

Voluntary Benefits Voice

M A G A Z I N E



From Protection to
Support: Non-
Traditional Benefits
for Life's Challenges

The Housing
Affordability
Crisis

The New Voluntary
Benefit Meeting
Employees Where
Life Happens

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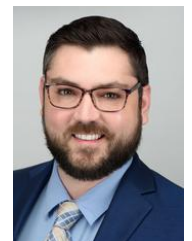
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KEY CONTRIBUTORS



Bucking Tradition



**The New Voluntary
Benefit Meeting
Employees Where Life
Happens**



Relational Leadership Experience

**Using Razors to
Sharpen Your Focus
(Part III)**

From The Editor...

The Consumer Has Changed. Has Our Industry?

For years, our industry has focused on growing the voluntary benefits marketplace. More products, more participation, more premium, more opportunities - but I think it's time we ask ourselves a different question. Are we still designing and recommending benefits for the consumer we have today, or the consumer we had ten years ago?

There is an affordability crisis happening in this country, and it's affecting nearly every aspect of employees' lives. Housing costs have skyrocketed, groceries cost substantially more than they did just a few years ago, healthcare premiums, deductibles, and out-of-pocket expenses continue to climb, and for many working Americans, wages have not kept pace with the rising cost of everyday life.

Families are having to make difficult decisions about where their money goes. They are weighing grocery bills against car repairs, rent against medical expenses, and retirement savings against the cost of simply getting through the month. Somewhere in that list of competing financial priorities are the voluntary benefits we are asking them to purchase and I think we need to recognize that the employee making benefits decisions today may be in a very different financial position than they were just a few years ago. Yet as an industry, we continue to approach benefits with many of the same strategies - we introduce new products, talk about participation rates, celebrate enrollment results, and measure success by premium growth. But how often are we asking whether employees can actually afford their benefits?

I think we need to challenge ourselves to reconsider what the voluntary benefits marketplace could look like in the future. We've built a strong industry around traditional products like accident, critical illness, hospital indemnity, life, and disability insurance and those products will continue to have an important place in protecting employees and their families, but consumer needs are changing, and our product development strategies should reflect that. Take access to healthcare, for example. As rural hospitals close or reduce services, some employees face longer drives, fewer local providers, and additional expenses associated with receiving treatment. Could we design benefits that better address transportation, lodging, or other costs associated with accessing care?

The economics of our industry only work over the long term if employees believe the benefits they're purchasing are worth the money. As consultants, we need to be willing to challenge product design, pricing, claims experiences, and traditional placement strategies. We need to push for better utilization reporting, greater transparency, and products that reflect the actual financial circumstances of today's workforce. The consumer has changed. Their financial priorities have changed. The risks they're trying to manage have changed.

It's time our industry changes with them.

We have an opportunity to make voluntary benefits more relevant than ever - financial uncertainty, rising healthcare costs, and gaps in traditional coverage make meaningful protection incredibly important. And perhaps the most important question we can ask ourselves moving forward isn't how we sell more voluntary benefits. It's how we make every dollar an employee spends on voluntary benefits count.





Bucking Tradition

Non-Traditional and Non-Insurance Benefits Emerging as Differentiators For the Voluntary/Worksite Market

By JP Soltesz, Eastbridge Consulting Group

There may be no need to sound an alarm just yet, but it certainly merits attention: The big post-pandemic bounce-back in voluntary/worksite sales has slowed in recent years, and even been mostly flat for some traditional core lines such as life and disability. And while many markets remain largely underserved for voluntary coverage as a whole and still offer strong market opportunities, another avenue to build back revenue streams has been bubbling to the surface: nontraditional and noninsurance benefits.

Employers Adding New Nontraditional Benefits

More than one-third of employers say they plan to add a new voluntary benefit or add a new employer-paid/partially employer-paid benefit to their offerings in the next 12–18 months, according to our newest “MarketVision™—The Employer Viewpoint®” report. And leading the list of new coverages are a wide variety of nontraditional and noninsurance benefits.

Mental health programs/benefits (54%) and telemedicine (39%) continue to be the most common noninsurance benefits employers offer. A significant number also offer legal plans (20%), identity theft protection (18%), auto/homeowners’ (18%), and pet insurance (18%). In fact, these last three nontraditional benefits are among the products employers without these coverages are most interested in offering in the future.

More than one-third of employers say they plan to add a new voluntary benefit or add a new employer-paid/partially employer-paid benefit to their offerings in the next 12–18 months

Noninsurance options employers are most likely to add reflect the continued financial stress and growing caregiving responsibilities many employees face: financial wellness education/tools (32%), student loan repayment/refinancing programs (23%), and caregiver/family/senior care benefits (22%).

Employees Show Strong Interest in Nontraditional Benefits

Employers offer voluntary benefits for many good reasons: addressing employees' financial well-being, allowing them to buy higher amounts of coverage, recruiting and retaining top talent, and better meeting the needs of a multigenerational and diverse workforce among them. But our research shows the number-one reason is employee interest.

The most recent "MarketVision™—The Employee Viewpoint®" report shows employees have significant interest in buying many types of nontraditional and noninsurance benefits on a voluntary basis. Topping the list for employees who don't already own coverage is identity theft protection, closely trailing only cancer, critical illness and long-term care. Employees also show strong interest in voluntary legal plans and pet insurance. These plans, along with mental health/counseling and homeowners/auto insurance, are the nontraditional benefits employees say they most want their employer to offer in the future.

Employees surveyed also have a long list of noninsurance benefits they would most like their employers to offer: caregiver/ family/ senior care, estate and will planning services, genetic/ DNA testing, bereavement support, purchasing programs and financial wellness/ planning.

Optimal success with offering these plans may hinge on understanding the account's demographics. Millennial and Gen Z employees show especially strong interest in many noninsurance benefits and are significantly more likely than older generations to use them if they have access through their employer, while Baby Boomers are the least likely to use any noninsurance benefits.

Optimal success with offering these plans may hinge on understanding the account's demographics.

GROUP AND VOLUNTARY INSIGHTS STUDY

You see the market first. Help insurers see it too.

Eastbridge and NMG are inviting independent brokers, consultants and center of excellence specialists to share their firsthand experience with carriers across group and voluntary benefits.

ABOUT THE STUDY

Benchmarks **carrier capabilities, price and value across products** and **pressing topics** such as ERISA.



Completed online



45 to 60 minutes



Pause and resume



Confidential responses

Questions? **Karan Sabharwal**
Karan@study-us.nmg-group.com



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Carriers Expanding Non-Traditional Options

About one-third of carriers surveyed for our new “Voluntary Product Development Practices,” Spotlight™ report offer additional products other than traditional medical, life, disability, supplemental health or cancer coverage.

Carriers usually offer these products as value-added services rather than stand-alone products, most often to improve their value proposition or meet market demand. Mental health is the value-added service carriers offer most frequently, followed by caregiver support services and financial wellness programs.

And carriers see a trend toward expanding current benefits. Benefits carriers expect to expand include mental health, fertility, substance abuse and caregiver benefits.

Many carriers also expect the trend of offering value-added services as a differentiator to continue, but with expanded regulatory focus. Other trends carriers foresee include additional focus on preventive services, more personalization, and more mental health services, caregiver services and financial wellness programs in their value-added services.

Brokers Tapping into New Revenue Streams

The idea of expanding their portfolio to better meet client needs isn’t new to brokers active in the voluntary/worksites market. According to our most recent “Broker Perspectives on the Voluntary/Worksite Market Spotlight™ report, at least 40% of participating brokers already sell pet insurance, identity theft protection and wellness programs, and more than one-third sell legal plans. Other popular nontraditional and noninsurance benefits for a significant number of brokers are discount health programs for prescription drugs, vision and health care; mental health services and financial wellness programs.

