



**Job Title: INSURANCE ADMINISTRATOR**

**Department /Office:** Office of Facilities & Risk Management Services  
**Reports to Whom (title):** Director  
**Salary /Hourly Range:** 25  
**Job Classification Code:** 8720  
**Level of Background Check:** 1B  
**FLSA Status:** NON-EXEMPT; Full-time, Part-time, Temporary  
**Driving Required:** Yes, As Required

**JOB DESCRIPTION:**

The work typically includes specific duties utilizing defined processes and methods. Decisions regarding what needs to be done include the assessment of unusual circumstances, variations in approach and incomplete or conflicting data. The work requires making decisions concerning such things as the interpretation of considerable data, planning of the work or refining the methods and techniques to be used.

**SCOPE:**

This position is responsible for establishing and maintaining a tribal insurance claims processing system with a well-defined program benefiting both the Tribe and the public. To provide assistance in employee wellness, fleet safety, industrial hygiene, employee injury and risk assessment necessary to support the Office of Facilities & Risk Management Services' mission. The incumbent performs duties applying skills in human/public relations, investigative techniques & methods, research, claims processing; and knowledge of applicable occupational safety and health regulations, laws, policies & procedures.

**KEY DUTIES AND RESPONSIBILITIES:**

(The following examples of duties are intended to be illustrative only and are not intended to be all inclusive or restrictive.)

1. Responsible for receiving, reviewing, and processing bodily injuries, liability and property damage claims; obtains police reports, witness/driver statements and other pertinent documents to complete processing of these claims; forwards report of claim or claim form to insurance companies; acts as Tribal intermediary between the insurance companies and insured.
2. Establish and maintain a system of settling claims, including negotiating with the insurance companies and health care or property repair providers on proper loss reserving and to finalize payment of claims.
3. Establish and maintenance an automated records management system and databases current and past liability and property damages claims/history, survey reports, accidents reports and maintains files and documents in strict confidence.
4. In collaboration with the Safety Officer, periodically reviews insurance claims to identify potential trends of bodily injury and property damage situations; participates in accident investigations, i.e., automobile, property damage, bodily injuries, etc., to determine cause and recommends preventive measures to reduce reoccurrence.
5. Prepares and submits narrative and statistical reports/data to supervisor as required.
6. Performs other related duties as assigned and authorized by the supervisor to meet office goals and objectives.

**PERSONAL CONTACTS:**

Contacts are with employees within/outside the immediate work area, supervisor, emergency and law enforcement personnel, relevant Safety and Claims representatives, insurance companies and the general public. The purpose of these contacts is to exchange factual information, coordinate work efforts, provide assistance and establish a network of resources.

**PHYSICAL EFFORT & ENVIRONMENTAL FACTORS:**

The work requires some physical exertion such as periods of standing, walking, recurring bending, crouching, stooping, stretching, reaching or similar activities and lifting of moderately heavy items. The work may require specific, but common, physical characteristics and abilities such as above average agility and dexterity. The work involves moderate risks or discomforts, which requires special safety precautions, i.e., working around moving parts, machines, exposure to contagious diseases or irritant chemicals, etc. The incumbent may be required to wear protective clothing or gear such as masks, gowns, coats, boots, goggles, gloves or shields. Travel on and off the reservation is required.

**MINIMUM QUALIFICATIONS:**

1. Required Education, Training and Experience:

A. Education : Associates Degree in Safety Administration, Occupational Health or related area;

AND

B. Experience: Two (2) years work experience in the technical insurance industry field, claims processing or with personal or business lines insurance policies, medical or health care benefits plans claims processing functions;

OR

C. Any equivalent combination of Education, Training and Experience, which demonstrates the ability to perform the duties and responsibilities of the position.

2. Required Knowledge, Skills and Abilities:

A. Knowledge :

- Knowledge of EPA, OSHA, ANSI, NFPA and NHTSA regulations and guidelines
- Knowledge of medical and technical terminology used in industrial insurance cases
- Knowledge of a business organization and processes
- Knowledge of computer systems in basic office software and applications pertinent to claims management

B. Skills :

- Verbal and written communication skills to prepare technical and non-technical correspondence, reports and conduct concise presentations
- Good investigative skills
- Excellent human and public relations skills

C. Abilities :

- Ability to write accurate case reports and letters
- Ability to work with claimants of benefits and assists in completing pertinent claims forms
- Ability to compile accurate reports and statistical data on claims and recommend appropriate methods of improvement
- Ability to establish and maintain professional working relationships with others

NECESSARY SPECIAL REQUIREMENTS:

1. Must possess valid Arizona Driver's License and complete/pass the Hopi Tribe's Defensive Driving Course.

REVIEWED BY: \_\_\_\_\_

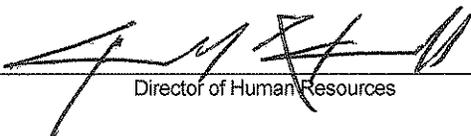


Department/Office Hiring Authority

4-11-12

Date

APPROVED BY: \_\_\_\_\_



Director of Human Resources

4/16/12

Certification Date