

Voluntary Benefits Voice

M A G A Z I N E



**The Workplace's
Most Expensive
Problem Is Also Its
Most Invisible**

**Who Does Your
Recommendation
Engine Work For?**

**Challenges &
Opportunities For
Workplace Life
Insurance**

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KEY CONTRIBUTORS



Challenges &
Opportunities for
Workplace Life Insurance



Life Insurance
Awareness and
Market Update



Relational Leadership Experience

Using Razors to
Sharpen Your Focus
(Part 2)

From The Editor...

Growing up on a farm, there was always something about that first cool summer morning that marked the start of fall. I instantly knew change was coming down the tracks. Personally, it marked the countdown until I had to report to school, where they'd force me to sit in an uncomfortable desk placed in a straight line, then march in a line to eat, recess, and the library - all followed by the command to raise my hand to ask a question. For those who know me: yes, the struggle was real. Disclaimer: I had an absolutely wonderful upcoming and education process. In fact, for a kid who didn't want to make the bus in elementary school, I ended up sticking around after playing two sports in college for graduate schools. So no, I found my rhythm, but at an early age (and, still today), to no one's surprise, I'm never afraid to speak up and carve my own trail.



All kidding aside, great memories and change, or as I like to tag it, "making adjustments," is and can be a wonderful thing for us all. As we peek at the calendar, open enrollment looms, and with it comes that familiar mix of urgency and opportunity that voluntary benefits professionals know better than anyone. However, this fall feels a little different, and I don't believe I'm alone in noticing it.

To start, consolidation happening across our marketplace right now is real, it's accelerating, and it's reshaping the landscape in ways we haven't fully processed yet. Carriers are acquiring. Distributors are merging. Platforms are absorbing their competitors. If we look back just twelve to eighteen months ago, what looked like a crowded space is tightening incredibly quickly as we enter Q4 '26. We are now asking hard questions about value, about expertise, and about who you want in your corner when the market gets complicated. For those of you doing the work the right way staying close to clients, investing in knowledge, building practices that hold up, this moment is more opportunity than threat, in my humble opinion.

Next, it's a fact that our marketplace had seven years of record growth ending in Q2 '25. Now, followed by four quarters of decreased placed premium. When I reach out to our trading partners, they all say the same thing in that quoting is through the roof and interest is at an all-time high, but getting the sale across the finish line is harder and not occurring as it did in the past. For that, I say keep digging and don't stop as our products and services are needed more today than ever.

Lastly, the discussions and solutions are fundamentally different and are rapidly changing. What was positioned back in 2025, probably isn't on the docket in 2027, nor will it ever be again as our buyers' needs are changing and what they need from us needs to follow suit. Hint: Data wins all.

As I once heard from a colleague: the leaves change every year. So does our marketplace. The advisor and carrier rep who learns all sides to the discussion and simply listens will be just fine.

As always, thanks for being part of this community. There's no better group of people to navigate a shifting season with.



Challenges and Opportunities for Workplace Life Insurance

By Kimberly Landry

Life insurance is a critical component of a well-designed financial safety net, and the workplace remains a valuable source of coverage for many Americans. LIMRA, which has been tracking life insurance ownership for more than half a century, has documented a gradual decline in the percent of adults who own retail individual life insurance (from 59% in 1960 down to an estimated 33% in 2024) [1]. Over that same time period, ownership of workplace life insurance has grown from 24% to an estimated 39%, meaning the workplace now surpasses the retail channel as the most common source of life insurance coverage for Americans [1]. While some people have both types of coverage, approximately one quarter of adults only have life insurance through the workplace [2].

Altogether, roughly 101 million U.S. adults are currently obtaining life insurance through their employers [2]. However, there are still significant gaps for the industry to address in terms of prevalence, adequacy, and understanding of this coverage.

The Need Gap

38% of adults report having a life insurance need gap, meaning they either (a) don't have any life insurance but say they need it or (b) have some coverage but need more [3]. Concerningly, 2 in 5 adults with minor children at home report having no life insurance at all [1]. The need gap is largest among the younger generations, women, those of Black or Hispanic descent, and those with household incomes below \$50,000 [3]. Since many of these groups are also less inclined to work with personal financial advisors, the workplace may be the best channel for connecting them with coverage.

While many people report a need gap, there is reason to think workers' current levels of life insurance coverage are even less adequate than they believe. Over a quarter of employees say that, if they were to pass away unexpectedly, members of their households would have immediate difficulty paying living expenses, while 57% would struggle within several months [4].

Only 24% think their dependents would be able to cover living expenses well into the future.

Notably, workers feel their households are even less financially prepared for this scenario now, compared to when LIMRA asked the same question in 2017, implying that employees have become more financially vulnerable over the past decade.

As expected, workers who are enrolled in life insurance benefits through the workplace are less likely to anticipate immediate financial challenges if a breadwinner were to pass away. This protective effect is most significant for low- and middle-income workers. However, 1 in 5 employees with workplace life coverage still anticipate immediate financial challenges in this scenario, which indicates they may not have sufficient levels of coverage.

A Struggle For Mind-Share

Despite these unmet needs, employees tend to view life insurance as a somewhat lower priority than other benefits. Just over half (55%) of workers say it is very or extremely important to have life insurance benefits available at work, ranking lower than medical, dental, and vision benefits, retirement plans, and time off benefits such as PTO and paid family or medical leave [5].

Employees also perceive life insurance to be less valuable than medical, dental, and vision plans (but slightly more valuable than disability or supplemental health coverage) [6]. In taking this view, employees seem to base their estimation of value on their likelihood of using a product rather than the magnitude of the support provided if the product is needed. (For example, even a small life insurance policy provides a considerably higher payout than a vision care plan.)



39%

Estimated share of U.S. adults who own workplace life insurance in 2024.



101M

Roughly 101 million U.S. adults obtain life insurance through their employers.



38%

Adults report having a life insurance need gap.



57%

Employees say their household would struggle within several months if they passed away unexpectedly.



43%

Employers offer life insurance in 2026, down from 61% in 2009.

Source: LIMRA

Employers, too, often view life insurance as a middle-priority benefit, and some may be losing sight of it amid the growing breadth and complexity of workplace benefit options. As of 2026, only 43% of employers offer life insurance to their workers, down from 61% in 2009 [7]. Much of this decline comes from fewer small businesses offering life insurance, while penetration among firms with over 100 employees has held steady in recent years. A failure to make life insurance benefits available, even on a voluntary basis, removes a convenient and effective avenue for employees to learn about and obtain coverage.

Low Awareness and Understanding

It is unsurprising that employees sometimes fail to prioritize life insurance when many lack a basic awareness of these offerings.

9% of workers are unsure whether or not their employer makes a life insurance benefit available to them [4].

