



NY25-16
PE25-11

MEMORANDUM

TO: Health Benefits Administrators of New York State (NYS) Agencies and Participating Employers (PE)
FROM: Employee Benefits Division
SUBJECT: Management Confidential (M/C) Group Life Insurance Plan Annual Update
DATE: August 11, 2025

The Employee Benefits Division is conducting its annual Management/Confidential (M/C) Group Life Insurance Plan Update. The attached notice should be posted/emailed to inform your M/C enrollees of the 2025 M/C Group Life Insurance Plan Update.

AUTOMATED CHANGES IN PREMIUM

Changes to an enrollee's premium occur when they:

- Reach a higher five-year premium age bracket as of September 1, 2025;
- Reach an age that requires a reduction in coverage; or
- Elect coverage multiple of their annual salary and had a change in their salary since the last update

The annual update process will:

- Produce changes in payroll deductions for NYS employees
- Reflect changes in the August 1, 2025, monthly bill for September coverage for Participating Employers

SALARY/COMPENSATION USED IN CALCULATIONS

Election of multiple of salary for coverage is based upon an enrollee's annual salary and includes any additional compensation paid on a permanent basis such as location pay, geographic differential or special allowance. Shift differential, overtime pay and maintenance adjustments are not included in the annual salary for Life Insurance purposes.

Salary information is provided:

- For New York State - reported by Office of the State Comptroller
 - Administration Payroll checks dated 07/16/2025
 - Institution Payroll checks dated 07/24/2025
- For PE enrollees or NYS Legislature Members
 - Based upon the annual salaries provided by HBAs

The annual salary used for premium calculation and benefit purposes can be accessed by running the BEA_LIFE_ANN_SAL_LIST report. Please refer to [NY15-23/PE15-19](#) for more information.

MULTIPLE OF SALARY CHANGES

Enrollees requesting to change their multiple of salary option must fill out a [PS-934](#), M/C Life Insurance Transaction Form, check the “Change in Coverage” in box 12, provide the reason for the change and select an option in 13A. Enrollees may increase their multiple of salary option up to five times their annual salary (up to \$500,000). Increases in coverage require enrollees to mail a completed Statement of Health Form to MetLife.

AGE-RELATED REDUCTIONS IN COVERAGE FOR ACTIVE EMPLOYEES

If an active employee turns 65 and their coverage is over \$15,000, their coverage is reduced on the first day of the payroll period after September 1 or after the day they reach age 65, 70, 75, and 80.

| Enrollee Age | Percentage of Coverage Retained |
|---------------------|---------------------------------|
| 65 but less than 70 | 65% |
| 70 but less than 75 | 45% |
| 75 but less than 80 | 30% |
| 80 and older | 20% |

The employee’s premium is based on the reduced amount of coverage. An employee’s coverage cannot be reduced below \$15,000. If the enrollee’s coverage is not exactly \$1,000 after reduction, it is increased to the next \$1,000.

When an active working enrollee turns 65, 70, 75, or 80 and their Life Insurance is reduced, their spouse’s coverage may also be reduced. Spousal Life Insurance benefits cannot be over 50% of an enrollee’s Life Insurance benefit, up to \$20,000.

AGE-RELATED REDUCTIONS IN COVERAGE FOR RETIREES

If the enrollee selects the multiple of salary option, is retired, and continues coverage under the Plan, the enrollee’s Life Insurance coverage is reduced on the September 1 coincident or next following, the day the enrollee reaches age 65 or 70.

| Enrollee’s Age | Percentage of Coverage Retained |
|---------------------|---------------------------------|
| 65 but less than 70 | 65% |
| 70 but less than 75 | Reduced to \$15,000 |

Spouse coverage may be reduced when the enrollee’s Life Insurance benefit is reduced. Spouse coverage will equal 50% of the enrollee’s coverage or \$20,000, whichever is less.

ACCIDENTAL DEATH AND DISMEMBERMENT

All active employees (regardless of age) and retirees under 70 are covered for Accidental Death and Dismemberment (AD&D) benefits equal to their Life Insurance coverage, not exceeding \$250,000. Retired enrollees 70 and over are not eligible for AD&D coverage.

SMOKER/NON-SMOKER CHANGES

Individuals previously enrolled as “smokers” who have not smoked since September 1, 2024, can apply for a special non-smoker premium discount. To apply for non-smoker status, enrollees must complete a [PS-934](#) “M/C Life Insurance Transaction” form, elect “nonsmoker” in box 6, check “Other” in box 12 and write in “change in smoker status”: and sign and submit the completed form to their HBA. These forms must be returned to HBAs by September 30, 2025, and received by the M/C Life Insurance Unit by October 31, 2025.

EFFECTIVE DATES OF AUTOMATED PREMIUM CHANGES/COVERAGE AMOUNTS

| OSC Payroll | First Paycheck with New Deduction | Effective Date of Changes in Life Insurance Coverage |
|------------------------|--|---|
| Administration Current | 8/27/2025 | 9/11/2025 |
| Institution Current | 8/21/2025 | 9/4/2025 |
| Administration Lag | 9/10/2025 | 9/11/2025 |
| Institution Lag | 9/4/2025 | 9/4/2025 |

The effective date is September 1, 2025, for new payroll deductions and changes in Life Insurance coverage for PE enrollees.

Attachment:

Notice to Enrollees