Meeting Needs, Creating Value

Expanding benefits programs with new nontraditional and noninsurance options isn’t the only strategy to boost lagging voluntary sales — better benefits education and more personalized service are other ways some voluntary carriers are leaning in on this issue — but those already on board with this trend find it meets the challenges of many industry stakeholders. Stepping outside the box of traditional voluntary products helps carriers and brokers create new revenue streams as they offer clients more value, offers employers ways to better meet the changing needs of their employees, and provides solutions for employees to address some of their biggest life concerns.



Eastbridge is the source for research, experience, and advice for companies competing in the voluntary space and for those wishing to enter. For over 25 years, they have built the industry’s leading data warehouse and industry-specific consulting practice. Today, 20 of the 25 largest voluntary/worksites carriers are both consulting and research clients of Eastbridge.



The New Voluntary Benefits: Meeting Employees Where Life Happens

How employers and brokers can expand voluntary benefits beyond traditional financial protection

By PES Benefits

For years, the voluntary benefits conversation has centered on products such as accident, critical illness, hospital indemnity, disability and supplemental life insurance. These benefits continue to play an important role in helping employees protect themselves and their families from unexpected financial events.

But the conversation around voluntary benefits is getting broader. Employees are dealing with financial pressure, rising health care costs, caregiving responsibilities, mental health concerns, and a growing need for support that fits into everyday life. Employers, in turn, are looking for ways to provide meaningful benefits without taking on the entire cost.

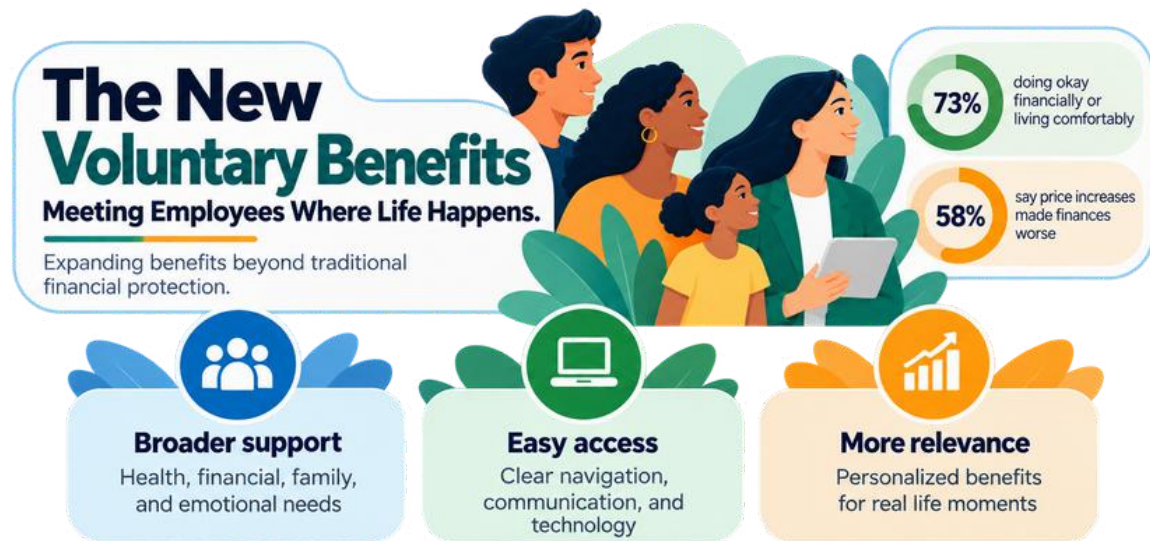
That is creating an opportunity for brokers to think differently about what a voluntary benefit can accomplish - the opportunity is not to move away from traditional voluntary benefits.

It is to build on them by giving employees access to solutions that can help with both major financial risks and the everyday challenges that affect their health, finances, and families.

The Voluntary Benefits Conversation Is Expanding

Traditional voluntary benefits solve an important problem: financial protection.

An accident benefit can help offset unexpected expenses after an injury. Critical illness coverage can provide financial support following a serious diagnosis. Hospital indemnity can help address costs associated with a hospital stay. Disability coverage can help protect income when an employee cannot work. These benefits are valuable because they address significant financial risks.



But employees do not experience their benefits as a list of product categories. They experience them through the problems they are trying to solve. An employee may not think, "I need to use my voluntary benefits today." They may think:

- "My child is sick and I need to talk to a doctor."
- "I am stressed and having trouble sleeping."
- "I am helping an aging parent and do not know where to start."
- "I received a medical bill I do not understand."
- "I am worried about how I am going to pay for an unexpected expense."
- "I need help finding the right resource for my family."

That distinction matters. The next generation of voluntary benefits can help address those moments while continuing to complement the financial protection employees already have.

Employees Are Looking for Benefits That Reflect Real Life

The pressure on employees is not limited to major medical events. Financial concerns remain a significant part of the employee experience. The Federal Reserve's 2026 report on the economic well-being of U.S. households found that 73% of adults reported they were either doing okay financially or living comfortably in 2025.

At the same time, price increases remained the most common financial concern, and 58% of adults said changes in the prices they paid had made their financial situation worse.

Health care costs add another layer of uncertainty. This creates an important opening for brokers. Instead of asking only, "What voluntary products should we add?" the conversation can become: What challenges are employees facing, and where can benefits help? That shift can lead to a much more strategic benefits discussion.

Research from the Employee Benefit Research Institute reinforces this broader view. EBRI found that employers are expanding benefits beyond traditional offerings to address a wider range of worker concerns, including health care costs, everyday expenses and financial stress.

Non-Traditional Does Not Mean Replacing Traditional Benefits

The term "non-traditional voluntary benefits" can sometimes suggest that employers are moving away from accident, critical illness, disability, hospital indemnity or life insurance. That is not the point. The strategy is to create a broader benefits ecosystem where different solutions address different moments in an employee's life. Consider the relationship between traditional and emerging benefits.

Additional resources can help employees address the physical, emotional, or practical challenges that can accompany a serious health issue. The value comes from connecting those resources rather than treating every benefit as an isolated product. This is where technology, communication, and navigation become increasingly important.

An employee with critical illness coverage may have financial protection following a diagnosis. But that employee may also need help understanding where to access care, managing stress, finding behavioral health support or navigating the practical consequences of the diagnosis.

An employee with accident coverage may have financial protection after an injury. They may also need convenient access to a physician or help determining whether an in-person visit is necessary.

A disability benefit can protect income when someone cannot work. Additional resources can help employees address the physical, emotional, or practical challenges that can accompany a serious health issue. The value comes from connecting those resources rather than treating every benefit as an isolated product. This is where technology, communication, and navigation become increasingly important.

Access Is Part of the Benefit

Offering a benefit is only the first step. Employees need to understand what the benefit is, when it can help them and how to access it. That becomes particularly important as benefit programs become more comprehensive.

Business Group on Health emphasizes that even a strong benefits package can fall short when employees do not know what is available or how to access it.

Its 2025 guidance recommends more consumer-focused communication, modern channels, and shorter, easier-to-digest content. That is an important distinction for brokers. The question is no longer simply whether an employer has a strong voluntary benefits portfolio. It is whether employees can actually use it.

A well-designed benefits experience should make it easier for employees to move from a problem to a solution. Technology can help create that connection by giving employees a centralized place to find information, access resources, and understand how their benefits work. Communication can reinforce that experience throughout the year rather than relying entirely on open enrollment. Navigation can help employees determine which resource is appropriate for the situation they are facing. Together, those pieces can turn a collection of benefits into an experience employees can actually use.

The Rise of Everyday Benefits

One of the most important changes in the voluntary benefits conversation is the growing emphasis on benefits that can help before a major event occurs. That could include virtual care, mental health support, coaching, financial resources, legal assistance, identity protection, caregiving support or other practical solutions.

