



# Basic Group Term Life Insurance for Excluded Employees

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An employer-paid Basic Group Term Life Insurance Plan is provided to active State employees who are designated managers, supervisors, confidential, and other specified excluded employees. Employees designated supervisory and confidential have \$25,000 of basic insurance coverage and employees designated exempt and managerial have \$50,000 coverage.

Please contact California Department of Human Resources, Benefits Division – (916) 324-0533 for more information.

**Accelerated Benefit Option**



**Beneficiary Designation**



**Conversion Privilege**



**Enrollment**



**Reporting a Death**



**Supplemental Life Insurance**

Having basic group term life insurance allows you the opportunity to take advantage of the state’s group purchasing power by securing significant amounts of voluntary supplemental life insurance at a competitive rate. You may elect coverage amounts in \$10,000 increments up to eight (8) times your basic annual earnings, not to exceed \$750,000.

Eligibility

You must be an active designated manager, supervisor, confidential, or specified excluded employee and have state paid basic group life insurance.

How to Know if you are Enrolled in the State Paid Basic Group Term Life Insurance Plan

Under the “employer contribution” section of your pay warrant/direct deposit advice you will see LIFE INS and a premium amount paid by the state. If you do not see LIFE INS, then you are not enrolled in the Basic Group Term Life Insurance plan. If you feel you should be enrolled, please contact your departmental personnel office.

Enrollment

You can enroll in supplemental life insurance at any time.

Age	Monthly Premium
Under 25	\$0.60
25 to 29	\$0.64
30 to 34	\$0.78
35 to 39	\$0.85
40 to 44	\$1.05

45 to 49	\$1.50
50 to 54	\$2.22
55 to 59	\$4.02
60 to 64	\$6.09
65 to 69	\$11.58
70 to 74	\$18.69
75 and Older	\$20.75

If you choose to enroll, your monthly premium will automatically be deducted from your payroll warrant.

## Administration Fee

In addition to the monthly premium, there is a \$0.50 administrative fee.

## Leave of Absence (LOA)

You must contact Metropolitan Life Insurance (MetLife) within 30 days of the effective date of the LOA to make a direct payment or coverage will be cancelled.

## Return from Leave of Absence

If you made direct payments while on a LOA, then premiums will be deducted from regular pay upon return from the LOA. If your coverage was canceled during the LOA, you must contact MetLife to re-apply for coverage.

## Loss of Eligibility

If you are no longer an eligible employee your coverage will continue unless you contact MetLife to terminate coverage.

Separation from State Employment

Please contact MetLife should you wish to convert your coverage to an individual plan.

Retirement

If you wish to continue your supplemental life insurance, you must contact MetLife within 30 days of retirement.

Beneficiary

CalPERS and departmental beneficiary designations do not apply to life insurance benefits payable under the MetLife plan. Life insurance benefits will be paid according to the standard order of beneficiaries, unless you complete and submit the MetLife Beneficiary Designation form to MetLife. Remember to retain a copy for your records.

Cancellation

You can cancel your supplemental insurance plan at any time by contacting MetLife.

Additional Life Insurance – Dependent Coverage

If you purchased \$20,000 or more in supplemental life insurance, you can purchase additional life insurance for your spouse or domestic partner and/or dependent children up to age 23.

Cost for Dependent Life Insurance:

Flat Monthly Cost of Coverage

Spouse or Domestic Partner	Child(ren)	Employee under 65	Employee over 65
\$7,500	\$7,500	\$1.85	\$7.25

\$15,000	\$7,500	\$3.71	\$14.51
\$25,000	\$7,500	\$6.18	\$24.18
\$50,000	\$7,500	\$12.35	\$48.35

## Insurance Carrier

Metropolitan Life Insurance (MetLife)

Policy number 74503

For information, contact:

MetLife Customer Service

(800) 252-8524

<https://www.metlife.com/soc/>

Monday – Friday

8:00 a.m. – 4:30 p.m. PT

(excluding holidays)

CalHR Customer Service

[lifeinsurance@calhr.ca.gov](mailto:lifeinsurance@calhr.ca.gov)

## Forms

[MetLife Supplemental Enrollment & Beneficiary Designation](#)

Mail forms to:

MetLife Recordkeeping Center

P.O. Box 14402

Lexington, KY 40512-4402

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