

Developmental Activities



Eric G. Poling
Claims Operation-Casualty Group Manager

May 15, 2026

Chronological Activities

Leadership Attributes/Strengths:

- **Achiever:**
Great deal of stamina and work hard. Great satisfaction from being busy and productive.
- **Analytical:**
I search for reasons and causes. I have a proven ability to think about all the factors that might affect a situation.
- **Relator:**
Derive satisfaction from helping individuals improve personally or professionally. Focus on making the complex easy to understand or the intricate seem simple.
- **Learner:**
I have a great desire to learn and want to continuously improve. I enjoy the process of learning.
- **Responsibility:**
I take psychological ownership of what I say I will do. I am committed to stable values such as honesty, dependability, trustworthy and loyalty.

Developmental Activities

2025

- **Claims Operation-Casualty Group Manager:**

• Agile hiring practices to ensure quality candidates meet the expectations of claims. Developed Staffing Tracker for Unit Managers to update statuses of the open job requisitions for regular transparency and accountability in working proactively to fill positions with quality candidates. This initiative improved the time to hire and onboard new associates.

• **Training-Upskilling Claims adjusters** by contacting and utilizing outside vendors such as Rimkus who provided webinars in:

1. **Biomechanical Engineering** in which consultants provided information/training on the following:
 - a. Accident reconstruction dynamics
 - b. Physics
 - c. Anatomy
 - d. Physiology
 - e. Human Kinematics

With this expertise, our biomechanical consulting team analyzes the effects of forces upon the body to determine the relationships between events and injuries.

Motor Vehicle Injury Biomechanical

Training Focused on Vehicle accidents which result in injuries to occupants or to others.

By applying principles of biomechanical and physics to accidents, Rimkus' training can help our associates understand the motions of vehicles, occupants, and pedestrians, as well as the mechanics of injuries diagnosed.

Biomechanical in Premises Liability

Understanding the mechanics of human locomotion (gait), fall dynamics, and injury mechanisms, as well as the interactions between pedestrians and walking surfaces, are key to determining how falls and injuries may have occurred. Rimkus experts can assist evaluating these factors to determine if they contributed to a reported event.

2. **Legal Nurse Consulting** Rimkus offers a team of Legal Nurse Consultants (LNC) to help clients understand the complexities of medical-related cases. As part of the Rimkus team, LNCs have access to Rimkus comprehensive team of professionals who offer complementary expertise related to premises liability, biomechanics, toxicology, accident reconstruction, and human factors. Combined with these resources, Rimkus LNCs serve as vital partners in case development, strategy, and resolution. Rimkus can provide clear, concise guidance related to how medical issues affect case strategy and the merit of allegations

• **Initiated SIU roundtables** with the first party medical/casualty teams for training purposes and resources to assist with identifying potentially fraudulent indicators. This will be monitored for increased adjuster knowledge, SIU generated referrals and potentially a decrease in loss severity.

• **Initiated Impasse Conference Process.** The goals of these conferences are noted below;

- 1.) The improvement of our members overall claims experience by reducing suit frequency and associated expenses.
- 2.) This allows the handling Claims Adjuster the ability to impact the outcome of the claim prior to assignment to the next level (Litigation) at which time we may have to reassess our position and costs.
- 3.) Supports our overall strategy to have the Claim Associate settle claims at their level without advancing to the next level (Litigation).

Developmental Activities

- **Assisted with the ACE 1st Party Process Review & Pilot for Kentucky & California** claims to assist the medical payment claims adjusters an efficiency in current processes and to deter leakage by identifying 1.) Inflated medical bills 2.) Unbundling of bills 3.) Upcoding 4.) Duplicate. Also exploring STP (Straight Through Processing) for proper claims for medical payment coverages \$5,000 or less and treatment incurred on the date of loss.

Casualty Functional Lead for planned expansion beginning 2026

Selected to be part of a multifunctional and cross discipline team to assist in our readiness to begin handling claims in Massachusetts, which is a new state for the ACSC.

WalkMe-Medical Payment Agreement Form

Provided suggestions and requirements to create a WalkMe in ClaimCenter and participated throughout the Project Plan initiated on 10/14/2025. Partnered with Digital Adoption Designer and Process & Strategy sponsor.

Project overview:

For auto policies in Maine, there is a form that is required to be completed if the payment is not going directly to the insured. This is a Department of Insurance compliance requirement to be effective 12.01.2025. We worked collectively to create a warning text box that will populate in the payment screen when issuing a payment, advising the adjuster to check and ensure a signed form is in the claim. A trigger was created and loaded that included “Yes” or “No” buttons in the warning message asking if the form was in the claim. An ad hoc report was created to monitor compliance when issuing payments.

2022-2024

- **Casualty Claims Manager- Liberty Mutual:**
 - Front line leader to sharpen skills sets in anticipation of advance leadership position.
 - Drove front line associate development leading to opportunities within Liberty Mutual Insurance.
 - Increased Engagement but streamline and transparent communications. Held regular cadence of Team Huddles to communicate clearly. Communicate built trust with the team which generated commitment and fostered teamwork which delivered results.
 - Our team was elected as the outstanding casualty team (2) quarters in 2023.
 - Led process improvement with enhancement and efficiency in the Plan Of Action- Negotiation Screen to assist all associates with the evaluation process. Company led initiative and to streamline process to better aid claim associates with the transition from State Automobile Insurance to integrate smoothly with Liberty Mutual’s Claims Organization.
 - Assisted with modification of the Claims Dashboard to develop meaningful key performance metrics and the ability to share with the front-line claims associates so they were aware of the results regarding incoming/outgoing exposures and Close Ratios.
- **Assistant Vice President of Operations Auto Claims (Genpact)**

Established hiring needs to accommodate continued growth with third party clients to ensure a seamless claim handling experience as well as providing quality claims handling.

