

**CALIFORNIA DEPARTMENT OF INSURANCE
HUMAN RESOURCES MANAGEMENT DIVISION
QUALIFICATIONS ASSESSMENT FOR:**

ACTUARIAL STATISTICIAN

GENERAL INSTRUCTIONS

Read instructions carefully

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for Actuarial Statistician with the California Department of Insurance (CDI). The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination. If successful, your name will be placed onto an eligible list. The list will be used by CDI statewide to fill existing positions. A "Conditions of Employment" form is included in this examination which will allow you to select the location and time base you are interested in working. It is required that you personally complete this examination accurately and without assistance.

This process is the entire examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a low score.

1. Additional instructions are provided on the following pages.
2. This examination enables you to apply for the Actuarial Statistician classification. If successful, your name will be placed on an eligible list.
3. The examination is intended to provide candidates the opportunity to demonstrate their knowledge and experience in a variety of areas. It is not expected that you will have experience in all areas.

The following areas comprise the complete examination for Actuarial Statistician. You must ensure you have addressed each of the following areas:

- Candidate Information (page 2)
- Prior State Employment Information (page 2)
- Conditions of Employment (page 2)
- Address or Availability for Employment Changes (page 3)
- Minimum Qualifications (page 3)
- Work Experience (pages 4 and 5)
- Knowledge, Skill, and Ability Assessment (pages 6 and 7)
- Preparation for Hiring Interview (page 8)
- Qualifications Assessment Return and Mailing Procedures (page 8)
- Affirmation Statement (page 8)

**YOUR COMPLETED QUALIFICATIONS ASSESSMENT MUST INCLUDE YOUR ORIGINAL
SIGNATURE**

CANDIDATE INFORMATION

Name: _____

Social Security Number: _____

Address: _____

Home Telephone Number: _____

Work Telephone Number: _____

E-mail Address: _____

PRIOR STATE EMPLOYMENT INFORMATION

Complete this next section **ONLY** if you have been previously dismissed from California State Civil Service employment by punitive action or as a result of disciplinary proceedings. **IF THIS DOES NOT APPLY TO YOU**, please mark the "Not Applicable" box below and continue to the next section.

State Personnel Board, Rule 211 provides that a dismissed State employee may only participate in State Civil Service examinations if he/she has obtained prior consent from the State Personnel Board.

Do you have written permission from the State Personnel Board Executive Officer to take this examination?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
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CONDITIONS OF EMPLOYMENT FOR CALIFORNIA DEPARTMENT OF INSURANCE

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

Note: Positions are not available at all locations. Please refer to the official examination bulletin for information regarding current available positions and their locations.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

(D) Permanent Full-Time (R) Permanent Part-Time (K) Limited-Term Full-Time (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

LOCATION(S) YOU ARE WILLING TO WORK:

1940 LOS ANGELES, CA.

ADDRESS OR AVAILABILITY FOR EMPLOYMENT CHANGES

Please notify the California Department of Insurance (CDI) promptly of any address changes or availability for employment changes at the following address:

California Department of Insurance
Human Resources Management Division
300 Capitol Mall, 13th Floor
Sacramento, CA. 95814
Attn: Rebecca Doctolero

MINIMUM QUALIFICATIONS

Either I

Experience: One year of experience in the California state service performing the duties of the class Insurance Examiner, Range E, F, G, or H.

Or II

Three years of increasingly responsible experience in a position requiring a knowledge of actuarial science, insurance accounting, and applicable laws. (Experience in the California state service applied toward this requirement must be at the level of responsibility provided in the promotional pattern.) **and**

Education: Equivalent to graduation from college including nine semester hours of insurance, or accounting courses and at least six semester hours of actuarial science or statistic courses.

(Experience with an insurance company performing actuarial or technical underwriting, or claims work may be substituted for education requirement on a year-for-year basis to a maximum of two years.)

WORK EXPERIENCE

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by making one option from the scale(s) provided.

Under "Work Experience," for items #1 - #13, please indicate:

Length of Experience:

- 4 = Over 3 years of experience performing this task
- 3 = Over 1 to 3 years of experience performing this task
- 2 = 1 year or less experience performing this task
- 1 = No experience performing this task

Frequency at which the task was performed:

- 4 = Daily/Weekly
- 3 = Monthly/Quarterly
- 2 = Semi-Annual/Annual
- 1 = Never

Performed task within last 3 years:

- 2 = yes
- 1 = no

<p>Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by making one option from the scale(s) provided.</p> <p>Under "Work Experience," for items #1 - #13, please indicate:</p> <p>Length of Experience:</p> <ul style="list-style-type: none"> 4 = Over 3 years of experience performing this task 3 = Over 1 to 3 years of experience performing this task 2 = 1 year or less experience performing this task 1 = No experience performing this task <p>Frequency at which the task was performed:</p> <ul style="list-style-type: none"> 4 = Daily/Weekly 3 = Monthly/Quarterly 2 = Semi-Annual/Annual 1 = Never <p>Performed task within last 3 years:</p> <ul style="list-style-type: none"> 2 = yes 1 = no 	Length of Experience	Frequency	Performed task within last 3 years
1. Assist with actuarial opinions, executive summaries, and/or analyses to assure compliance with laws and regulations and to identify any deficiencies in the testing of liabilities or reserves.			
2. Review pricing/valuation assumptions, data or rates.			
3. Input and verify data, and move data between systems.			
4. Compile data needed to perform analysis or validation, identify data needed, and access from multiple sources.			
5. Review/analyze data to identify trends or errors (systematic errors, errors in calculations, etc.).			
6. Perform calculations using basic actuarial methodologies.			
7. Review rate changes or rate change filings to determine whether changes comply with actuarial standards or statutory requirements.			
8. Assist in reviewing actuarial portions of new policy or program filings for compliance with laws and regulations.			
9. Prepare or review present values.			
10. Compile data to support financial planning analysis, such as premiums, losses, expenses, or profitability forecasts.			
11. Assist in the review and evaluation of actuarial systems, documentation, and programs, including identity of functional system requirements.			
12. Submit actuarial or financial data, reports and responses to internal parties.			
13. Assist management with the preparation of presentations.			

WORK EXPERIENCE (CONTINUED)

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by making one option from the scale(s) provided.

Under "Work Experience," for items #14 - #15, please indicate:

Length of Experience:

- 4 = Over 3 years of experience performing this task
- 3 = Over 1 year to 3 years of experience performing this task
- 2 = 1 year or less of experience performing this task
- 1 = No experience performing this task

Frequency at which the task was performed:

- 4 = Daily/Weekly
- 3 = Monthly/Quarterly
- 2 = Semi-Annual/Annual
- 1 = Never

Performed task within last 3 years:

- 2 = yes
- 1 = no

	Length of Experience	Frequency	Performed task within last 3 years
14. Work on assignments which may include participation in field examinations or research projects.			
15. Participate in project teams and help develop project plans.			

KNOWLEDGE/SKILL/ABILITY (KSA) ASSESSMENT

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by making one option from the scale(s) provided.

For items #1 – #16, please rate your Knowledge, Skill, or Ability (KSA) by indicating the number that best describes your level of KSA for each of the following areas.

Definition of Levels:

4 = **Extensive Knowledge, Skill, or Ability:** I have applied this KSA in an actual setting while performing a job without supervision.

3 = **Moderate Knowledge, Skill, or Ability:** I have applied this KSA to perform this task, but may require general supervision.

2 = **Limited Knowledge, Skill, or Ability:** I have education or training relevant to this KSA, but have not applied it to an actual job.

1 = **No Knowledge, Skill, or Ability:** I have no experience, education or training relevant to this KSA.

<p>1. Knowledge of the principles and practices of actuarial science with regard to life, health, disability, or property and casualty insurance.</p>	
<p>2. Knowledge of general principles and practices of the insurance industry.</p>	
<p>3. Knowledge of general statistical principles and practices as they pertain to actuarial methods in insurance.</p>	
<p>4. Knowledge of general data analysis methods and techniques.</p>	
<p>5. Knowledge of statistical methods in order to assess reasonability of actuarial results.</p>	
<p>6. Knowledge of the analysis and reporting of financial data.</p>	
<p>7. Knowledge of standard computer applications (e.g., Excel, Access, Word, Outlook, Power Point, SAS, R, Visual Basic, or C++) needed to perform duties.</p>	
<p>8. Knowledge of the English language, including grammar, syntax, punctuation, and spelling, to create documents (e.g., reports, correspondence, etc.) that are clear and professional.</p>	
<p>9. Knowledge of mathematical operations, such as fractions, ratios, averages, and percentages, to analyze, process, summarize or verify numerically or graphically presented data.</p>	
<p>10. Knowledge of statistical procedures, such as those related to inferential statistics (e.g., probabilities, confidence intervals, correlations, or regression) to analyze, process, summarize, or verify numerically or graphically presented data.</p>	
<p>11. Skill to perform actuarial or statistical computations to verify rates, cash values, or reserves.</p>	
<p>12. Skill to identify facts and implications before drawing conclusions.</p>	
<p>13. Skill to update, maintain, and process large amounts of data using database and spreadsheet programs.</p>	
<p>14. Skill to use logic and reasoning to evaluate alternative solutions, conclusions or approaches.</p>	
<p>15. Skill to write in English using proper spelling, sentence structure, and grammar.</p>	
<p>16. Skill to compose professional, clear, accurate, complete and concise reports and other correspondence.</p>	

KNOWLEDGE/SKILL/ABILITY (KSA) ASSESSMENT (CONTINUED)

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by making one option from the scale(s) provided.