These benefits address a different part of the employee experience. They can help employees take action earlier, find appropriate support and potentially avoid allowing a manageable issue to become a larger problem. This is particularly relevant to virtual care. A virtual care benefit can give an employee a convenient way to address a health concern without immediately navigating the traditional health care system. Behavioral health resources can provide support when an employee is dealing with stress, anxiety or another challenge.

Practical support resources can help employees address issues outside of the doctor's office that still affect their ability to focus at work and manage life at home.

These solutions do not replace medical insurance or traditional voluntary benefits. They fill different gaps. That distinction is important when presenting these benefits to employers and brokers. The strongest strategy is not to position one benefit against another. It is to show how the pieces work together.

Personalization Is Becoming More Important

There is another reason the voluntary benefits conversation is changing: employees do not all need the same things. A 25-year-old employee may prioritize financial protection, mental health resources, or support for starting a family. A mid-career employee may be balancing children, financial obligations and caregiving responsibilities. An older employee may be thinking more about chronic conditions, aging parents and retirement.

A single benefits strategy can support all of these employees, but the communication and navigation experience may need to be different. This makes personalization increasingly important. Benefits communication should help employees see how available resources connect to the situations they are most likely to encounter. That may mean targeted messaging for different populations, timely reminders throughout the year or technology that makes relevant resources easier to find. The goal is not to overwhelm employees with more information; it is to make the right information easier to find at the right time.

What This Means for Brokers

For brokers, the expansion of voluntary benefits creates an opportunity to move the conversation from product placement to benefits strategy. That does not necessarily mean adding more benefits simply for the sake of adding more. Instead, brokers can help employers evaluate whether their existing portfolio addresses the situations employees actually face.

A useful conversation might include questions such as:

- **What financial risks are employees most concerned about?** Traditional voluntary products may provide important protection against unexpected medical events, but employers may also need resources that address financial stress, everyday expenses and other practical concerns.
- **Where are employees experiencing gaps in access?** If employees have difficulty getting care, finding behavioral health support or understanding where to go for assistance, adding another benefit may not solve the underlying problem.
- **How easy is it to find and use the benefits already available?** Benefits technology and navigation can make a significant difference here. Employees should not have to remember multiple websites, phone numbers, and passwords every time they need help.
- **How are benefits being communicated outside of open enrollment?** A benefit employees forget about is a benefit they are unlikely to use. Year-round communication can introduce benefits at the moment they are most relevant.
- **Can utilization be measured?** Employers increasingly want to understand whether their benefits investments are producing meaningful engagement and outcomes. Brokers can add value by helping clients look at utilization, employee feedback, and opportunities for improvement.

Building a More Connected Voluntary Benefits Strategy

The future of voluntary benefits is not necessarily about finding the next product; it is about creating a benefits strategy that reflects how employees actually live. Employees may experience a health concern, financial concern, family issue or emotional challenge without knowing which benefit category applies. They simply know they need help.

That is why the connection between benefits, technology, communication, and navigation matters. A comprehensive benefits strategy can bring together traditional financial protection with practical resources that employees can use throughout the year. Virtual care can make access to care more convenient. Behavioral health resources can provide support when employees need it. Education can help employees understand what is available. Navigation can help them determine where to turn. Technology can bring those experiences together.

For employers, that can create a more meaningful employee experience while helping them get greater value from the benefits they already provide.

For brokers, it creates a broader role in the benefits conversation. The opportunity is not simply to recommend another voluntary product, it is to help employers build a benefits experience that meets employees where life happens.

From Coverage to Everyday Value

Voluntary benefits have always been about giving employees more protection and more choice. Today, that definition is expanding. Financial protection remains essential, but employees are also looking for benefits that can help them manage the everyday challenges that affect their health, finances, families, and ability to focus on work. The most effective voluntary benefits strategy can address both.

For brokers, that means looking at the full employee experience: what employees need, when they need it, how easily they can access it and whether they understand the value. The organizations that get this right will not necessarily be the ones with the longest benefits list. They will be the ones that make their benefits easier to understand, easier to access and more relevant to the moments employees actually experience.



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From Protection to Support

Employees want nontraditional benefits that can help them through life's challenges

By Kelli Evans

The next evolution of voluntary benefits isn't just about adding more products. It's about delivering more support.

Employees increasingly expect benefits that help them navigate real-life challenges, from financial uncertainty and caregiving responsibilities to grief, travel emergencies and other unexpected disruptions. As expectations evolve, employers are rethinking the role benefits play in the employee experience.

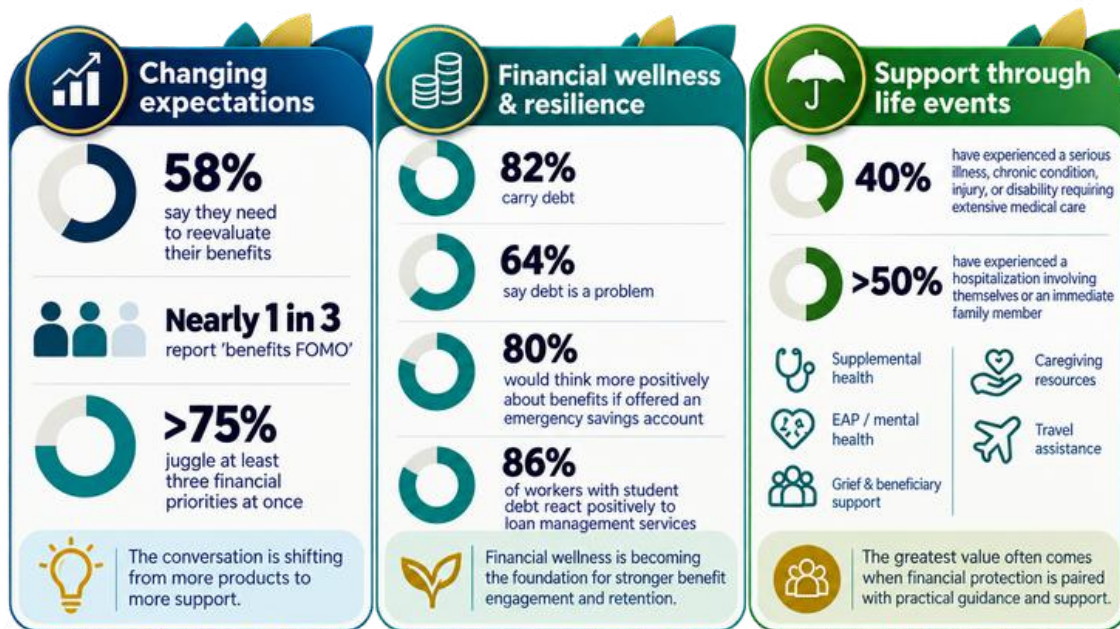
Effective strategies combine financial protection with practical resources that employees can use throughout different stages of life. The result is a fundamental shift in the role of voluntary benefits, from helping employees recover after a challenge to helping them navigate the challenge itself. Rather than serving solely as a safety net, voluntary benefits are becoming part of a broader support system designed to help employees build resilience, manage stress and move through life's challenges with greater confidence.

Employers making that shift are setting a new standard for what a benefits package can deliver.

Understand Changing Employee Expectations

The benefits landscape has expanded, and employee expectations have evolved alongside it. According to the Lincoln Financial 2025 Wellness@Work Study, 58% of workers surveyed say they need to reevaluate their benefits, while nearly one-third report experiencing "benefits FOMO," the feeling that they're missing offerings they should have [1].

Many employees are seeking benefits that reflect the realities of their lives. Those realities are becoming more complex. More than 75% of workers surveyed juggle at least three financial priorities at once [1]. Debt, caregiving expenses, housing costs and retirement savings all compete for limited resources.



At the same time, one-third of those surveyed say benefit elections compete for the same portion of their budget [1], forcing difficult trade-offs rather than letting employees build a comprehensive safety net.