 - Agile hiring practices to ensure quality candidates to meet the expectations of claims.

Developmental Activities

- Established Standard Operating Procedures for onboarding, training of new associates and managers to ensure a hiring and training needs are addressed and place associates in a successful position.
- Claim System process improvements to add value to the claims associate and improved performance and time management.
- Responsible for the oversight of the claim teams responsible for bodily injury and non-injury claims including compliance, quality and day to day activities.

- Claims Consultant

In this position I reported directly to the Claims AVP. Core responsibilities included:

- Recommending and implementing innovations, tools, and procedures that improve customer service, associate engagement, technical excellence, expense management and workflow and assists in managing these processes.
- Managed multiple projects to achieve desired business objectives. This required coordination and prioritizing all aspects of projects, including planning, communication, execution and completion.
- I was a lead as point of contact for associates and leaders on specific topics/reports. Ensured processes and tools are meeting associate and member needs.
- Served as SME for the leaders of other departments with issues and innovations. Served as a liaison with associates to collect and provide feedback and also serves as technical expert.
- Oversight of design, development and execution of key tools, processes, initiatives and assists in design of training in order to improve performance and lower loss adjustment expenses.

2020-2021

- Fast Track Project-Total Loss Expedited Settlement Initiative- Associate Vice President initiative. Objective was collaboration and brainstorm to identify claims that would be viable for immediate settlement consideration and creating an expedited settlement team. The team consisted of two Associate Claims Directors and managers/associates. The Business Unit implemented utilization of an electronic power of attorney and issued payment upon receipt of the same to expedite the cycle time of the claim and improve the customer experience. If the electronic power of attorney was not accepted in a specific state, the team would issue payment upon receipt of an electronic copy of a properly executed power of attorney. Benefits included the following:
 - 1.) Cycle time reduction
 - a. Date of evaluation to settlement (-5.31 days). Validated with CCC information
 - b. Moving 18.54% of claims settled in 0-5 days in year 2020 to **64.51%** in **Qtr. 1 2021**.
 - 2.) Reduction in FedEx expenses- 2020 FedEx Spend was \$20,918.15/monthly to \$13,303.65/monthly
 - 3.) Time Savings for the associates due to less follow ups. Goal - Reducing average follow ups from 3 to 2 at least 75% of the time and reduction of creating FedEx labels by 50%. Annual Savings predicted as **\$267,791.79** or \$22,315.98 monthly savings.
 - 4.) Customer Experience-
 - a. CSI 2020 Year End Overall Satisfaction Score was 8.7 & improved **(+0.3)** to **9.0** Qtr. 2 2021
 - b. OCA Complaints- Reduction **-22.5%** in complaint volume based on YOY Jan. thru June results (2020- 903 complaint in comparison to 2021 700 complaints)
- Claims Call Experience Big Bet Initiative- Support for the Centralized Material Damage Specialty, Total Loss and Fire & Theft Business Units in successfully implementing the Genesys telephony combined with workforce management. This initiative was a key corporate strategic focus to ensure interactive voice response Self-Service, robust reporting, Auto direct calls to correct associate, outbound call data, softphone data, caller authentication, call recording, workforce management and call sharing. The goal is to reduce voicemails and ensure an associate is available to assist the customer during a call, improve the customer experience and reduce OAR elevated complaints.

Developmental Activities

- **Engagement Organizational Project (Pulse Committee)**- I was selected by the Associate Vice President and supported by all Material Damage Directors to serve as a project lead for assessing (3) key areas including 1.) Communication 2) Change Management/Agility and 3.) Materials and equipment to needed to do work right. I was responsible for establishing and naming a committee to serve as a focus group to work across departments and better understand the perceptions of the associates. The team collected data throughout the Centralized Material Damage Organization. The data was organized and presented to the leadership team. As a result of the associates' feedback, subcommittees were formed within each business unit in order to seek feedback from the team and proactively work to resolve any issues at a discipline level but to elevate engagement issues to the Pulse Advisory Committee to share with the Associate Vice President for larger scale issues in an effort to resolve the same. Positive benefits of this committee included:
 - ✓ Increased Pre-Settlement authority for associates (Total Loss)
 - ✓ Increased Rental Authority for associates (**Total Loss/ OYSARN**)
 - ✓ Developmental opportunities through and expansion of the 'Cross Functional Career Enhancement Program'. (**Centralized Material Damage Organization**)
 - ✓ Subcommittees developed at business unit levels to allow feedback flow from the associate level to the Associate Vice President level. (**Total Loss/OYSARN/ PACE/SOC**)
 - ✓ Communication review at a discipline level. Business unit leaders have reevaluated the need and frequency of both meetings & huddles to make a deliberative effort to share time sensitive information and reduce emails and duplicative communications. (**OYSARN/ Total Loss**)
 - ✓ Lunch & Learns- In partnership with ACT subcommittees & EDI teams specific business units covered Knowledge Advance & Claims Automation. (**OYSARN**)
 - ✓ Implementation of several customer-focused process efficiencies pertaining to Processing and the Diminished Value teams. (**OYSARN**)
 - ✓ Microsoft TEAM Sites- Developed with access to ALL associates as a communication channel to allow weekly updates and daily reports to reduce daily/weekly emails (**SOC/ PACE**)
 - ✓ Technology optimization- Working with DPA to incorporate triggers for state specific regulatory & compliance items. This will create efficiencies for the associates when handling claims across multiple states. (**SOC/Total Loss**)
- **CAREER Cross-Functional Enhancement Program**- I served as the Program coordinator and partnered with centralized leadership and the Nationwide Academy to build the program intended to help associates learn more about other areas of Centralized Claims, expand associate's understanding, and diversify their experience. This program tailored the Centralized Claims Team including Material Damage, Property and SIU disciplines. Some key aspects of participation and the program.
 - Incorporates self-study and hands-on sessions in other centralized disciplines
 - Involves up to 13 hours a quarter
- **Total Loss Central Scanning Initiative**- Responsible for working with the Total Loss Business Unit and Document Solutions in assessing cost benefit analysis to implement a centralized mail process entailing original documents including titles and power of attorney forms necessary to provide to the state Department of Motor Vehicles to process titles and salvage recovery for Nationwide Insurance.
- **Health & Wellness Personal Lines Committee**- Health Team Leader representing Centralized Claims Team. The P&C Health & Wellbeing Team's goal is to; **1.)** Create impactful, meaningful, and associate fueled teams **2.)** Consistency across P&C **3.)** Strengthen culture of health & wellbeing **4.)** Support & Educate **5.)** Measure our success. The expectations of the Health Team Leader are as follows; 1.) Serve as a liaison between Associate Well-being & Safety, Communications, and Health Team members 2.) Coordination of health initiatives within specific area of opportunity 3.) Actively model wellbeing 4.) Read and share monthly communications from AWS liaison and disseminate information to teams as appropriate 5.) Participation in quarterly health team leader meetings 6.) Commitment to understanding available health and wellness resources at Nationwide 7.) Report activity and successes to Executive Sponsor.

