

DESCRIPTION: Under limited supervision, investigate suspected insurance fraud committed by an insurance company, an insurance agency, an agent, an attorney, a doctor, a policyholder, or beneficiary in all areas of the industry including life and health, and property and casualty to procure evidence to support allegations. The cases will vary from routine to complex and from civil to criminal; performs related work as assigned.

DISTINGUISHING CHARACTERISTICS: (A position is assigned to this class based on the scope and level of work performed as outlined below.)

This class is distinguished from the Insurance Fraud Investigator Supervisor by absence of supervision of Insurance Fraud Investigators.

EXAMPLES OF WORK: (A position may not be assigned all the duties listed, nor do the listed examples include all the duties that may be assigned.)

Reviews and investigates reports that an act of insurance fraud has been committed or is currently being committed to determine if fraud has occurred and to gather, assemble, and preserve factual statements, affidavits, and physical evidence for use in civil or criminal actions. Develop an investigative approach to a variety of caseloads and insure matters are prioritized according to the direction of their supervisor.

Determine if potential violation meets elements required within criminal statutes for prosecution, what the statute of limitations may be for violations, and the best venue for prosecution.

Locates, interviews, and takes statements from witnesses and persons suspected of involvement in fraudulent insurance activities or have related knowledge to use as evidence in civil or criminal actions.

Writes search and arrest warrants utilized during the course of investigations. Drafts and utilizes administrative subpoenas.

Consults and works with law enforcement, insurance company personnel, and other agency investigators to gather information and provide evidence for use in civil and criminal actions.

Reviews financial transactions including financial records, claim files, and underwriting files of insurance companies and books and records of other entities and private individuals to determine if fraudulent acts have been committed and to provide evidence for civil or criminal actions.

Writes reports to include clear, concise, detailed, and comprehensive information reflecting all investigative techniques applied, relevant facts, and summaries to be reviewed by the attorney and to have documentation of the investigation.

Testifies before administrative and judicial bodies on matters relative to insurance fraud to provide factual evidence.

Corresponds with individuals, insurance companies, law enforcement officials, and other entities to facilitate the investigation and to provide documentation of relevant facts.

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Maintains relationships with anti-fraud organizations and attends training to stay abreast of the latest information. Prepares and provides educational presentations for partners and consumers on all aspects of insurance fraud and/or investigative techniques. Serves as a resource to provide information pertaining to insurance fraud.

Consults with department counsel on any special circumstances arising in an investigation to receive legal assistance or advice.

KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED: (These are needed to perform the work assigned.)

Knowledge of: rules of evidence, laws of arrest, search and seizure, and basic court procedures; policies and procedures of specific jurisdictions when making arrests; criminal investigation techniques and procedures; principles of identification, preservation, and presentation of evidence relating to financial fraud embezzlement extortion, bribery, larceny, conspiracy etc.; general accounting and bookkeeping principles; automated record systems.

Ability to: trace financial transactions through insurance operations; analyze, prepare, and present evidence under criminal proof standards in writing and oral testimony; review evidentiary leads and select and investigate leads effectively; communicate effectively at many levels; plan and organize work; interact with agency staff, law enforcement staff, insurance industry staff, and the public; work with combative or hostile persons; physically make arrests and protect themselves and/or citizens when circumstances dictate; establish and maintain effective relationships with government officials, police units, insurance industry personnel and the general public; apply advanced investigatory techniques; analyze evidence and other types of data; follow and comply with all steps of due process; prepare clear, concise written reports.

Skill with: personal computers, word processing and spreadsheet software; tracing financial transactions in insurance operations; applying advanced investigatory techniques.

MINIMUM QUALIFICATIONS: (Applicants will be screened for possession of these qualifications. Applicants who need accommodation in the selection process should request this in advance.)

Coursework/training in criminal justice, law enforcement, police science, criminology, or related field AND active Law Enforcement certification for the State of Nebraska with experience in criminal justice, law enforcement, police science, criminology, or related field, including experience conducting criminal investigations.

SPECIAL NOTE:

Incumbents must complete required continuing education to maintain active law enforcement certification.

Valid driver's license or the ability to provide independent authorized transportation for work-related travel.

State agencies are responsible to evaluate each of their positions to determine their individual overtime eligibility status as required by the Fair Labor Standards Act (FLSA).