For many employees, financial pressures, caregiving responsibilities and competing priorities don't exist in isolation. The lines between financial, emotional and physical well-being have become increasingly blurred, creating demand for benefits that address the whole person rather than a single need.

Employers are taking notice. Research Lincoln Financial recently conducted with the Employee Benefit Research Institute (EBRI) found that more than two-thirds of employers surveyed expect to increase their benefits budgets over the next one to two years, while 88% of brokers surveyed say helping employers identify and address gaps in their offerings has become a standard expectation of their role [2]. The conversation is shifting from offering individual products to building coordinated strategies that support employees' broader well-being.

That shift reflects a deeper change in the employer-employee relationship. Eighty percent of employees surveyed rely on their employer for benefits information, making the workplace a trusted source of guidance, not just coverage [2].

As expectations continue to evolve, employers have an opportunity to deliver more than financial protection. By pairing insurance benefits with resources that help employees navigate financial, emotional and practical challenges, they can build a benefits experience that better aligns with workforce preferences.

By pairing insurance benefits with resources that help employees navigate financial, emotional and practical challenges, they can build a benefits experience that better aligns with workforce preferences.

Build Financial Wellness and Resilience

Financial wellness sits at the center of the shift. Fewer than half of full-time employees surveyed feel financially secure, with 82% carrying debt and 64% calling the debt a problem [1]. That reality is reshaping how employers think about benefits. Financial wellness is no longer viewed as a standalone program. Increasingly, it serves as the foundation that helps employees make better use of the rest of their benefits package.

The stress doesn't stay at home. More than half of employees surveyed experienced burnout symptoms in the past year. Employees without emergency savings surveyed reported higher burnout rates (61%) than those with savings (52%) [2]. Rising healthcare costs can also add pressure. More than 40% of workers surveyed faced moderate to major medical bills in the past year, up from 34% in 2023 [1].

Financial wellness tools help employees build resilience before a crisis occurs. Emergency savings programs, student loan management services and homebuying support can help employees strengthen their financial foundation and prepare for unexpected expenses, rather than simply recover from them afterward. Eighty percent of employees surveyed would be impressed or think more positively about their benefits if their employer offered an emergency savings account, and 86% of workers with student debt react positively to a loan management service. [1]. When employees build a cushion, they're better positioned to handle setbacks without derailing their long-term goals.

Emergency savings programs, student loan management services and homebuying support can help employees strengthen their financial foundation and prepare for unexpected expenses, rather than simply recover from them afterward.

This can have an even greater impact on employers. In fact, 85% of workers surveyed who believe their employer does a good job with benefits, and 86% who view their employer's wellness offerings positively, say they want to stay with their employer [1].

The connection between financial wellness and retention is clear. Employers who invest in financial wellness resources aren't just helping employees manage money - they're building a workforce more likely to stay engaged and loyal.

Employers who invest in financial wellness resources aren't just helping employees manage money - they're building a workforce more likely to stay engaged and loyal.

Support Employees Through Life Events

Financial protection remains an important part of a benefits strategy, but a check alone doesn't help employees navigate a serious illness, a loss in the family or an emergency far from home. Employees increasingly need support that helps them manage the experience itself, not just the financial impact.

The need is more common than many employers realize. Forty percent of employees surveyed have experienced a serious illness, chronic condition, injury or disability requiring extensive medical care, while more than half have experienced a hospitalization involving themselves or an immediate family member.² Life events such as these can create financial strain, emotional stress and practical challenges all at once.

Supplemental health benefits play an important role by helping employees manage expenses. Accident, critical illness and hospital indemnity insurance can provide a financial buffer when the unexpected happens. Yet the greatest value often comes when employers pair that protection with resources that help employees navigate difficult moments.

Employee Assistance Programs can connect workers with mental health support during periods of stress, illness or loss. Grief and beneficiary support services can help families manage difficult decisions during emotionally challenging times. Family-building and caregiving resources can help employees balance major life transitions, while travel assistance services can provide guidance and support when emergencies occur away from home.

Together, these resources reflect a broader shift in employee expectations. Workers increasingly view benefits not simply as insurance products but as tools that can help them navigate life's challenges with greater confidence. Financial protection helps cover the cost of a disruption. Guidance and resources help employees move through it. The combination transforms a benefits package from a collection of products into a meaningful source of support.

Create a Benefits Experience

As employee expectations evolve, nontraditional services are becoming an increasingly important way for employers to differentiate their benefits programs.

These services extend beyond traditional insurance coverage to provide practical resources employees can use throughout their daily lives. Financial wellness tools, student loan management, homebuying support, Employee Assistance Programs and integrated wellness platforms all help employees address challenges that insurance alone cannot solve.

Financial wellness tools, student loan management, homebuying support, Employee Assistance Programs and integrated wellness platforms all help employees address challenges that insurance alone cannot solve.

The growing appeal reflects a simple reality: Employees want guidance, not just choices. According to the Wellness@Work Study, 92% of employees surveyed find a single portal for wellness benefits appealing, and 73% are interested in working with a benefits consultant who can help them understand which benefits best fit their needs [1]. Employees increasingly value an easy-to-navigate and personalized benefits experience.



Convenience matters because employees often engage with benefits only when they need them most. When resources are difficult to find or understand, even valuable benefits can go unused.

For employers, these services can help strengthen the overall value of a benefits package. Eighty-five percent of employers surveyed report improved employee morale and satisfaction from their benefits programs, while 70% report improvements in employee health [2].

Yet many employers still face a gap between the support employees want and the resources available to them. Nontraditional services help close that gap by connecting employees with tools, guidance and resources that support their financial, emotional and physical well-being.

For brokers, the opportunity extends beyond recommending products. Helping employers identify and integrate these types of services allows brokers to address evolving workforce needs while delivering strategic guidance. In a market where benefits increasingly serve as a differentiator for attracting and retaining talent, the conversation is shifting from what benefits employers offer to how effectively those benefits support employees. Nontraditional services can help employers make that shift.

Bring Benefits to Life

Voluntary benefits are evolving from insurance against the unexpected to support for everyday life. Employees aren't looking for a collection of products. They want resources that help them navigate financial uncertainty, major life events and everyday challenges with greater confidence.

For employers, meeting that expectation requires more than expanding a benefits portfolio. It requires helping employees understand, access and use the resources available to them. When employees understand how benefits fit into their lives, they're more likely to recognize and appreciate their value.

The future of voluntary benefits isn't defined by the number of products offered. It's defined by how effectively those benefits help employees build resilience, navigate life's challenges and make more confident decisions. Protection will always matter, but support is what brings those benefits to life. Employers that embrace this shift can strengthen employee engagement, loyalty and retention while delivering a more meaningful benefits experience.



Kelli Evans, Vice President of Supplemental Health and Enrollment at Lincoln Financial - leads strategy and growth across the supplemental health & enrollment product portfolio. With more than three decades of experience in financial services, she brings deep expertise in sales leadership, market expansion, and developing high-performing teams. She is based in Dallas, Texas.

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The Housing Affordability Crisis

A Decade of Pain - and Why Employers Should Pay Attention

By Seif Saghri

In the richest country on earth, 46%, or nearly half, of American households are unable to cover basic necessities like housing, food, and healthcare [1]. In PwC's 2026 employee financial wellness survey, 59% of respondents said they were currently stressed about their finances [2]. These staggering figures reveal an affordability crisis that has persisted for over a decade, affecting both low- and middle-income families.

Housing Costs Are The Single Largest Contributing Factor

Housing consumes 33% of family budgets [3] and is the largest single expense - and often squeezes out other necessities. The pressure affects renters, prospective buyers and current homeowners alike, and follows employees into the workplace. For benefits leaders, understanding those pressures can reveal where housing support would make the greatest difference.

The Decade When Housing Math Stopped Working

The numbers tell a story of accumulating pressure rather than a single bad year.

