

HEALTHCARE BENEFIT TRUST

JOB DESCRIPTION

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| Job Title: Claims Specialist | Department: Operations | Pay Grade: |
| Reports To: Team Lead – Claims Administration | Supervises: N/A | Date: May 2025 |

The Healthcare Benefit Trust (HBT) is a not-for-profit Employee Life and Health Trust that provides and administers group health and welfare benefits for employees in the health, community, and broader public sector in British Columbia. The primary benefits administered by HBT are Group Life, Accidental Death & Dismemberment (AD&D), Short Term Disability (STD), Long Term Disability (LTD), Extended Health, and Dental. HBT ensures these benefits are administered in accordance with provisions and plan design required by employer members, provincial and single site collective agreements, and the respective Employee Health and Life Benefit Trusts we service as their Administrator. We are currently recruiting for the position of Claims Specialist.

POSITION SUMMARY

Reporting to the Team Lead of Claims Administration, the Claims Specialist is responsible for delivering high-quality client services and administering key benefit programs including the Early Retirement Incentive Benefits (ERIB), Extension of Benefits (EOB), Early Referral Services (ERS), Long Term Disability (LTD) coverage verification and Group Life Conversion. This position requires regular interaction with claimants, employers, and external stakeholders to provide guidance on claims processes, policies, and issue resolution.

MAJOR RESPONSIBILITIES

1. Verify eligibility for ERIB, EOB, ERS, LTD and Group Life Conversion using internal databases and electronic systems managed by Canada Life;
2. Administer the Extension of Benefits program with efficiency and attention to process integrity;
3. Manage the ERIB program, including:
 - Document intake and entry
 - Data exchange with external parties
 - Responding to inquiries
 - Ensuring accurate tracking and transition of records through the ERIB lifecycle
4. Maintain accurate client records using a bring-forward system; coordinate reminders and correspondence with clients, Pacific Blue Cross, and/or Canada Life;
5. Collaborate with internal teams across departments to ensure accurate and timely flow of information, documents, and files;
6. Educate and support employers, claimants, union representatives, third-party adjudicators, and internal staff on operations policies and procedures;
7. Address and resolve escalated client issues promptly; escalate to the Team Lead as needed;

8. Participate in departmental phone and mail rotations to ensure continuous client service coverage; and
9. Perform other related duties consistent with the nature and level of the position.

QUALIFICATIONS

Education, Experience and Occupational Certification

- Diploma in Business Administration from a recognized community college or an equivalent combination of education, training, and experience.
- Minimum three (3) years of relevant experience in administering group health and benefit plans.

Knowledge, Skills and Abilities

- Proficiency in Microsoft Word, Outlook, and Excel; aptitude for learning internal systems and applications.
- Solid understanding of office administration practices and procedures.
- Working knowledge of group insurance administration.
- Strong work ethic with a high degree of professionalism.
- Demonstrated ability to manage case files and maintain precise, up-to-date records.
- Excellent verbal and written communication skills with the ability to deliver client-focused service and resolve issues diplomatically.
- Superior organizational and time management abilities.
- Keen attention to detail and accuracy.
- Self-starter capable of working under general supervision and collaborating within a team environment.
- Adaptable and able to manage multiple priorities in a fast-paced setting.

Please apply to this position by emailing a cover letter and resume to Christine Fenske at HR@hbt.ca
Please ensure to add the position title (Claims Specialist) in the subject line of the email.