

OFFICE OF FINANCIAL AND INSURANCE REGULATION JOB VACANCY NOTICE

CLASS/LEVEL: Departmental Manager 14
DIVISION/SECTION: Licensing & Product Review Division
DEADLINE TO RESPOND: 10-21-08

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 INTERESTED APPLICANTS SHOULD SUBMIT A RESUME, COVER LETTER, DLEG APPLICATION AND COPY OF COLLEGE TRANSCRIPTS (INTERNET BASED TRANSCRIPTS ARE NOT ACCEPTED) TO DLEG, OFFICE OF FINANCIAL AND INSURANCE REGULATION, HUMAN RESOURCES/BUDGET DIVISION/OFIR 08-60, P.O. BOX 30220, LANSING, MICHIGAN 48909 OR FAX TO (517) 335-1450 BY THE DEADLINE DATE.

|                         |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| COUNTY/LOCATION         | Ingham/Lansing                                                                                                                                                                                                                                                                                                    |                                                                                                                                 |
| PAY RANGE               | \$24.27-\$36.16                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |
| DESCRIPTION OF POSITION | Section manager responsible for carrying out the licensure and appointments of all insurance industry and insurance industry related practitioners regulated under the Insurance Code including the development and maintenance of appropriate record keeping system.                                             |                                                                                                                                 |
| EDUCATION               | Possession of bachelor's degree in any major.                                                                                                                                                                                                                                                                     |                                                                                                                                 |
| EXPERIENCE              | Four years of professional, business and administrative experience, including two years equivalent to the experienced (P11) level or one year equivalent to the advanced (12) level; or, one year of professional managerial or specialist experience, in any field of work, equivalent to the 13 level or above. |                                                                                                                                 |
| SPECIAL REQUIREMENTS    |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |
| RESPOND TO              | Posting No.:                                                                                                                                                                                                                                                                                                      | OFIR 08-60                                                                                                                      |
|                         | Address:                                                                                                                                                                                                                                                                                                          | DLEG, Office of Financial & Insurance Regulation, Human Resources/Budget Division/OFIR08-60, P. O. Box 30220, Lansing, MI 48909 |
|                         | E-Mail Address:                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |
|                         | Fax:                                                                                                                                                                                                                                                                                                              | (517) 335-1450                                                                                                                  |

The State of Michigan is an Equal Opportunity Employer  
 Civil Service Rule 1-7 states: All persons offered employment in the classified service are required to submit to and pass a pre-employment drug test as a condition of employment

**This is an announcement of a position vacancy and does not constitute an offer of employment.**

**1. Position Code**  
DEPSPL3

**State of Michigan**  
**Department of Civil Service**  
Capitol Commons Center, P.O. Box 30002  
Lansing, MI 48909

Federal privacy laws and/or state confidentiality requirements protect a portion of this information.

**POSITION DESCRIPTION**

This form is to be completed by the person that occupies the position being described and reviewed by the supervisor and appointing authority to ensure its accuracy. It is important that each of the parties sign and date the form. If the position is vacant, the supervisor and appointing authority should complete the form.

This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information in this form is used to determine the proper classification of the position. **THE SUPERVISOR AND/OR APPOINTING AUTHORITY SHOULD COMPLETE THIS PAGE.**

|                                                                                                                                         |                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Employee's Name (Last, First, M.I.)</b><br><br>                                                                                   | <b>8. Department/Agency</b><br>CONSUMER AND INDUSTRY SERVICES                                                                 |
| <b>3. Employee Identification Number</b><br><br>                                                                                        | <b>9. Bureau (Institution, Board, or Commission)</b><br>OFFICE OF FINANCIAL AND INSURANCE SERVICES                            |
| <b>4. Civil Service Classification of Position</b><br>DEPARTMENTAL MANAGER 14                                                           | <b>10. Division</b><br>LICENSING AND PRODUCT REVIEW                                                                           |
| <b>5. Working Title of Position (What the agency titles the position)</b><br>MANAGER                                                    | <b>11. Section</b><br>LICENSING                                                                                               |
| <b>6. Name and Classification of Direct Supervisor</b><br>SONYA W. DUNGEY,<br>DEPARTMENTAL MANAGER 15                                   | <b>12. Unit</b><br><br>                                                                                                       |
| <b>7. Name and Classification of Next Higher Level Supervisor</b><br>JEAN BOVEN, DEPUTY COMMISSIONER<br>STATE DIVISION ADMINISTRATOR 17 | <b>13. Work Location (City and Address)/Hours of Work</b><br>611 W. OTTAWA, LANSING<br>8:00 A.M. - 5:00 P.M., MONDAY - FRIDAY |