The typical home cost just \$233,800 in 2016 [4]. Today, it costs \$414,400 [4], a **77% increase**. Yet inflation-adjusted wages grew just 9% (even nominal wages grew only 47%) [5].

On top of that, the 30-year fixed mortgage rate rose from 3.42% to 7.38% between September 2016 and September 2026, a **116% increase**, more than doubling the financial cost of owning the same house.

Home prices

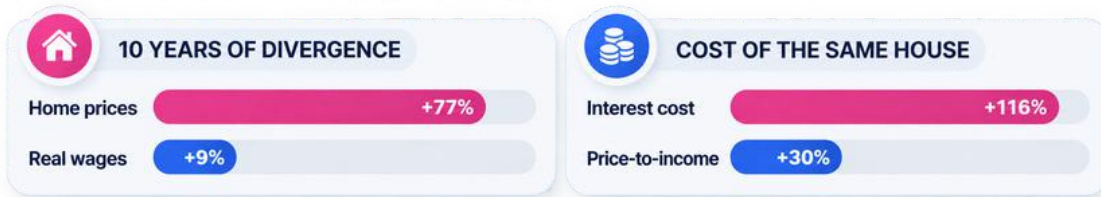


2016: \$233,800 ^[4]

2026: \$414,400 ^[4]

77%
increase

A Decade of Pain



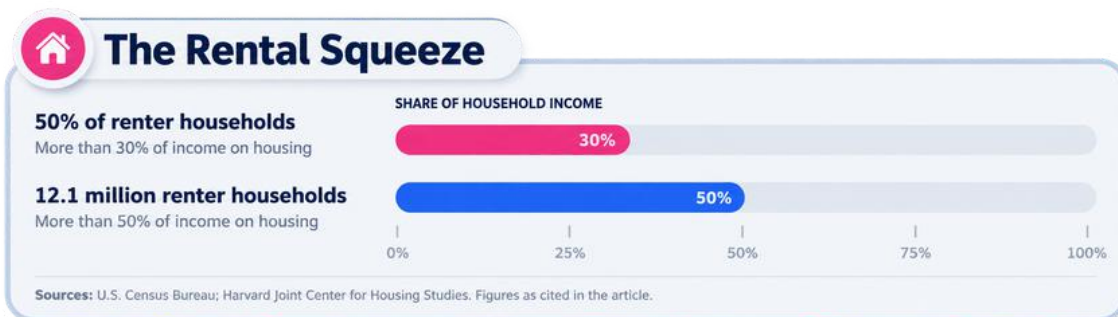
On the renters' side, over 21 million or 50% of renter households [6] spent more than 30% of their income on housing, officially classifying them as "cost-burdened". Of those, 12.1 million spent more than half. According to a 10-year tracking analysis by the Harvard Joint Center for Housing Studies [7], the U.S. has also lost roughly 7 million units renting for under \$1,000 over the past decade, eliminating 16% of the total inventory of 43 million units that were available in 2016.

Unfortunately there's more, including soaring rents (+48%) [8], insurance rates (+89%) [9], cost of building materials (+64%) [10], and declining existing home inventory (-27%) [11]. When you add up the math, it's pretty ugly.

The longer-term financial divide is also striking. In the Federal Reserve's most recent Survey of Consumer Finances [13], median net worth in 2022 was \$396,200 for homeowner families, compared with \$10,400 for renters and other non-owners. That is a massive difference of roughly 38 to 1.

Why Should Employers Care?

Housing affordability is a workforce issue. When employees struggle to pay for a place to live, that pressure can affect their focus, wellbeing and ability to plan ahead.



Real Life Consequences

Housing pressure reaches into family life. Difficulty paying rent can increase the risk of an unwanted move; a move can disrupt childcare, commutes, friendships and ties to a community. For families with children, housing instability may also interrupt learning. Urban Institute's review of the research [12] links eviction filings with reduced school attendance and describes how frequent residential moves can lead to school changes.

PwC's employee financial wellness survey [2] shows how financial stress reaches into working life. Housing costs can also narrow the pool of candidates who can afford to take a job nearby, complicate relocation and leave existing employees facing longer commutes. For benefits leaders, the question is practical: which housing pressures are making it harder for employees to join, stay and perform - and what support would help?



How Can Employers Help?

Employers can connect employees with independent guidance, useful tools and savings opportunities tailored to their housing needs, all without cost:

- **For prospective buyers:** Group discounts on mortgages and real estate commissions; over 2,600 down payment assistance programs nationwide contributing an average of \$18,000; and 3% down payment options for first-time buyers.
- **For veterans, eligible public-service workers and homeowners:** Veterans' mortgage options with \$0 down, no private mortgage insurance and lower rates and fees; 50% discounts on certain homes for eligible law enforcement officers, firefighters, EMTs and K-12 teachers; and no cost refinance options.
- **For renters:** Tax-advantaged savings plans, rental rewards programs and credit building solutions.

Many buyers and renters are simply unaware of these options. For example, according to Bankrate's Hidden Homeownership Tax research [14], 87% of all borrowers in 2025 paid more than the most competitive rate available to them. Cost-free rate comparison tools and alerts can help employees ask better questions and identify potential savings.

Housing is too large a part of employees' financial lives to remain peripheral to their benefits. Employers can start by understanding where their people feel the most pressure, then connecting them with independent advice, practical tools and savings they might otherwise miss. Whether someone rents, buys or already owns, the goal is the same: a more affordable place to live and more breathing room in the household budget.



Seif Saghri, Co-founder of HomeLover (homelover.ai): Seif is a founding member of the Voluntary Advantage Advisory Board and was previously the founder and CEO of BenefitHub.

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Looking Beyond Cost and Coverage: An Expanded Way to Evaluate Legal Benefits

By Tim Weber

For years, evaluating legal benefits was a relatively straightforward process. Brokers and employers compared coverage, size of attorney networks, plan costs and exclusions. If two plans appeared similar on paper, they were often viewed as comparable solutions.

But that level of evaluation misses the real value provided by a legal plan – understanding the interactions that help an employee navigate and resolve their legal challenge.

With many employee benefits, an employee rarely interacts with the insurance carrier unless there is a problem. Medical, dental and vision claims are paid with little to no involvement needed by the employee. Even supplemental health coverage has evolved, with claims integration greatly reducing the interaction an employee has with the carrier.

But legal benefits are different. The first thing an employee does when experiencing a legal challenge is to connect with the legal provider for help. Those help options have evolved dramatically. Digital document tools, attorney matching, virtual legal services, guided support experiences and AI-powered solutions have expanded how employees access legal help. As a result, two legal plans may offer similar coverage while delivering very different experiences for employees.

That creates a new challenge for brokers and employers: How do you compare programs that may look similar on a cost and coverage spreadsheet but produce very different outcomes?

Increasingly, the answer comes down to one factor: friction. How difficult is it for an employee to move from a legal problem to meaningful help? The legal benefit providers that remove friction often create stronger member experiences, drive higher engagement and help employees resolve legal matters more confidently.

Evaluating the Journey

Most employees don't wake up thinking about legal benefits. They wake up worried about an aging parent, a landlord dispute, a child heading to college or a contract that they need to sign. At that moment, they aren't looking for a network directory, list of coverage or a legal services brochure. They're looking for answers.

The best legal benefits are designed around that reality.

Sometimes a self-service resource is enough. For others, a guided tool is the best fit. Some time-sensitive situations benefit from immediate legal advice and still others require full attorney representation.

The question isn't simply whether those resources exist – it's how much work must the employee do to resolve their legal issue? Are employees left on their own to find and figure out which of those resources can help? Or does the legal provider engage with the employee to understand their specific challenge and guide them to the right level of support for their situation? Evaluating legal benefit providers through that lens provides a clearer view of what employees will actually experience when a legal issue arises.

