



Job Ref. No: JLIL 263

Position: Assistant Manager – Ordinary Life Claims

Jubilee Insurance was established in August 1937, as the first locally incorporated Insurance Company based in Mombasa. Jubilee Insurance has spread its sphere of influence throughout the region to become the largest Composite insurer in East Africa, handling Life, Pensions, General and Medical Insurance. Today, Jubilee is the number one insurer in East Africa with over 1.9 million clients. Jubilee Insurance has a network of offices in Kenya, Uganda, Tanzania, Burundi, and Mauritius. It is the only ISO certified insurance group listed on the three East Africa stock exchanges – The Nairobi Securities Exchange (NSE), Dar es Salaam Stock Exchange and Uganda Securities Exchange. Its regional offices are highly rated on leadership, quality and risk management and have been awarded an AA- in Kenya and Uganda, and an A+ in Tanzania. For more information, visit www.JubileeInsurance.com.

We currently have an exciting career opportunity for an **Assistant Manager – Ordinary Life Claims** within **Jubilee Life Insurance Limited**. The role holder will report to the **Senior Manager – Ordinary Life Claims** and will be based at our Head Office in Nairobi.

Role Purpose

The role holder's main purpose is to lead and oversee the efficient processing and management of ordinary insurance claims and benefits for policyholders. The role holder will play a pivotal role in ensuring the accurate assessment of claims, adherence to policy terms, and timely disbursement of benefits. Additionally, you will provide leadership and guidance to the claims team, foster exceptional customer service, and contribute to the overall success of the claims and benefits department.

Main Responsibilities

1. Strategy

- **Process Improvement.** Continuously assess and improve claims processes to enhance efficiency, accuracy, and overall customer experience. Identify opportunities for automation, digitization, and streamlining of claims administration activities.
- **Operational Excellence.** Drive operational excellence within claims processes by setting clear goals and performance metrics, monitoring performance, and implementing improvement initiatives to achieve service level agreements and operational targets.
- **Technology and Systems.** Collaborate with IT and operations teams to assess, select, and implement appropriate technology solutions for claims. Leverage digital tools, policy payout systems, and workflow automation to optimize processes and enhance productivity.
- **Data Analysis and Reporting.** Analyze claims data to identify trends, patterns, and opportunities for process improvements or cost savings. Generate regular reports and provide insights to management regarding key performance indicators, operational metrics, and potential areas for improvement.

2. Operational

- **Claims Processing Oversight.** Provide guidance and supervision to the claims processing team, ensuring adherence to best practices, company policies, and industry regulations. Review and authorize complex or high-value claims for settlement.
- **Benefits Administration.** Oversee the administration of life insurance benefits, including death benefits, disability benefits, and other policy-related entitlements. Monitor and expedite the timely payment of benefits to eligible beneficiaries.
- **Quality Assurance.** Conduct regular audits and reviews of claims processing activities to maintain accuracy, consistency, and compliance with company standards. Implement corrective measures as needed.

- Customer Support. Resolve escalated policyholders' inquiries and complaints related to claims and benefits. Foster a customer-centric approach within the team, ensuring exceptional service delivery.
- Performance Management. Set performance goals for the claims team, provide constructive feedback, and conduct performance evaluations. Identify training needs and facilitate skill development.
- Fraud Detection & Risk Mitigation. Implement measures to detect and prevent fraudulent activities related to claims and benefits processing. Collaborate with the risk management team to assess potential risks and implement mitigation strategies.
- Policy and Procedure Development. Collaborate with the leadership team to review and enhance claims and benefits policies, procedures, and guidelines. Ensure alignment with regulatory requirements.
- Data Analysis and Reporting. Utilize data analytics to track claims and benefits trends, identify areas for improvement, and prepare insightful reports for management.

3. Corporate Governance

- Compliance: Stay updated with insurance regulations and underwriting best practices to ensure compliance with industry standards
- Adherence to the laws and regulations of Kenya, the policies and regulations within the insurance industry and all internal company policies and procedures.
- Ensuring compliance with applicable statutory and regulatory requirements and establishing mitigation measures against emerging business risks.

4. Leadership & Culture

- Fostering a corporate culture that promotes ethical practices and good corporate citizenship while maintaining a conducive work environment.
- Collaborate with cross-functional teams to develop initiatives that promote a positive and inclusive company culture.
- To provide the much-needed transformational leadership to meet and surpass the expectations of stakeholders.
- Set performance targets and objectives, monitor progress, and ensure timely completion of activities.
- Conduct regular team meetings and training sessions to enhance skills and knowledge related to claims handling and industry trends.

Key Competencies

- Strong leadership and people management skills.
- Excellent communication and interpersonal abilities.
- Analytical mindset and attention to detail.
- Customer-centric approach and empathy.
- Sound decision-making and problem-solving skills.

Academic Background & Relevant Qualifications

- Bachelor's degree in Insurance, Finance, Business or any other related course
- Diploma in Insurance qualification
- LOMA/CII/IIK Qualification will be an added advantage
- Minimum 4-5 years' experience in a similar role
- Previous experience in supervising claims processors, providing guidance, and conducting performance evaluations is advantageous.
- Experience in working within the framework of insurance regulations and compliance standards is essential.
- Experience in using data analytics to assess claims performance, identify trends, and prepare insightful reports for management is beneficial.

If you are qualified and seeking an exciting new challenge, please apply via Recruitment@jubileekenya.com quoting the Job Reference Number and Position by 1st October 2024. Only shortlisted candidates will be contacted.