For items #17 – #31, please rate your Knowledge, Skill, or Ability (KSA) by indicating the number that best describes your level of KSA for each of the following areas.

Definition of Levels:

4 = **Extensive Knowledge, Skill, or Ability:** I have applied this KSA in an actual setting while performing a job without supervision.

3 = **Moderate Knowledge, Skill, or Ability:** I have applied this KSA to perform this task, but may require general supervision.

2 = **Limited Knowledge, Skill, or Ability:** I have education or training relevant to this KSA, but have not applied it to an actual job.

1 = **No Knowledge, Skill, or Ability:** I have no experience, education or training relevant to this KSA.

17. Skill to create charts and graphs using various computer programs (e.g., Excel, Power Point, Access) to summarize data and make presentations.	
18. Ability to understand mortality risk, morbidity risk, obligation risk, or interest rate risk as related to insurance.	
19. Ability to recommend appropriate statistical or actuarial formulas.	
20. Ability to recommend appropriate statistical or actuarial methods.	
21. Ability to establish and maintain cooperative and professional working relations.	
22. Ability to communicate verbally, in person and by telephone, clearly and concisely with a variety of audiences, adjusting the level and tone of the message for the particular audience.	
23. Ability to comprehend data structures and systems.	
24. Ability to extract relevant data for decision making.	
25. Ability to gather, interpret, organize, summarize and analyze data and facts.	
26. Ability to identify and solve problems, and make appropriate decisions.	
27. Ability to detect errors or recognize unreasonable data, assumptions and results.	
28. Ability to concentrate on a task without being distracted.	
29. Ability to work on multiple projects and assignments simultaneously.	
30. Ability to work effectively under the pressure of tight timelines and competing priorities.	
31. Ability to be flexible in adapting to changes in priorities and work assignments, and to other interruptions.	

KNOWLEDGE/SKILL/ABILITY (KSA) ASSESSMENT (CONTINUED)

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by making one option from the scale(s) provided.

For items #32 - #35, please rate your Knowledge, Skill, or Ability (KSA) by indicating the number that best describes your level of KSA for each of the following areas.

Definition of Levels:

- 4 = **Extensive Knowledge, Skill, or Ability:** I have applied this KSA in an actual setting while performing a job without supervision.

- 3 = **Moderate Knowledge, Skill, or Ability:** I have applied this KSA to perform this task, but may require general supervision.

- 2 = **Limited Knowledge, Skill, or Ability:** I have education or training relevant to this KSA, but have not applied it to an actual job.

- 1 = **No Knowledge, Skill, or Ability:** I have no experience, education or training relevant to this KSA.

32. Ability to maintain the confidentiality of sensitive information.	
33. Ability to maintain high ethical standards.	
34. Ability to maintain knowledge of current actuarial or statistical practices.	
35. Ability to solve problems creatively.	

PREPARATION FOR HIRING INTERVIEW

If you are successful in this examination and called for a hiring interview, you will be asked to supply transcripts of your college course work, proof of degree(s) received and any credential(s) that may be applicable. Additionally, you may be asked to supply supplemental documentation to verify your responses in this examination. It is strongly recommended that you assemble transcripts and licenses in advance to expedite the process.

QUALIFICATIONS ASSESSMENT RETURN AND MAILING PROCEDURES

Do not attach any additional documents to this Qualifications Assessment or send any forms/documents in advance as additional documents will not be rated. This Qualifications Assessment will account for 100% of the weight of your examination for this classification. **You may mail or deliver in person the completed Qualifications Assessment to the following address:**

California Department of Insurance
Human Resources Management Division
300 Capitol Mall, 13th Floor
Sacramento, CA. 95814
Attn: Rebecca Doctolero

NOTE:

- Be sure your envelope has **adequate postage** when submitting via mail.
- Facsimiles (FAX)/PDF copies will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Qualifications Assessment for your records.

AFFIRMATION STATEMENT

THIS AFFIRMATION MUST BE COMPLETED

Government Code Section 18935:

“The board may refuse to examine or, after examination, may refuse to declare as an eligible or may withhold or withdraw from certification, prior to appointment, anyone who comes under any of the following categories:

- j. Has intentionally attempted to practice any deception or fraud in his or her application in his or her examination or in securing his or her eligibility.”

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE: _____

DATE: _____

NAME (PRINTED): _____

THIS COMPLETES THE QUALIFICATIONS ASSESSMENT