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The September WFSS ticked up 3.6 points from August's record low level. All dimensions increased, led by a 4.8-point gain in working Americans' ability to help others financially. Compared to last September, however, the WFSS is down 3.1 points, with all dimensions declining year over year. The largest decrease was in working Americans' ability to manage expenses between paychecks.

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The Five Friction Tests to Compare a Legal Plan Employee Experience

When comparing legal benefit providers, looking at these five friction tests can help determine what the employee experience will be like.

1. How Easily Can Employees Identify the Correct Path to Resolution?

Most employees aren't legal experts. They don't understand the terms used to describe the coverage or different kinds of attorneys. They often don't know whether they need a document, an attorney, quick legal advice or simply information. Historically, many legal benefit providers require employees to sort that out themselves.

Today, leading providers are shifting toward guided experiences that let employees describe their problem in plain day-to-day language and be directed to appropriate resources. Some also offer attorney-matching capabilities that connect members with attorneys aligned with their specific legal needs. The same experiences are available both online and on the call center channel.

A key question is whether the provider actively guides employees through their options or expects them to navigate the process alone. The easier it is for employees to identify the next step, the more likely they are to use the benefit and receive meaningful assistance.

2. What Happens Between DIY and Full Representation?

In today's world, convenience is king. DIY options such as document creation tools or guidebooks can be a quick and convenient way to answer a legal question or address a simple legal need. But what happens if an employee isn't confident in their understanding of the situation or wants some additional help? Retaining an attorney can be a great answer for those situations but can be less convenient. Today, innovative providers are building support options that fill that gap.

Digital document creation tools are evolving to leverage AI-assisted solutions, giving an employee options for resolving certain disputes before hiring an attorney. Options for employees to have a legal professional guide them through or explain the outcome of a self-service tool are also becoming available.

Engaging an attorney will always be a key part of a legal plan. But this middle ground is also important, providing additional, more convenient options to help the employee with legal challenges.

Regardless of the path employees choose ongoing guidance and support from the legal benefit provider can help an employee feel more confident.



3. How Quickly Can Employees Reach Meaningful Help?

When legal issues arise, speed matters. Whether an employee is reviewing a contract, responding to a consumer problem, or dealing with a family matter, delays can increase stress and uncertainty.

Immediate access to attorneys who can provide professional advice specific to an employee's local jurisdiction can help an employee understand their options, alleviating that stress.

When an employee could benefit from legal representation, providers who quickly offer matched attorney options – all of whom can help with their specific issue – gives the employee a sense of comfort through the process. Proactively validating the attorney's availability and ability to address the unique details of an employee's issue can ensure the attorney is ready to help the employee when they have their first meeting.

New provider models help members access legal guidance faster, reducing the time between identifying a legal issue and receiving support. Earlier access can help employees better understand their options, make informed decisions, and potentially prevent smaller issues from becoming larger problems.

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4. How Integrated Is the Attorney Experience?

The number of attorneys in the network is a common comparison point, but size alone doesn't guarantee a positive experience. Attorneys who are interconnected with a legal plan provider become an integral part of the employee service experience.

The attorneys that engage frequently with a legal plan provider:

- Maintain their profiles, reflecting their availability and the types of legal issues they can support.
- Provide perspective about how different legal matters are managed in their local jurisdiction, including which kinds of cases are supported by virtual engagements in their local court systems.
- Monitor the ratings and reviews given by employees who engage with them through the legal plan.

This level of engagement and transparency provides a sense of confidence for employees who expect the same level of personalization and transparency they receive in other aspects of their lives. Employees want to understand their options, compare relevant attorneys, and feel confident in their choices.

Looking beyond network size can provide an understanding of how legal providers integrate attorneys into the employee experience, helping employees find the right attorney and navigate their matter from start to finish. An integrated attorney experience can significantly influence the perceived value of the legal benefit.

5. Is the Employee Experience Evolving?

Employee's legal needs are constantly evolving. Family structures have changed. Caregiving responsibilities continue to grow. Identity theft and digital privacy concerns have become more common. Employees are also increasingly comfortable using technology as part of their benefits experience and expect solutions to be simple, intuitive and accessible. The strongest legal benefit providers continuously assess member feedback, monitor changing needs and refine their offerings to improve engagement and outcomes.

Innovation isn't just about introducing a broader set of tools or solutions. It's about providing an integrated experience that makes it easier for employees to get help from start to finish as the situation or legal challenge evolves. Utilization trends, member feedback and satisfaction data can demonstrate how well this is working and help employers better understand engagement and identify opportunities for improvement.

The New Evaluation Criteria

Coverage, network size and cost will always matter, but the bigger question is whether employees can seamlessly navigate a legal challenge when they need help.

The legal benefit providers that make that process simpler, faster and more intuitive are likely to drive stronger engagement and greater perceived value. Identifying those differences may be one of the most important ways to help employers select a legal benefit that truly works in practice, not just on paper.



Tim Weber, Vice President, Group Sales and Client Management, ARAG: oversees core sales business – group sales, sales operations, client management, product development and client support services. Tim is a voluntary benefits industry veteran with a proven track record of delivering growth as both a benefit provider and broker.



The New Generation of Benefits: Where Pet Insurance Fits In

By PetPartners Pet Insurance

As employers continue to expand beyond traditional health and retirement offerings, voluntary benefits have become an important way to address the diverse needs of today's workforce. The most successful programs tend to reflect meaningful aspects of employees' lives outside of work, providing support that feels personally relevant while strengthening overall benefits value.

As pets have become increasingly integrated into family life, 76% of working pet parents express that pet benefits should be standard in the workplace [1]. From a veterinary perspective, this development reflects more than just a trend. It represents a fundamental change in how people view their pets and the care they want to provide, with 83% of pet owners viewing their pets like their own children [2]. For HR teams, this shift reflects the unique role employers can play in supporting pet parents in the workplace.

Learn more from expert perspectives shared by Michelle Lockhart, VP of Strategic Partnerships and Business Development at PetPartners, and Dr. Jennifer Sperry, DVM, Medical Director, OnePack Plan by PetPartners. Their insights shine a light on the growth of pet insurance as an employer-offered benefit: why it matters, how it can work for teams, and the difference it can make.

Q: How has the evolution of pet parenting influenced the employee benefits marketplace?

Michelle Lockhart: Over the past several decades, we've seen a significant change in how people think about their pets. Historically, animals often served functional household roles, but today they are increasingly viewed as companions and important sources of emotional support. After all, 95% of pet owners consider their pet to be a member of the family [3].

Pet parents are willing to do more for their pets, and this opens up the opportunity for employers to support their workforce in a more meaningful way.

Dr. Jennifer Sperry: As a veterinarian of over 18 years, I've seen firsthand how these expectations have expanded as well. Pet parents are investing more in preventive care, nutrition, enrichment, and advanced medical treatment compared to previous generations. Naturally, that growing commitment has created demand for solutions that help people plan for the cost of veterinary care, including benefits offered through the workplace.

From a benefits perspective, pet insurance stands out because it addresses a real-life concern that many employees already have. While pets are a source of joy and companionship, their health concerns can add additional stressors to an employee's life.

Q: Why has pet insurance become one of the fastest-growing categories within voluntary benefits?

Michelle Lockhart: As awareness of pet insurance has increased and veterinary medicine has become more advanced, employees have become more interested in tools that help them prepare for unexpected care needs. From a benefits perspective, pet insurance stands out because it addresses a real-life concern that many employees already have. While pets are a source of joy and companionship, their health concerns can add additional stressors to an employee's life.

Dr. Jennifer Sperry: Pet insurance addresses a need that is both highly emotional and highly practical. From the vet industry perspective, 94% of veterinarians say cost plays a role in limiting needed care for pets [4].



For so many employees, pets are among the most important relationships in their lives, yet veterinary expenses remain largely outside the traditional benefits ecosystem.

Q: How can pet insurance make a difference for pet parents?

