CS-214 REV 8/2007

1. Position Code

AUDITOREC25N

State of Michigan Civil Service Commission

Capitol Commons Center, P.O. Box 30002

Lansing, MI 48909

Federal privacy laws and/or state confidentiality requirements protect a portion of this information.

POSITION DESCRIPTION

This form is to be completed by the person that occupies the position being described and reviewed by the supervisor and appointing authority to ensure its accuracy. It is important that each of the parties sign and date the form. If the position is vacant, the supervisor and appointing authority should complete the form.

This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information in this form is used to determine the proper classification of the position. THE SUPERVISOR AND/OR APPOINTING AUTHORITY SHOULD COMPLETE THIS PAGE.

2.	Employee's Name (Last, First, M.I.)	8.	Department/Agency Insurance and Financial Services
			INSURANCE AND FINANCIAL SERVICES
3.	Employee Identification Number	9.	Bureau (Institution, Board, or Commission)
4.	Civil Service Classification of Position	10.	Division
	AUDITOR 9-P11		OFFICE OF INSURANCE LICENSING, INVESTIGATIONS AND
			AUDITS
5.	Working Title of Position (What the agency titles the position)	11.	Section
			AGENCY AUDIT SECTION
	AUDITOR		
6.	Name and Classification of Direct Supervisor	12.	Unit
0.	Name and Classification of Direct Supervisor	14.	Cint
	HOLLY ZHU, STATE ADMINISTRATIVE MANAGER 15		
7.	Name and Classification of Second Level Supervisor	13.	Work Location (City and Address)/Hours of Work
	MICHELE RIDDERING, OFFICE DIRECTOR		530 W. Allegan Street, Lansing, MI 48933
			8:00 A.M. to 5:00 P.M., Monday through Friday

14. General Summary of Function/Purpose of Position

This position conducts targeted audits of licensed resident insurance agencies/business entities. Monitor and analyze business practices of agencies. Identify potential or existing areas of concern, determine causes of said deficiencies, and assist in resolving any identified issues. Prepare audit reports containing data on records audited, conclusions reached, exceptions taken and proposed action. Compile referrals to Office of General Council with recommended enforcement actions.

For Civil Service Use Only

15.	Please describe your <u>assigned</u> duties, percent of time spent performing each duty, and explain what is done to complete each duty.
	List your duties in the order of importance, from most important to least important. The total percentage of all duties performed must equal 100 percent.
Dut	t <u>y 1</u>
Ger	neral Summary of Duty 1 % of Time <u>30</u>
Per	form risk assessments of selected resident insurance agencies/business entities.
Ind	lividual tasks related to the duty.
•	Contact agencies selected to receive risk assessment reviews;
•	Review agencies' responses to initial questionnaires to obtain an understanding of their business operations and to identify areas of concern.
•	Conduct an onsite visit to review selected sample transactions.
•	Prepare working papers as requested in the Risk Assessment procedure.
•	Make an assessment of the overall risk affecting the agencies' compliance with the statutory requirements.
•	Communicate to the agencies the final results of the reviews.
Dut	ty 2
Ger	neral Summary of Duty 2 % of Time <u>40</u>
Per	form agency/business entity audits.
Ind	lividual tasks related to the duty.
•	Contact agencies targeted to receive audits.
	Coordinate schedule of audit activities.
•	Conduct audits of agencies/business entities. Examination will include the following areas: financial condition, billings and customer accounts, producer licensing records, complaint records, sales and advertising.
	Examine other areas as necessary.
•	Acquire a working knowledge of agency's business practice, including accounting methods.
	Perform research on laws and policies to identify areas of concern and determine causes of deficiencies.
•	Prepare audit working papers in sufficient detail to provide a clear understanding of the work performed, the audit evidence obtained and its source, and the conclusion reached.
•	Writes clear, concise, and balanced audit reports that require minimal re-drafting.
•	Provide assistance during onsite visits and sample reviews for audits not assigned as in-charge.

Duty 3
General Summary of Duty 3 % of Time <u>10</u>
Conduct necessary follow-up of agency/business entity audits.
Conduct necessary follow-up of agency/business entity audits.
Individual tasks related to the duty.
• Evaluate results of agency/business entity audits.
• Using laws and policies, identify areas of concern and determine causes of deficiencies.
• Assist in developing a plan to resolve identified concerns, including possible market conduct action or referral to agency enforcement staff.
Duty 4
General Summary of Duty 4 % of Time <u>20</u>
Job related trainings, conferences, and special projects.
Individual tasks related to the duty.
• Attend professional training programs, seminars, conferences, or other sessions to maintain and improve insurance knowledge and professional skills in the areas of accounting, auditing, investigation, and other.
• Perform review of surplus lines tax filings received from surplus lines licensees.
• Perform special projects or duties as assigned.
• Other duties as assigned.

