organizes, and directs the day-to-day work activities of support staff to maximize productivity and quality of support services. Works with staff to identify, develop, and implement best practices for efficient workflow processes, productivity, and service standards. Develops and delivers effective training and cross-training plans with integral training organization(s).

Position Requirements:

Bachelor's degree or equivalent experience, with 4 to 6 years of progressively more complex business insurance operations experience preferred.



Position Descriptions

(continued)

Business Development, Marketing and Sales Positions

700 Top Specialty Lines Business Development Executive

Plans and directs marketing, business development, and agency management activities that support the specialty lines-of-business. Provides market research services, including data collection and analysis, that provide competitor/industry information and identify opportunities to drive growth and profitability of the business. Pursues new opportunities in products, programs, markets and/or services. Develops and implements new and/or enhanced products and programs; provides management oversight to existing lines of business, including products, pricing and coverage. Provides agency management, including identifying potential new agency appointments, evaluating existing and potential agencies, soliciting of new agencies, and/or customers. Selects, develops and manages staff to meet expected performance levels.

Position Requirements:

Bachelor's degree or equivalent and 10 or more years related experience.

705 Business Development Director

Responsible for generating and developing complex new business within the assigned territory/channel and/or region. Works under the direction of the Business Development Executive (Job#) through a variety of sales channels to sell specialty insurance products and/or related services and is expected to develop productive broker relationships, client relationships, and builds/maintains competitive information. Leads distribution team. Plans, develops, and executes marketing strategies designed to produce sales, retain accounts, and generate profits consistent with objectives.

Position Requirements:

This is or may be a multiple incumbent position requiring a Bachelor's Degree or equivalent and 8 or more years related experience.



Position Descriptions

(continued)

707 Business Development Manager

Responsible for generating and developing new business within the assigned territory/channel and/or region. Works within a variety of sales channels to sell specialty insurance products and/or services and is expected to develop productive broker relationships, client relationships, and builds/maintains competitive information. Plans, develops, and executes marketing strategies designed to produce sales, retain accounts, and generate profits consistent with objectives.

Position Requirements:

Bachelor's Degree or equivalent experience and 6 - 8 or more years related sales experience.

709 Business Development Specialist Senior

Working with Producers, incumbents identify and research prospective clients, follow up on sales calls, maintain and update a prospect database and try to drive interest. They may refer new business to Producers, or may close sales themselves. Identify new business opportunities--typically complex in nature, determine appropriate products/services to offer, and provide pre-sales support for Producers. Have a strong working knowledge of potential customers, clients and the insurance business and have seasoned selling skills.

Position Requirements:

Bachelor's degree or equivalent and 3 years related experience required. **Appropriate insurance licensing required.**



Position Descriptions

(continued)

711 Business Development Specialist

Works with producers to identify and research prospective clients, follows up on sales calls, maintains and updates a prospect database and tries to drive interest. May refer new business to Producers, or may close sales themselves. Primary responsibility is to identify less complex new business opportunities, determine appropriate products/services to offer, and provide pre-sales support for Producers.

Position Requirements:

Bachelor's degree or equivalent and 1 year related experience required.

725 Marketing Director

Responsible for developing and implementing marketing and communications strategies in support of business objectives. Provides ongoing editorial support including writing, editing, and content development for each lines related marketing materials, public relations, advertising and web based support to the department and key customers.

Position Requirements:

This is or may be a multiple incumbent position requiring a Bachelor's Degree or equivalent and 8 or more years related experience.



Position Descriptions

(continued)

727 Senior Marketing Manager

Responsible for planning and directing marketing programs and initiatives for an area or line of business and for managing associated results. Plans, develops and executes marketing strategies designed to produce sales, retain accounts and generate profits consistent with objectives. Builds/maintains competitive market information.

Position Requirements:

This is or may be a multiple incumbent position requiring a Bachelor's Degree or equivalent and 8 or more years related experience.

730 Marketing Associate

Provides support to marketing initiatives, related systems, research activities, and for project management initiatives. Analyzes industry trends, market segments, coverage gaps, competitor strengths and weaknesses and recommends strategies to exploit identified opportunities. Coordinates with business units to develop, monitor and modify sales, growth and retention plans in support of line of business strategies.

Position Requirements:

Bachelor's degree, or equivalent, and 2 to 3 years directly related insurance sales/marketing experience.