Michelle Lockhart: Many pet parents are looking for ways to be financially prepared before a medical crisis occurs so they can focus more on their pet's care and recovery. When those emergencies happen, it becomes very clear how strongly people want to do everything possible for their pets.

Dr. Jennifer Sperry: Veterinarians have a unique front-row seat to the realities pet families face when medical issues arise. In all care settings, from family practice through ER and specialty care, treatment options have never been more sophisticated. However, accessing those options often requires pet parents to make significant financial decisions during highly emotional moments.

Q: Why is employer-offered pet insurance uniquely positioned within the benefits landscape?

Michelle Lockhart: One of the biggest barriers to pet insurance adoption isn't interest, it's action. Many pet parents intend to explore coverage but simply never get around to researching and purchasing a policy on their own. When employers take it a step further and offer pet insurance directly on their benefits platform, employees can simply enroll their pets through a process they're already familiar with using.

Dr. Jennifer Sperry: Veterinarians often discuss pet insurance early in a pet's life, but those conversations can easily be forgotten amid the many decisions that come with pet ownership. Employer-offered pet insurance provides a second touchpoint that reinforces the message and presents it at a moment when owners are already making benefits decisions. Sometimes awareness isn't the barrier; action is. By reducing the friction between intention and enrollment, workplace benefits can help pet owners prepare for future medical needs before a crisis occurs.

Q: What makes pet insurance different from other non-traditional voluntary benefits?

Michelle Lockhart: The strongest voluntary benefits solve meaningful challenges employees are likely to encounter in their daily lives.

Pet insurance is distinctive because it supports an increasingly important aspect of modern family life while also helping employees prepare for an expense that can be difficult to anticipate.

Employer-offered pet insurance provides a second touchpoint that reinforces the message and presents it at a moment when owners are already making benefits decisions. Sometimes awareness isn't the barrier; action is.

Dr. Jennifer Sperry: Pet insurance isn't simply tied to convenience or lifestyle preferences. It relates directly to a strong bond and caregiving responsibilities that many employees take very seriously. As a result, it tends to resonate on both an emotional and practical level in ways that many emerging voluntary benefits do not.

Q: What should HR leaders and benefits professionals understand about the future of pet insurance?

Michelle Lockhart: Pet insurance is part of a broader trend toward more personalized, lifestyle-oriented benefits. Employees increasingly want benefits programs that reflect how they live and what they value outside the workplace. As pets continue to occupy a central role in family life, interest in pet-related benefits is likely to remain strong.

Dr. Jennifer Sperry: For employers, the opportunity is not simply to offer another voluntary benefit. It's to provide access to a benefit that aligns with changing workforce expectations and addresses a need employees already recognize in their own lives.

Concluding Thoughts

The growth of pet insurance is not simply a reflection of a thriving pet industry. It's a signal of how employee expectations are evolving. As pets become increasingly integrated into family life, employees are looking for benefits that reflect those realities and help them navigate the responsibilities that come with modern pet parenting. For HR leaders evaluating the next generation of voluntary benefits, pet insurance offers a compelling example of how a non-traditional benefit can deliver meaningful relevance, strong employee interest, and tangible value within a modern benefits strategy.



Michelle Lockhart, VP of Strategic Partnerships & Business Development, OnePack Plan by PetPartners - Michelle has 20 years of experience in the voluntary benefits industry, bringing deep expertise across healthcare, tech, employee benefits platforms, and the fast-paced voluntary benefits space. Known for her collaborative style and sharp business instincts, Michelle brings a thoughtful, results-driven approach to every partnership she builds.



Dr. Jennifer Sperry, DVM, Medical Director, Doubtless Pet Care Group - As Medical Director for Doubtless Pet Care Group, she brings over 12 years of clinical veterinary experience and expertise in medical policy, claims, underwriting, and product development. Since joining the organization in 2020, she has focused on aligning pet insurance with advancements in veterinary medicine, improving processes, and promoting informed decisions about pet healthcare.

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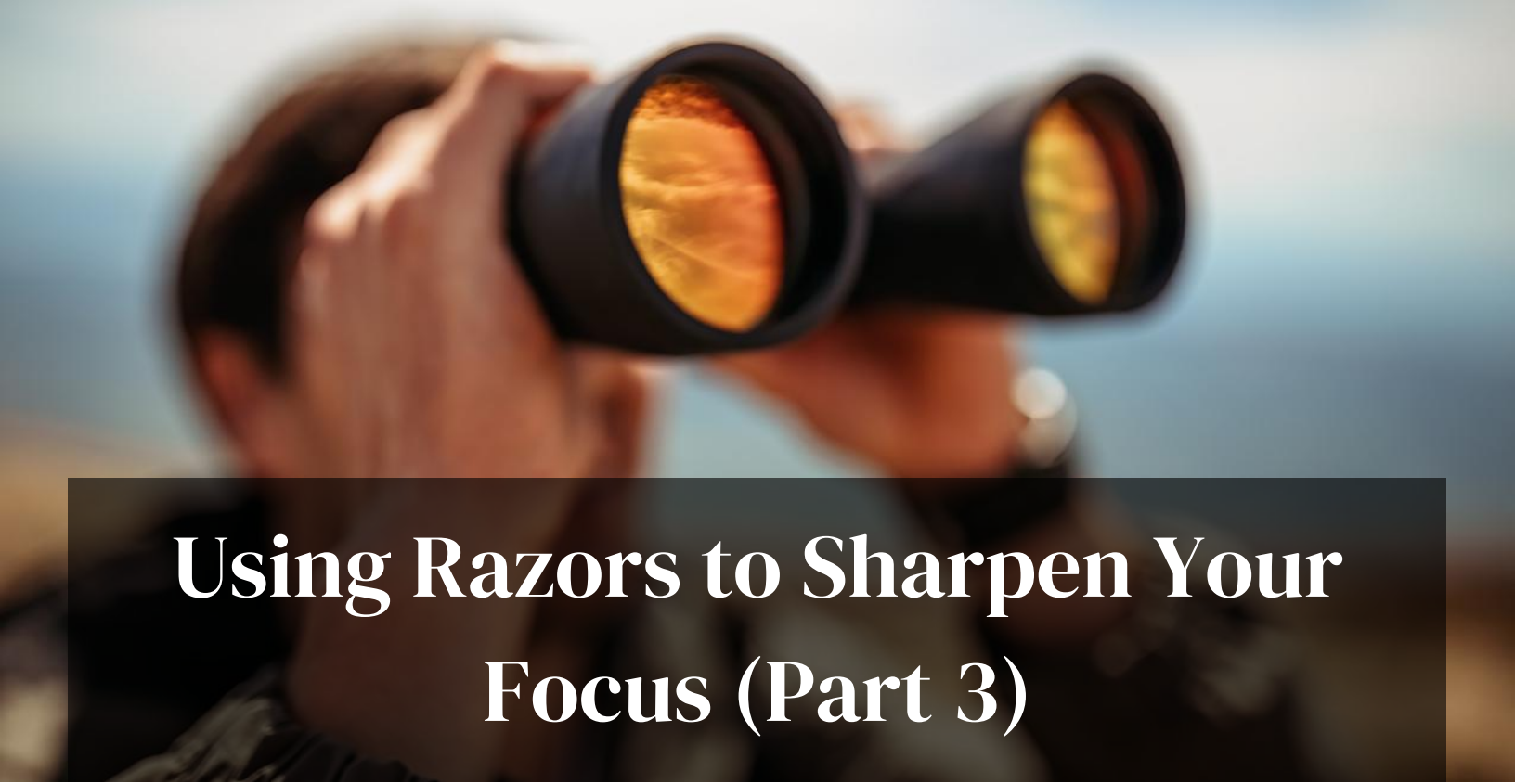
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Using Razors to Sharpen Your Focus (Part 3)

By Steve Clabaugh, CLU, ChFC

Relational leaders demonstrate that they care for their team members as much as the organization. As a result, they create, build and lead high-performance teams that consistently achieve excellence.