**14. General Summary of Function/Purpose of Position**

Section manager responsible for carrying out the licensure and appointments of all insurance industry and insurance industry related practitioners regulated under the Insurance Code including the development and maintenance of appropriate record keeping system,.

**For Civil Service Use Only**

**15. Please describe your assigned duties, percent of time spent performing each duty, and explain what is done to complete each duty.**

**List your duties in the order of importance, from most important to least important. The total percentage of all duties performed must equal 100 percent.**

Duty 1

**General Summary of Duty 1** % of Time 50

LICENSE/APPLICATION MANAGEMENT

**Individual tasks related to the duty.**

- Supervise and direct the processing of all applications for licensing, including license renewals and corporate activities, of insurance industry and insurance industry related practitioners.
- Manage the analysis and review of applicant's qualifications, financial condition and ability to operate in accordance with the pertinent statute and provide the expected financial service to the public.
- Responsible for ensuring that applications are processed in the appropriate time frames and that recommendation to issue or deny a license is properly prepared for presentation to the commissioner according to policy.
- Develop and implement policies and procedures to expedite the processing of license applications and the issuance of licenses.
- Research changes in the law and the business of insurance and participate in training needed to assure the knowledgeable performance of the mission of OFIS by staff.
- Daily contact with exam vendor and NIPR regarding application processing issues.

Duty 2

**General Summary of Duty 2** % of Time 30

SUPERVISORY RESPONSIBILITY

**Individual tasks related to the duty.**

- Supervise and direct the Licensing Unit of the Insurance Licensing Section.
- Act on behalf of the Licensing Section Director in his/her absence for matters related to insurance and surplus lines.
- Responsible for recruiting, hiring, training, performance, production, career development, and recommendations to upgrade employees.
- Review and evaluate investigation reports/criminal background reports for completeness, content, and to ensure that recommendations to support or deny licenses are supported by findings.
- Develop and implement schedules, assignments and coordination of activities with other state agencies necessary for processing license applications.

Duty 3

**General Summary of Duty 3**

**% of Time** 20

Other duties as assigned

**Individual tasks related to the duty.**

- Conduct research on various licensing issues
- Represent licensing at various conferences, seminars, etc.
- Work with professional support staff to determine enforcement referrals
- Annual review of licensing processes
- Work with web team to maintain up-to-date information on the website
- Work with legislative team to make recommendations for legislative initiatives
- Assist director with aspect of licensing contract monitoring responsibilities.
- Other duties as assigned.

Duty 4

**General Summary of Duty 4**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

-

Duty 5

**General Summary of Duty 5**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

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Duty 6

**General Summary of Duty 6**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

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**16. Describe the types of decisions you make independently in your position and tell who and/or what is affected by those decisions. Use additional sheets, if necessary.**

Decisions that may negatively impact the acceptance of an application for processing, issuance of a license, or the renewal of a current license. Deny nonrenewal of a license which means that the applicant could not operate in Michigan.

**17. Describe the types of decisions that require your supervisor's review.**

Decisions that are not covered by licensing procedures, bureau policy, or guidelines.

**18. What kind of physical effort do you use in your position? What environmental conditions are you physically exposed to in your position? Indicate the amount of time and intensity of each activity and condition. Refer to instructions on page 2.**

Position duties and tasks are performed in a traditional office environment which includes considerable sitting, occasional standing, limited lifting, periodic microcomputer usage and normal office routines. Position requires occasional in-state travel by automobile and out-of-state travel usually by air. Occasional overnight travel is required.

