

LIFE INSURANCE

Harvard provides life insurance coverage designed to offer financial protection and peace of mind for you and your family. University-paid coverage is provided at no cost* to you, and you have the option to elect additional coverage for yourself as well as coverage for your eligible dependents. All life insurance plans are underwritten by MetLife. The sections below outline the key features of each coverage option.

BASIC LIFE INSURANCE

Harvard provides eligible employees with group term Basic Life Insurance coverage equal to one-half their annual base salary, rounded to the nearest \$1,000 at no cost.* If eligible, you are automatically enrolled in this coverage.

* The imputed cost of coverage exceeding \$50,000 is considered taxable income. Imputed cost, if any, will be shown on your paycheck.

Basic Life Insurance Reduction While Employed

If you are actively employed at Harvard, your Basic Life Insurance coverage amount is reduced by 35% on January 1 following your 67th birthday. This coverage is reduced by another 35% on January 1 following your 70th birthday. It is reduced an additional 35% every five years thereafter on January 1 following the year in which you turn an age that triggers the reductions (e.g., 75, 80, etc.). You will have the opportunity to port or convert the reduction amount and will receive information on this from MetLife.

SUPPLEMENTAL LIFE INSURANCE

You may purchase additional optional group term Supplemental Life Insurance for greater coverage. You can elect from one to six times your salary (rounded to the nearest \$1,000), up to a maximum of \$2.5 million. You may apply at any time by completing the [Statement of Health \(SOH\)](#). The [SOH is also available in Spanish](#).

If you enroll within 30 days of becoming eligible or certain [life events](#) (marriage, birth or adoption of a child, divorce, legal separation, or death of dependent), you do not need to provide a Statement of Health for coverage up to \$1.5 million. If you are eligible and elect coverage above \$1.5 million up to the maximum, you will automatically be approved for the highest multiple of your salary that is not greater than \$1.5 million. You will need to submit a Statement of Health and be approved by MetLife for higher amounts.

For example, if you are a new employee with a salary of \$275,000 and you elect coverage of 6x your salary within 30 days, you would automatically be approved for 5x your salary, or \$1,375,000, which is the highest multiple of under \$1.5 million. You would need to complete a Statement of Health and be approved by MetLife for the one additional level of coverage, since that would bring total coverage above the \$1.5 million automatic approval amount. If approved, your coverage would be \$1,650,000, or 6x your salary.

Free Will Preparation, Estate Resolution, & Probate Services

If you enroll in Supplemental Life Insurance, you and your spouse/domestic partner can access free will preparation, estate resolution, and probate services. Call 800-821-6400 and use group number 109929. (Services are provided through MetLife Legal Plans. Learn more about the [MetLife Extras](#).)



DEPENDENT LIFE INSURANCE

If you enroll in Supplemental Life Insurance, you may also elect Dependent Life Insurance for your spouse/domestic partner and children. Spouse/domestic partner life insurance is available in the amounts of \$25,000, \$50,000, \$75,000, and \$100,000. No Statement of Health is required for \$25,000 or \$50,000 when you enroll during your first 30 days of eligibility or within 30 days of one of the [life events](#) noted on the previous page. You can apply for higher amounts with the [Statement of Health \(SOH\)](#) to be completed by your spouse/domestic partner. Coverage is effective upon approval by MetLife. You can elect coverage at any other time by completing a SOH form.

Life Insurance coverage of \$5,000 or \$10,000 for dependent children up to age 26 is available with no medical review or approval required. One monthly payment covers all your eligible children. You can enroll at any time by contacting the Benefits Office for enrollment forms.

You must be active at work, and your spouse/domestic partner and eligible children must not be confined to a hospital on the enrollment effective date, or at home for any medical reason or be receiving or entitled to receive disability income for any medical reason on the date the coverage is scheduled to become effective.

If your spouse/domestic partner also works at Harvard, and they cover you under the Dependent Life Insurance plan, you cannot enroll in Supplemental Life, and vice versa. Additionally, only one of you can enroll in dependent child life insurance coverage.

Because the University may not know when spouses or partners both work here, duplicate elections are not monitored. You should discuss your coverage choices together before enrolling to ensure you select the options that best meet your needs and avoid unintended overlaps or ineligible elections.

BUSINESS TRAVEL INSURANCE

Harvard provides free Business Travel coverage if you die or are seriously injured or disabled as the result of an accident that occurs while you are traveling on University business.

DESIGNATING BENEFICIARIES

You must designate a beneficiary for your life insurance coverage. In addition, you should regularly review your beneficiaries and update to reflect any family or personal changes. Note that you are automatically the beneficiary for the Dependent Life Insurance coverage.

You can designate beneficiaries online via [MetLife Portal Single Sign On](#) (or by going to harvie.harvard.edu and clicking on **MetLife Portal** link under Employee Tools at the bottom of the page). Once there:

1. Click on the **My Accounts** tile.
2. Select the **Update Beneficiaries** link on the Life Insurance tile.
3. Click on **Modify Beneficiaries**.
4. Add, edit, or remove your beneficiaries.
5. Continue by clicking **Next** and following the instructions until you get to the electronic signature page. E-sign and submit. Your designations will become effective immediately.

ADDITIONAL INFORMATION

For more information on life insurance, please review the [Health & Welfare Summary Plan Description \(SPD\)](#) and the [Life Insurance Summary and Certificate](#).