Classification Title: Senior Insurance Compliance Officer (Specialist) Department of Insurance	Branch/Division/Bureau: Consumer Services & Market Conduct Branch / Market Conduct Division / Field Claims Bureau
Working Title: Senior Field Examination Compliance Officer	**Office/Unit/Section/Geographic Location:** LA / OAK / SAC
Position Number (13 Digit): 413-342-8607-004	**Conflict of Interest Position:** ☐ NO ■ YES
Employee Name:	**Effective Date:**

BASIC FUNCTION:

Under general direction of a Supervising Insurance Compliance Officer, the Senior Insurance Compliance Officer independently performs the most complex, sensitive, and responsible insurance regulatory activity; leads examinations of those insurance organizations with the highest premium volume, claims activity or severity of consumer complaints; independently, or as team leader, organizes and coordinates the development of a final report; creates initial draft legal referral documents; and trains staff at all lower levels.

Travel is required within and/or out-of-state via private or public transportation (i.e., automobile, airplane, etc.). Travel may include overnight stay.

This position is designated under the Conflict of Interest Code. The position is responsible for making or participating in governmental decisions that may potentially have a material effect on personal financial interests. The appointee is required to complete a Statement of Economic Interest (Form 700), which includes an Assuming Office filing within 30 days of appointment, annual filings, and a Leaving Office filing within 30 days of physical separation. Non-compliance with the Conflict of Interest Code requirements may result in the voiding of appointment, financial penalties, or enforcement actions.

ESSENTIAL FUNCTIONS:

40% Independently, or as a team leader, examines insurance organizations with the highest premium volume or claims activity or severity of consumer complaints. Gathers, reviews and analyzes information contained in insurance company files and/or other related records to determine the existence of policies, practices, or procedures that are non-compliant with statutes, regulations, contracts, and decided authority. Prepares and submits correspondence to company executives or management to obtain clarification on non-compliant activities. Tabulates, evaluates, and documents file review findings, and prepares written examination reports describing findings and recommendations. Assimilates the findings of assisting exam team members into the examination report. Provides technical assistance to lower-level staff in their analysis of examination material and their reporting of findings.

25% Trains and mentors staff. This includes technical training regarding the principles of insurance, insurance company operations and insurance law, as well as specific training on the examination and regulatory process.

15% Conducts meetings with insurance companies and other regulated agencies. Such meetings include introductory meetings to outline the parameters of the examination or investigation that will occur, meetings held to negotiate and affect resolutions to examination issues and to establish corrective plans with insurance companies and other regulated entities to address non-compliant activities, and exit meeting designed to summarize examination findings for company representatives.

10% Participates in department task groups to propose and effectuate changes to regulation and/or legislation; represents the Bureau and the department when customized examination procedures are required in the examination of financially troubled insurance organizations, those that dominate a particular product line, those that have been publicly accused of an egregious insurance practice, or those in which the department is investigating allegations of a particular illegal activity; represents the Bureau with authority in negotiations and settlements with licensees; and represents the department in public or industry meetings.

5% Prepares necessary oral and written communication to schedule and coordinate insurer examinations.

MARGINAL FUNCTIONS:

5% Prepares electronic travel expenses claims and enters electronic billing and timekeeping information for submission to supervisor for approval. Prepares status reports on work progress as requested by supervisor or management. Makes arrangements for travel to examination sites and may assist lower-level team members in making their examination travel arrangements.

WORK ENVIRONMENT OR PHYSICAL ABILITIES

- Incumbent must be able to work in a high-rise office building and/or in a shared internal office
- Incumbent must be able to lift and carry state issued laptop, roller bag or shoulder bag to examination assignment location. In addition, overnight travel will include carrying personal luggage.
- The incumbent may telework in accordance with CDI's Telework Policy. Teleworking employees may be required to report to their headquarters office location on designated telework days. Travel expenses are not reimbursed, however other authorized transit subsidies do exist for those who qualify.

I have read and understand the duties listed above and I can perform these duties with or without reasonable accommodation. (If you believe reasonable accommodation is necessary, discuss your concerns with the hiring supervisor. If unsure of a need for reasonable accommodation, inform the hiring supervisor, who will discuss your concerns with the Health & Safety Analyst.)

Employee Signature Date

Printed Name

I have discussed the duties of this position with and have provided a copy of this duty statement to the employee named above.

Supervisor Signature Date

Printed Name