

## POSITION DESCRIPTION

**Job Title:** Client Services Specialist (CSS)  
**Status:** Non-Exempt, Full Time  
**Department:** Underwriting and Client Services (UW/CS)

### PURPOSE:

To apply the knowledge of Allied's products, Certificate of Insurance, computer systems, and company procedures and philosophies along with sound judgment in the processing of existing business. Responsible for the collection, processing and subsequent accounting of all premium received. Perform non-medical functions of the UW/CS Department including, but not limited to, processing: short-term med applications, additions, agent appointments, annual participation review, billing changes and quotes.

There are two CSS Levels. For Level 3, one must be proficient in Level 2.

## CLIENT SERVICES SPECIALIST II

### ESSENTIAL FUNCTIONS:

80%

1. An important component of this position is to provide the services mentioned above in a professional and courteous manner enabling Allied to be recognized as a service-driven organization.
2. Post premium received according to department guidelines and standards, including balancing individual posting totals to check totals received for deposit. Review and determine handling of premiums received that require further investigation prior to posting, i.e. unbankable checks, checks received on lapsed cases, checks received without statements, etc. Review and take the appropriate action on paid statements requiring further action, i.e. order letters, modify information in the system, or refer to the appropriate staff for review.
3. Correct, modify and/or reprocess billing statements as needed to support changes requested by client, such as terminations, reactivations, etc.
4. Review applications received to add employees & dependents to existing coverage. Determine correct action required based on guidelines & procedures based on policy. Update computer system and make phone calls as needed and/or prepare any correspondence necessary.
5. Process appointments for agents by reviewing material submitted to determine if all forms were completed properly, updating in system and adding to spreadsheet for transmittal to carrier.
6. Prepare group certificates and ID cards for mailing, selecting the appropriate ID card holders and other inserts based on product type. Determine the appropriate shipping method and recipient.

7. Process 'Simplified Issue Plan' Applications (short-term med) by reviewing applications, paper and electronic, to determine whether to issue, pend or decline and determine the eligible effective dates and rate. Apply payments, check or credit card, including balancing and end of day processing.
8. Review and prepare calls and/or problem files for review by supervisor or manager. Thoroughly document the situation for management review including offering recommendations. Take appropriate action as directed.
9. Review and process returned mail, address changes, name changes, waiting period changes, Cobra, and other routine correspondence received.
10. Process annual audits on the group cases (group anniversary reviews). Compare census information with State Quarterly Unemployment Tax Report to determine if existing company is meeting participation requirements. Take appropriate action if participation is not met.
11. Sort and distribute incoming mail whether paper, contact management, or through AI workflow via indexing.
12. Process appointment renewal requests received from the carriers.
13. Produce quotes in WinAllied to support the Sales department.
14. Meet established department production standards for quality and quantity.

**MARGINAL FUNCTIONS:**

20%

1. Determine appropriate action and/or correspondence required for commission owed checks.
2. Answer incoming phone calls and provide information & assistance to callers and document call details in Contact Management System.
3. Process Contact Management open activities within 24 hours.
4. Review and process claim referrals to determine eligibility of an insured and/or any corrections to the system that may be needed. Forward all medical eligibility and rescission referrals to Medical Underwriting for further processing.
5. Assist with various agent reports; i.e. 30-Day Transmitted Appointment list, 30-Day Pending list, Expired License reports, Hold List, etc.

**CLIENT SERVICES SPECIALIST III**

**ESSENTIAL FUNCTIONS:**

95%

1. Must be proficient in all functions of CSS II in accordance with departmental quality and production standards.
2. Process various banking functions requiring use of the Automated Clearing House system, Credit Card system, and Enterprise Bank programs connected via modem with the bank.

- Enter, pre-note, verify, reconcile and process credit card and pre-authorized checking cases and payments through our computer and the "Automated Clearing House" system.
  - Verify bank account balances in bank computer system on a daily basis. Enter into spreadsheets including documenting variances and details for Finance Department.
  - Review "Cash Report Summary" report. Issue and deposit transfer checks into appropriate trustee bank accounts on a daily basis.
3. Process all commission change mail, IRS mail, and other non-routine correspondence received.
  4. Review and verify various computer generated reports, make corrections or changes as required.
    - Process all miscellaneous close out reports, i.e. Special Adjustments on Terming Cases, Close-Out Data File Verification, Pre-Term list, etc.
    - Review and correct items on the Pre-Billing Verify report, Bill Processing Error list, and Bill Printing Error list.
    - Verify and process automatic refund checks generated on cases lapsing with a credit, enter into refund check register.
  5. Process Distributor contract additions and terminations.
    - Order correct letters in computer and send appropriate enclosures.
    - Update/add distributor information in computer.
    - Order distributor stamp and mail distributor supplies, Communiques, etc.
  6. Monitor the UAS mailbox. Print or route the faxes and messages received to the appropriate area for handling.

**MARGINAL FUNCTIONS:**

5%

1. Compose custom letters as needed.
2. Interpret and recommend updates to guidelines and procedure documents.
3. Assist with the weekly production reports.

**REQUIREMENTS:**

1. One to two years related work experience or equivalent education.
2. High school graduate or equivalent.
3. Ability to operate a computer and 10-key calculator.
4. Ability to perform basic mathematical functions.
5. Ability to compose proper business correspondence. (i.e., letters, memos and file documentation).
6. Ability to read, comprehend and follow verbal and written English instructions. Ability to speak and write fluent English.
7. Ability to meet all company attendance requirements.

8. Ability to sit or stand at workstation for 7 1/2 hours per day.
9. Ability to work under, and handle stress associated with, varying workloads and deadlines.
10. Ability to meet departmental training, quality and production standards.

**FACTORS IMPORTANT TO SUCCESSFUL PERFORMANCE OF POSITION:**

Problem solving ability  
 Communication skills  
 Team Player

Analytical ability  
 Interpersonal skills

Must be capable of reviewing and analyzing various correspondence, billings, case/payment histories or internal forms and determine correct handling of problems related to insured's billings and payments. Must be capable of communicating, both verbal and written, to insureds and agents of payment requirements or explanations.

**PHYSICAL DEMANDS OF POSITION:**

Standing/sitting	95% of time	Must remain at work station.
Walking	5% of time	
Reaching	60% of time	Operate computer keyboard and calculator
Handling	40% of time	Bills, correspondence, checks, carrying files, supplies, etc.
Speaking	10% of time	Make telephone calls
Hearing	10% of time	Receiving telephone calls
Seeing	100% of time	Reviewing checks, billings, correspondence and files.

NOTE: Applicants who need accommodation for an interview or job testing, please request this in advance to the Human Resources Department.