The percent who report having workplace life insurance also falls below estimates based on industry and government data, suggesting that a substantial number of employees are unaware of their benefits [1]. This situation may arise when life insurance benefits are excluded from open enrollment communications — either because they are fully employer-paid or if the option to enroll is only available at the time of initial onboarding. Messages about life insurance may also be overlooked if employees are distracted by changes to medical insurance or other offerings. As benefit packages grow more complex, it will only become more difficult to make sure employees are paying attention to all of their options.

Even when employees are aware of workplace life insurance, only 59% feel they understand these benefits well [4]. In fact, many are doubtful about basic details of their coverage. Approximately 1 in 3 employees with workplace life insurance are unsure whether their coverage is term or permanent, while more than 2 in 5 cannot confidently estimate their coverage amount [1]. A majority (61%) are unable to name the insurance company providing their life insurance benefit.

Reasons For Not Enrolling

Poor understanding and low perceived value can discourage employees from taking full advantage of life insurance benefits when they are available. Carriers see an average participation rate of only 23% when term life insurance is offered on a voluntary basis [8]. (The median is a bit higher, at 29%).

Average participation rates are a mere 6% each for voluntary whole life and UL/VUL products.

Employees cite a variety of reasons for choosing not to enroll in these benefits [9]. Nearly 4 in 10 who opt out say they already have life insurance from another source, such as a spouse's employer or coverage they purchased on their own. This makes sense as a reason to decline coverage, but only if the existing policy is large enough to meet their financial protection needs.

Another 35% point to cost-related reasons, often claiming that the coverage is unaffordable, they don't think the benefit is worth the cost, or they want to use the money for other benefits instead. As medical costs rise, it is unsurprising that workers are carefully scrutinizing the money they spend on other benefits. However, these objections also suggest that workers may not fully recognize the value of life insurance, which tends to be very inexpensive compared to other benefits.

In addition, 20% of workers who opt out claim they "do not need" life insurance. Of course, it is generally impossible for anyone to predict whether they will personally need to use their life insurance benefit, and protection against the unexpected is the entire point of insurance. Again, this reasoning indicates that some employees are failing to understand the purpose and goals of life insurance protection.

Finally, a small percentage of workers opt out of life insurance because they felt they did not receive enough information about the product to make a decision, suggesting a need to improve education about this benefit.



Addressing the Challenges

U.S. adults have a significant need for more life insurance protection, and the workplace remains a key channel for reaching these individuals. However, employees and employers tend to view life insurance as a mid-level priority at best, while a growing number of other benefits compete for their attention. Poor awareness and understanding of life insurance can detract from its perceived value, sometimes leading employees to opt out of coverage they need when it is available.

The workplace life insurance industry can begin to address these challenges by educating employers about workers' financial vulnerability and need for these benefits, and highlight the importance of making them available, either on an employer-paid or voluntary basis.

Carriers and brokers can also help improve communications around these offerings. Reminders about life insurance should be provided to employees on an ongoing basis, even if these benefits are not part of the annual open enrollment process. In fact, off-cycle communications may garner more attention since they will not be competing with messages about medical insurance or other benefits.

Finally, it is important for the industry to help workers understand the purpose and value of life insurance and accurately assess how much coverage they ought to have. Better awareness and knowledge, coupled with the opportunity to enroll through the convenient workplace channel, can help employees close the need gap and ensure their families' ongoing financial security.



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Kim conducts quantitative and qualitative research on hot topics within the employee benefits industry, with a specific focus on employer and employee perspectives. She is also responsible for LIMRA's worksite and supplemental health research programs. She is a frequent speaker at industry conferences and events. Kim joined LIMRA in 2008. She received her bachelor's degree from Wesleyan University and her master's degree from the University of Hartford.

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Life Insurance Awareness and Market Update

Strengthening the Role of Financial Protection in 2026

By PES Benefits

Life insurance continues to be one of the most established components of employer-sponsored benefits programs. It is widely offered, generally well understood at a surface level, and often considered a standard benefit within total rewards packages. However, in 2026, the conversation around life insurance is shifting.

Employers and brokers are increasingly focused not just on offering coverage, but on whether employees understand their protection levels, whether coverage is adequate, and how effectively life insurance fits into broader financial wellbeing strategies.

For brokers, this creates a clear opportunity to move the conversation beyond enrollment and into meaningful coverage evaluation and education.

The Workplace Market Remains Strong, But Awareness Gaps Persist

Workplace life insurance continues to demonstrate stability and long-term demand. According to LIMRA's Workplace Benefits Sales Survey, workplace life insurance new premium reached a record \$4.5 billion in 2024, representing an 8% increase over the previous year [1].

This marks the fourth consecutive year of growth in the workplace segment, signaling continued employer investment in financial protection benefits.

At the same time, consumer understanding of life insurance remains a challenge. Research from Life Happens found that many Americans continue to overestimate the cost of life insurance and misunderstand how coverage works. The study noted that consumers often believe life insurance is significantly more expensive than it actually is, creating barriers to purchasing appropriate coverage [3].

This disconnect between awareness and understanding contributes to a persistent protection gap. Coverage may be available, but confidence in its adequacy often is not.

This disconnect between awareness and understanding contributes to a persistent protection gap. Coverage may be available, but confidence in its adequacy often is not.

Life Insurance Awareness and Market Update

STRENGTHENING THE ROLE OF FINANCIAL PROTECTION IN 2026

WORKPLACE LIFE INSURANCE SALES REACH A RECORD

\$4.5B

Workplace life insurance new premium reached a record \$4.5 billion in 2024.

Source: LIMRA, 2025



YEAR-OVER-YEAR GROWTH

8%
INCREASE

Up 8% over the previous year.

Source: LIMRA, 2025



SUSTAINED MOMENTUM

4

**CONSECUTIVE
YEARS OF GROWTH**

2024 marked the fourth consecutive year of growth in the workplace segment.

Source: LIMRA, 2025



AWARENESS GAPS CREATE BARRIERS



**MANY
AMERICANS
OVERESTIMATE
THE COST**

Many Americans continue to overestimate the cost of life insurance, creating barriers to purchasing coverage.

Source: Life Happens, 2025

FINANCIAL PRESSURE REMAINS HIGH



**MANY
HOUSEHOLDS
ARE VULNERABLE**

Many households remain financially vulnerable and would have difficulty covering an unexpected emergency expense using cash or its equivalent.

Source: Federal Reserve Board, 2024

PROTECTION GAP PERSISTS



**MANY
CONSUMERS KNOW
THEY NEED COVERAGE
BUT DELAY PURCHASING**

Many consumers know they need life insurance but delay purchasing because they believe it is too expensive or are unsure how much coverage they need.

Source: Life Happens, 2025

Financial Pressures Are Reshaping the Conversation

One reason life insurance is receiving renewed attention is the broader financial pressure facing many American households. According to the Federal Reserve's Report on the Economic Well-Being of U.S. Households, many families continue to face financial vulnerability when unexpected expenses arise. The report found that some adults would have difficulty covering an unexpected emergency expense using cash or its equivalent [4].

As economic uncertainty and household expenses remain concerns for many workers, the value of income protection and survivor benefits becomes easier to understand and communicate.