Developmental Activities

- **Mentorship**- Established and proactively pursuing mentorships with **Associate Vice President Centralized Medical & Non-Injury Claims, Jeremi Bakner** and **Associate Vice President Casualty Claims, Cathy Hiner**, to aid with continued development of leadership skills as well as establishing networks and project opportunities. Past mentorships entailed **Associate Vice President Personal Lines Field Claims, Greg Moraski**, **Associate Vice President Technical Claims, Lori Brubaker**, and other Directors/Associate Directors. I have also served as a Mentor for high performing claims associates and/or Managers early in 2020 while working in the Casualty Department.
- **CAT (Catastrophe) Claim Management**- Coordinated and monitored incoming CAT claims to our Specialty Total Loss Team to assist with staff utilization and overtime hours needs during multiple storms. Tracking was monitored daily including incoming claims as well as pending management to assess open and closed claims on a weekly basis.
- **Training for PACE Total Loss Associates**- I worked with our PACE/Specialty Total Loss Team Manager to identify gaps in the team's skill sets and established a training meeting with the Nationwide Learning Academy. As a result, digestible training is being developed to provide short ongoing training sessions for the PACE Total loss associates to better understand the scope of damages to commercial, motorcycle and Recreational Vehicle damages so that they are comfortable and better equipped to handle total loss claims.
- **Compliance Strategy Manager File Review Tracker**- Developed a excel tracker for each manager to assist them with self-audits due to identified opportunities resulting from Corporate Compliance Reviews. Specific to Pennsylvania, I coordinated identifying the manager pull list and combined the Manager Excel Tracker to assist the managers with their reviews and ease of data collection from the managers into a Master excel document providing a roll up score. The benefit of reviewing files for each associate is it allows the manager a 'coach in the moment/real time feedback' mechanism to further support driving the appropriate file quality behaviors. It also level sets the associates expectations when handling a file and immediate coaching. Lastly, it allows the manager to identify trends and act more proactively and potential deter or accelerate any performance issues and provides even more data to properly evaluate an associate.
- **Telephony Total Loss East**- Utilized the voice mail report to identify potential issues with associates answering phones but also identified ACD aka Hunt group were not being utilized by the individual teams. Worked collaboratively with Director and Business Consultant Chuck Kluempke to align associates to perspective teams. Established Team Hunt Group voice mail box as well as alignment for the Toll-Free Number to the Centralized Total Loss East unit to ensure the customer is transferred to a live associate for assistance with their claim. This task was to improve the Customer Experience by reducing the number of voice mails for each associate as well as providing uninterrupted service to our customer.
- **Cross Functional Development- Claims Associate Director- Material Damage Central Services**. Joined the centralized total loss organization as a cross functional opportunities to expand my skill sets and leadership abilities. Fast paced business unit with innovative opportunities.
- **Independent Appraiser Liaison** for Total Loss East- Partnership with technical office and approved vendor to work on increasing efficiencies, work product and reporting capabilities. Examples of work product opportunities were provided by our team to Vendors/Technical office and discussion/tactics put in place to improve the work product. Improvement in the year over year Corporate Audit conducted by the Nationwide reinspection team.
- **Issue Remediation Plan Liaison** (Company and Corporate Compliance) Supported and worked with the Total Loss East Business Unit to ensure all activities outlined in the established issue remediation plan were communicated and completed. I worked with the Learning and Development Team to develop effective associate training for optioning, conditioning and unrelated prior damage training. I also served as the lead with self-audit review coordination within the business unit
- **SOC/Total Loss Partnership**- The goal was collaboration between the Total Loss and Specialized Operation Center Managers as to common issues found when a claim is referred from the total loss to desk pay (SOC) and considerations prior to making a referral. Total loss managers also shared details on ways claims come to total loss and what is helpful from a documentation stand point for the transfer.

