



Job Title	Claims Adjuster I	FLSA Status	Exempt
Band	PRO	Probationary Period	12 Months
Zone	3	Job Code	12881

Class Specification – Claims Adjuster I

Summary Statement:

The purpose of this position is to perform a variety of professional duties involved in investigating liability claims against the City; analyzing and evaluating legal liability and damages including subrogation; and mitigating, negotiating, documenting progress, managing litigation and settling claims; maintaining all applicable laws and staying current in federal, state, and local compliance. This position is also responsible for monitoring legislative measures that may impact the Claims Reserve Fund and Workers' Compensations funds.

DISTINGUISHING CHARACTERISTICS:

This is the entry level class in the Claims Adjuster series. This class is distinguished from the (II level) by the performance of the more routine tasks and duties assigned to positions within the series and by the level of supervision required in the performance of assigned duties. Since this class is typically used as a training class, employees may have only limited or no directly related work experience.

Essential Functions	Note: Regular and predictable attendance is an essential function in the performance of this job.
Time % (All below must add to 100%)	Note: Time spent on each essential function will vary based on operational needs and is only intended to be an approximation over the course of a full year.
60%	Investigates complex claims, including interviewing supervisors, witnesses, medical providers; addressing questions of coverage, liability, subrogation and damages. Visiting actual site of injury or accident; providing guidance to claimant regarding mitigation of damages and claims process; scheduling time to investigate claim for damage assessment and collecting data; determining fault based on analysis of data collection; determining financial reserves based on experience, initial damage assessment, and relative cost of the claim; monitoring and assessing claim reserves throughout claim life; responding to requests and inquiries from the general public to assess needs; providing assistance and resolving problems in a courteous and professional manner; and resolving complaints in an efficient and timely manner.
30%	Mitigates claims to ensure timely efficient payment of benefits on compensable claims; follows all statutes, rules, and policies related to paying claims when making required



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	<p>filings with governing bodies; manages leave benefits by tracking lost time; coordinates return to work in appropriate capacity based on prognosis for employee; manages the use of surveillance equipment; calculates, prepares, and requests payments; denies claims as determined by legal liability; calculates present and actual case value and salvage costs for property damage; negotiates settlements for compensatory damages and recommends methods of resolution; prepares and obtains settlement release documents from claimants; provides assistance to claimants and adjusts claims through specialized programs; compiles information for subrogation or litigation; deals with ambiguity and adapts to new information and changing conditions; and documents claim files providing a sound tracking system for reporting and closing cases.</p>
10%	<p>Determines legal liability using knowledge of laws pertaining to legal liability, governmental immunity, personal injury, property, and automobile liability; assesses and evaluates damages to determine cause of loss and extent of injuries or damages; reviews and assesses claims based on jurisdiction, immunity, liability, damages, and notice requirements; and perceives the impact and implication of decisions and commit to action.</p>

Competencies Required:	
<p>Human Collaboration Skills: Work may require providing advice to others outside direct reporting relationships on specific problems or general policies. Contacts may require the consideration of different points of view to reach agreement. Elements of persuasion may be necessary to gain cooperation and acceptance of ideas.</p>	
<p>Reading: Intermediate – Ability to read papers, periodicals, journals, manuals, dictionaries, thesauruses, and encyclopedias. Ordinarily, such education is obtained in high school up to college. However, it may be obtained from experience and self-study.</p>	
<p>Math: Intermediate – Ability to deal with a system of real numbers; and practical application of fractions, percentages, ratios/proportions and measurements. Ordinarily, such education is obtained in high school up to college. However, it may be obtained from experience and self-study.</p>	
<p>Writing: Intermediate – Ability to write reports, prepare business letters, expositions, and summaries with proper format, punctuation, spelling and grammar, using all parts of speech. Ordinarily, such education is obtained in high school up to college. However, it may be obtained from experience and</p>	



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self-study.

Technical Skills Required:
 Skilled in a Technical Field – Work required a comprehensive, practical knowledge of a technical field with use of analytical judgment and decision-making abilities appropriate to the work environment of the organization.

Relevant Background and Formal Education: Demonstrated skills, competencies, and knowledge required for this job are most often acquired through the following practical experience and level of academic education and training as suggested below.
 Education: Bachelor’s degree from an accredited college or university with major coursework in risk management, business administration, human resources or a related field.
 Experience: One year of full-time responsible analytical experience including experience processing and adjusting liability, benefits or insurance claims.

Education and Experience Equivalency:
 One (1) year of the appropriate type and level of experience may be substituted for each required year of post-high school education.
 Additional appropriate education may be substituted for the minimum experience requirements.

Certifications and Licenses: Must possess or be able to acquire the following certifications and/or licenses.	
Colorado Driver’s License	Upon hire
Certifications required in accordance with standards established by departmental policy.	

Supervision Exercised:
 Position has no responsibility for the direction or supervision of others.

Supervision Received:



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Receives General Direction: This job title normally performs the job by following established standard operating procedures and/or policies. There is a choice of the appropriate procedure or policy to apply to duties. Performance reviewed periodically.

Fiscal Responsibility:

This job title has no budgetary/fiscal responsibility.

Physical Demands:

Exerting up to 10 lbs. occasionally or negligible weights frequently; sitting most of the time.

Environmental Conditions	Frequency
Primary Work Environment	Office Environment
Extreme Temperature	Several Times per Month
Wetness and Humidity	Seasonally
Respiratory Hazards	Seasonally
Noise and Vibrations	Never
Physical Hazards	Never
Mechanical and/or Electrical Hazards	Never
Exposure to Communicable Diseases	Never

Machines, Tools, Equipment, and Work Aids: Computer, printer, copier, telephone, and standard office equipment.

Specialized Computer Equipment and Software: Microsoft Office and specialized claims software.

The description above is intended to represent only the key areas of responsibilities; specific job assignments, duties, and environmental conditions will vary depending on the business need of the department and the particular assignment.

Original Date: January 2015