For employees, this reality changes how financial protection benefits are viewed.

Life insurance is no longer simply a benefit that employees enroll in during open enrollment. Increasingly, it is becoming part of a larger conversation around financial security, family protection, and preparedness for unexpected events.

As economic uncertainty and household expenses remain concerns for many workers, the value of income protection and survivor benefits becomes easier to understand and communicate.

Employer-Sponsored Coverage Remains the Foundation

Employer-sponsored life insurance continues to serve as the primary access point for many Americans.

For a significant portion of the workforce, group life insurance offered through an employer is the first exposure to life insurance coverage. It provides baseline protection at relatively low cost and creates an opportunity for employees to access additional voluntary coverage.

However, group life insurance often provides only a starting point. Default benefit amounts may not fully reflect an employee's income, debt obligations, family responsibilities, or long-term financial goals.

This is where voluntary life insurance continues to play an important role. Supplemental coverage allows employees to customize protection levels based on their unique circumstances while taking advantage of workplace access and convenience.

For brokers, the opportunity lies in helping employers move beyond simply offering coverage and toward helping employees understand whether their protection is sufficient.

The Protection Gap Continues to Be a Central Issue

Despite widespread availability, underinsurance remains a significant issue across the United States.

Life Happens reports that many consumers acknowledge they need life insurance coverage but delay purchasing it because they believe it is too expensive or because they are uncertain about how much coverage they need [3].

This creates a challenge for employers and brokers alike. Employees often make life insurance decisions quickly during enrollment periods without evaluating actual financial needs. As a result, coverage elections may not align with the realities of mortgage obligations, childcare costs, education expenses, or income replacement needs.

Helping employees understand the purpose of life insurance in practical terms can lead to more informed enrollment decisions and better long-term financial protection.



Workforce Financial Stability Score (WFSS) falls to record low level

The WFSS decreased by 4.5 points in August, matching the historic low recorded in November 2022. All dimensions fell, and three saw their lowest scores to date for working Americans: managing expenses between paychecks, ability to withstand unexpected expenses, and ability to help others financially. Year over year, the WFSS decreased 5.1 points, with all dimensions down as well from August 2025.

Workforce Financial
Stability ScoreSM
52.8

**Check out
the latest
scores**

Worksite Better.

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What Brokers Should Be Watching in 2026

Several trends are shaping life insurance conversations with employer groups today. Employers are increasingly interested in financial wellbeing initiatives that complement traditional health and retirement benefits. Life insurance naturally aligns with these discussions because it addresses financial resilience and family security.

Employees are also seeking more personalized benefits experiences. Rather than relying solely on default elections, many are looking for guidance that helps them understand how coverage fits into their overall financial picture. At the same time, employers continue to seek benefits that deliver meaningful value without significantly increasing costs. Voluntary life insurance remains an attractive option because it expands employee choice while maintaining affordability for employers.

For brokers, these trends create opportunities to position life insurance as part of a broader financial wellbeing strategy rather than simply another enrollment option.

From Coverage to Confidence

Life insurance in 2026 is not facing a relevance problem. It is facing an education problem. The market remains strong; employer-sponsored coverage continues to serve as a critical access point, and employees increasingly recognize the importance of financial protection. Yet awareness alone does not guarantee understanding or adequate coverage.

For brokers, the opportunity is clear. Helping employers and employees move from basic participation to informed decision-making can strengthen benefit programs and improve financial security for workers and their families. As financial pressures continue to influence employee priorities, life insurance remains one of the most important tools available for protecting long-term financial wellbeing. The brokers who focus on education, adequacy, and practical guidance will be best positioned to help clients close the protection gap.



PES Benefits is dedicated to revolutionizing the employee benefits landscape with cutting-edge technology, administration, education, ACA, HR Compliance, and virtual care solutions. Since its inception, PES Benefits has focused on simplifying the benefits experience, making it more accessible and meaningful for all involved.

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An iceberg floating in the ocean. The tip of the iceberg is visible above the water line, while the much larger base is submerged below the surface. The water is a deep blue, and the sky is a lighter blue with some white clouds. The iceberg is white and jagged.

The Workforce's Most Expensive Problem Is Also Its Most Invisible

Elder caregiving quietly became a retention and productivity issue. The benefits industry still treats it like a niche.

By Emily Rose

A few years ago, the most common reason someone called a LegalShield provider firm had nothing to do with their parents. Today, elder care is the single largest category of legal requests across our network.

Since 2022, requests for legal help related to elder care have more than doubled, up 108%. The people making those calls are not in their 70s and 80s. They are working adults in their 30s, 40s and 50s, calling about their mothers and fathers, usually in the middle of a crisis they did not see coming. One of our provider attorneys, a member of the Sandwich Generation herself, put it plainly: people come to her when the situation is already complicated, when a parent has been diagnosed with a serious illness, when no one has a power of attorney in place, and the family has no legal authority to act. Most of them work full-time. Most of them had no idea it was coming.

That pattern tells a story that the benefits industry has been slow to absorb - Elder caregiving is no longer a quiet personal matter that employees handle on their own time.

It has become one of the most expensive, most disruptive, and most hidden pressures in the modern workforce, and the way we design and sell benefits has not kept pace with it. We keep treating senior care support as a niche add-on for a small slice of older employees, even though the data shows it is a mainstream workforce issue.

Elder caregiving is no longer a quiet personal matter that employees handle on their own time. It has become one of the most expensive, most disruptive, and most hidden pressures in the modern workforce.

This is an issue that affects a large and growing share of our members every day. The gap between the challenges employees face and how their employee benefits can help has become impossible to ignore. And it's widening.

**108%**
increase

Legal requests related to elder care have more than doubled since 2022.

**50%+**

More than half of surveyed working adults ages 40-60 are actively coordinating a parent's care.

**Nearly
2 in 3**

Spend 6+ working hours per month on caregiving tasks during the workday.

**\$5,000+**

More than half spent at least \$5,000 of their own money on a parent's care in the past year.

**1 in 4**

Nearly one in four has seriously considered leaving the workforce due to caregiving responsibilities.

**37%**

Only 37% of HR leaders feel confident their current benefits meet elder-care needs.

**72%**

Say access to a senior care advisor through their employer would influence their decision to stay.

**Caregiving
isn't a side issue.
It's a workforce
issue.**

**SUPPORT PEOPLE
AT EVERY STAGE.**

Consider what the people carrying this weight actually manage. In a recent survey of more than 1,100 working adults between the ages of 40 and 60, more than half told us they are actively coordinating a parent's care right now, most of them while holding down a full-time job.

Nearly two-thirds spend six or more working hours a month on caregiving tasks during the workday, meaning this doesn't happen only on weekends and evenings. It is happening between meetings, in the parking lot before a shift, on hold with an insurer while a project waits.

In addition to time spent, the financial toll on these employees is steep: more than half spent at least \$5,000 of their own money on a parent's care in the past year. To cover it, nearly 40% cut their own savings or retirement contributions, more than a third took on credit card debt, and more than a quarter drew from retirement accounts. These are not financially reckless people. They are responsible employees quietly depleting their own futures to care for the generation that raised them.