Position Descriptions

(continued)

750 Sales Leader Divisional

Develops and manages market strategies which positions the Company as a leading provider of risk management and loss cost reduction services. Responsibilities include developing strategies relative to packaging and pricing of the Company's products enabling sales and renewal teams to successfully compete in the marketplace. Identifies and develops the Company's sales and marketing resources for continued growth and succession of the organization. This position includes overall management of Sales activities. The responsibilities include: managing the sales force; developing and implementing the sales strategy, assigning sales territories; and contributing to new product development. This position may be involved in managing client relationships and negotiating and closing sales with the largest and/or most important clients and prospects. This position manages Sales management directly and Sales staff indirectly.

Position Requirements:

Bachelors degree or equivalent and 10 years related experience required.

755 Sales Manager Region/District/Area

Responsible for achieving sales goals within a defined geographic area. Develops sales plans and budgets for achieving sales goals. Manages a sales team of Producer and Business Development Specialist incumbents and support staff who identify and research prospective clients, follow up on sales calls, maintain and update a prospect database and to identify new business opportunities and close sales. This individual is responsible for the day-to-day activities of the field sales organization.

Position Requirements:

Bachelor's degree or equivalent and 7 years related experience required.



Position Descriptions

(continued)

760 | Producer Lead (LOB / TPA)

Functions as a work leader or supervisor with responsibilities for assigning, prioritizing and monitoring work. Develops and acquires new business revenue from new and existing clients and assigned prospects, typically of larger size or higher complexity prospects or clients, in identified sectors or market areas. Maintains currency and an in-dept. knowledge of property and casualty, employee benefits, bond or other insurance products or professional services through networking and participating in professional developmental activities. Participates in development of department policies and procedures and implements them in assigned area.

Position Requirements:

Bachelor's degree or equivalent and 7 or more years related experience required.

762 | Producer Senior (LOB / TPA)

Develops and acquires new business revenue from new and existing clients and assigned prospects, typically of moderate to higher complexity prospects or clients, in identified sectors or market areas. Maintains currency and an in-dept. knowledge of property and casualty, employee benefits, bond or other insurance products or professional services through networking and participating in professional developmental activities.

Position Requirements:

Bachelor's degree or equivalent and 4 to 6 years related TPA insurance experience required. Strong working knowledge of potential customers, clients and the insurance business.



Position Descriptions

(continued)

765 | Producer (LOB / TPA)

Develops and acquires new business revenue from new and existing clients and assigned prospects, typically of moderate to higher complexity prospects or clients, in identified sectors or market areas. Maintains currency and an in-dept. knowledge of property and casualty, employee benefits, bond or other insurance products or professional services through networking and participating in professional developmental activities.

Position Requirements:

Bachelor's degree or equivalent and 1 to 2 years insurance experience required. Working knowledge of potential customers, clients and the insurance business.

770 | Sales Administrator

Participates in the career development program performing account servicing functions. Assists in the renewal process, preparation of submission, and the gathering of information. Follows up on new and renewal business quotations and lends support to Producers. Performs miscellaneous office duties in support of account servicing.

Position Requirements:

Bachelor's degree or equivalent. Entry-level position requiring no previous job related experience.



Position Descriptions

(continued)

Product Development Management

800 | Line-of-Business Product Management Senior Manager / Director

Responsible for product development and the premium growth and profitability of assigned product lines. Conducts pricing research and analysis of rates and product features and recommends appropriate plan designs. Monitors competitive environment and recommends appropriate modifications to assigned product lines. Liaison with state insurance officials to file and secure approval of proposed rate changes. Directs the analysis of new and existing product design, pricing and associated processes such as distribution and underwriting practices. Provides leadership with recommendations for product strategy and planning based on analyses of competitive position, business performance and risk management. Develops and implements product training for underwriting management and staff. Selects, develops and manages staff to meet expected level of product management performance.

Position Requirements:

This is or may be a multiple incumbent position and requires a Bachelor's Degree or equivalent and 8 or more years related experience.



Position Descriptions

(continued)

805 | Line-of-Business Product Management Manager

Responsible for product development and the premium growth and profitability of assigned product lines. Conducts pricing research and analysis of rates and product features and recommends appropriate plan designs. Monitors competitive environment and recommends appropriate modifications to assigned product lines. Liaison with state insurance officials to file and secure approval of proposed rate changes. Partners with or leads cross functional teams (including partners from pricing/actuarial/filing, claims, legal/compliance, etc.) regularly to ensure alignment of feature development and prioritization. Provides leadership with recommendations for product strategy and planning based on analyses of competitive position, business performance and risk management. Develops and implements product training for underwriting management and staff. Selects, develops and manages staff to meet expected level of product management performance.

