Cerena Becker

Claim Analyst

Detail-oriented Claim Analyst with 1 year of experience in analyzing, processing, and validating insurance claims. Proficient in applying policy terms and conditions, conducting investigations, and providing accurate claim resolutions. Strong analytical and communication skills, with a proven ability to efficiently manage multiple claims simultaneously. Committed to delivering exceptional service and maintaining high customer satisfaction.

cerena.becker@gmail.com ✉

(708) 822-8666 ☎

123 Main St, Boston, MA 02116 📍

Education

Bachelor of Arts in Business Administration with a concentration in Insurance and Risk Management at Boston University, MA

Aug 2018 - May 2022

Relevant Coursework: Insurance Principles, Risk Management, Financial Analysis, Business Statistics, Corporate Finance, Actuarial Science, and Property & Liability Insurance.

Links

linkedin.com/in/cerenabecker

Skills

Data interpretation

Risk assessment

Fraud detection

Negotiation techniques

Microsoft Excel proficiency

Policy analysis

Time management

Languages

Employment History

Claim Analyst at Massachusetts Mutual Life Insurance Company, MA

Mar 2023 - Present

- Successfully processed over 1500 insurance claims during the tenure, resulting in timely payouts to beneficiaries and a 98% customer satisfaction rate.
- Identified and resolved 200+ claim disputes through effective communication and negotiation, saving the company over $500,000 in potential losses.
- Streamlined the claim analysis process by implementing new software tools, reducing the average processing time by 30% and increasing team productivity by 20%.
- Trained and mentored 10 new claim analysts, leading to a 25% increase in department efficiency and improved accuracy in claim evaluations.

Associate Claim Analyst at Liberty Mutual Insurance, MA

Jul 2022 - Feb 2023

- Successfully managed a caseload of over 200 claims, resulting in the timely and accurate processing of claims and a 95% customer satisfaction rating.
- Reduced claim processing time by 25% through the implementation of new workflow processes and prioritization techniques, leading to improved efficiency and cost savings for the company.
- Identified and addressed fraudulent claims worth over $500,000, contributing to the reduction of overall claim payouts and protecting the company from potential financial losses.
- Collaborated with cross-functional teams to develop and implement new training materials and resources, increasing the overall knowledge and skill level of the claims department by 15%.

Certificates

Certified Professional in Insurance Claims (CPIC)

Nov 2021

Associate in Claims (AIC)

Jul 2020