And yet, when we asked what the hardest part was, the answer was not the money. More than half said the emotional weight was the heaviest thing they carried, ahead of the financial cost, ahead of the time.

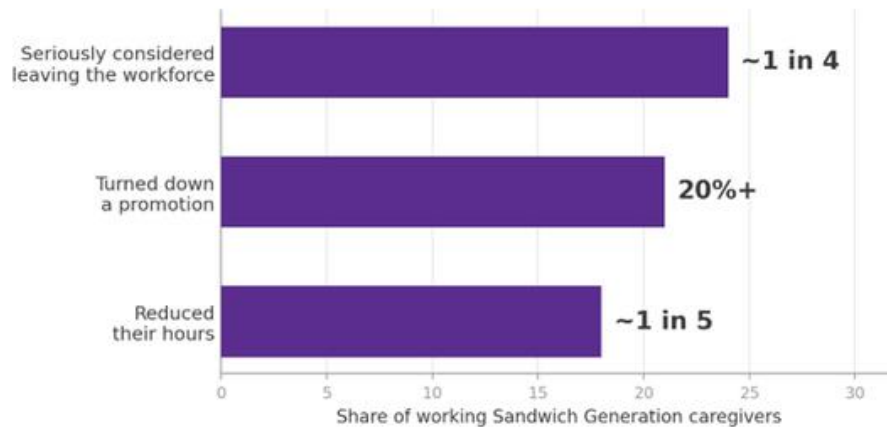
That detail matters for anyone designing a benefits strategy, because it means the problem cannot be solved with a stipend or a reimbursement alone.

People are overwhelmed by the expense and perhaps even more so, their uncertainty about what level of care a parent needs, what Medicare will and will not cover, how to evaluate a facility, and what to do when the current arrangement stops working. These are not questions that a search engine answers well, and they are not questions most employees have faced before.

That weight does not stay at home. Nearly one in four of these employees has seriously considered leaving the workforce due to caregiving responsibilities. More than 20% turned down a promotion, and nearly one in five reduced their hours.

Read those numbers again with a manager's eyes: these are often your most experienced people, in the middle of their highest-earning and highest-contributing years, stepping back not because they have stopped caring about their work but because something at home has become unmanageable. And most of it happens in silence.

Caregiving is quietly pulling experienced people back from work



Source: LegalShield 2026 survey of 1,100+ working adults ages 40-60

Half of the people we surveyed said they raise the topic of caregiving with their employer only when they absolutely have to or stay silent out of concern for how it will affect their career. This is the part that should worry every employer: the disruption is already happening, the productivity is already leaking, and leadership often has no idea, because the people living it have decided it is safer to say nothing.

Human resources leaders are not blind to this. In a companion survey of more than 1,000 HR executives, **more than 86% said employee caregiving has at least some impact on absenteeism and productivity**, and roughly three-quarters said it affects retention and engagement. Nearly three-quarters of these leaders estimate that at least one in five employees is managing elder care. So, the problem is not awareness. It is the distance between awareness and action.

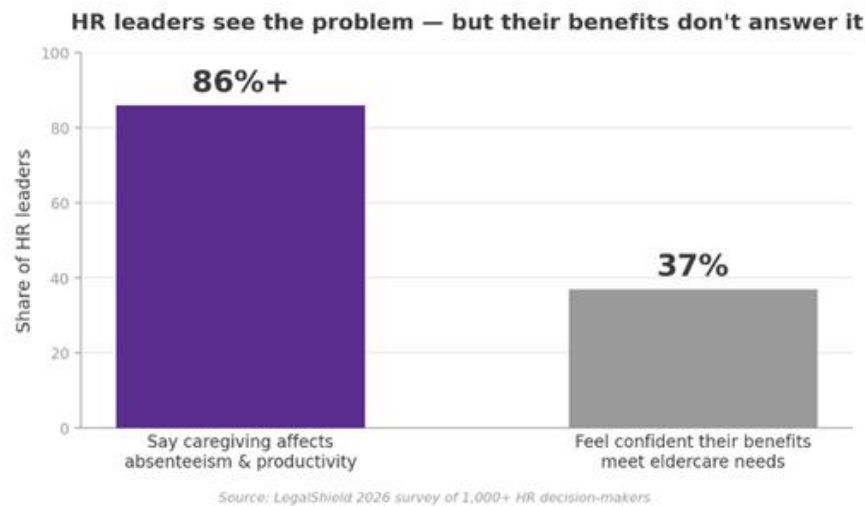
Only 37% of those same HR leaders feel confident their current benefits actually meet elder care needs. Voluntary benefits cover an employee's parents only about a third of the time, and parents-in-law only about a quarter of the time. In roughly one in six organizations, employees have explicitly requested parent coverage, yet still do not have it. The recognition is there. The response has not caught up.

There is one dimension of this that almost no one includes in their budget until it is too late, and it is the one our network sees most clearly.

Caregiving is not only a logistical and emotional challenge. It is a legal one. The moment a parent can no longer make their own decisions, the family needs legal authority to act on their behalf, and that authority does not appear automatically. Without a power of attorney, a healthcare directive, or, in some cases, a conservatorship already in place, adult children can find themselves legally unable to manage a parent's care, access accounts, or make medical decisions, even as the clock is running.

The disruption is already happening, the productivity is already leaking, and leadership often has no idea—because the people living it have decided it is safer to say nothing.

Nearly half of our elder care callers are Millennials and Gen Xers asking about exactly these instruments, often for the first time, often after the easiest window to put them in place has already closed. For benefits professionals, this is the overlooked seam: care navigation and legal preparedness are usually sold as separate offerings, when, for real families, they are the same conversation happening at the kitchen table.



Some will argue that this is simply a stage-of-life issue that resolves itself, or that employers cannot reasonably be expected to underwrite every personal hardship their workforce faces.

That is a fair objection, and no single benefit can or should try to solve all the potential problems a family faces. But the framing misses the point. Employees are not asking their employers to take over.

When we asked what would actually move the needle, 72% of Sandwich Generation workers said access to a senior care advisor through their employer would affect their decision to stay. They are not asking to be rescued. They are asking for someone who knows the terrain to help them figure out the next step before it becomes an emergency. Measured against the cost of replacing an experienced employee who walks away, that is a remarkably modest request.

The benefits conversation has spent years optimizing for the predictable moments: open enrollment, the annual physical, the retirement contribution.

Caregiving is the opposite. It arrives without warning, and it lands hardest on employees in their most productive years. It forces legal, financial, and medical decisions all at once, usually with no plan in place.

The employers who get ahead of it will not be the ones with the longest list of perks. They will be the ones who recognized earlier than their competitors for helping an employee navigate a parent's decline, which is not a soft benefit or a feel-good extra. It is one of the most concrete things an employer can do to keep a capable, experienced person from quietly walking out the door.

