



CITY OF TORRANCE
invites applications for the position of:

WORKERS COMPENSATION CLAIMS EXAMINER (RE-ISSUE)

SALARY: \$6,019.87 - \$7,318.13 Monthly

DEPARTMENT: Finance

OPENING DATE: 07/10/19

CLOSING DATE: Continuous

DESCRIPTION:

The first review of applications for this position has been extended to August 19, 2019.

**WE STRONGLY ENCOURAGE APPLICANTS TO READ THE JOB ANNOUNCEMENT
IN ITS ENTIRETY BEFORE SUBMITTING AN APPLICATION FOR THIS POSITION.**

The [City of Torrance](#) is recruiting for a Claims Examiner to be part of the Workers Compensation Team!

The [City of Torrance](#) workers' compensation program is both self-insured and self-administered. The Workers Compensation Unit is a part of the Risk Management Division in the [Finance Department](#). This Unit is made up of one Manager, two Claims Examiners and two Claims Technicians, as well as support staff. This small but impactful unit prides itself in providing case management and claims administration for all injured City employees.

As part of the Workers Compensation Team, the [Claims Examiner](#) explains benefits and legal rights under applicable codes, City policies and Memoranda of Understanding provisions to employees. This individual reviews, examines and adjusts complex, sensitive and/or catastrophic claims; facilitates the return of injured workers; reviews, processes and prepares a variety of claim file documents, identifies issues and ensures adherence to California Labor Code and regulatory requirements; and assists in the negotiation of settlements for controversial and high cost claims.

This position requires a high degree of discretion and independent judgment. This individual must be able to handle multiple tasks with shifting priorities; work with minimal supervision; and balance a high volume caseload while being responsive to customers (claimants and managers/supervisors) and treatment providers.

QUALIFICATION GUIDELINES:

Any combination of education and experience that provides the required knowledge and skills is qualifying. A typical way to obtain the knowledge and skills would be:

Graduation from high school or equivalent supplemented by college level coursework in workers' compensation, insurance, business or public administration, or a related field that included a permanent disability rating course; and two years of recent progressively responsible experience adjusting workers' compensation claims.

License and/or Certificates

- Must possess and maintain a valid California Class C driver's license.
- Incumbents appointed after January 2005 must possess and maintain a State of California Self-Insurance Plan Certificate and the appropriate certification of competency as required by the State of California.

Ideal Candidate:

In addition to the above requirements, the most successful candidate will possess the following:

- Knowledge of current State of California Workers' Compensation laws, administrative regulations, and claims adjusting procedures;
- Ability to independently and effectively manage complex or technically difficult claims;
- Self-insured employer workers' compensation claims experience;
- Public sector claims management experience and handling claims for safety employees;
- Knowledge of safety and health standards and regulations;
- Business acumen;
- Excellent written and verbal communication and interpersonal skills;
- Strong customer service orientation;
- Flexible and adaptable;
- Analytical and resourceful problem-solving skills; and
- Familiar with Americans with Disabilities Act (ADA) regulations and Fair Employment and Housing Administration (FEHA).

HOW TO APPLY & EXAM PROCESS:

Interested candidates must submit an online application and supplemental questionnaire at **www.TorranceCA.Gov/Jobs**. Application submissions will be accepted on a continuous basis until the position is filled. **First review of applications will be those received by August 19, 2019 at 5:30 p.m.**

Only those candidates who best meet the City and Department's needs will be invited to participate in the examination process, which will consist of the following components:

Performance Test weighted 30% (*Tentatively Scheduled on September 4, 2019*)

Oral Interview weighted 70% (*Tentatively Scheduled on September 4, 2019*)

SPECIAL NOTES:

Applicants with disabilities who require special testing arrangements must contact Human Resources prior to the examination date(s).

As a condition of employment, candidates must pass a background check and a pre-employment medical examination.

The provisions of this announcement do not constitute an expressed or implied contract and any provisions contained in this announcement may be modified or revoked without notice.

APPLICATIONS MAY BE FILED ONLINE AT:
<http://www.TorranceCA.Gov/Jobs>

Position #19051307
WORKERS COMPENSATION CLAIMS EXAMINER (RE-ISSUE)
TO

3231 Torrance Blvd.
Torrance, CA 90503
310-618-2915

jobinfo@TorranceCA.Gov

WORKERS COMPENSATION CLAIMS EXAMINER (RE-ISSUE) Supplemental Questionnaire

- * 1. The following supplemental questions will be used to evaluate your qualifications for the position for which you are applying. Resumes are encouraged but will NOT be used in lieu of the application or supplemental questions. Please read each question carefully and provide a thorough and complete response. Do NOT state "see resume" or "see application" to respond to any of the

following questions. Failure to respond to all questions will be considered an incomplete application and may not be considered for further processing. Do you understand the foregoing?

Yes No

- * 2. I UNDERSTAND that I am required to describe IN DETAIL my qualifying experience in the Work Experience Section of my application. In addition to including my qualifying experience, I UNDERSTAND that I should list ALL JOBS, regardless of duration, including part-time jobs, military service and any volunteer experience during my entire work history. I UNDERSTAND that when providing my work history, ALL DATES should be UPDATED, starting with my most recent job. I UNDERSTAND that answers that I provide to the supplemental questions should be reflected in the Work Experience Section of my application. I UNDERSTAND that if I am currently employed by the City of Torrance, I MUST provide my appropriate job classification/title and provide a description of my duties in the Work Experience Section of my application. I have read these statements in their entirety and understand them completely and to their fullest.

Yes No

- * 3. Do you possess a current State of California Self-Insurance Plan Administrator Certificate? (Please attach a copy to your application)

Yes

No

- * 4. Are you designated as a Workers' Compensation Claims Adjuster in the State of California?

Yes

No

- * 5. Are you designated as a Workers' Compensation Experienced Claims Adjuster in the State of California?

Yes

No

- * 6. Have you successfully completed your 30 hours post-designation training in the last two years in the State of California?

Yes

No

- * 7. Do you have college level coursework and/or certifications in workers compensation, insurance, business, public administration or related field?

Yes

No

- * 8. How many years of progressively responsible experience do you have in workers' compensation claims adjusting?

None

Less than 1 year

1 to 2 years

3 years or more

- * 9. Do you have experience handling claims for a self-insured employer?

Yes

No

10. If yes, describe your experience and responsibilities handling these types of claims.

- * 11. Do you have workers' compensation claims experience in a public sector environment?

Yes

No

12. If yes, describe your experience and responsibilities handling these types of claims.

* 13. Do you have workers' compensation experience handling claims for safety employees?

Yes

No

14. If yes, describe your experience and responsibilities handling these types of claims.

* 15. I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that this information is subject to verification with my former employers, and that misrepresentation may cause me to forfeit all opportunities to be considered for employment with the City of Torrance.

Yes No

* Required Question