# **Work Process Schedule**

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| General Insurance Associate | |
| **Job Description:** Respond to and process claims and support underwriting activities | |
| **RAPIDS Code:** 2040CB | **O\*NET Code:** 43-9041.01 |
| **Estimated Program Length:** 1 year | |
| **Apprenticeship Type:**  Competency-Based  Time-Based  Hybrid | |

Suggested On-the-Job Learning Outline

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| Facilitate claims processing for policyholders | | |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Gather and verify information from policyholders and affected parties |  |  |
| 1. Consult policy documentation and determine the extent of coverage for claims |  |  |
| 1. Adjust or deny claims in consideration of deductibles and policy terms |  |  |
| 1. Prepare written reports to document findings about the claim, incident, and related records |  |  |
| 1. Approve and issue payments when charges are deemed allowable and acceptable |  |  |

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| Support underwriting activities and risk management | | |
| **Competencies** | **Date Completed** | **Initial** |
| 1. In interactions with new or existing customers, guide them through the underwriting process |  |  |
| 1. Document facts or information needed to assess policy coverage and risk |  |  |
| 1. Refer cases to underwriters when a change in policy or circumstances is determined to fall outside of usual conditions but may still be insurable |  |  |
| 1. Detect fraud and report to special investigators |  |  |

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| Communicate well with customers and team members | | |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Establish and maintain courteous client relationships with prospective and existing policyholders |  |  |
| 1. Educate customers about policies, including availability, eligibility, policy changes, transfers, claim processing, billing, and decisions |  |  |
| 1. Communicate clearly with colleagues to support decision-making and the overall efforts of the team and organization |  |  |

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| Conduct operational and processing tasks with order, accuracy, and diligence | | |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Input and maintain detailed and up-to-date claim files with data and analysis of coverage, damages, incident reports, correspondence, and related records |  |  |
| 1. Analyze submitted claims, bills, reports, and estimates for accuracy |  |  |
| 1. Handle data within the prescribed sequence and execute prompt processing of claims, documentation, and payments |  |  |
| 1. Comply with internal and external standards and requirements for reporting |  |  |
| 1. Review all material representation to ensure accuracy of any necessary measurement data |  |  |

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| Ensure compliance with standards and policies | | |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Comply with company’s standards and customer service policies |  |  |
| 1. Stay up to date with company’s policy rules and any implemented changes |  |  |
| 1. Take training from employer to stay current on legal and regulatory changes in the industry |  |  |

Suggested Related Instruction Outline

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| Provider | |
| **Name:** | |
| **Address:** | |
| **Email:** | **Phone Number:** |
| **Suggested Related Instruction Hours:** 144 | |

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| **Course Number** | **Course Title** | **Contact Hours** |
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