For brokers and benefits advisors, this is an opportunity to lead a conversation that employers are already having internally but are still at a loss to solve. The data is no longer ambiguous. The only real question left is who is willing to act on it first.



Emily Rose - President of Business Solutions at LegalShield: where she leads the company's employer and broker channel. LegalShield recently partnered with Care.com to bring a dedicated Senior Care Advisor benefit to members as part of its 2027 National Enhanced Plan. The survey findings referenced here are drawn from two LegalShield studies conducted in 2026 among working Sandwich Generation adults and HR decision-makers.



Coverage Drift™

The Hidden Risk Inside Employer Life Insurance Programs

By Securian Financial

Most employers can answer a basic question about their company's group life insurance: how many employees are covered. It is harder to know whether that coverage still fits the lives employees are living today.

Coverage Drift™ is the widening gap between an employee's life insurance coverage and the financial responsibilities their family depends on today.

Life insurance is one of the easiest workplace benefits to understand: a coverage amount, a beneficiary and a purpose. But a 2026 annual workplace benefits study suggests that having coverage does not always mean employees know whether it is enough. 17% of employees say they have less than the commonly cited 10x salary guideline and feel they need more coverage, while 12% are not sure how much coverage they have at all [1, 2].

Coverage Drift develops over time. An early career professional elects employer-paid coverage, perhaps 1x salary.

In the years that follow, they may get married, buy a home, have a child, take on caregiving responsibilities, divorce or remarry, accumulate debt or become the primary earner. Their coverage remains active, but it may no longer reflect the household's financial responsibilities.

What Causes Coverage Drift?

Group life communication has traditionally focused on major life events. Employees are reminded to revisit coverage after marriage/divorce, birth/adoption, a death in the family or a change in employment status.

7 in 10 employees said a life event changed the benefits that mattered most to them.

Those moments matter, but they don't account for all life changes. The same annual benefits study found that during the previous three years, seven in ten employees said a life event changed the benefits that mattered most to them.

For life insurance specifically, employees cited having a first child, having family depend on their income, getting married or entering a serious relationship, experiencing the unexpected death of someone close, buying a home and becoming responsible for aging parents [2]. Coverage can also fall behind in the years between those milestones, as financial responsibilities accumulate without prompting a new life insurance decision.

Life's progress and growing responsibilities can change beneficiary and coverage needs in ways standard enrollment communications may not fully capture. Naming it Coverage Drift highlights the issue. Participation tells you who enrolled and alignment provides a better indication of whether their coverage still fits.

Why Active Coverage Can Create False Confidence

Once employees elect life insurance, they may consider the decision finished. They may know they have coverage but not the amount, assume employer-paid coverage is sufficient or remember adding supplemental coverage years ago without knowing whether it still reflects their current income, dependents or debt.

Enrollment behavior offers some context. The 2026 Annual Workplace Benefits Study found that two-thirds of employees spent less than an hour on open enrollment, with about 30% spending less than 30 minutes [2]. With limited time to make decisions, employees may simply keep what they already have. An election that was reasonable several years ago can remain in place even as the financial responsibilities around it change.



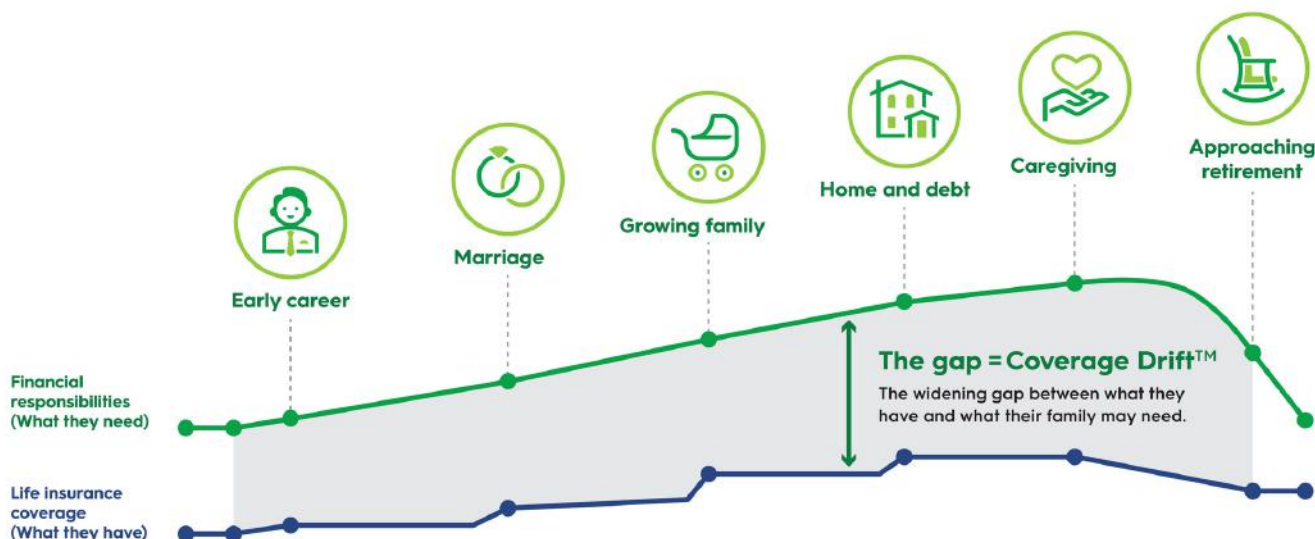
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Because life insurance is ultimately experienced by a beneficiary, an inadequate amount may not become apparent until the coverage is needed most.

Coverage Drift Goes Beyond Employee Education

Communication is part of the solution, but employers also need to consider how the benefits program supports ongoing coverage decisions. Group life programs operate around plan events such as open enrollment, initial eligibility, beneficiary updates, portability and conversion. Yet, employees experience family changes, home purchases, caregiving, income growth, relationship changes and employment transitions on a different timetable.

Employers and brokers should consider whether the plan, platform and communication strategy make it easy for employees to understand and revisit their coverage as their circumstances change.

How Employers Can Identify Coverage Drift

Employers can start by looking beyond participation. Depending on the data available, they can examine current coverage amounts and salary multiples, supplemental life participation, age, salary, family characteristics and coverage elections across workforce segments.

Each measure offers only part of the picture, but together they can help identify employee populations that may warrant a closer coverage review. That shifts the conversation from “How many employees have life insurance?” to “Where might current coverage no longer align with financial need?”

The Coverage Drift Audit

Employers and brokers can begin with five questions:

- Do employees know their current coverage amount, salary multiple and whether they have a beneficiary on file?
- Have employees had a meaningful coverage adequacy check-in beyond a yes-or-no enrollment decision?
- Which workforce segments may be more exposed to Coverage Drift, such as parents or caregivers?
- Do life-event communications prompt employees to reconsider protection, or only complete an administrative update?
- How visible is life insurance outside open enrollment?

These questions provide a starting point for assessing whether a life insurance program continues to serve employees after the initial enrollment decision.

