

STATE OF WISCONSIN
CLASSIFICATION SPECIFICATION

INSURANCE EXAMINER
CLASSIFICATION SERIES

I. INTRODUCTION

A. Purpose of this Classification Specification

This classification specification is the basic authority under ER 2.04, Wis. Admin. Code, for making classification decisions relative to present and future professional Insurance Examiner positions located within the Office of the Commissioner of Insurance, Division of Market Regulations and Enforcement. This classification specification will not specifically identify every eventuality or combination of duties and responsibilities of positions that currently exist, or those that result from changing program emphasis in the future. Rather, it is designed to serve as a framework for classification decision-making in this occupational area.

Classification decisions must be based on the “best fit” of the duties within the existing classification structure. The “best fit” is determined by the majority (i.e., more than 50%) of the work assigned to and performed by the position when compared to the class concepts and definition of this specification or through other methods of position analysis. Position analysis defines the nature and character of the work through the use of any or all of the following: definition statements; listing of areas of specialization; representative examples of work performed; allocation patterns of representative positions; job evaluation guide charts, standards or factors; statements of inclusion and exclusion; licensure or certification requirements; and other such information necessary to facilitate the assignment of positions to the appropriate classification.

B. Inclusions

This classification series encompasses positions located within the Office of the Commissioner of Insurance, Division of Market Regulation and Enforcement. Positions allocated to this series monitor the market conduct of insurers and producers licensed to do business in Wisconsin. These positions are responsible for administering and enforcing Wisconsin statutes and administrative rules relating to insurance policy forms and insurance company operations; reviewing and handling consumer complaints, conducting investigations regarding violations of the statutes and administrative rules; conducting examinations of the marketing, underwriting, rating, claims and customer service operations of insurers and are involved in developing and promulgating administrative rules. Positions in this series must meet the definition of professional defined in Sec. 370.030 of the Wisconsin Human Resources Handbook.

C. Exclusions

Excluded from this classification series are the following types of positions:

1. Positions which do **not** meet the definition of professional, as defined in Sec. 370.030 of the Wisconsin Human Resources Handbook;

2. Positions which meet the statutory definitions of management or supervisor as defined in s. 111.81(13) and (19), Wis. Stats., respectively, as administered and interpreted by the Wisconsin Employment Relations commission;
3. Positions which spend the majority of their time performing financial examinations of insurance companies that are more appropriately classified as Insurance Financial Examiners;
4. Positions which spend the majority of their time performing paraprofessional or clerical work related to the insurance area; or
5. All other positions which are more appropriately identified by other classification specifications.

D. Entrance and Progression Through This Classification Series

Employees enter this classification series by competition. Progression to the journey level and senior level will occur through reclassification after the employee satisfactorily attains the specified training, education, and experience and satisfactorily performs the full scope of duties identified at the journey and senior levels. The majority of a position's duties and responsibilities must be recognized in the classification definition in order for the position to progress to that level. Progression to the advanced level occurs by competition.

E. Definitions of Terms Used in this Classification Specification

Terms specific to this classification series are defined as follows:

MAIN LINE OF INSURANCE – specifically the main insurance lines insurance administered at the Office of the Commissioner of Insurance: *Property & Casualty*; *Accident and Health*; and *Life*.

SUB-SPECIALTY AREAS – these are components of a main line of insurance that require more in-depth, specific knowledge, and specialization. Sub-specialty areas for each main line of insurance, listed by main line of insurance, are as follows:

Property & Casualty – aviation, commercial risks, contract liability insurance policies, credit unemployment, crop, digital claims settlement, flood insurance, gap, insurance score/credit score, legal expense, lender placed insurance, medical malpractice, mortgage guarantee, motor club, ocean & inland marine, pet, professional liability, surety & bonds, surplus lines, terrorism, title, town mutuals, travel insurance, vehicle protection plan, warranty plans and property service contracts, Wisconsin auto insurance plan, Wisconsin insurance plan, and workers compensation.

Accident and Health – group or individual health plans, health plan/provide interactions and contracts, health purchasing cooperatives, long-term care, managed care, Medicaid supplement, mental health parity/behavior health, multiple employer welfare arrangement (MEWA), navigators/certified application counselors (CAC), network adequacy, No Surprises Act/transparency in coverage, pharmacy benefit managers (PBM), provider credentialing, short-term, limited benefit plans, and step therapy

Life – accelerated underwriting, agent solicitation/sales, annuities, best interest standard in annuities, continuing care retirement communities (CCRC), credit insurance, disability, fraternal, group or individual life insurance, life policy locator, life settlement, pre-need, and universal life.