Developmental Activities

Standard Form Log Entries were created by the collective groups to assist with the transfer process. SOC Team (Open Shop & Desk Pay) now completes a CCC evaluation prior to transferring the claim to the Total Loss Department.

- **Process Improvement/Streamline Workflows**- Worked with Management on the Total Loss West Business Unit in conjunction with managers on the Total Loss East Team to evaluate and establish a consistent workflow and processing for the New Car Replacement Endorsement and utilization of CCC One.
- **Total Loss Workflow Efficiencies**- Facilitated workflow efficiencies by coordinating the inclusion of (3) Fire & Theft Total Loss Associates and building out the Centralized Total Loss Unit handling of claims to include Fire & Theft Total Loss claims. This added scale and breadth to these types of claims and allowed the associates to expand their skill sets.
- **Claims Digital Service Integration**- Representing Total Loss East along with a Casualty Manager in serving on a team comprised of Senior Business Consultants, Digital Product Analysts and Legal Counsel to identify documents within ClaimCenter that are pertinent to the Total Loss Business Unit and enhancing customer interactions by making them available on .com and/or mobile. Also worked on making electronic signatures available on pertinent documents for available states. This adds to innovation as well as speed, ease and efficiency for the customer and business unit.
- **PACE Inclusion Total Loss Handling**- Worked collaboratively with a manager handling PACE total loss claims from a processing perspective to streamline workflow and reduce the number of touches on the claim and improve the customer experience. The goal was for this team to handle the total loss coverage from inception of the value being established by the PACE associate. This includes 1.) Obtaining permission to move salvage 2.) Calculation of tax fees 3.) Total loss settlement discussion with the customer.
- **AIDA (Associate in Insurance Data Analytics) Designation**- The AIDA courses help me to understand techniques for analyzing big data and their application to underwriting, claims and risk management. Topics included;
 - o Exploring big data analysis
 - o Managing data
 - o Understanding predictive modeling
 - o Applying traditional analysis techniques
 - o Applying modern analysis techniques
 - o Using smart products technology
 - o Applying data analysis to underwriting
 - o Applying data analysis to claims
 - o Applying data analysis to risk management
 - o Implementing a data analytics strategy
 - o Classifying and analyzing risk
 - o Using probability distributions
 - o Modeling risk
 - o Identifying and analyzing loss exposures
 - o Setting loss reserves
 - o Developing insurance rates
 - o Controlling risk
 - o Analyzing business performance
- **Lean Implementation Audits**- I headed a group of 15 Non-Injury & First Party Medical Managers to conduct extensive self-audits to monitor compliance with implemented Lean initiatives to ensure efficiencies are being implemented by the claim teams. Specific to eliminating the need for associates to send a Claim Team Email and subsequent contacts extended up to 90 days for files in which the claimants were represented by an attorney. Results shared with Senior Leadership to evaluate the results and establishing counter measures.
- **Personal Injury Protection Modeling (Large Loss Review)**- Participate in Monthly modeling associated with claims entailing catastrophic injuries (Paraplegia, Quadriplegia, Brain Stem Injury with life expectancy reduction & amputations) with life-time first party medical benefits. Reserves for individual claims may be in excess of \$15,000,000.00. Monthly conference calls involve company actuaries, reinsurance and executive leadership.

Developmental Activities

Reimbursement sought on specific claims from the Michigan Catastrophic Claims Association (MCAA) and New Jersey Property-Liability Insurance Guaranty (PLIGA)

2019

- **Mentorship**- Established and proactively pursuing a mentorship with **Associate Vice President Personal Lines Field Claims, Greg Moraski**, to aid with continued development of leadership skills as well as establishing networks and project opportunities. This relationship began early 2019 and meetings occur on a quarterly basis.
- **Innovation- LEAN- RCPS Tier 2**- Served in the Root Cause Problem Solving Tier 2 FPM Group with focusing on why problems are occurring utilizing feedback tools including why and cause mapping. As a facilitator, I am responsible for overseeing a group of managers with the goal to validate potential root causes through 1.) Data 2.) Observation 3.) Analyzing trends. We successfully impacted a pain point relating to PPO Priced medical bills and efficiency gains by providing workflow recommendations for the First Party Medical Associates across the company.
- **Automation Initiatives**- First Party Medical Automation. Our zone/region served on a pilot for the First Party Medical Automation initiative. This was successfully implemented in May 2019. I worked with the technical office as well as a lead Medical Manager and associate on our team to test the implementation of the automation project to provide feedback during the pilot run to identify and fix any issues prior to being delivered company-wide for the first party medical teams. I also worked with my supporting legal counsel partner, Technical office and Business Consultants to implement a state specific automated letter within Claim-Center and Duck-creek for Pennsylvania First Party Medical Status letters.
- **Continued Learning- Completed Big Data Analytics for Risk Insurance**- Completed course AIDA 181 on November 16, 2019- Bottom line benefits included building my knowledge of big data and new techniques and feeling more prepared to collaborate with data scientists using my foundational knowledge to implement advanced analytics throughout Nationwide. This course enabled me to have a better understanding how big data can be applied to underwriting, claims and risk management.
- **Claims D&I Engagement Committee**- Selected by Leadership and Human Resources to be a resource and provide information to the Engagement Team as to ways to create an engaged workforce and culture.
- **Corporate Compliance Partnerships**- Responsible for debriefs and action planning following state specific Corporate Compliance Audits. Worked with the technical office and Business Consultants to develop automated letters within Claim-Center and Duck Creek claim system platforms to ensure compliance with issuing Pennsylvania PIP status letters within the first 30 days of the notice of the claim and every 45 days thereafter while the claim remains open. This process capitalized on automation and added efficiencies for the claim associates as well as maintained state specific compliance.
- **New Jersey PIP Profitability Lead**- Developed and implemented a **New Jersey PIP Profitability Summit** to monitor and create strategies with our Product, Underwriting, Claims, Legal and SIU teams to increase profitability with New Jersey for our company business. These meetings are conducted bi-monthly to monitor trends and seek ways to profitably operate within the New Jersey market.
- **Liaison/Champion Corp to NWIE Migration Project**- Selected to serve as a champion for casualty claims for the Northeast Claim Zone. Worked cooperatively with our IT department to serve as a communication lead between claims and IT regarding the Harleysville Corp to NWIE migration efforts. I was responsible for vetting a list of identified associates and assisting IT with coordinating migrations.
- **AINS (Associate in General Insurance) Designation**- The AINS courses provided me with a comprehensive knowledge of insurance principles, practices, policies, and coverages, while the optional electives allow you to focus on areas relevant to your professional goals.