Duty 5	
Duty 5	
	0/ of Time
General Summary of Duty 5	% of Time
Individual tasks related to the duty.	
•	
Dutu 6	
Duty 6	
General Summary of Duty 6	% of Time
.	
Individual tasks related to the duty.	
Individual tasks related to the duty.	

16.	Describe the types of decisions you make independently in your position and tell who and/or what is affected by those decisions. Use additional sheets, if necessary.			
		complete audit. Detection of pr	which agencies/business entities to a roblems and causes. Recommendati	
17.	Describe the types of decision	ns that require your supervisor's	s review.	
l	Approval of selection of ag problem resolution.	encies/business entities to be at	udited. Decisions on whether to pro	oceed with recommendation of
18.			hat environmental conditions are you activity and condition. Refer to instru	
	position duties and tasks are		nd very limited out-of-state travel u ice environment which includes con office routines.	
19.			s whom you immediately supervise or umber of employees in each classifica	
	NAME	CLASS TITLE	NAME	CLASS TITLE
20.	My responsibility for the abo	ve-listed employees includes the	following (check as many as apply):	
	<u> </u>	rvice ratings.	Assign work.	
	Provide formal writte	en counseling.	Approve work.	
	Approve leave reques		Review work.	
	Approve time and att	endance.	Provide guidance on work n	
	<u>Orally</u> reprimand.		Train employees in the wor	k.
21.	I certify that the above a	nswers are my own and are	accurate and complete.	
		Signature		Date

	NOTE: Make a copy of this form for your records.	
	TO BE COMPLETED BY DIRECT SUPERVISOR	
22.	Do you agree with the responses from the employee for Items 1 through 20? If not, which items do you disagree with and why?	
	I agree.	
23.	What are the essential duties of this position?	
	Examining and evaluating the business practices of insurance agencies/business entities, determining existence of difficulties,	
	ascertaining the cause of these problems, and making recommendation to the market conduct manager of action to resolve any problems.	
	any problems.	
24.	Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.	
2	Supervision of section staff members and duties have been realigned to focus on two separate core functions of market	
	conduct: company examinations and agency audits. This position has been assigned a new supervisor.	
25.	What is the function of the work area and how does this position fit into that function?	
	The Office of Insurance Licensing, Investigations and Audits is responsible to oversee the licensing of insurance	
l	agents/agencies, solicitors, counselors, adjusters and the registration/certification of Third-Party Administrators, Foreign Risk	
	Retention Groups, Purchasing Groups and Premium Finance Companies. Additionally, the office is responsible to licensee	
l	self-reports, data ALERTS, oversee surplus lines tax reporting, company examinations relating to process and agency audits. This position serves as an auditor within the Agency Audit Section monitoring the activity of licensed insurance agencies and	
	premium finance companies.	
1		
l		
l		
1		

26.	In your opinion, what are the minimum education and experience qualifications needed to perform the essential functions of this position.
EDU	JCATION:
	Possession of a bachelor's degree with not less than 24 semester or 36 term credits in accounting.
FVD	PERIENCE:
EAr	
	Auditor 9 – No specific amount or type of required. Auditor 10 – One year of professional experience in auditing, accounting, financial and operations records, equivalent to an
	auditor in state services.
	Auditor P11 – Two years of professional experience in auditing, accounting, financial and operations records, equivalent to an auditor in state services, including one year equivalent to an intermediate-level auditor.
KNO	OWLEDGE, SKILLS, AND ABILITIES:
	Knowledge of statutory accounting and auditing principles and practices.
	Previous insurance accounting experience is a plus, and required for higher classifications.
	Excellent verbal and written communication skills.
	Ability to interpret laws, bulletins and regulations.
	Excellent analytical skills.
СЕВ	RTIFICATES, LICENSES, REGISTRATIONS:
	None.
I	
	E: Civil Service approval of this position does not constitute agreement with or acceptance of the desirable qualifications for this position.
27.	I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.
	Supervisor's Signature Date
	TO BE FILLED OUT BY APPOINTING AUTHORITY
28.	Indicate any exceptions or additions to the statements of the employee(s) or supervisor.
20	I cortify that the entries on these pages are accurate and complete
29.	I certify that the entries on these pages are accurate and complete.
29.	I certify that the entries on these pages are accurate and complete.

Appointing Authority's Signature

Date