2/3rds of employees spent less than an hour on open enrollment, with about 30% spending less than 30 minutes

From Offering Coverage to Maintaining Protection

Workforces, households and financial responsibilities change over time. Group life programs need a way to account for those changes. Coverage Drift gives brokers a way to broaden client conversations beyond rate, plan design and participation and consider life insurance within a larger financial-resilience strategy.

Employers can use the same lens to think about life insurance throughout the year rather than primarily as an annual election. That may include:

- Coverage visibility on intranets or portals
- Life-event prompts that lead to better decisions
- Beneficiary records kept current
- Messaging timed to the moments employees are most ready to act

Life Insurance Awareness Month is a natural time to start that conversation, but employees' needs continue to change throughout the year.

How Much Coverage Drift Exists in Your Workforce Today?

Those who can answer it are better positioned to protect employees, support families and demonstrate the value of life insurance within a modern benefits strategy.



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Sources:

[1] Ten times salary is a commonly cited rule of thumb for estimating life insurance needs, although individual needs vary.

[2] Securian Financial's annual workplace benefits study, "The Affordability Trap", 2026.

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Who Does Your Recommendation Engine Work For?

By Meg Collins, RevGem Consulting and Ben Yomtoob, BuckleyRoberts

Two employees at two companies open their enrollment portals. Same age, same salary, same size family, and the same information on the screen. One is guided toward a high-deductible plan with an HSA. The other is guided toward richer coverage and three voluntary products. Both tools call the result a personalized recommendation, and both look neutral. Neither employee is told that the two engines were built to reach different destinations.

That gap is what we'll call the **"Disclosure Problem"**, and it lives in one specific moment. For anyone who missed our last piece, at the Benefits Guidance Consortium (the independent group we formed to set shared standards for this market), we separate benefits guidance into three moments and call them EDU. Educate is when employees learn their options, Decide is the choice itself, and Use is what happens when they put the coverage to work. Last time we walked through all three.

This piece stays inside Decide, the moment a recommendation engine steps in and starts making the case for one plan over another. The Decide moment is now rapidly filling up with AI, and disclosure has not kept pace. WTW found that 72% of employers plan to embed AI in their benefits programs within two years, up from about 20% today [1]. Employees are leaning in too: 43% of workers now say they trust AI to help make good recommendations [2]. But trust is running ahead of transparency: 61% told MetLife they worry about AI's ethical and safety risks, including bias and a lack of accountability [3].

A recommendation is only worth as much as the interests and the machinery behind it, and right now the employee can see neither. Disclosure means two things, and they travel together because the money usually decides the method. Disclosure of interest is who benefits when the employee picks Plan A over Plan B. Disclosure of method is what the engine is built from, and what it is tuned to produce.



One caveat up front: most of these tools are built by people trying to help, and many already do the right things. The problem is not that every engine is biased, but that from where the employee sits, a careful tool and a conflicted one look exactly the same.

Who Benefits, And Who Says So

Let's start with interest, the easier of the two. An engine can be owned by or connected to a carrier and steer toward that carrier's products. It can sit inside a benefits administration or HCM platform with preferred carrier economics, or carry defaults shaped by broker compensation. It can steer through design alone: which plan appears first, which option is pre-selected, which choice gets to wear the word "recommended." None of this is necessarily improper, and a well-run tool names it plainly. Silence is failure.

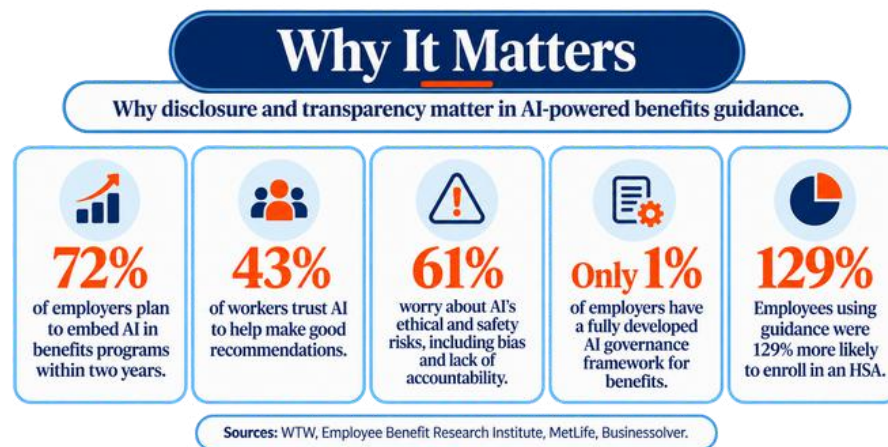
What Is Under The Hood

The method is harder to see, and it matters more. Three things sit under any recommendation, and the best tools are open about all three while most say nothing. The first is the data.

At the low end, an engine just reads a Summary of Benefits and Coverage or a PDF of the benefits guide; it is not modeling anyone's risk. A stronger engine uses the employee's own claims history, population actuarial data, or a licensed dataset that estimates what coverage will actually cost. All of it gets called personalized, and a buyer should be able to tell which one they bought.

The second is architecture. A rule-based calculator, a statistical model, and a large language model are very different machines, but "AI-powered" gets attached to all three. A rule-based tool does what its authors coded and no more. A model trained mostly on medical enrollment data can underweight voluntary products it was never taught to value. A large language model can sound confident and still be wrong about a specific plan. If the buyer cannot tell them apart, that is already a disclosure failure.

The third, and the one that matters most: what is the engine optimizing for? Lower out-of-pocket risk for the employee, more voluntary adoption, migration into a high-deductible plan, or simply higher engagement?



These tools move behavior in a measurable way; Businessolver reported that employees using its guidance were 129% more likely to enroll in an HSA [4]. Two engines with the same inputs and the same AI-powered label can point in opposite directions because they aim at different targets, and when the payer sets the target, the target tends to serve the payer.

The Same Employee, Two Answers

Return to our two employees. One engine was tuned to cut employer premium, the other to lift voluntary attachment. Neither modeled whether that specific person would be better or worse off. The recommendation looked personal; the math never was. This lands hardest on voluntary benefits, where margins are higher, and the employee has the least independent way to judge the recommendation.

The Accountability Gap

Set this next to how the rest of the advice world works. A person who recommends a financial product must earn the right: registered representatives pass exams like the Series 7, planners earn the CFP, advisers take on a fiduciary duty, and even an insurance producer selling a voluntary product holds a state license. Put software in that seat, steering an employee toward a product or a plan, and there is no exam, no license, and no one accountable.

Oversight has not kept pace either: in the same WTW survey, only 1% of employers had a fully developed AI governance framework for benefits [1].

Disclosure of interest is who benefits when the employee picks Plan A over Plan B. Disclosure of method is what the engine is built from, and what it is tuned to produce.