Position Requirements:

This is or may be a multiple incumbent position and requires a Bachelor's Degree or equivalent and 4 to 6 or more years related experience.



Position Descriptions

(continued)

Actuarial Positions

900 | Top Specialty Lines Actuarial Executive

Functions as top officer responsible for executing the actuarial strategy, planning and general management of Specialty Lines Actuarial functions. May include both Specialty and Standard lines of business. Conducts special actuarial studies and plays an active role in critical business initiatives and strategies for continued growth and profitability. Has full management accountability for staff in area of responsibility with an emphasis on talent management and succession planning. Develops and executes actuarial strategy and planning for the specialty lines business. Directs the activities of the actuarial staff which include strategic pricing analysis and support to underwriting, consultation on reinsurance and catastrophic management issues. Analysis includes performance measurement and analysis to claims, reserve analysis and recommendations to the financial reporting and planning functions. Assures the preparation and interpretation of data in support of rate filings as required.

Position Requirements:

Bachelor's degree or equivalent, with ASA or FSA designation with 7 or more years actuarial or modelling experience within an insurance environment/organization preferred.



Position Descriptions

(continued)

905 Specialty Lines Managing Actuary

Directs and controls one or more actuarial services (e.g. pricing, risk management, reinsurance, reserving and/or regulatory compliance) to one or more lines of business within the specialty lines businesses providing actuarial advice and consultation. Leads special actuarial studies and manages research assignments. Prepares and presents technical reports relating to actuarial matters. Responsible for the mentoring and coaching of direct reports to develop skills, job knowledge and achieve stated performance objectives. Develops and implements programs, procedures, models and/or techniques to guide the delivery of sound actuarial service to internal customers. Directs the work of subordinate staff (fellows, associates, actuarial candidates and/or support staff) in conducting analyses providing support and bringing functional technical expertise to internal customers for both routine and non-routine business requests.

Position Requirements:

Bachelor's degree or equivalent, with ASA or FSA designation with 3 or more years actuarial or modelling experience within an insurance environment/organization preferred.



Position Descriptions

(continued)

910 | Supervising Actuary

Provides technical oversight and guidance to actuarial staff (recent fellows, associates, actuarial candidates and/or support staff) performing actuarial services (e.g. pricing, risk management, reinsurance, reserving and/or regulatory compliance) for a specialty line of business. Provides leadership and coaching to staff members on standard practices and development of core actuarial and problem solving techniques. Implements programs, procedures, models and/or techniques to guide the delivery of sound actuarial service to internal customers. Directs the work of subordinate staff in conducting analyses, providing support and bringing functional technical expertise to internal customers for both routine and non-routine business requests.

Position Requirements:

Bachelor's degree or equivalent, with passing grades on a minimum of 5 Actuarial Exams, committed to achieving ASA or FSA designation with 3 or more years actuarial or modelling experience preferred.



Position Descriptions

(continued)

915 Actuarial Consultant

Serves as the highest level subject matter expert on pricing and ratemaking policies, processes, data sources and templates/tools. Performing as a senior level consultant, provides analysis and direction, plans, coordinates and completes pricing projects and initiatives that likely impact multiple business units/products or functional areas. Projects are strategic in scope and normally extend over several months or years. Procures appropriate resources under indirect authority to complete assigned tasks. Displays mastery of advanced actuarial methodologies and insurance concepts. Retrieves and manipulates data; accountable for suitability and accuracy of data. Evaluates alternative methods for use; develops methods to deal with new situations. Conducts analyses that adhere to actuarial standards of practice; selects appropriate data sources and methods, makes assumptions, recognizes considerations and develops recommendations. Accountable for documentation of assumptions, methods, and sources. Resolves unreasonable results and non-optimal solutions using experience and professional judgment.

Position Requirements:

Bachelor's degree or equivalent, with ASA or FSA designation with 5 or more years actuarial or modelling experience within an insurance environment/organization preferred.



