

CLAIMS SPECIALIST
(Town of Greenburgh)

GENERAL STATEMENT OF DUTIES: Performs specialized clerical work processing insurance liability claims brought against the Town; does related work as required.

DISTINGUISHING FEATURES OF THE CLASS: Under general supervision of the Deputy Town Attorney, an incumbent of this class is responsible for handling claims that are made against the Town's self-insurance fund. The incumbent processes claims i.e. third party liability, automobile liability, public official's liability, discrimination, etc. from the receipt of claim to its conclusion, including disbursement of settlement. Incumbents perform clerical and financial record keeping duties using computer applications such as word processing, spreadsheets, calendar, e-mail and database software. The incumbent has contact with the department personnel, insurance carriers and the public in performing the job. Supervision is not a responsibility of this class.

EXAMPLES OF WORK: (Illustrative Only)

Receives and reviews incoming claims against the municipality;

Assists in obtaining information, documents and/or reports regarding claims; i.e. medical forms, automobile insurance claims, police reports, etc.

Contacts department(s) involved to obtain accident report of incident;

Keeps calendar, maintains schedule of hearings, notifies appropriate staff, and arranges for the pick-up and delivery of medical, accident and other claim records;

Coordinates payment of claims; prepares and processes invoices;

Maintains files of incoming claims and claim disbursements using computer applications;

Reconciles claim disbursements with insurance company; prepares end of year statistics and reports for funds paid for claims by municipality;

Assists in preparation of Town Board Resolution relating to settlement of claims;

Prepares claim vouchers and release judgments for appropriate parties;

Provides general clerical support to enhance the operation of the legal department office;

Uses computer applications such as spreadsheets, word processing, calendar, e-mail and database software in performing work assignments.

REQUIRED KNOWLEDGE, SKILLS, ABILITIES AND ATTRIBUTES: Good knowledge of insurance industry terminology; good knowledge of procedures used in the processing and payment of claims; good knowledge of computer software applications used in maintaining insurance records; knowledge of financial record keeping practices; knowledge of office procedures, equipment and business English; ability to read and interpret insurance policies; ability to use computer applications such as spreadsheets, word processing, calendar, e-mail and database software; ability to be attentive to considerable detail; ability to carry out complex written and oral instructions; ability to deal effectively with people; good analytical skills; tact; resourcefulness; physical condition commensurate with the duties of the position.

MINIMUM ACCEPTABLE TRAINING AND EXPERIENCE: Graduation from high school or possession of a high school equivalency diploma and either: (a) a Bachelor's Degree from an accredited college or university with a minimum of 12 credits in legal studies or coursework; or (b) an Associate's Degree and two (2) years of experience where the primary function included processing claims for an insurance company, medical office or similar field; or (c) four (4) years of the specialized experience as noted in (b) above; or (d) a satisfactory equivalent combination of the foregoing training and experience.

SUBSTITUTION: Possession of a Paralegal Certificate may be substituted for the required 12 credits in legal studies or coursework.

SPECIAL REQUIREMENT: Possession of a valid license to operate a motor vehicle in the State of New York.