What Good Disclosure Looks Like

None of this requires that the tools be neutral. It requires them to be understandable. Good disclosure states the commercial relationships plainly and puts a simple label on the method: what data the recommendation uses, what it optimizes for, and who set that goal. That is the transparency and clarity the Consortium is working to make a baseline, and the tools already doing it have nothing to fear. A standard does not punish them; it lets them stand out.

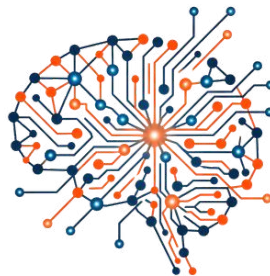
So, the questions to ask about any Decide moment tool are direct. ***What is it built on, a scraped document or real claims and actuarial data? What is it optimizing for, and who chose that target? Who benefits when the employee says yes?*** A good tool can answer all three, and the Consortium's forthcoming State of the Market white paper is built to sort tools by how they actually work, rather than the names they give themselves.

The engines are already in the field, quietly making the case for one plan over another. Whether a given one works for the employee or for whoever built it should not be a mystery.

We are already hearing echoes of this from the field. Early responses to our Consortium survey keep circling the same two issues: who a tool is really working for, and how little of that is ever disclosed. We will share more as the sample grows.

A Note from Meg

Before benefits, I spent years in financial services, where the rules about who may give advice, and what they must disclose, are strict and well established. Coming into benefits technology, the contrast is hard to miss. We hold a licensed human to a clear standard, then let an unlicensed piece of software make the same kind of recommendation with none of it. Closing that gap is a big part of why Ben and I started this work.



THE BENEFITS GUIDANCE CONSORTIUM

Ben Yomtoob and Meg Collins co-founded the Benefits Guidance Consortium to define and promote the Benefits Guidance category. Ben is Founder / Lead Consultant at BuckleyRoberts and a former CEO of Workterra. Meg is Founder and CEO of RevGem Consulting and a former Chief Growth Officer at Ideon.

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[1] WTW, "2026 AI Use in Health and Benefits Survey", wtwco.com (reported May 2026)

[2] Alight, "2025 Employee Mindset Study", alight.com

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Caregiving Might Be The Next Big Conversation in Voluntary Benefits

Why employers are looking beyond traditional long-term care conversations

By Adam Bezman

For years, voluntary benefits have helped employees prepare for life's biggest financial risks - from accidents and critical illnesses to disability and long-term care. But today, another need is rapidly emerging: caregiving.

Across the country, millions of employees are quietly juggling full-time jobs while caring for aging parents, spouses, children, family members with special needs and other loved ones. They are scheduling doctor appointments, researching providers, managing medications, coordinating transportation and making difficult care decisions - all while trying to keep up with the demands of work.

For many employers, caregiving has become one of the fastest-growing yet least visible workforce challenges.

And for benefits professionals, it represents an opportunity to rethink what comprehensive employee support looks like.

A Workplace Issue Hiding in Plain Sight

Many organizations still assume caregiving affects only a small segment of older workers preparing for retirement. But the numbers tell a much different story.

An estimated 63 million Americans provide unpaid care to another adult [1]. Nearly 70% of people turning 65 will require some form of long-term care during their lifetime [2], while more than one-third of long-term care recipients are younger than 65 [3].

In other words, caregiving is affecting employees throughout the workforce - not just those nearing retirement. A 55-year-old marketing director helping a parent with dementia. A 40-year-old sales manager coordinating care for a spouse recovering from a stroke. A 26-year-old employee supporting a sibling with disabilities.

These employees often don't identify themselves as caregivers. Yet many are carrying significant responsibilities outside the office that influence how they perform inside it.

Why Employers Are Paying Attention

Caregiving rarely appears on a dashboard or quarterly report. Instead, employers experience it through rising absenteeism, increased stress, lower productivity, burnout and unexpected turnover.

Research has found that one in five employees is actively caregiving at any given time. Caregivers cost employers thousands of dollars annually in productivity, and many ultimately reduce hours or leave the workforce altogether because balancing both roles becomes unsustainable.

For organizations competing for experienced talent, those hidden costs are becoming difficult to ignore. Increasingly, there's a critical question we should be asking HR and benefit leaders: How can we better support employees before caregiving becomes a workplace crisis?

Expanding the Role of Voluntary Benefits

Historically, conversations around long-term care have focused primarily on financial protection for future care needs. And that remains essential.



But anyone who has personally navigated a caregiving situation knows the biggest challenge often arrives well before an insurance claim is ever filed. It's the challenge of providing care for a loved one today.

The first questions usually sound something like this: "Where do we begin?" Or "who can help us understand our options?" Or "how do we find qualified care?" Or "how do we balance work while managing appointments, family responsibilities and an unfamiliar healthcare system?"

Employees increasingly need both financial preparedness and practical guidance. That shift can change how employers evaluate voluntary benefits related to long-term care. Rather than viewing long-term care solely as a future financial event, many companies are beginning to explore broader caregiving solutions that combine protection with navigation, education and ongoing support.

Building a More Complete Caregiving Strategy

The strongest caregiving strategies typically include three complementary components.

1. **Education.** Many employees underestimate both the likelihood and potential cost of needing care. Ongoing education helps employees make informed decisions long before a family crisis occurs.
2. **Care navigation and support.** Access to care coaches, resource specialists and navigation services can help employees identify providers, coordinate care, understand available resources and reduce the time and stress associated with caregiving.
3. **Financial protection.** Long-term care insurance and hybrid life and long-term care products continue to play an important role by helping employees prepare for potentially significant future expenses while protecting retirement savings and family assets.

Together, these elements create a more holistic approach that addresses both the financial and practical realities of caregiving.

A Growing Opportunity

Voluntary benefits continue to evolve alongside changing workforce needs and caregiving is quickly becoming one of those needs. Benefits professionals who can help employers understand the connection between caregiving, employee wellbeing, productivity and retention can bring meaningful value beyond product recommendations alone.

The conversation is no longer simply about planning for a potential long-term care event decades down the road. It's about helping today's employees navigate caregiving challenges while remaining healthy, productive and engaged at work.

As employers continue searching for ways to support an increasingly complex workforce, caregiving may become one of the most important conversations benefits advisors bring to the table.



Adam Bezman (CLTC®) – Executive Director, Product & Innovation, Trustmark: Adam joined Trustmark in March 2016 and leads the strategy and development of the company's life and disability products, as well as new product innovation. He brings more than 13 years of experience in product development.

Sources:

[1] AARP "New Report Reveals Crisis Point for America's 63 million Family Caregivers", 2025.

[2] Longtermcare.gov "How Much Care Will You Need?"

[3] Family Caregiver Alliance in cooperation with California's Caregiver Resource Centers, ""Selected Long-Term Care Statistics" [1].



Using Razors to Sharpen Your Focus (Part 2)

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.

Leaders often have the responsibility to make decisions based on information that we receive from others. And sometimes, that information is less than complete and may actually be inaccurate. In today's world, we've coined the term "misinformation" to describe the phenomenon of receiving less than accurate information promoted as the truth. And it seems to be occurring more and more almost daily in online and direct formats.