2018

- **DDI Validation Study**- Selected as a leader to validate the new assessment that will be used in the selection process for open D – H People Leader positions at Nationwide. Provide performance ratings against a capability model for select direct reports.

Developmental Activities

- **ONE Nationwide Initiative**- Led a team of Managers and associates with the goal to build a campus wide relationship across all business functions to leverage our full size, scale and breadth of solutions, and working together to grow the company as one team. I was selected to be the liaison for this initiative by the Zone Associate Vice President of Claims.
- **Zone Fraud Training for Managers**- Selected as a leader to improve the zone SIU referral rate. This initiative entailed partnering with Material Damage, Bodily Injury and Casualty Associate Directors to identify, select and implement effective training for managers. The objective of this group initiative was to identify fraudulent indicators and promote SIU referrals to aid with improvement in referral rate and serve as a lost cost containment.
- **Medical Fraud Strategy Coding Initiatives**- Partnered with the Claims Technical office and served as a liaison for Medical Strategy Initiatives. Collection of information relating to emerging medical topics. Focus was to analyze and recommend ideas associated with medical procedures including awareness, training or system changes to share across all zones and lead to cost containment initiatives.
- **AIC-M (Associate in Claims-Management) Designation**. Completed this designation in January 2018. Bottom-line benefits of this designation led to enhancing my effectiveness by learning how to transition my focus from claims handling to managing a claims district. This also served to expand my perspective and understand the bigger picture. This course enhanced my ability to align the claims function with organization goals using new leadership skills in conjunction with my in-depth claim knowledge.
- **AIS (Associate in Insurance Services) Designation**- Completed this designation in March 2018. The course introduced me to improvement principles that can help attract and retain customers. Process Improvement was a focal point with leadership, teamwork and organizational structures.
- **API (Associate in Personal Insurance) Designation**-Completed this designation in August 2018. Bottom line benefits was to enhance my understanding of underwriting personal automobiles, recreational vehicles, residential property and personal liability. This was valuable in providing me with a better understanding of the personal lines risk selection techniques.
- **Process/Performance Improvement Initiatives**- In working with a Harleysville Business Consultant, collaboratively developed a **Harleysville No Touch Report** for the CICS system to aid in performance regarding file quality. This includes Reserve and Subsequent contacts. This report assisted the Harrisburg and Syracuse claims associates. **Harleysville Letter Enhancements**- We worked with the Harleysville Business Consultants to make the approved SPOT documents have tab features that have improved the look and style of the documents as well as functionality, ease of use and efficiencies for these associates. **Harleysville Early Term Loss Report** worked Harleysville Business Analyst to generate an early term loss report to aid with potential SIU referrals and Material Misrepresentation review. This report is shared with the other disciplines. **Weekly Claim-Center Indemnity Payment Report**- I collaborated with business consultant, Kirsten Whitehouse, to develop a report that identifies payments issued on a closed exposure to assist in identifying trends for specific associates and premature closures. This report was to improve the reserve behaviors of associates. The report also serves to assist in updating the ORM for any identified Medicare Beneficiaries. **Weekly Claim Center Medicare Beneficiary Report**- The report is provided to all medical managers to review claims closed the prior week so that the manager/associate can review the ORM date and ensure that a proper date was entered and without errors. This was an identified area of opportunity during the 2017 Audit.
- **New Jersey PIP Profitability Lead**- Developed and implemented a **New Jersey PIP Profitability Summit** to monitor and create strategies with our Product, Underwriting, Claims, Legal and SIU teams to increase profitability with New Jersey for our company business. These meetings are conducted bi-monthly to monitor trends and seek ways to profitably and efficiently operate within the New Jersey market. **Subrogation Assignments** and recoveries are monitored on a monthly basis utilizing Cognos reporting and sharing with the manager. This action positively contributes to the New England states ANCS. **Reserving**- I worked with our Shared Services team to develop a tailored Cognos reports to identify claims that have been closed with supplemental payments issued on the closed claims. This report was part of the continuous improvement efforts regarding Reserving and premature closures.
- **Continuous Customer Service Improvement Team**- A team was developed consisting of claims associates to evaluate our processes and suggest/implement ways to improve the customer experience. The team developed a "Letter of Caring" which is an email template that provides the customer with the amount paid under their first party coverages and remaining balances. The team also developed a monthly "Did You Know" email that provides helpful tips to serve in efficiencies for the associates when completing their daily tasks (i.e. Excel tips, AIS print/fax batch features).

