

**New York State Department of Civil Service**  
DIVISION OF CLASSIFICATION & COMPENSATION

Tentative Classification Standard

**Occ. Code 2502200**

**Assistant Insurance Fund Services Representative, Grade 13**

Brief Description of Class

Assistant Insurance Fund Services Representatives process transactions in the Workers' Compensation (WC) or Disability Benefits (DB) programs. These positions review, process, and pay routine insurance claims; process routine new policies and policy renewals; and assist in the provision of routine underwriting policy processing activities.

These positions exist only at the New York State Insurance Fund (NYSIF).

Distinguishing Characteristics

*Assistant Insurance Fund Services Representative:* entry level; paraprofessional position that processes routine workers' compensation or disability benefits claims, new policies, or policy renewals, and routine underwriting policy activities. May exercise independence in processing work activities and support higher level professional positions on complex processes.

Illustrative Duties

Tasks will vary based on whether the position is assigned to processing claims or underwriting activities for the Workers' Compensation program or Disability Benefits program, which includes Paid Family Leave (PFL) benefits, and COVID-19 leaves.

**Workers' Compensation Claims**

Reviews and processes routine Workers' Compensation claims, including analyzing and processing the payment of medical, compensation, and awards for assigned compensation claims.

Communicates with claimants, policyholders, medical providers, and various entities to gather information needed to process assigned work.

Compiles, maintains, and organizes electronic claim files.

Processes caseloads and works in designated systems to meet required deadlines that prevent the agency from incurring penalties.

Complies with appropriate form submission requirements and filing deadlines pursuant to applicable laws, regulations and New York State Workers' Compensation Board processes and procedures governing workers' compensation claims cases.

Examines accident and medical reports to determine compensability and liability, seeking guidance and expertise as needed, and initiates proactive follow ups for all updated information as needed.

Examines medical bills, authorizes payments, and reviews and extends authorization for appropriate medical treatment based upon the medical facts contained in the file.

Maintains an understanding of the NYS Workers' Compensation Law, NYS COVID-19 legislation, and all other applicable New York State laws, rules, and regulations related to programmatic operations.

Gathers supporting information for Section 32 settlements; and after supervisory review and approval of the settlement, processes the settlement and closure of the claim.

Refers cases that may warrant investigation to supervisors. May prepare cases that are investigated for hearings.

Assesses the initial and subsequent reserve estimates based upon the facts contained in the file for medical bills and compensation in consultation with supervisory staff.

Works with policyholder services to satisfy policyholder inquiries as to file status and reserve rationale.

Assesses subrogation recovery potential and pursues accordingly.

Manages early return to work initiative in cooperation with policyholders, claimants, and physicians.

Keeps complete records and internal controls utilizing a variety of internal systems.

Provides customer service to all claimants, policyholders, medical providers, and brokers, and internal agency staff, responding in a timely manner to all inquiries from any source including telephone, email, letter, and online inquiry.

#### Disability Benefits Claims

Maintains Disability Benefits, COVID-19, and Paid Family Leave claims caseload for specified policyholders and employers.

Reviews claims for accuracy and completeness and determines whether additional information is required. This includes following up on updated medical information for claims greater than six weeks.

Communicates with claimants, policyholders, and medical providers to gather information needed to process claims.

Keeps complete records regarding claims and accurately enters claims in systems.

Works with policyholder to qualify the employee/claimant.

Conducts research to cross check current, existing, or past claims payments to the claimant to ensure no duplicate payments.

Determines the appropriate rate of benefit payments.

Scans and verifies payroll reports.

Makes timely, accurate payments on claims and systematically maintains a claims diary. When needed, initiates the process to stop payment of check prior to issuance in order to allow for the amendment or cancellation of payment.

Processes the FICA worksheet.

Provides any additional information required to assist the Audit and Review Department.

Maintains an understanding of the NYS Workers' Compensation Law Disability Benefits Law and the Paid Family Leave Benefits Law, and NYS COVID-19 Legislation as it pertains to claims processing for Disability Benefits and Paid Family Leave claims.

Prepares information for and schedules hearings for NYSIF claimants whose applications for benefits were rejected, and are being appealed.

Provides customer service to all claimants, policyholders, medical providers, and brokers responding in a timely manner to all claims inquiries from any source including telephone, email, letter, and online inquiry.

Refers cases that may warrant investigation to supervisors. May prepare cases that are investigated for hearings.

May supervise clerical staff.

Workers' Compensation Underwriting

Provides policy processing assistance on all workers' compensation underwriting matters that do not require the evaluation of risk, involve large premium policies, or those with sensitive or potentially costly underwriting issues.

Reviews applications for completeness and searches applications for Workers Compensation Law Section 93 issues. This entails conducting extensive research to ensure that neither the business nor the owners have outstanding unpaid premiums (ensures that all past bills are paid in full).

Performs policy searches for request to add additional entities; reviews payroll reports and simple audits; and checks the Workers' Compensation Board database to verify subcontractor coverage.

Modifies policy coverage through issuance and updates of endorsements.

Issues and voids certificates of insurance.

Processes policies for cancellation and reinstatement within Underwriting guidelines. Ensures timely dissemination of notices regarding insurance against cancellation to aid retention efforts. Processes policy record work (add and delete locations and entities) and documents underwriting file.

Reviews claims to determine if coverage is in accordance with policy contract and underwriting endorsements.

Interacts with current policyholders and representatives to discuss coverage and premium billing inquiries. Responds to general policyholder inquiries including: prospective policyholders' routine questions on coverage, billing and new workers' compensation insurance requests; coverage and premium billing inquiries; and requests regarding renewals that do not require complex analysis of risk.

Updates e-file and memo as directed by underwriters.

Provides customer service by directing policyholders and representatives to self-serve online; and responds to customer inquiries when new applications are rejected or when new coverage is issued.

#### Disability Benefits Underwriting

Provides policy processing assistance for the underwriting activities for the Disability Benefits Program including Paid Family Leave Benefits. This function may include a variety of tasks that support the underwriting function, but do not require the independent assessment of risk, critical decision-making, or final determination of insurability.

Processes new routine business applications for the Disability Benefits and Paid Family Leave Insurance.

Reviews applications for completeness; processes standard renewal policies; and rates and codes policies.

Enters and maintains policy information (e.g., amends additional employer locations to non-primary, makes changes in address and contact information, and adds a Doing Business As (DBA) notation to the policy records).

Issues policies, some of these policies may require prior determinations from higher level staff to assess risk, and makes critical decisions and determines insurability.

May handle the complete underwriting process for simple policies.

Processes premium quotes for small policies (less than 15 employees); processes small premium payroll reports; provides loss history to small premium policyholders; and creates policyholder certificates.

Responds to general policyholder inquiries.

Maintains policy files.

Contacts high premium policyholders in non-payment cancellation to encourage payment for policyholder retention and compliance of coverage; and contacts high premium quote recipients to follow up with information to encourage them to apply for Disability Benefits and Paid Family Leave Insurance.

### Minimum Qualifications

#### *Assistant Insurance Fund Services Representative*

Open-Competitive: Four years of customer service experience that required independence in both verbal and written communication responsibilities; or an associate's degree or higher and two years of customer service experience as described above.

**Note:** Classification Standards illustrate the nature, extent, and scope of duties and responsibilities of the classes they describe. Standards cannot and do not include all the work that might be appropriately performed by a class. The minimum qualifications above are those required for appointment at the time the Classification Standard was written. Please contact the Division of Staffing Services for current information on minimum requirements for appointment or examination.

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