

BASIC GROUP TERM LIFE INSURANCE FOR EXCLUDED EMPLOYEES

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

Additional Information:

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Contact Information

California Department of Human Resources, Benefits Division - (916) 324-5553.

Beneficiary Designation

CalPERS and departmental beneficiary designations do not apply to life insurance benefits payable under the Metropolitan Life Insurance (MetLife) program. Life insurance benefits will be paid according to the standard order of beneficiary as follows:

- to the surviving spouse/domestic partner, if none, then
- to the surviving natural and/or adopted children, if none, then
- to the surviving parents, if none, then
- to the estate

Benefits will be paid equally among surviving children or surviving parents. Family status changes, such as divorce and remarriage are automatically adjusted provided you have not designated a beneficiary other than above.

If you wish to designate a beneficiary other than the standard order stated above, you must request a beneficiary form from MetLife at 1-800-252-8524. You must return the completed form to MetLife. Upon receipt of the completed form, MetLife will record and retain the original in your file. A signed copy will be returned to you for your records. This designation will not change with marriage, divorce, or any other family status changes. You must complete a new designation form if their family status change alters their desired beneficiaries.

Reporting a Death

Department personnel offices are responsible for immediately reporting the death of a covered employee to MetLife Insurance Company at 1-800-252-8524. The person reporting the death must have the following information available:

- Employee name
- Bargaining unit affiliation
- Social Security Number
- Date of birth
- Date of death
- Marital or registered domestic partner status
- Cause of death (if known), name, address, and phone number of next of kin on file, along with the name, department, and phone number of the person reporting of death
- Claim number will always be Policy No. 74503

Employees are responsible for reporting the death of a covered spouse, registered domestic partner, or dependent directly to MetLife.