And in addition to information we receive, like virtually all human beings, we share the characteristic of believing that our interpretations of the causes and effects for events we witness and respond to are accurate. This common characteristic continues despite the fact that we can all remember situations where our understanding was not correct.

Here's a humorous story that illustrates this point.

Once upon a time, a man observed a woman in the grocery store with a three-year-old girl in her basket. As they passed the cookie section, the little girl asked for cookies and her mother told her no. The little girl immediately began to whine and fuss and the mother said quietly, "Now Monica, we just have half of the aisles left to go through; don't be upset. It won't be long."

Soon they came to the candy aisle, and the little girl began to shout for candy. And when told she couldn't have any, began to cry. The mother said, "There, there Monica, don't cry – only two more aisles to go and then we'll be checking out."

When they got to the check-out stand, the little girl immediately began to clamor for gum and burst into a terrible tantrum upon discovering there would be no gum purchased.

The mother patiently said, "Monica, we'll be through this check-out stand in 5 minutes and then you can go home and have a nice nap."

The man was so impressed that he followed them out to the parking lot and stopped the mother to compliment her. "I couldn't help but notice how patient you were with little Monica. It is an example of great parenting."

The mother replied, "I'm Monica . . . my little girl's name is Tammy."

To be sure, it's not so easy to be sure that what we observe is reality. And it's certainly not easy to be sure that the information we receive from co-workers, friends, family members, social media or anywhere nowadays is accurate and reliable.

Thinking (or as some call them "Philosophical Razors"), are valuable tools that provide a reasonable approach we can use to help us quickly analyze and respond to the various types of information (or misinformation) we may receive.

Here are three such thinking razors for your consideration.

Hitchen's Razor

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

This razor is attributed to British author and eventual U.S. citizen Christopher Hitchens. He was well known in the U.S. and in Europe as a public critic and debater. His razor can also be applied personally as in, "if you're not giving any evidence to support your claim, I don't need to spend time disproving it."

Hitchen's Razor serves as a reminder not to be swayed by social media claims about great discoveries of miraculous cures for diseases, conspiracy theories stated as fact, unbelievable prophecies for the future, or unproven statements attributed to famous people. It is also beneficial in dealing with accusations about co-workers or rumors about company decisions that are unsubstantiated.



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Shortly after I became CEO of a small midwestern life insurance company, I learned that a rumor had been started about me among our general agencies across the country. The rumor was that my plan was to terminate our existing agency field force and replace it with an all-new organization of agencies that focused on worksite marketing.

No matter the reality that terminating hundreds of agents who were selling our products would have a devastating impact on the company's profitability – the rumor persisted. Most likely, my involvement in worksite marketing of employee benefit products with my prior employer and serving as a leader in trade organizations supporting the industry contributed to the creation of this rumor.

Unfortunately, this one was so widespread and potentially damaging to our business, that I had to spend a great deal of time communicating that there was absolutely no truth to the rumor. It took well over a month of calls, letters, emails and face-to-face meetings to stabilize our sales team.

Some of the benefits of applying Hitchen's Razor are apparent when dealing with information that has no observable supporting evidence. It can protect your time and help you avoid making a wrong decision by putting the burden of proof on the individual making the unsubstantiated claim.

Some of the benefits of applying Hitchen's Razor are apparent when dealing with information that has no observable supporting evidence. It can protect your time and help you avoid making a wrong decision by putting the burden of proof on the individual making the unsubstantiated claim.

Hume's Razor

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

David Hume was a remarkable 18th century Scottish philosopher, historian and economist. He is considered to be a leading figure of the Scottish Enlightenment – a period of history noted for the extensive discoveries and improvements in philosophy, economics, science, medicine, engineering and the arts.

Professor Hume believed that all knowledge came from experience and not from original thoughts.

His razor is even more blunt than Hitchen's and literally demands that all claims be examined for their proof or denial. He was especially critical of the claims made by medical practitioners, religious leaders, government officials and scientists.

The famous astronomer and author, Carl Sagan, expanded upon Hume's razor in the 20th century when he added: "extraordinary claims require extraordinary evidence."

While the message of each is rather harsh it is helpful in providing a process relational leaders can use in their leadership approach. Hume's Razor powerfully supports Championship Team Behavior principles #2 (We Don't Practice Case Building) and #3 (We Don't Tolerate Blaming), by creating the understanding and expectation that the team is committed to examining ideas and claims to substantiate, correct or improve them before acting.



On a personal level, this razor can guide reaction to extravagant personal or social media claims (i.e. eating this food can cause cancer or other dread disease), and urban legends (the world government is really controlled by a secret cabal of the ultra-wealthy). It is also useful in responding to our own tendency of making personal assumptions (he didn't text me back so he must be angry with me).

Hume's Razor helps us avoid responding to unsubstantiated claims (similar to Hitchen's Razor). It prevents wasting time on baseless arguments, falling for rumors or making emotional decisions without logical support.

Hume's Razor helps us avoid responding to unsubstantiated claims (similar to Hitchen's Razor). It prevents wasting time on baseless arguments, falling for rumors or making emotional decisions without logical support.

Hanlon's Razor

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

While this one seems, at first glance, to be as harsh as Hitchen's Razor it actually calls for having some capacity for understanding in not accusing an individual of intentionally causing harm. Duke University Professor, Dr. Dan Ariely demonstrated a bit more compassion for his fellow man by re-stating Hanlon's Razor in his book "Misbelief" : "Never attribute to malice that which is explained by human fallibility."

Here are some examples

If someone doesn't respond to a call, email or text – a common response might be that "they're ignoring me." The truth might be that they're busy, ill, phone is dead, didn't see it or were otherwise distracted.

If a person receives an incorrect bill, it's not unusual to assume that it's the result of a scam when, in reality, it could simply be a data entry error.

In the workplace, if a co-worker misses a deadline the assumption could be made that they don't really care about the project or maybe even their job. It's entirely possible that they could have misunderstood the assignment or deadline or maybe they experienced a sudden health issue.

In another scenario, an employee makes repeated mistakes in their work. It's easy to make the assumption that they are doing this on purpose or are just incompetent. It could be that they lack proper training, the process is unclear or they don't have the equipment needed to correctly complete the task.

An interesting side note to Hanlon's Razor is that its author Robert J. Hanlon is a complete mystery.

According to a Microsoft Co-Pilot search, his name only appeared in a popular humor book about Murphy's Law published in 1980. No one before or since seems to know who he was or whether he actually existed. Regardless of the mystery, his razor moderates the harshness of Hitchens, Hume and Sagan's wisdom, and supports the relational leader, by reducing unnecessary conflict, avoiding overreacting or hastily punishing someone. It requires certainty of understanding prior to taking action.

There are many other thinking razors and I'll be sharing a few more with you next month. In the meantime, if you have thoughts, questions or ideas about razors or relational leadership please feel free to reach out. I'm always happy to hear your comments and ideas.



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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