**19. List the names and classification titles of classified employees whom you immediately supervise or oversee on a full-time, on-going basis. (If more than 10, list only classification titles and the number of employees in each classification.)**

| <u>NAME</u>         | <u>CLASS TITLE</u>         | <u>NAME</u>    | <u>CLASS TITLE</u>        |
|---------------------|----------------------------|----------------|---------------------------|
| Sherry Bass-Pohl    | Departmental Analyst 12    | Liza Leal      | Departmental Technician 9 |
| Tracy Peck          | Departmental Technician 10 | Leslie Vsetula | Student Assistant         |
| Assunta Tyszkiewicz | Departmental Analyst 11    |                |                           |

**20. My responsibility for the above-listed employees includes the following (check as many as apply):**

- |                                                                        |                                                                       |
|------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Complete and sign service ratings. | <input checked="" type="checkbox"/> Assign work.                      |
| <input checked="" type="checkbox"/> Provide formal written counseling. | <input checked="" type="checkbox"/> Approve work.                     |
| <input checked="" type="checkbox"/> Approve leave requests.            | <input checked="" type="checkbox"/> Review work.                      |
| <input checked="" type="checkbox"/> Approve time and attendance.       | <input checked="" type="checkbox"/> Provide guidance on work methods. |
| <input checked="" type="checkbox"/> Orally reprimand.                  | <input checked="" type="checkbox"/> Train employees in the work.      |

**21. I certify that the above answers are my own and are accurate and complete.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Make a copy of this form for your records.**

**TO BE COMPLETED BY DIRECT SUPERVISOR**

**22. Do you agree with the responses from the employee for Items 1 through 20? If not, which items do you disagree with and why?**

I agree.

**23. What are the essential duties of this position?**

Direct and supervise the Licensing Unit in the Insurance Licensing Section, to ensure that all applications for licensing of insurance industry and insurance industry related practitioners are processed in accordance with the statutes, and that proper recommendations are presented to the deputy commissioner.

**24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.**

New Position.

**25. What is the function of the work area and how does this position fit into that function?**

The Insurance Licensing Section is responsible for administering a licensing program for individual and business entity insurance producers, solicitors, adjusters and counselors. It reviews the licensure qualification of and maintains records on insurance producers, solicitors, adjusters and counselors, including appointments by specific insurers. This position serves as manager for the licensing section.

26. In your opinion, what are the minimum education and experience qualifications needed to perform the essential functions of this position.

**EDUCATION:**

Possession of bachelor's degree in any major.

**EXPERIENCE:**

Four years of professional, business and administrative experience, including two years equivalent to the experienced (P11) level or one year equivalent to the advanced (12) level; or, one year of professional managerial or specialist experience, in any field of work, equivalent to the 13 level or above.

**KNOWLEDGE, SKILLS, AND ABILITIES:**

- Knowledge to oversee the analysis of insurance applications and for making decisions regarding approval or denial of a license.
- Ability to work and communicate effectively with licensees' executives and OFIS management and other state regulators.
- Ability to exercise considerable tact and diplomacy in dealing with complex, sensitive and confidential matters relating to license applicants, attorneys, insurance industry and trade association representatives.
- Ability to complete assignments within work schedules, handle multiple and changing priorities, meet rigid statutory processing deadlines, and work under considerable outside pressure.

**CERTIFICATES, LICENSES, REGISTRATIONS:**

None.

*NOTE: Civil Service approval of this position does not constitute agreement with or acceptance of the desirable qualifications for this position.*

27. I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.



Supervisor's Signature

7/24/08

Date

**TO BE FILLED OUT BY APPOINTING AUTHORITY**

28. Indicate any exceptions or additions to the statements of the employee(s) or supervisor.

29. I certify that the entries on these pages are accurate and complete.

\_\_\_\_\_  
Appointing Authority's Signature

\_\_\_\_\_  
Date