Position Descriptions

(continued)

920 Actuarial Specialist

Serves as an actuarial specialist and subject matter expert on pricing and ratemaking policies, processes, data sources and templates/tools for specialty line products and services. Keeps current with advanced actuarial methodologies and insurance concepts through studies, training and experience. Estimates future loss and premium results for ratemaking or reserving purposes using advanced actuarial methodologies. Retrieves and manipulates data; accountable for suitability and accuracy of data. Evaluates alternative methods for use; develops methods to deal with new situations. Conducts analyses that adhere to actuarial standards of practice; selects appropriate data sources and methods, makes assumptions, recognizes considerations and develops recommendations. Accountable for documentation of assumptions, methods, and sources. Resolves unreasonable results and non-optimal solutions using experience and professional judgment. May lead or supervise a unit / team while performing routine to more complex actuarial functions.

Position Requirements:

Bachelor's degree or equivalent, with ASA or FSA designation with 5 or more years actuarial or modelling experience within an insurance environment/organization preferred.



Position Descriptions

(continued)

925 Senior Actuary

Completes a wide variety of actuarial assignments in pricing and ratemaking policies, processes, data sources and templates/tools for specialty line products and services. Develops knowledge of advanced actuarial methodologies and insurance concepts through studies, training and experience. Estimates future loss and premium results for ratemaking or reserving purposes using CAS standards of practice. Retrieves and manipulates data and performing standard mathematical calculations; accountable for suitability and accuracy of data used. Conducts analyses that adhere to actuarial standards of practice; selects appropriate data sources and methods, makes assumptions, recognizes considerations and develops recommendations. Accountable for documentation of assumptions, methods, and sources. Resolves unreasonable results and non-optimal solutions using experience and professional judgment.

Position Requirements:

Bachelor's degree or equivalent, with ASA or FSA designation with 2 to 4 or more years actuarial or modelling experience within an insurance environment/organization preferred.



Position Descriptions

(continued)

930 Actuary

Completes a wide variety of actuarial assignments in pricing and ratemaking policies, processes, data sources and templates/tools for specialty line products and services. Develops knowledge of advanced actuarial methodologies and insurance concepts through studies, training and experience. Estimates future loss and premium results for ratemaking or reserving purposes using CAS standards of practice. Retrieves and manipulates data and performing standard mathematical calculations; accountable for suitability and accuracy of data used. Conducts analyses that adhere to actuarial standards of practice; selects appropriate data sources and methods, makes assumptions, recognizes considerations and develops recommendations. Accountable for documentation of assumptions, methods, and sources. Resolves unreasonable results and non-optimal solutions using experience and professional judgment.

Position Requirements:

Bachelor's degree or equivalent, is enrolled in a actuarial program and has typically completed three 3 to 6 actuarial exams and/or has 3 to 5 years of related experience.



Position Descriptions

(continued)

935 Senior Actuarial Analyst

Completes a wide variety of actuarial assignments in pricing and ratemaking policies, processes, data sources and templates/tools for specialty line products and services. Develops knowledge of advanced actuarial methodologies and insurance concepts through studies, training and experience. Estimates future loss and premium results for ratemaking or reserving purposes using CAS standards of practice. Retrieves and manipulates data and performing standard mathematical calculations; accountable for suitability and accuracy of data used. Conducts analyses that adhere to actuarial standards of practice; selects appropriate data sources and methods, makes assumptions, recognizes considerations and develops recommendations. Accountable for documentation of assumptions, methods, and sources. Resolves unreasonable results and non-optimal solutions using experience and professional judgment.

Position Requirements:

Bachelor's degree or equivalent, is enrolled in a actuarial program and has typically completed three 2 to 5 actuarial exams and with 2 - 4 years relevant experience in pricing or statistical modelling, has sound knowledge of actuarial techniques and standards, and/or has 3 to 5 years of related experience.



Position Descriptions

(continued)

940 Actuarial Analyst

Completes a wide variety of actuarial assignments in pricing and ratemaking policies, processes, data sources and templates/tools for specialty line products and services. Develops knowledge of actuarial methodologies and insurance concepts through studies, training and experience. Estimates future loss and premium results for ratemaking or reserving purposes using CAS standards of practice. Retrieves and manipulates data and performing standard mathematical calculations; accountable for suitability and accuracy of data used. Conducts analyses that adhere to actuarial standards of practice; selects appropriate data sources and methods, makes assumptions, recognizes considerations and develops recommendations. Accountable for documentation of assumptions, methods, and sources. Resolves unreasonable results and non-optimal solutions using experience and professional judgment.

Position Requirements:

Bachelor's degree or equivalent, is enrolled in an actuarial program and has typically completed 1 or more exams and/or has 1 to 3 years of related experience.