

OFFICE OF FINANCIAL AND INSURANCE REGULATION JOB VACANCY NOTICE

CLASS/LEVEL: Departmental Analyst 9-P11
DIVISION/SECTION: Consumer Services Division/Market Conduct Section
DEADLINE TO RESPOND: 4-22-09

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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 09-17, P.O. BOX 30220, LANSING, MICHIGAN 48909 OR FAX TO (517) 335-1450 BY THE DEADLINE DATE.

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                 |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| COUNTY/LOCATION         | Ingham/Lansing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |
| PAY RANGE               | \$17.78-\$27.85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                 |
| DESCRIPTION OF POSITION | This position reviews and analyzes allegations and violations by insurers and licensees of the Michigan Insurance Code, specifically insurance agents, solicitors, public adjusters, counselors, agencies, under Chapter 12, the Producer Licensing Model Act (PLMA). Assists with reviewing, analyzing and investigating allegations of misconduct of insurance entities as required by statute. Act in an advisory capacity, providing information to other governmental and law enforcement agencies. Appear and testify at administrative hearings and in court proceedings. |                                                                                                                                 |
| EDUCATION               | Possession of a bachelor's degree in any major.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                 |
| EXPERIENCE              | Departmental Analyst 9 - No specific type or amount is required.<br>Departmental Analyst 10 - One year of professional business and administrative experience.<br>Departmental Analyst P11 - Two years of professional business and administrative experience, including one year of experience equivalent to the intermediate (10) level in state service.                                                                                                                                                                                                                      |                                                                                                                                 |
| SPECIAL REQUIREMENTS    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                 |
| RESPOND TO              | Posting No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OFIR 09-17                                                                                                                      |
|                         | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DLEG, Office of Financial & Insurance Regulation, Human Resources/Budget Division/OFIR09-17, 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**  
DEPSPL2

**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><br>ENERGY, LABOR AND ECONOMIC GROWTH                                                          |
| <b>3. Employee Identification Number</b><br><br>                                                            | <b>9. Bureau (Institution, Board, or Commission)</b><br><br>OFFICE OF FINANCIAL AND INSURANCE REGULATION                      |
| <b>4. Civil Service Classification of Position</b><br><br>DEPARTMENTAL TRAINEE/ANALYST 9-P11                | <b>10. Division</b><br><br>CONSUMER SERVICES DIVISION                                                                         |
| <b>5. Working Title of Position (What the agency titles the position)</b><br><br>INSURANCE INVESTIGATOR     | <b>11. Section</b><br><br>MARKET CONDUCT                                                                                      |
| <b>6. Name and Classification of Direct Supervisor</b><br><br>KAREN E PORTER, DEPARTMENTAL MANAGER 14       | <b>12. Unit</b><br><br>INSURANCE INVESTIGATIONS & EXAMINATIONS                                                                |
| <b>7. Name and Classification of Next Higher Level Supervisor</b><br>REGAN JOHNSON, DEPARTMENTAL MANAGER 15 | <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**  
This position reviews and analyzes allegations and violations by insurers and licensees of the Michigan Insurance Code, specifically insurance agents, solicitors, public adjusters, counselors, agencies, under Chapter 12, the Producer Licensing Model Act (PLMA). Assists with reviewing, analyzing and investigating allegations of misconduct of insurance entities as required by statute. Act in an advisory capacity, providing information to other governmental and law enforcement agencies. Appear and testify at administrative hearings and in court proceedings.

**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**

Review, evaluate and analyze referrals and complaints of alleged misconduct and violations involving insurance licensees under the Michigan Insurance Code.

**Individual tasks related to the duty.**

- Review, evaluate, and determine course of action for alleged misconduct and violations of the Michigan Insurance Code by an insurance producer (agent), solicitor, counselor, public adjuster, other insurance licensee or insurer.
- Conduct interviews with entities to determine the facts of a complaint and the truthfulness of the entities interviewed
- Depending on the severity of the alleged misconduct, this position makes recommendations on the course of the investigation, whether to close or refer for enforcement action
- Assemble and provide background information and data for entities involved in an investigation
- Determine compliance with state regulations or may refer to another agency if conduct is outside the scope of OFIR authority
- Analyst may negotiate settlements with the entities
- Prepare written reports in a designated format with all pertinent facts and background information
- Participate in prehearing conferences with counsel and may testify at administrative hearings relating to completed investigations and/or examinations.