Developmental Activities

- **Medical Scorecard**- Worked with the management team and developed a Medical Scorecard to serve as a form of performance management system that summarizes the performance status of each medical claims associate. The manager reviews the scorecard monthly to evaluate the claim associate's performance and discusses these items during monthly meetings. The scorecard has served to identify potential performance issues and address in a more proactive approach than in the past as well as to drive incremental improvements in all key performance indicators.
- **Coding and Bill Review**- Weekly AIS reports executed focusing on questionable billing codes to ensure that reimbursement is appropriate on the identified claims. Codes include S9090 (Vertebral axial decompression), 64999/64565/64555 (PENS codes), Strapping codes, Pharmacy billing (should be billed at 80% versus billed amount).
- **Fraud Recognition Training**- Northeast Claim Zone appointment to aid in creating a Manager Fraud Recognition Training. The objective was to provide a training that will aid in a better understanding of missed opportunities. The team's goals were to assess training needs, resources needed to implement training and creating an action plan to the accomplish the training and communicate the same.

2017

- **CPCU (Chartered Property Casualty Underwriter) Designation**- Completed this designation within 12 months.
- **Data Interaction Model Initiative**- Chosen as an engaged subject matter expert (SMEs) from across the Claims organization to provide information needed to better understand data, reporting and analytics staffing and work products in Claims. This included how we distinguish between data production (collection, packaging, etc.) and decision making. Asked to provide more detailed information about data work in Claims so that Nationwide can have the most accurate view of the current state of data as possible. From there, the data team will use the information collected to design what the future will look like.
- **UAF (Underwriting Awareness Form)/Risk Report PL Claims Workgroup**- Nominated by leadership to explore the idea of moving to the UAF (underwriter awareness form) application for all risk reporting. The goal was to work collaboratively with the technical office, claims and underwriting to determine the appropriate reasons for submitting a report and developing a great tool that is effective for Claims and Underwriting.
- **Nominated for the 2017 CEO Award.**
- **Continuous Improvement Customer Service Team**. The goal of this team is to collectively share ideas and feedback from our customers and devise ways moving forward that we can consistently improve our service to the highest level for both our internal and external customers and employees. Our long-term goals focused on achieving improvement in the following areas; Customer focus, Enhanced quality of service delivery, Simplified processes and procedures, Attitudinal change, Recognition of customers, both internal and external.
- **Medical Playbook SharePoint site** to provide medical resources for new and current medical associates. As a result of this work, the site was expanded to the **Non-Injury** and **Bodily Injury** teams.
- **Execute Sponsor for PAWS** for the Harrisburg campus. PAWS is Nationwide's Pet Advocacy and Wellness Support Resource Group. The group is a comprised of committed insurance professionals who are advocates for companion animals. The groups mission through education, advocacy and community involvement to strive to reduce the impact of homeless animals in local communities, assist those who are in need with pet care resources, promote basic care for companion animals and encourage community involvement/networking. My role entailed being an advocate for pets while representing Nationwide, help drive animal wellness awareness at work and in the community, promote participation opportunities for all associates within work and home environments. Additional roles of the Executive Sponsor include; 1.) provide support, insight, and guidance during the strategic planning process and meet with the ARG President and other board members invited by the President, 2.) quarterly to update and coordinate efforts and direction, 3.) Approve the ARG's mission statement and strategies, 4.) be a voice to support to the ARG with Diversity and Inclusion, other executive sponsors, 5.) provide support, guidance and counsel to the ARG's leadership and 6.) hold the ARG accountable for fulfilling its mission to serve its members as well as to support the business.
- **2017 Jump Start Program**- Assisted in the implementation of the 2017 Jump Start Program and actively participated as a team lead for the Northeast Claim Zone. This program identified and assisted in enhancing leadership abilities of potential leaders in the Northeast Claim Zone representing different disciplines.
- **2017 Health Captain for the Northeast Claim Zone**. Developed a diverse team of 20 team members to promote health and wellness activities to all offices and associates within the Northeast Claim Zone.

Developmental Activities

- Organization NECZ PIP Alignment- Created and implemented the transition of the Harleysville PIP Claims team to Harrisburg, PA due to reorganizational alignment.
- Served as a lead for a subcommittee to plan and implement the Harrisburg **Communication Meetings**.
- The medical district incorporated the handling of **power sport losses** in addition to the already **Commercial First Party Medical Benefits** to expand the district's responsibilities.
- Established a formal **impasse conference** strategy to reduce or eliminate unnecessary legal expenses and explore avenues to resolve potential litigation or arbitration claims.
- Responsible for creating and ensuring that the **Decision Point Review Appeal process** was approved by the New Jersey Department of Banking and Insurance for both Nationwide and Harleysville.
- **Business Continuity Leader for the Northeast Claim Zone** to develop and input plans to ensure that our zone has a plan in place due to interruptions created by weather or power outages to deter customer service gaps resulting from these interruptions.