A philosophical or thinking razor is a mental tool that can help leaders make decisions faster, avoid overcomplicating problems, spot false arguments, reduce personal bias, and stay focused on real evidence. Relational leaders use razors that support their work as they create, build and lead high-performance teams.

In the last two articles we have considered 6 of the best-known practical razors, they are:

Occam's Razor

"When two explanations explain the facts equally well, the simpler one is usually the best."

Patton's Razor

"A good plan today is better than a perfect plan tomorrow."

Anchoring Bias Razor

"Don't focus too much on the first piece of information you receive allowing it to disproportionately influence later information."

Hitchen's Razor

"What can be asserted without evidence can be dismissed without evidence."

Hume's Razor

"If a claim cannot be tested or observed it should be treated with skepticism."

Hanlon's Razor

"Never attribute to malice that which is adequately explained by stupidity."

This month we'll conclude the series with three more razors including a home grown one that comes as a direct result of observations from my personal experience.

Grice's Razor

"Don't complicate the understanding of what a speaker means, assume the simplest explanation of what they said."

H.P. Grice was a British philosopher of language who served as Professor of Philosophy at the University of California at Berkeley for more than 20 years. His writings and lectures demonstrated examples of how much of our communication is based on the implications of what a person says, rather than the exact words themselves. *Some examples include:*

Answering a question with irrelevant information.

- Question: Did you like the movie?
- Answer: Well, at least the popcorn was good.

Making a polite refusal.

- Question: Can we get together after work to focus on this problem?
- Answer: Let me think about it.

Responding with irony.

- Question: Is it raining there?
- Answer: It's a beautiful day if you don't mind swimming everywhere.

Other uses include: statements of underwhelming praise, indirect examples of scale, hinting at a response through context, and many others.

Relational leaders can effectively apply Grice's Razor by applying what are called Grice's Maxims to the conversations you experience with members of your team. As a listener, you can infer indirect meaning by assuming the speaker is following Grice's Cooperative Principles of:

- **Quality:** They're trying to be truthful
- **Quantity:** They're trying to give you the right amount of information
- **Relevance:** They're trying to make sure the information is relevant to the subject
- **Manner of Speaking:** They're trying to be clear in what they are saying.

These maxims are still taught in philosophy and communications classes at universities around the world today.



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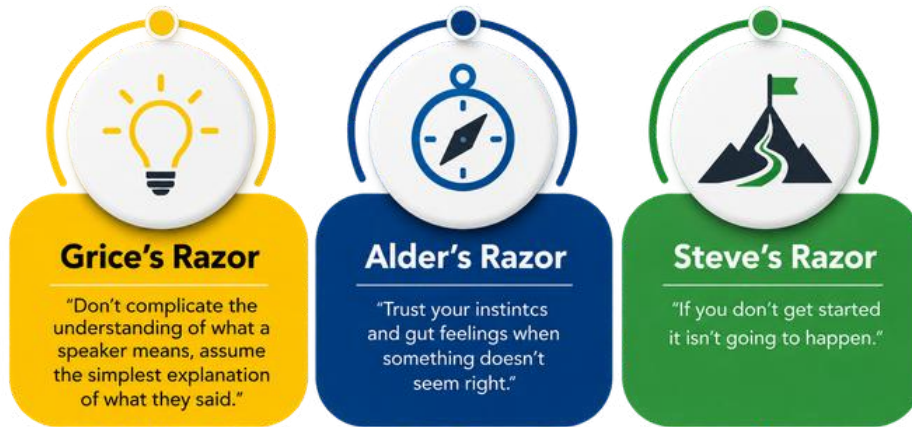


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Grice's Razor

"Don't complicate the understanding of what a speaker means, assume the simplest explanation of what they said."

Alder's Razor

"Trust your instincts and gut feelings when something doesn't seem right."

Steve's Razor

"If you don't get started it isn't going to happen."

Like all razors, they are not comprehensive and won't apply in every situation, but they do provide a simple and straightforward way to improve our understanding of communication between two or more people. And in a culture where there is so much misunderstanding and outright animosity among people with differing ideologies, it can provide a disciplined approach to help us improve our respect for and treatment of each other.

Alder's Razor

"Trust your instincts and gut feelings when something doesn't seem right."

This razor, attributed to Australian mathematician Mike Alder, is quite different than his actual philosophical razor; which stated that if something cannot be tested, measured or observed, it isn't worth arguing about. In its original form, Alder's Razor is very similar to Hitchen's and Hume's razors. No one seems to know how or why but somewhere along the line it morphed into the statement we consider today.

Regardless of how it transformed into the current statement, the message is still an important one for relational leaders. If you are a regular reader of this column, or have attended an RLE program, you know that we center our approach to relational leadership around the Principles of Championship Team Behavior. These 6 principles establish a framework for positive and effective communication, leading to consistently excellent results for high-performance teams.

One of the most powerful results is the creation of a culture where team members are free to "say the unsaid" without fear of criticism or rejection.

When the leader senses a change in the normal interaction among team members that is limiting the team's communication freedom it's time to apply Alder's Razor. The application may start with a Championship Team Discussion with one member and eventually include the entire group. Most important, is the commitment to respond quickly when you sense that something is out of order.

The old 1-10-100 Rule = The 1st time a subject is identified is always the easiest time to address it – if you don't, the next time it comes up it will be 10 times harder to deal with – and if you still don't fix it, the situation will be 100 times harder to address the next time

Although working through the process may cause some discomfort, the sooner the subject is identified and addressed, the easier the resolution will be. The old 1-10-100 Rule applies here (the 1st time a subject is identified is always the easiest time to address it – if you don't, the next time it comes up it will be 10 times harder to deal with – and if you still don't fix it the situation will be 100 times harder to address the next time).

Steve's Razor

"If you don't get started it isn't going to happen."

Although this may be a simple home-grown razor, I believe it conveys a very important message that has practical application for relational leaders and their teams. When you have determined what needs to happen, it is imperative that you get started or it most likely isn't going to happen - ever.

Recently I had the opportunity to talk with a participant from one of our Advanced Relational Leadership Experience Programs. This individual was recognized as one of the strongest leaders during class sessions, actively interacting during the discussion and application projects. He offered many excellent ideas and encouraged contributions from the other members of his team.

During our conversation, this bright young leader had very positive things to say about how much he enjoyed, learned and appreciated the class. From his perspective, it was well worth the investment of time and money to have completed the program. Considering that our conversation took place some two months after the class was completed, this was very encouraging to hear.

However, when I asked him how the implementation process was going at his company, the reply was anything but encouraging.

He told me that they were still thinking and talking about it but hadn't really started trying to actually put anything in place yet. And this was right after hearing him describe the difficulty the organization was having in finding and keeping the right quality of employees for their highly technical operation.

This conversation stood out in contrast to one I had with another participant from the same class. She was very excited about the results her company experienced in dealing with a serious staffing problem. Following the principles she learned in class, they conducted a fair and meaningful evaluation of their support staff. This led to some significant changes that resulted in much improved morale and productivity. With great excitement, she stated that she had been really nervous about committing to the process but it "really worked."

I hope you have benefitted from our discussion of thinking razors over the past three months. As we have learned, a razor is a "rule of thumb," a mental tool that helps you think more clearly by cutting away unnecessary assumptions. There are many more we could consider and perhaps we will from time to time. I enjoy collecting and considering them so please feel free to share with me any that you discover along the way.



Steve Clabaugh, CLU, ChFC - started his career in insurance as a Field Agent, moving on to Sales Manager, General Manager, Regional Manager, Vice President, Senior Vice President, and President/CEO. A long time student of professional leadership, Steve created the Relational Leadership program that has been used to train home office, field sales associates, mid-level managers, and senior vice presidents.

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