

Risk Management Consultant IV (Claims Lead)

DEFINITION

This is complex supervisory work and is the most senior position within the Risk Management Consultant classification series.

Claims management includes supervising all levels of claims employees, assigning work files and supporting in the investigation of the most complex claims and handling any sensitive or confidential claims which are made by or against the City. Claims settlements are effected within delegated authority guidelines pursuant to the City Administration Bylaw. The incumbent reviews accident and claims reports made by claimants and by client departments and may perform claim investigations as required. The Claims Supervisor supervises all levels of claims adjusters (Claims Specialist/RMC III, Senior Adjuster/RMC II and Adjuster/RMC I).

The difference between this class and the Risk Management Consultant III is the supervision of staff, the level of decision making and overall scope of work. The incumbent exercises a very high degree of independent judgment in determining the section's work methods, procedures and practices. Work is performed under general supervision from the Director of Risk Management.

There is no automatic progression between the Risk Management Consultant positions.

TYPICAL DUTIES *

Supervises staff.

Directs, mentors and assigns the work of unit subordinates.

Plans and implements staff training and leads the recruitment of new employees.

Support team members' professional development and growth.

Participate in catastrophic incident response as it relates to handling associated claims.

Performs section planning and administration to ensure effective operation of the Claims unit.

Performs quality assurance to ensure optimal claims handling and customer service levels and KPIs.

Evaluates program success/effectiveness and develops recommendations for senior leadership to maximize program and process improvement.

Establishes relationships with internal and external clients to coordinate and deliver position accountabilities. Provides advice to senior managers and executives as it relates to claims handling and associated elements.

Conducts, plans, organizes and participates in sensitive claims handling processes and accident investigations as needed.

Reviews the circumstances leading to claims and accidents, assesses the City's legal liability and recommends and approves the amount of settlements subject to the delegated authority for this level.

Analyzes accident and property or liability damage, expert reports, along with examining files adjusted by independent adjusters or legal counsel on specialized, sensitive, or confidential matters.

Approves claim settlements within delegated authority.

Risk Management Consultant IV (Claims Supervisor)

Collaborates with the Manager of Insurance & Risk and Insurance Business Analysts to identify corporate loss exposures and assess their frequency and severity of various loss types as well as identify opportunities for coverage enhancements and supports the claims reporting processes.

Supports the claims debrief process to identify mitigation measures in collaboration with the business areas and key stakeholders.

Supports the Director in reporting on claims related metrics under the City's Enterprise Performance Management.

Execute contract management functions claim-related vendors, such as Independent Adjusting and Property Appraisal Firms, in partnership with the City's Procurement team and support associated procurement processes.

Perform and recommend to the Director resourcing requirements for the claims team including overtime, retaining external resources, and reallocating resources within the claims function to meet the evolving needs of the corporation.

Performs other related duties as required.

KNOWLEDGE, ABILITIES AND SKILLS

Extensive supervisory skills and operations management including performance metrics and quality assurance practices

Extensive knowledge of insurance claim investigation techniques and practices.

Extensive knowledge of litigation practices, contract law, insurance law, provincial public liability legislation and relevant municipal bylaws including being aware of current legal trends.

Knowledge of construction and building practices, including fire and building codes and the establishment of a project plan.

Knowledge of medical terminology and treatment plans, including the utilization of Independent Medical Examinations and Surveillance.

Knowledge of civil law, court procedures and practices.

Ability to collect evidence and to present evidence in court.

Ability to plan, assign and supervise the work of subordinates.

Ability to establish and maintain effective working relationships.

Ability to maintain accurate records and statistical information.

Well developed skills in negotiation, conflict management and in written and verbal communication.

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TRAINING AND EXPERIENCE REQUIREMENTS

Job Level

Completion of a post secondary university degree or diploma in a related field is required.

A Chartered or Fellow Chartered Insurance Professional designation from the Insurance Institute of Canada is required.

A minimum of seven years related work experience of which three (3) years must include the supervision of staff.

Administrative assistance and support is not considered as relevant experience.

** This is a class specification and not an individualized job description. A class specification represents and defines the general character, scope of duties and responsibilities of all positions within a specific job classification. It is not intended to describe nor does it necessarily list the essential job functions for a specific position in a classification. Positions may perform some of the duties listed above but this does not necessarily qualify for placement into this classification.*

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| Salary Plan | <u>21M</u> | <u>21A</u> | <u>21B</u> | <u>21C</u> |
| Job Code | 2282 | | 2283 | |

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