



JOB DESCRIPTION

Job Title: Underwriting Officer - Health

Reports to: General Manager – Health Division

Department: Health Division

Job Summary: This position is responsible for delivering growth and underwriting profitability through proper selection, adequate pricing and underwriting of risks. The role also ensures that policy documents and endorsements such as debits and credits are issued as per the Company's customer service manual.

Duties and Responsibilities:

- Pursue and follow up new business prospect two months in advance and ensure renewal retention of 85% and organic growth targets are met.
- Prepare and share renewal invitations to clients based on the stipulated Turn Around Times (TATs).
- Participate in renewal negotiations, attend client renewal meetings and discussions based on the performance of the scheme to renew.
- Follow-up on premium payments based on the debit/ credit notes raised and shared with the client.
- Liaise with credit control to ensure acceptable levels of debt as defined by the Company manual.
- Verify premium payment documents including ensuring obtaining necessary approvals from the Head of department and submitting the documents to the accounts team for financing to be affected accordingly.
- Undertake reconciliation of smart membership to ensure the invoices shared are as per GA active member list.
- Ensure reconciliation of smart cards to show what is billed is as per GA records and ensure that member details as per instructions received from the client/ intermediary.
- Maintain and observe the present standard guidelines as stipulated in the health procedural manual.
- Ensure compliance with Company procedures and insurance regulatory guidelines on underwriting.
- Process member cards for clients within stipulated TAT's
- Update membership listing to all providers.
- Ensure proper client documentation in filing as per new business, funds and renewal business.
- Respond to incoming calls, letters, emails from clients/ intermediaries on health covers/coverage within set TAT's and attend to walk in clients promptly and professionally.
- Undertake debt collection in line with the Company's credit control policy.
- Participate in member education/ training on policy terms for our clients.
- Prepare quarterly and ad hoc reports as and when required.



- Respond to audit queries to ensure the Company achieves a good score on audit/ risk and all issues are resolved.
- Provide quotations as per guidelines and authority limits.

Academic and Professional Qualifications

- Bachelor's degree in business administration, Finance, or a related field.
- Professional qualification in Diploma in Insurance (AIK) or an equivalent professional qualification is an added advantage.

Experience

- At least 3 years of experience in a similar role and industry.

Competencies:

Technical Competencies

- Proficiency in MS Package
- Experience in underwriting methodology and provision of health insurance services
- Knowledge of insurance industry and concepts
- Knowledge of insurance regulatory requirements
- Knowledge of risk and audit compliance requirements in health insurance services management
- Knowledge of emerging trends and procedures in health insurance services management
- Demonstrated experience in report writing within underwriting.

Behavioral Competencies

- Strong customer service.
- Strong analytical and problem-solving skills.
- Results driven and action oriented.
- Collaborative team player.
- Strong attention to detail.
- Agile mindset with demonstrated ability to manage tasks with competing deadlines.
- High degree of emotional intelligence, integrity, trust and dependability.
- Ability to work independently as well as part of a team.

Application Procedure:

If you meet the above minimum requirements, send your C.V to careers@gakenya.com indicate the position applied for on the email subject line to be received on or before 15th December 2023. Only shortlisted candidates will be contacted.