Duty 2

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

Review and investigate complaints and referrals against public adjuster, producers, agencies, other licenses, and insurers to determine compliance with state statutes and regulations.

**Individual tasks related to the duty.**

- Assist in the development and review of the insurance pre-licensing examinations
- Review and recommend the implementation of regulations pertaining to insurance licensees in the commercial and personal lines market.
- Draft letters and correspondence to assist in market conduct reviews.
- Speak at conferences, meetings and forums, insurance seminars and provide information as requested.

Duty 3

**General Summary of Duty 3**

**% of Time** 20

Other related special assignments

**Individual tasks related to the duty.**

- Advise and assist other government and law enforcement agencies in review of matters related to civil and criminal insurance inquiries
- Participate in research assignments related to insurance producers, counselors, solicitors, public adjusters as well as other licensees and serve on related task forces.
- Participate in training courses offered, attend meetings and seminars for the purpose of gaining new or improved investigative techniques and court rules
- Participate in all relevant continuing education offerings of OFIR
- Advise and assist the insurance licensees on state rules and regulations; how to comply with state regulations

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.**

- 

Duty 6

**General Summary of Duty 6**

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

**Individual tasks related to the duty.**

-

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.

Investigations of alleged misconduct of entities regulated under the Michigan Insurance Code.

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

In situations where there are questions of policy, or interpretations, or in situations where something unique occurs in the process of the investigation and/or examination the matter will be reviewed with supervisor's guidance.

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, microcomputer usage and normal office routines. Position requires occasional in-state travel by automobile and very limited 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> |
|-------------|--------------------|-------------|--------------------|
|             |                    |             |                    |

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

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

Yes.

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

Determine if persons or entities conducting business in the state of Michigan are operating within the parameters of the Michigan the Insurance Code and all applicable regulations. This requires research, review, and analysis of alleged misconduct by the entities as required by state and federal statutes. This also requires the analyst having excellent recall of all applicable sections of the Insurance Code. This position also assists with investigation, auditing and examining other insurance entities for allegations of misconduct.

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

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

This section is responsible for market conduct examination and investigation and regulation of insurance licensees and entities as required by the Michigan Insurance Code. This position is responsible for the investigation and examination of allegations of misconduct under the Michigan Insurance Code, and allegations of misconduct and violations of state and federal statutes.

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

**EDUCATION:**

Departmental Analyst 9-P11 – Possession of a bachelor’s degree in any major.  
Education and Experience for Departmental Analyst (Departmental Trainee) 9  
Education - Educational level typically acquired through completion of high school.  
Experience Administrative Support Experience - Two years of E10- or E11-level experience OR Four years of advanced or supervisory 9-level, or Senior Executive Management Assistant 9 experience OR Two years of advanced or supervisory 10-level experience OR One year of advanced or supervisory 11-level (or higher) experience.

**EXPERIENCE:**

Departmental Analyst 9 - No specific type or amount is required.  
Departmental Analyst 10 - One year of professional business and administrative experience.  
Departmental Analyst P11 - Two years of professional business and administrative experience, including one year of experience equivalent to the intermediate (10) level in state service.

**KNOWLEDGE, SKILLS, AND ABILITIES:**

Ability to interpret laws, rules and regulations relative to the financial services industries.  
Knowledge of the principles and practices of research and analysis.  
Ability to organize and coordinate the work of others.  
Ability to set priorities and assign work to other professionals.  
Ability to communicate both verbally and in writing effectively.

**CERTIFICATES, LICENSES, REGISTRATIONS:**

*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

\_\_\_\_\_  
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

**Item 16 (cont'd)**

The analyst must know the applicable infractions of the Insurance Code and the applicability of the language for each investigation and independently apply it. Insurers, producers, adjusters, solicitors, counselors and consumers can be directly impacted by decisions made.

An adverse decision made by the analyst regarding a licensee may require preparing for an administrative hearing by assisting counsel. In the event a licensee's conduct is criminal, the analyst may work directly with the Attorney General, local, state, and federal agencies and/or local and state law enforcement agencies.

There is also the element of confidentiality in any investigation as prescribed by law. Any administrative action taken by this office to protect the consumers of Michigan has a positive impact on this agency and the commissioner.