



EMPLOYEE NAME: _____

Revised: 5/05; 11/12; 04/13; 2/16; 6/18; 2/19; 8/19; 11/20

JOB DESCRIPTION

POSITION TITLE: Benefits Representative	JOB CODE: 474 D
DIVISION: Human Resources	SALARY SCHEDULE: Office Clerical/Technician
DEPARTMENT: Support Services	WORK DAYS: 238
REPORTS TO: Assistant Director, Benefits	PAY GRADE: Rank V (NC05)
FLSA: Non-Exempt	PAY FREQUENCY: Monthly
PRIMARY FUNCTION: Provides employees information concerning their eligibility, leaves, premium deductions and benefits. Sustains accurate enrollments by monitoring, researching, correcting and communicating any concerns, discrepancies or errors. Maintains thorough working knowledge of insurance benefits, leave plans, policies and how to access information in current software.	

REQUIREMENTS:

1.	Educational Level: High School Diploma or GED required
2.	Certification/License Required: None
3.	Experience: 2 or more years high-level clerical experience, with a strong preference that some of this experience will be directly related in FMLA activities, employee benefits or Human Resources
4.	Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5.	Knowledge, Skills, & Abilities: Written and oral communication; intermediate or better skills in Excel and Word and other software; excellent customer service skills; excellent work organization and multi-tasking skills

The Board of Education and the Superintendent may accept alternatives to some of the above requirements.

ESSENTIAL DUTIES:

1.	Demonstrates prompt and regular attendance.
2.	Knowledgeable on all aspects of leave & benefits plans within the District, including but not limited to FMLA, military, jury duty, medical, bereavement and hardship leaves. Provides information to and counseling for employees regarding leave of absence and benefits issues. Assists employees as necessary in completing forms.
3.	Processes correspondence including letters for employees, email and other communication with principals and directors, and various forms regarding Family & Medical Leave (FMLA), Sick Leave, Short-term Leave, related disability insurance, and exceptions to the current leave policy.
4.	Completes employer information for disability claims on the coverage certification reports in a timely manner. Responds to insurance company regarding clarification of information or correction of data. Calculates payment amount and verifies amount of monthly payments on Short Term Disability claims.
5.	Coordinates life insurance claims including notifications, counseling, and resolving any issues.
6.	Completes data entry for newly covered employees and for those employees who experience a change in status that affects benefits coverage/eligibility and enters arrears when applicable. Coordinates with Lead Rep for arrears calculation. Notifies employees regarding insurance coverage and premium changes.
7.	Completes data entry in HRIS for employees who separate employment. Processes requests and completes continuation of life insurance coverage form.
8.	Updates HRIS accurately and in a timely manner with appropriate coding and data regarding employee's leave; reviews, processes and monitors incoming and outgoing documentation for completeness, accuracy and compliance with CCSD policies and federal guidelines.

9.	Complies with the most current leave/benefits related federal and state laws, CCSD insurance policies and practices to ensure correct responses to inquiries. Monitors employee absences and applies appropriate legal standards in accordance with federal, state, and District policies to resolve both routine and complex cases and issues.
10.	Provides superior customer service; answers questions via emails, voice mail, or in person in a timely manner based on knowledge of the organization and District policies and procedures; maintains working knowledge of insurance plans and accesses information in current software when needed in order to address employee questions; maintains appropriate confidentiality of records and conversations to the employee.
11.	Performs additional duties as necessary for the effectiveness of the Department or as assigned.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____