II. DEFINITIONS

INSURANCE EXAMINER CLASSIFICATION SERIES

Insurance Examiners are responsible for monitoring the market conduct of insurers and producers licensed to do business in Wisconsin; administering and enforcing Wisconsin statutes and administrative rules relating to insurance policy forms and insurance company operations; reviewing and handling consumer complaints, conducting investigations regarding violations of the statutes and administrative rules; conducting examinations of the marketing, underwriting, rating, claims and customer service operations of insurers and are involved in developing and promulgating administrative rules. Differing responsibilities distinguishing between the levels are described, below, in each level's definition.

INSURANCE EXAMINER

This classification is used as an entry progressing to developmental level. Work is performed under close supervision progressing to limited supervision.

Positions at this level review simple insurance questions and facilitate the insurance consumer complaint process. In addition to processing the complaint, positions review the insurance company complaint response by researching policies, rates, and marketing practices for compliance with state law and administrative code; report potential violations of insurance law to an Insurance Examiner - Journey for further review; advise consumers regarding insurance best practices; and participate in complaint analysis and data collection at the direction of their supervisor.

INSURANCE EXAMINER – JOURNEY

This is a journey level for positions which specialize in a specific main line of insurance and have a deeper understanding of insurance policy forms, rates, and marketing practices specific to these lines; complete more complex complaint investigations, data calls, policy review, rate making, and underwriting reviews; and mentor the Insurance Examiner staff to ensure consistent and accurate responses as well as review complex complaint investigations for recommended legal action. Work at this level is performed under general supervision.

INSURANCE EXAMINER – SENIOR

This is the objective full performance level positions in the series. Positions have specialized function as subject matter experts in at least three sub-specialty areas within their main line of insurance (Property & Casualty, Accident and Health, and Life). Duties performed at this level include complaint appeal resolution, drafting consumer publications, legislative correspondence, auditing internal complaints, rate, and form reviews, and conducting staff training. Positions require specific and thorough understanding of insurance practices related to policy forms, rate making, underwriting, and insurance marketing; and have extensive knowledge of Wisconsin insurance law as well as administrative code. Positions provide high level analytical complaint data to support legal action and or further market conduct analysis. Positions may assist Insurance Examiner Advanced positions in the preparation of complex complaint files for legal review. Work at this level is performed under general supervision.

INSURANCE EXAMINER – ADVANCED

This is the advanced level for professional positions. Positions allocated to this level develop and effectively recommend program policies and procedures; and conduct internal reviews, desk audits, market conduct exams, market conduct system configuration, and rate filing analysis of insurance companies. Positions determine, coordinate, and conduct insurance company compliance reviews based on the recommendations in the National Insurance Commissioners Market Conduct Handbook. Positions are a subject matter expert in at least one main line of insurance and have working knowledge of all sub-specialty areas, and have

thorough knowledge of company marketing practices, including claims, policy forms, rate making, underwriting, and marketing. Positions perform detailed analysis of National Association of Insurance Commissioners (NAIC) Market Conduct Annual Statement (MCAS) company data; request and compile company data calls for the Wisconsin Insurance report and any other statutorily required reporting; and participate in NAIC working groups. Positions perform the required level one and two reviews and any other market conduct functions, and procedures required by the NAIC of companies under the NAIC Market Conduct Certification Standards.

III. QUALIFICATIONS

The qualifications required for these positions will be determined at the time of recruitment. Such determinations will be made based on an analysis of the goals and work activities performed and by an identification of the education, training, work, or other life experience which would provide reasonable assurance that the knowledge and skills required upon appointment have been acquired.

IV. ADMINISTRATIVE INFORMATION

This classification series was created effective December 5, 1999, and announced in Bulletin CLR/SC-106. The old Insurance Examiner classification series was abolished effective December 5, 1999, and was separated into the two new classification series of Insurance Examiner and Insurance Financial Examiner in order to identify two distinctively different classifications which perform different duties and responsibilities and require different knowledge, skills, and abilities.

This classification series was collapsed and created effective May 18, 2003, and announced in Bulletin MRS-SC-158 as a result of the WPEC Broadbanding and Class Collapsing Study.

This classification series was modified effective July 23, 2017, to more accurately reflect the duties assigned to the positions, and announced in Bulletin DPM-0450-CC/SC.

This classification series was modified effective March 26, 2023 and announced in bulletin DPM-0593-CC/SC to make updates to the exclusions, add definitions of specialized terms, and to update the definition language (including the removal the lead worker responsibilities from the senior level). With changes and modifications progression to the senior level is now permissible through reclassification.

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