2016

- Assisted in the implementation of the 2017 Jump Start Program for the Northeast Claim Zone. This program identified and assisted in enhancing leadership abilities of potential leaders in the NECZ representing different disciplines.
- Member of the Northeast Claim Zone Manager Recruitment Team. The goal of this team was to increase partnerships with talent acquisition and colleges to identify and recruit talent to enhance our business.
- Completed Quality Assurance Audit Action Plans for the NECZ Medical Districts including Litigation. In addition, I completed an SIU Fraud Awareness Audit Action Plan for the NECZ Medical District with actions to drive improved results in identifying fraud and ensuring the proper amounts are paid on claims and developing a strong partnership with our Special Investigation Unit Team(s).
- Conducted Manager Training for Cognos reporting to assist the leaders with managing team's key performance indicators such as reserving, subsequent contacts and SIU monitoring. Training included identifying useful Cognos reports to manage team performance as well as establishing recurrent reports to be completed on a weekly basis. Also provided information regarding the 'Team Tab' to assist managers with performance tools to drive associate and district performance.
- **Claim Technical Office- MWCZ Casualty Cognos SME**- Assisted the claims technical office with identifying Cognos reports beneficial to the casualty organization with the goal of sharing with all claims zone in order to drive performance and efficiencies.
- Assisted the claims **technical office** with the revised **Property Field Assist for Claim Center Claims**.
- Assisted in participating in a claim zone PER (performance evaluation review) to identify reserving trends in certain states to devise a strategy and training for the claim associates.
- **Developed an 18-month Aged Pending Report** for CLASS & ClaimCenter claims within the attorney negotiator teams and shared with each respective manager as resource to target aged pending for triage and impasse review.
- Complete weekly Reserve Reports for senior leadership to ensure that initial reserves are being set in a timely fashion and at an adequate level within the Midwest Claims Zone.
- Complete bi-weekly and monthly STAR reports for the Midwest Claim Zone to aid with properly addressing STAR alerts and aid with SIU referrals for the zone.
- Complete Cognos No Touch reports for the zone to ensure timely follow ups are transpiring on claims and reserves set at an adequate level.
- Assisted the claims zone with Performance Evaluation Reviews for Illinois claims to monitor Reserving practices and provide feedback for future training for claims associates pertaining to Reserving Practices.
- **Lead/participate in weekly impasse conferences involving the inside bodily injury and attorney negotiator teams**. The goal of the conference is to improve the members overall claims experience by reducing suit frequency and associated expenses. The intent of the conference is to allow the handling Claims Associate the ability to impact the outcome of the claim prior to assignment to the next level at which time we may have to reassess our position and costs. Lastly this

Developmental Activities

supports our overall strategy to have the Claim Associate settle claims at their level without advancing to the next level (Attorney Represented BI or Litigation).

- Responsible for developing team litigation spreadsheets to monitor new, pending and close ratios for each manager's use to focus and improving close LeX matters within the Midwest Claim Zone. Also modified and assisted the litigation managers with the Legal Exchange Analyzer Report for tracking purposes of new, pending and closed LeX matters.
- Participated in the "Jump Start Program" as part of the Customer Service Summit. The focus was to complete mock interviews for high potential claims associate and provide real time feedback on interview skills with the goal of continued development of these high potential associates.
- Served as a Mentor for a New York high performing claims associate seeking a leadership role.
- Assessed and developed transitional plans in preparation to an office closing in New Jersey in 2017.
- Implemented Customer Service Initiatives to drive an enhanced customer service experience as well as customer service results. This included weekly utilization of the cognos No Touch Basic Report shared with managers and associates with accountability to act on the identified claims. This was focused at ensuring that the customer was kept informed throughout the claims process and for the associate to be able to set and manage the claims/customer expectations. Another initiative consisted of develop weekly district customer service touchpoints. During these exchanges, claims associates were recognized for positive customer service experiences in front of their peers. This was form of recognition and reward. This process expanded to developing a "Weekly Team Trophy Award" and "Wall of Fame". Both of these items were recognition and reward initiatives. Also during the weekly customer service touch points, a positive customer service message was provided by me and delivered to the entire district. Lastly, I initiated an Associate Director Monthly Perfect 10 club in which each associate is sent a personalized email recapping the positive customer service experience and sharing with the entire leadership. These initiatives have served to positively impact customer service as well as a customer service culture within our district.
- **Quality**- I have worked on utilizing and implementing weekly data reports such as Claim Center cognos reports to drive file quality. The **Claims with average reserve** report is utilized on a weekly basis to drive timely reserving of the claim file. The **No Touch report** is also utilized to ensure that timely subsequent contacts are transpiring to keep the files current with pertinent injury information to ensure the reserve is adequately set throughout the life of the claim. The **Reopen exposure report** is utilized on a weekly basis to identify claims during a given week that were reopened so that the manager and associate can review the file and confirm if an exposure was closed appropriately or if opportunities existed in potentially closing and exposure premature. Training- During 2016 a focal point was ongoing training for the claims associates to ensure that were provided knowledge to improve their file quality. We partnered with the training team to conduct 1.) Work Smarter not Harder Training, 2.) New Jersey Regulatory Training for associates handling New Jersey claims 3.) SIU performance evaluation review 4.) creation of a formal fraud awareness action plan 5.) New Jersey yearly SIU training 6.) SIU training consisting of Material Misrepresentation. 7.) Legal Training focused on coverage and proper letters associated with Reservation of Rights and Coverage Denials 8.) Reserve Review Training 9.) Medicare refresher training 10.) Risk Report refresher training 11.) AIS Bill Compliance

2015

- **Participant in local internal career fair for the Casualty team** to assist newer employees with job opportunities and career planning.
- **Claim Technical Office- MWCZ Casualty Cognos SME**- Assisted the claims technical office with identifying Cognos reports beneficial to the casualty organization with the goal of sharing with all claims zone in order to drive performance and efficiencies.
- **Participated in a Performance Evaluation** Review for the inside bodily injury, field bodily injury and attorney negotiator teams to identify performance gaps in order to establish plans to improve performance in these areas.

Developmental Activities

- Served in the role of Associate Claims Director for the Non-Injury Team as well as the Attorney Negotiator and Litigation teams in the absence of the appointed Associate Claims Directors to serve as a development leadership opportunity.
- **Served on project team to assess talent and bench strength** of the Casualty organization as well as job shadowing opportunities for Non-Injury, Medical Payments, Inside Bodily Injury and Attorney Negotiators. Also focused on Cross Discipline opportunities with Material Damage, Property and Commercial.
- **Served on the Claim Center Adoption Focus Group for Managers.** The goal of the focus group is to understand how Claim Center has helped managers in their job and opportunities to gain efficiencies.
- Casualty Medical Core Curriculum Project Team Member. Focus on providing medical resources to casualty associates.
- Expanded SIU partnering to the Material Damage team in order to enhance SIU awareness and referrals to serve as loss cost initiatives within the Midwest Claims Zone.
- Facilitated quarterly Medicare meetings with the Midwest Claim Zone Attorney Negotiator Medicare Specialists in order to share ideas and create efficiencies and consistencies in the handling of Medicare claims. Also serve to ensure claims are being handled in a compliant manner.
- **Developed an 18 month Aged Pending** Report for CLASS claims within the attorney negotiator teams and shared with each respective manager as resource to target aged pending for triage and impasse review.
- Lead/participate with weekly impasse conferences involving the inside bodily injury and attorney negotiator teams with the litigation specialists and manager to ensure improvement of our members overall claims experience by reducing suit frequency and associated expenses. This allows the handling Claims Associate the ability to impact the outcome of the claim prior to assignment to the next level (Attorney Represented Bodily Injury or Litigation) at which time we may have to reassess our position and costs.
- Complete **weekly Reserve Reports** for senior leadership to ensure that initial reserves are being set in a timely fashion and at an adequate level within the Midwest Claims Zone.
- Complete bi-weekly and monthly **STAR** reports for the Midwest Claim Zone to aid with properly addressing STAR alerts and aid with SIU referrals for the zone.
- Complete Cognos **No Touch** reports for the zone to ensure timely follow ups are transpiring on claims.
- **Mentorship**- Established and proactively pursued a mentorship with **Associate Vice President Technical Claims, Lori Brubaker**, in 2015 to aid with continued development of leadership skills as well as establishing networks and project opportunities.
- Complete MSP Navigator reports for Missing S.111 data and share with other zone leaders to aid with timely updating the missing information and completion of quarterly S.111 submission to Medicare for Legacy (non-claim center) claims.
- Participated in the MWCZ internal job fair for current associates to promote understanding of other job disciplines and career paths.

2014

- Team member to assist in planning the 2014 All Manager meeting. Coordinate dates, agenda, location and logistics surrounding the planning of this 3-day event.
- **Surveillance Focus Group** for selecting Companywide Vendors.
- Assisted with Job Shadowing of new managers Nicole Bialko, Dave Akers and claims associate Sarah Fogel.
- Promoted to Attorney Negotiator Manager
- Served as lead for interviewing and hiring of the newly created Inside Bodily Injury Manager/team position. Managed extended team to assist with time needed to hire the new Casualty Claims Bodily Injury manager. Hired and trained 3-4 new associates for the newly developed team.
- Served as a mentor for a high performing bodily injury associate pertaining to Engagement. This was recommended by Director Brad Erdman based on past Engagement results.
- Managed 2 Casualty Teams to assist the MWCZ Casualty Operation while the search for a Manager replacement ensued. Led 2 teams for 6 weeks maintaining all responsibilities for both teams.
- Claims with Average Reserves - Cognos Report- I researched the Cognos report and identified a report to monitor claims with average reserves that was accurate and easy to utilize for the MWCZ. This report was shared with the Nationwide

Developmental Activities

Technical Office and shared with the entire standard casualty operation to assist with monitoring claims with average reserves which can ultimately improve the Reserving on claims and profitability of the casualty operation.

- Established Mentor relationship with an Associate Director in the Western Claim Zone to further develop leadership skills and further development.
- Initiated and facilitated Medicare Refresher Training for all Medicare Specialist within the MWCZ to increase compliance and MWCZ results with Medicare compliance.
- Assisted with the MWCZ Audit Action Plan. Served on a team responsible for the Settlement aspect of the Audit.
- **360 Feedback** completed with assigned team to further enhance and build upon leadership skills.
- STAR Alert/ SIU Missed Opportunity Report/ Early Term Losses by State Cognos Reports- Identified and shared this report with the SIU Field Managers and Senior Leaders within the MWCZ improve SIU awareness and referrals. Also shared with all front-line manager in the Midwest Claims Zone as an initiative to improve SIU identification and referrals.
- Developed Attorney Transfer Sheet to be utilized by casualty associates in preparation for transferring a file to the attorney negotiating team. This served to create a seamless transfer from team to team.
- Worked with the Midwest Claim Zone Business Analyst to develop a report to aid at addressing aged pending. This report identified claims pending 18 months or greater and allowed triaging to avoid litigation and review for impasse conference possibilities.
- Assisted peers with establishing and saving Cognos reports to aid with improvement of Reserving practices as well as 60 day No Touch Report to drive appropriate subsequent contacts with the goal of a positive customer service as well as improvement at an individual level and focus on audit opportunities.

2013

- Joined and current member of the Claims & Litigation Alliance.
- Led the initiative of **Boat** Handling in the Midwest Claims Zone.
- Supervised the team handling **Medicare** specialization for WV claims.
- Assisted with interviewing veterans at corporate.
- Liaison for modifying and streamlining the WV workflow with all teams (NILC, BI- Field/Inside, UM, UIM, AN)
- Lead for team developed to devise a strategy to identify ways to increase bank card usage in the Midwest Claims Zone.
- Chair for the 2013 United Way Campaign.
- Lead for developing the Medicaid Workflow/process for West Virginia.
- Member on the focus group for workflow processes with Claim Center and proxy ID's.